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A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF AVAPEEDAKA SNEHAPANA WITH DHANYAKA GOKSHURA GHRITA AND MAHABALA GHRITA IN THE MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is a common disorder of the Mutravaha Srotas, characterized by lower urinary tract symptoms such as hesitancy, increased frequency, nocturia, weak stream, and incomplete bladder evacuation. In Ayurveda, similar symptomatology is described under Mutraghata, particularly Vatasthila, which arises due to Apana Vayu Dushti. Avapeedaka Snehapana, a unique method of Sneha administration described by Acharya Charaka and Vagbhata, involves providing Sneha before and after food digestion. It is especially indicated in Adho-Nabhigata Vikaras and conditions originating from Mutravegadharana. This technique aims to pacify vitiated Vata and facilitate smooth urinary flow through Srotoshodhana, Mridukarana, and Vatanulomana. Dhanyaka Gokshura Ghrita and Mahabala Ghrita, both referenced in classical texts, possess Mutrala, Shothahara, and Vatahara properties, making them suitable for correcting the underlying pathology of BPH. Considering the increasing prevalence of BPH and limitations of long-term modern therapies, an Ayurveda-based, safe, and sustainable intervention becomes significant.

KEYWORDS: Benign Prostatic Hyperplasia, Avapeedaka Snehapana, Dhanyaka Gokshura Ghrita, Mahabala Ghrita, Mutraghata, Vatasthila.

INTRODUCTION

In Ayurveda, *Sneha Sara* is considered vital for sustaining *Prana* and maintaining structural and functional harmony, making *Snehana* an essential therapeutic procedure. Among its forms, *Avapeedaka Snehapana* is a specialized method where Sneha is administered before food (*Pragbhakta*) and after digestion (*Jeernanthika*), especially indicated in *Adhonabhigata Vikaras* and disorders arising from *Apana Vayu* dysfunction.[1]

Vatastheela, described under *Mutraghata* by Acharya Sushruta, closely resembles Benign Prostatic Hyperplasia (BPH) in modern medicine. BPH is a common condition in elderly men and is a major cause of lower urinary tract symptoms (LUTS) and bladder outlet obstruction[2], with a prevalence of 25–37% in India.[3]

Ayurveda recommends Avapeedaka Snehapana, Basti, and Uttara Basti for the management of BPH[4], with Avapeedaka Snehapana offering quick relief, cost-effectiveness, and correction of *Apana Vayu* imbalance. In this technique, the *Pragbhakta* dose digests within three *Yamas*, while the remainder is given as *Jeernanthika* for enhanced therapeutic effect.[5]

Dhanyaka Gokshura Ghrita, with *Mootrala*, *Shothahara*, and *Basti Shodhana* actions, is indicated in *Mutraghata*[6], while *Mahabala Ghrita*, possessing *Lekhana*, *Vata-Kapha Shamaka*, and *Mootrala* properties, is used across various *Mutra Vikaras.*[7] Both formulations act through *Vatanulomana* and *Srotoshodhana*, making them suitable for addressing BPH-related pathology.

MATERIALS AND METHODS

SOURCE OF DATA

Subjects were selected randomly from the OPD and IPD of Government *Ayurveda* college and hospital, Mysore and Hitech Panchakarma Hospital, Mysore who fulfilled the inclusion criteria of the study irrespective of their sex, religion etc.

SOURCE OF THE DRUG

Formulation *Dhanyaka Gokshura Ghrita* mentioned in *Bhavprakasha,* and *Mahabala Ghrita* mentioned in *Sushruta Samhita*, manufactured by S.N. Pandit and son's Co. Pvt. Ltd, Mysuru, (a GMP certified pharmacy) was procured for the purpose of study.

DIAGNOSTIC CRITERIA

- Subjects with Signs and symptoms of BPH - like increased urinary frequency, incomplete voiding, urgency, poor urine flow, hesitancy, dribbling and nocturia.
- USG abdomen & pelvis

INCLUSION CRITERIA

1. Subjects fulfilling the diagnostic criteria.
2. Subjects belonging to age group of 40 to 65 years.
3. Subjects fit for *Snehapana*.
4. Post residual urine volume less than 200cc & Prostate Size less than 56cc in USG pelvis.

EXCLUSION CRITERIA

1. Subjects suffering from malignancy, congenital deformities of urogenital tract or any other pelvic pathologies.
2. Subjects with Chronic UTI, renal failure, urinary stricture.
3. Uncontrolled Hypertention(Grade 2 and above) and Diabetes mellitus (HbA1C- above 8%).
4. Subjects with other systemic illness which interfere with the intervention.

LABORATORY INVESTIGATIONS

1. USG-Abdomen and pelvis.
2. Hematological investigations (complete blood count).
3. Other necessary investigations will be done as per requirements.

STUDY DESIGN

A comparative Clinical study with pre and post-test design.

7.4 PLAN OF STUDY

A. GROUPING

Subjects will be made into two groups, using simple random sampling technique.

B. Sample size- Total sample size consists of 40 subjects.

Each group will be consisting of 20 subjects.

B. INTERVENTION

Subjects will be divided into group A and group B. Each group consisting of 20 subjects.

Group A- *Avapeedaka Snehapana* with *Dhanyaka Gokshura Ghrita*

Group B-*Avapeedaka Snehapana* with *Mahabala Ghrita*.

PLAN OF INTERVENTION

The Procedures will be same for both the Groups.

Purvakarma

Deepana Pachana - *Chitrakadi Vati* 250mg before food three times a day with *Sukhoshna Jala* till attainment of *Nirama Lakshanas*.

Dose assessment

- *Snehapana* will be started with *Hrisiyasi Matra*.
- Time taken for digestion of *Hrisiyasi Matra* will be noted.
- On the basis of the above data, *Uttama Matra will be calculated for both the Groups.*

Pradhana karma

- On next day morning, in Anannna and kshudhitavasta after ascertaining the *Jeernahara Lakshanas*, *Sneha* will be administered.
- The calculated *Uttama Matra* of *Sneha* will be divided into two doses-

i) *Pragbhakta Sneha (Sneha* which gets digested in *3 yama)*

ii) *Jeernantika Sneha (remaining dose* of *Uttamamatra)*

- After attaining *Sneha Jeerna Lakshana, Laghu Bhojana will be* given in between the two doses.
- *Anupana- Ushna jala*.
- The same dosage will be continued up to *Adhasta Sneha Darshana, Snehodwega* and *shamana* of *vyadhi lakshanas (1 – 3 days).*

Paschath karma

Snehapana Pathya will be followed.

DURATION: Approximately 17 days

ASSESSMENT PARAMETERS

Assessment schedule

Pre test – 0^{th} day

Post test – 17^{th} day

Assessment will be done on the following parameters,

Table no. 1: Assesment parameters.

Subjective Assessment Criteria	Objective Assessment Criteria
Changes in BPH signs and symptoms through International Prostate Specific Score(IPSS) will be noted before and after the treatment.	Changes in Post residual urine volume, and Size of Prostate by USG will be noted before and after the treatment.

INTERNATIONAL PROSTATE SYMPTOMS SCORING							
In the past one month	**Not at all**	**Less than 1 in 5 times**	**Less than half the time**	**About half the time**	**More than half the time**	**Almost Always**	**Score**
Incomplete Emptying of bladder	0	1	2	3	4	5	
Frequency of micturition							
Intermittency							
Urgency							
Weak stream							
Straining to urinate							
Nocturia							
	None	1 time	2 time	3 time	4 time	5 time	
Score: 1-7: Mild 8-19: Moderate 30-35: Severe							

Objective Parameters

Based on Ultrasonography of Abdomen and Pelvis.

Table no. 2: Objective Parameters.

ASSESMENT CRITERIA	BT	AT
Post void residual urine volume		
Size of prostate		

Post voidal residual urine

Table no. 3: Post voidal residual urine.

Grade 0	Below 10cc normal
Grade 1	10-50cc
Grade 2	51-100cc
Grade 3	101-200cc

Prostate Size (Volume)

Table no. 4: Prostate size volume.

Grade 0	14-26cc (Normal)
Grade 1	26-36cc
Grade 2	36-46cc
Grade 3	46-56cc
Grade 4	>56cc

OVERALL ASSESSMENT

100% - Complete Relief

61-99%-Marked improvement

31-60%-Moderate improvement

1-30%-Mild improvement

0%- No improvements

STATISTICAL METHODS

Results were analyzed using Descriptive (Mean, SD, Frequency, Percentage), Non-parametric (Chi-square, Wilcoxon Signed Rank, Mann–Whitney U), and Parametric tests (Independent & Paired *t*-tests, Repeated Measures ANOVA). All analyses were performed using SPSS for Windows.

OBSERVATION

In the present study it was observed that Majority of subjects **Group A -** 15(75%) and **Group B – 16**(80%) belonged to the 57–65 years age group, indicating a higher prevalence of BPH in elderly men.

Most subjects had *Alpa Nidra* in **Group A**, 50% (10) and 25% (5) had *Aniyamita Nidra*, whereas in **Group B**, 35% (7) had *Alpa Nidra* and 45% (9) had *Aniyamita Nidra*, indicating sleep irregularity.

Most subjects, 75% in Group A and 85% in Group B, exhibited sedentary as well as field work lifestyles, suggesting that occupational habits may contribute to *Mutravega Dharana* — a significant *Nidana* of *Mutraghata*, which leads to disorders of the *Mutravaha Srotas* such as *Vatashteela*.

Mixed diet was predominant 60% (12) in group A and –70% (14) in group B increase the risk of *Ama* (toxins) formation.

Before treatment, both groups showed similar urinary symptoms. In Group A, incomplete emptying (90%), frequency (95%), intermittency (85%), weak stream (90%), straining (85%), and nocturia (75%) were observed, while Group B showed 85%, 90%, 90%, 95%, 90%, and 80% respectively. These findings indicate a comparable degree of urinary obstruction and bladder dysfunction in both groups before treatment.

RESULTS

Both groups showed marked improvement in all subjective parameters. In Group A, relief was observed in incomplete emptying (80%), frequency (80%), intermittency (75%), urgency (70%), weak stream (85%), straining (75%), and nocturia (notable improvement in sleep quality). In Group B, corresponding relief was noted in incomplete emptying (70%), frequency (75%), intermittency (65%), urgency (60%), weak stream (75%), straining (65%), and nocturia (moderate improvement in sleep).

In this study, the *Snehapāna* dose ranged from 200 to 600 ml overall. The *Prāgbhakta* dose was 54–70 ml, whereas the *Jīrṇāntika* dose was 90–110 ml. All doses were within the therapeutic range and well tolerated without adverse effects.

Most subjects in both groups (45%) required 401–500 ml. Statistical analysis ($\chi^2 = 0.2540$, $p = 0.9680$) showed no significant difference between Group A (*Dhanyaka Gokṣura Ghṛita*) and Group B (*Mahābala Ghṛita*), indicating both formulations were well tolerated with similar *Agni*, *Koshṭha*, and *Vyādhi Bala* response.

Statistical Analysis: The results obtained in **Group A were statistically highly significant ($p < 0.001$)**, indicating a robust improvement in BPH-related parameters. **Group B also showed significant improvement ($p < 0.01$)**, but to a comparatively lesser extent.

A. Discussion on Procedure

Pūrva Karma

1) Dīpana–Pācana

Dīpana–Pācana with *Chitrakādi Vaṭi* was administered for 5–7 days until *Nirāma Lakṣaṇas* appeared, achieving *Amapācana, Agnidīpana, Srotoshodhana,* and *Vātānulomana*. In BPH, *Kapha–Meda sañcaya* and *Agnimāndya* contribute to *Mutravaha Srotorodha*. The ingredients of Chitrakādi Vaṭi facilitate channel clearance and improve Sneha tolerance, ensuring effective subsequent *Snehapāna*.

2) Āhāra

On the day prior to *Snehapāna*, *Drava Āhāra* was advised, avoiding *Snigdha, Guru*, and *Abhishyandi* foods to prevent *Srotorodha* and *Agnimāndya*. Light, easily digestible *Pathya Āhāra* supported optimal digestion and enhanced Sneha efficacy.

3) Mānasa Upacāra

As persistent psychological distress may cause *Sneha Śoṣaṇa*, counselling was provided before therapy. Detailed explanation of the procedure, dietary modifications, and dosing improved patient compliance and therapeutic outcomes.

4) Sujīrṇa Anna Lakṣaṇa

Classical markers of digestion—*Viśuddha Udgāra, Deha Lāghava, Kṣudhā Pravṛtti*, and *Prasṛṣṭa Vinmūtra*—were assessed before and after Sneha digestion to prevent *Ajīrṇatā*, which is critical in *Yojanā Dvaya* dosing.

5) Hṛsīyasī Sneha Mātrā

Sneha was initiated with *Hṛsīyasī Mātrā* to assess digestive capacity. Based on digestion time, *Uttama Mātrā* was individualized, ensuring safety in elderly patients and preventing *Snehodvega* and *Ajīrṇa*.

Pradhāna Karma

Snehapāna was administered in *Prāgbhakta* and *Kṣudhita Avasthā*, when *Agni* and *Srotas* are receptive. Sneha given in *Ananna Kāla* spreads rapidly through *Srotas*, alleviating *Srotorodha* and correcting *Apāna Vāta gati*. This is especially relevant in *Vātaśthīla*, where urinary obstruction is due to *Apāna Vāta āvaraṇa*.

Most patients showed early improvement in urinary symptoms within 2–3 days, indicating effective *Vāta-śamana*. *Gaṇjī* was given between doses due to its light digestibility, as *Uttama Mātrā Sneha* was administered over 1–3 days. Assessment of *Sneha-jīrṇa* and *Āhāra-jīrṇa Lakṣaṇas* before each dose prevented *Sneha Ajīrṇatā* and complications. *Uṣṇa Jala* was advised throughout to aid digestion.

The duration and dose of *Uttama Mātrā* were individualized based on *Agnibala*, as classical texts do not prescribe a fixed dose; however, prolonged administration beyond three days was avoided to prevent *Doṣa Utkleśa*.

Paścāt Karma

Post-procedure care focused on maintaining therapeutic benefits through *Pāthya–Apāthya*. Patients were advised *Uṣṇa, Laghu,* and *Drava Āhāra* such as *Yavāgu* and *Vilepī* to stabilize *Agni*, digest residual Sneha, and maintain *Vāta-saṃyatā*.

Vyayāma Atiyoga, *Vega-dharaṇa*, *Ati-śīta/Ati-uṣṇa sevana*, and emotional factors like *Krodha* and *Śoka* were avoided to prevent *Apāna Vāta prakopa* and recurrence of *Mutravaha Srotoduṣṭi*. Proper adherence ensured sustained *Doṣa-prasamana* and long-term relief in *Mutra-vyādhi*.

DISCUSSION ON PROBABLE MODE OF ACTION OF AVAPEEDAKA SNEHAPĀNA

Procedure effect

The mechanism of Avapeedaka Snehapāna is "Peedana of Doṣas" through Sneha administered in Ananna Avasthā. The first dose in Hrasva Mātrā performs Anulomana of Apāna Vāta, while the subsequent Uttama Mātrā performs Śamana of Vyādhi. The lipid-soluble nature of Ghṛita facilitates deep cellular penetration, carrying active phytoconstituents to the pelvic region, thereby reducing Śotha, Saṅga, and Āvaraṇa.

From a modern perspective, the high-fat content of Ghṛita may induce a mild ketogenic metabolic shift, modulating inflammation, reducing oxidative stress, and improving smooth muscle tone of the bladder and prostate.

Procedure and Timing

In Avapeedaka Snehapāna, medicated Ghṛita is administered twice—Hrasva Mātrā before food (Prāgbhakta Kāla) and Uttama Mātrā after digestion (Jīrṇānna Avasthā). This sequence ensures effective Snehana, Doṣa Anulomana, and targeted pelvic action. Classical guidelines state that Kapha- and Vāta-dominant disorders, particularly Apāna Vāta-related conditions like Mūtraghāta, respond best to Ananna Kāla administration, especially in Adhokāya Vikāras.

Doṣa and Srotas Action

Avapeedaka Snehapāna corrects Apāna Vāta Duṣṭi, clears Mutravaha Srotas, and removes Kapha-Meda Āvaraṇa. Ghṛita penetrates Sūkṣma Srotas, restoring Vāta gati and normal micturition.

Therapeutic Effects

The therapy produces Vāta-śamana, Kledana, and Bṛṃhaṇa effects in the pelvic region. Ghṛitas such as Dhānyaka-Gokṣura and Mahābala Ghṛita exert diuretic, anti-inflammatory, and Rasāyana actions on Mutravaha Srotas and prostate tissue.

Modern Scientific Perspective

Sneha preparations enhance bioavailability of lipid-soluble phytoconstituents through emulsifying and membrane-permeating properties, enabling passive diffusion and targeted pelvic delivery. Mild ketogenesis improves lipid metabolism and water excretion, reducing intracellular edema and supporting prostate detumescence. Ghṛita also maintains mucosal integrity, reduces oxidative stress, and improves neuromuscular efficiency of the bladder and urethra.

Effect on BPH

Avapeedaka Snehapāna acts primarily by correcting Apāna Vāta dushti and clearing obstruction in Mutravaha Srotas, which are central to the pathogenesis of BPH. The initial Hrasva Mātrā facilitates Vātānulomana, while the subsequent Uttama Mātrā exerts Śamana and Bṛṃhaṇa effects, resulting in improved bladder emptying and urinary flow.

The lipid-based Ghṛita penetrates Sūkṣma Srotas and delivers bioactive phytoconstituents to the prostate and bladder neck region, reducing Śotha, Saṅga, and Meda–Kapha Āvaraṇa. Anti-inflammatory, smooth muscle relaxant, and detrusor-stabilizing actions improve incomplete emptying, weak stream, intermittency, urgency, and straining during micturition.

Mutrala and Vāta-śāmaka properties enhance bladder evacuation, reduce post-void residual urine, and normalize urinary frequency and nocturia. Reduction in prostate congestion and stromal edema improves urine flow dynamics and lowers symptom severity as reflected by improvement in IPSS grading.

Overall, Avapeedaka Snehapāna produces coordinated effects of Srotoshodhana, Vātānulomana, Śothahara, and Rasāyana, leading to improved bladder function, reduced prostatic obstruction, and sustained relief from lower urinary tract symptoms in BPH.

Route, Timing, and Ahāra

The procedure is conducted in Kṣudhita or Ananna Avasthā, with Laghu Ahāra such as Manda or Gañjī advised between doses to enhance absorption and prevent digestive overload. This schedule optimizes Sneha action and therapeutic localization.

Dosage, Duration, and Safety

Uttama Mātrā is individualized based on digestion of a test Hrasva Mātrā and continued for 1–3 days until Snehajīrṇa Lakṣaṇas appear. Proper monitoring prevents Doṣa Utkleśa.

Clinical studies show improvement in USG parameters and IPSS without adverse gastrointestinal effects.

Mātrā and Sevana Kāla

Hrasva Mātrā acts as Snehaniya and Bṛṃhaṇiya, while Uttama Mātrā functions as Sarvamārgānusāriṇī with Punarnavakārī and Doṣānukarṣiṇī properties. Acharya Chakrapāṇi describes Uttama Mātrā as ideal for Śamana, classifying Avapeedaka Snehapāna as a Śamana Sneha procedure.

Prāgbhakta Sneha facilitates Apāna Vāta Anulomana, while Jīrṇānna Sneha nourishes tissues through Vyana Vāta. This dual-phase dosing aligns with Agni and Srotas dynamics, enhances efficacy, and prevents complications such as Agnimāndya or Ājīrṇa.

Role of Ahāra

Laghu Ahāra supports Agnidīpana, Basti Śodhana, and Vātānulomana. Guru Ahāra with Bahumātrā Sneha may cause Ājīrṇata and Āma formation, reducing therapeutic efficacy.

Overall Pharmacodynamic Effect

- **Srotoshodhana:** Removal of Kapha-Meda Āvaraṇa over Apāna Vāta.
- **Vātānulomana:** Normalization of Mūtra Vega and Nisrāva.
- **Śothahara:** Reduction of inflammation in Basti Mūla region.
- **Rasāyana:** Ghṛita-based nourishment maintaining tissue integrity and preventing recurrence.

DISCUSSION ON DRUG REVIEW

1. *Chitrakādi Vaṭi – Dīpana–Pācana*
2. *Dhānyaka–Gokṣura Ghṛita – Avapīḍaka Snehapāna*
3. *Mahābala Ghṛita – Avapīḍaka Snehapāna*

1. Chitrakādi Vaṭi

Chitrakādi Vaṭi, by virtue of its *Kaṭu–Amla Rasa*, *Tīkṣṇa–Uṣṇa Guṇa* and *Dīpana, Pācana, Rocana* properties, enhances *Jatharāgni*, arrests further *Āma* formation, and helps in breaking the disease pathogenesis. Its *Āmapācana* action leads to *Srotomukha Viśodhana* and *Vātānulomana*. Ingredients like *Marica, Śuṇṭhi,* and *Chitraka* are well-established *Āmapācaka* drugs.

Phytoconstituents such as plumbagin, piperine, gingerol, ferulic acid, chavicine, limonene, naringin, and hesperidin enhance digestion, carminative action, and bioavailability. *Lavaṇa dravyas* (Saindhava, Sauvarchala, Vida, Samudra) aid electrolyte balance and further support digestive and carminative functions.

2. Importance of Ghṛita Kalpanā in BPH

Ghṛita is considered superior to *Taila* in *Mūtravaha Srotodushti* and *Mūtraghāta* due to its potent *Vāta-śāmaka* and *Vātānulomana* effects. Since *Basti* is a principal *Vāta Sthāna* and *Apāna Vāta* vitiation is central to BPH, *Ghṛita* is preferred in *Avapīḍaka Snehapāna*. *Taila*, though Vāta-śāmaka, is avoided due to its *Baddha-vitta* and *Alpa-mūtra* tendencies, making Ghṛita the drug of choice.

3. Mode of Action of Dhānyaka–Gokṣura Ghṛita

Processed in *Go-Ghṛita*, Dhānyaka and Gokṣura gain enhanced lipid solubility and deeper *Sūkṣma Srotas* penetration. Dhānyaka provides diuretic and saluretic effects, while Gokṣura offers anti-inflammatory and anti-androgenic action. Ghṛita fatty acids aid 5-α reductase inhibition, reducing DHT levels. The formulation pacifies *Vāta–Kapha*, removes *Meda–Kapha Āvaraṇa*, improves urinary flow, reduces residual urine, and relieves LUTS, reflected by improved IPSS.

4. Mode of Action of Mahābala Ghṛita

Mahābala Ghṛita, being *Jīvanīya, Vṛṣya,* and *Sarva-roghara*, acts as a potent *Snehana* carrier, enhancing bioavailability and penetrating pelvic *Srotas*. Its ingredients exert anti-inflammatory, anti-androgenic, antioxidant, smooth muscle–relaxant, and diuretic effects. Piperine and phytosterols inhibit 5-α reductase, reducing prostatic growth, while Bala and allied drugs improve bladder neck relaxation and neuromuscular coordination.

Overall Outcome

Both Ghṛita formulations normalize *Apāna Vāta* and *Mūtravaha Srotas*, reduce prostatic congestion and obstruction, improve urinary flow, decrease PVRU, alleviate frequency and nocturia, and significantly reduce IPSS, thereby providing effective symptomatic relief in BPH.

CONCLUSION

Avapeeḍaka Snehapāna is a safe, economical, and short-duration Śamana Sneha therapy effective in Mutravegāvarodha-janya vikāras, suitable for OPD/IPD practice. Vātāśthīla, described under Mūtraghāta, closely correlates with BPH and predominantly affects elderly males.

Both Dhānyaka–Gokṣura Ghṛita (Group A) and Mahābala Ghṛita (Group B) produced statistically significant improvement in LUTS, IPSS, urinary flow, and residual urine without complications. However, Group A showed superior clinical efficacy with faster and greater symptom relief, while Group B was more beneficial in Dhātu-kṣaya requiring Balya–Rasāyana support. Overall, Avapeeḍaka Snehapāna is an effective and well-tolerated therapy for BPH, with Dhānyaka–Gokṣura Ghṛita demonstrating comparatively better outcomes.

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