Case Report

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AYURVEDIC MANAGEMENT OF PROSTATIC HYPERTROPHY (POURISH GRANTHI VIKARA) WITH SIGNIFICANT POST-VOID URINE: A CASE REPORT

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ABSTRACT

Benign Prostatic Enlargement (BPE), Benign Prostatic Hyperplasia (BPH), and Lower Urinary Tract Symptoms (LUTS) are among the most prevalent disorders affecting elderly men. More than 30% of males above the age of sixty experience moderate to severe LUTS that require medical attention. Although the exact pathogenesis of BPH and BPE remains unclear, the role of the androgen receptor and the androgen system is well established. Prostatic tissue possesses androgen receptors that are activated by the potent androgen dihydrotestosterone (DHT). The enzyme 5α-reductase, responsible for the conversion of testosterone to DHT, is inhibited by drugs such as finasteride and dutasteride, which help to reduce prostatic growth. In recent years, the significance of metabolic factors and prostatic inflammation in the development and progression of BPE and LUTS has also gained attention. This case study provides a comprehensive understanding of the etiological factors, signs, and symptoms associated with prostatic disorders. The patient received appropriate Ayurvedic treatment for two months, along with regular follow-up assessments. After treatment, there was a significant improvement in the patient's clinical symptoms and objective findings, as confirmed through ultrasonography (USG), prostate-specific antigen (PSA) levels, and urine flowmetry reports. Although the precise cause of BPH is uncertain, age and hormonal imbalance are recognized as major risk factors. Ayurvedic management offers holistic alternatives such as Vatanulomana Aushadhi, Rasayana (e.g., Shilajit), and Balya Aushadhi, which help to restore systemic balance, nourish body tissues, and promote overall health. These herbal and pharmacological interventions possess potential anti-inflammatory and antioxidant properties that may help to regulate prostatic growth and alleviate associated urinary symptoms.

Keywords: Benign Prostatic Enlargement; Lower Urinary Tract Symptoms; Ayurveda; Rasayana; Vatanulomana Aushadhi.

INTRODUCTION

Benign Prostatic Hyperplasia (BPH) is a non-cancerous enlargement of the prostate gland that commonly affects elderly men and is a major cause of lower urinary tract symptoms (LUTS). The condition becomes increasingly prevalent with advancing age, occurring in approximately 50–60% of men in their 60s and up to 80–90% of those over 70 years as observed in autopsy studies[1]. BPH is characterized by the proliferation of stromal and epithelial cells within the transition zone of the prostate, leading to urethral compression and obstruction of bladder outflow. If left untreated, it may cause secondary changes in the detrusor muscle, resulting in chronic high-pressure urinary retention[2].

Management of BPH includes both medical and surgical interventions, depending on the severity of symptoms and degree of obstruction. The pathogenesis of BPH is closely linked to androgenic stimulation by dihydrotestosterone (DHT), a potent metabolite of testosterone. Important risk factors include advancing age, testicular function, genetic predisposition, and obesity[3]. Microscopic evidence of BPH is present in about 50% of men aged 60 years and up to 90% of those aged 85 years, whereas approximately 30% of men in their 80s and 10–30% in their 60s–70s experience clinically significant LUTS. Diagnosis is primarily based on clinical history and assessment tools, such as the International Prostate Symptom Score (IPSS) [4]. Long-term complications of untreated BPH include recurrent urinary tract infections, acute urinary retention, bladder calculi, and post-obstructive renal failure.

Epidemiology

It is often challenging to interpret data from population-based studies on benign prostatic hyperplasia (BPH) and Bladder Outlet Obstruction (BOO) due to the heterogeneity in case definitions and diagnostic criteria. BPH can be identified through several clinical and diagnostic parameters, including urodynamic assessment, radiological evidence of prostatic enlargement, reduced urinary flow rate, and histopathological confirmation. Among these, Lower Urinary Tract Symptoms (LUTS)—a distinct clinical manifestation reflecting bladder and prostate dysfunction—serve as the most practical and widely used indicator for studying urinary problems in male populations[5].

To quantify symptom severity and assess disease impact, standardized tools such as the American Urological Association Symptom Index (AUA-SI) and the International Prostate Symptom Score (IPSS) are commonly employed. The present review focuses on evaluating the epidemiological risk factors associated with BPH and LUTS in the male population, aiming to enhance understanding of their clinical correlation and public health implications.

CASE REPORT

Patient Information

A 65-year-old male patient presented to the Outpatient Department (OPD No. 52, Renal Unit), Department of Dravyaguna, OM Ayurvedic Medical College & Hospital, Bharat-Bharti, Jamthi, Betul, Madhya Pradesh, India. With complaints of burning micturition, generalized weakness, back pain, and frequent urination—approximately 7–10 times during the day and 4–5 times at night. The patient also reported prostatic enlargement with significant post-void residual urine. These symptoms were more pronounced during the winter season. The frequent nocturnal urination episodes caused disturbed sleep and fatigue.

The patient had been under allopathic treatment prescribed by a urologist for nearly one year but did not experience sustained symptomatic relief. His prior medication regimen included Amoxicillin 500 mg + Clavulanic acid 125 mg administered orally twice daily, Silodosin 8 mg once daily after meals, Calcium and Vitamin D_3 syrup (10 ml) twice daily, Levofloxacin 500 mg once daily, and a multivitamin formulation containing Iron, Folic acid, Vitamin B-complex, and Vitamin C once daily after food. Additionally, Etizolam 0.25 mg was taken once daily at bedtime, and Escitalopram 10 mg was prescribed once daily. There was no significant past medical history of systemic illnesses such as diabetes mellitus, hypertension, or cardiovascular disease, except for mild myocardial ischemia noted clinically.

On general examination, the patient had a moderate build, weighing 50 kg and measuring 152.4 cm in height. His vital parameters were stable: blood pressure 130/90 mmHg, temperature 98°F, respiratory rate 20 breaths/min, and pulse rate 70 beats/min.

MATERIALS AND METHODS

Clinical Findings

Based on the patient's personal history, there was no record of alcohol consumption, tobacco use, or recreational drug addiction, and he was leading a normal and active lifestyle. Upon examination, the vital parameters remained within normal limits, indicating hemodynamic stability.

Ultrasonography (USG) of the abdomen and pelvis revealed localized prostatic calcification and prostatomegaly, with the prostate measuring approximately 32 grams in volume. The serum prostate-specific antigen (PSA) level was 7.23 ng/ml, suggesting a benign prostatic pathology. The urine culture and sensitivity report showed the presence of Escherichia coli, while the urine analysis revealed a trace of albumin and a post-void residual urine volume of 110 ml.

The patient also reported mild cardiac ischemia, accompanied by occasional hand tremors, persistent backache, and nocturnal polyuria, with 7–8 episodes of urination during the night. These findings collectively supported the diagnosis of Benign Prostatic Enlargement (BPE) associated with Lower Urinary Tract Symptoms (LUTS) and recurrent urinary tract infection (UTI).

Therapeutic Intervention

The internal medications administered in this case are summarized in Table 1. Considering the patient's Vata predominance, features of Agnimandya (diminished digestive fire), and the need for Vata Anulomana and Agnideepana, the initial phase of treatment was focused on correcting digestion and facilitating proper Vata regulation. Therefore, the first phase comprised seven days of internal medication aimed at improving Agni and ensuring optimal elimination.

In the second phase, once the digestive and eliminatory balance was restored, the treatment emphasis shifted to Balakara (strength-promoting) and Dhatu Vriddhikara (tissue-nourishing) formulations. The third phase incorporated Kapha-Vatahara and Stambhana Chikitsa, designed to stabilize urinary function, reduce frequency of micturition, and strengthen the bladder tone. This sequential therapeutic approach ensured a holistic correction of the underlying doshic imbalance while addressing the patient's urinary and systemic symptoms.

Objectives

The primary objective of this study was to evaluate the efficacy of the selected Ayurvedic intervention in the management of the patient's condition based on classical diagnostic principles. Secondary objectives included assessment of symptomatic improvement, correction of underlying Doṣa and Srotasa involvement, and enhancement of overall quality of life through Ayurvedic therapeutics and lifestyle modifications.

Diagnostic Tools

Aṣṭavidha Parīkṣā (Eightfold Examination)

- **Nāḍī (Pulse):** Vāta-Kaphaja type, indicating dominance of Vāta and Kapha Doṣas.
- **Mūtra (Urine):** Bahumūtrata (increased frequency of urination) observed.
- **Mala (Stool):** Regular, with no signs of constipation or Atipravṛtti.
- **Jihvā (Tongue):** Coated, suggestive of Āma (metabolic toxin) accumulation.
- **Śabda (Speech):** Mildly reduced tone; no dysarthria.
- **Sparśa (Touch):** Anuṣṇa (neither excessively hot nor cold), Mṛdu (soft).
- **Dṛk (Eyes):** Normal appearance; no icterus or congestion.
- **Ākṛti (General Appearance):** Moderately built, indicative of Madhyama Bala (moderate strength).

Daśavidha Parīkṣā (Tenfold Examination)

- **Prakṛti (Constitution):** Vāta-Kaphaja type.
- **Vikṛti (Morbidity):** Disturbance noted in Rasa, Rakta, and Mūtravaha Srotas — indicating derangement of plasma, blood, and urinary channels respectively.
- **Sāra (Tissue Excellence):** Māṃsa and Rakta Sāra of Madhyama quality.
- **Saṃhanana (Compactness):** Madhyama type, with balanced muscular tone.
- **Pramāṇa (Body Measurement):** Height – 4 ft 8 in; Weight – 48 kg.
- **Satmya (Adaptability):** Madhyama (moderately adapted to diet and environment).
- **Sattva (Mental Strength):** Madhyama (balanced mental strength).
- **Āhāra Śakti (Digestive Power):** Madhyama (moderate appetite and digestion).
- **Vyayāma Śakti (Exercise Tolerance):** Madhyama (average physical endurance).
- **Vaya (Age):** Middle-aged adult.

Timeline

The detailed timeline is given in Table 1.

Table 1: Therapeutic intervention

Phase and Duration	Therapeutic Approach	Therapeutic Interventions
Phase 1 7-10-2023 to 14-10-2023	**Dīpana and Pācana** (Improving digestive and metabolic fire) **Anulomana** (Correction of bowel and Vāta movement)	1. Śuṇṭhī Cūrṇa – 2 g with lukewarm water, morning empty stomach. 2. Citrakādi Vaṭi – 2 tablets twice daily before meals with lukewarm water. (Both churn and Vaṭi were given for seven days.)
Phase 2 15-10-2023 to 31-10-2023	**Kapha-Vātahara Chikitsā** (Pacification of Kapha and Vāta)	1. Candraprabhā Vaṭi – 500 mg twice daily before meals with lukewarm water. 2. Punarnavā Guggulu + Gokṣurādi Guggulu (2 + 2 vaṭi, crushed) with Varuṇādi Kaṣāya. 3. Varuṇādi Kwātha – 15 ml twice daily before meals with an equal quantity of lukewarm water. 4. Bṛhatyādi Ghṛta – 10 ml with milk before Snehapāna. 5. Āvipattikara Cūrṇa – 5 g twice daily after meals with lukewarm water at bedtime (for 7 days). 6. Murchita Tila Taila – Kati Vasti and Sarvāṅga Abhyanga Swedana. 7. Sasneha Nirūha Vasti with Nāgarmotha (20 g) and Gudūcī (30 g).
Phase 3 Repeat: 1-11-2023 to 20-11-2023	**Bālakara Aushadhi** (Strength-promoting and rejuvenative therapy)	1. Punarnavā Guggulu + Gokṣurādi Guggulu (2 + 2 vaṭi crushed) with Varuṇādi Kwātha twice daily before meals. 2. Twice daily, before meals, mix Varuṇādi Kwātha with equivalent lukewarm water and administer.

Table 2: Comparative Analysis of Urinary and Prostatic Parameters Before and After Treatment

Parameter	Before Treatment	After Treatment
Pre-void Urine Volume	550 cc	279 cc
Post-void Residual Volume	110 cc	55 cc
Prostate Size	35 gm	22 cc
PSA (Serum Prostate-Specific Antigen)	7.23 ng/ml	3.15 ng/ml
Prostatic Hypertrophy	Significant post-void urine	No significant free fluid
Burning Micturition	Present	Absent
Nocturnal Polyuria	7–8 times per night	1–2 times per night
Tremors (Tremarsa)	Present	Absent

OBERVATION AND RESULTS

The efficacy of the treatment was evaluated based on improvements in both subjective and objective parameters. Subjective improvements were observed in the reduction of frequent urination**,** burning micturition**,** and nocturnal frequency, while objective findings demonstrated a notable reduction in post-void residual urine volume and prostate gland size as confirmed by ultrasonography (USG)**.**

A comparative analysis of the pre-treatment and post-treatment urinary parameters is presented in Table 2**.**

Interpretation

After completion of the treatment regimen, both subjective and objective parameters demonstrated marked improvement. The patient's urinary frequency, burning micturition, and nocturnal polyuria significantly decreased. Objectively, prostate size, PSA levels, and post-void residual urine volume showed considerable reduction. These findings confirm the effectiveness of the multi-phased Ayurvedic therapeutic approach in improving bladder function and relieving obstructive urinary symptoms associated with Benign Prostatic Enlargement (BPE).

Diagnostic Assessment

Based on the clinical findings and investigative reports, the diagnosis was established as Benign Prostatic Enlargement (Prostomegaly) with associated lower urinary tract symptoms. Ultrasonography (USG) revealed localized prostatic calcification and enlargement measuring 32 gm in volume, along with a post-void residual urine volume of 110 ml. The serum prostate-specific antigen (PSA) level was found to be 7.23 ng/ml, indicating a benign pathology. Associated symptoms included burning micturition, hand tremors, back pain, and mild myocardial ischemia, which further contributed to the overall clinical picture.

From an Ayurvedic perspective, the condition can be correlated with Vāta-Kaphaja Mutravaha Srotas Vikāra, primarily resulting from vitiation of Vāta and Kapha doṣas. The pathophysiological presentation also shows similarity with disorders such as Hṛdroga, Kati Vāta, and Pūriṣa Granthi Vikāra, where Vāta avarodha (obstruction of Vāta) leads to impaired Mutravaha Srotas function, causing urinary retention and voiding difficulty.

DISCUSSION

Benign Prostatic Hyperplasia (BPH), also known as prostate enlargement**,** is a non-cancerous proliferation of prostatic tissue that frequently affects aging men. Common symptoms include increased urinary frequency, hesitancy, weak urinary stream, incomplete voiding, and loss of bladder control[6]. Chronic and untreated cases may lead to urinary tract infections (UTIs), bladder stones, and even renal impairment**.** Although nodular hyperplasia is a hallmark of BPH, its precise etiology remains unclear. Multiple hypotheses exist, yet the evidence linking lifestyle factors such as smoking, vasectomy, obesity, and alcohol intake to clinical BPH is insufficient[7].

The two most consistent and established risk factors are advancing age and hormonal imbalance**.** As men age, circulating testosterone levels decrease**,** whereas the conversion of testosterone to dihydrotestosterone (DHT) by the enzyme 5α-reductase persists within the prostate. This leads to local DHT accumulation, promoting prostatic cell proliferation. Alterations in peptide growth factors and **s**teroid metabolism further aggravate the process, increasing the risk of BPH in older males. From an Ayurvedic perspective**,** this condition is primarily associated with Vāta predominance**,** particularly Apāna Vāta dysfunction, leading to obstruction and improper elimination of urine (Mutraghata). The therapeutic line of management focuses on Vātānulomana (regulation of Vāta), Balya (strength-promoting), and Rasāyana (rejuvenative) measures[8]. These

approaches aim to normalize Vāta function, strengthen the urinary system, and enhance overall vitality (Brihmaṇīya effect).

In the present case, significant clinical improvement was observed. The patient's International Prostate Symptom Score (IPSS) decreased from 10 to 1, indicating near-complete symptom resolution and enhanced quality of life. Ultrasonographic findings revealed a reduction in prostate size from 35 cc to 22 cc and a decline in post-void residual urine volume (PVRU) from 110 cc to 55 cc, signifying improved detrusor muscle function through the Balya and Brihmaṇīya effects of the medicines used. Uroflowmetry analysis further supported these findings: the average urine flow rate (AUFR) improved from 1.1 ml/sec to 4.2 ml/sec, suggesting reduced bladder outlet obstruction and improved urinary flow. This may be attributed to decreased mechanical compression and improved bladder contractility following Ayurvedic therapy. Among the formulations, Śilājit played a vital role due to its Madhura, Snigdha, Śīta, Rasāyana, Balya, and Vātahara properties, effectively pacifying Vāta Doṣa and restoring Apāna Vāta function. Bṛhatyādi Ghṛta, known for its anti-inflammatory and antioxidant properties, alleviated chronic cystitis and improved urinary tract function.

Punarnavā and Gokṣurādi Guggulu, having Rasāyana and Mūtrala (diuretic) actions, facilitated urine flow and helped control prostatic growth. The Tilataila (Sesamum indicum oil) used in Kati Vasti and Abhyanga provided local Vāta-pacifying effects. Its content of linoleic and oleic acids may have contributed to α-blocker activity and 5α-reductase inhibition, thereby reducing DHT synthesis[9]. Consequently, decreased DHT levels would result in reduction of prostatic hypertrophy and relief from urinary symptoms. Furthermore, the combined actions of Madhura Rasa, Madhura Vipāka, Balya, Rasāyana, and Vāta-Kapha Śāmaka properties nourished all Dhātus, restored homeostasis, and corrected the Apāna Vāta dysfunction. Thus, the therapeutic synergy of Vātānulomaka, Balya, and Rasāyana formulations proved effective in regulating prostate growth and alleviating BPH-related symptoms[10].

CONCLUSION

Benign Prostatic Hypertrophy (BPH) is one of the most common urological disorders affecting elderly men, primarily due to age-related hormonal and structural changes. Although it is a benign condition and rarely life-threatening, BPH can significantly impair a patient's quality of life by causing lower urinary tract symptoms (LUTS) such as frequent urination, nocturia, and incomplete bladder emptying. If left untreated, it may lead to serious complications, including urinary tract infections, bladder calculi, and even renal dysfunction.

The present case highlights the effectiveness of an Ayurvedic multimodal approach integrating Vātānulomana, Rasāyana, and Balya therapies, which successfully alleviated both subjective and objective symptoms. Formulations such as Bṛhatyādi Ghṛta, Varuṇādi Kwātha, Gokṣurādi Guggulu, and Śilājit demonstrated significant efficacy in improving urinary flow, reducing prostate size, and restoring physiological balance. This case underscores the potential of Ayurvedic interventions as a safe, holistic, and sustainable alternative in the management of BPH, particularly in elderly patients where long-term pharmacotherapy may be associated with side effects.

Declaration of Patient Consent

Authors certify that they have obtained the patient consent form, where the patient has given their consent for reporting the case along with the images and other clinical information in the journals. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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