

CLINICAL EFFICACY OF KUSHMANDA TAILA UTTAR BASTI IN THE MANAGEMENT OF MUTRAGHATA W.S.R. TO BENIGN PROSTATIC HYPERPLASIA (BPH)

¹*Dr. Mohit Bhati, ²Dr. Prashant Saini, ³Dr. Kultar Singh

¹PG Scholar, MS Department of Shalya Tantra, Kunwar Shekhar Vijendra Ayurved Medical College and Research Centre Gangoh Saharanpur UP -247341.

²Associate Professor, Department of Shalya Tantra, Kunwar Shekhar Vijendra Ayurved Medical College and Research Centre Gangoh Saharanpur UP -247341.

³Professor, Department of Panchakarma, Kunwar Shekhar Vijendra Ayurved Medical college and Research Centre Gangoh Saharanpur UP -247341.

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*Corresponding Author

Dr. Mohit Bhati

PG Scholar, MS Department of Shalya Tantra, Kunwar Shekhar Vijendra Ayurved Medical College and Research Centre Gangoh Saharanpur UP -247341.



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1. ABSTRACT

Background: Benign Prostatic Hyperplasia (BPH) is a progressive condition characterized by lower urinary tract symptoms (LUTS). In Ayurveda, it is identified as Vatashtila, a subtype of Mutraghata. Current pharmacological interventions often produce side effects such as retrograde ejaculation and hypotension. **Objective:** To evaluate the clinical efficacy of Kushmanda Taila administered via the Uttar Basti route in reducing prostate volume and improving urinary flow. **Methods:** Clinical observation of patients receiving 24 ml of sterile Kushmanda Taila intra-urethrally in specific cycles. Parameters included IPSS, PVRU, and Qmax. **Results:** The data indicated significant improvement in voiding symptoms and a measurable reduction in post-void residual urine. **Conclusion:** Uttar Basti with Kushmanda Taila is a safe, minimally invasive, and effective localized therapy for BPH.

KEYWORDS: Mutraghata, Vatashtila, BPH, Kushmanda Taila, Uttar Basti.

2. INTRODUCTION

The incidence of BPH increases significantly between 40 to 70 years of age, affecting nearly 50% of the male population. Ayurveda describes this condition under Mutraghata (urinary obstructive disorders). Vatashtila specifically involves a “stone-like” growth that obstructs the Mutramarga (urethra). Uttar Basti (intra-urethral enema) is a specialized localized treatment in which medicated oil is instilled into the bladder and prostatic urethra, providing direct action on the target tissue.

Kushmanda (*Benincasa hispida*) is traditionally recognized for its Vata-Pitta hara and Mutrala (diuretic) properties, making it an ideal candidate for reducing congestion of the prostatic stroma.

3. MATERIALS AND METHODS

3.1 Drug Selection

Kushmanda Taila was prepared according to Sneha Paka Kalpana (Sneh Pak Kalpana). The base oil used was Tila Taila (sesame oil), known for its Sukshma (subtle) and Vyavayi (quick-spreading) properties.

3.2 Procedure (Uttar Basti)

Asepsis: The procedure was conducted under strict surgical asepsis in a minor OT. **Instillation:** Using a sterile 10 Fr feeding tube, 24 ml of lukewarm Kushmanda Taila was instilled into the urethra.

Post-Procedure: The patient was kept in a modified Trendelenburg position for 20 minutes to ensure the oil reached the bladder neck.

4. RESULTS AND DISCUSSION

4.1 Impact on IPSS (International Prostate Symptom Score)

The most significant change was observed in subjective symptoms. Patients reported a decrease in frequency and urgency, likely due to the Sheeta (cooling) and Ropana (healing) effects of the oil on the irritated bladder mucosa.

4.2 Urodynamic Improvements

The peak flow rate (Q_{max}) showed an upward trend. Mechanically, the oil acts as a lubricant; pharmacologically, the phytosterols in Kushmanda may act as mild alpha-blockers, relaxing the smooth muscles of the prostate and bladder neck.

4.3 Post-Void Residual Urine (PVRU)

A reduction in PVRU was noted, which is critical for preventing secondary infections and bladder stone formation. This indicates improved detrusor muscle tone of the bladder.

5. CONCLUSION

Kushmanda Taila Uttar Basti serves as an excellent “half-surgical” intervention. It provides the benefits of localized drug delivery while avoiding the systemic side effects of oral alpha-blockers. For patients with Grade I and Grade II BPH, this Ayurvedic protocol offers significant improvement in quality of life and may delay or prevent the need for surgical intervention such as TURP.

6. REFERENCES

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