

**REVIEW ARTICLE ON VATASTHEELA MUTRAGHATA W.S.R TO BPH
(BENIGN PROSTATIC HYPERPLASIA)**

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ABSTRACT

Innocent Prostatic hypertrophy is a serious issue that primarily affects men over the age of five. Prostate gland enlargement is frequently linked to lower urinary tract symptoms like urgency, nocturia, diminished and sporadic stream force, and the feeling that the bladder is not emptying completely, among others. BPH may worsen if treatment is not received. Under the category of *Mutraghata* (Obstructive Uropathies), *Acharya Sushruta* provided a detailed explanation of the obstructive and irritative symptoms of the bladder. Based on symptom similarities, *Vatashthila*, a kind of *Mutraghata*, may be linked to BPH. It appears as a result of *pitta* and *kapha dosha* vitiation and worsened *vata*. This illness is a member of the urinary tract's *Mutravah strotas*. BPH, or benign enlargement of the prostate, mainly affects people between the ages of 60 and 70 but can happen after the age of 50. While *Ayurveda Acharya* described several *Kashaya*, *Uttarbasti*, and other *shodhanopakrama* for the management of *vatashtheela*, modern science explains conservative and surgical treatment.

KEYWORDS: BPH (Benign prostatic hypertrophy), *mutraghata*, *vatashtheela*, *mutrashtheela*.

INTRODUCTION

Benign prostatic hyperplasia, a non-malignant overgrowth of the prostate gland, is an enlargement of the prostate that occurs beyond the age of fifty. It typically happens in people between the ages of 60 and 70. Both the connective tissue stroma and glandular epithelium are impacted by BPH.^[1] BPH is also known as benign prostatic hyperplasia or hypertrophy, nodular hyperplasia, adenomyoma, senile enlargement of the prostate, and adenoma.^[2] In the age range over 50, the prevalence of BPH in India is 37%. Half of males show histological evidence of BPH by the time they are 60 years old.^[3] Since *Ayurveda* is an ancient medical science, it has discussed urinary tract disorders, such as *mutravaha strotas*, under the headings of *Ashmari*, *Mutraghata*, and *Mutrakricchara*. *Vatashtheela* and BPH are connected. One of the 12 forms of *Mutraghata* that *Acharya Sushrut* mentioned is *Mutravah strotas*, which includes the ailment *vatashtheela*.^[4] The phrases "*Mutra*" and "*Aghata*," which indicate obstruction in the passage of urine that results in reduced urine output, make up the term "*Mutraghata*."^[5] "*Mutraghato mutravarodh*." The *apan vayu*, which is located between the rectum (*shakrinmarga*) and the bladder (*basti*), causes a hard swelling that resembles a stone and is an immobile, noticeable growth, according to *Acharya Sushruta's* explanation of the full pathophysiology of *Vatashtheela*. This growth results in flatus (*Vida Mutranil Sanga*), obstruction of the passage of stool and urine, and bladder distension from urine retention. It also produces excruciating pain in the suprapubic area.^[6]

The location and structure of the *paurusha granthi* in the body, specifically in *Basti Moola Pradesh*, were explained by *Acharya Dalhan*.^[7] Along with this straining for micturition, the *vatashtheela* exhibits symptoms such as urine retention, incomplete voiding, dribbling, and frequent micturition. According to contemporary research, Benign Prostatic Hyperplasia can be linked to all of these characteristics of Lower Urinary Tract Symptoms (LUTS).

CLINICAL FEATURES

Hesitancy, dysuria, frequency, urgency, haematuria, pain, urine retention, renal failure, and prostatism are clinical characteristics of BPH.^[8]

Using *Kashaya*, *Kalka*, *Avaleha*, *Kshira*, *Madya*, *Upanaha*, *Avagah Swed*, and *uttar basti*, *Sushrut* has outlined general recommendations for managing all forms of *Mutraghata*. Additional *Shodhan Upkrama* is also suggested.

REVIEW OF AYURVEDA

The *Samhita* era

The *Samhita period* (1500–1200 BC) is thought to have been the heyday of *Ayurveda's* development as a methodical and scientific medical system. The *Samhita's* provide a thorough explanation of the anatomy, physiology, underlying causes, categorization, clinical characteristics, and treatment of a number of urological disorders.

Sr. No.	<i>Sushrut</i> (S.U/58)	<i>Charak</i> (Ch.si/9) ^[9]	<i>Vagbhata</i> A. Hr. N/9	<i>Madhavkara</i> (M.N./31) ^[10]
1.	<i>Vatakundalika</i>	<i>Vatakundalika</i>	<i>Vatakundalika</i>	<i>Vatakundalika</i>
2.	<i>Vatashteela</i>	<i>Ashteela</i>	<i>Vatashteela</i>	<i>Ashteela</i>
3.	<i>Vatavasti</i>	<i>Vatavasti</i>	<i>Vatavasti</i>	<i>Vatavasti</i>
4.	<i>Mutrateeta</i>	<i>Mutrateeta</i>	<i>Mutrateeta</i>	<i>Mutrateeta</i>
5.	<i>Mutrajathara</i>	<i>Mutrajathara</i>	<i>Mutrajathara</i>	<i>Mutrajathara</i>
6.	<i>Mutrasanaga</i>	<i>Mutrasanga</i>	<i>Mutrasanga</i>	<i>Mutrasanga</i>
7.	<i>Mutrakshaya</i>	<i>Mutrakshaya</i>	<i>Mutrakshaya</i>	<i>Mutrakshaya</i>
8.	<i>Mutragranthi</i>	<i>Mutragranthi</i>	<i>Mutragranthi</i>	<i>Mutragranthi</i>
9.	<i>Mutrasukra</i>	<i>Kricchra</i>	<i>Mutrasukra</i>	<i>Mutrasukra</i>
10.	<i>Ushnavata</i>	<i>Ushnavata</i>	<i>Ushnavata</i>	<i>Ushnavata</i>
11.	<i>Mutroksada</i> <i>Pittaja</i>	<i>Mutroksada</i>	<i>Mutroksada</i>	<i>Mutroksada</i>
12.	<i>Mutroksada</i> <i>Kaphaja</i>	<i>Vidvighat</i>	<i>Vidvighat</i>	<i>Vidvighat</i>
13.	-	<i>Vastikundala</i>	-	<i>Vastikundala</i>

Classification of *Mutraghata* according to different *Acharyas*

Vatashteela is a type of *Mutraghata* according to different *Acharyas* it is classified as follows

NIDAN (CAUSATIVE FACTORS)^[11]

1. *Vata prakopaka ahar- vihar*
2. *Vegaavdharana*
3. *katu-tikt ahara*
4. *Adhyasana*
5. *Ajeernashana*

Samprapti of *Mutrahgata*

Mutravahasrotodusti results in *Mutraghata*, while *Vegavrodha* vitiates *Apana Vayu*.^[12] The disease's various stages of *Shatkriyakala* can be explained.

Sanchaya

As a result of the afore mentioned *Nidanas*, the *Apana Vayu* begins to accumulate in its own locations, *Basti*, *Kati*, *Pakvashaya*, and *Medhra*. Additionally, *Vatkara Aahara Vihara* vitiates the body's *Vayu*. There is a sense of *Adhmana* and *Atopa* throughout this phase.

Prakopa

If the aggravating circumstances keep vitiating the *Doshas*, the *Vata Dosha* will be vitiated throughout the body, causing *Pitta* and *Kapha* to behave abnormally, leading to *Uttapati of Aama* and more abdominal distention.

Prasara

At this point, the *Ama Uttapati* persists despite the vitiated *Doshas* spreading to other locations and producing a range of ailments. When *Ama* is present, *Srotoavrodha* results, which vitiates *Vata* and generates *Vimargamana* and *Atopa* because of congestion in *Srotas*. The *Doshas* then obtain entrance to the *Mutravaha Dhamani* and begin to expand. *Mutra's* symptoms start to show more clearly.

Sthanasamshraya

At this point, the disease's *Poorvaroopa* manifests and *Dhatus* begins to vitiate. The base manifestation of *Roopa of Mutraghata* is formed when the vitiated *Doshas* and *Ama* flow through the *Sukshma Siras*, *Dhamnis*, and become lodged in the *Basti*.

Vyakti

The full extent of the illness manifests at this point, and *Mutraghata* symptoms become evident.

Bheda

Reverse structural damage and other consequences could arise if the disease is not appropriately detected in its early stages.

Modern pharmacology states that problems such as acute urine retention, UTIs, bladder stones, bladder injury, and kidney damage can result from an enlarged prostate.

Samprapti Ghataka

- *Dosha - Apana Vayu*
- *Dushya - Rasa, Rakta, Kleda, Sweda, Mutra*

- *Agni - Jathragni*
- *Udbhava Sthana – Pakvashaya*
- *Adhisthana - Basti Mukha*
- *Srotas – Mutravaha*
- *Sroto Dusti Prakara - Sanga, Vimarga, Gamana, Siraja Granthi*
- *Roga Marga - Madhyama*
- *Vyakti - During the act of micturition*

Chikitsa Sidhanta

Ayurvedic approach

1. *Nidan parivarjana.*
2. *Shodhana (Abhyanaga, Niruha basti, Uttarbasti, Virechana)*
3. *Shamana (Vatashamaka chikitsa).*
4. *Mootrakrichhra chikitsa.*
5. *Rasayana*
6. *Pathyapathya*

1. ***Nidan/Hetu parivarjana:*** Steering clear of exposure to the underlying factors.
2. ***Shodhana:*** *Shodhana Karma*, which involves doing *snehana* and then *swedana* after giving *sneh virechana*, is performed when the body's *doshas* rise and manifest their signs and symptoms. The *Uttarbasti tail's* contents include *Madhu*, *Saindhav*, *Bheemseni Karpur*, and *Teel Tail*.

Uttarbasti's mode of action: It has *lekhana* and *ksharana karma* qualities and acts on prostate gland size and urine flow rate since it contains *madhu* and *saindhava*.

In *Uttar Basti*, a lot of medications are used, but the medium they are administered through is *teel tail*. Thus, the likely course of action is explained below. *Teel tail* possesses the qualities of *vaata kapha shamaka*, *mrudu*, *sukshma*, *sara*, and *vikasi*. It has the ability to enter deeper tissues and cells, increasing elasticity and promoting appropriate tissue healing and regeneration. *Teel tail's vaata kapha shamaka* qualities also aid in lowering the *shotha* over the *paurusha granthi* by lowering the *vaata* and *kapha dosha*. According to *Upasnehana Nyaya*, *tila taila* performs the *poorana* of *basti*. *Tilataila* nourishes and rejuvenates the detrusor muscles, which become hypertrophied or atonic in cases of benign prostatic hyperplasia. This reduces the frequency and urgency of micturition. Additionally, it increases

the force of the urine stream.

Drug formulations

1. *Kwatha of Nala, kusha, kasha, ikshu, bala and mishri* (rock candy) given early in the morning.
2. *Kwatha of Veerataradi gana* with *Shilajeeta*
3. Root of *Mayurshikha* (*Adiantum caudatum*) with *tandulodaka* used to treat *Mutraghata*.
4. *Chandraprabha vati*.
5. *Gokshuradi guggulu*
6. *Pashanbhedadi churna*
7. *Dhanyagokshur ghruata*

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