RESEARCH PAPER

Ayurvedic Management of Benign Prostatic Hyperplasia (*Mutrasthila*): A Case Report with Improvement in International Prostate Symptom Score and Ultrasonographic Findings

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Abstract

Background: Benign prostatic hyperplasia (BPH) is a common age-related disorder characterized by lower urinary tract symptoms (LUTS). In Ayurveda, it can be correlated with *Mutrasthila*, a subtype of *Mutraghata* caused predominantly by vitiation of *Apana Vata* associated with *Kapha* obstruction.

Case Presentation: A 63-year-old male presented with complaints of urinary frequency, nocturia, dribbling of urine, weak urinary stream, poor urinary control, and incomplete bladder evacuation for three years. Ultrasonography revealed Grade II prostatomegaly with prostate volume of 44 cc. The patient had previously taken Tamsulosin therapy but discontinued it due to concerns regarding dependence on long-term medication.

Intervention: The patient was treated with *Chandraprabha Vati, Trinapanchamula Kwatha, Gokshuradi Guggulu,* and Prostilon capsule (AVN Ayurveda) for eight months with monthly follow-up.

Outcome: Marked symptomatic improvement was observed within the two months. International Prostate Symptom Score (I-PSS) improved from 24 to 7 in 8 Months. Ultrasonography demonstrated reduction in prostate volume from 44 cc to 16 cc with resolution of prostatomegaly.

Conclusion: Ayurvedic management may provide clinically significant improvement in BPH with reduction in LUTS and prostate size. Further controlled studies are required to validate these findings.

Keywords: Benign Prostatic Hyperplasia, *Mutrasthila*, lower urinary tract symptoms, Ayurveda, International Prostate Symptom Score, Prostatomegaly

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Introduction

Benign Prostatic Hyperplasia (BPH) is one of the most common urological disorders affecting elderly males and is characterized by nonmalignant enlargement of the prostate gland leading to lower urinary tract symptoms (LUTS)[1,2]. Clinical manifestations include urinary frequency, nocturia, hesitancy, weak stream, dribbling, urgency, and incomplete evacuation of urine[3]. The prevalence of BPH increases significantly with advancing age and affects quality of life considerably[4,5].

Conventional management includes alpha-adrenergic blockers and 5-alpha reductase inhibitors; however, prolonged use may be associated with adverse effects and dependence on long-term medication[6,7].

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In Ayurveda, BPH can be correlated with *Mutraghata*, particularly *Vatasthila* or *Mutrasthila*, where vitiated *Apana Vata* associated with *Kapha* causes obstruction in the urinary pathway[8,9,10]. Ayurvedic management aims at *Vata-Kapha shamana*, *mutrala* action, reduction of obstruction, and restoration of normal urinary function.

This case report presents successful management of Grade II prostatomegaly using oral Ayurvedic medicines with objective reduction in prostate volume and marked symptomatic improvement.

Patient Information

- Age/Sex: 63-year-old male
- Occupation: Farmer

- Date of First Visit: 25 July 2025
- Chief Complaints: Increased frequency of urination, dribbling of urine, weak urinary stream, nocturia, poor urinary control, and incomplete evacuation of urine
- Duration: 3 years
- History of Present Illness: The patient had been diagnosed with BPH three years earlier and was taking Tamsulosin for symptomatic relief. He discontinued the medicine one year before presentation due to concerns regarding long-term dependence, following which symptoms progressively worsened.
- Past History: No significant history of diabetes mellitus, hypertension, tuberculosis, or chronic kidney disease.
- Personal History: Appetite normal; bowel regular; sleep disturbed due to nocturia; addiction nil.

Clinical Findings

- Pulse: 76/min
- Blood Pressure: 130/80 mmHg
- Respiratory Rate: 18/min
- Temperature: Afebrile
- Pallor/Icterus/Cyanosis/Edema: Absent
- Digital Rectal Examination: Enlarged, smooth, firm, non-tender prostate suggestive of benign enlargement.
- Lower urinary tract symptoms suggestive of BPH with dribbling and incomplete voiding.

Diagnostic Assessment

Before Treatment (July 2025): International Prostate Symptom Score (I-PSS) = 24 (Severe symptomatology). Quality of Life score: Unhappy.

Ultrasonography revealed Grade II prostatomegaly with prostate volume of 44 cc.

Ayurvedic Diagnosis: *Mutraghata* (*Vatasthila/Mutrasthila*)

Modern Diagnosis: Benign Prostatic Hyperplasia (BPH)

Due to financial and logistical limitations, further investigations such as PSA estimation and uroflowmetry could not be performed.

Ayurvedic Assessment

- *Dosha: Vata-Kapha predominance*
- *Dushya: Mutra and Meda*
- *Srotas: Mutravaha Srotas*
- *Srotodushti: Sanga*
- *Agni: Manda*
- *Vyadhi: Mutrasthila*

Therapeutic Intervention

Medicine	Dose	Frequency	Duration	Purpose
Chandraprabha Vati	2 tablets	Twice daily	6 months	*Mutrala and Vata-Kapha shamana*
Trinapanchamula Kwatha	30 ml	Twice daily	Continued	Relief in urinary obstruction
Gokshuradi Guggulu	2 tablets	Twice daily	Continued	*Mutrala and Shothahara*
Tab. Prostilon (AVN Ayurveda)	2 capsules	Twice daily	6 months	*Mutrala* and Anti Inflamattory

Timeline

Date	Events
25 July 2025	Patient visited OPD and Ayurvedic treatment initiated, I-PSS Score-24.
August 2025	Symptomatic improvement observed
September 2025	Improvement in urinary control and frequency
November 2025	USG showed Grade I prostatomegaly with prostate volume 33 cc I-PSS Score-14
January 2026	USG showed prostate volume reduced to 20 cc with no prostatomegaly I-PSS Score-9
February 2026	Follow-up ultrasonography showed maintained prostate volume of 16 cc with no recurrence of symptoms, I-PSS Score-7

Follow-Up and Outcomes

The patient was followed up monthly. Marked symptomatic improvement was observed within the first month with reduction in urinary frequency, nocturia, and dribbling.

After 2 months, urinary control improved significantly and ultrasonography demonstrated reduction in prostate volume from 44 cc to 33 cc. After an additional two months, prostate volume reduced further to 20 cc with no evidence of prostatomegaly.

Thereafter, Tablet Prostilon and *Chandraprabha Vati* were discontinued, while treatment with *Trinapanchamula Kwatha and Gokshuradi Guggulu* was continued. After a further follow-up of 2 months on the continued medications alone, the patient remained symptomatically improved. Ultrasonography revealed further reduction in prostate volume to 16 cc.

After treatment, the International Prostate Symptom Score (I-PSS) improved from 24 to 7, reflecting marked improvement in lower urinary tract symptoms and quality of life. No adverse drug reactions or complications were observed during treatment.

Outcome Table

Parameter	Before Treatment	After 2 Months	After 4 Months	After 6 Months
Prostate Volume	44 cc	33 cc	20 cc	16 cc
Grade of Prostatomegaly	Grade II	Grade I	Absent	Absent
Frequency of Urination	Increased	Reduced	Normal	Normal
Dribbling	Present	Mild	Absent	Absent
Urinary Control	Poor	Improved	Normal	Normal
Nocturia	Present	Reduced	Reduced	Minimal
I-PSS Score	24 (Severe)	14 (Moderate)	9 (Mild)	7 (Mild)
Quality of Life	Unhappy	Improved	Mostly satisfied	Mostly satisfied

Discussion

BPH is characterized by progressive enlargement of the prostate gland resulting in urinary outflow obstruction and lower urinary tract symptoms[1,3]. Conventional pharmacotherapy mainly provides symptomatic relief and often requires prolonged administration[6,7].

In Ayurveda, the condition resembles *Mutrasthila*, a subtype of *Mutraghata* caused by vitiation of *Apana Vata* associated with *Kapha* obstruction in the *Mutravaha Srotasa*[8-10]. The therapeutic approach therefore aims at *Vata shamana*, *Kapha* reduction, *Mutrala* action, reduction of obstruction, and improvement in urinary flow. *Chandraprabha Vati* possesses *Mutrala*, anti-inflammatory, and Rasayana properties[11,12]. *Gokshuradi Guggulu* acts as *Mutrala, Shothahara*, and *Vata-Kapha shamaka*[13]. *Trinapanchamula Kwatha* is traditionally indicated in *Mutrakrichra* and *Mutraghata* and may help improve urinary flow through its diuretic and anti-inflammatory effects[14].

Tab. Prostilon (AVN Ayurveda) is a polyherbal Ayurvedic formulation having *Mutrala*, anti-inflammatory, and *Vata-Kapha shamana* properties. Ingredients such as *Punarnava* and *Varuna* help reduce prostatic inflammation and urinary obstruction, thereby improving urinary flow and bladder emptying[15,16]. The formulation may also help prevent further enlargement of the prostate gland and reduce lower urinary tract symptoms such as nocturia, dribbling, hesitancy, and incomplete voiding.

The present case showed symptomatic improvement along with objective reduction in prostate size from 44 cc to 16 cc. Improvement in the International Prostate Symptom Score from 24 to 7 further supports the potential role of Ayurvedic management in reducing lower urinary tract symptoms associated with BPH.

Limitations

This report represents a single case observation without long-term uroflowmetric assessment or PSA evaluation. The findings cannot be generalized and require validation through larger controlled clinical studies.

Patient Perspective

The patient reported substantial relief in urinary symptoms including nocturia, urinary frequency, and dribbling. He expressed satisfaction with the Ayurvedic treatment because it reduced dependence on long-term conventional medication and improved his quality of life.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and associated clinical details.

Conclusion

This case demonstrates that Ayurvedic management may provide clinically significant improvement in lower urinary tract symptoms and prostate enlargement associated with benign prostatic hyperplasia. Further well-designed clinical studies are required to establish efficacy and safety.

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