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A CASE STUDY OF DASHMOOLADI KWATH WITH SHILAJATU (ASPHALTUM PUNJABINUM) IN THE MANAGEMENT OF VATASHTHILA WITH SPECIAL REFERENCE TO BENIGN PROSTATIC HYPERPLASIA

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is one of the most common age-related disorders in men, affecting nearly half of men above 50 years and up to 90% of men above 80 years. In Ayurveda, the obstructive voiding symptoms of BPH closely correspond to *Vatashthila*, one among the twelve varieties of *Mutraghata* described by *Acharya Sushruta*. Among the formulations described for BPH, *Dashmooladi Kwath* with *Shilajatu* — referenced in the *Bhaishajyaratnavali* — has not previously been evaluated in a controlled clinical study, We hereby report case of 56 year male patient had complaints of frequent micturition, incomplete emptying of bladder, weak stream, visited to GAC & H Dharashiv who failed to get cured by variety of treatments at private hospital with different pathies. After through examination and relevant investigations patient was diagnosed as BPH. Ayurvedic management done as *Dashmooladi kwath* with *shilajatu*. Ayurvedic management was planned and treated accordingly positive results were observed that are narrated in the given presentation.

KEYWORDS: *Vatashthila*, Benign Prostatic Hyperplasia, *Dashmooladi Kwath, Shilajatu, Mutraghata*, Ayurveda.

1. INTRODUCTION

Benign Prostatic Hyperplasia (BPH) is a progressive, non-malignant enlargement of the prostate gland that slows or obstructs the urinary stream. It is among the most frequently occurring disorders of aging men; nearly half of men above the age of 50 years and almost 90% of men above 80 years are affected.[1]

Clinically, BPH manifests as a constellation of obstructive and irritative lower urinary tract symptoms — hesitancy, urgency, increased frequency of micturition, nocturia, dysuria, and, occasionally, urinary tract infection — collectively referred to as "prostatism."[2] These symptoms exert a considerable physical and psychological burden on aging individuals.

Contemporary medicine offers both pharmacological and surgical management. Alpha-blockers and 5-alpha reductase inhibitors are the mainstay medical therapies,[3] while surgical options such as Trans-Urethral Resection of Prostate (TURP) are employed in advanced disease.[4] However, both modalities carry inherent limitations — side effects, cost, recurrence, and procedural morbidity — that constrain their long-term acceptability.

Ayurvedic classical literature offers a parallel framework for understanding this condition. *Acharya Sushruta* described twelve varieties of *Mutraghata* (obstructive disorders of micturition), among which *Vatashthila* closely corresponds to BPH.[5]

A 56 year old male resident of Dharashiv, came to GAC & H Dharashiv with complaints of frequent micturition, incomplete emptying of bladder, weak stream since 1 month he was treated with *dashmoola kwath* with *shilajatu* 40 ml BD, Significant improvement was noticed after the treatment

2. MATERIALS AND METHODS

A 56 year old male resident of Dharashiv, came to GAC & H Dharashiv with C/O - frequent micturition, incomplete emptying of bladder, weak streame since 2 years

N/H/O- Dm/ Htn/ Ba

S/H/O- No any

D/H/O- No any

Chief Complaints-

Table 1: IPSS American Urological Association Symptom Index (AUA-SI).

Sr. No.	Symptom	(0/5)
1	Incomplete emptying	5
2	Frequency	5
3	Intermittency	2
4	Urgency	0
5	Weak stream	5
6	Straining	3
7	Nocturia	1
	Total	21/35

2.1 Objective Criteria: Ultrasonography of the abdomen and pelvis, recording

(i) Weight of the prostate gland- 64cc

(ii) Post-void residual urine volume-98cc

Local Examination

Penile Examination

Perpuce skin – Retractable

Glans – Normal

Shaft – normal

Per Rectal Examination

- Prostrate felt upto 4 finger
- firm in consistency

Per Abdomen Examination

- Soft and mild tenderness over supra pubic region

TREATMENT

Dashmooladi kwath with *shiljatu* 40ml orally BD, after meal for 30 days.

- Preparation of *Dashmooladi Kwath* as per the classical method described in the *Sharangdhara Samhita (Madhyama Khanda 2/1*): the coarse powder of the *Dashamoola* ingredients is decocted in sixteen times water and reduced to one-eighth volume.

2.2 Criteria for Assessment

2.2.1 Subjective Criteria: American Urological Association Symptom Index (AUA-SI) / International Prostate Symptom Score (IPSS)[6] — a validated 7-item, 0–5 Likert-scored instrument (total score range 0–35), graded as mildly symptomatic (0–7), moderately

symptomatic (8–19), and severely symptomatic (20–35). The instrument is reproduced in Table 2.

Table 2: IPSS American Urological Association Symptom Index (AUA-SI).

Sr. No.	Symptom	Not at all (0)	<1/5 times (1)	<½ times (2)	About ½ times (3)	>½ times (4)	Almost always (5)
1	Incomplete emptying	0	1	2	3	4	5
2	Frequency	0	1	2	3	4	5
3	Intermittency	0	1	2	3	4	5
4	Urgency	0	1	2	3	4	5
5	Weak stream	0	1	2	3	4	5
6	Straining	0	1	2	3	4	5
7	Nocturia	0	1	2	3	4	5

2.2.2 Objective Criteria: Ultrasonography of the abdomen and pelvis, recording

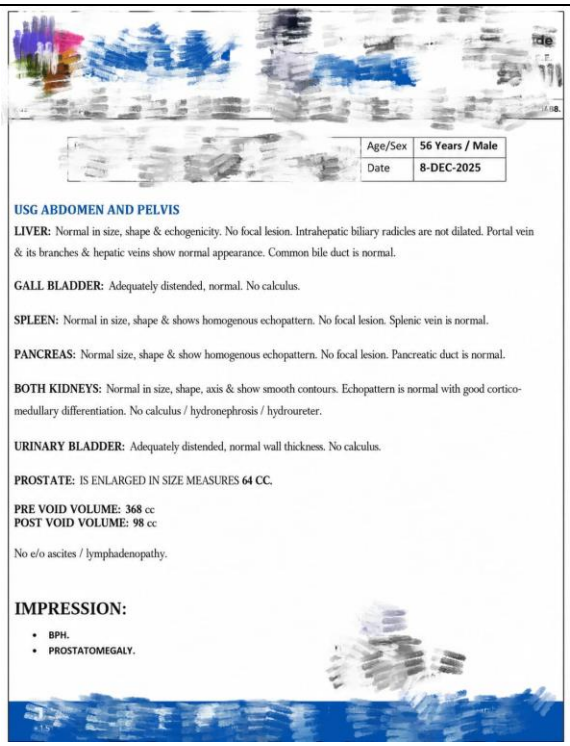
(i) weight of the prostate gland and

(ii) post-void residual urine volume.

3. OBSERVATION AND RESULT

Sr. No.	Symptom	Before treatment	First follow up (15 days)	Second follow up (30 days)
1	Incomplete emptying	5	4	2
2	Frequency	5	4	2
3	Intermittency	2	1	0
4	Urgency	0	0	0
5	Weak stream	5	4	3
6	Straining	3	2	2
7	Nocturia	1	1	0
	Total	21/35	16/35	09/35

	As per USG	Before Treatment	After Treatment
1	Weight of prostrate	64 cc	64 cc
2	Post void urine	98 cc	17 cc



Age/Sex	56 Years / Male
Date	8-DEC-2025

USG ABDOMEN AND PELVIS

LIVER: Normal in size, shape & echogenicity. No focal lesion. Intrahepatic biliary radicles are not dilated. Portal vein & its branches & hepatic veins show normal appearance. Common bile duct is normal.

GALL BLADDER: Adequately distended, normal. No calculus.

SPLEEN: Normal in size, shape & shows homogenous echopattern. No focal lesion. Splenic vein is normal.

PANCREAS: Normal size, shape & show homogenous echopattern. No focal lesion. Pancreatic duct is normal.

BOTH KIDNEYS: Normal in size, shape, axis & show smooth contours. Echopattern is normal with good cortico-medullary differentiation. No calculus / hydronephrosis / hydroureter.

URINARY BLADDER: Adequately distended, normal wall thickness. No calculus.

PROSTATE: IS ENLARGED IN SIZE MEASURES **64 CC.**

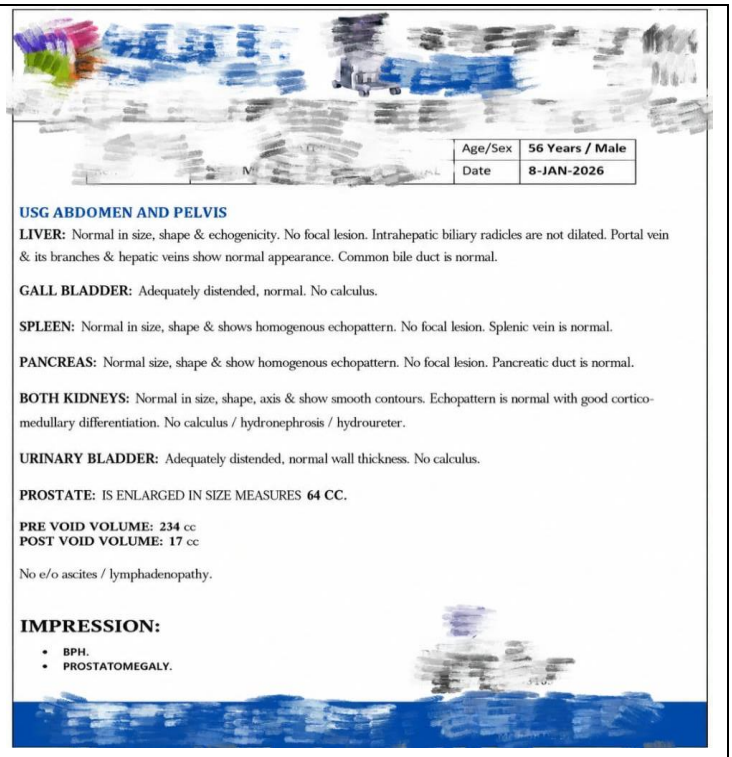
PRE VOID VOLUME: 368 cc
POST VOID VOLUME: 98 cc

No e/o ascites / lymphadenopathy.

IMPRESSION:

- **BPH.**
- **PROSTATOMEGALY.**

Before Treatment



Age/Sex	56 Years / Male
Date	8-JAN-2026

USG ABDOMEN AND PELVIS

LIVER: Normal in size, shape & echogenicity. No focal lesion. Intrahepatic biliary radicles are not dilated. Portal vein & its branches & hepatic veins show normal appearance. Common bile duct is normal.

GALL BLADDER: Adequately distended, normal. No calculus.

SPLEEN: Normal in size, shape & shows homogenous echopattern. No focal lesion. Splenic vein is normal.

PANCREAS: Normal size, shape & show homogenous echopattern. No focal lesion. Pancreatic duct is normal.

BOTH KIDNEYS: Normal in size, shape, axis & show smooth contours. Echopattern is normal with good cortico-medullary differentiation. No calculus / hydronephrosis / hydroureter.

URINARY BLADDER: Adequately distended, normal wall thickness. No calculus.

PROSTATE: IS ENLARGED IN SIZE MEASURES **64 CC.**

PRE VOID VOLUME: 234 cc
POST VOID VOLUME: 17 cc

No e/o ascites / lymphadenopathy.

IMPRESSION:

- **BPH.**
- **PROSTATOMEGALY.**

After Treatment

4. DISCUSSION

The formulation finds classical reference in the *Bhaishajyaratnavali* (Chapter 41, verse 12), where *Dashamoola Kwatha* administered with *Shilajatu* and *Sharkara* is indicated in *Vata-kundalika*, *Ashthila*, and *Vata-vasti* (obstructive Vata disorders of the urinary bladder, including *Vatashthila*).[7]

1.The Dashamoola group itself — comprising *Bilva*, *Agnimantha*, *Shyonaka*, *Patala*, *Gambhari*, *Shaliparni*, *Prashnaparni*, *Brahati*, *Kantakari*, and *Gokshura* — is described in the *Sushruta Samhita (Sutrasthana* 38/69–70)

Rasa- Tikta and *madhur*

Guna- laghu and *ruksh*

Virya- ushna

Vipaka- katu

Kapha-Vata-shamaka, *Deepana*, and *Pachana* properties.

Role of *Dashmool Kwath*:

Vatahara: Pacifies aggravated *Vata*, especially *Apana Vata*, which helps improve urinary flow.

Shothahara: Reduces inflammation and edema around the prostate and urinary tract.

2. *Shoolahara*: Relieves pain or discomfort associated with difficult urination.

Mutravaha Srotoshodhaka: Helps maintain the normal function of the urinary channels and supports smoother micturition.

Basti Balya: Strengthens and supports the function of the urinary bladder

Shilajatu (Asphaltum punjabinum) -is described in the *Bhavaprakasha Nighantu (Dhatvadi Varga*, verses 80–82)[8]

Rasa-Katu-Tikta

Virya- Ushna

Vipaka-katu

Karma (Actions)

Rasayana (rejuvenative)

Yogavahi (enhances the action of other medicines)

Medhya (supports intellect)

Balya (strength-promoting)

Vrishya (aphrodisiac)

Mutrala (promotes urination)

Shothahara (reduces inflammation)

The combined *Vata-shamaka*, diuretic, anti-inflammatory, and *Yogavahi* (bioavailability-enhancing) properties of the *Dashamoola–Shilajatu* combination provide a plausible rationale for its action in the obstructive and inflammatory pathology of BPH.

5. CONCLUSION

The present study indicates that *Dashmooladi Kwath* administered along with *Shilajatu* was effective in reducing the severity of lower urinary tract symptoms (LUTS) associated with Benign Prostatic Hyperplasia (BPH). A progressive reduction in the International Prostate Symptom Score (IPSS) was observed from 21/35 before treatment to 16/35 after 15 days and 9/35 after 30 days of treatment..

Improvement was observed particularly in symptoms such as incomplete emptying, increased frequency, intermittency, weak urinary stream, straining, and nocturia. The overall reduction in IPSS suggests that the combination of *Dashmooladi Kwath* and *Shilajatu* provided clinically meaningful symptomatic relief and improved urinary function in patients with BPH.

The ultrasonography findings further demonstrated improvement in urinary bladder emptying, with post-void residual urine (PVR) decreasing from 98 cc before treatment to 17 cc after treatment. However, the prostate volume remained unchanged at 64 cc before and after treatment. This indicates that the symptomatic improvement and reduction in PVR were not necessarily associated with a reduction in prostate size.

Thus, *Dashmooladi Kwath* with *Shilajatu* may be considered a promising Ayurvedic therapeutic approach for the management of BPH-related LUTS, with further studies involving larger sample sizes and appropriate statistical analysis recommended to establish its efficacy more conclusively.

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