

A CLINICAL CASE STUDY ON *DHANYAK GOKSHURA GHRITAM UTTARBASTI* AND *KHADIR BEEJ CHOORNA* ORALLY IN *VAATASHTHILA* W.S.R TO BENIGN PROSTATE HYPERPLASIA

Dr. Satinderpal Singh^{*1}, Dr. Ranjit Singh Manhas² and Dr. Bhoomi Soni³

¹PG Scholar, Department of Shalya Tantra, Quadra Institute of Ayurveda, Roorkee, Haridwar, Uttarakhand, India.

²Professor and H.O.D, Department of Shalya Tantra, Quadra Institute of Ayurveda, Roorkee, Haridwar, Uttarakhand, India.

³Associate Professor, Department of Shalya Tantra, Quadra Institute of Ayurveda, Roorkee, Haridwar, Uttarakhand, India.



***Corresponding Author: Dr. Satinderpal Singh**

PG Scholar, Department of Shalya Tantra, Quadra Institute of Ayurveda, Roorkee, Haridwar, Uttarakhand, India.

DOI: <https://doi.org/10.5281/zenodo.21698452>

How to cite this Article: Dr. Satinderpal Singh^{*1}, Dr. Ranjit Singh Manhas² and Dr. Bhoomi Soni³. (2026). A Clinical Case Study On *Dhanyak Gokshura Ghritham Uttarbasti* and *Khadir Beej Choorna* Orally In *Vaatashthila* W.S.R To Benign Prostate Hyperplasia. World Journal of Pharmaceutical and Medical Research, 12(8), 253-258.

This work is licensed under Creative Commons Attribution 4.0 International license.



Article Received on 25/06/2026

Article Revised on 15/07/2026

Article Published on 01/08/2026

ABSTRACT

Background: Benign Prostatic Hyperplasia (BPH) is one of the most common urological disorders affecting ageing men and is characterized by progressive enlargement of the prostate gland, leading to lower urinary tract symptoms (LUTS) that adversely affect quality of life. In *Ayurveda*, the clinical presentation of BPH closely resembles *Vaatashthila*, a subtype of *Mutraghata*, caused predominantly by vitiation of *Apana Vata* leading to obstruction of the urinary passage. *Ayurvedic* management aims to restore normal urinary function through *Vata*-pacifying therapies and local interventions such as *Uttar Basti*. **Case Presentation:** A 54-year-old male presented with a one-year history of urinary hesitancy, weak urinary stream, intermittency, straining during micturition, urgency, increased frequency, nocturia, dribbling, and a sensation of incomplete bladder emptying. The patient was a known case of type 2 diabetes mellitus. Baseline assessment revealed an International Prostate Symptom Score (IPSS) of 15, prostate volume of 35 cc, and post-void residual urine volume of 50 mL, confirming Grade I Benign Prostate Hyperplasia with lower urinary tract symptoms. **Intervention:** The patient was treated with *Dhanyak Gokshura Ghritham Uttar Basti* in combination with oral *Khadir Beej Choorna*, along with appropriate dietary and lifestyle advice based on *Ayurvedic* principles. **Outcome:** Following completion of therapy, the patient demonstrated marked clinical improvement. The IPSS decreased from 15 to 5, prostate volume reduced from 35 cc to 28 cc, and post-void residual urine decreased from 50 ML to 20 ML (insignificant). Symptoms including urinary frequency, urgency, hesitancy, weak stream, and nocturia improved significantly. No adverse events or treatment-related complications were observed throughout the treatment period. **Conclusion:** This case suggests that *Dhanyak Gokshura Ghritham Uttar Basti* combined with oral *Khadir Beej Choorna* may provide a safe and effective *Ayurvedic* therapeutic approach for managing *Vaatashthila* (Benign Prostate Hyperplasia). The observed improvements in both subjective symptoms and objective clinical parameters indicate the potential of this treatment modality as a non-surgical management option. However, larger controlled clinical studies are warranted to validate these findings and establish their broader clinical applicability.

KEYWORDS: Benign Prostatic Hyperplasia, *Vaatashthila*, *Mutraghata*, *Uttar Basti*, *Dhanyak Gokshura Ghritham*, *Khadir Beej Choorna*, Lower Urinary Tract Symptoms, IPSS.

INTRODUCTION

Benign Prostatic Hyperplasia (BPH) is one of the most common benign disorders affecting ageing men and

represents a significant cause of lower urinary tract symptoms (LUTS).

Histologically, BPH is characterized by non-malignant hyperplasia of the stromal and epithelial components of the prostate gland, particularly in the periurethral transition zone. The prevalence of BPH increases with advancing age, affecting nearly 50% of men above 50 years and up to 80–90% of men older than 80 years. The progressive enlargement of the prostate leads to bladder outlet obstruction, resulting in symptoms such as urinary hesitancy, weak urinary stream, intermittency, straining during micturition, urgency, increased urinary frequency, nocturia, sensation of incomplete bladder emptying, and post-void dribbling.

These symptoms considerably impair the patient's quality of life and may eventually lead to complications including recurrent urinary tract infections, bladder stones, urinary retention, renal impairment, and the need for surgical intervention.

The pathophysiology of BPH involves androgen-dependent cellular proliferation, particularly mediated by dihydrotestosterone (DHT), along with age-related hormonal alterations, chronic inflammation, oxidative stress, and increased stromal proliferation. Diagnosis is based on clinical history, physical examination including digital rectal examination, symptom assessment using the International Prostate Symptom Score (IPSS), serum prostate-specific antigen (PSA), ultrasonography for prostate size and post-void residual urine, and uroflowmetry when indicated.

Conventional management of BPH depends on symptom severity and disease progression. Mild cases are managed with lifestyle modification and watchful waiting, whereas moderate to severe cases require pharmacotherapy using α 1-adrenergic blockers, 5 α -reductase inhibitors, phosphodiesterase-5 inhibitors, or combination therapy. Although these medications are effective in relieving symptoms, their long-term use is frequently associated with adverse effects such as dizziness, orthostatic hypotension, ejaculatory dysfunction, decreased libido, erectile dysfunction, and gynecomastia. Patients with refractory symptoms or complications often require surgical procedures such as transurethral resection of the prostate (TURP), laser prostatectomy, or minimally invasive interventions, which carry risks including bleeding, infection, urethral stricture, urinary incontinence, and retrograde ejaculation. Consequently, there is increasing interest in safe, effective, and minimally invasive complementary therapies.

In *Ayurveda*, the clinical manifestations of BPH closely resemble *Vaatasthithila*, one of the twelve varieties of *Mutraghata* described by *Acharya Sushruta*. *Sushruta* explains *Vaatasthithila* as a condition caused by aggravated *Apana Vata*, producing a firm, elevated, stone-like swelling situated between the bladder (*Basti*) and rectum (*Guda*), resulting in obstruction to the normal

flow of urine and stool. The characteristic features include difficulty in micturition, incomplete bladder emptying, urinary retention, weak urinary stream, and painful or obstructed urination, which closely correlate with the symptoms observed in patients with BPH.

The pathogenesis of *Vaatasthithila* involves vitiation of *Apana Vata*, often associated with *Kapha*, leading to obstruction (*Avarana*) of the urinary channels (*Mutravaha Srotas*).

Disturbance of the normal function of *Apana Vata* causes impaired evacuation of urine and progressive urinary obstruction. Therefore, Ayurvedic management focuses on *Vata-Shamana*, *Srotoshodhana*, *Mutrala* (diuretic), *Shothahara* (anti-inflammatory), and *Rasayana* therapies aimed at restoring normal urinary physiology and reducing the pathological enlargement.

Among the *Panchakarma* procedures, *Uttar Basti* is considered one of the most effective therapeutic interventions for disorders of the urinary and reproductive systems.

Administration of medicated formulations directly into the urinary bladder facilitates localized drug delivery, enhances tissue penetration, reduces inflammation, pacifies vitiated *Vata*, and improves bladder function. *Dhanyak Gokshura Ghritam* possesses *Vata-Pitta* pacifying, *Mutrala*, *Shothahara*, and *Rasayana* properties. *Gokshura* (*Tribulus terrestris*) is well known for its diuretic, anti-inflammatory, antioxidant, and uro-protective actions, while *Dhanyaka* (*Coriandrum sativum*) contributes *Deepana*, *Pachana*, and anti-inflammatory effects. The *ghrita* base acts as an excellent vehicle (*Yogavahi*), enhancing drug absorption and tissue nourishment. *Khadir Beej Choorna* (*Acacia catechu*) exhibits *Kashaya Rasa*, *Kapha-Pitta shamaka*, antimicrobial, anti-inflammatory, and antioxidant activities, which may help reduce urinary tract inflammation and improve lower urinary tract symptoms.

The present case report describes the successful management of Grade I Benign Prostatic Hyperplasia (*Vaatasthithila*) in a 54-year-old male using *Dhanyak Gokshura Ghritam Uttar Basti* along with oral *Khadir Beej Choorna*. Significant improvements were observed in subjective symptoms, International Prostate Symptom Score (IPSS), prostate volume, and post-void residual urine without any adverse events, suggesting that this combined Ayurvedic approach may serve as a safe and effective therapeutic option in the management of BPH.

AIMS AND OBJECTIVES

To study the effect of *Dhanyak Gokshura Ghritam Uttar Basti* and *khadir Beej Choorna* effect in *Vaatasthithila* W.S.R to Benign prostate hyperplasia.

Place Of Work – Quadra Institute Of Ayurveda.

CASE REPORT

Table 1: Patient demographic and clinical information.

PARAMETER	DETAILS
Name	Vi*****La
Age	57
Sex	Male
Religion	Hindu
Marital Status	Married
Occupation	Shopkeeper
Socio Economic Status	Middle Class
Date Of Starting Of Trial	27/1/26
Date Of Completion Of Trial	16/2/26
Chief Complaints	Incomplete emptying of bladder, weak urinary stream, increased frequency of urination, dribbling of urine
Duration Of Illness	1-2 years

Table 2: History Of Present Illness.

Symptom	Duration
Weak urinary stream	2 years
Hesitancy	1 year
Incomplete bladder emptying	1 year
Straining	6 months
Intermittency	6 months
Frequency	Present
Urgency	Present
Nocturia	3-4 times/night
Dribbling	Present

Table 3: Past, Personal and Family History.

Parameter	Findings
Diabetes Mellitus	Type II DM (10 years)
Previous Surgery	None
Drug Allergy	None
Diet	Mixed
Sleep	Disturbed due to nocturia
Family History	Mother had diabetes mellitus

Table 4: General Physical Examination.

Pulse	77/Min
Blood Pressure	124/80 MmHg
Respiratory Rate	16/Min
Temperature	98.4°F
General Condition	Conscious, Cooperative And Oriented
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Oedema	Absent

Table 5: Ashtavidha Pariksha.

Parameter	Findings
Nadi	77/Min
Mutra	Increased Frequency
Mala	Samanya
Jihva	Alipt
Shabda	Spashta
Sparsha	Samushansheet
Drik	Samanya
Akriti	Madhyam

Table 6: SUBJECTIVE PARAMETER - IPSS Before Treatment.

Symptom	Score
Incomplete Emptying	2
Frequency	1
Intermittency	1
Urgency	3
Weak Stream	4
Straining	2
Nocturia	2
Total IPSS	15 (Moderate)

Table 7: OBJECTIVE PARAMETER - Laboratory and Radiological Investigations.

Investigation	Finding
Hb	13 g/dL
TLC	6300/mm ³
Blood Urea	24 mg/dL
Serum Creatinine	0.9 mg/dL
PSA	3 ng/mL
HCV	Non reactive
HIV	Non reactive
HBSAG	Non reactive
VDRL	Negative
Prostate Volume	35 cc
Post void residual urine volume	50

Diagnosis – the condition was diagnosed of BPH Grade 1

MATERIALS AND METHODS

Dhanyak Gokshura Ghritam -Dose 40 ml for *Uttar Basti* *Khadir Beej Choorna* orally 5 gm BD before meal

Regime: *Uttar Basti* for 3 days with gap of 3days for 4 consecutive cycles and *Khadir Beej Choorna* orally for 21 days

Duration of study- 21 days

PROCEDURE

Materials required

Baby feeding tube 10 no., gloves 7.5 no. gauze piece, sponge holding forceps, 50 ml syringe, steel bowl, betadine liquid, normal saline, *Dhanyak Gokshura Ghritam* 40 ml, cut sheet of size 45''×90'', *Moorchit Till Taila*, *Naadi Swedan Yantra*.

The procedure of administration of *Uttar Basti* in general is divided into three stages, as follows.

PURVA KARMA

- Patient was explained about the procedure, its pros and cons and possible complications.
- Diet modification was done to avoid constipation, flatulence
- Patient was asked to take light diet at least 2 hours prior to the procedure.
- Written consent was taken.

- Bladder evacuation done.
- Vitals monitored
- *Sthanik snehan* and *abhyanga* was done with *Moorchit Till Taila*
- *Sthanik naadi swedan* was done

PRADHANA KARMA

- Position: The patient made to relax and lay in a supine position.
- Drape the patient so that only the area around the penis exposed.
- Genitalia and the surrounding area cleaned with betadine by using sponge holding forceps and gauge.
- Prepuce retracted back completely and thoroughly , gently cleaned the glans penis with betadine.
- Genitalia region was covered with a sterile cutsheet.
- Autoclaved, Lukewarm 40 ml *Dhanyak Gokshura Ghritam* was taken in the 50 ml syringe and the baby feeding tube of 10 no. attached to its tip (all air in the syringe was expelled out before inserting into the urethra).
- The baby feeding tube was lubricated with *Dhanyak Gokshura Ghritam*.
- The flaccid penis held perpendicular to the body.
- The baby feeding tube ,placed in the external meatus by holding it from its tips.
- A few drops of *Dhanyak Gokshura Ghritam* was injected in order to lubricate the meatus, to aid the smooth passage of the baby feeding tube.
- Gently introduced the tip of the baby feeding tube into the urethra.
- When the catheter passes through the prostatic sphincter into the bladder, the patient feels to urinate.
- Slowly injected the *Dhanyak Gokshura Ghritam* into the bladder.
- After injecting the *Dhanyak Gokshura Ghritam*, baby feeding tube was removed carefully
- Anti-clockwise *Abhyanga* was done over the groin region.
- Patient was advised to lie in the same position for 10 minutes.

PASHCHATKARMA

- Vitals monitored such as Temperature, Pulse rate, and blood pressure.
- Patient was advised to relax for 30 minutes in a head low position.
- After the first micturition patient was advised to take tender coconut water.
- Patient was advised to take a light diet in the evening. Such as *Ksheera anna*, *Yavagu*, *Yusha*, and *Mamsarasa*.
- During the course of the treatment patient was

instructed to avoid coital act.

- Advised patient to avoid extreme cold and hot conditions to prevent complications.

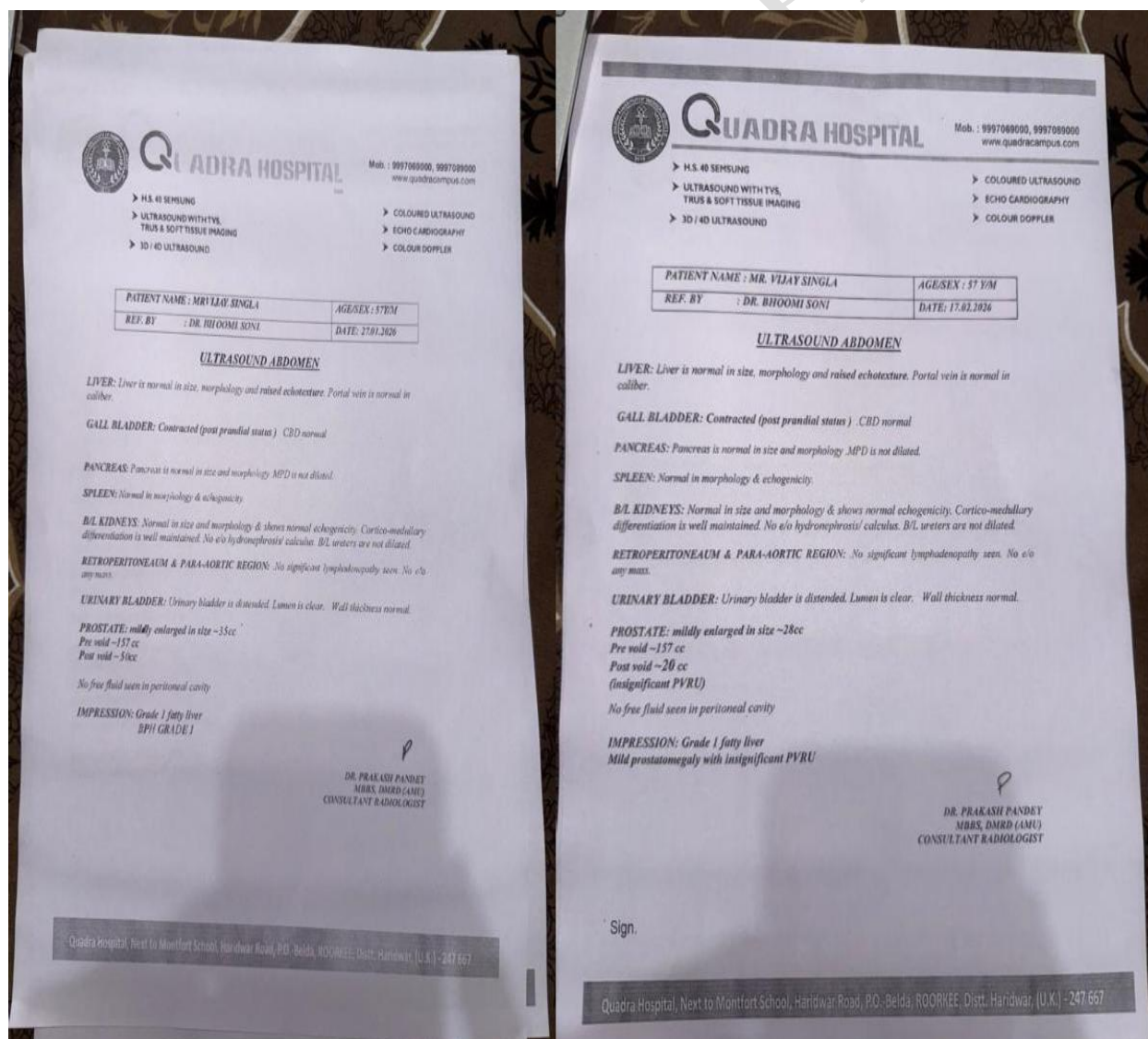
RESULTS

SUBJECTIVE PARAMETER- IPSS SCORE

Symptom	Score BT	Score AT	F1	F2	F3	F4
Incomplete Emptying	2	1	1	1	1	1
Frequency	1	0	0	0	0	0
Intermittency	1	0	0	0	0	0
Urgency	3	1	1	1	1	1
Weak Stream	4	0	0	0	0	0
Straining	2	2	1	1	1	1
Nocturia	2	1	1	1	1	1
Total IPSS	15 (Moderate)	5(Mild)	4	4	4	4

AFTER TREATMENT - USG

Prostate Volume	28 cc
Post Void Residual Urine	2Insignificant



DISCUSSION

Dhanayaka–gokshura ghrta uttarbasti pacifies *apana vata*, reduces *kapha*-induced obstruction, *shothahara* (reduces inflammation), *mutravaha srotoshodhana* (clears urinary channels), *rasayana*, effect of *ghrita* nourishes urinary tissues. *Khadira beej choorna* through its *kaphahara*, *vata-anulomana*, *shothahara*, *kashaya*, *lekha*, and *mutravaha srotoshodhana* properties suggest a beneficial role in reducing prostatic enlargement and relieving lower urinary tract symptoms. Outcome: Restores normal micturition and relieves urinary obstruction.

CONCLUSION

From above case study it can be concluded that the *Dhanyak Gokshur Ghrta uttar basti* and *khadir beej choorna* orally is effective in reducing International prostate symptom score, weight of prostate and post residual urine volume in *vaatasthila* (Benign Prostate Hyperplasia).

In *Ayurveda* it is mentioned that *Uttar basti* is choice of treatment in controlling *Vata Dosha* in all types of *Mutraghata*. So it can be said that the function of detrusor muscle of bladder might be improved by controlling *Apana Vayu* with the help of *Uttar basti*.

Dhanyaka (*Coriandrum Sativum*) has Choriandrol which is diuretic and *Gokshura* has Diosgenin which have anti proliferative activity against prostate cancer cells and relieve symptoms of BPH i.e. nocturia, increased frequency and prostate enlargement. Hence it is scientifically proven that these drugs played important role in symptomatic relief in cases of BPH. So it can be concluded that the *Uttar Basti* of *Dhanyaka Gokshura Ghrta* is effective in treatment of BPH definitely.

The cardinal symptoms of prostate hyperplasia like increased frequency, Nocturia, weak stream, incomplete voiding were improved in this patient. The average Urine Flow Rate was increased. The size of Prostate and Post Voidal Residual Urine volume were decreased. So it can be said that the trial drug & procedure have some effect for treat BPH.

REFERENCES (VANCOUVER STYLE)

1. Wei JT, Calhoun E, Jacobsen SJ. Urologic diseases in America project: Benign prostatic hyperplasia. *J Urol.*, 2008; 179: S75–S80.
2. Roehrborn CG. Benign prostatic hyperplasia: An overview. *Rev Urol.*, 2005; 7(9): S3–S14.
3. McVary KT, Roehrborn CG, Avins AL, et al. American Urological Association guideline: Management of benign prostatic hyperplasia. *J Urol.*, 2021.
4. Sushruta. *Sushruta Samhita, Nidana Sthana*, Chapter 6 (*Mutraghata Nidana*). Edited by Yadavji Trikamji Acharya. Varanasi: Chaukhambha Sanskrit Sansthan.
5. Vagbhata. *Ashtanga Hridaya, Nidana Sthana*, *Mutraghata Nidana*. Chaukhambha Surbharati

Prakashan.

6. Sharma PV. *Dravyaguna Vijnana*. Vol. II. Chaukhambha Bharati Academy, Varanasi.