

**A CASE STUDY TO EVALUATE THE EFFECT OF VASTYAMAYANTAKA GHRI
MATRA BASTI IN VATASTHEELA W.S.R. TO BENIGN PROSTATE HYPERPLASIA*****¹Dr. Manoj Kumar Behra, ²Dr. Rameshwar Mahilange**¹Reader, Department of Panchakarma, Government Ayurved College Hospital, Bilaspur.²Lecturer Department of Shalya Tantra Government Ayurved College Hospital Bilaspur.***Corresponding Author: Dr. Manoj Kumar Behra**

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is a histopathological condition characterized by the proliferation of smooth muscle and epithelial cells within the transitional zone of the prostate gland. The incidence and severity of lower urinary tract symptoms (LUTS) are increasing steadily, particularly affecting men above 50 years of age. Due to the close resemblance of symptoms, BPH can be correlated with *Asthila*, one of the types of *Mutraghata* described in Ayurvedic Samhitas. In this case study, a male patient reported to the OPD of GACH, Bilaspur (Chhattisgarh) and was diagnosed with *Asthila* w.s.r. to BPH. The treatment protocol included *Sarvanga Abhyanga*, *Sarvanga Bashpa Swedana*, and *Vastyamayantaka Ghrita* Matra Basti for 16 days, followed by oral medications during the follow-up period. The patient exhibited marked improvement with significant reduction in symptoms. This case demonstrates the beneficial effect of *Vastyamayantaka Ghrita* Matra Basti in the management of *Asthila* w.s.r. to Benign Prostatic Hyperplasia (BPH), suggesting its potential as a promising therapeutic approach.

KEYWORDS: *Asthila*, Benign Prostate Hyperplasia, BPH, *Vastyamayantaka Ghrita Matra Basti*.**INTRODUCTION**

Benign Prostatic Hyperplasia (BPH) and the resulting lower urinary tract symptoms (LUTS) constitute a major health concern in ageing men. The pathophysiology involves the complex role of androgens, estrogens, and various growth factors in the development of BPH.^[1] Acharya Sushruta has described *Asthila* in Ayurveda, which is comparable to the clinical picture of BPH. Inappropriate *Ahara-Vihara* (poor diet and lack of proper routine), excessive physical exertion, and other lifestyle factors aggravate *Vata Dosha*, particularly *Apana Vayu*, ultimately contributing to the progression of this condition.

Essentially, BPH refers to a non-cancerous enlargement of the prostate gland. Age-related hormonal changes, especially androgen imbalance, are central to this excessive growth. In contemporary medicine, conservative management and surgical interventions—such as prostatectomy, transurethral resection of the prostate (TURP), and cryotherapy—are used to relieve symptoms. However, inability to completely empty the bladder, dribbling of urine, weak stream, nocturia,

urgency, and other LUTS significantly impact the patient's quality of life.

Ayurvedic texts describe symptoms such as *Asthilavat* (hard consistency), *Vritta Granthi* (round or oval mass), and *Unnata Granthi* (palpable growth) in *Vatastheela*, which closely correlate with the presentation of BPH. In Ayurveda, various *Shamana Chikitsa* approaches—including *Churna* (powders), *Kalka* (paste), *Kwatha* (decoctions), and medicated *Ghrita* preparations—are recommended. Thus, treatment aimed at alleviating symptoms and reducing *Asthilavat* features holds therapeutic significance.^[2]

EPIDEMIOLOGY

Research indicates that histological prevalence is 8%, 50%, and 80% in the fourth, sixth, and ninth decades of life, respectively.^[3]

AIMS AND OBJECTIVES

A case study of *Vatastheela* (B.P.H.) managed with *Sneha basti* (Matrabasti) and *Shaman Chikitsa*.

CASE REPORT

A 63 years old male patient who belongs to middle class family working as Principal in Private sector School came to OPD of GACH, Bilaspur with the complaints of increased frequency of urination at night (nocturia) from 7 years, frequent and urgent need to urinate (4.5 years), a weak urine stream for the last 3 years, and dribbling at the end of urination (3.5 years). The patient has taken modern medicine before, but no relief was found, hence he came to our OPD for *Ayurvedic* treatment.

Intervention Given to the Patient

First Sixteen days

1. *Sarvanga Abhyanga* with *Sahacharadi Taila*
2. *Sarvanga Bashpa Swedana*
3. *Matrabasti* with *Vastyamayantaka Ghrita*

Follow up (For 1 Month)

1. Varunadi Kashaya 15 ml BD
2. Tablet Bangshil - 1 BD
3. Tablet Himplasia 1BD

OBSERVATIONS AND RESULTS

The patient condition improved gradually with treatment. After the commencement of the treatment there was a significant reduction in the symptoms like Repeated urge to Urinate, urge to urinate at night, Difficulty to hold the urine urge, Sensation of incomplete evacuation of Urine, dribbling of urine at the end of stream, Weak urine stream, Difficulty in initiating the urine, Stopping and starting again the flow of urine while urination and Disturbed sleep which again got improved after follow up period. Assessment parameter Before Treatment, After Treatment and After Follow-up was recorded.

Table: Showing IPSS & Athens Insomnia Scale.

Complaints	Before treatment	After treatment	After Follow-up
Incomplete Emptying	5	3	1
Frequency	4	2	1
Intermittency	1	0	0
Urgency	3	2	1
Weak Stream	5	3	2
Straining	3	2	1
Nocturia	2	1	0
Total Score	23	13	6
Quality of Life	5	4	2
Athens insomnia Scale	12	8	5

DISCUSSION

The prevalence of BPH in the elderly population is a serious health concern. Dribbling or scanty urination, the urgency of urination, hesitation, nocturnal urination, and other symptoms that have an impact on patients' quality of life is comparable to those listed in the *Mutraghata*. The term *Mutraghata* on splitting stands for *Mutra* and *Aghata* meaning low urine output either by retention or any other cause. *Acharyas* have not mentioned general causative factors for *Mutraghata* but the *Nidanas* mentioned for *Mutrakrichhra*^[3] and *Mutravaha Sroto Dusti*^[5] can be considered among them. Among *Nidanas* patient was having *Mutravega Dharana* as of his occupation, *Ruksha Padarth Sevana*, *Ratijagrana*, *Chinta*, *Adhyashana*, *Nityadrutaprishta Yaana* which can now be considered as excess travelling on bike. *Abhyanga*, *Swedana*^[6] and *Basti* are among the treatment protocols told by *Acharyas* for the treatment of *Mutraghata* which were opted here as intervention and all the measures adopted for *Mutrakrichchhra* can be administered in all the varieties of *Mootraghata*.^[7]

The *Sneha (Matra Basti)* used here which is *Vastyamayantaka Ghrita* has a reference in *Sahasrayoga Ghrita Prakarana* which is indicated in all types of *Mutraghata* by providing *Vata Pittahara Karma* by the virtue of combination of ingredients present in it. *Basti* is a treatment modality having supreme combinations of ingredients as per disease condition which also can be

given in young as well as elders.^[8] Here the condition is *Vata Pradhana* where *Pakvashaya* is the specific place of *Vata*, the specific place of action of *Basti* is on *Pakvashaya* and *Vata Dosha* resulting in *Vata Shamana* and *Samprapti Vighatana* which can be seen as reduced symptomatology. In *Trimarmiya Siddhi Sthana* of *Charaka Samhita*, it is told to protect the *Trimarmas* from aggravated *Vayu*. If afflicted by the *Vata Dosha*, they should be treated with the help of *Basti Karma* as the first choice for the safeguard of the *Trimarma* because the *Marmaparipalanam* can be done by the action of *Basti Karma*.^[9] The selection of *Sarvanaga Abhyanga* and *Bashpa Swedana* is based on the criteria that they are one among the treatment modalities told by *Acharyas* for *Mutraghata* and also serves as *Poorvakarma* to *Basti Karma*. As *Apana Vata* is the *Pradhana* culprit for the *Samprapti*, the treatment provided help in regaining the correct function of *Apana Vata* along with the achievement of *Vatanulomana* action.

As the clinical features have more priority than the investigations to diagnose any illness, the IPSS found to be the great tool for the screening and tracking the symptomatology of BPH. Because of the corrected nocturia and the action of *Abhyanga* served as *Kshramahara*, *Vatahara* and promotes proper sleep, the patient finds much relieve in the disturbance of sleep and

there is an improvement in overall quality of sleep which is recorded on Athens Insomnia Scale.

For the follow up *Varanadi Kashaya* is given as a *Shamanaga Chikitsa*. Its action can help maintain the size of the prostate gland. *Varunadi Kashaya* contains ingredients like *asparagus*, *moringa*, and *pongamia* which are helpful for prostate health. This formulation plays a key role in the effective working of Prostate.^[10] along with Tablet Bhangshil and Tablet Himplasia which were found to be very responsive by helping in toning up the functions of genitor urinary system and decongestion of prostate.

CONCLUSION

Panchakarma procedures combined with oral Ayurvedic medications were effective in improving the patient's quality of life and in alleviating disease symptoms. This line of management proved valuable, enabling the patient to avoid or delay surgical intervention. The positive outcomes achieved through a simple therapeutic protocol- especially in a case initially advised for surgery- reinforce confidence in the principles described by the Acharyas. These encouraging findings also highlight the need for further research on a larger sample to validate and generalize this management approach for Asthila (BPH).

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