SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 4 | April 2026 - Peer Reviewed Journal

A CLINICAL STUDY ON VATASTHEELA W.S.R. TO BENIGN PROSTATIC HYPEPLASIA

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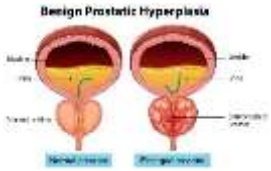
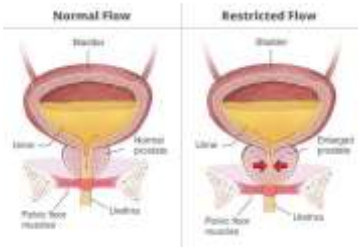
ABSTRACT
Vatasthila, described under Mutraghata in Ayurveda Mutraghata (urinary retention/obstructive uropathy) is a major disorder of the Mutravaha Srotas mainly caused by Vata Dosha vitiation. Different Acharyas have classified it slightly differently, but the most accepted classification (by Sushruta and Vagbhata) includes 12 types of Mutraghata., In 12 types of mutraghata one type is vatastheela its closely resembles Benign Prostatic Hyperplasia (BPH) in Modern Aspects. This study evaluates Ayurvedic Medicine in its management, integrating classical Ayurvedic principles with modern medical understanding.

INTRODUCTION

Introduction to Benign Prostatic Hyperplasia (BPH)





Benign Prostatic Hyperplasia (BPH) is a non-cancerous enlargement of the prostate gland that commonly occurs in aging men. The prostate is a small gland located below the urinary bladder and surrounding the urethra. As men grow older, the gland gradually increases in size due to hyperplasia (increase in the number of cells).

- **Benign**
  - Derived from Latin:
  - **"bene"** = good
  - **"-gnus" (from "genus")** = born or produced
  - Meaning: **"non-cancerous"** or **not harmful in nature**

Prostatic / Prostate

From Greek:

- **"prostates"** = one who stands before / protector
- The prostate gland is so named because it **stands in front of the urinary bladder**
- **Hyperplasia**

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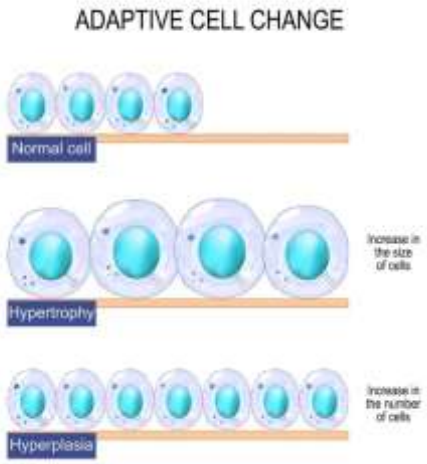

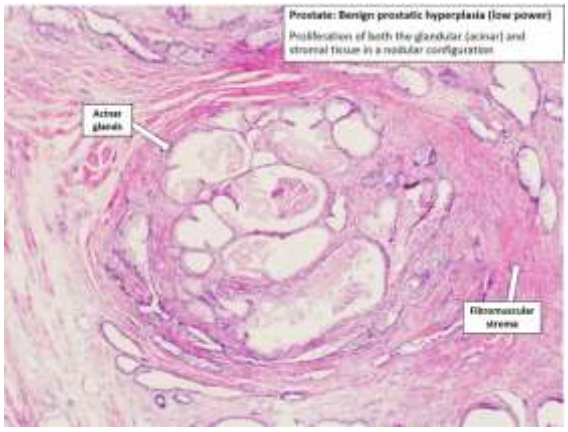

In Greek word:

- **"hyper"** = over / excessive
- **"plasis"** = formation or growth

- Meaning: **increase in the number of cells**, leading to enlargement of a tissue or organ

IN AYURVEDA ASPECT-MENTION IN SHUSHRUT SAMHITA

वातकुण्डलिकाऽष्ठीला वातबस्तिस्तथैव च।
मूत्रातीतः सजठरो मूत्रोत्सङ्गः क्षयस्तथा ॥
मूत्रग्रन्थिर्मूत्रशुक्रमुष्णवातस्तथैव च।
मूत्रीकसादौ द्वौ चापि रोगा द्वादश कीर्त्तिताः ॥(58/3-4)

- "Vata Kundalika**, Ashthila,** and likewise Vata Basti
- Mutratita, Mutra Jathara, Mutrotsanga, and also Mutra Kshaya;
- Mutra Granthi, Mutra Shukra, and likewise Ushna Vata; And also the two types of Mutraukasada - thus twelve diseasesare enumerated.

Vatasthila is a Vata-dominant disorder producing obstruction in the urinary system.

Benign Prostatic Hyperplasia -(BPH) as a Worldwide Disease

Benign Prostatic Hyperplasia (BPH) is indeed a worldwide (global) disease, especially affecting aging male populations across all regions.

Global Prevalence

- **BPH** is one of the most common urological conditions in men.
- It affects:
  - ~40% of men above 50 years
  - ~70–80% of men above 70 years
  - Global Prevalence of BPH (2015–2025)
  - 1. Around 2015 (baseline period)
  - A large meta-analysis across 25 countries estimated:
  - Global prevalence ≈ 22–27% in adult men
  - Specifically 22.8% during 2010–2015 period Interpretation:
  - Roughly 1 in 4 men had BPH globally during this period.
  - . Around 2019 (GBD major estimate)
  - ~94 million men affected worldwide
  - Age-standardized prevalence:
  - ~2480 per 100,000 population (~2.5%) overall population level
  - 3. Around 2021 (latest global data set)
  - ~112 million prevalent cases globally
  - ≈1125 per 100,000 (≈1.1%)
  - Absolute cases increased sharply, but
  - Age-standardized prevalence remained relatively stable
  - 4. Trend from 2015 → 2025

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- Increasing burden
- ~94 million (2019) → >110 million (2021)

Overall increase driven by: BPH occurs globally because of universal factors:

- **Aging (primary cause)**
- **Hormonal changes** (testosterone → dihydrotestosterone imbalance)
- **Genetic predisposition**
- **Lifestyle factors** (diet, obesity, sedentary life)
  - Aging population
  - Increased life expectancy
- And also Better diagnosis Major cause of **Lower Urinary Tract Symptoms (LUTS)** worldwide.
- These factors are **common in all human populations**, making BPH a universal condition
- **Significant impact on:**
  - Quality of life
  - Sleep (nocturia)
  - Daily functioning
- **Seen in world wide country's :**
  - Asia (India, China)
  - Europe
  - North America
  - Africa
  - No country is exempt — prevalence increases with **age, not geography**

Vatasthila Nidana

"रूक्षशीताल्पभोजनं वेगधारणमेव च ।
वातप्रकोपकाः सर्वे मूत्राघातस्य कारणम् ॥"
— (Ast. Hrd, Ni. 9/5)

Etiopathogenesis: Vegavarodha (Suppression of natural urge)
Nidana: Ruksha-vata vriddhikara Ahara, Vihara (Alteration in diet a mode of life)
Dosha: Tridosha, Predominently Vata Dosha
Dushya: Mutra
Athishthana: Vasti

बस्तौ स्थितो वायुर्निरुद्धो मूत्रमार्गतः।
अष्ठीलावत् घनं कुर्यात् स विज्ञेयः वतास्थिलः॥"

- Vitiated **Vāta located in Basti**
- Obstructs the **urinary passage**
- Produces a **hard mass like stone (Aṣṭhīla)**
  Known as **Vātāsthīla**

Vihāraja (Lifestyle causes):

- Ati-vyayama (excess exertion)
- Vegadhāraṇa (urine suppression)

Doṣa: Predominantly **Vāta prakopa**
Adhiṣṭhāna: Basti

Etiopathogenesis

- Dihydrotestosterone (DHT) accumulation
- Hormonal imbalance (testosterone–oestrogen ratio)
- Stromal and epithelial hyperplasia
- Bladder outlet obstruction

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Samprapti sloka

"वातेन मूत्रमार्गस्थं स्थूलं श्लेष्मान्वितं घनम्।
अश्मरीव स्थिरं गुल्मं मूत्रमार्गं निरुध्यति॥(shu.uttr.)"

Vitiated Vata dosha, associated with Kapha, forms a hard, stone-like mass (granthi) in the urinary passage, obstructing urine flow.

- Vegadharana (suppression of urination)
- Excessive ruksha, sheeta ahara
- Vata prakopaka factors (aging, stress)

Samprapti ghatak

Nidana sevana (diet & lifestyle causes)

⬇

Upan Vata prakopa (primary) + Kapha association

⬇

Localization in Vasti (bladder region)

⬇

Granthi-like growth (Sthila formation)

⬇

Obstruction of Mutravaha srotas

⬇

Mutraghata lakshanas appear

- **Dosha Involvement**
  - Vata (main pridominent) → causes constriction & obstruction
  - Kapha (associated) → causes *sthira, guru, granthi formation*
- **Dushya**
  - Mutra, Meda, Shukra dhatu involvement
- **Srotas**
  - Mutravaha srotas (urinary channels)
- **Adhisthan**
  - Vasti (urinary bladder region)
- **Samprapti Ghataka:**
  - Sanga (obstruction)
  - Granthi formation
  - Margavarodha
- The "Shilavat sthira granthi" resembles prostate enlargement
- Margavarodha (obstruction) explains urinary symptoms:
  - Hesitancy
  - Weak stream
  - Retention
  -

Lakshan of vatastheela(BPH)

शकृन्मार्गस्य बस्तेश्च वायुरन्तरमाश्रितः।
अष्ठीलावद् घनं ग्रन्थि करोत्यचलमुन्नतम्
विण्मूत्रानिलसङ्गश्च तत्राध्मानञ्च जायते।
वेदना च परा बस्तौ वाताष्ठीलेति तां विदुः ॥(Shu.Su.Utt.58/7-8)

The aggravated Vata dosha gets lodged in the space between the rectal passage and the urinary bladder. There it creates a hard, immovable, elevated, stone-like mass resembling an "ashthila" - a round stone used for sharpening.

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This causes obstruction of stool, urine, and flatus. There is distension of the abdomen. Severe pain develops in the bladder region. This condition is known as Vata Ashthila.

Differential Diagnosis
1. Urethral stricture.
2. Bladder neck contracture.
3. Bladder calculi
4. Cancers of the prostate or bladder.
5. Urinary tract infection, which may lead should be excluded.
6. Neurologic disease can lead to voidin

Diagnosis
Prostate(BPH) -Vatastheela

Modern Correlation
Vātāsthīla ≈ Benign Prostatic Hyperplasia (BPH)
- Obstruction to urine flow
- Enlargement (granthi-like mass)
- Age-related Vāta predominance

According to Modern View of BPH Definition
Benign Prostatic Hyperplasia is a **non-malignant enlargement of the prostate gland**, commonly seen in aging males (>50 years).

Etiopathogenesis
- Dihydrotestosterone (DHT) accumulation
- Hormonal imbalance (testosterone–estrogen ratio)
- Stromal and epithelial hyperplasia
- Bladder outlet obstruction

Clinical Features
- Increased frequency
- Nocturia
- Hesitancy
- Weak urinary stream
- Incomplete emptying

These features closely correlate with **Mutraghata / Vatasthila Lakshana**
Investigations
- Digital Rectal Examination (DRE)
- PSA (Prostate Specific Antigen)
- Ultrasound (Prostate size, PVR)
- Uroflowmetry

Allopathic Management of BPH
1. Medical Management
Alpha-1 Blockers
- Tamsulosin
- Alfuzosin

Action: Relax smooth muscles → improve urine flow
5-Alpha Reductase Inhibitors
- Finasteride
- Dutasteride

Action: Reduce prostate size by inhibiting DHT
Combination Therapy
- Alpha blocker + 5-ARI
- Used in moderate to severe BPH

2. Surgical Management
TURP (Gold Standard)
(Transurethral Resection of the Prostate)

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Other Procedures:

- Laser prostatectomy
- Open prostatectomy (large gland)

Limitations of Allopathic Treatment

- Side effects: dizziness, hypotension, sexual dysfunction
- Long-term drug dependency
- Surgical complications (bleeding, infection, retrograde ejaculation)

Ayurvedic Correlation BPH can be correlated with Vatasthila (Mutraghata sub type) due to:

- **Vata Avarodha (obstruction)**
- **Basti Gata Vikara**
- **Mutravaha Srotodushti .**
  Treatment Principles (Chikitsa Siddhanta)
- **(Charak, shushruat)**

Treatment plan Main Principals -:

- Vata shaman (pacification of Vata)
- Mutrala (diuretic drugs)
- Shothahara (anti-inflammatory)
- Basti chikitsa (enema therapy)
- Uttara basti (local bladder therapy)
- Especially Uttara Basti is considered most effective because it acts directly on Basti.

- **A. Charaka Samhita**
- **Charaka focuses on Kayachikitsa (internal medicine).**
- **Drugs & Formulations**
- Gokshura (Tribulus terrestris) – Mutrala, Vata-shamaka
- Punarnava – reduces swelling, improves urine flow
- Varuna (Crataeva nurvala) – useful in obstruction
- Yava (barley) preparations
- Kulattha (horse gram**)**
- **Panchkarma Therapies**
- Snehan (oleation)
- Swedan (sudation)
- Basti (especially Anuvasana & Niruha basti)

B. Sushruta Samhita

- **Sushruta gives detailed classification + surgical approach.**
- **Medicines**
- Gokshura
- Pashanabheda
- Trina Panchamoola **(Ashtanga Hridaya sutra.asth.)**

"कुश काश दर्भ सर इक्षु मूलानि तृण पञ्चमूलम्"

- **And Shatavari, Ikshu group of medicines**
- **Special Treatments**
- **Uttara Basti (main therapy)**
- **Mutra virechaniya dravya (diuretic drugs)**
- **If severe obstruction → Shastra karma (surgical intervention)**

C. Ashtanga Hridaya

- Vagbhata gives combined approach (Charaka + Sushruta).
- **Drugs**
- Gokshuradi gana drugs
- Dashamoola kwatha
- Eranda (castor)

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- Punarnava
- **Panchakarma Therapy**
- **Basti chikitsa (most important)**
- **Mutrala dravya**

4. Common Ayurvedic Formulations Mentioned

Kwatha

- Gokshuradi Kwatha
- Punarnavadi Kashaya
- Varunadi Kashaya
- Brihatyadi kashya

Vati

- Chandraprabha Vati
- Gokshuradi Guggulu
- Shiva Gutika
- Shilajit preparations

Rasa

Tarkeshwara Rasa

5. Panchakarma in Mutraghata

- **Basti (enema therapy) → best for Vata disorders**
- **Uttara Basti → direct action on urinary system**
- **Swedana (sudation) → relieves obstruction**
- **Sneha (oleation) → lubricates channels**

6. Pathya–Apathya (Diet & Lifestyle)

- **Pathya**
- **Warm water**
- **Barley (Yava)**
- **Kulattha dal**
- **Light, easily digestible food**

Apathya

- **Dry, cold, heavy food**
- **Suppression of urge (Vegadharana)**
- **Excessive physical strain**

Refereces

1-Charaka Samhita

2-Sushruta Samhita

3-Astanga Hridaya

BIBLIOGRAPHY

1. *Sushruta. Edited by Acharya Yadavji Trikamji, Sushruta Samhita with Nibandha Sangrah Commentary of Dalahanacharya and Nyayachandrika Panjika of Gayadas Acharya on Nidanasthana; Uttartantra, 9th edition, Varanasi, published by Chaukhambha Orientalia, 2007, p279*
2. *Sushruta. Edited by Acharya Yadavji Trikamji, Sushruta Samhita with Nibandha Sangrah Commentary of Dalahanacharya and Nyayachandrika Panjika of Gayadas Acharya on Nidanasthana, Uttartantra, 9th edition. Varanasi, published by Chaukhambha Orientalia, 2007. Pp. 824, p787*
3. *harangadher, Edited by Shailja Srivastava Sharangadher Samhita with Jiwanprada hindi commentary, Varanasi, published by Chaukhambha Orientalia, 2005, Pp: 587, p52.*
4. *Bhaisajyaratnavali Dasa Govind, Editied by Mishra Siddhinandan: translation by DrKanjiv Lochan; Varanasi, Chaukhamba Sur Bharti Prakashan, 2009. Pp: 1196, p.473 69.*
5. *Bhavaprakasha.prathama bhaga Shrimad bhavamishra virachita, Choukhambha publications, Varanasi, 2001, page 292-293*
6. *Frydenberg M, Lawrents chuk N.Endocrinology of male reproduction in Endotext, Chapter-9 Introduction Benign prostatic disorder, 30/9/2007 [cited15-09-2010]. http://www.endotext.Org/male/index. Htm Availablefrom*
7. *Rosette J, Madersbacher S, Alivizato G et al. Guidelines on Benign Prostatic Hyperplasia, European Association of Urology, March 2004, Prevalence 1.2.2*
8. *Williams PL, Warwik R. Gray's Anotomy, 36th edition, Churchill Livingstone, 1980, Pp1578, page no-1422.*

29. Frydenberg M, Lawrents chuk N,Endocrinology of male reproduction in Endotext, Chapter-9 Physiology, Benign prostatic disorder, 30/9/2007 [cited15-09-2010 Availablefrom:
].http://www.endotext.Org/male/index.

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Volume: 11 | Issue: 4 | April 2026 - Peer Reviewed Journal

9. *SRB's, Manual of Surgery, Edited by Sriram Bhat M Third Edition, Jaypee Brothers Medical Publishers (P) LTD. 2009, Pp:1198, p:986.*
10. *Frydenberg M, Lawrents chuk N,Endocrinology of male reproduction in Endotext, Chapter-9 Physiology, Benign prostatic disorder, 30/9/2007 [cited15-09-2010].Availablefrom: http://www.endotext.Org/male/index. Htm*
11. *Frydenberg M, Lawrents chuk N, Endocrinology of male reproduction in Endotext, Chapter-9 Physiology, Benign prostatic disorder, 30/9/2007 [cited15-09-2010 http://www.endotext.Org/male/index. Htm Availablefrom:*
12. *Recommendation of the Inernational Science Committee. The Evaluation & Treatment of Lower Urinary Tract Symptoms Suggestive of Benign Prostatic Obstruction Paris: Proceedings of the 4th International Consultation on BPH; 1997.*