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AYURVEDIC MANAGEMENT OF GRADE II PROSTATOMEGALY *(MUTRASTHILA)* USING *SHUDDHA SHILAJIT*: A CASE REPORT

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ABSTRACT

Background: Prostatomegaly, clinically correlated with benign prostatic hyperplasia (BPH), is an age-related condition leading to lower urinary tract symptoms (LUTS) such as nocturia, hesitancy, and poor urinary stream. In Ayurveda, it is described under *Mutraghata* and *Mutrasthila*, conditions characterized by vitiated *Vata* obstructed by *Kapha* and *Mamsa granthi*. Conventional management provides temporary relief but is limited by adverse effects or surgical invasiveness. *Shuddha Shilajit*, a Rasayana, possesses *mutrala* (diuretic), *vata-kapha hara*, and *yogavahi* (bio-enhancing) properties, making it suitable for urinary disorders. **Case Presentation:** A 57-year-old male presented with nocturia (3–4 times/night), weak urinary stream, hesitancy, and frequency. Ultrasonography revealed Grade II prostatomegaly with a prostate volume of 36 cc. The patient was treated with *Shuddha Shilajit* (250 mg twice daily with lukewarm water) for 45 days. **Outcome:** Significant clinical improvement was observed within six weeks: nocturia reduced to 1–2 times/night, hesitancy subsided,

and flow improved. At six-month follow-up, ultrasonography confirmed reduction of prostate size to 24 cc, within normal limits. No adverse effects were noted. **Conclusion:** This case highlights the efficacy of *Shuddha Shilajit* in Grade II prostatomegaly (*Mutrasthila*), producing not only symptomatic relief but also anatomical regression. It underscores the potential of Ayurvedic Rasayana therapy in integrative urological care.

KEYWORDS: Prostatomegaly, *Mutrasthila*, *Shuddha Shilajit*, Ayurveda, Benign Prostatic Hyperplasia.

INTRODUCTION

Benign prostatic hyperplasia (BPH), clinically presenting as prostatomegaly, is the most common benign neoplasm in men. Histological studies suggest that BPH is found in nearly 8% of men in their 40s, increasing to 50% by the age of 60, and exceeds 80% in men over 80 years.[1] Symptomatic disease manifests as lower urinary tract symptoms (LUTS) such as nocturia, frequency, hesitancy, weak stream, and incomplete emptying, affecting nearly one-third of men above 50 years and markedly impairing quality of life.[2]

The global burden of BPH is substantial and increasing. According to Global Burden of Disease (GBD) 2021 estimates, there were approximately 112.5 million prevalent cases worldwide, with nearly 137.9 million incident cases reported in the same year.[3,4] In India, cross-sectional studies indicate that 25–30% of men over 50 years suffer from symptomatic BPH.[5] With rising life expectancy, the prevalence is projected to increase further, emphasizing the need for effective and safe treatment options.

BPH develops through both static and dynamic mechanisms: epithelial and stromal hyperplasia in the transition zone causes mechanical obstruction, while increased smooth muscle tone in the prostate and bladder neck adds functional obstruction.[6] The pathogenesis is multifactorial, with dihydrotestosterone (DHT)-mediated androgen signaling, chronic inflammation, oxidative stress, and stromal–epithelial interactions all contributing to progressive enlargement.[7,8]

Conventional therapies include α1-adrenergic blockers for rapid symptomatic relief and 5-α reductase inhibitors for volume reduction. However, these are limited by side effects such as dizziness, hypotension, decreased libido, and ejaculatory dysfunction.[9] Surgical approaches like transurethral resection of the prostate (TURP) are effective but invasive and carry risks

including bleeding, infection, and incontinence.[10] These limitations drive the need for safer, integrative modalities.

Ayurveda correlates prostatomegaly with *Mutrasthila*, a subtype of *Mutraghata*, in which aggravated *Vata* is obstructed by *Kapha* and *Mamsa granthi* (glandular overgrowth).[11] In Ayurvedic texts, *Shuddha Shilajit* is classified as a Rasayana and is attributed with *mutrala* (diuretic), *vata–kapha hara* (balancing *Vata* and *Kapha doshas*), and *yogavahi* (bio-enhancing) properties.[12] Modern research confirms its antioxidant and anti-inflammatory properties, with animal models demonstrating inhibition of testosterone-induced prostatic hyperplasia.[13,14]

Based on these attributes, *Shuddha Shilajit* offers a promising option for managing Grade II prostatomegaly (*Mutrasthila*). This case report documents its role in symptomatic relief and objective regression of prostate size.

CASE PRESENTATION

Patient Information

A 57-year-old male, with Reg. No. (AYUR/RG2500001189), visited the *Kaya Chikitsa* OPD at **********, Kolkata, in January 2025 with urinary complaints. He had no history of diabetes, hypertension, or chronic kidney disease, and no family history of urinary or prostatic disorders. He was a non-smoker, non-alcoholic, and not on long-term medications.

Clinical Findings

The patient complained of increased urinary frequency, nocturia (3–4 times per night), hesitancy, weak urinary stream, and sensation of incomplete bladder evacuation for several months. On general examination, he was moderately built, vitals were stable, and no pallor, edema, or icterus was observed. Systemic and genitourinary examinations revealed no abnormal findings.

Diagnostic Assessment

Ultrasonography (USG) performed on 02-01-2024 revealed Grade II prostatomegaly with prostate volume of 36 cc, mildly coarse hepatic echotexture, and gall bladder sludge. A repeat USG on 27-01-2025 confirmed the prostate remained 36 cc with no new abnormalities. The

clinical and imaging findings established the diagnosis of Grade II Prostatomegaly (BPH). In Ayurvedic terms, the condition correlated with *Mutrasthila* with *vata-kapha* predominance.[5]

TIMELINE

Date	Event/Investigation	Findings/Notes
02-01-2024	Baseline USG	Prostate 36 cc, Grade II enlargement; liver coarse echotexture; GB sludge
27-01-2025	Pre-treatment USG	Prostate stable at 36 cc; other abdominal organs NAD
01-02-2025	Start of treatment	Ayurvedic regimen initiated
15-03-2025	Post-treatment USG	Symptom relief; prostate reduced to 30 cc
27-07-2025	Extended follow-up USG	Prostate reduced to 24 cc, WNL; other abdominal organs NAD

THERAPEUTIC INTERVENTION

Drug	Dose	Frequency	*Anupana* (Adjuvant)	Duration
Shuddha Shilajit	250 mg	BDAC	Lukewarm water	45 days

Lifestyle advice included avoiding caffeine, regulating hydration, and maintaining bowel regularity. No concomitant modern medications were administered during the intervention.

FOLLOW-UP AND OUTCOMES

By March 2025, nocturia reduced to 1–2 times per night, urinary flow improved, hesitancy decreased, and incomplete evacuation subsided. The March USG showed the prostate remained stable at 36 cc. On extended follow-up in July 2025, USG revealed regression of prostate size to 24 cc, within normal limits, with sustained symptomatic relief. No adverse effects were reported.

Parameter	Pre-treatment (Jan 2025)	Post-treatment (Mar 2025)	Extended Follow-up (Jul 2025)
Nocturia	3–4 times/night	1–2 times/night	1–2 times/night (maintained)
Hesitancy	Present	Reduced	Absent
Urinary stream	Weak	Improved	Maintained improvement
Incomplete voiding	Present	Absent	Absent
Prostate size (USG)	36 cc	36 cc	24 cc (within normal limits)
Adverse effects	None	None	None

DISCUSSION

Benign prostatic hyperplasia (BPH) is a progressive, multifactorial condition that substantially affects the quality of life in elderly men. Pharmacological management offers partial benefits: α1-adrenergic blockers relieve dynamic obstruction but do not reduce glandular volume, while 5-α reductase inhibitors induce slow volume reduction but often lead

to adverse effects such as loss of libido and ejaculatory dysfunction.[15] Surgical procedures like transurethral resection of the prostate (TURP) remain effective but are invasive and associated with complications including bleeding, infection, stricture, and incontinence.[16] These limitations highlight the need for safer and integrative therapeutic options.

From an Ayurvedic perspective, BPH can be correlated with *Mutrasthila*, a subtype of *Mutraghata*, wherein *Apana Vata* becomes obstructed by *Kapha* and *Mamsa granthi*, resulting in *srotorodha* (urinary channel obstruction). This pathogenesis closely parallels the features of LUTS.[17] *Shuddha Shilajit*, described in the classics as a Rasayana, exerts *mutrala* (diuretic), *srotoshodhana* (channel-cleansing), and *vata–kapha hara* (dosha-pacifying) actions. These directly address the underlying *samprapti* by reducing obstruction and restoring normal urinary function.

In this case, Shuddha Shilajit administration not only improved clinical symptoms but also led to regression of prostate volume from 36 cc to 24 cc within six months. Such anatomical improvement is rarely achieved with pharmacotherapy alone. The absence of adverse effects further underscores the safety of standardized Shilajit preparations. While encouraging, these findings represent a single clinical observation and thus call for larger, well-designed clinical trials to establish reproducibility and mechanistic validity.

PROBABLE MODE OF ACTION OF SHUDDHA SHILAJIT

- ***Rasayana* and *Yogavahi* Effects**: Enhances dhatu metabolism and improves bioavailability of nutrients and active compounds, thereby supporting urinary and prostatic function.[18]
- ***Mutrala* and *Srotoshodhana* Actions:** Promotes diuresis, clears obstruction in *Mutravaha srotas*, and relieves hesitancy and weak urinary stream.[19]
- **Antioxidant and Anti-inflammatory Properties:** Fulvic acid and dibenzo-α-pyrones, the key bioactive constituents of Shuddha Shilajit, exhibit free-radical scavenging and anti-inflammatory activity[20,21], mitigating oxidative stress and inflammation implicated in BPH progression.
- **Hormonal Modulation:** Preclinical studies suggest attenuation of testosterone-induced prostatic hypertrophy, indicating a role in regulating androgenic pathways.[22]

  Through this multidimensional action, *Shuddha Shilajit* addresses both symptomatic relief and underlying pathophysiological mechanisms, explaining the clinical and anatomical improvements observed.

CONCLUSION

This case highlights the potential role of *Shuddha Shilajit* in the Ayurvedic management of Grade II prostatomegaly (*Mutrasthila*). The therapy not only alleviated lower urinary tract symptoms but also achieved regression of prostate volume from 36 cc to 24 cc over six months, with no adverse effects. These outcomes indicate that *Shilajit* by its *Rasayana, mutrala*, and dosha-pacifying properties offers a safe, integrative, and disease-modifying approach in the management of BPH, warranting further clinical validation.

FUTURE SCOPE OF STUDY

Future research should focus on randomized controlled trials with larger cohorts, evaluation of biochemical markers such as oxidative stress, inflammatory mediators, and hormonal profiles, comparative studies with standard therapies, and long-term safety assessments. Standardization of *Shuddha Shilajit* formulations is also essential to ensure consistent efficacy and safety.

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