



Case Study

## CONSERVATIVE AYURVEDIC MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA

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### ABSTRACT

Benign Prostatic Hyperplasia (BPH) is a common, progressive, non-malignant enlargement of the prostate gland that predominantly affects elderly males. It leads to lower urinary tract symptoms (LUTS) such as hesitancy, weak stream, frequency, nocturia, and incomplete bladder emptying, significantly impairing quality of life. While modern medicine offers pharmacological and surgical options, these approaches often provide symptomatic relief with notable adverse effects and recurrence. Ayurveda describes conditions analogous to BPH under *Mutraghata*, *Mutrakricchra*, and *Vatashthila*, primarily resulting from *Apana Vata Dushti* with *Kapha* and *Meda* involvement. This article presents a detailed clinical case study of Benign Prostatic Hyperplasia managed through Ayurvedic principles, highlighting diagnostic assessment, therapeutic intervention, clinical outcomes, and follow-up. The case demonstrates significant symptomatic improvement, reduction in post-void residual urine, and enhanced quality of life without adverse effects, emphasizing the potential role of Ayurveda in conservative management of BPH.

### INTRODUCTION


Lower urinary tract symptoms and benign prostatic hyperplasia account for a significant portion of disorders in older men. Growth factor, estrogen, and androgen all play a part in the pathophysiology of BPH. The International Prostate Symptom Score (IPSS), a questionnaire form with eight written screening tools for quick diagnosis and tracking BPH symptoms, is an easy way to identify the symptomatology. BPH primarily affects the elderly and is characterized by growth in the transitory zone of the prostate gland, which further compresses the urethra and obstructs the urine production either completely or partially.

The glandular and stromal components of the peripheral zone compress when BPH begins in the transitory zone, indicating lateral lobe enlargement. Based on clinical characteristics and histology, *Astheela* is thought to be closely related to BPH among the *Mutraghata* listed by Acharyas. It is primarily brought

on by congestion in the bladder and rectum produced by the Vayu, which results in a mobile, raised tumour that obstructs the route. A waiting time is part of the therapy modality, which is followed by medicinal and surgical procedures. As one of the main treatments for *Mutraghata*, *Basti* offers patients substantial relief from their symptoms and a chance to avoid or delay surgical procedures<sup>[1]</sup>.

### Case Reports

A 65-year-old male patient from an upper-middle-class family who works in the private sector came to the Chandra Shekhar Singh Ayurveda Chikitsalaya evam Shodh Kendra Kaushambhi complaining of difficulty in micturation since 5-6 months, night time urges, difficulty controlling the urge to urinate, a sense of incomplete urine evacuation, dribbling at the end of the stream, a weak urine stream, difficulty initiating the urine, and difficulty stopping and restarting the flow of urine while urinating for 5-6 months. When questioned, the patient almost always reported feeling as though his bladder was not emptying. Additionally, the frequency of urination increased; the patient felt the need to urinate nearly every two to three hours.

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The patient typically had trouble controlling their urge to urinate. The pee stream was feeble, and he had trouble keeping it going. To start urinating, the patient frequently has to strain. The patient has irritability due to the frequent want to urinate, the urge to urinate at night, and the inability to control the urge to urinate. All symptoms develop gradually and are moderately severe. The symptoms were making it difficult to sleep at night and carry out daily tasks. The patient avoided drinking any fluids after eight o'clock because drinking water during the night increases the urge to urinate. This indicates that the symptoms worsen on a high fluid diet and slightly improve on a reduced fluid diet.

Along with significant difficulty waking up during the night, the patient also complains of restless sleep with noticeably delayed sleep induction. The patient awakens a little earlier than they would like. The overall amount of sleep is noticeably inadequate. The patient reported that their total sleep was noticeably inadequate, which was also affecting their well-being during the day and causing day sleep, which had been gradually developing for six months. The patient's work schedule was demanding, frequently without breaks, and occasionally required them to hold their pee for hours. The quality of sleep has significantly declined during the last three years<sup>[2]</sup>.

After consulting at a private hospital, the patient had a USG that enlarged prostate with mass with significant residual urine with thickened bladder wall with findings as described, indicating no cancer suggestive of a BPH diagnosis. The patient was asked to choose surgery, but he refused. The patient was prescribed 50 mg B.D. of Trazodone and 50 mg O.D. of Silodosin. After four or five months, he stopped using the medication because his symptoms had improved.

For three months, the patient experienced a recurrence of the same symptoms that interfered with his daily activities. After learning about the ayurvedic line of treatment from a friend, he came here for additional care because he doesn't want to have the surgery recommended by modern doctors.

## Review of Literature

### Modern Perspective

BPH develops due to:

- Increased di-hydro-testosterone (DHT) activity
- Reduced apoptosis of prostatic cells
- Increased stromal-epithelial interaction
- Chronic inflammation and oxidative stress

The enlarged prostate compresses the urethra, leading to obstructive and irritative urinary symptoms.

### Ayurvedic Perspective

Ayurvedic texts do not describe the prostate as a discrete anatomical structure; however, symptom complexes similar to BPH are described under:

- *Mutraghata, Mutrakricchra, Vatashthila*

*Vatashthila*, described in *Sushruta Samhita*, refers to a hard mass caused by aggravated Vata located near the Basti, obstructing urinary flow. The condition is predominantly caused by:

- *Vega Dharana* (suppression of natural urges), excessive intake of *Guru, Sheeta, Snigdha Ahara*, sedentary lifestyle, senility (*Jara*)<sup>[3]</sup>.

### AIM AND OBJECTIVES

To evaluate the efficacy of Ayurvedic management in a clinically diagnosed case of Benign Prostatic Hyperplasia.

1. To assess the clinical presentation of BPH through modern and Ayurvedic parameters.
2. To evaluate symptomatic improvement using IPSS.
3. To assess objective changes in prostate size and post-void residual urine.
4. To document overall improvement in quality of life.

### Chief Complaints<sup>[4]</sup>

The patient presented with:

1. Difficulty in passing urine since 5-6 months
2. Weak urinary stream
3. Dribbling of urine since 5-6 months
4. Increased frequency of urination, especially at night (3-4 times/night)
5. Sensation of incomplete bladder emptying
6. Straining during micturition

### History Of Present Illness

The patient was apparently healthy 6 months ago when he gradually developed urinary hesitancy and weak stream. Over time, symptoms progressed to increased frequency and nocturia. The patient had consulted an allopathic physician and was advised alpha-blockers, which provided temporary relief. Due to dizziness and fatigue, he discontinued medication and approached the Ayurvedic OPD for further management<sup>[5]</sup>.

### Past History

- H/O pulmonary koch's with partial obstruction Lt. Anterior
- No history of diabetes mellitus or hypertension
- No history of urinary tract infection
- No previous catheterization

**Personal History**

- Diet: Veg.
- Appetite: Reduced
- Bowel: Irregular, tendency for constipation
- Sleep: Disturbed due to nocturia
- Addictions: Tobacco

**General Examination**

- Pulse: 72/min
- Blood Pressure: 130/80 mmHg
- Weight: 72 kg
- Built: Moderately built
- Pallor/Icterus/Cyanosis: Absent

**Systemic Examination**

**GIT:** Soft and No tenderness

**CNS:** Concious and well oriented

**CVS:** S<sub>1</sub> & S<sub>2</sub> Present, No murmur Sound

**R/S:** B/L chest clear with Symmetry

Investigations

Laboratory Investigations

- Hemoglobin: 13.2 g/dl
- Serum creatinine: 1.0 mg/dl
- PSA: 2.8 ng/ml (within normal limits)

**Ultrasonography (USG)**

**Therapeutic Intervention**

**Shamana Chikitsa**

- Prostate Vol.: 57.2 CC
- Post-void residual urine: 76cc After 2<sup>nd</sup> Void
- No hydronephrosis

**Ayurvedic Assessment<sup>[6]</sup>**

*Prakriti:* Vata-Kapha

*Vikriti:* Vata-pradhana Tridoshaja

*Agni:* Mandagni

*Srotodushti:* Sanga (obstruction)

*Rogamarga:* Madhyama

*Vyadhi:* Mutraghata (Vatashthila)

**Diagnosis**

**Modern Diagnosis**

Benign Prostatic Hyperplasia with moderate LUTS

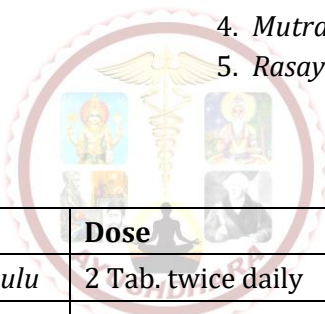
**Ayurvedic Diagnosis**

Mutraghata (Vatashthila) due to Apana Vata Dushti

**Treatment Plan**

Treatment Principles

1. Vata Anulomana
2. Kapha-Meda Shamana
3. Srotoshodhana
4. Mutravirechana
5. Rasayana therapy



Drug	Dose	Duration
Gokshuradi Guggulu	2 Tab. twice daily	90 days
Taalishadi Churna	2g twice daily	90 days
Godanti Bhasma	500mg twice daily	90 days
Lakshmiivilas ras	1Tab. thrice daily	90 days
Prostaid	1 Tab. Once daily	90 days
Varunadi Kashayam	15-20ml Twice daily	90 days
Bangshil	1Tab. thrice daily	90 days
Genforte -5G	1 Cap. Once daily	90 days

**Panchakarma Therapy**

- Matra Basti with Mahanarayana Taila
- Dose: 100 ml
- Duration: 8 days regular and gap for one week and repeat same.

**Pathya-Apathya<sup>[7]</sup>**

**Pathya**

Warm, light diet, green vegetables, barley, wheat, moong dal and adequate hydration.

**Apathya**

Spicy, oily, fermented foods, alcohol and caffeine, suppression of natural urges and prolonged sitting

**Assessment Criteria**

**Subjective Parameters**

IPSS score, nocturia frequency, Quality of Life (QoL) score

**Objective Parameters**

Prostate size, post-void residual urine

**RESULTS**

**Before Treatment**

- IPSS: 22 (Severe)
- Nocturia: 4 times/night, Prostate Vol.: 57.2 CC
- Post-void residual urine: 76cc after 2<sup>nd</sup> void

**After 3 Months**

- IPSS: 9 (Mild)
- Nocturia: 1–2 times/night
- PVR urine: 10 ml

**DISCUSSION**

*Mutra* and *Aghata*, which refer to inadequate urine flow due to retention or any other reason, are combined to form the phrase *Mutraghata* on splitting. The *Nidanas* indicated for *Mutrakricchra* and *Mutravaha Sroto Dusti* might be counted among the general causal variables for *Mutraghata* that Acharyas have not mentioned. *Ruksha Padarth Sevana*, *Ratijagrana*, *Chinta*, *Adhyashana*, *Nityadrutaprishta Yaanat*, and *Mutravega Dharana*, which can now be regarded as excessive bike ride, were among *Nidana's* patients. All of the methods used for treating *Mutrakricchra* can be applied to all forms of *Mootraghata*, including *Abhyanga*, *Swedana*, and *Basti*, which are among the therapy regimens recommended by Acharyas for the treatment of *Mutraghata*<sup>[8]</sup>.

Here, the components of *Gokshuradi Guggulu* are well known for their *Vatahara* and *Shothahara* actions. Additionally, according to a study of research that Acharya Charaka has thoroughly documented, *Gokshuradi Guggulu* may have an anti-inflammatory and analgesic effect. *Vastyamayantaka Ghrita*, the *Sneha* utilised here, has a reference in *Sahasrayoga Ghrita Prakarana*, which is indicated in all sorts of *Mutraghata* by providing *Vata Pittahara Karma* due to the mix of ingredients. *Matra Basti* is a therapeutic approach that may be administered to both young and elderly patients. It contains the best combinations of substances according to the illness. Here, *Pakvashaya* is the particular location of *Vata*, and the state is *Vata Pradhana*.

*Matra Basti* specifically acts on *Pakvashaya* and *Vata Doshha*, causing *Vata Shamana* and *Samprapti Vighatana*, which can be interpreted as lessened symptomatology. It is said to shield the *Trimarmas* from enraged *Vayu* in the Charaka Samhita's *Trimarmiya Siddhi Sthana*. Since *Basti Karma* can perform *Marmaparipalanam*, it should be the first option for treating those who are affected by the *Vata Doshha* in order to protect the *Trimarma*<sup>[9]</sup>.

This *Matra Basti* is chosen after taking into account the individual's strength for the start of the procedure, the degree of vitiated *Dosha* and *Kala*, and the *Sukshma Vichara* about *Dosha*, *Bheshaja*, *Desha*, *Kala*, *Bala*, *Sharira*, *Ahara*, *Satmaya*, *Satva*, *Prakriti*, and *Vaya*. In light of these, the *Matra Basti* pattern and the *Basti* elements have been chosen as the intervention. Additionally, when the exacerbated *Vata* is concentrated in the *Gulma Sthana*, *Shotha* and *Shoola* combine to form *Gulma*, which is then used to apply

*Gulma Chikitsa*, listing *Abhyanga*, *Swedana*, and *Basti* as previously described.

*Sarvanaga Abhyanga* and *Bashpa Swedana* were chosen since they are among the therapies that *Acharyas* recommend for *Mutraghata* and also act as *Poorvakarma* for *Basti Karma*. Since *Apana Vata* is the *Pradhana* culprit for the *Samprapti*, the treatment helped achieve *Vatanulomana* action and restore *Apana Vata's* proper function. The IPSS was proven to be an excellent tool for screening and monitoring the symptomatology of BPH since clinical aspects are more important than investigations to identify any condition.

The patient reports significant relief from sleep disturbance and an improvement in overall sleep quality, as measured by the Athens Insomnia Scale, as a result of the rectified nocturia and the effect of *Abhyanga* serving as *Kshramahara*, *Vatahara*, and promoting good sleep. As a follow-up, *Taalishadi Churna*, *Godanti Bhasma*, *Varunadi Kashayam* is administered as a *Shamanaga Snehapana* in the dosage of together with Tablets *Bhangshil*, *Prosteride* and *Geriforte*, which were proven to be very responsive by aiding in the decongestion of the prostate and toning up the activities of the genitor urinary system. Because of their immunomodulatory activity and multifunctional therapeutic application, *Shilajatu* preparations may help prevent the recurrence of illness by reducing prostatic stromal growth<sup>[10]</sup>.

**CONCLUSION**

This case study demonstrates that Ayurvedic management is effective in reducing symptoms of Benign Prostatic Hyperplasia, improving urinary flow, and enhancing quality of life. Early diagnosis and holistic intervention can prevent disease progression and reduce the need for surgical intervention. Ayurveda offers a safe, cost-effective, and patient-friendly approach for managing mild to moderate BPH.

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