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VATASHTHEELA AND BENIGN PROSTATIC HYPERPLASIA: A COMPREHENSIVE REVIEW WITH AN OVERVIEW OF AYURVEDIC MANAGEMENT

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ABSTRACT

Background: *Vatashtheela*, described under *Mutraghata* in *Ayurveda*, is characterized by urinary obstruction and formation of a hard, elevated, stone-like mass caused by aggravated *Vata Dosha*. Its clinical features closely resemble Benign Prostatic Hyperplasia (BPH), an age-related benign enlargement of the prostate causing lower urinary tract symptoms (LUTS). The limitations and potential adverse effects associated with long-term medical therapy and surgical interventions have encouraged exploration of *Ayurvedic* management strategies. **Objective:** To review the *Ayurvedic* concept of *Vatashtheela* and correlate it with Benign Prostatic Hyperplasia (BPH), highlighting its *Nidana* (etiological factors), *Samprapti* (pathogenesis), *Lakshana* (clinical features), and *Chikitsa Siddhanta* (principles of management) in relation to the etiopathogenesis and clinical features of BPH. **Methods:** A narrative review was conducted using classical *Ayurvedic* texts, peer-reviewed scientific literature, and contemporary clinical guidelines. Evidence on disease mechanisms, conventional management, and *Ayurvedic* therapeutic principles was reviewed and analysed to establish conceptual and clinical correlations between Vatashtheela and BPH. **Results:** *Vatashtheela* closely corresponds to BPH based on similar urinary symptoms such as weak stream, frequency, urgency, nocturia and incomplete bladder emptying. Both

conditions are associated with progressive obstruction of urine flow. *Ayurveda* attributes the condition to *Vata-Kapha* imbalance, whereas modern medicine explains it through hormonal changes, prostatic hyperplasia, and inflammation. *Ayurvedic* management aims to restore *Dosha* balance, improve urinary function and enhance quality of life. **Conclusion:** The *Ayurvedic* description of *Vatashtheela* demonstrates significant conceptual similarity with Benign Prostatic Hyperplasia in terms of its etiopathogenesis and clinical manifestations. *Ayurvedic* management based on *Vatahara Chikitsa, Mutrala* (diuretic), *Shothahara* (anti-inflammatory), *Vasti Karma*, and *Rasayana* therapies, offers a holistic approach to improve urinary symptoms, enhance quality of life and potentially reduce dependence on long-term pharmacological or surgical interventions. Integrating evidence-based *Ayurvedic* principles with modern diagnostic approaches may provide a safe, effective, and holistic strategy for the management of BPH while strengthening the scientific basis for *Ayurvedic* interventions.

KEYWORDS: *Ayurveda, Mutraghata, Vatashtheela*, Benign Prostatic Hyperplasia (BPH), Lower Urinary Tract Symptoms, Prostatic enlargement.

INTRODUCTION

Mutraghata is widely described in ancient *Ayurvedic* literature as a clinical condition or a manifestation resulting from various etiological factors. In contemporary medical terms, it can be correlated with lower urinary tract symptoms (LUTS), most commonly associated with benign prostatic hyperplasia (BPH).

Mutraghata has been described by all prominent *Acharyas* in *Ayurvedic* texts. *Acharya Sushruta*, in the *Uttara Tantra*, classified it into twelve distinct types.[1] Among these, *Vatashteela* is considered most closely correlated with BPH. Benign prostatic hyperplasia is a common condition affecting the prostate gland in elderly males.[2] and is a major underlying cause of LUTS, with a high prevalence in the aging male population.[3] According to *Acharya Sushruta*, in *Vatashtheela* vitiated *Apan Vayu* gets itself lodged in between *Guda Marga* (rectum) and *Vasti* (urinary bladder) producing a hard, stone-like swelling that obstructs the normal passage of urine, faeces, and flatus, leading to suprapubic pain and distension.[4]

Benign Prostatic Hyperplasia (BPH) is a histopathological condition characterized by benign enlargement of the prostate gland due to hyperplasia of stromal and epithelial cells, predominantly within the transition zone of the prostate.[5] It is among the most common age-related disorders in men, with histological evidence observed in nearly 50% of men by the

age of 50 years and 80%-90% by the age of 90 years.[6] The clinical presentation of BPH is commonly associated with Lower Urinary Tract Symptoms (LUTS), which include obstructive symptoms such as weak urinary stream, hesitancy, and straining, along with irritative symptoms like increased frequency, urgency, and nocturia. These symptoms considerably affect the patient's quality of life.[7]

Modern management includes medical and surgical interventions, though both are associated with limitations and complications. Surgical procedures like prostatectomy may cause hemorrhage, infection, urinary incontinence, and erectile dysfunction, while pharmacological therapies such as alpha-blockers and 5-alpha reductase inhibitors can produce adverse effects such as hypotension, insomnia, and sexual dysfunction.[8]

Ayurveda offers a holistic approach through *Ahara, Vihara,* and *Aushadha*, with different *kalpanas* like *kalka, Kashaya, Arishta, kshara* etc. described by *Acharya Sushruta* for *Mutraghata* management. Adopting a healthy lifestyle along with a diet like decreasing alcohol and caffeine are helpful.

AYURVEDIC CONCEPTUALIZATION OF *VATASTHEELA*

शकृन्मार्गस्य बस्तेश्च वायुरन्तरमाश्रितः। अष्ठीलावद् घनं ग्रन्थि करोत्यचलमुन्नतम् ॥

विण्मूत्रानिलसङ्गश्च तत्राध्मानञ्च जायते। वेदना च परा बस्तौ वाताष्ठीलेति तां विदुः ॥

(सु. उ. 58/7-8)

According to *Acharya Sushruta*, *Vatashtheela* is caused by aggravated *Vata dosha,* leading to the formation of a hard, immobile, stone-like mass in regions of the rectum and urinary bladder that obstructs the passage of urine, faeces, and flatus, causing abdominal distension and pain in the *Vasti* region.

According to *Acharya Charak*, *Vatashtheela* is an *Ayurvedic* condition caused by vitiated *Vata dosha*, resulting in a hard, stone-like mass that obstructs the *Vasti* (urinary bladder) and *Guda* (anal canal), thereby impairing the normal passage of urine and faeces.(Ch. Si. 9/36)

***Nidana* (Etiological Factors)**

According to *Ayurvedic* classics, the causative factors of *Vatashtheela* are mainly those that provoke *Vata Dosha*, particularly *Apana Vata*, which regulates functions such as micturition, defecation, and ejaculation in the pelvic region.[9]

"व्यायामतीक्ष्णौषधरुक्षमद्यप्रसङ्गान्नित्यतपृष्ठयानात् ।

आनूपमत्स्याध्यशनादजीर्णात् स्युः मूत्रकृच्छ्राणि नृणामिहाष्टौ ॥" (च.चि. 26/32)

1. *Ativyayama* – Excessive exercise.
2. *Teekshna Aushadha* – Drugs having strong potency.
3. *Rukshamadya Prasanga* – Excessive indulgence in dry alcohol.
4. *Nityadrutaprishtayaanat* – Regularly Riding on the back of fast-moving animals.
5. *Anupa-matsya* – Ingestion of flesh of wet land creatures.
6. *Adhyashana* - Eating before digestion of previous meal.

***Samprapti* (Pathogenesis)**

The development of *Vatashtheela* occurs through a sequential process involving vitiation of *Vata Dosha*, especially *Apana Vata*. The stages of *Samprapti* are described as follows:(10)

1. *Sanchaya* (Accumulation)

This is the initial stage marked by the accumulation of vitiated *Apana Vayu* due to *nidanas* and *Vata* provoking diet and lifestyle. *Vata* accumulates in its normal sites such as kati, *Vasti*, *Pakvashaya*, and *Medhra*. Mild urinary discomfort, *Adhmana*, and *Atopa* may be noticed.

2. *Prakopa* (Aggravation)

Continued exposure to etiological factors aggravates the accumulated *Vata*. This disturbs *Pitta* and *Kapha*, causing *Vishamagni* and *Ama* formation.

3. *Prasara* (Spread)

In this stage, the aggravated *Doshas* spread from their original sites along with *Ama*. *Srotorodha* and *Vimargagamana* occur, leading to symptoms like constipation, irregular micturition, *Avipaka*, *Arochaka*, *Agnisada*, and increased urinary difficulty.

4. *Sthana Samshraya* (Localization)

The vitiated *Doshas* localize in the *Vasti* through *Sukshma siras* and *Dhamanis*, initiating the disease process. This stage is characterized by *Mutrasrotonirodha* and prodromal features such as *Vasti sula*, *Vasti adhmana*, and occasional *Mutra vivarnata*.

5. *Vyakti*

This stage represents the complete manifestation of the disease, where the characteristic signs and symptoms such as hard swelling, urinary obstruction, etc. become clearly evident.

6. *Bheda*

If untreated, the disease progresses to the stage of complications. Chronic urinary obstruction may lead to incontinence, hematuria, diverticula formation, ureteric dilatation, hydronephrosis, and severe outcomes.

Samprapti Ghatakas

- *Dosha: Apana Vayu* predominant *Tridosha*
- *Dushya: Rasa, Rakta, Kleda, Sveda*, and *Mutra*
- *Agni*: *Jatharagnimandya* and *Dhatvagnimandya*
- *Udbhava Sthana: Koshtha* (*Pakvashaya*)
- *Adhishthana: Vasti*
- *Vyakti Sthana: Vastisira*
- *Srotas*: *Mutravaha Srotas*
- *Srotodushti: Sanga, Vimargagamana,* and *Siragranthi*
- *Rogamarga: Madhyama Rogamarga*

***Rupa* (Clinical Features)**

The classical signs and symptoms of *Vatastheela*, described by *Acharyas Sushruta*, include the following: [11]

Vitsanga – Constipation

Anila Sanga – Inability to pass flatus

Mutrasanga – Obstruction or Retention of urine

Adhmana – Tympanitis

Vasti Vedana – Pain in the bladder (suprapubic pain)

Vasti Adhamapayana – Distension of the urinary bladder

Ghana Granthi – Firm to hard swelling

Chala Unnata Granthi – Single, movable, and elevated swelling.

Correlation Between *Vatashtheela* and Benign Prostatic Hyperplasia

Although the ancient *Ayurvedic* scholars did not possess detailed anatomical knowledge of the prostate gland, their keen clinical observations enabled them to describe a condition closely resembling Benign Prostatic Hyperplasia. The prostate gland is not specifically mentioned in classical *Ayurvedic* literature; however, functionally it can be understood within the framework of the *Mutravaha* and *Shukravaha Srotas*, which are responsible for urinary and reproductive functions.

The description of *Vatastheela* as a hard, movable swelling situated near the *Vasti* (urinary bladder) and causing obstruction to the urinary passage closely parallels the pathology of an enlarged prostate compressing the urethra. The urinary symptoms described in *Vatastheela*, such as difficulty in urination, interrupted urine flow, urinary retention, and increased frequency of micturition, show significant similarity to the clinical manifestations of Benign Prostatic Hyperplasia.

***Chikitsa Sutra* (Principles of *Ayurvedic* Management)**

Acharya Sushruta has described the common line of management (*Chikitsa Sutra*) for *Mutraghata* as follows:

"**कषायकल्कसर्पिषि भक्ष्यान् लेहान् पयान्शि च । क्षारमध्वासवस्वेदन बस्तिश्चोत्तरसंज्ञिताम् ॥**"

(सु. उ. 58/27–28)

In the management of *Mutraghata*, various therapeutic formulations such as *Kashaya* (decoctions), *Kalka* (herbal paste), *Sarpi* (medicated ghee), *Bhakshya* (edible preparations), *Avaleha* (linctus), *Payasa* (milk-based preparations), *Kshara* (alkaline formulations), *Madya*, and *Asava* are recommended. Along with these internal medications, procedures like *Svedana* (sudation therapy), *Vasti* (medicated enema), and *Uttara Vasti* are also indicated.

Acharya Sushruta particularly highlights *Virechana Karma*, administered after proper *Snehana* and *Svedana*, followed by *Uttara Vasti*, as the most effective line of treatment for *Mutraghata* (*Sushruta Samhita, Uttara Tantra* 58/50).

दोषाधिक्यमवैक्ष्यतान् मूत्रकृच्छहरैजयेत । बस्तिमुत्तरवस्तिं च सर्वेषामेव दापयेत् ॥ (च. सि. 9/49-50)

Acharya Charaka has advocated the use of *Mutrakricchra nashaka Aushadhis* based on the predominance of the vitiated *Dosha*. He has also recommended *Vasti* and *Uttara Vasti* as the primary treatment modalities for all types of bladder disorders. In addition, surgical interventions have also been described in classical texts wherever indicated.

Overall, the comprehensive management of the disease begins with *Nidana Parivarjana* and extends through appropriate therapeutic measures along with adherence to *Pathya* and *Apathya*.

***Panchakarma* for *Vatastheela*[12]**

- ***Snehana* (Oleation):** Internal (*Snehapana*) and external oil application help pacify *Vata*. Medicated oils such as *Dashamoola Taila, Ashwagandha Taila,* and medicated *Ghrita* are used internally, while *Abhyanga* with *Bala Taila* or *Mahanarayan Taila* over the lower abdomen, back, and perineum relieves symptoms.
- ***Swedana* (Fomentation):** Local steam or *Upanaha* (Herbal poultice) applied to the suprapubic and sacral region helps reduce stiffness, pain, and facilitates *Dosha* mobilization.
- ***Virechana* (Therapeutic Purgation):** Considered the treatment of choice by *Acharya Sushruta*. It helps eliminate aggravated *Vata* and *Kapha*, relieves pelvic obstruction, and clears the *Mutravaha Srotas*. Common herbs include *Trivrit, Eranda,* and *Kutaki*.

- ***Vasti* (Medicated Enema)**

1. ***Niruha Vasti*:** Uses herbal decoctions such as *Dashamoola, Gokshura,* and *Varuna* to pacify *Vata* and support urinary function.
2. ***Uttar Vasti*:** Specialized installation of medicated oils or decoctions into the urethra or bladder, considered highly effective for urinary disorders. Common oils include *Chandanabalalakshadi Taila* and *Kshirabala Taila.*

***Pathya–Apathya* (Do's and Don'ts)[13]**

Pathya- Beneficial regimens include *Vihara* such as *Abhyanga, Svedana, Virechana, Vasti, Avagaha Sweda,* and *Uttara Vasti*. Recommended *Ahara* includes *Raktashali, Madya* prepared from *Jangala* or *Dhanva* animals, *Takra, Mamsa, Yusha, Purana Kushmanda*

Phala, Patola, Ervaru, Kharjura, Narikela, Talaphala mastaka, Purana Shali, and *Yava*. These dietary articles and therapeutic procedures are considered wholesome and supportive in the management of *Mutraghata*.

Apathya- Intake of foods that are *Ruksa, Vidahi, Vishtambhi,* and excessive *Vyayama,* along with foods such as *Karira,* are considered unwholesome. Similarly, *Vihara* like *Vamana* and suppression of the urge to urinate (*Mutravegavarodha*) should be avoided, as these aggravate *Vata Dosha* and lead to further worsening of urinary obstruction and retention.

Medication preparations that can be used to treat *Mutraghata* and *Mutrakricchra*[14]

Swarasa: *Nidigdhikadi (Su., B.P.), Amalaka swarasa (Su.), Elayukta Dhatri Swarasa (A.S, Su.), Nilotpaladi (Ch.), Kantakari (A.S, A.H,), Duralabha (A.S., B.P.)*

Kalka*: Ervaru (Su., A.S.), Mustadi (Su.), Abhayadi (Su.), Draksha (A.S. Su), Baladi (Su.), Shigru Mula (Ch.), Trapushadi (A.S.), Simhyadi (A.S.), Murvadi (A.S.), Sasaindhava Triphala (A.S.), Pasanabedhadi (A.H.), Kumkuma (B.P.)*

Kwatha: *Devadarvyadi (A.H.), Shtavaryadi (Ch.) Haritakyadi (A.S.;Sha. Sam.), Kamalotpala (Ch.), Shrngastaka (Ch., A.S.), Dhavadi (A.S.), Trinapanchmuladi (A.S., B.P.), Kandekshurakamula (A.S.), Vasa (B.P.), Pashanabhedhadi (A.S.), Gokshura (Sha. Sam., B.P.), Naladi (B.P., Y.R.).*

Churna: *Vyoshadi, Ela, Pravala, Pashanbhedhadi (Ch), Pippali, Surasa, Bibhitaka Churna (A.S.), Hinguadi Churna (Sharangdhara), Asdabhadradi Churna (B.P.), Chandana churna (B.P.), Ushiradi Churna (Y.R.).*

Vati/Gutika: *Chandraprabha Vati, Gokshuradi Guggulu (Sha.Sam).*

Kshirapaka: *Kakolyadi, Naladi, Mutradosahara (Su), Trikantakadi (B.P., Y.R.)*

Sneha Kalpana: *Mutrarakta Yonidosahara Ghrita, Bala Ghrita, Mahabala Ghrita (Su), Punarnavadi Mishraka Sneha, Pashanbhedadi Ghrita, Svadanstra Ghrita, Katkadi Ghrita (Ch), Dashmuladi Grita, Tilvaka Ghrita (AS), Changari Grita, Dhaturadi Taila, Tilvaka Ghrita (Sharangadhara), Vidari Ghirta, Bhadravaha Ghrita (BP).*

Kshara: *Patala, Patalyadi ksharodaka (Su, BP, AS, A.H.).*

Avaleha: *Swaguptadi (BP).*

Sandhana Kalpana: *Suru (Su), Nigada Madya, Madhukasava (Ch), Tiladi kshara yukta Sura (AS).*

Yavagu: *Saptacchadadi (Ch), Gokshurakantakari Siddha (AS)*
Vasti: *Dashmuladi taila, Bilvadi, Shatavaryadi (AS), Vasottara (Su)*

Common *Ayurvedic* Formulations and their main ingredients for *Vatastheela*

Various herbal and herbo-mineral formulations are traditionally used in the management of *Vatastheela*. These medicines mainly possess *Mutrala* (diuretic), *Shothahara* (anti-inflammatory), and *Vatahara* properties. [15]

Gokshuradi Guggulu

This classical formulation is widely used in conditions like *Mutrakrichhra* and *Vatastheela*. It contains *Gokshura*, known for its diuretic action, and *Guggulu*, which exhibits anti-inflammatory and lipid-regulating properties. It helps reduce inflammation and swelling associated with prostatic enlargement.[16]

Chandraprabha Vati

A polyherbal formulation containing ingredients such as *Shilajit*, *Guggulu*, *Vacha*, and *Musta*. It possesses digestive, warming, and diuretic actions and is particularly useful in *Vata-Kapha* predominant urinary disorders, including symptoms of BPH.[17]

Varunadi Kwatha / Varunadi Ghana Vati

These preparations are mainly based on *Varuna*, a herb traditionally recognized for its beneficial action on the urinary system and prostate gland. It is known for its anti-inflammatory and anti-obstructive effects.[18]

Modern Scientific Evidence Supporting *Ayurvedic* Herbs[19]

Several medicinal herbs used in *Ayurvedic* management of *Vatastheela* have been scientifically investigated, and their pharmacological activities support their traditional therapeutic applications.

Tribulus terrestris (Gokshura) - Research has demonstrated its diuretic, anti-inflammatory, and anti-urolithiatic properties. It also helps relax smooth muscles of the urinary tract, thereby improving urine flow.

Crataeva nurvala (Varuna) **-** Studies suggest that Varuna may inhibit the enzyme 5-alpha-reductase, which is involved in the conversion of testosterone into dihydrotestosterone (DHT), a major factor in prostatic enlargement. It also possesses antioxidant and anti-inflammatory effects.

Commiphora mukul (Guggulu) **-** The active constituents, known as guggulsterones, exhibit significant anti-inflammatory activity and may help regulate lipid metabolism, indirectly supporting prostate health.

***Curcuma longa (Haridra/*Turmeric)** **-** Curcumin, the principal bioactive compound of turmeric, is a potent anti-inflammatory and antioxidant agent. It may help inhibit inflammatory pathways and growth factors implicated in the pathogenesis of Benign Prostatic Hyperplasia.

DISCUSSION

The *Ayurvedic* concept of *Vatastheela* as described under *Mutraghata*, offers a comprehensive and holistic perspective for understanding and managing Benign Prostatic Hyperplasia (BPH), particularly with respect to bladder outlet obstruction and lower urinary tract symptoms (LUTS). In contrast to the conventional modern approach, which mainly emphasizes reduction of prostatic enlargement and symptomatic relief, *Ayurveda* focuses on correcting the underlying *Dosha* imbalance, particularly the vitiation of *Apana Vata* often associated with *Kapha Dosha*, along with improving the state of *Agni* (digestive and metabolic function), eliminating *Ama* (metabolic toxins), and clearing obstruction *(Sanga)*in the *Mutravaha Srotas*. This pathophysiological correlation provides a rationale for integrating *Ayurvedic* principles into the management of BPH.

A major strength of *Ayurvedic* management lies in its individualized and multidimensional treatment approach. Therapeutic procedures such as *Shodhana Chikitsa*, including *Virechana* and *Vasti karma*, provide systemic purification and help restore the normal functioning of *Vata Dosha* and facilitate urinary function. Among *Panchakarma* procedures, *Vasti* is regarded as the principal therapy for *Vata*-dominant disorders because of its systemic effects on pelvic organs and its ability to restore the physiological functions of *Apana Vata*. In selected patients, *Uttara Vasti* provides targeted local therapy to the lower urinary tract and has been traditionally indicated for disorders involving the bladder and prostate.

These are often followed by *Shamana Chikitsa* using specific herbal formulations possessing *Mutrala* (diuretic), *Shothahara* (anti-inflammatory), *Vatanulomana* (normalization of Vata), *Rasayana* (rejuvenative), and *Lekhana* (anti-proliferative) properties. Medicinal plants such as *Varuna (Crataeva nurvala), Gokshura (Tribulus terrestris), Punarnava (Boerhavia diffusa), Shilajit,* and *Kanchanara* have demonstrated anti-inflammatory, antioxidant, diuretic, and antiproliferative activities in experimental and pharmacological studies, providing scientific support for their traditional therapeutic use in urinary disorders. These pharmacological actions may contribute to improvement in urinary flow, reduction of post-void residual urine and enhancement of patient's quality of life.

Although classical *Ayurvedic* literature provides extensive therapeutic knowledge regarding *Vatastheela*, further large-scale and well-designed randomized controlled trials with standardized *Ayurvedic* interventions are required to validate outcome measures such as the International Prostate Symptom Score (IPSS), uroflowmetry, post-void residual urine, prostate volume, and quality-of-life and to establish the efficacy, safety, and long-term benefits of *Ayurvedic* management in patients with BPH.

CONCLUSION

Vatashtheela, described under *Mutraghata* in *Ayurveda*, closely correlates with Benign Prostatic Hyperplasia in terms of its etiopathogenesis, clinical manifestations, and principles of management. The *Ayurvedic* approach emphasizes correction of the underlying *Vata-Kapha* imbalance, restoration of normal *Apana Vata* function, maintenance of *Agni*, and elimination of obstruction within the *Mutravaha Srotas*, rather than merely providing symptomatic relief.

The treatment approach includes appropriate *Ahara* (dietary regulation), *Vihara* (lifestyle modification), *Śodhana* and *Shamana* therapies, along with herbal formulations possessing *Mutrala*, *Shothahara*, *Vatanulomana* and *Rasayana* properties. These interventions help relieve lower urinary tract symptoms, improve bladder emptying, enhance urinary flow, and improve patients' quality of life.

Current experimental and preliminary clinical evidence suggests that *Ayurvedic* interventions possess anti-inflammatory, antioxidant, diuretic, and antiproliferative properties that may be beneficial in the management of BPH. However, high-quality clinical evidence is still insufficient. Future multicentre randomized controlled trials with standardized treatment

protocols and objective clinical outcome measures are required to validate the efficacy, safety, and long-term therapeutic potential of *Ayurvedic* interventions. Integrating evidence-based *Ayurvedic* principles with contemporary clinical practice may offer a safe, holistic, and patient-centred strategy for the management of Benign Prostatic Hyperplasia, particularly in aging men seeking long-term symptom control with minimal treatment-related adverse effects.

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