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Role of Shwadanshtradi Taila in Mutraghata (BPH): A Clinical and Sonological Evaluation

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) *is one of the most commonly encountered conditions among elderly men, characterized by symptoms such as difficulty in urination, increased frequency, urgency, weak urinary stream, and intermittency. The clinical features of BPH closely resemble Vatashtheela, which is described by* ***Acharya Sushruta*** *as one of the twelve types of Mutraghata, a disorder marked by obstruction in the flow of urine due to a mass or enlargement near the bladder neck. This case report presents a 45-year-old male patient who complained of frequent urination, nocturia, and straining during micturition, and was diagnosed with BPH. After detailed case history and thorough clinical examination, Uttar Basti Therapy (UBT) was administered using Shwadanstradi Taila. The treatment showed notable improvement in both subjective and objective parameters. The therapy demonstrated encouraging results, fulfilling the need for an effective management approach for BPH, which otherwise significantly affects the quality of life and contributes to a considerable socioeconomic burden on the healthcare system.*

Keywords*: Cost Control, Cost Reduction, Public Sector Enterprises, ITI Rae Bareli, Budgetary Control, Value Engineering, Efficiency, Financial Performance.*

INTRODUCTION

Benign Prostatic Hyperplasia (BPH) is a common condition observed mainly in men above 40 years of age, characterized by enlargement of the prostate gland due to excessive proliferation of prostatic

tissue. This condition manifests as lower urinary tract symptoms (LUTS) such as increased frequency, urgency, intermittency, and a weak urinary stream.

In Ayurveda, a similar condition is described under *Mutraghata*, which occurs due to the disturbed function of *Vata Dosha*, leading to obstructive urinary manifestations. **Acharya Sushruta** has recommended various therapeutic measures including *Kashaya* (herbal decoction), *Kalka* (herbal paste), *Ghrita* (medicated ghee), *Kshara* (alkaline preparations), and *Uttara Basti* (therapeutic enema) for effective management of this condition. In the present study, *Uttara Basti Therapy (UBT)* proved effective in reducing the prostate size, resulting in significant symptomatic relief and clinical improvement. The study introduced a new formulation—*Shwadanshtradi Taila*—which provided a promising therapeutic approach. The formulation was designed to pacify *Vata Dosha* and restore the normal function of *Mootravaha Srotas* through its *Vata-Shamaka* (Vata-pacifying), *Vatanulomaka* (Vata-regulating), *Shothahara* (anti-inflammatory), *Lekhana* (reducing), and *Mootrala* (diuretic) properties.

Case Presentation-

A **45-year-old male**, working as a schoolteacher, reported to the *Shalya Tantra – Mutra Roga* outpatient department with the chief complaints of increased frequency of urination — approximately 7–10 times during the day and 3–4 times at night — persisting for the past three years. The patient also experienced a sudden urge to void urine, along with difficulty initiating urination, usually taking 1–2 minutes to start micturition, often accompanied by straining.

His **International Prostate Symptom Score (IPSS)** was found to be **21**, indicating moderate to severe symptoms. The patient had **no history** of previous surgeries, haematuria, or catheterization, and denied any associated systemic conditions such as diabetes mellitus, hypertension, or tuberculosis.

On **digital rectal examination (DRE)**, the prostate was found to be enlarged, firm in consistency, with a smooth surface, and the rectal mucosa was freely movable. **Routine laboratory investigations** were within normal limits. The **prostate-specific antigen (PSA)** level was **2.35 ng/dl**, within the normal range.

Ultrasonography (USG) revealed an enlarged prostate weighing **48 grams** with a significant **post-void residual urine (PVRU)** volume of **70 ml**. **Uroflowmetry** showed a **maximum urine flow rate (Qmax)** of **7.2 ml/sec**, suggesting bladder outlet obstruction. The **urine analysis** was unremarkable. Based on the clinical findings, **Uttara Basti therapy** was planned as the line of management.

Timeline: **Table 1**

Date	Clinical Event/ Intervention
10-03-2025	Initial assessment and diagnosis
24-03-2025	Uttara basti with 30ml of Shwadanshtradi taila (1st sitting)
24-04-2025	Reassessment and Evaluation
1-05-2025 to 15-05-2025	Uttara Basti was administered with 30 ml of *Shwadanshtradi Taila* during the second sitting.
1-07-2025	Final analysis and evaluation

Diagnostic Criteria

The following diagnostic parameters were assessed to evaluate the patient's condition:

- **International Prostate Symptom Score (IPSS):** Evaluated according to the guidelines of the *American Urological Association (AUA)* to assess the severity of lower urinary tract symptoms.
- **Digital Rectal Examination (DRE):** Conducted to determine the size, consistency, and surface characteristics of the prostate gland, as well as the mobility of the rectal mucosa.
- **Ultrasonography (USG):** Performed to estimate the prostate size and measure *post-void residual urine (PVRU)* volume for assessing bladder emptying efficiency.
- **Uroflowmetry:** Used to record both the *average* and *maximum urine flow rates*, providing objective data on the degree of urinary obstruction and flow pattern.

MATERIAL AND METHODS

Therapeutic Focus

Dose: *25 ml* of medicated oil was administered during each session**.**

Duration: The therapy was carried out for 15 consecutive days, once daily, in two separate sittings. Each sitting was followed by a 15-day interval before commencing the next course of treatment.

Follow-up: The patient was regularly monitored after the procedure, with follow-up evaluations conducted at one month and two months to assess symptomatic relief and clinical improvement.

Poorva Karma (Preoperative procedure)

Image 1 (Snehana)

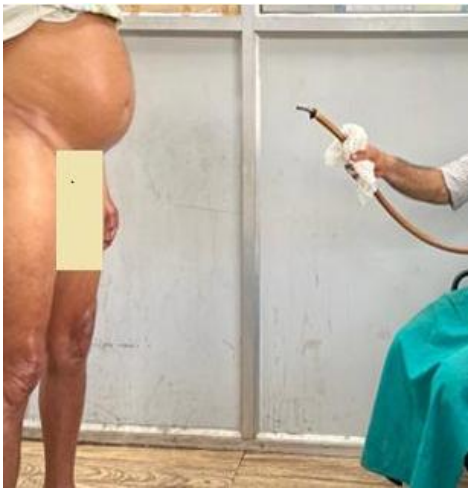

Image 2 (Swedana)

- Before the procedure, the patient was instructed to empty the urinary bladder completely. Mild local oleation (Snehana) was performed using *Narayan Taila*, followed by local sudation (Swedana) with *Dashmoola Kwatha* for approximately 15 minutes, covering the area from the lower abdomen (below the umbilicus) to the mid-thigh region.
- The instruments used during the procedure included a feeding tube, 50 ml disposable syringe, sponge-holding forceps, bowl for medicated oil, sterile gloves, surgical mask, gown, cotton, and gauze pads.
- All instruments were properly sterilized through autoclaving, and the entire procedure was carried out under strict aseptic precautions to ensure safety and prevent infection.

Pradhan Karma (Main operative procedure)

- The patient was positioned in the **supine posture**, exposing the area from the **umbilicus to the mid-thigh** in a well-illuminated room. **Antiseptic cleaning and sterile draping** were performed to ensure asepsis.
- To achieve adequate **lubrication and local anaesthesia**, **10 ml of Xylocaine jelly** was gently instilled through the **urethral meatus**. Under full **sterile precautions**, **30 ml of lukewarm, sterilized *Shwadanshtradi Taila*** (prepared as per classical Ayurvedic references) was drawn into a **50 ml syringe**. The syringe nozzle was securely attached to a **child feeding tube (No. 10 FR)**, which was carefully inserted into the external urethral meatus. The medicated oil was then **administered slowly and steadily** into the urethra.
- Throughout the procedure, special care was taken to **prevent the entry of air** into the urethral passage, ensuring patient comfort and procedural safety.

Pashchat Air(Post operative procedure)

- After the procedure, the patient's **blood pressure** and **pulse rate** were carefully recorded. The patient was instructed **not to void urine until the natural urge for micturition was felt**. Regular assessments were carried out to monitor **symptomatic changes** and overall improvement throughout the treatment period.

Follow-up and Outcome

- The patient underwent **Uttara Basti Therapy (UBT)** using *Shwadanshtradi Taila* as the medicated formulation. The therapy produced remarkable clinical and sonological improvements over the observation period.
- A **significant reduction in prostate size** was observed from **49 g (Day 0)** to **40 g (Day 30)** and further to **36 g (Day 90)**.
- The **maximum urine flow rate (Qmax)** improved progressively from **7.6 ml/sec (Day 0)** to **9.4 ml/sec (Day 30)** and reached **12.8 ml/sec (Day 90)**.
- The **post-void residual urine (PVRU)** decreased notably from **75 ml (Day 0)** to **25 ml (Day 30)** and finally to **0 ml (Day 90)**, indicating complete bladder evacuation.

- The **International Prostate Symptom Score (IPSS)** showed marked improvement from **22 (severe)** at baseline to **15 (moderate)** on Day 30 and **9 (mild)** on Day 90, suggesting substantial symptomatic relief.
- The patient reported **no adverse effects** during or after the treatment period. On the contrary, he experienced an **enhancement in sexual function** and overall well-being by the end of the study.

Table 2: Effect of Intervention on Assessment Parameters

IPSS Parameters	Day0	Day30	Day90
Inadequate bladder evacuation	4	1	1
Repeated urination	3	2	1
Irregular urinary stream	4	3	1
Sudden urge to urinate	1	2	1
Diminished urinary force	3	2	2
Effortful voiding	4	2	1
Night-time urination	2	1	1
Total	21	14	8

Table: 3

Parameter	Day0	Day30	Day90
IPSS Score	21	14	8
Maximum urine discharge rate (ml/sec)	7.2	9.4	12.8
Prostate volume (gm)	48	40	36
Post-Void Residual Urine PVRU(ml)	70	25	nil

Discussion

Patients suffering from **Benign Prostatic Hyperplasia (BPH)** often experience considerable **stress and embarrassment** due to their urinary symptoms, such as frequent urge to urinate, the constant search for restrooms, and repeated episodes of nocturia, which significantly disrupt sleep and quality of life.

Although modern medical science has made notable advancements in the management of BPH over the past two decades, the standard surgical procedure, **Transurethral Resection of the Prostate (TURP)**, while highly effective, involves several limitations. It requires **anesthesia** and carries potential risks such as **bleeding, urinary incontinence, retrograde ejaculation**, and **erectile dysfunction**. Similarly, long-term use of **oral medications** is often associated with **side effects** such as decreased libido, impotence, ejaculatory disturbances, and the inconvenience of lifelong drug dependence.

To overcome these challenges, **Uttara Basti therapy (UBT)** with *Shwadanshtradi Taila* offers a **safe, non-surgical, and effective alternative** for patients diagnosed with *Vatashtheela* (Ayurvedic correlation of BPH). This approach aligns with Ayurvedic principles and provides promising clinical outcomes without the complications linked to surgical or pharmacological treatments.

Conclusion

The **Ayurvedic Uttara Basti therapy** using *Shwadanshtradi Taila* represents a **novel and ethical advancement** in the management of **Benign Prostatic Hyperplasia (BPH)**. The therapy demonstrated a **significant reduction in prostate size**, **decrease in post-void residual urine (PVRU)**, and **marked improvement in clinical symptoms**, as evidenced by lower **IPSS scores** and enhanced **maximum urine flow rate**.

This innovative formulation and procedure provide a **cost-effective, minimally invasive, and outpatient-based treatment option**, effectively minimizing the risks and complications associated with conventional therapies. It serves as a **practical bridge between conservative medical management and invasive surgical interventions**, potentially reducing the burden on operation theatres, healthcare costs, and the overall strain on medical infrastructure.

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