

CASE STUDY

Ayurvedic Management of *Vatasthila* with special reference to Prostatomegaly: A Case Report

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ABSTRACT

Prostatomegaly refers to the abnormal enlargement of the prostate gland, a walnut-sized organ situated below the urinary bladder and encircling the urethra in males. It is a common urological condition, especially in elderly men, and is most frequently associated with Benign Prostatic Hyperplasia (BPH). Prostatomegaly is strongly age-related: approximately 50% of men over 50 years and up to 90% over 80 years exhibit some degree of prostatic enlargement. Though non-cancerous in most cases prostatomegaly significantly affects quality of life by causing: Urinary frequency, urgency, nocturia, hesitancy, weak stream, incomplete emptying, acute or chronic urinary retention. Chronic obstruction may further lead to hydronephrosis, recurrent UTIs, or renal impairment if untreated. In 2021, there were approximately 112.5 million prevalent cases of BPH globally-122% increase since 1990.

AIMS AND OBJECTIVES: The aim of this study was to access the efficacy of *Ayurvedic* management of *Shamana Chikitsa* in prostatomegaly.

MATERIALS AND METHODS: It is a single case study, in which a 51 years old male was diagnosed with prostatomegaly grade 2nd with right renal simple cyst since 8 months, approached to Ayurvedic hospital and was treated with *Shamana Chikitsa*. The treatment involves *Vatanulomana*, *Mutrala*, *Sothahara*, and *Granthi-hara Chikitsa*. The treatment was continued for consecutive months.

RESULT: Symptomatic management through *Vatasthila Chikitsa*, *Mutravaha Srotas* therapy may result in significant improvement and reduced prostate size with better quality of life.

CONCLUSION: Prostatomegaly can be treated significantly be integrated approach of Ayurveda. During the treatment period, there was improvement in clinical feature and the quality of sleep, and appetite with urine output was improved.

Key Words *Prostatomegaly, Recurrent UTIs, Vatasthila, Mutraghata, Apana Vata*

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INTRODUCTION

Prostatomegaly, commonly referred to as benign prostatic hyperplasia (BPH), is a geriatric urological disorder characterized by enlargement of the prostate gland leading to urinary obstruction, frequency, hesitancy, and incomplete voiding. In Ayurveda, this condition can be

correlated with *Vatasthila* and *Mutraghata* described in the classical texts, which manifest due to vitiation of *Apan Vata* and associated *Kapha Anubandha* in the pelvic region. Hormonal changes family history, again, Obesity and lack of exercise are common risk factors linked to benign prostatic hyperplasia (BPH).

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Prostatomegaly is the most common diagnosis made by urologists for man ages 45-74 years. It occurs when the prostate gland grows, which squeezes the urethra and limits the flow of urine. In terms of pathology, hyperplasia commonly occurs in the periurethral zone-the part of the prostate surrounding the urethra. This growth leads to urinary outflow Obstruction. As obstruction worsens, characteristic symptoms include, diminished force of urinary stream, hesitancy in initiating urination, post-void dribbling¹. *Acharya Susruta* describes *Vatasthila* as a *Vata*-induced, stone like hard mass situated between bladder and above the rectum, obstructing the flow of urine. In Ayurveda, the two broad categories – *Mutrakrichha* and *Mutraghata* have been used to list all urinary diseases. BPH closely resembles with *Vatashtheela* disease in its sign and symptoms. It is manifested due to improper function of *Apana Vayu* along with the vitiation of *Kapha* and *Pitta dosha*. It is often correlated with prostatomegaly / benign prostatic hyperplasia in modern medicine.

Susruta describes Symptoms of *Vatashthila* include *Granthi-Akara* (stone like mass), *Mutraghata* (urinary obstruction), *Mutrakrcchra* (dysuria), *Sula* (colicky pain), *Asmari-sadrsa sila* (stone like hardness), *Basti-Guda-adhobhaga gaurava* (heaviness in pelvic area) and *Vatanubandha laksana*². The management provided by the contemporary medicine for this condition is either conservative or surgical in nature.

HISTORY OF PRESENT ILLNESS: A 51 years old male patient, mentioned in **Table no.1**, was apparently healthy before 8 months, then suddenly he started complaints of dyspepsia, gaseous abdomen with constipation since 8 months. He also had complaints of painful urination with feeling of fullness, heaviness and pressure around bladder, with difficulty in initiation and continuation of micturation since 3 months. These chief complaints are briefly mentioned in **Table no. 2.** and vital examination are mentioned in **Table no. 3** -

Patient had also taken contemporary medicine for these symptoms, but did not get satisfactory relief. So he approached to *Kayachikitsa* OPD, National Institute of Ayurveda, Jaipur for Ayurvedic treatment.

Table 1 Demographic detail of patient

Name	Gulzari Lal
Age	51
Sex	Male
Address	Jaipur
Marital Status	Married
Socioeconomic Status	Middle
Weight	70 KG
Height	168 CM

Table 2 Chief Complaints

S.No.	Chief Complaints	Duration
1	Dysuria	3 Months
2	Incomplete emptying of bladder	3 Months
3	Dribbling after urination	3 Months
4	Hesitancy (delay in starting urine)	3 Months

Table 3 Vitals Examination

Blood Pressure (B.P.)	130/70 mm of Hg
Pulse (P.R)	74/min
Respiratory Rate (R.R)	18/min
Body Mass index (BMI)	24.8 kg/m2

Past History: Urine retention while bike driving for long distance daily. No history of trauma and

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medical illness (Eg.- HTN, DM/ bronchial asthma). No any surgical intervention.

Medical History: Patient had taken painkiller for few months

Tab. Defza 12mg – 1BD Tab. Pantop-D SR – 1 OD Tab. Etos MR - 1BD

Personal History: Food Habits: Mixed diet. Craving for pungent food items. Sleep: Disturbed due to urgency and nocturia. Addiction: Not any

Family History: Not Significant

Nidana Panchak³

1. **Hetu** (Etiology or causative factors) - **Ati-vyayama** (excessive physical exertion), **Ati-ruksha ahara** (dry, light food, lack of unctuous substances), **Vegavidharana** (suppression of natural urges, espec ally mutra-vega & purisa-vega), **Ratri-jagarana** (night awakening, irregular lifestyle), **Ati-madhya sevana** (excessive alcohol intake), **Vrddhavastha** (natural vata increase in old)

2. **Purvarupa**⁴ (Premonitory Symptoms)- **Muhurmuhu Mutra-krichhta** (occasional painful urination), **Mutra-avegani anubhuya apyasampurna visarjana** (incomplete feeling of voiding), **Basti-guru-garimata** (heaviness and discomfort in bladder region), **Alapalpam Mutravisarga** (passing urine in small quantities repeatedly).

3. **Rupa**⁵ (Signs and Symptoms)-**Vata sancaya in basti** leading to a stone-like hard mass in pelvic region (**Sonitaslesma-sanghata rupa granthi**), **Mutravrddhi** (retention of urine, difficulty in urination), **Mutra-krichhra** (straining while passing urine), **Mutra-avila**,

sighra or kshaya (turbid, frequent or scanty urine), **Shula in basti** (pain in bladder region), Enlargement or palpable hard mass in pelvic region.

4. **Upashaya**⁶ (Relieving factors): **Snehana** (unctuous foods, medicated oils, ghee), **Svedana** (fomentation), **Mutravirecaka Dravyas** (diuretic herbs like Goksura, Punarnava), **Vata**-pacifying diet and regimen.

5. **Samprapti**⁷ (Pathogenesis)- Due to above **nidanas**, **Vata dosa** mainly **Apana Vata** becomes vitiated. It gets obstructed by **Kapha** and **Mamsa upachaya** in **basti** (pelvic region). This leads to **Granthi rupa sthula silavat sotha** (hard, stone-like swelling near bladder neck). The obstruction disturbs normal micturition causing **Mutra sanga**, **Mutra krichhra** and **Alpamutra pravrtti etc.** Thus, **Vatasthila** is formed.

In Ayurveda, **Aṣṭavidha Parīkṣā** is the traditional eightfold method of clinical examination used to assess a patient's health and diagnose diseases which is briefly mentioned in **Table no. 4**.

Table 4 AṢṬAVIDHA PARĪKṢĀ

<i>Nadi</i>	<i>Vata Kapha</i>
Mala (stool)	<i>Asamyak</i> (Unsatisfactory bowel evacuation)
Mutra (urine)	<i>Samyak</i>
Jeeva (tongue)	<i>Saam</i> (Coated)
Shabda (speech)	<i>Spashta</i>
Sparsh (touch)	<i>Anushnasheeta</i>
Druka (eyes)	<i>Prukruta</i>
Akruti (posture)	<i>Madhyama</i>

INVESTIGATION DONE- USG KUB with prostrate, dated on 18/10/24 reveals prostatomegaly grade 2nd with right renal simple

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cyst, with Urine (routine and microscopic)
Normal range are shown (figure 1 and 2).

AFTER TREATMENT-

As shown in **Figure 3**, the USG KUB dated 31/05/2025 demonstrates no evidence of pathology in abdominal organ.

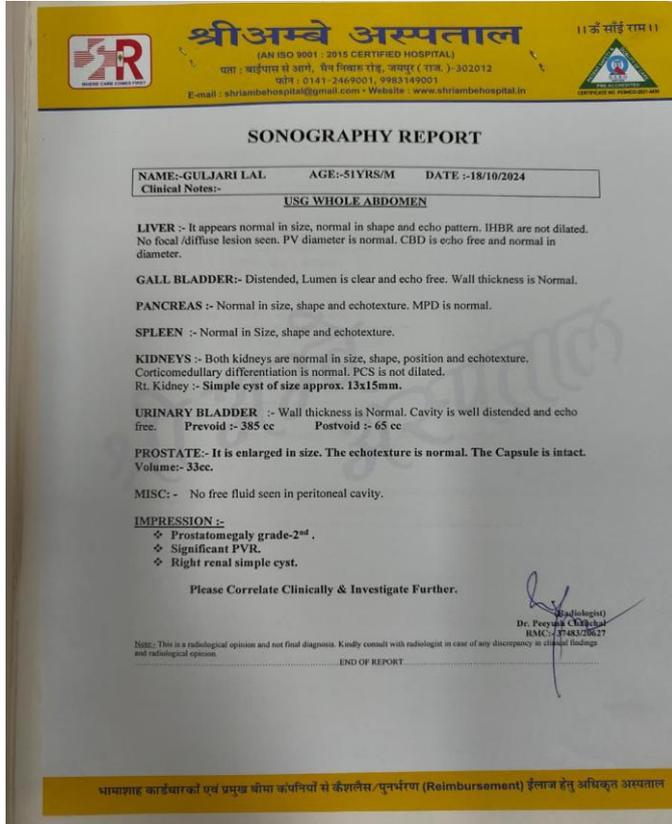


Figure 1 USG whole Abdomen with Prostatomegaly Grade 2 and Right Renal Simple Cyst

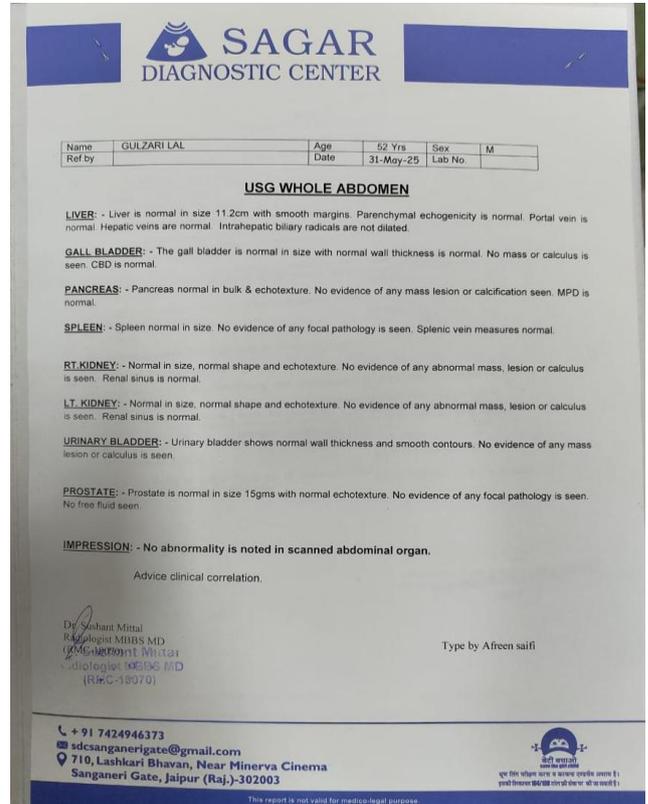


Figure 3 USG Whole Abdomen without Prostatomegaly and Renal Cyst



Figure 2 Radiographic Image of USG Whole Abdomen

DISCUSSION

In Ayurveda, *Vatasthila* is described as a disease of *Basti* (urinary bladder prostatic region) where *Vata dosha* gets aggravated, leading to formation of a hard stone-like mass in the prostate region, causing difficulty in micturition. Its clinical similarity is often drawn with prostatomegaly. The management line of *Vatasthila* is mainly aimed at *Vatanulomana*, *Slesma-Kapha Samana*, *Basti Sodhana*, *Lekhana* and *Mutravirecana*. In the literature, Ayurveda classics has a line of treatment of *Shotha* (swelling) which is applied on the basis of *Nidana* (causative factors of disease), involvement of dominant *Dosha*

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(*Kapha-Vata*), and nature of the disease. The contents of *Kanchnar guggul*⁸ are *Katu* (Pungent), *Tikta* (Bitter), *Madhura* (Sweet) and *Kashaya* (astringent) rasa. These elements include *Guggul* (resin), *Kanchnar* bark, *Triphala*, *Trikatu* herbs that balances the most qualities of *Kapha*. The *Katu*, *Tikta* and *Ushana* nature correct *Apyabhava* (watery part) of *Shotha* (swelling) with its *Granthi-hara* and *Mutrala* properties. The activity as anti-inflammatory, analgesic, anti-oxidant and ulcer healing properties of *Yashtimadhu churna*⁹ are proven.

*Hingwastak Churna*¹⁰ the ingredients also include *Katu* (pungent), *Tikta* (bitter), and *Ushna* (hot) properties. When there is an obstruction in the *Rasavaha Srotas* (channels responsible for transportation of nutrients), it leads to *Agnimandya* (reduced digestive fire), which progresses to *Shotha* (swelling). The pungent taste (*Katu Rasa*) and hot potency (*Ushna Veerya*) of *Shunthi* (ginger) help in relieving the blockage in the channels. *Shunthi* also has a purifying effect on numerous channels in the body. It stimulates the digestion process (*Agni*) and promotes the nourishment of the body tissues. *Pippali* (long pepper) enhances the digestive fire (*Agni*) and helps in reducing blockages in the microcirculatory channels. The penetrating quality (*Pramathi Guna*) of black pepper assists in cleansing the channels. It is useful for *Agnimandya* (Digestive fire). *Agnitundi vati*¹¹ has a potent Anti-inflammatory action. It reduces inflammation of joints and alleviates pain associated with joint disorders. It

also induces digestion and expulsion of *Ama*. Therefore, it is also known as one of the best *Amapachana*. It increases Appetite, improves digestion and reduces gas formation in the abdomen.

*Shankh vati*¹² Mainly used in the diseases of digestive system like loss of appetite, indigestion or digestive impairment and dyspepsia. It is also useful in Abdominal gas, Bloating and Flatulence, *Rogadhikara* (drug of choice) is *Agnimandya*.

*Avipattikar Churna*¹³ plays a supportive role in the Ayurvedic management of prostatomegaly by Improving *Agni* and reducing *Ama*, acting as a mild laxative to relieve pelvic congestion, providing anti-inflammatory and diuretic effects and Balancing *Pitta and Kapha*, the key *Doshas* involved in BPH. Though it does not directly act on the prostate gland, its systemic actions help relieve associated symptoms, especially when BPH co-exists with digestive or *Pitta-Kapha* imbalances.

CONCLUSION

This clinical study proves that significant improvement was noticed in overall symptoms and the medicine mentioned above for internal use helps in pacifying the causative factors responsible for *Vatasthila* which is often correlated with Prostatomegaly. It not only reduces swelling but also corrects urinary symptoms by balancing *Kapha* (causing *Granthi*) and *Vata* (causing pain and obstruction), the main

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Doshas involved in *Vatasthila* /prostatomegaly.

The holistic approach followed by *Shamana* therapy showed marked improvement in urinary symptoms, prostate size, and overall quality of life without any adverse effects.

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Treatment was given with follow up as mention in **table no.5** and was continued for consecutive months.

Table 5: Treatment Protocol with follow up

DATE	MEDICINE	DURATION
18/09/2024 To 02/10/2024	1) Avipattikar Churna-4gm Praval Pishti-250mg (BD) 2) Tarunikusumakar Churna-5gm (HS)	14 Days
09/10/2024 To 14/11/2024	Continue The Same Treatment + 3) Tab Ashwagandha-1 (BD)	36 Days
27/11/2024 To 28/12/24	1) Avipattikar Churna-5gm Madhuyasti Churna-4gm (BD) 2) Tab Ashwagandha-1 (BD) 3) Taruni Kusumakar-5gm (HS)	30 Days
28/12/2024 To 18/01/2025	1) Kanchnar Guggulu-500 mg Agnitundi Vati- 125 mg (BD) 2) Hingwastak Churna-3gm (BD) 3) Erandbhrishta haritaki Churna-3gm(HS)	20 Days
18/01/2025 To 31/01/2025	1) Kanchnar guggulu-500 mg Agnitundi Vati-125mg (BD) 2) ShankhVati- 500mg (BD) 3) Tarunikusumakar-5 gm (HS)	14 Days
01/02/2025 To 15/03/2025	Continue The Same Treatment	45 Days
15/03/2025 To 14/04/2025	Continue The Same Treatment	1 Month