

**MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA
(VATASTHEELA) WITH SWADAMSTRADI TAILA MATRABASTI
AND AVIPPATIKAR CHURNA: A CLINICAL OBSERVATION**

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is a highly prevalent condition among aging men, presenting with symptoms such as urinary hesitancy, increased frequency, urgency, reduced urinary stream, and intermittency. These clinical manifestations closely parallel *Vatashtheela*, described by *Acharya Sushruta* as one of the twelve forms of *Mutraghata*, characterized by urinary obstruction caused by a mass or enlargement near the bladder neck. This case report describes a 59-year-old male patient presenting with complaints of frequent urination, nocturia, and straining during micturition, who was subsequently diagnosed with BPH. Following a comprehensive case history and detailed clinical evaluation, *Matrabasti* therapy was administered using *Shwadanstradi Taila* with oral administration of *Avipattikar Churna*. The intervention resulted in significant improvement in both subjective symptoms and objective clinical findings. The outcomes suggest that this

therapeutic approach may offer an effective management option for BPH, a condition that substantially impacts quality of life and imposes a considerable socioeconomic burden on healthcare systems.

KEYWORDS: *Vatastheela, MatraBasti, Swadamstradi Taila, Avipattikar Churna, Ayurvedic Management.*

INTRODUCTION

Benign Prostatic Hyperplasia (BPH) is a common age-related condition characterized by non-cancerous enlargement of the prostate gland. Prostatic enlargement is thought to be an involuntary growth resulting from a shift in the body's hormonal balance. While serum testosterone diminishes as men age, estrogen levels remain relatively stable. This creates an increased estrogenic effect that, according to this hypothesis, drives the development of hyperplasia. It leads to lower urinary tract symptoms (LUTS) such as frequent urination, nocturia, weak urinary stream, incomplete bladder emptying [post-void residual volume increase], and urgency. Modern management of BPH often involves alpha-blockers or surgical intervention (TURP), which may carry side effects like retrograde ejaculation or incontinence. Ayurveda offers a non-invasive alternative by balancing the *Apana Vayu*-the sub-type of *Vata* responsible for the functions of the urinary and reproductive tracts. In Ayurveda, BPH can be correlated with *Mutraghata* or *Vatashtheela*, primarily involving vitiation of *Vata Dosha* along with obstruction in the urinary channels (*Mutravaha srotas*).^[1] Obstruction or suppression of urine output is referred to as *Mutraghata*. *Mutraghata* was identified by *Dalhana* as *Mutraavarodha*.^[2] According to Ayurveda embryological glandular part of prostate is basically originated *Matruj Bhava* and fibrous part from *Paitruj Bhava*. According to *Acharya Sushruta*, *Rakta* and *Kapha* are responsible for origin of intestine, anal canal and urinary bladder.^[3]

Ayurvedic management emphasizes restoring *doshic* balance, reducing glandular enlargement, and improving urinary flow. *Acharya Sushruta* has mentioned general guideline for management of all type of *Mutraghata* with use of *Kashaya, Kalka, Avaleha, Kshar, Madya, Aasava, Snehana, Swedana, Basti* and *Uttarbasti*.^[4] Among various therapies, *Matra Basti* with *Shwadamstradi Taila* and oral administration of *Avipattikar Churna* have shown promising results.

Matra Basti is a subtype of *Sneha Basti* that involves the administration of medicated oil in a small dose. It is safe, requires no strict dietary restrictions, and can be administered daily. *Swadamstradi Taila* primary ingredient is *Gokshura* (*Tribulus terrestris*), known for its *Mutrala* (diuretic) and *Vrushya* (rejuvenative) properties. Mechanism of Action is *Vata Shamana*. The oil base directly counteracts the dryness and roughness of *Vata*. The lipophilic nature of the *Taila* allows for better absorption through the rectal mucosa, reaching the pelvic plexus and reducing congestion in the prostatic veins. By *Lekhana* Property Certain ingredients in the *Taila* help in reducing the size of the growth (*Granthi hara*).

While BPH is primarily a *Vata* disorder, the secondary involvement of *Pitta* and *Agni* (digestive fire) cannot be ignored, especially in cases involving inflammation or burning micturition. Role of *Avipattikar* Though traditionally used for hyperacidity, its *Anulomana* (downward moving) property is vital here. It ensures the smooth movement of *Apana Vayu* by clearing the digestive tract. It helps in *Vibandha* (constipation) management. In Ayurveda, a cleared bowel is a prerequisite for a healthy urinary flow, as both are governed by the same functional sub-type of *Vata*.

Metabolic Correction: It helps in *Vibandha* (constipation) management; in Ayurveda, a cleared bowel is a prerequisite for a healthy urinary flow, as both are governed by the same functional sub-type of *Vata*.

CASE REPORT

A 59-year-old male patient presented to the OPD of *Shalya Tantra* at Government Akhandanand Ayurveda Hospital and College with complaints of urinary retention, burning micturition, urgency, nocturia, and dribbling of urine. The patient reported that these symptoms had been persisting for the past 2–3 years. Patient have no any past history. Due to the chronic nature of his condition and discomfort in daily life, he visited the hospital for further evaluation and management.

The case was planned for *Matrabasti* with *Swadamstradi Tila* & oral administration of *Avipattikar Churna* in BPH (*Vatasthila*).

MATERIAL AND METHOD

श्वदंष्ट्रास्वरसे तैलं पचेत् कल्कैः सुखावहम्।

पुनर्नवाश्वदंष्ट्राभ्यां मुस्तशतावरीवृषैः ॥ १८ ॥

कासमर्दकणैरण्डकपित्थयवशक्तुभिः।

तत् पिबेत् शर्कराशमर्या मूत्राघाते च दारुणे ॥ १९ ॥

Medicated oil prepared by *Tailapaka* method for *Matrabasti*

Base: *Tila Taila* (Sesame Oil) & *Gokshura Swarasa* (Tribulus juice)

Kalka (Paste): *Punarnava*, *Gokshura*, *Musta*, *Shatavari*, *Vasaka* (*Vrisha*)

Kalka : *Kasamarda*, *Pippali* (*Kana*), *Eranda*, *Kapittha*, *Yava Saktu* (Barley flour)^[5]

त्रिकटु त्रिफला मुस्तं विडं चैव विडंगकम् । एला पत्रं च चूर्णानि समभागानि कारयेत् ॥

सर्वमेकीकृतं यावत् लवंगं तत्समं भवेत् । सर्वचूर्णं द्विगुणितं त्रिवृच्चूर्णं प्रदापयेत् ॥

भोजनादौ तथा मध्ये खादेन्माषाष्टकं शुभम् । सर्वमेकीकृतं यावत् तावत् शर्करयाऽन्वितम् ॥

अम्लपित्तं निहन्त्याशु विबन्धं मलमूत्रयोः । अग्निमान्यभवान् रोगान् नाशयेदविकल्पतः ॥

प्रमेहान् विंशतिं चैव सर्वं दुर्नाम नाशनम् । अविपत्तिकरं चूर्णं अगस्त्यविहितं शुभम् ॥

Trikatu

Triphala

Musta

Vida

Vidanga,

Ela

Patra

Grind all of them into a fine powder. Then add: Clove in an equal quantity to the above mixture, And add Trivrit (*Operculina turpethum*) powder in double the quantity of the total mixture.

Mix everything well and combine it with sugar.^[6]

Therapy/Medication	Route of Admin.	Dosage	Timing	Anupana	Duration
<i>Sadamstradi Taila</i>	<i>Guda Mraga</i>	20ml	Once daily (after lunch)	N/A	21 Days
<i>Avipattikar Churna</i>	<i>Abhyantar</i> (oral)	5gm	Twice daily	<i>SukoshnaJala</i> (lukewarm water)	21 Days

MATRABASTI

Poorvakarma (Preoperative Measures)

Patient was advised to pass the natural urges at morning and come for *Matra Basti* at 9am. *Basti* materials (*Swadamsradi Tila*, rubber catheter, syringe etc.) were kept ready before application, after that patient was asked to lie-down on table in left lateral position.

Pradhanakarma (Operative Measures)

The lukewarm *Swadamsradi Tila* approximately 20 ml was administered slowly into the rectum with help of plastic syringe and rubber catheter daily for 21 days.

Pashchata Karma (Post-Operative Measures)

After *Matra Basti* patient was advised to lie down in left lateral position for 10 minutes. Then Patient was tapped on back and legs were kept in bending position. Patient shifted to ward and hot water bag was provided for local *Swedana* at lower abdomen. Patient was asked to note the time of *Pratyagamana Kala* of *Basti*.

(A)



(A) Material for Matrabasti

(B)



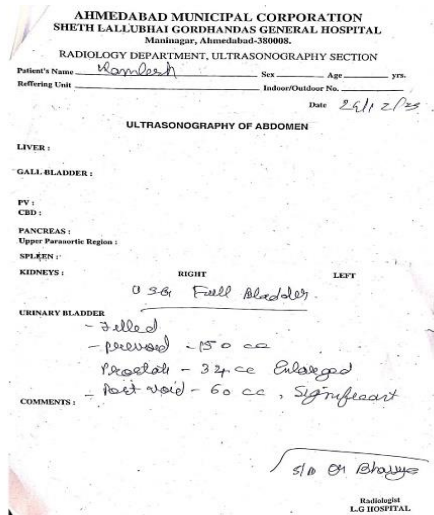
(B) Procedure of Matrabasti

ASSESSMENT OF PATIENT

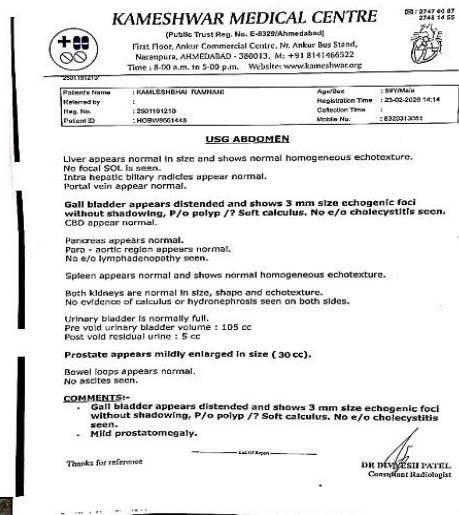
Scoring of sign and symptoms of BPH

S.No.	Symptoms	Grading	BT	D7	D14	D21
1.	Feeling of incomplete bladder emptying	0 = Not at all 1 = One or less than one 2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always	5	3	1	0
2.	Intermittency of urine stream	0 = Not at all 1 = One or less than one	4	2	1	1

		2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always				
3.	Frequency of urination	0 = Not at all 1 = One or less than one 2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always	4	3	1	0
4.	Weak stream	0 = Not at all 1 = One or less than one 2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always	4	3	1	1
5.	Straining	0 = Not at all 1 = One or less than one 2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always	5	4	2	1
6.	Nocturia	0 = Not at all 1 = One time / night 2 = Two time / night 3 = Three time / night 4 = Four time / night 5 = five time or more / night	5	4	2	1
7.	Urgency	0 = Not at all 1 = One or less than one 2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always	4	3	1	0
	TOTAL SCORE(out of 35)	1-7 = Mild 8-9 = Moderate 20-35 = Severe	31	22	9	4



BT



AT

RESULT AND DISCUSSION

Parameter	Before Treatment	After Treatment	Change
Pre-void urine volume	150 cc	105 cc	↓ 45 cc
Post-void residual urine	60 cc	5 cc	↓ 55 cc
Prostate size	34 cc	30 cc	↓ 4 cc

- **Post-void residual urine** showed a marked reduction of **55 cc**, indicating significant improvement in bladder emptying.
- **Prostate size** decreased by **4 cc**, suggesting a reduction in prostatic enlargement.
- **Pre-void urine volume** reduced by **45 cc**, reflecting better urinary dynamics and reduced bladder overdistension.

In this single case of Benign Prostatic Hyperplasia (BPH), correlated with *Vatastheela* under *Mutraghata*, the combined administration of *Swadamstradi Taila Matra Basti* and oral *Avipattikar Churna* showed marked clinical improvement. The results highlight the importance of a multidimensional Ayurvedic approach targeting both the primary pathology and associated contributing factors. The pathogenesis of *Vatastheela* mainly involves vitiation of *Apana Vata* along with *Srotorodha* (obstruction in urinary channels). In this case, the therapeutic combination acted synergistically to correct both these components. *Swadamstradi Taila Matra Basti* directly acts on *Pakvashaya*, the main seat of *Vata*, and helps in normalization of *Apana Vata*. Its *Snigdha*, *Vatahara*, and *Shothahara* properties relieve dryness, rigidity, and obstruction in the pelvic region. This leads to improved urinary flow, reduction in hesitancy, and decreased sensation of incomplete voiding. The *Mutrala*

effect further supports proper urine elimination. Simultaneously, *Avipattikar Churna* administered orally ensures proper *Anulomana* of *Vata* by regulating bowel movements. In this case, correction of bowel irregularity reduced straining and downward pressure over the bladder and prostate region. This indirectly facilitated better urinary function and reduced aggravation of *Apana Vata*.

The combined effect observed in this patient can be understood as.

Normalization of *Apana Vata* through both rectal (*Basti*) and oral (*Anulomana*) routes.

Relief of *Srotorodha* due to the anti-inflammatory and channel-clearing properties of the drugs.

Improved bladder dynamics resulting in reduced frequency, nocturia, and better urine flow.

Holistic correction of both urinary and gastrointestinal factors contributing to the disease.

The dual approach ensured that while *Basti* provided direct and systemic *Vata Shamana*, the oral medication prevented recurrence of *Vata Dushti* by maintaining proper bowel function.

This synergy played a crucial role in sustained symptomatic relief and improved quality of life in this case. From a modern perspective, the combined therapy may have contributed through reduction of inflammation, improved pelvic circulation, smooth muscle relaxation, and decreased intra-abdominal pressure due to regular bowel habits.

Thus, this case demonstrates that integrating *Matra Basti* with internal medication enhances therapeutic efficacy in *Vatastheela* (BPH) by addressing the disease at multiple levels. However, further studies are needed to validate these findings in larger populations.

CONCLUSION

This single case study demonstrates that the combined use of *Swadamstradi Taila Matra Basti* and *Avipattikar Churna* is an effective Ayurvedic approach in the management of *Vatastheela* (BPH). The therapy provided significant symptomatic relief by normalizing *Apana Vata*, relieving urinary obstruction, and correcting bowel function. This integrated treatment highlights the potential of *Basti Chikitsa* along with internal medication as a safe and holistic modality for managing BPH.

REFERENCES

1. SUSHRUTA SAMHITA Edited with Ayurveda-Tattva-Sandipika by Kaviraja Ambika Dutta Shastri, Chaukhambha Publications Reprint, 2010; uttarantra 58/7-8.

2. Sushrut Samhita, Nibandh sangraha commentary Sanskrita commentary, Acharya Dalhanacharya, Chaukhamba Surbharati Prakashan, Varanasi edition, 2011, Mootraghata pratishedh adhyaya, Su UT.-Dalhana 58/12 page no-787.
3. Sushrut Samhita, Dr. Anantram Sharma, Sushrutvimarshini hindi commentary, Chaukhamba Surbharati Prakashan, Varanasi 1st edition, 2001 Vol. III, Marma nirdesh sharira, Su.Sha 4/26 page no- 54.
4. Sushrut Samhita, Dr. Anantram Sharma, Sushrut vimarshini hindi commentary, Chaukhamba Surbharati Prakashan, Varanasi 1st edition, 2001, Vol.II, ashmari chikitsaadhyaya, Su.Chi 7/27, Page No. 237.
5. Vagbhata. (2026). Ashtanga Hridayam (K. R. Srikantha Murthy, Trans.). Chowkhamba Krishnadas Academy. (Original work compiled c. 7th Century). Chikitsa Sthana, Chapter 11, Verses 18–20.
6. Sen, G. D. (2026). Bhaishajya Ratnavali (A. K. Mishra, Trans.). Chowkhamba Sanskrit Bhawan. (Original work published c. 19th Century). Amlapitta Chikitsa Adhikara, Chapter 53, Verses 25–29.