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CONCEPTUAL STUDY OF *VATASTHEELA* IN RELATION TO BENIGN PROSTATIC HYPERPLASIA

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is a common geriatric condition characterized by non-malignant enlargement of the prostate leading to Lower Urinary Tract Symptoms (LUTS). Factors such as genetics, dietary habits and lifestyle may contribute to its development. Clinically, patients present with urinary frequency, urgency, hesitancy, nocturia, weak or intermittent urinary stream, and a sensation of incomplete bladder emptying. In *Ayurveda*, BPH can be correlated with *Mutraghata*, particularly *Vatastheela* and *Mutragranthi*, based on similar clinical manifestations such as urinary retention, obstruction and bladder distension. According to Ayurvedic pathogenesis, the condition occurs due to vitiation of *Apanavayu* along with imbalance of *Kapha* and *Pitta Dosha*, resulting in obstruction of the urinary passage. In modern medicine, management includes conservative therapy and surgical interventions; however, surgical procedures may lead to complications such as bleeding, urethral stricture, urinary incontinence, erectile dysfunction and retrograde ejaculation. Therefore, understanding the disease through both modern and Ayurvedic perspectives may help in exploring safer and more holistic management approaches.

KEYWORDS: Benign Prostatic Hyperplasia, *Mutraghata*, *Vatastheela*, *Mutragranthi*.

INTRODUCTION

The term ***Mutraghata*** is derived from two words: "*Mutra*," meaning urine, and "*Aghata*," meaning injury. Thus, *Mutraghata* refers to a pathological condition in which the normal flow of urine is obstructed or impaired due to disturbances in the urinary system. In Ayurvedic literature, it represents a group of disorders characterized by difficulty in urination, retention of urine, or reduced urinary output.

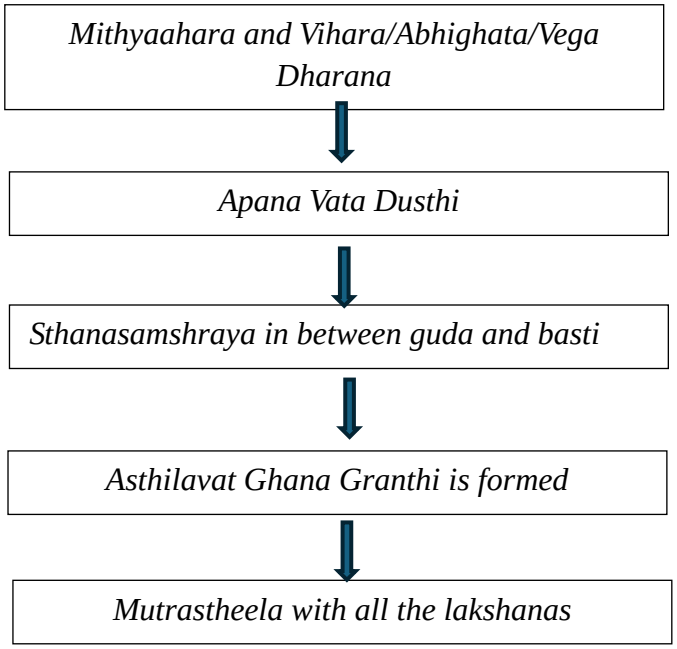
Vatastheela and *Mutragranthi* are the disorders affecting the *Mutravaha Srotas* (urinary system) and are described under *Mutraghata* (obstructive uropathy) explained by *Charak*[1] and *Sushrut.*[2] Based on its clinical features, it closely corresponds to Benign Prostatic Hyperplasia (BPH) described in modern medicine, as both conditions present with similar urinary symptoms.

According to *Sushrut*, when *Apana Vayu* becomes aggravated and localizes in the region between the *Shakrina Marga* (rectum) and the *Vasti* (urinary bladder), it leads to the formation of a firm, immobile, and hard stone-like mass. This abnormal growth leads to *Vida-Mutra-Anila Sanga* (obstruction to the normal passage of stool, urine, and flatus). As a result, the patient experiences distension and severe pain in the *Vasti Pradesh* (suprapubic region). *Sushrut* referred to this pathological condition as ***Vatastheela***.

The condition known as ***Mutragranthi*** is described as a small, round, firm, and immobile swelling located at the *Basti Mukha* (internal opening of the urinary bladder). This swelling is persistently painful and obstructs the urinary passage by blocking the openings of the urinary channels, including the ureters and urethra. It appears suddenly and presents symptoms like those of urinary calculi, such as pain and difficulty in the passage of urine. Due to this characteristic feature condition is termed *Mutragranthi* in Ayurvedic literature.[3]

The ***Nidan*** (etiological factors) of *Mutraghata* include improper lifestyle and behavioural practices such as indulging in sexual activity, eating, or drinking while experiencing the urge for micturition, as well as suppression of the natural urge to urinate (*Mutravega Dharana*). Other contributing factors include trauma or injury to the urinary tract and conditions associated with emaciation or physical debility, which disturb the normal functioning of *Apana Vayu*, responsible for urinary excretion.[4] These factors lead to vitiation of *Vata Dosha*, often associated with *Kapha* and *Pitta*, resulting in obstruction or dysfunction of the urinary passage and subsequent development of *Mutraghata*.

Samprapti[5]



Samprapti Ghataka

- *Dosh - 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*
- *Rog Marga - Madhyam*
- *Vyakti* - During the act of micturition

Benign Prostatic Hyperplasia (BPH) is a benign, non-cancerous enlargement of the prostate gland that occurs due to hyperplasia of prostatic cells.[6] It is a common condition predominantly observed in elderly men and represents one of the major causes of lower urinary tract symptoms in the aging male population.[7] Epidemiological studies suggest that, in addition to advancing age, several lifestyle and metabolic factors play a significant role in the development and progression of BPH. These factors include obesity, elevated blood glucose levels, physical inactivity, and dietary habits, which influence metabolic health and may contribute to prostatic enlargement and associated urinary symptoms.[8]

International survey studies have demonstrated a high prevalence of moderate to severe obstructive urinary symptoms among men aged over 50 years, indicating that such symptoms become increasingly common with advancing age.[9] These findings highlight the significant burden of lower urinary tract symptoms in the aging male population.

Etiology

It is involuntary hyperplasia due to disturbance of the ratio and quantity of circulating androgens and oestrogens. The exact etiology is unknown but there are 2 main theories to explain BPH.[10]

Hormonal Theory of Benign Prostatic Hyperplasia (BPH)

The hormonal theory is one of the most widely accepted explanations for the development of BPH. According to this theory, enlargement of the prostate gland occurs due to age-related alterations in the balance of male and female sex hormones. The normal growth and function of the prostate depend mainly on the androgen Testosterone. Within the prostatic cells, testosterone is converted into the more potent androgen Dihydrotestosterone (DHT) by the enzyme 5-Alpha Reductase. DHT has a strong stimulatory effect on the proliferation of prostatic stromal and epithelial cells.

With advancing age, although the circulating level of testosterone gradually declines, the concentration of DHT within the prostate remains relatively high due to increased activity of 5-alpha reductase. This leads to continuous stimulation of prostatic tissue and results in cellular hyperplasia and enlargement of the gland.

Additionally, aging is associated with a relative increase in Oestrogen, which enhances the sensitivity of prostatic tissue to DHT. The combined effect of increased DHT activity and altered oestrogen-androgen balance contributes significantly to the development and progression of BPH.

Clinical features

BPH is generally classified into two main categories: obstructive symptoms and irritative symptoms.

- Obstructive symptoms- Hesitancy, weak urine stream, intermittency, incomplete voiding of urine, dribbling of urine.
- Irritative symptoms- Increased frequency, nocturia, urgency, dysuria.

History and differential diagnosis

Since **Benign Prostatic Hyperplasia (BPH)** is only one of several possible causes of Lower Urinary Tract Symptoms, a comprehensive medical history is essential to rule out other disorders that may produce similar urinary complaints or influence treatment strategies.

Obstructive urinary symptoms may occur not only due to BPH but also because of conditions such as **Urethral Stricture** and **Neurogenic Bladder**, which impair normal urinary flow.

Irritative symptoms like urgency and increased frequency of urination may arise from detrusor overactivity associated with BPH, but they can also result from neurological disorders, malignancies, use of diuretic medications, excessive fluid intake, or consumption of bladder irritants such as caffeine, alcohol, and spicy foods.

Urinary frequency may also be an early manifestation of **Diabetes Mellitus**, particularly when glucosuria leads to polyuria. Certain antidiabetic medications, canagliflozin and dapagliflozin are examples of iatrogenic causes of polyuria since they block renal glucose reabsorption, which enhances glycaemic management by causing glucose loss in the urine.[11]

Similarly, nocturia can be associated with several non-urological conditions such as **Heart Failure** and **Obstructive Sleep Apnoea**, as well as behavioural factors like excessive evening fluid intake. In such situations, patients often experience nocturnal polyuria rather than simple nocturia and maintaining a fluid diary can help differentiate between these conditions.

Haematuria in patients with BPH may occur due to bleeding from congested prostatic or bladder neck vessels. However, it may also indicate serious underlying conditions such as malignancy or **Urolithiasis,** which require further urological evaluation.

Therefore, a thorough clinical history is crucial for accurate diagnosis and appropriate management of lower urinary tract symptoms.

Examination

- A comprehensive **physical examination** is essential in the evaluation of patients presenting with lower urinary tract symptoms.

The assessment should begin with measurement of **body mass index (BMI)**, as obesity is associated with conditions such as Obstructive Sleep Apnoea, which may lead to nocturnal polyuria.

Observation of the patient's **gait** is also important, since abnormalities may indicate underlying neurological disorders such as Parkinson Disease or Stroke, both of which can influence urinary function.

Examination of the **lower abdomen** may reveal a palpable bladder, suggesting urinary retention.

Inspection of the **external genitalia** is necessary to identify penile causes of urinary obstruction, including urethral meatal stenosis or the presence of a palpable urethral mass.

A **digital rectal examination (DRE)** is an important component of the evaluation, as it can detect benign enlargement of the prostate as well as nodules or areas of firmness that may indicate malignancy and require further urological assessment.

Neurological examination should be performed, including assessment of anal sphincter tone and sensorimotor function of the lower limbs.

Examination of the feet and lower extremities is also relevant, as **bilateral oedema** may be associated with conditions such as Heart Failure or venous insufficiency.

- **Urine Examination** -Routine urine analysis should be performed, including microscopic and culture studies.

- **Blood Investigations:** Laboratory tests such as routine hemogram, blood urea, serum creatinine, serum acid phosphatase, and serum alkaline phosphatase are carried out to evaluate renal function and detect associated conditions such as anaemia or other systemic abnormalities.

- **Radiological Investigations:** Imaging studies including plain X-ray of the kidney, ureter, and bladder (KUB)**,** intravenous urography**,** cystography**,** and cystourethroscopy help assess structural abnormalities of the urinary tract.

- **Ultrasonography and Urodynamic Studies:** Ultrasound and urodynamic evaluations are useful for determining post-void residual urine volume, mean urinary flow rate, and bladder function through cytometry**.**

- **Biosy:** A prostatic biopsy may be required to exclude the possibility of prostate carcinoma when malignancy is suspected.

- **Prostate Specific Antigen (PSA):** Prostate Specific Antigen is a glycoprotein enzyme mainly secreted by the luminal epithelial cells of the prostate gland. Although PSA is widely used as a biomarker in the screening and detection of Prostate Cancer, it also plays an important role in the clinical evaluation and management of Benign Prostatic Hyperplasia.

According to classical Ayurvedic literature, *Mutraghata* should be managed through *Aushadha Chikitsa***,** *Basti Karma***,** and appropriate lifestyle modifications. *Sushrut* has described general treatment principles applicable to all types of *Mutraghata*. These include the administration of various therapeutic preparations such as *Kashaya, Kalka, Sarpi, Avaleha, Dugdha, Kshara, Madya* and *Aasava* along with procedures like *Swedana* and *Uttarbasti*.[12]

Among these therapies, *Uttarabasti* is specifically recommended in urinary and urogenital disorders and is considered highly effective in pacifying vitiated *Vata Dosha***,** which plays a major role in the pathogenesis of *Mutraghata*. *Sneha Virechana* and *Ashmari Nashak Yoga* is also recommended in the management of urinary disorders to help restore the normal function of the urinary system.

DISCUSSION

Benign Prostatic Hyperplasia (BPH) is a common age-related disorder characterized by non-malignant enlargement of the prostate due to cellular hyperplasia. It is frequently observed in elderly males and is a major cause of Lower Urinary Tract Symptoms (LUTS). Epidemiological studies show a high prevalence of moderate to severe urinary symptoms in men above 50 years of age. Lifestyle and metabolic factors such as obesity, increased blood glucose, sedentary habits, and dietary patterns are also considered contributing factors.

In Ayurveda, the clinical features of BPH correlate with *Mutraghata*, particularly *Vatastheela* described by *Sushrut*. According to classical texts, aggravated *Apana Vayu* localized between

the rectum and urinary bladder leads to formation of a hard mass that obstructs the passage of urine, stool, and flatus, producing symptoms like BPH. Etiological factors include suppression of the urge of micturition, excessive sexual activity, trauma to the urinary tract, and general debility.

Clinically, symptoms are broadly classified into obstructive (hesitancy, weak stream, incomplete voiding) and irritative (frequency, urgency, nocturia) types. Diagnosis involves detailed history, physical examination including digital rectal examination, and investigations such as ultrasonography, urodynamic studies, and measurement of Prostate-Specific Antigen (PSA). Understanding BPH in relation to Ayurvedic concepts helps in providing a holistic approach to its pathogenesis and management.

CONCLUSION

The integration of Ayurvedic perspectives with modern diagnostic approaches may improve the early identification and comprehensive understanding of conditions such as Benign Prostatic Hyperplasia. Correlating classical Ayurvedic concepts like *Vatastheela* and *Mutragranthi* with modern clinical findings can help in recognizing symptoms at an early stage, facilitating accurate diagnosis and better assessment of disease progression. Such an integrative diagnostic perspective may also aid in distinguishing BPH from other causes of Lower Urinary Tract Symptoms, thereby enhancing clinical evaluation and improving overall patient care and quality of life. Further scientific studies are required to validate and strengthen this integrative approach.

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