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AN AYURVEDIC PERSPECTIVE ON *VATASHTHEELA* W.S.R. TO BENIGN PROSTATIC HYPERPLASIA –A REVIEW

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ABSTRACT

Background: BPH is a prevalent urological condition affecting elderly males, presenting with lower urinary tract symptoms (LUTS) such as hesitancy, frequency, nocturia, straining, and incomplete evacuation. In *Ayurveda*, similar obstructive urinary conditions are described under *Mutraghata* (Retention of urine), with *Vatashtheela* being a key subtype. It is attributed to aggravated *Vata dosha*, which lodges between the *Basti* (Bladder) and *Guda* (Rectum), forming a hard, immobile mass that obstructs the passage of urine, flatus, and stool. The anatomical and symptomatic resemblance between *Vatashtheela* and BPH highlights the relevance of correlating these conditions. **Objective:** To explore the Ayurvedic concept of *Vatashtheela* in relation to Benign Prostatic Hyperplasia (BPH) and evaluate integrative management strategies. **Methods:** A narrative review was conducted by searching databases including PubMed, Scopus, and Google Scholar. In addition, classical Ayurvedic texts, contemporary commentaries, peer-reviewed modern research articles, and standard modern textbooks were extensively reviewed. Relevant literature was critically analysed to explore the anatomical, pathophysiological, and therapeutic correlations of BPH with *Vatashtheela*. **Results:** Ayurvedic classics, such as the *Sushruta Samhita*, highlight the significance of *Mutravaha Strotas* (urinary system) in urinary disorders and advocate treatments like *Shodhana* (purification), *Shamana* (palliative measures), and *Uttarbasti* (medicated enema through urethra). Formulations such as *Gokshuradi Guggulu*, *Chandraprabha Vati*, and *Punarnava* are recommended for pacifying *Vata* and promoting better urinary flow. **Conclusion:** *Vatashtheela* closely parallels BPH in terms of aetiology, pathogenesis, and clinical presentation. An integrative approach combining Ayurvedic therapies with modern urological care can enhance treatment outcomes and quality of life in patients with BPH. **Clinical Significance:** *Ayurvedic* modalities, especially *Uttarbasti* and *Vata*-pacifying measures, can play a significant role in the conservative management of BPH, potentially delaying or reducing the need for invasive procedures.

Keywords: *Vatashtheela*, Benign Prostatic Hyperplasia, *Mutraghata*, LUTS, *Ashtheela*, *Paurush Granthi*.

INTRODUCTION: Benign Prostatic Hyperplasia (BPH) is a non-cancerous enlargement of the prostate gland that commonly affects men above 50 years, with its highest prevalence observed between 60 and 70 years^[1]. It involves both the glandular epithelium and the stromal components of the prostate^[2]. The prostate gland is a fibromuscular organ measuring about 3 cm in vertical length, 4

cm transversely at its base, and around 2 cm anteroposteriorly, consisting of glandular tissue embedded within a dense stromal matrix that encircles the proximal prostatic urethra^[3]. BPH is commonly observed among elderly men in India, with a high incidence confirmed through histological evidence^[4]. Other terms used for it include senile enlargement, adenoma, adenomyoma, and nodular hyperplasia^[5].

In India, BPH impacts approximately 37% of men above 50 years of age, with histological evidence observed in nearly 50% of men over 60^[6]. Globally, the prevalence increases significantly with age: 5–10% of men at 40 years, and up to 80% by 80 years are affected^[7]. In Ayurveda, which is an ancient medical system dedicated to maintaining health and treating diseases holistically, disorders of the urinary system (*Mutravaha Strotas*) are extensively discussed. Conditions such as *Ashmari* (urolithiasis), *Mutrakrichhra* (dysuria), and *Mutraghata* (urinary obstruction) are described in detail. Among the twelve types of *Mutraghata*^[8] mentioned by Acharya Sushruta, the condition *Vatashtheela* is believed to closely correlate with BPH. The term *Mutraghata* is derived from "*Mutra*" (urine) and "*Aghata*" (obstruction), signifying difficulty or blockage in urination. The phrase *Mutraghato mutravarodh*^[9] succinctly defines the condition as urinary retention due to obstruction. Sushruta explains that *Vatashtheela* arises when vitiated *Apana Vayu* accumulates between the *Shakrin Marga* (rectum) and *Basti* (bladder), forming a firm, immobile mass that blocks the passage of urine, stool, and flatus (*Vida Mutranil Sanga*), leading to bladder distension (*Adhmana*) and suprapubic pain (*Ruja*)^[10].

Acharya Dalhan further elaborates on the anatomical basis by identifying the *Paurush Granthi* (prostate gland) situated in the *Bastimoola Pradesh* (pelvic region)^[11]. The clinical manifestations of *Vatashtheela*, such as urinary retention, incomplete voiding, straining, dribbling, and frequent micturition, mirror the LUTS seen in modern descriptions of BPH^[12].

Thus, both systems modern medicine and Ayurveda describe a condition of prostatic enlargement with comparable pathophysiology and symptomatology. While modern medicine primarily links it to hormonal and structural alterations,

Ayurveda explains it through a *dosha*-based perspective, mainly involving *Vata* vitiation and *Strotorodha* (channel obstruction).

***Adhishtan* of *Ashtheela* (Location of *Ashtheela*):**

Ashtheela arises in the area between the *Basti* and *Guda*, leading to blockage in the passage of *mala* (stool), *mutra* (urine), and *vata* (flatus). The *Paurush Granthi* (prostate gland) is anatomically situated outside the bladder, surrounding the urinary passage (*Mutra Marg*), similar to the way *Ashtheela* is described. Therefore, the location (*Adhishtan*) of *Ashtheela* and the prostate gland can be considered analogous or essentially the same. *Gananath Sen* identifies the gland located at the base of the bladder (*Bastimoola*) as the *Paurush Granthi* and notes that it is situated in the *Guda-Asthi Vivar*^[13] (space between the rectum and pelvic bone).

Modern medicine attributes BPH to hormonal changes^[14] and stromal-epithelial interactions, while Ayurveda explains it through vitiation of *Vata* and *Strotorodha* (channel obstruction). A detailed study of *Vatashtheela* in relation to BPH can bridge the understanding between traditional and modern concepts, enabling a holistic approach to management. The present review aims to analyze BPH from an Ayurvedic perspective, highlighting its correlation with *Vatashtheela*, and clinical parallels, to establish a comprehensive understanding of this condition.

Ayurvedic Review

***Samhita* Period (2000–1000 B.C.):**

Sushruta Samhita: Acharya Sushruta elaborates on twelve types of *Mutraghata* in *Uttara Tantra* and also describes conditions like *Vatashtheela* and *Pratyasthila* in the *Vatavyadhi Nidan* as painful, stone-like, obstructive masses^[15].

Charaka Samhita: In *Sutra Sthana*, Chapter 4, the text mentions

Mutrasangrahaneeya and *Mutravirajaneeya* *Mahakashayas*, formulations aimed at regulating urine flow^[16]. He describes the Basti and *Vankshana* (groin region) as the *Moola* (origin) of the *Mutravaha Strotas*, noting that disturbances in these areas may result in excessive urination, increased frequency, or painful urination^[17]. Acharya Charak classifies *Mutraghata* into eight categories in the *Sutra Sthana*^[18], and in *Siddhi Sthana*, he describes thirteen bladder disorders under the term *Mutradosha*^[19], which closely parallel *Sushruta*'s categorization.

Samgraha Period:

Ashtang Sangraha & Ashtang Hridaya:

These texts provide an elaborate account of *Mutraghata Nidan*, encompassing diseases like *Mutrakricchra* and *Ashmari*. A significant aspect is the anatomical depiction of the Basti, presented at both the beginning and the conclusion of the chapter. Vagbhata uniquely classifies urinary tract disorders into two types^[20]: *Mutra Atipravrittijanya* (diseases due to excessive urine flow), *Mutra Apravrittijanya* (diseases due to obstruction in urine flow).

Vatashtheela has been described by both *Sushruta* and *Vagbhata*, whereas *Charak* and *Madhavakara* refer to it as *Ashtheela*. However, the clinical features of *Vatashtheela* and *Ashtheela* are largely similar and closely resemble each other. Although there is some variation in the terminology used by different classical authors, the clinical features described for this condition are largely consistent. The features described for *Vatashtheela* closely correlate with the clinical presentation of prostate gland enlargement, as the prostate is the only structure anatomically located between the urinary bladder and rectum. Its enlargement causes urinary retention, suprapubic distension, and on surgical removal, it appears hard and stone-like, matching the classical description of *Vatashtheela*.

Nidana (Etiology) of *Vatashtheela*

As per classical Ayurvedic texts, causative factors of *Vata* disorders play a central role in the development of *Vatashtheela*:

- *Ati Ruksha*, *Laghu*, and *Sheeta Ahara* (dry, light, cold foods)
- *Vega Dharan* (suppression of natural urges)
- *Ativyayama* (excessive physical exertion)
- Aging (*Jaraavastha*) – a natural *Vata*-aggravating condition
- *Shosha* (emaciation), *Kshaya* (depletion of *Dhatu*)

All these factors lead to *Vata prakopa*, which ultimately results in the formation of a *Sthira* (hard) and *Sthula* (enlarged) mass at the base of the urinary bladder.

According to modern science, the condition arises due to involuntary hyperplasia caused by disturbances in androgen and estrogen levels. Although the exact cause remains uncertain, two major theories have been suggested to explain the pathogenesis of BPH^[21]:

1. Hormonal Theory

Modern Explanation:

- Aging causes an altered ratio of testosterone, DHT, and estrogen.
- Reduced DHT and relative dominance of estrogen trigger prostatic tissue growth.
- Alpha-1 adrenergic stimulation increases bladder neck and prostatic smooth muscle tone, aggravating urinary obstruction.

Ayurvedic Correlation:

- *Vridhnavastha* (aging) naturally leads to the predominance of *Vata dosha* and gradual *dhatu kshaya* (tissue depletion).
- The increased smooth muscle tone reflects *Vata prakopa* causing *sankocha* (constriction) in the urinary passages, which manifests as obstructive symptoms of *Vatashtheela*.
- The hormonal imbalance described in the pathogenesis of BPH can be understood in *Ayurveda* as the manifestation of *Vata prakopa* during *vridhnavastha*, along with *dhatu dushti*

due to *dhatvagnimandya* and *srotorodha*, leading to improper regulation of prostate tissue metabolism and urinary flow.

2. Neoplastic Theory

Modern Explanation:

- BPH develops due to hyperplasia of fibrous, muscular, and glandular tissues forming a fibro-myo-adenoma, leading to prostate enlargement and obstruction.

Ayurvedic Correlation:

- Tissue proliferation due to *Vata prakop* plays a role in localized growths.
- The firm, nodular swelling (*granthi rupa vridhhi*) at the bladder neck resembles *Vata-Kaphaj granthi* described in classics.
- *Srotorodha* (blockage of urinary channels) due to the overgrowth of tissues leads to obstructive symptoms (*mutraghata*), which is a key feature of *Vatashtheela*.

Pathophysiology of BPH^[22]:

BPH typically affects the median and/or lateral lobes, primarily involving the adenomatous zone, particularly the submucosal glands:

- The median lobe enlarges into the bladder.
- The lateral lobes compress the urethra, causing obstruction.
- The urethra, above the verumontanum, becomes elongated and narrowed.
- The bladder initially compensates for the pressure, resulting in trabeculations, sacculations, and eventually diverticula.
- Venous compression by the enlarged prostate may cause vesical congestion, also known as vesical piles, leading to haematuria.
- When haematuria is wrongly attributed to BPH without ruling out other causes, it's referred to as the "Decoy Prostate".
- The kidneys and ureters may suffer from backpressure, resulting in hydroureter and hydronephrosis.
- Ascending infections can lead to acute or chronic pyelonephritis.

- Severe obstruction can cause obstructive uropathy and eventually renal failure.

- BPH can also contribute to sexual dysfunction, including impotence.

The development of BPH takes place in two distinct stages:

• First Phase (Pathological):

This is an asymptomatic stage, marked by microscopic changes that occur in nearly all aging men. However, only about half progress to macroscopic BPH. This suggests the need for additional contributing factors for this transition. At this stage, the transitional zone of the prostate undergoes hyperplastic alterations.

• Second Phase (Clinical):

This phase denotes the progression from microscopic to clinical BPH, defined by the onset of LUTS. Only about 50% of individuals with macroscopic BPH exhibit clinically significant symptoms.

Ayurvedic Correlation:

The pathological and clinical progression of BPH can be well understood through the Ayurvedic lens of *Vatashtheela*. In the early asymptomatic phase, due to *vridhdhavaस्था* and associated *dhatu kshaya*, there is *Vata prakopa* and *Kapha vridhhi* in the *mutravaha* and *shukravaha srotas*. With progression to the clinical stage, aggravated *Vata* causes *sankocha* (constriction) and *sanga* (blockage) in urinary channels, manifesting as obstructive lower urinary tract symptoms. Compensatory bladder changes, vesical congestion, ascending infections, and renal involvement can be correlated with *Vata avarana*, *Rakta dushti*, and chronic *mutravaha srotodushti*, explaining the progressive nature of *Vatashtheela* in line with modern pathophysiology.

Lakshanas (Clinical Features)

- *Vinamutraanilsanga*: Obstruction of urine, stool and flatus.
- *Adhmana*: Distention of abdomen.
- *Ruja*: Pain.

Clinically, BPH presents with lower urinary tract symptoms (LUTS). LUTS are generally categorized into two types^[23]:

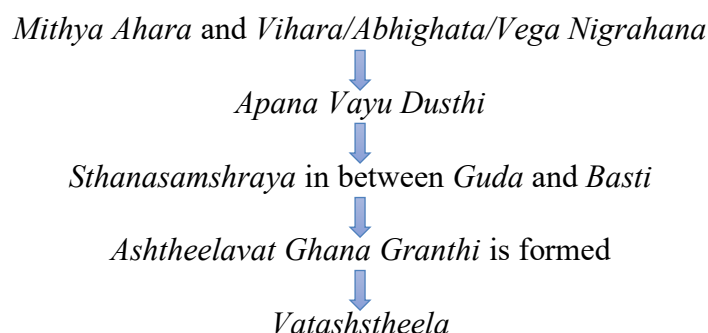
- Voiding (obstructive) symptoms.
- Storage (irritative) symptoms.

While voiding symptoms are more frequently encountered, it is often the storage symptoms that are more distressing and have a greater negative impact on the patient's quality of life.

Table No.1: Classification of Lower Urinary Tract Symptoms (LUTS) of BPH^[24].

Voiding/Obstructive Symptoms	Storage/Irritative Symptoms
• Hesitancy	• Frequent Urination
• Poor Stream	• Urgency
• Intermittent Stream	• Urge incontinence
• Incomplete emptying of bladder	• Nocturia

Flowchart No.1: Samprapti (Pathogenesis) of *Vatashtheela*



Diagnosis

A thorough clinical evaluation is vital for diagnosing Benign Prostatic Hyperplasia (BPH) and its *Ayurvedic* correlate, *Vatashtheela*. History taking focuses on urinary symptoms, past interventions, and overall health, while the IPSS/AUA Symptom Index^[25] quantifies symptom severity, comparable to *Mutrakrichchra* and *Mutraghata* described in *Ayurveda*.

On Digital Rectal Examination (DRE), the prostate is assessed for size, consistency, surface, and mobility. In the early stages of BPH, the median furrow becomes indistinct, while in advanced stages, there is smooth, elastic enlargement of the lateral lobes or obstructive growth of the median lobe. Notably, gland size does not always match symptom severity. Ultrasonography (transabdominal or transrectal) provides accurate size estimation and evaluates residual urine.

From an *Ayurvedic* perspective, these findings align with *Vata* vitiation and *Mutravaha Srotas* obstruction, where a firm, immobile mass forms between the bladder and rectum, leading to obstructive symptoms. Thus, while modern diagnostics offer measurable parameters, *Ayurveda* provides a functional and *dosha*-based understanding, supporting a more holistic clinical assessment.

Chikitsa (Treatment Principles)

The *chikitsa* of *Vatashtheela* is based on the principles of *Vatahara*, *Mutravirechana*, and *Rasayana* therapies, supported by yogic practices and dietary regulation. Since *Vatashtheela* primarily involves vitiation of *Apana Vayu*, the line of treatment focuses on pacifying aggravated *Vata*, removing obstructions, and restoring the normal flow of urine. *Snehana* (oleation) and *Swedana* (fomentation) help in softening the

obstructive mass and relieving stiffness in the pelvic region, thereby reducing the obstruction and easing the passage of urine and flatus. *Basti* therapy, particularly *Niruha*, *Anuvasana*, and *Uttarbasti*, is considered the most effective approach because the bladder and pelvic region are the primary seats of *Apana Vayu*; medicated decoctions or oils containing *Dashamoola*, *Bala*, *Ashwagandha*, *Gokshura*, and *Varuna* provide *Vata* pacification, anti-inflammatory effects, and channel clearance.

For *Mutravirechana*, *Gokshura*, *Punarnava*, and *Varuna* are recommended, as they promote diuresis, reduce local congestion, and help in relieving swelling and discomfort associated with urinary obstruction. *Rasayana Chikitsa* is incorporated to address the degenerative and chronic nature of the condition; rejuvenative agents such as *Shilajatu*, *Chandraprabha Vati*, and *Ashwagandha* help improve tissue health, restore balance, and enhance prostate function.

Additionally, Yogic practices such as *Matsyasana*, *Vajrasana*, and *Mula Bandha* strengthen pelvic muscles, improve local circulation, and support bladder and urethral tone, thereby alleviating urinary symptoms. A *Vata*-pacifying diet, consisting of warm, unctuous, and easily digestible foods, helps stabilize *Vata*, while avoiding dry, cold, or excessively spicy foods prevents aggravation. Maintaining adequate hydration and regular bowel movements is also essential, as constipation and dehydration can worsen *Apana Vayu* dysfunction, thereby exacerbating the symptoms of *Vatasththeela*.

DISCUSSION:

The correlation between Benign Prostatic Hyperplasia (BPH) in modern medicine and *Vatasththeela*/*Asththeela* in *Ayurveda* demonstrates a significant convergence in anatomical understanding, pathophysiology and clinical features. Both conditions originate in the pelvic

region (*Basti Moola*) and manifest with lower urinary tract symptoms (LUTS) such as hesitancy, weak stream, incomplete voiding, and urinary retention.

From the *Ayurvedic* perspective, vitiation of *Vata*, particularly *Apana Vayu*, leads to the formation of a hard, immobile mass situated between the bladder (*Basti*) and rectum (*Guda*), causing obstruction to the passage of urine, stool, and flatus. This description parallels the mechanical urethral compression seen in BPH due to hyperplasia of epithelial and stromal tissues in the transitional zone of the prostate.

Aging (*Jara*) is considered a pivotal factor in both paradigms. In modern medicine, hormonal imbalances such as alterations in dihydrotestosterone (DHT) and estrogen-testosterone ratios trigger prostatic tissue proliferation and stromal epithelial interactions. *Ayurveda* explains this susceptibility during aging through the predominance of *Vata* and associated *dhatu kshaya* (tissue depletion), which weaken homeostatic mechanisms and facilitate pathological growth.

However, notable differences exist. Modern medicine views BPH as a proliferative disorder primarily influenced by hormonal, genetic, and metabolic factors, while *Ayurveda* explains it as a *dosha-srotas* imbalance, predominantly involving *Vata* along with *Kapha*. In terms of management, *Ayurveda* emphasizes *Vata* pacification and channel clearance using *Snehana*, *Swedana*, *Basti karma* (especially *Uttar Basti*), and formulations such as *Gokshuradi Guggulu*, *Punarnava*, *Varuna*, and *Chandraprabha Vati*, etc. These therapies aim to restore the balance of *Apana Vayu*, relieve obstruction, and improve bladder emptying. Modern treatment focuses on alpha-blockers, 5-alpha reductase inhibitors, and minimally invasive procedures, targeting smooth muscle relaxation and hormonal modulation. Integrative approaches that combine modern pharmacotherapy with

Ayurvedic interventions may offer improved symptomatic relief and better quality of life.

CONCLUSION

In Ayurveda, *Vatashtheela* shows a close resemblance to Benign Prostatic Hyperplasia (BPH) in modern medicine, with both conditions sharing an obstructive nature, age-related onset, and progressively worsening symptoms. While modern medicine explains BPH as a result of hormonal imbalances and structural enlargement of the prostate, Ayurveda views it as a manifestation of Vata aggravation and *Srotorodha*. Ayurvedic approaches, including *Anuvasana*, *Niruha*, *Uttar Basti*, Vata-pacifying therapies, and formulations such as *Gokshuradi Guggulu* and *Chandraprabha Vati*, have demonstrated potential in relieving LUTS and slowing the progression of the condition. An integrative approach that combines the diagnostic precision of modern urology with the holistic therapeutic principles of Ayurveda offers a more comprehensive and patient-centric strategy for managing BPH.

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