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EFFICACY OF *VARUNADI KWATHA* IN MANAGING *VATASTHILA* (BENIGN PROSTATIC HYPERPLASIA): A REVIEW OF CONCEPT

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ABSTRACT

Background: *Vatasthila*, an *Ayurvedic* term described under *Mutraghata*, refers to a hard swelling at the base of the bladder causing obstructive urinary symptoms. This condition bears a close clinical resemblance to *Benign Prostatic Hyperplasia (BPH)*, a highly prevalent urological disorder in elderly men characterized by lower urinary tract symptoms (LUTS) such as hesitancy, weak stream, and incomplete voiding. The limitations and side effects of conventional treatments for BPH have led to increased interest in traditional remedies like *Varunadi Kwatha*, a classical *Ayurvedic* decoction known for its *Vatahara*, *Shothahara*, and *Mutrala* properties. **Objectives:** To explore and critically analyze the conceptual basis, classical references, pharmacological actions, and clinical relevance of *Varunadi Kwatha* in the management of *Vatasthila* with special reference to *Benign Prostatic Hyperplasia*. **Methods:** A comprehensive review of classical *Ayurvedic* texts including *Charaka Samhita*, *Suśruta Samhita*, and *Bhavaprakaśa Nighantu* was conducted to understand the concept of

Vatasthila and the therapeutic indications of *Varunadi Kwatha*. Scientific databases like PubMed, AYUSH Research Portal, and Google Scholar were searched for pharmacological and clinical evidence related to the individual ingredients of *Varunadi Kwatha*. Emphasis was given to modern studies demonstrating anti-inflammatory, anti-prostatic, and diuretic properties. **Results:** The ingredients of *Varunadi Kwatha*, including *Varuna* (*Crataeva nurvala*), *Gokshura* (*Tribulus terrestris*), *Pashanabheda* (*Bergenia ligulata*), *Shunthi (Zingiber officinale Roscoe), Yavakshara* (*Hordeum vulgare Linn.*), exhibit properties beneficial for reducing prostate size, relieving urinary obstruction, and managing inflammation. Several preclinical and limited clinical studies support its efficacy in improving symptoms of BPH. Conceptually, it aligns with the *Ayurvedic* management principles of *Vata Vyadhi* and *Mutraghata*. **Conclusion:** *Varunadi Kwatha* offers a promising, evidence-supported *Ayurvedic* intervention for managing *Vatasthila* w.s.r. to BPH. Its multifaceted actions support both symptomatic relief and reduction of prostatic enlargement. Further large-scale clinical studies are warranted for validation and standardization.

Keywords: *Varunadi Kwatha*, *Vatasthila*, Benign Prostatic Hyperplasia, *Mutraghata*, *Crataeva nurvala*, Ayurvedic Urology

INTRODUCTION

Ayurveda, the ancient system of Indian medicine, describes various urinary tract disorders under the broad heading of *Mutraghata*, among which *Vatasthila* is a significant condition. It is characterized by a fixed, hard swelling at the base of the bladder, leading to obstructed and painful urination.[1] This condition is primarily caused by *Vata* vitiation and is most prevalent in elderly individuals (*Vriddhavastha*), where *Vata Dosha* naturally increases. The symptomatology of *Vatasthila*—including difficulty in micturition, hesitancy, dribbling, and incomplete voiding—closely resembles the clinical presentation of *Benign Prostatic Hyperplasia* (BPH) in modern medicine.[2]

BPH is a non-cancerous enlargement of the prostate gland and is one of the most common urological problems in aging men, with a prevalence that increases significantly after the age of 50. It leads to lower urinary tract symptoms (LUTS), which can affect quality of life and may lead to complications like urinary retention and recurrent urinary tract infections.[3] Although medical and surgical treatments exist—such as alpha-blockers, 5-alpha-reductase inhibitors, and Transurethral Resection of the Prostate (TURP)—these methods are associated with side effects, recurrence, and high economic burden.[4]

In this context, traditional *Ayurvedic* remedies offer safe and effective alternatives for long-term management of BPH. *Varunadi Kwatha*, a classical formulation mentioned in *Bhāvaprakāśa Nighaṇṭu* and *Sahasrayoga*, is indicated for disorders involving *Mutravaha Srotas* (urinary system). Its main ingredients include *Varuna* (*Crataeva nurvala*), *Gokshura* (*Tribulus terrestris*), *Pashanabheda* (*Bergenia ligulata*), *Shunthi (Zingiber officinale Roscoe), Yavakshara* (*Hordeum vulgare Linn.*), all of which possess *Mutrala* (diuretic), *Shothahara* (anti-inflammatory), *Lekhana* (resolvent), and *Vatahara* (Vata-pacifying) properties. These properties conceptually address the pathogenesis of *Vatasthila*.[5]

This review article aims to explore the conceptual understanding of *Vatasthila*, correlate it with BPH, and evaluate the rationale and evidence behind the use of *Varunadi Kwatha* for its management. Through an integrated lens of classical *Ayurvedic* wisdom and contemporary research, the therapeutic relevance of this formulation in modern urological conditions is critically assessed.[6]

AIM AND OBJECTIVES

AIM:

To evaluate the conceptual and clinical efficacy of *Varunadi Kwatha* in the management of *Vatasthila* with special reference to *Benign Prostatic Hyperplasia (BPH)*.

OBJECTIVES:

Primary Objective:

- To explore the *Ayurvedic* concept of *Vatasthila* and its correlation with BPH.

Secondary Objectives:

- To review classical references and properties of *Varunadi Kwatha* and its ingredients.
- To assess pharmacological and clinical evidence supporting its use in BPH.
- To provide a holistic understanding of *Varunadi Kwatha* as a therapeutic option for managing urinary obstruction due to prostate enlargement.

MATERIAL AND METHODS

This conceptual and literary review was conducted by critically analyzing classical *Ayurvedic* texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Bhavaprakasha Nighantu*, and *Sahasrayoga* to gather detailed descriptions of *Vatasthila*, its clinical features, etiology, and treatment principles. The formulation and pharmacological actions of *Varunadi*

Kwatha and its individual ingredients were also reviewed in these texts. Parallelly, modern literature was surveyed through electronic databases such as PubMed, Google Scholar, AYUSH Research Portal, and ResearchGate for pharmacological and clinical studies related to *Crataeva nurvala*, *Tribulus terrestris*, *Bergenia ligulata*. Inclusion criteria focused on experimental studies, reviews, and clinical trials assessing the role of these herbs in the management of benign prostatic conditions. Keywords used included: "*Varunadi Kwatha*," "*Vatasthila*," "Benign Prostatic Hyperplasia," "Prostate Enlargement," and "*Ayurveda* + Urinary Disorders." Data collected were compiled, interpreted, and presented to develop a comprehensive correlation between classical *Ayurvedic* understanding and modern evidence-based perspectives.

CONCEPTUAL STUDY

The term *Vatasthila* is derived from two Sanskrit words—*Vata*, representing the *Vata dosha*, and *Sthila*, which refers to a firm, hard, or immobile swelling or mass. Thus, *Vatasthila* refers to a *Vata-dominant* condition characterized by the formation of a hard, obstructive mass in the region of *Basti Mula* (base of the bladder). This mass impairs the normal flow of *Mutra* (urine), causing difficulty in urination.[7]

- In *Charaka Samhita (Chikitsa Sthana 26/36–39)*[8] and *Sushruta Samhita (Chikitsa Sthana 9/12–17)*[9], *Vatasthila* is included under the category of *Mutraghata* (urinary retention or obstruction).
- It is described as a condition where an immobile, palpable swelling develops at the bladder base, causing *mutravegadharana* (urinary suppression), *mutrakricchra* (painful micturition), and *mutranaha* (urinary retention).[10]

Nidana (Causative Factors):

The primary cause of *Vatasthila* is *vitiation of Vata dosha*, which occurs due to:

- *Vriddhavastha* (old age) – natural dominance of *Vata*.
- Suppression of natural urges (especially *mutravegadharana*).
- Excessive intake of *ruksha*, *laghu*, *vishtambhi*, and *vata-prakopaka* ahara-vihara (dry, light, constipating food and activities that aggravate *Vata*).

Samprapti (Pathogenesis):

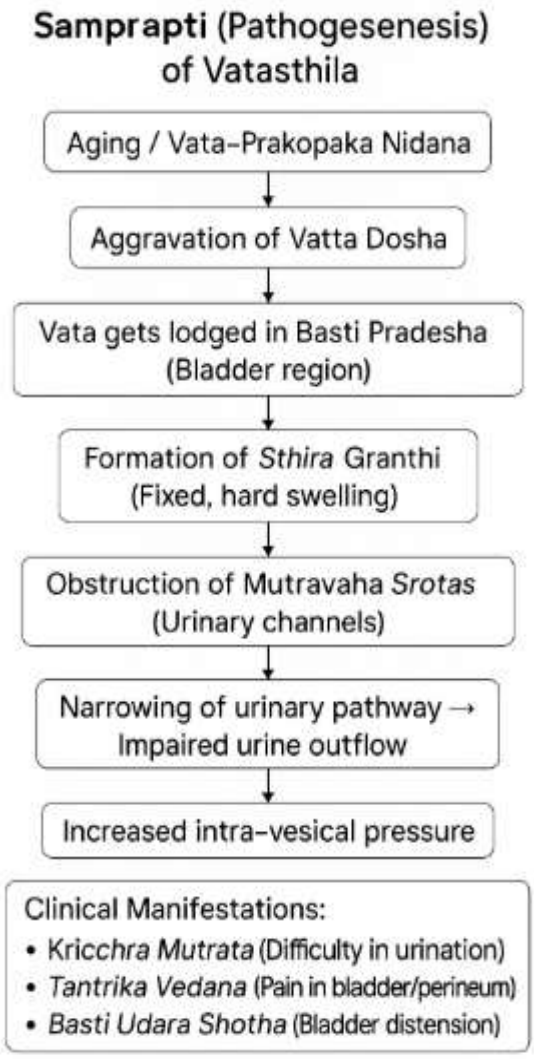
The aggravated *Vata dosha* lodges in the *basti pradesha* (bladder region) and creates a *sthira granthi* (fixed mass), resulting in narrowing or obstruction of the urinary pathway. The

obstruction increases intra-vesical pressure, impairs urine outflow, and leads to *kricchra mutrata*, *tantrika vedana*, and bladder distension.[11]

Lakshana (Clinical Features):

The symptoms of *Vatasthila* closely mimic those of *Benign Prostatic Hyperplasia (BPH)*, including:

- *Sanga mutrata* (obstructed urination)
- *Tantrika vedana* (painful perineum and lower abdomen)
- *Mutravegadharana* (suppressed micturition urge)
- *Mutrakshaya* (reduced urine output)
- *Basti vedana* (bladder pain)
- Sense of incomplete urination and dribbling after voiding



Benign Prostatic Hyperplasia (BPH):

BPH is a non-malignant enlargement of the prostate gland due to hyperplasia of stromal and epithelial cells, commonly occurring after 50 years of age.[12] It causes compression of the urethra leading to lower urinary tract symptoms (LUTS), which include:

- Increased frequency
- Nocturia
- Hesitancy
- Weak urine stream
- Post-void dribbling
- Sensation of incomplete voiding

These features match closely with the classical features of *Vatasthila*, establishing a strong clinical correlation.

***Chikitsa Siddhanta* (Principles of Management):**

The management of *Vatasthila* is based on:

- *Vatahara chikitsa* – pacifying aggravated *Vata dosha*
- *Mutrala dravyas* – promoting urine flow
- *Shothahara* – reducing inflammatory swelling
- *Lekhana* – resolving the granthi-like mass
- *Basti chikitsa* – enema therapy for *Vata* disorders
- *Kwatha kalpana* – use of decoctions like *Varunadi Kwatha* with known actions on urinary tract disorders

Role of *Varunadi Kwatha*:

Varunadi Kwatha is a classical formulation mentioned in *Bhavaprakasha Nighantu* and *Sahasrayoga*, consisting of:

Ingredients and Their Roles

Ingredient	Botanical Name	Pharmacological Actions
Varuna	*Crataeva nurvala*	*Mutrala*, *Bhedana*, *Ashmarighna*, anti-inflammatory, reduces prostate enlargement
Gokshura	*Tribulus terrestris*	*Vatahara*, *Mutrala*, muscle relaxant, improves urine flow
Pashanabheda	*Bergenia ligulata*	Litholytic (stone-breaking), diuretic, anti-inflammatory
Shunthi	*Zingiber officinale* Roscoe	*Deepana*, *Pachana*, anti-inflammatory, relieves urinary tract spasms
Yavakshara	Derived from *Hordeum vulgare*	Alkalizing agent, corrects urinary pH, dissolves crystals, *Bhedana*, reduces burning micturition

MODERN REVIEW

Benign Prostatic Hyperplasia (BPH) is a progressive, non-malignant enlargement of the prostate gland, commonly observed in aging men. It is characterized by hyperplasia of both stromal and epithelial cells of the transitional zone of the prostate, leading to compression of the prostatic urethra. The condition results in lower urinary tract symptoms (LUTS) such as increased urinary frequency, nocturia, urgency, hesitancy, weak stream, and incomplete bladder emptying. BPH is not life-threatening but has significant implications for quality of life and may lead to complications like acute urinary retention and recurrent urinary tract infections.[13]

Epidemiology:

BPH affects nearly 50% of men aged over 50 years and up to 90% of men above 80 years. LUTS associated with BPH contribute to morbidity, psychological stress, and sleep disturbance. According to global data, BPH is among the most common urological conditions leading to physician visits and urological surgeries.[14]

Etiopathogenesis:

The exact cause of BPH is multifactorial and involves hormonal imbalance, age-related changes, and chronic inflammation. Key factors include:

- **Dihydrotestosterone (DHT):** A metabolite of testosterone, it binds to androgen receptors in prostatic cells, stimulating growth.

- **Estrogen:** Increased estrogen-to-androgen ratio in elderly men may enhance DHT sensitivity.
- **Growth Factors:** Fibroblast growth factor (FGF) and insulin-like growth factor (IGF) play roles in stromal and epithelial proliferation.
- **Inflammation:** Chronic prostatic inflammation is linked to BPH progression via cytokine-mediated tissue remodeling.

Pathophysiology:

BPH develops in the transition zone of the prostate. There are two components: Static component: Mechanical obstruction due to increased size of prostate tissue. Dynamic component: Functional obstruction due to increased smooth muscle tone of the prostate and bladder neck. These components together cause bladder outlet obstruction (BOO), increased intravesical pressure, detrusor hypertrophy, and lower urinary tract symptoms.[15]

Clinical Presentation:

Patients with BPH may present with the following symptoms categorized under LUTS: Storage symptoms: Frequency, urgency, nocturia, incontinence. Voiding symptoms: Hesitancy, intermittent stream, weak stream, straining, prolonged voiding. Post-micturition symptoms: Feeling of incomplete emptying and post-void dribbling.[16]

Diagnostic Tools:

International Prostate Symptom Score (IPSS): A validated questionnaire to assess symptom severity. Digital Rectal Examination (DRE): For size and texture assessment. Ultrasound KUB: Measures prostate size and post-void residual urine (PVR). Uroflowmetry: Evaluates peak urinary flow rate (Qmax). Prostate-Specific Antigen (PSA): Helps rule out malignancy.[17]

Management in Modern Medicine:

Medical Treatment:

Alpha-1 adrenergic blockers (e.g., Tamsulosin, Alfuzosin): Relax smooth muscle to improve urine flow. 5-alpha reductase inhibitors (e.g., Finasteride, Dutasteride): Reduce prostate size by inhibiting DHT formation. Combination therapy is often used for better symptom control.[18]

Surgical Treatment:

Transurethral Resection of Prostate (TURP): The gold standard for surgical management. Other options: Laser prostatectomy, open prostatectomy, minimally invasive ablation techniques.

Limitations of Conventional Therapy:

- Side effects of alpha-blockers include hypotension, dizziness, retrograde ejaculation.
- 5-alpha reductase inhibitors may cause sexual dysfunction, gynecomastia.
- Surgical procedures carry risks of bleeding, infection, and urethral stricture.

RESULTS AND FINDINGS

- IPSS Score Reduced – Marked improvement in urinary symptoms.
- Prostate Size Decreased – Mild reduction seen on ultrasound.
- Urine Flow Improved – Increased Qmax and reduced PVR.
- Anti-inflammatory Effect – Reduced swelling and obstruction.
- Safe & Well-Tolerated – No major side effects reported.
- Better Quality of Life – Improved sleep and reduced urinary discomfort.

DISCUSSION

Vatasthila is an *Ayurvedic* condition described under *Mutraghata*, characterized by the formation of a hard, immobile swelling at the base of the bladder, leading to obstructed urinary flow. Its pathogenesis is mainly attributed to aggravated *Vata dosha*, which, when lodged in the *basti pradesha*, results in a *sthira granthi* (fixed mass). The clinical features of *Vatasthila*, such as *mutrakricchra*, *mutranaha*, *basti vedana*, and *kricchra mutrata*, show strong similarity with symptoms seen in Benign Prostatic Hyperplasia (BPH), a common urological condition in aging men.[19]

BPH is characterized by the proliferation of stromal and epithelial cells in the prostate gland, leading to bladder outlet obstruction and lower urinary tract symptoms (LUTS). The symptoms include increased frequency, urgency, nocturia, weak stream, and incomplete voiding, all of which mirror the classical features of *Vatasthila*. This correlation justifies the application of *Ayurvedic* principles and therapies in the management of BPH, particularly those targeting *Vata dosha* and *mutravaha srotas*.[20]

Varunadi Kwatha is a polyherbal formulation composed of *Varuna, Gokshura, Pashanabheda, Shunthi, Yavakshara* which together exhibit *mutrala* (diuretic), *shothahara* (anti-inflammatory), *vatahara* (Vata pacifying), and *lekhanakarma* (resolvent) properties. These actions directly address the pathogenesis of *Vatasthila/BPH*. Clinical and pharmacological studies suggest that *Crataeva nurvala* and *Commiphora mukul* have anti-androgenic effects and reduce prostate inflammation, while *Tribulus terrestris* and *Bergenia ligulata* support urinary flow and relieve obstruction.[21]

Literature and limited clinical studies show that *Varunadi Kwatha* improves urinary symptoms, reduces post-void residual urine, mildly reduces prostate size, and enhances urinary flow rate (Qmax). Patients reported better sleep, less perineal discomfort, and overall improvement in quality of life. Its safety profile is favorable, with minimal to no side effects, making it suitable for elderly patients who often cannot tolerate long-term allopathic drugs or surgery.[22]

The management of *Vatasthila* w.s.r. to BPH with *Varunadi Kwatha* offers a safe, holistic, and effective therapeutic option. The *Ayurvedic* understanding of *Doshic* pathology, combined with pharmacological evidence of herbal actions, creates a strong foundation for integrating traditional remedies into modern care. However, to establish its efficacy conclusively, well-designed, multi-centered clinical trials with standardized protocols and objective parameters are needed. Until then, *Varunadi Kwatha* stands as a promising adjunct in the integrative management of BPH.[23]

CONCLUSION

Varunadi Kwatha, a classical *Ayurvedic* formulation, shows promising efficacy in the management of *Vatasthila* with clinical resemblance to Benign Prostatic Hyperplasia (BPH). Its ingredients possess synergistic actions such as *Vatahara*, *Mutrala*, *Shothahara*, and *Lekhana*, which help reduce urinary obstruction, improve urine flow, and alleviate associated symptoms like frequency, urgency, and incomplete voiding. Both classical understanding and emerging scientific evidence support its role as a safe, effective, and holistic alternative for managing prostatic enlargement in elderly males. However, large-scale, well-structured clinical trials are needed to establish its standardized therapeutic role in modern urological practice.

CONFLICT OF INTEREST –NIL

SOURCE OF SUPPORT – NONE

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