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EFFICACY OF VARANADI GHRITA UTTARA BASTI AND KALA BASTI IN POST-LASER BENIGN PROSTATIC HYPERPLASIA (BPH) SYMPTOMS: A CASE STUDY

Dr. Ancitta Jose[1], Dr. Maheshkumar E S[2]

[1] Final Year PG Scholar, Department of Shalya Tantra, SDM College of Ayurveda & Hospital, Hassan
[2] Professor & HOD, Department of Shalya Tantra, SDM College of Ayurveda & Hospital, Hassan

ABSTRACT

According to Ayurvedic literature, the symptoms of BPH correlate with Vatashteela, a type of Mutraghata described by Acharya Sushruta. The classical text recommends Uttara Basti therapy for all varieties of Mutraghata. Benign Prostatic Hyperplasia (BPH) is a prevalent urological condition in aging males, often presenting with lower urinary tract symptoms (LUTS) such as dribbling of urine, perineal pain, and increased frequency of urination. While laser treatment provides symptomatic relief, many patients continue to experience post-surgical complications. This case report presents the Ayurvedic management of a 62- year-old male with persistent LUTS after laser therapy for BPH, treated with Varanadi Ghrita Uttara Basti for 12 days, along with Kala Basti and oral medications. The intervention resulted in notable symptomatic improvement, including reduced urinary dribbling, relief from perineal discomfort, and a significant decrease in post-void residual urine volume.

KEYWORDS: *Benign Prostatic Hyperplasia, BPH, Lower Urinary Tract Symptoms, Uttara Basti, Varanadi Ghrita. Kala Basti.*

INTRODUCTION

BPH is characterized by non - malignant enlargement of the prostate gland, often resulting in urinary retention or obstruction. According to Ayurvedic literature, the symptoms of BPH correlate with Vatashteela, a type of Mutraghata described by Acharya Sushruta. The classical text recommends Uttara Basti therapy for all varieties of Mutraghata.

Benign Prostatic Hyperplasia (BPH) is a common urological condition affecting older men. Autopsy studies estimate the age-specific prevalence of BPH to be around 8% in the fourth decade of life, 50% in the sixth, and up to 80% by the ninth decade. In Ayurveda, Acharya Sushruta has described a condition called *Mutraghata* in *Uttartantra*, which encompasses a group of urinary disorders characterized by intermittency, weak urinary stream, straining, urgency, frequency, and incomplete bladder emptying. These symptoms align closely with what modern medicine refers to as Lower Urinary Tract Symptoms (LUTS), with BPH being one of the most common underlying causes.

The exact etiology of BPH remains uncertain, though one prevailing hypothesis suggests that the prostate converts testosterone into dihydrotestosterone (DHT), a potent androgen that stimulates cell proliferation in the glandular epithelium of the prostate. This leads to rapid prostate enlargement, resulting in a symptom complex referred to as prostatism. Clinical manifestations of BPH commonly include incomplete emptying, intermittency, frequency, weak stream, straining, and nocturia.

While prostatectomy—the surgical removal of the prostate gland—is considered the gold standard treatment, it carries potential complications such as postoperative morbidity, impotence, retrograde ejaculation, and an estimated 15% reoperation rate within 8–10 years. Hormonal therapy, although effective, can cause adverse effects including loss of libido, impotence, and gynecomastia. Therefore, there is a growing preference for non- invasive, cost-effective, and well-tolerated treatment options.

Ayurveda offers such an alternative in the form of *Basti Chikitsa*, a therapeutic enema treatment described as effective in *Mutraghata*, without strict dietary or lifestyle restrictions. Formulations possessing *Vata-Kapha Shamaka* properties are particularly beneficial for reducing prostate enlargement and improving bladder tone. In one such case study, *Varanadi ghrita* was administered for 12 days, demonstrating potential as a supportive Ayurvedic intervention for BPH management.

CASE REPORT

A male patient aged 62 years R/O Kolar, Karnataka, came in OPD of Shalya Tantra Department in SDM College of Ayurveda and Hospital in an apprehensive condition.
He had the following complaints in the last 6 months

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- Dribbling of urine
- Poor urinary flow
- Increased frequency (Day: 10–12 times; Night: 6–8 times)
- Incomplete voiding sensation
- Pain during urination
- Perineal discomfort

Medical History: Type II Diabetes Mellitus
Surgical History: He had undergone Laser surgery for BPH 10 months ago

EXAMINATION FINDINGS

Digital Rectal Exam

- Prostate: Lateral lobes enlargement - Grade II
- Surface: Smooth
- Consistency: Rubbery
- Median sulcus: Present
- Mucosa: Mobile
- No tenderness or nodules

USG KUB with PVR

- Prostate size: 38 cc
- Post-void residual urine: 90 mL

TREATMENT PROTOCOL

Shodana

1. Uttara Basti with Varanadi Ghrita 40ml given for 12days
2. Kala Basti
   - Anuvasana Basti: Mahanarayana Taila (60 mL)
   - Niruha Basti: Dashamoola Kwatha (300 mL)
3. Sarvanga abhyanga with Mahanarayana Taila
4. Sarvanga Parisheka with Dashamoola Kwatha

Shamana

1. Chandraprabha Vati: 2-0-2 A/F for 1 month

OBSERVATION & RESULTS

Sl. no	Parameter	Pre- Treatment	Post-Treatement
1.	Dribbling of urine	Present	Reduced
2.	Perineal pain	Present	Resolved
3.	Urinary frequency (D/N)	10-12 / 6-8	Decreased
4.	USG - PVR volume	90 mL	35 mL

DISCUSSION

Uttara Basti provides a promising Ayurvedic intervention for managing *Mutraghata*, especially in cases where urinary obstruction persists even after modern surgical procedures such as those for Benign Prostatic Hyperplasia (BPH). The lipid-based medicated formulation used in Uttara Basti acts locally on the urinary tract, effectively pacifying aggravated *Vata dosha* and relieving the obstruction. When administered alongside *Kala Basti* and appropriate internal medications, a synergistic effect is achieved, promoting better symptom control and overall therapeutic outcomes. This case illustrates the potential benefits of integrating Ayurvedic therapies in post-surgical care and highlights the need for further clinical studies to establish their efficacy on a wider scale.

CONCLUSION

This case underscores the efficacy of Ayurvedic Panchakarma therapies—particularly *Uttara Basti* and *Kala Basti*—in alleviating persistent lower urinary tract symptoms (LUTS) following surgical intervention for Benign Prostatic Hyperplasia (BPH). These treatments offer a promising complementary approach, especially in cases where conventional post-operative management fails to fully resolve symptoms. By addressing the underlying *Vata* imbalance and enhancing urinary function through localized and systemic actions,

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Panchakarma therapies highlight the integrative potential of Ayurveda in post-surgical care.

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