

COMPARATIVE EVALUATION OF VARUNADYA TAILA MATRA BASTI AND TRIKATU GUTIKA IN VATASHTHEELA (BENIGN PROSTATIC HYPERPLASIA)

^{1*}Dr. Sakshi Bisht, ²Dr. Ajay Kumar Gupta

¹PG Scholar, P.G. Department of Shalya Tantra, Uttarakhand Ayurved University, Rishikul Campus, Haridwar, Uttarakhand, India Pin code- 249401.

²H.O.D. and Professor, P.G. Department of Shalya Tantra, Uttarakhand Ayurved University, Rishikul Campus, Haridwar, Uttarakhand, India Pin code- 249401.

Article Received on 29 August 2026,
Article Revised on 18 Sept. 2026,
Article Published on 01 Oct. 2026,

<https://doi.org/10.5281/zenodo.23037321>

*Corresponding Author

Dr. Sakshi Bisht

PG Scholar, P.G. Department of
Shalya Tantra, Uttarakhand Ayurved
University, Rishikul Campus,
Haridwar, Uttarakhand, India Pin
code- 249401.



How to cite this Article: ^{1*}Dr. Sakshi Bisht, ²Dr. Ajay Kumar Gupta (2026). Comparative Evaluation Of Varunadya Taila Matra Basti And Trikatu Gutika In Vatashtheela (Benign Prostatic Hyperplasia). World Journal of Pharmaceutical Research, 15(19), 605–615

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Vatashtheela, described in *Ayurveda* under *Mootraghata*, closely resembles Benign Prostatic Hyperplasia (BPH) in modern medicine and affects elderly males. The present single-blind comparative clinical study evaluated the efficacy of *Varunadya Taila Matra Basti* and *Trikatu Gutika* in 36 patients aged above 50 years. Group A received 30 ml *Varunadya Taila Matra Basti* per rectum once daily, while Group B received *Trikatu Gutika* orally twice daily. Therapeutic response was assessed using IPSS, uroflowmetry, Prostate volume and Post-void residual urine (PVRU). Both groups showed significant symptomatic and objective improvement, with reduction in IPSS, improvement in urinary flow, and decreased prostate volume and PVRU. No adverse effects were reported. The findings suggest that both interventions are safe and effective *Ayurvedic* approaches for the non-surgical management of *Vatashtheela* (BPH), with comparatively greater overall

improvement observed with *Varunadya Taila Matra Basti*.

KEYWORDS: *Vatashtheela*, IPSS, Benign Prostatic Hyperplasia, *Varunadya Taila, Matra Basti, Trikatu Gutika*.

INTRODUCTION

Rooted in the *Vedas* and closely connected with nature, *Ayurveda* represents not only the science of life but also a holistic approach to living in harmony with natural rhythms. Its knowledge evolved over centuries through observation, clinical experience and systematic understanding of nature and human health. The *Vedas*, among the earliest repositories of Indian knowledge, contain references to medicinal and surgical practices, reflecting the advanced healthcare concepts of ancient India.^[1] Medical and surgical interventions are also mentioned in ancient epics such as the *Ramayana*, including nasal reconstruction and the use of *Sanjeevani* for revival.

The urinary system also finds mention in the *Vedas*. The *Atharva Veda* contains early references to disorders of urination, including *Mootrasanga* (urinary retention), along with measures such as urethral probing and bladder puncture.^[2] These references highlight the antiquity and comprehensive nature of *Ayurvedic* knowledge concerning urinary disorders.

Acharya Sushruta, the pioneer of *Shalya Tantra*, provided a systematic account of anatomy, physiology, pathology, diagnosis and treatment in the *Sushruta Samhita*. His contributions extensively encompass urology, including descriptions of *Vatashtheela*, *Mootraghata* and *Ashmari*, along with their clinical features and management. Concepts such as *Basti* (urinary bladder), *Mootrotipatti* (urine formation), *Mootravaha Srotas* (urinary channels) and *Shukravaha Srotas* (reproductive channels) are also described.^[3]

According to *Ayurveda*, *Basti* is considered the principal site of *Mootravaha Srotas*.^[4] Disturbance in the equilibrium of *Doshas* and *Dhatus* may lead to various urinary disorders, including *Mootraghata*, *Prameha*, *Shukra Dosha* and *Mootra Dosha*. *Mootraghata* comprises disorders primarily characterized by obstruction and difficulty in urination. Among the twelve types described by *Acharya Sushruta*, *Vatashtheela* is particularly relevant to obstructive urinary symptoms.^[5]

Vatashtheela is described as a condition resulting from vitiation of *Apana Vayu* between the *Guda* and *Basti*, leading to the formation of a firm, elevated and mobile *Granthi* in the pelvic region. This swelling obstructs the passage of *Mootra*, *Vayu* and *Vishtha*, causing pain and difficulty in their expulsion.^[6] The clinical features described by various *Acharyas* show considerable similarity with obstructive Lower Urinary Tract Symptoms, including hesitancy,

weak urinary stream, dribbling, nocturia, urinary retention and incomplete bladder emptying. Hence, *Vatashtheela* may be clinically correlated with the symptom complex of Benign Prostatic Hyperplasia (BPH).

In contemporary medicine, Lower Urinary Tract Symptoms (LUTS) are broadly classified into storage, voiding and post-micturition symptoms.^[7] Storage symptoms include frequency, urgency, nocturia and urinary incontinence, while voiding symptoms include hesitancy, weak stream and straining. Post-micturition symptoms mainly comprise incomplete bladder emptying and post-micturition dribbling.

Voiding dysfunction may occur due to various conditions, including BPH, prostatitis, urethral stricture, chronic cystitis, bladder calculi, and urinary bladder tumours. Among these, BPH is one of the most common causes of Bladder Outlet Obstruction and LUTS in ageing men. It is a non-malignant enlargement of the prostate associated with advancing age.^[8] Histological evidence of BPH is reported in approximately 10% of men by 40 years, nearly 50% by 60 years, and up to 90% by 80 years.^[9]

Although the exact aetiology of BPH remains incompletely understood, hormonal influences, particularly alterations in the androgen–estrogen balance, are considered important contributing factors.^[10] Prostatic enlargement compresses the prostatic urethra and cause bladder outlet obstruction, resulting in hesitancy, weak or intermittent urinary stream, straining, incomplete emptying, frequency, urgency and nocturia.

Management of BPH includes Conservative, Pharmacological and Surgical approaches. Surgical procedures include prostatectomy, transurethral resection of the prostate (TURP), transurethral needle ablation (TUNA), transurethral incision of the prostate (TUIP) and transurethral microwave ablation (TUMA).^[11] Although effective, these procedures involve considerable cost and potential complications such as bleeding, infection, urethral or bladder-neck stricture, urinary incontinence, etc.

In contrast, *Ayurveda* advocates a holistic approach to urinary disorders through appropriate *Ahara* (diet), *Vihara* (lifestyle) and *Aushadha* (medication). *Acharya Sushruta* has described various therapeutic preparations for *Mootraghata*, including *Kalka*, *Swarasa*, *Kashaya*, *Arishta* and *Kshara*.^[12] These therapies are selected according to the clinical presentation and

Dosha involvement, with the aim of restoring physiological balance and improving urinary function.

AIM AND OBJECTIVES

- To explore the complete aetiopathogenesis of *Vatashtheela* (B.P.H.) in *Ayurvedic* parameters as well as Modern perspective.
- To define an effective treatment module for the management of *Vatashtheela* (B.P.H.).
- To investigate the long-term efficacy of ***Varunadya Taila Matra Basti*** and ***Trikatu Gutika*** in *Vatashtheela* (B.P.H.).
- To compare the effect of ***Varunadya Taila Matra Basti*** and ***Trikatu Gutika***.

MATERIALS AND METHOD

SELECTION OF PATIENTS

Patients presenting with classical signs and symptoms of *Vatashtheela* and fulfilling the predefined clinical diagnostic criteria were selected and registered for the study. Patient selection was carried out irrespective of religion, occupation, or other demographic characteristics.

Participants were recruited from the Outpatient and Inpatient Departments of the Postgraduate Department of Shalya Tantra, Rishikul Ayurvedic College and Hospital, Uttarakhand Ayurved University, Haridwar, Uttarakhand, India.

NUMBER OF PATIENTS

GROUP A: 18 Patients – Administered '*Varunadya Taila Matra Basti*' 30 ml daily, for 21 days.^[13]

GROUP B: 18 Patients – Given '*Trikatu Gutika*' 2 BD (each tablet is 500 mg), for 21 days.^[14]

SELECTION CRITERIA

Patients diagnosed with *Vatashtheela* (BPH) and fulfilling the specified Inclusion and Exclusion criteria were selected for the study.

INCLUSION CRITERIA

- Age - 50 or Above 50 years.
- Sex - Male
- Patients with classical signs & symptoms of *Vatashtheela* (B.P.H)

EXCLUSION CRITERIA

- Age below 50yrs.
- Patients with acute retention.
- Known Malignant condition of Uro-genital system.
- Patients associated with other systemic disorders-Renal Failure, immuno-compromised patients, etc.
- Patients not willing to undergo trial.

WITHDRAWAL CRITERIA

- Personal matters.
- Associated /Intercurrent illness.
- Aggravation of symptoms.
- Other difficulties.
- Leave Against Medical Advice (LAMA)

INVESTIGATIONS

- **Haematological** - CBC, BT, CT, ESR.
- **Biochemical** - Blood Sugar (F, PP or Random), LFT, KFT.
- **Viral markers** - HbsAg, HCV, HIV.
- **Urine Examination** - Routine & Microscopic.
- **Uroflowmetry**
- **USG** - Whole abdomen especially Prostate for size/weight/volume and PVRU.
- **PSA (Prostate Specific Antigen)**

ASSESSMENT CRITERIA

The therapy was assessed using both Subjective and Objective parameters. Evaluations were conducted before treatment, and then at regular intervals on the 7th, 14th, and 21st day during the course of treatment, as well as after completion of the therapy.

SUBJECTIVE PARAMETERS

SYMPTOM SCORE ACCORDING TO IPSS (INTERNATIONAL PROSTATE SYMPTOM SCORE) IN BPH.

S. No.	Symptoms	Grading
1.	Feeling of incomplete bladder emptying	0 = Not at all 1 = One or less than one 2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always
2.	Frequency of urination (in daytime)	0 = Not at all 1 = One or less than one 2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always
3.	Intermittency of urine stream	0 = Not at all 1 = One or less than one 2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always
4.	Urgency of urination	0 = Not at all 1 = One or less than one 2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always
5.	Weak stream	0 = Not at all 1 = One or less than one 2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always
6.	Straining	0 = Not at all 1 = One or less than one 2 = Less than half the time 3 = About half time 4 = More than half time 5 = Almost always
7.	Nocturia (frequency of urination in night)	0 = Not at all 1 = One time / night 2 = Two time / night 3 = Three time / night 4 = Four time / night 5 = five time or more / night

	TOTAL SCORE (Out of 35)	1-7 = Mild 8-19 = Moderate 20-35 = Severe
--	-------------------------	---

Grading Based on Total Score of IPSS (Maximum Score 35).

Grade	Symptom Score	Severity
G ₀	00	Not at all
G ₁	1 – 7	Mild
G ₂	8 – 19	Moderate
G ₃	20 – 35	Severe

OBJECTIVE PARAMETERS

1). Uroflowmetry (Qmax -Maximum flow rate).

Grade	Qmax (Maximum flow rate)
Gr 0	> 15 ml / sec
Gr 1	13-15 ml / sec
Gr 2	10-12 ml / sec
Gr 3	7-9 ml / sec
Gr 4	< 7 ml / sec

2). Ultrasonography (USG) whole Abdomen

- For Prostate size/weight/volume.
- For Pre and Post voided urine volume.

DURATION of TREATMENT: 21 days for both Groups.

Follow-Up: Patients were followed up at 15-day intervals for a period of one month after the completion of treatment.

OBSERVATIONS AND RESULT

Analysis of Demographic Data

- Maximum patients were aged 61-70 years and 71-80 years (36% each).
- Maximum patients were Hindu (94.4%).
- Maximum patients resided in urban areas (80%).
- Maximum patients belonged to lower middle class (75%).
- Maximum patients had disturbed sleep (91.6%).
- All patients were married (100%).
- Maximum patients were literate (91%).
- Maximum patients had a sedentary lifestyle (75%).
- Maximum patients followed a vegetarian diet (80%).
- Maximum patients had average appetite (63.8%).

- Maximum patients had no addiction (63.8%).
- Maximum patients had irregular bowel habits (61%).
- Maximum patients had no family history (94.4%).
- Maximum patients belonged to *Vata-Pittaja Sharirik Prakriti* (50%).
- All patients had *Rajasik Mansik Prakriti* (100%).
- Maximum patients had *Madhyam Sara* (55.5%).
- Maximum patients had *Madhyam Samhanan* (55.5%).
- Maximum patients had *Madhyam Pramana* (63.8%).
- Maximum patients belonged to *Madhyamavastha (Haani)* (58.3%).
- Maximum patients had *Mishra Rasa Satmya* (63.8%).
- Maximum patients had *Madhyam Satva* (58.3%).
- Maximum patients had *Avar Vyayam Shakti* (63.88%).

RESULT

Statistical Analysis

- The Friedman test and Wilcoxon signed-rank test was applied for Intra-group comparison.
- The Mann-Whitney U test was applied for Inter-group comparison.

EFFECT OF THERAPY ON SUBJECTIVE PARAMETERS

Effect on total score of IPSS

TOTAL SCORE	Mean		% Relief	SD	Friedman Value	Wilcoxon Value	Z Value	P Value	Result
	BT	AT							
GROUP A	27.89	5.22	81.2	2.74	72	0	-3.71	<0.001	HS
GROUP B	28.94	9.5	67.17	2.20	71.81	0	-3.72	<0.001	HS

EFFECT OF THERAPY ON OBJECTIVE PARAMETERS

Effect on Uroflowmetry (QMax)

UROFLOWMETRY	Mean		% Relief	SD	Friedman Value	Wilcoxon Value	Z Value	P Value	Result
	BT	AT							
GROUP A	2.89	0.72	75.08	0.70	63.44	0	-3.77	<0.001	HS
GROUP B	2.83	1.22	56.89	0.84	59.68	0	-3.5	<0.001	HS

Effect on Prostate size volume

PROSTATE SIZE VOL.	N	Mean		Wilcoxon value	SD	P Value	Result
		BT	AT				
GROUP A	18	48.04	43.64	4	5.4	<0.001	HS
GROUP B	18	47.78	45.87	15	3.04	<0.05	S

Effect on Post Void Residual Urine

PVRU	N	Mean		Wilcoxon value	SD	P Value	Result
		BT	AT				
GROUP A	18	82.49	50.89	2	33.05	<0.001	HS
GROUP B	18	78.28	67.56	23	14.24	<0.001	HS

INTER GROUP COMPARISON OF SUBJECTIVE PARAMETERS**Inter group comparison of Total IPSS Score**

Criteria	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	p-Value	Result
TOTAL IPSS SCORE	Group A	18	24.61	443	52	0.000501 (P<0.001)	HS
	Group B	18	12.38	223			

INTER GROUP COMPARISON OF OBJECTIVE PARAMETERS**Inter group comparison of Uroflowmetry**

Criteria	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	p-Value	Result
UROFLOWMETRY	Group A	18	21.66	390	105	0.071325 (P>0.05)	NS
	Group B	18	15.33	276			

Inter group comparison of Prostate Size

Criteria	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	p-Value	Result
PROSTATE SIZE	Group A	18	20.77	374	121	0.194568 (P>0.05)	NS
	Group B	18	16.22	292			

Inter group comparison of PVRU

Criteria	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	p-Value	Result
PVRU	Group A	18	22.5	405	90	0.022728 (P<0.05)	S
	Group B	18	14.5	261			

DISCUSSION ON RESULT

Both *Varunadya Taila Matra Basti* (Group A) and *Trikatu Gutika* (Group B) produced statistically highly significant improvement in the major subjective symptoms of *Vatashtheela* (BPH), including incomplete bladder emptying, frequency, intermittency, urgency, weak stream, straining, and nocturia ($p<0.001$). The total IPSS decreased from 27.89 to 5.22 (81.28% relief) in Group A and from 28.94 to 9.50 (61.17% relief) in Group B, indicating greater overall symptomatic improvement with *Matra Basti*. Objective parameters also

showed significant improvement in both groups, with enhanced Qmax, reduced prostate volume, and decreased PVRU. Notably, the reduction in PVRU was greater in Group A (82.49 to 50.89) than in Group B (78.28 to 67.56). Overall, marked improvement was observed in 55.56% of patients in Group A, whereas Group B showed predominantly moderate improvement (66.67%), suggesting comparatively better therapeutic efficacy of *Varunadya Taila Matra Basti* in relieving LUTS, thus improving urinary function.

CONCLUSION

Clinically, the outcomes were promising.

- GROUP A- Marked Improvement was seen in 10 patients (55.56%)

Moderate Improvement was observed in 8 patients (44.4%)

- GROUP B- Moderate Improvement was seen in 12 patients (66.67%)

Mild Improvement was observed in 6 patients (33.33%)

Based on the findings of the present study, it can be concluded that both *Varunadya Taila Matra Basti* and *Trikatu Gutika* (oral drug) exhibited significant clinical efficacy in the management of *Vatashtheela* (BPH), with improvement in Subjective symptoms and Objective parameters and no adverse effects were reported. Hence, both these therapies may be regarded as promising and holistic *Ayurvedic* modalities for the non-surgical management of *Vatashtheela* (BPH).

REFERENCES

1. Charles, W. D. (1905). *Atharvaveda, Shayana Bhasya*. Rockwell Lanman, Harvard Oriental Series, Harvard University.
2. Sharma, R. (1st Edition, 1986; 147-151). *Atharvaveda(Samhita-Shaumakiya) Mool Mantra & Sayana Bhashya*. Varanasi: Chaukhambha Publisher.
3. Sashtri, A. (2020h). *Sushruta Samhita Nidana Sthana 3/21-23* (p. 314). Chaukhamba Sanskrit Sansthan.
4. Shastri, K. (1979v). *Charaka Samhita, Vimana Sthana 5/8* (Vol. 1, p. 711). Chaukhamba Sanskrit Sansthan.
5. Sashtri A. (1979b). *Sushruta Samhita, Uttratantra 58/27-28* (p. 427). Chaukhamba Sanskrit Sansthan.
6. Sashtri, A. (2020f). *Sushruta Samhita Nidana Sthana 1/90-91* (p. 305). Chaukhamba Sanskrit Sansthan.

7. M, S. r. (2018). *SRB's Manual of Surgery, 6th Edition, Chapter -26, 1034*. New Delhi : JAYPEE BROTHERS MEDICAL PUBLISHERS.
8. Taber. (Reprint2009). *Taber's Cyclopedic Medical Dictionary/Edition-21st/Page-1120*. F.A Devis Company.
9. Townsend, C. M. (2004). *Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice (17th ed., Chapter 76, p. 2301)*. Philadelphia: Elsevier Saunders.
10. M, S. r. (2018). *SRB's Manual of Surgery/ (6th ed.)*. New Delhi: JAYPEE BROTHERS MEDICAL PUBLISHERS.
11. Campbell, P. C. (1998). *Campbell's Urology/ Ch-45 (7 ed., Vols. 2, Part-8)*. Philadelphia: W.B. Saunders Company.
12. Sashtri A. (1979b). *Sushruta Samhita, Uttatantra 58/27-28 (p. 427)*. Chaukhamba Sanskrit Sansthan.
13. Mishra, S. (2014). *Bhaisajya Ratnavali 36/68 (p. 694)*. Chaukhamba Subharati Prakashan.
14. Mishra, S. B. (2013). *Bhavaprakasha Madhyamakhandha 38/73-75 (p. 400)*. Chaukhamba Sanskrit Bhawan.

BIBLIOGRAPHY

1. Bhavamisra. *Bhavaprakasha*. Part II, Chapter 37, Verses 59–62. Varanasi: Chaukhambha Sanskrit Sansthan, 2005.
2. Campbell, Patrick C. *Campbell's Urology*. 7th and 8th Editions. Philadelphia: W.B. Saunders, 1998–2002.
3. Chaturvedi, Gorakhnath & Kashinath Pandey. *Charaka Samhita*. Varanasi: Chaukhambha Bharati Academy, 2018.
4. Chaturvedi, Gorakhnath. *Charaka Samhita with Chakrapani Commentary*. Varanasi: Chaukhambha Sanskrit Sansthan, 2002.
5. Dalhana. *Nibandhasangraha Commentary on Sushruta Samhita*. Varanasi: Chaukhambha Sanskrit Sansthan, 2008.
6. Das, Govind. *Bhaishajya Ratnavali*. Varanasi: Motilal Banarsidass, 2005.
7. SRB's *Manual of Surgery*. 6th Edition. New Delhi: Jaypee Brothers Medical Publishers, 2019.
8. Townsend, Courtney M. *Sabiston Textbook of Surgery*. 17th Edition. Philadelphia: Elsevier Saunders, 2004.
9. Wein, Alan J. *Campbell–Walsh Urology*. 9th Edition. Philadelphia: Elsevier, 2007.