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A CASE STUDY ON THE EFFICACY OF *DHANYAKA-GOKSHURA GHRITA* AND *VARUNADI KWATH* IN THE MANAGEMENT OF *VATASTHEELA* W.S.R. TO BENIGN PROSTATE HYPERPLASIA

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is a prevalent condition in aging males, significantly impacting quality of life. In Ayurveda, this condition closely resembles *Vatastheela*, a type of *Mutraghata* characterized by urinary obstruction due to a granthi (nodular growth) in the *basti* (pelvic/bladder region). Conventional management, including surgical interventions like TURP and medications such as alpha-blockers, often presents challenges including side effects, cost, and risk of recurrence. There is a growing need for safe, effective, and cost-effective alternative therapies. Objective: To evaluate the clinical efficacy of *Dhanyaka-Gokshura Ghrita* (orally) and *Varunadi Kwath* in the management of *Vatastheela*/BPH. Materials and Methods: A 65-year-old male patient presenting with classical symptoms of BPH, including severe nocturia, weak stream, intermittency, and a high IPSS score of 24, was treated. The diagnosis was confirmed via Digital Rectal Examination (DRE) and Ultrasonography (USG), which revealed a prostate volume of 52 grams and post-void residual urine (PVRU) of 110 mL. The patient was administered *Dhanyaka-Gokshura Ghrita* 24 gm BD and *Varunadi Kwath* 48 mL twice daily for a duration of 21 days. Results: Post-treatment assessment showed a significant improvement in the patient's IPSS score, reducing from 18 to 7. Symptom severity shifted from "Moderate" to "mild". Objective parameters also improved, with a reduction in prostate volume to 44 grams and PVRU to 45 mL. No

adverse effects were observed. Conclusion: This case study suggests that the combined administration of *Dhanyaka-Gokshura Ghrita* and *Varunadi Kwath* is a safe and effective conservative management strategy for *Vatastheela*/BPH. It provides significant symptomatic relief and demonstrates potential in reducing prostate size. Further large-scale, controlled clinical trials are warranted to validate these findings.

KEYWORDS: *Vatastheela*, Benign Prostatic Hyperplasia, *Dhanyaka-Gokshura Ghrita*, *Varunadi Kwath*.

INTRODUCTION

Today we now live in a technologically advanced world. Everyone is waiting for miraculous treatments for illnesses in their hectic lives. One of the most promising medical specialties is Ayurveda, an age-old science. One of the Ayurvedic *ashtang*, *Shalyatantra*, is becoming more and more well-liked. According to Acharya Sushruta, *mūtrāghātah*[1] is one of the urinary tract disorders caused by people's hectic schedules and changing lifestyles.

Ayurveda, especially the Dhanvantari Sampradaya in Sushruta Samhita, the main emphasis is also given on *Marma shariram*.[2] Acharya charak also gave prime importance to *marma* with a whole chapter on three main parts of the body viz. *shira*, *hridaya* and *Basti* called "*Trimarmiya Chikitsa Adhyaya*".[3]

Mutravaha strotas vyadhi is widely described in Ayurvedic *samhitas*. In various *samhitas*, a condition described as *vatashtheela*[4] is found, which is quite similar to benign enlargement of the prostate and is quite common today, prevalence in India in almost 50% of patients over 50 years of age and more the 60% by the age of 60 years.

In Ayurveda, *mūtrāghātah* (obstructive uropathy) is described in detail with their management, especially for Shushruta and Bhav Prakash. There are twelve types, and *Vatastheela* is one of them which is very similar to Benign Prostate Hyperplasia (BPH).[5] The nature of the pathology in both conditions is similar. Urine outflow obstruction in *Vatastheela* is due to enlarged solid prostate gland. Considering factors such as age, patient condition, side effects of treatment, post- operative risks, recurrence and last but not least cost of treatment, Ayurvedic treatment should be sought.

Ayurveda has advocated the use of various therapeutic modalities for the management of Mutraghata, including Kashaya (decoctions), Kalka (paste), Ghrita (medicated ghee), Kshara (alkalizers), and Basti (medicated enema).[6]

Among these, *Dhanyaka-Gokshura Ghrita* and *Varunadi Kwath* are two prominent formulations indicated for urinary disorders.[7] *Dhanyaka-Gokshura Ghrita*, composed of *Dhanyaka* (Coriandrum sativum) and *Gokshura* (Tribulus terrestris) processed in *Ghrita* (clarified butter), is known for its *Tridoshahara* (balancing all three doshas), *Mutravirechaniya* (diuretic), and *Basti Shodhaka* (cleansing of the bladder/pelvic region) properties . *Varunadi Kwath*, a polyherbal decoction containing *Varuna* (Crataeva nurvala) as a key ingredient, along with other herbs like *Pashanbheda*, *Brihati*, and *Gokshura*, is traditionally used for its *Kaphamedohara* (reducing fat and *Kapha*) and *Ashmarihara* (lithotriptic) actions, making it particularly suitable for urinary obstructions and prostate enlargement.

This case report aims to demonstrate the clinical efficacy and safety of a combined treatment regimen of *Dhanyaka-Gokshura Ghrita* (oral administration) and *Varunadi Kwath* (oral administration) in a patient diagnosed with *Vatastheela* (BPH).

CASE REPORT

Patient Information and History

A 65-year-old male patient, a retired school teacher by profession, presented to the OPD of the Department of Shalya Tantra at Vaidya Yagya Dutt Sharma Ayurved Mahavidyalaya, Khurja, with chief complaints of urinary frequency, nocturia, and a weak stream of urine.

Chief Complaints

- Increased Frequency of Urination: Patient reported passing urine 10-12 times during the day and 5-6 times at night.
- Nocturia: Getting up 5-6 times every night to void.
- Weak Urinary Stream: Described a slow, dribbling stream of urine that required significant effort.
- Incomplete Emptying: Sensation of not emptying the bladder completely after micturition.
- Intermittency: Urine flow would stop and start several times during a single act of micturition.

History of Presenting Illness

- The patient had been experiencing these symptoms progressively for the last three years.
- He had previously consulted a urologist and was diagnosed with BPH.
- He was prescribed Tamsulosin, which provided initial relief but became less effective over time.
- He was reluctant to undergo surgical intervention and thus sought Ayurvedic treatment.

Past Medical History

- The patient had a history of mild hypertension, which was well-controlled with medication (Telmisartan 40mg).
- No history of diabetes mellitus, tuberculosis, or any other significant systemic illness.

Personal History

- Diet: Mixed diet. He reported a fondness for spicy, fried, and fermented foods.
- Habits: No history of smoking or tobacco use. Consumed alcohol occasionally (once a week).
- Bowel Habits: Irregular, often constipated.
- Sleep: Disturbed due to frequent nocturia.

General Examination

- Build: Average.
- Vitals: Blood pressure - 138/86 mm Hg, Pulse - 74/min, Respiratory Rate - 16/min.
- Other Systems: Cardiovascular, Respiratory, and Central Nervous System examinations were found to be within normal limits.

Local Examination (Digital Rectal Examination - DRE)

DRE revealed a symmetrically enlarged, smooth, firm, and non-tender prostate gland with well-defined margins. The median sulcus was palpable but obliterated.

DIAGNOSTIC ASSESSMENT

Based on the patient's history, clinical presentation, and DRE findings, a provisional diagnosis of *Vatastheela* (BPH) was made. To confirm the diagnosis and assess the severity, the following investigations were performed

International Prostate Symptom Score (IPSS)

The patient's IPSS score was calculated as 18 (out of a maximum of 35), indicating a "Moderate" grade of symptom severity.

Table 1 International Prostate Symptom Score.

Symptoms	Score
Incomplete Emptying	3
Frequency	3
Intermittency	3
Urgency	2
Weak Stream	4
Straining	2
Nocturia	1
Total IPSS Score	18 (Moderate)

Ultrasonography (USG) of the Pelvis

- Prostate Volume: 52 grams (indicating moderate prostatic enlargement, Grade 2 as per the assessment criteria described in the protocol).
- Post-Void Residual Urine (PVRU): 110 mL (Grade 3 as per the assessment criteria).

Laboratory Investigations

- Complete Blood Count (CBC): Within normal limits.
- Kidney Function Test (KFT): Within normal limits (Blood Urea - 32 mg/dL, Serum Creatinine - 1.0 mg/dL).
- Serum Prostate-Specific Antigen (PSA): 2.1 ng/mL (within normal range for age, ruling out malignancy).

THERAPEUTIC INTERVENTION

After a detailed explanation of the diagnosis and treatment plan, and obtaining the patient's informed consent, a 21-day treatment regimen was initiated.

Therapeutic Regimen

Dhanyaka-Gokshura Ghrita

The patient was administered *Dhanyaka-Gokshura Ghrita* orally.

- Route of Administration - Oral
- Dose: 24 grams/BD (Morning & Evening before meal).
- Frequency: Twice daily (before meals in the morning and evening).
- *Anupana*: Lukewarm water.

- Duration: 21 days.

Varunadi Kwath

In addition to the above, the patient was also administered *Varunadi Kwath*.

- Dose: 48 ml/BD
- Frequency: Twice daily (before meals in the morning and evening).
- *Anupana*: An equal quantity of lukewarm water.
- Duration: 21 days.

This combination was selected to provide a synergistic effect: *Dhanyaka-Gokshura Ghrita* was expected to act on the dosha-vitiating process and provide symptomatic relief, while *Varunadi Kwath* was intended to have a more direct effect on reducing the *Kapha-Meda* (fat and *Kapha*) component of the granthi (prostate enlargement).

***Pathya-Apathya* (Dietary and Lifestyle Advice)**

Pathya (Wholesome): The patient was advised to consume a light, easily digestible diet. Inclusion of vegetables like *Karkati* (cucumber) and *Punarnava* was encouraged. Adequate hydration with plain water was advised during the daytime.

Apathya (Unwholesome): The patient was strictly advised to avoid spicy, oily, fried, and fermented foods, as well as alcohol and heavy-to-digest meals, especially at night.

RESULTS AND FOLLOW-UP

The patient was assessed after 21 days of treatment. Subjective parameters were evaluated using the IPSS questionnaire, and objective parameters were reassessed via USG.

Subjective Assessment (IPSS Score)

Post-treatment, the patient reported a remarkable improvement in all his urinary symptoms. The IPSS score dropped from 18 (Moderate) to 7 (mild). The individual symptom scores are presented in Table 2.

Table no. 2 Subjective Assessment (IPSS Score).

Symptoms	Score (pre-treatment)	Score (post-treatment)
Incomplete Emptying	3	1
Frequency	3	2
Intermittency	3	1
Urgency	2	1

Weak Stream	4	0
Straining	2	1
Nocturia	1	1
Total IPSS Score	18 (Moderate)	7 (Mild)

Objective Assessment

The USG findings showed a significant reduction in the objective parameters of the disease.

Table no. 3 Objective Assessment (USG finding).

Parameters	Pre-Treatment	Post-Treatment	Improvement (%)
Prostate Volume	52 Grams	44 Grams	15.38
Post-Void Residual Urine	110 Ml	45 Ml	59.09

Follow-up

The patient was followed up for a period of one month after the completion of the treatment. The symptomatic improvement was maintained, and the patient reported a significantly better quality of life, with undisturbed sleep and a marked reduction in daytime urinary frequency.

DISCUSSION

This case study provides a compelling example of the successful application of Ayurvedic principles in managing *Vatastheela* (BPH). The patient's pre-treatment presentation—a 65-year-old male with severe LUTS, a significantly enlarged prostate, and high PVRU—is a classic clinical picture of advanced BPH. The 21-day course of *Dhanyaka-Gokshura Ghrita* and *Varunadi Kwath* led to a 62.5% reduction in IPSS score and a 15.3% reduction in prostate volume, without any reported adverse effects. These results are significant and warrant a detailed discussion of the probable mode of action of the interventions.

Correlation of *Vatastheela* and BPH

The foundation of this treatment lies in the Ayurvedic understanding of *Vatastheela*. Acharya Sushruta describes it as a condition resulting from vitiated *Vata* and *Kapha* doshas, leading to the formation of a granthi (hard mass) in the basti region that obstructs the flow of urine . This description closely parallels the pathophysiology of BPH, where stromal and epithelial hyperplasia in the transition zone of the prostate compresses the prostatic urethra, causing bladder outlet obstruction. In modern terms, this can be understood as a localized manifestation of *Kapha* (tissue growth) aggravated by *Vata* (obstruction and dysfunction). The involvement of *Rakta* (blood) and *Mamsa* (muscle/flesh) *dhatus* is also evident in the pathogenesis, analogous to the role of angiogenesis and smooth muscle proliferation in BPH.

Probable Mode of Action of Drugs

Dhanyaka-Gokshura Ghrita

This formulation acts primarily on the dosha and dhatu level to provide symptomatic relief and address the underlying pathology.

Action on *Doshas*

Dhanyaka (*Coriandrum sativum*): It is *Tridoshahara*, but particularly useful in pacifying *Pitta* and *Kapha*. Its *Deepana* (appetizing) and *Pachana* (digestive) properties help in correcting the *agni* (digestive fire), thereby preventing the formation of *ama* (toxins), which is a key pathogenetic factor.

Gokshura (Tribulus terrestris): It is a renowned *Vatahara* and *Mutravirechaniya* (diuretic) drug. Its *Basti Shodhaka* action suggests a specific affinity for the pelvic region and the urinary bladder. By normalizing *Apana Vayu* (a sub-*dosha* of *Vata* responsible for downward movement, including urination and defecation), *Gokshura* helps in relieving the obstructive symptoms.

Ghrita (Ghee) as a Vehicle: *Ghrita* acts as a Yogavahi, meaning it enhances and carries the therapeutic properties of the other drugs to the target tissues without increasing toxicity. Its *Snigdha* (unctuous) and *Mridu* (mild) properties help in counteracting the *Ruksha* (dry) and *Khara* (rough) qualities of aggravated *Vata*.

Probable Modern Pharmacological Correlates

The relief in incomplete emptying, intermittency, and weak stream suggests an improvement in detrusor muscle contractility and a reduction in urethral resistance, akin to an alpha-blocker effect. This could be attributed to the *Vatahara* and *Anulomana* (moving in a downward direction) properties of *Gokshura*, which may help relax the smooth muscle of the bladder neck and prostate.

The reduction in prostate volume, though modest, indicates a potential anti-proliferative effect. Chemical constituents like linoleic acid and oleic acid, present in both *Dhanyaka* and *Gokshura*, may act as 5-alpha-reductase inhibitors, reducing the conversion of testosterone to the more potent dihydrotestosterone (DHT), thereby inhibiting further prostate growth.

Varunadi Kwath

This formulation is specifically designed to target the structural component of the pathology—the granthi (the enlarged prostate).

Action on *Doshas* and *Dhatus*

Varuna (*Crataeva nurvala*): The key ingredient, Varuna, is traditionally indicated for *Medoroga* (obesity/dyslipidemia) and urinary disorders. It is described as *Kaphamedohara* (reducing *Kapha* and fat), which is central to the pathology of a *Kapha*-dominant granthi. Its *Ashmarihara* (lithotriptic) action may be extrapolated to a "dissolving" or "softening" effect on the prostatic tissue.

Pashanbheda (*Berginia ligulata*) and other ingredients: Many ingredients in *Varunadi Kwath*, like *Pashanbheda*, have diuretic and anti-inflammatory properties, helping to reduce edema and inflammation in the prostatic tissue.

Probable Modern Pharmacological Correlates

The reduction in prostate volume (15.38%) is likely due to the combined effect of the *Lekhana* (scraping), *Shothaghna* (anti-inflammatory), and *Medohara* (lipolytic) actions of the ingredients in *Varunadi Kwath*. This may be achieved through mechanisms like inhibiting fibroblastic growth factors, reducing chronic inflammation, or promoting apoptosis in the hyperplastic prostatic cells.

The significant reduction in PVRU (59.09%) suggests a dual action: a reduction in the physical obstruction (from the decreased prostate size) and an improvement in detrusor muscle function. Acharya Sushruta's treatment protocol for *Mutraghata* also emphasizes the importance of managing both the obstruction and the functional aspects.

Synergistic Effect of the Combination

The combination of *Dhanyaka-Gokshura Ghrita* and *Varunadi Kwath* appears to be a rational approach, providing a comprehensive treatment strategy that addresses both the functional (*Vata*-related) and structural (*Kapha-Meda*-related) aspects of the disease. This synergistic action was reflected in the significant improvement observed in both the subjective (IPSS) and objective (USG) parameters in this patient.

CONCLUSION

The management of *Vatastheela* (BPH) in modern medicine, while effective, is often associated with significant drawbacks such as side effects, high cost, and the risk of recurrence. This case study demonstrates that a well-planned Ayurvedic regimen, incorporating *Dhanyaka-Gokshura Ghrita* and *Varunadi* Kwath, can provide a safe, effective, and cost-saving alternative.

The administration of these two formulations over a 21-day period led to a marked improvement in the patient's quality of life, with substantial relief from debilitating LUTS, a significant reduction in IPSS score from Moderate to mild grade, and demonstrable objective improvements in prostate volume and post-void residual urine. No adverse drug reactions were reported, highlighting the safety profile of these classical Ayurvedic medicines.

This case underscores the importance of a holistic approach that combines pharmacotherapy (*Shamana*) with appropriate dietary and lifestyle modifications (*Pathya-Apathya*). While the results of this single case study are promising and support the use of these Ayurvedic drugs in the conservative management of BPH, they are not conclusive. Further research in the form of large-scale, randomized, double-blind, placebo-controlled clinical trials is essential to establish a robust evidence base for these interventions, standardize their dosage and duration, and firmly integrate them into the mainstream management of benign prostatic hyperplasia.

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