

Success Study of *Vasthyamayanthakam ghrutham* in the Management of Grade 2 Prostatomegaly: A Case Report

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ABSTRACT:

BPH is a common condition in older men causing bothersome lower urinary tract symptoms (LUTS) such as frequent urination, urgency, nocturia, intermittent weak force of stream, and the sensation of incomplete bladder emptying, usually seen after 5th decade of life. In Ayurveda, the two broad categories - *Mutrakrichha* and *Mutraghata* have been used to list all urinary diseases. BPH closely resembles with *Vatashtheela* disease in its sign and symptoms. It is manifested due to improper function of Apana Vayu along with the vitiation of *Kapha* and *Pitta dosha*. While minimally invasive surgical procedures are available for BPH, medical treatments are preferred as initial approach. The rationale of the study aimed to evaluate the efficacy of unique Ayurvedic treatment for BPH in a short duration. In this case study, a case of Benign Prostatic Hyperplasia diagnosed with grade 2 prostatomegaly on Ultrasonography having LUTS was treated with *Vasthyamayanthakam ghrutham* using *Avapeedaka Snehpana* Method for 48 days (one *mandala*) along with 2 years in follow-up period. After completion of the treatment, changes in the subjective criteria by IPSS (International Prostate Symptoms Score) and changes in the objective criteria (by USG) were recorded. Finally, the study concluded that given treatment is found to be highly effective in the management of Benign Prostate Hyperplasia (BPH).

KEYWORDS: *Avapeedaka snehpana*, BPH, *Mutraghata*, Nocturia, *Vasthyamayanthakam ghrutham*.

Received: 23.01.2025

Revised: 10.02.2025

Accepted: 25.02.2025

Published: 10.03.2025



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Quick Response Code



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DOI: <https://doi.org/10.70805/ija-care.v9i1.690>

Link: <https://ijacare.in/index.php/ijacare/article/view/690>

INTRODUCTION:

Benign enlargement of the prostate (BPH) is defined as stromal and glandular epithelial hyperplasia in the prostate's periurethral

transition zone, which surrounds the urethra. [1] The most widely adopted theory of BPH is its correlation with testosterone. In the prostate gland testosterone will be

converted to De hydro-testosterone (DHT). Then DHT chronically stimulates the Prostate gland to enlarge.^[2] Another factor that affects BPH are the background characteristics of the patient including age, family history, obesity, increased cholesterol level, diet in high animal fat, exercise, smoking, alcohol consumption, hyperglycemia and sexual activity.^[3] Numerous investigations in India indicate that the prevalence of BPH varies between 25%, 37%, 37% and 50% for the ages 40-49, 50-59, 60-69 and 70-79 years respectively.^[4] Worldwide, the prevalence of BPH in men over the age of 50 ranges from 20% to 62%.^[5] BPH can lead to a range of bothersome lower urinary tract symptoms (LUTS), including frequent urination, urgency, weak urine flow, and difficulty starting or stopping urination.^[6]

In Ayurveda, urinary disorders are often categorized under the umbrella term "*Mutraghata*," which refers to conditions involving urine retention or obstruction. This can be caused by various factors mainly by deranged *vata dosha*.^[7] Considering *Vatadosha* as the main causative factor in the genesis of benign prostatic hyperplasia, vitiated *Vata* pacification by *Snehana*, *Vatanulomana* drugs and *Basti Karma* is the best modality.^{[8][9][10]} Acharya Charak has mentioned unique method of *Avapeedaka snehapana* to be much effective in *vaatanubandha mutra rogas* and *Mutra vega dharan janya roga chikitsa*.^[11]

Avapeedaka snehapana is considered as *pittanilamayagna* (pacifies pitta humor and vata humor). It has a special affinity toward bladder, thighs, and low back. It is also *vrishtya* (aphrodisiac in action).^[12] Text *Sahasrayogam* describes *Vasthyamayanthakam ghrutham* beneficial in *sarva vastigata rogas* and *prameh*. The word *Avapeedaka* implies either

peedana(squeeze) of *dosha* or *peedana* of *aabar* by *Sneha*.^[13] *Avapeedaka snehapana* is not being practiced like other *Snehana* procedures because of the less understanding of the concept of administration, scattered and minimal textual references.^[14]

While BPH is not life-threatening, it can significantly impact a man's quality of life. Current treatment options for BPH include long term medication and surgical interventions. However, there remains a need for safe, effective and economical short-term therapies that can alleviate symptoms and improve the quality of life for men with BPH.

CASE REPORT:

A 50 years old male subject presented in Yogakshema Ayurveda Hospital, Kushalnagara, Karnataka on September 2022 with complaints of Lower Urinary Tract symptoms at night such as increased frequency of micturition 5-6 times per day and 12-15 times per night, urgency for urination, weak urine stream, hesitancy and feeling of incomplete bladder emptying. The symptoms had been gradually worsening since the past 2 years and were not associated with any pain, burning or fever.

Past History - Nothing Contributory

Personal History:

Marital Status – Married

Sexual Activity - Very rarely (5-6/year since last 3 years)

Addictions – No

Family History - Nothing significant

Vitals:

GC – Fair

Pulse – 82/Min

BP- 140/90 mmHg

RR- 22/min

Pallor – Absent

Icterus – Absent

Cyanosis – Nil

Edema – Nil

Systemic Examination:

Abdomen –Palpation: clinically no abnormality detected

Digital rectal examination -

Prostate palpable, enlarged by 1 finger breadth, smooth, symmetrical, firm and Non tender.

Urine routine on 15/09/2022 was a normal study.

USG Abdomen and pelvis (Figure 1) done on 16/09/2022 revealed enlarged prostate size 35.5 cc with normal echotexture. No evidence of calcification. Pre void – 120cc, Post Void- Nil, Prostratomegaly Grade 2.

Previous Treatment: The patient had received inconsistent treatment elsewhere, which did not provide significant relief.

Diagnosis: Benign Prostatic Hyperplasia (BPH) Grade -2

Treatment Given-

Shaman Chikitsa:

Avapedana Snehapana Method: This unique method involves administering *Ghrutham* according to the patient's natural appetite:

- The patient waited until he felt hungry for breakfast.
- 30 ml of lukewarm *Ghrutham* was consumed.
- Warm water was sipped frequently until the ghee was digested.
- Once the patient felt a renewed appetite, he consumed breakfast.

- This process was repeated for lunch with another 30 ml of *ghrutham*.
- The cycle continued until desired therapeutic effects were achieved.

Diet and Lifestyle Modifications:

Increased sexual activity (2-3 ejaculations per week) was recommended and a light, easily digestible diet was also advised during treatment.

Assessment Criteria

Subjective criteria

The American Urologist Association's International Prostate Symptom Score (IPSS) was used to assess the improvement in symptoms. The patient was assessed before treatment, after treatment 15th day, 30th day, 48th day and 2 years interval to evaluate the IPSS score.^[15]

Objective Criteria – USG Abdomen-pelvic Before and After Treatment

RESULT:

There was significant reduction in symptoms by 15 days.

Complaints of Urinary frequency, nocturia, Urgency, Hesitancy, Weak urine stream, Straining, Incomplete emptying started reducing gradually and the patient was improving symptomatically. Medicine was continued for 1 mandala /48 days for further betterment and to prevent reoccurrence.

USG Abdomen and Pelvis (Figure 2) done on 03/11/2022 - Prostate normal in site, size 22cc, shape and echotexture. No evidence of calcification.

Table -1: Intervention given to the patient:

Procedure	Drug	Dose	Anupana	Time	Duration
<i>Avapedana Snehapana Method</i>	<i>Vasthyamayanthakam ghrutham</i>	30 ml bid	Lukewarm water	Before meal	48 days (1 mandala)

Table-2: Improvement in Subjective Parameter (IPSS score):

S. No	Assessment Parameters	Before Starting Treatment	After 15 days of treatment	After 30 days of treatment	After 48 days of treatment	After 2 years of treatment
1.	Incomplete emptying of bladder	2	1	0	0	0
2.	Frequency	4	2	1	0	0
3.	Intermittency	4	3	2	0	0
4.	Urgency	4	3	2	0	0
5.	Weak stream	4	3	2	0	0
6.	Straining	5	3	2	0	0
7.	Nocturia	5	3	2	0	0
	Total Score	28	18	11	0	0

Score: Mild: 1-7, Moderate: 8-19, Severe: 20-35

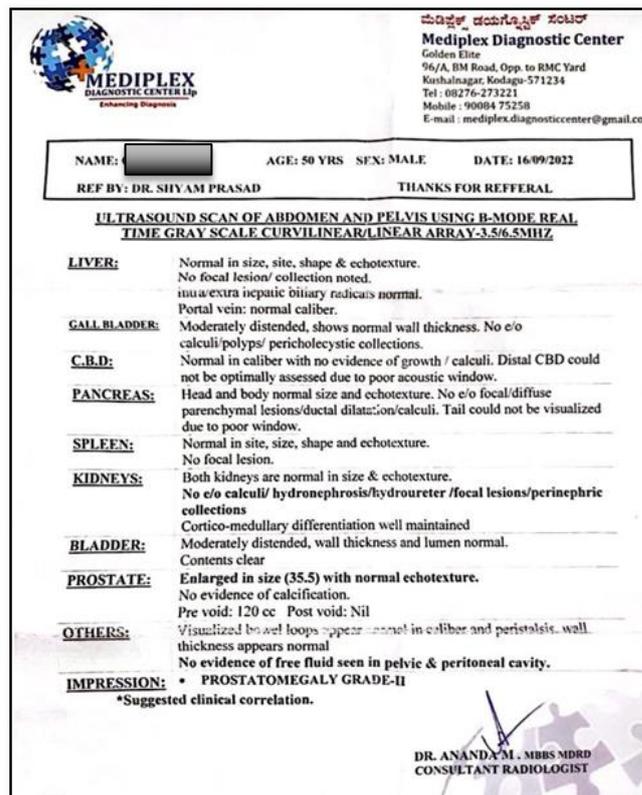


Figure-1: USG Abdomen-pelvis Before Treatment.

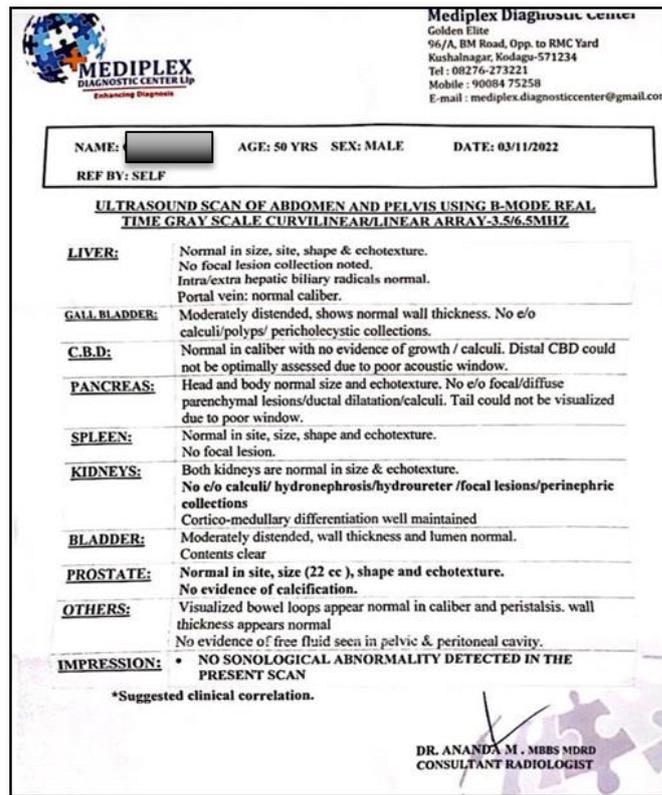


Figure-2: USG Abdomen-pelvis After Treatment

DISCUSSION:

The patient had severe issue of nocturia affecting his quality of life, for which he had taken inconsistent treatments elsewhere and as it didn't help him, then he approached us and was diagnosed to have grade 2 prostatomegaly in First USG (Table 3), considering his severity of problem unique ayurvedic treatment method of *avapedana snehapana* with *Vasthyamayanthakam ghrutham* was carried out for short duration of 1 *mandala kaala* (Table 1). IPSS score before starting treatment was 28 which is categorized as severe, after 15 days of treatment it came down to 18 which is moderate score. After 30 days of treatment, IPSS score was 11 and after 48 days of treatment it came 0 (Table 2). Ultrasound Abdomen and pelvis done after 48 days of treatment showed no sonological abnormality (Table 4). After 48 days of

treatment, Patient was completely asymptomatic which is highly significant in efficacy, duration and is economical considering other available medications and minimal invasive procedures.

Conceptually Avapedana snehapana^[16] is indicated in specific conditions like *mutra vegavarodha janyavikara chikitsa* (management of diseases due to the suppression of micturition reflex), *mutra udavarta chikitsa* (management of the obstruction of urine), *adbonabhighatavata chikitsa* (neurological conditions below the umbilicus) and *arsbachikitsa* (management of hemorrhoids). In *mutra vegavarodha janyavikara* and *mutravaha srotodushti* (vitiation of channels of urine), *apana vayu* (1 among the 5 types of vata humor) *vaigunya* (abnormality) is found. *Avapedana snehapana* brings *kledana* (to bring lubrication) to the *mutravahasrotas* (channels

of urine) and *anulomana* (appropriate direction, generally downwards) of *apana vata*. Most of the individuals around us have one or other issue related to *apana vayu* due to the suppression of natural urges as a part of their unhealthy lifestyles. Considering the *agni bala* (Digestive and assimilative capacity) of the patient, *Avapeedaka snehapana* can be practiced in conditions where *apana vayu vigunatha* is seen.^[17]

Text *sahasrayogam*^[18] describes *Vasthyamayanthakam ghrutham* beneficial in *sarva vastigata rogas* and *prameha*, the main ingredient of *Ghrutam* are one part of *kwath dravyas* such as *darvi*, *madhuka*, *matsyakshi* etc and four parts of *gokshura kashaya*, *swarasa* of *shatavari*, *bimbi*, *amalaki*, *kushmanda* etc along with *kalka dravya* such as *Parushak*, *utpala*, *ela*, *punarnava*, *ashwagandha*, *shilajit* etc are used. This yoga is *apanavaata anulomaka* and *vata pitta hara*, *gokshura* being one of *dashamoolas* is a *vaatanadi balya oushadha* acting principally on *mutravahastroto naadis*. It is important to note *gokshura* is a *virishya dravya*. *Vasthyamayanthakam ghrutham* is also considered as a *prabhava karmaja oushadha* which can be effectively used in chronic cystitis, prostatitis, neurogenic bladder, erectile dysfunction and oligospermia.

CONCLUSION:

There is a need to acquire correct knowledge and the clinical applicability of this unique concept as described by Acharya Charak in *Mutra vegadharana janyavikaras* as well as other diseases having similar pathology. This case study highlighted that *Vasthyamayanthakam ghrutham* as *Avapeedaka sarpi* is a simple and effective treatment modality for Benign Prostatic Hyperplasia without any adverse effects. *Avapeedaka Snehpana* has lost its significance from the Ayurveda medical practices and the concept

remains unexplored. The results of this study will contribute to a better understanding of disease progression, treatment efficacy and patient outcomes in a considerable short term. This knowledge will also help in forming better treatment strategies to improve the management of BPH.

Consent of patient:

The consent of the patient has been taken for publication and procedure without disclosing the identity of the patient.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Shyam Prasad P.S. Manisha Singla. Success study of *Vasthyamayanthakam ghrutham* in the Management of Grade 2 Prostatomegaly: A Case Report. Int. J. AYUSH CaRe. 2025;9(1): 102-108.

<https://doi.org/10.70805/ija-care.v9i1.690>

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