



## A CLINICAL STUDY WITH SHILODBIDADITAILA MATRA BASTI AND UTTARA BASTI IN THE MANAGEMENT OF 'MUTRAGHATA' W.S.R. TO BPH

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### Abstract

**Introduction:** 'Mutraghata' can be equated with group of obstructive uropathic disorders. As explained in Sushruta Samhitha, it is of 12 types and 'Vatasthila' is one among them, which is closely similar to Benign Prostatic Hyperplasia. BPH is a progressive disease of advancing age. Histologically the inner zone of the periurethral gland undergoes hypertrophy and an adenoma is formed. Usually men around 60 years, suffer from mild, moderate and severe grade of BPH.

**Objectives:** To evaluate the efficacy of *ShilodbidadiTaila Matra basti* and *Uttara basti* in the management of *Mutragatha*/ B.P.H. and to improve quality of life of BPH sufferer.

**Method:** It is a Comparative, clinical study on diagnosed cases of B.P.H, *ShilodbidadiTaila Matra basti* 60 ml daily for 8 days and *Uttara basti* 60 ml daily for 8 days in the management of *Mutragatha* with follow-up of 2 months. Changes in subjective criteria (by IPSS Index) and objective criteria (by USG) were recorded before and after treatment.

**Result:** *ShilodbidadiTaila Matra basti* and *Uttara basti* shown more significant relief on associated symptoms of *Mutraghata* including, burning sensation, painful micturition, pus and blood discharge etc.

**Interpretation:** On the basis of the beneficial effects of *ShilodbidadiTaila Matra basti* and *Uttara basti*, it can be opined that it gives good result symptomatically.

**Conclusion:** The subjective features were relieved significantly. But observed, no much difference in the objective criteria. The effect of *ShilodbidadiTaila Matra basti* and *Uttara basti* on the straining significantly reduced, prostate size has not reduced significantly. As for follow up period, relief of symptoms observed to be sustained up to one month in majority of patients.

**Keywords:** *Mutraghata*, *Vatasthila*, BPH, *ShilodbidadiTaila ,Basti*, IPSS, USG.

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**DOI:** - 10.48047/ecb/2023.12.si10.0053

## Introduction

In Ayurveda, *Mutraghata* has been defined as a syndrome of obstructive urinary pathology due to deranged function of *Vata Dosha*, particularly *Apana Vata* (a type of *Vata* responsible for excretory function). Twelve types of *Mutraghata*<sup>[1]</sup> are mentioned in *Sushruta Samhita Uttaratantra*. The symptoms such as retention of urine, incomplete voiding, dribbling, hesitancy and incontinence of urine are found in *Mutraghata*; these features probably reflect lower urinary tract symptoms. Based on these features, *Mutraghata* bears a close resemblance with benign prostatic hyperplasia (BPH). BPH is a nonmalignant enlargement of the prostate gland caused by excessive growth of the prostatic tissue and is the most common benign neoplasm of aging men mainly above 40 years.<sup>[2]</sup> The overall incidence rate of BPH is 15/1000 men/year. The prevalence of histologically diagnosed prostatic hyperplasia increases from 8% in men aged 31–40 years, to 40–50% in men aged 51–60 years and to >80% in men elder than 80 years.<sup>[3]</sup> The management of BPH is either through a surgical approach (e.g. open prostatectomy, transurethral resection of the prostate, cryotherapy etc.) or by conservative treatment using drugs (e.g. hormonal therapy) in the modern medicine. In case of hormonal therapy, though there are some advantages, the complications such as loss of libido, impotence and gynecomastia are unwanted effects encountered in clinical practice. In a surgical procedure, prostatectomy is choice, but it also has many complications like postoperative morbidity, impotence, retrograde ejaculation etc. The other procedure is Transurethral Resection of the Prostate (TURP), which is also not free from complications and recurrence rate is around 15% in 5–8 years after TURP.<sup>[4]</sup> In Ayurveda, *Sushruta* has given regimen consisting of *Kashaya* (decoction), *Kalka* (paste), *Ghrita* (medicated ghee), *Kshara* (alkalizers), etc. to combat this condition.<sup>[5]</sup> The formulations having property of pacification of *Vata*, *Vatanulomana*, anti-inflammatory, scraping and diuretic effect and therapeutic procedures such as *Matra Basti* and *Uttara Basti* are recommended to normalize the function of urinary system by reducing the size of the prostate, clearing the bladder outlet obstruction and to enhance the tone of urinary bladder. *Matra Basti* is treatment for vitiated *Vata* where no strict restrictions are required. Hence, this research work was planned to assess the efficacy of *Shilodbidadi Taila*, which has *Vata-Kapha* pacifying, anti-inflammatory, cyst

dissolving properties and *Shilodbidadi Taila Matra basti* and *Uttara basti* in the management of *Mutraghata* (BPH).<sup>[6]</sup>

## AIMS AND OBJECTIVES

1. To study the *Mutraghata* w.s.r. to Benign Prostate Hypertrophy according to Ayurvedic classic and modern science.
2. To evaluate the clinical efficacy of *Shilodbidadi Taila Matra basti* and *Uttara basti* in the management of *Mutraghata* w.s.r. to BPH.

## MATERIAL AND METHODS:

**Clinical Study:-** The patients attending the O.P.D. & I.P.D. of AMV Hubli and Hospital OPD, were selected for the Clinical Study and were selected irrespective of their Age, Religion, Race, Occupation etc., fulfilling the Criteria of selection and eligibility for the present study.

Total No. Of Patients: 40

Group A: 20 (*shilodbidadi taila uttara basti*)

Group B: 20 (*shilodbidadi taila matra basti*)

## CRITERIA FOR THE SELECTION OF THE PATIENTS:

The patients were randomly selected and diagnosed on the basis of both the Subjective and Objective criteria of *Mutraghata*- BPH. Some patients with greater degree of Bladder outlet obstruction, acute retention of urine requiring catheterization and those with Impeding upper urinary tract affections were excluded from the study.

## PLAN OF WORK:

1. A thorough history, General examinations, and Systemic examinations were conducted and duly recorded in the special proforma prepared for the study. The International Prostate Symptom Score based on the 'American Urologists Association' score-sheet was used to assess the Subjective complaints Before, During and After the schedule.
2. **Investigations: -**
  - (a) Digital and Ultrasonography examination of the Prostate gland.
  - (b) Residual urine volume assessment by Ultrasonography.
  - (c) Routine Hematological, Urine and Stool examinations with Specific Bio-chemical evaluation of Blood urea, Serum creatinine, Serum acid phosphatase and Serum alkaline phosphatase were carried out.

3. The selected patients were subjected to administration of *shilobidadi taila matra basti* and *uttara basti*. A special *Pathya* regimen was advised to be followed throughout the entire schedule.

**The schedule was designed as follows:-**

- (1) Initially upon registration of the patient, up to the period of complete history taking, physical examinations and investigative procedures, the patients were advised to follow a '*Pathya*' regimen consisting of the following in their daily routine- *Takra, Kshira, Masha Yusha, Dadhi, MudgaYusha and UshnaJala* - (Bh. R. *MutraghataAdhikara*)<sup>(7)</sup>. The *Pathya* regimen was advised to be followed throughout the entire treatment.
- (2) *shilobidadi taila uttara basti* in dosage of 60 ml per day continued for 8 days with aseptic precaution and *Gokshuradi kwatha* 25 ml BD for 30 days.
- (3) *shilobidadi taila matra basti* in dosage of 60 ml per day continued for 8 days with aseptic precaution and *Gokshuradi kwatha* 25 ml BD for 30 days .

**CRITERIA OF ASSESSMENT:**

The effect of therapy was assessed as:-

- 1). *shilobidadi taila uttara basti* in dosage of 60 ml per day continued for 8 days with aseptic precaution and *Gokshuradi kwatha* 25 ml BD for 30 days.
- 2) *shilobidadi taila matra basti* in dosage of 60

ml per day continued for 8 days with aseptic precaution and *Gokshuradi kwatha* 25 ml BD for 30 days.

1. Improvement in the symptomatology of the disease based on International Prostate symptom scoresheet (prepared by American Urologists Association).
2. Assessment of Residual Urine Volume.
3. Measurement of Prostatic enlargement by digital and Ultrasonographic methods.
4. Urinary Sepsis and its Culture, wherever it is necessary.

**Assessment of Laboratory investigations.**

The obtained result have been discussed and analyzed on the following parameters.

**FOLLOW- UP STUDY:** Duration of the follow-up study was **3 months** after the completion of treatmentschedule.

**OBSERVATIONS**

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**OBSERVATIONS**

**Table 1:** Chief Complaints of 20 Patients of *Mutraghata*

Chief complaints	Group – I		Group – II		Total	
	No. of patients	Percentage	No. of Patients	Percentage	No. of Patients	Percentage
Frequency	20	100	20	100.00	40	100
Urgency	17	78.57	17	71.42	34	75
Nocturia	20	100	18	92.85	38	96.4
Hesitancy	19	92.85	12	57.14	31	75
Weak urinary stream	15	71.42	13	71.42	27	71.41
Dysuria	18	85.71	17	92.82	35	89.26
Haematuria	04	7.14	05	14.28	09	10.71
Burning micturition	14	64.28	15	78.58	29	71.41
Incomplete voidence	20	100	15	78.58	35	82.12
Dribbling micturition	13	57.18	14	64.28	27	71.41
Pain in lower abd.	04	7.14	10	50.00	14	32.14
Terminal dribbling	14	57.18	12	35.71	26	46.42

**Table 2:** Assessment of Residual Urine Volume in 40 Patients Of *Mutraghata*

Residual urine	Group - I		Group - II		Total	
	No. of patients	Percentage	No. of patients	Percentage	No. of patients	Percentage
50 - 100 ml	0	00	00	00	0	0
100 - 150 ml	3	15%	4	20%	7	17.5 %
150-200 ml	12	60 %	11	55 %	23	57.5%
> 200 ml	5	25 %	5	25%	10	25 %

**Table 3:** Effect of *shilobidadi taila uttara basti* on Individual Symptoms of 20 Patients Of *Mutraghata*

Symptoms	Mean score		% of relief	S.D ±	S.E ±	T	P
	B.T.	A.T.					
Incomplete voiding	3.00	1.75	41.66	0.44	0.09	17.61	<0.001
Frequency	2.00	1.15	42.5	1.13	0.25	4.52	<0.001
Intermittency	3.00	1.85	38.0	0.48	0.10	16.9	<0.001
Urgency	2.00	1.00	50	0.56	0.12	15.9	<0.001
Nocturia	2.00	0.80	60	0.52	0.11	6.83	<0.001
Had to strain	3.00	1.75	41.66	0.44	0.09	17.61	<0.001
Weak urine stream	2.00	1.15	42.5	1.13	0.25	4.52	<0.001

**Table 4:** Effect of *shilobidadi taila matra basti* on Individual Symptoms Of 20 Patients of *Mutraghata*

Symptoms	Mean score		% of relief	S.D ±	S.E ±	t	P
	B.T.	A.T.					
Incomplete voiding	3.00	1.67	44.33	0.49	0.13	10.58	<0.001
Frequency	2.00	1.40	30	0.51	0.13	4.58	<0.001
Intermittency	3.00	1.50	50	0.52	0.13	4.58	<0.001
Urgency	2.00	1.40	30	0.51	0.13	4.58	<0.001
Nocturia	2.79	0.71	74.55	1.79	0.48	5.24	<0.001
Had to strain	1.64	0.43	73.78	0.80	0.21	5.67	<0.001
Weak urine stream	1.36	0.36	73.53	1.11	0.30	3.37	<0.01

**Table 5:** Effect of *shilobidadi taila uttara basti* on Residual Urine Volume of 20 Patients of *Mutraghata*

Parameter	Mean score		% of relief	S.D ±	S.E ±	T	P
	B.T.	A.T.					
Residual urine vol.	178.78	85.71	52%	25.55	6.83	13.62	<0.001

**Table 6:** Effect of *shilobidadi taila matra basti* on Residual Urine Volume of 20 Patients of *Mutraghata*

Parameter	Mean score		% of relief	S.D ±	S.E ±	t	P
	B.T.	A.T.					
Residual urine vol.	155.35	36.00	78.82	18.66	4.98	23.92	<0.001

**Table 7:** Effect of Treatment on Prostate Size in 40 Patients of *Mutraghata*

Sr. No.	Group – I		Group – II	
	B.T. (in mm)	A.T. (in mm)	B.T. (in mm)	A.T. (in mm)
1	37 x 35 x 45	40 x 38 x 42	65.3 x 50.3 x 42.5	61.9 x 49.8 x 39.7
2	43 x 39 x 42	48 x 40 x 36	60 x 56 x 53	61.8 x 53.2 x 51.2
3	46 x 52 x 56	50 x 53 x 47	51 x 49 x 33.3	53 x 46 x 32.4
4	56 x 38 x 58	52 x 40 x 51	58.5 x 57.8 x 57.2	57.6 x 58 x 53
5	48 x 42 x 50	50 x 40 x 47	45.2 x 38.6 x 37.5	47 x 28 x 41
6	62 x 50 x 44.5	58 x 52.3 x 42.5	56 x 46 x 41	51 x 55 x 56
7	41.4 x 40.6 x 35	42 x 39.6 x 34.5	46 x 35 x 33	45 x 32 x 28
8	48 x 37 x 33	48.5 x 37.5 x 34	49 x 45 x 39	47 x 42 x 44
9	44 x 48 x 55	43 x 49 x 53.0	46 x 52 x 56	46 x 54 x 55
10	50 x 36 x 36	49 x 36 x 35.3	56 x 28 x 40	49 x 28 x 38
11	49.8 x 38.9 x 33.9	42.2 x 41.3 x 39.1	49 x 45 x 43	46 x 46 x 44
12	46 x 42 x 37	46 x 43 x 38	48 x 39 x 44	44 x 42 x 46
13	50.7 x 52.7 x 44.2	50.7 x 52.7 x 44.2	32 x 39 x 40	34 x 32 x 38
14	41 x 36 x 28	41.5 x 36 x 29	59 x 57 x 58	60 x 55 x 60
15	46 x 52 x 56	50 x 53 x 47	51 x 49 x 33.3	53 x 46 x 32.4
16	56 x 38 x 58	52 x 40 x 51	58.5 x 57.8 x 57.2	57.6 x 58 x 53
17	48 x 37 x 33	48.5 x 37.5 x 34	49 x 45 x 39	47 x 42 x 44
18	44 x 48 x 55	43 x 49 x 53.0	46 x 52 x 56	46 x 54 x 55
19	50 x 36 x 36	49 x 36 x 35.3	56 x 28 x 40	49 x 28 x 38
20	46 x 52 x 56	50 x 53 x 47	51 x 49 x 33.3	53 x 46 x 32.4

**Table 8:** Total Effect of the *shilobidadi taila utara basti* treatment –Subjective Parameters of 20 patients

Result	No. of patients	Percentage
Complete remission	10	50.00%
Marked improvement	08	40.00%
Improved	02	10.00%
Unchanged	00	00

**Table 9:** Total Effect of the *shilobidadi taila matra basti* treatment– OnSubjective Pa- rameters

Result	No. of patients	Percentage
Complete remission	08	57.14%
Marked improvement	06	42.85%
Improved	00	00
Unchanged	00	00

**Table 10:** Total Effect of The *shilobidadi taila utara basti* Treatment on 40 patients – Objective Parameters

Parameter	Complete remission	Marked improvement	Improved	Unchanged
Size of prostate	00	06	07	01
Percentage	00	42.85%	50.00%	7.14%
Residual urine volume	04	06	01	-
Percentage	28.57%	42.86%	7.14%	
Urine flow rate	07	05	02	-
Percentage	50.0%	35.71%	14.28%	-

**Table 11:** Total Effect of the *shilobidadi taila matra basti* treatment on 40 patients –Objective Pa- rameters

Parameter	Complete remission	Marked improvement	Improved	Unchanged
Size of prostate	00	03	06	05
Percentage	00	21.42%	42.86%	35.71%
Residual urine volume	00	04	09	01
Percentage	00	28.57%	64.28%	7.1%
Urine flow rate	03	07	04	00
Percentage	21.42%	50%	28.57%	00

### Laboratory investigation

The hematological, biochemical, urine and stool investigations were recorded and they were within normal limits in all the patients taken for the study.

### DISCUSSION

*Acharya Charaka* states the importance of three *Marmas*, that the *Basti*, *Hridaya* and *Shiras* are the three vital points, as the *Prana* sheltered in them. Any affliction of these leads to vitiation of *Vata* etc. factors and may be fatal to life.<sup>(8)</sup>

In *Maharogadhya Acharya Charaka* quotes –That the natural action of *Vata*, moving from one bodily organ to another are the manifestation causes of looseness, dislocation, expansion, obstruction, circular movement, piercing pain etc.<sup>(9)</sup> These are the actions which help the physician to diagnose a disease as predominated by *Vata*.

*Acharya Sushruta* further substantiated the above concept, he says that the vitiated *Vata* lodged in the *Basti* and *Guda* leads to grave diseases.<sup>7</sup> Thus from all the above references it becomes clear that it is the "*Vata*" which is mainly responsible for the manifestation of *Basti* disorders. This "*Vayu*" may be provoked either by endogenous or exogenous factors. "*Mutravegavarodah*" is one such factor, which leads to vitiation of *Vata*. The voluntary suppression of urge of micturition, is quite a painful stimulus to the *Basti*, as is commonly experienced by everybody. This act of suppression, has to be present over a long period of time in a person to bring about the vitiation of *Vata*, to the extent that it manifests in *Mutraghata*. Here, postponing the urge leads to discomfort in the region of *Basti* and symptoms of obstructed flow or painful micturition may manifest.

As said, this vitiated '*Vayu*' gets lodged in '*Basti*'

to produce altered functions. As already known 'Basti' is an Ashaya (an element of Vata) and is structurally made up of 'Snayu' (another element of Vayu).

This concept of 'Vata' getting lodged in the 'Basti' can be interpreted as Vayu getting lodged in 'Snayu' which commonly referred to as 'Snayugata Vata'. In this way, the symptomatologies of 'Snayugata Vata'<sup>(10)(11)(12)</sup> can be applied to Basti.

Reverting back to the "Mutravegavarodha", in the literary study "Vata" has been related to the "Neural stimuli" or nervous system in general.

These assumption and facts give rise to hypothesis that constant suppression of the urge of micturition leads to extreme Vata vitiation, which in turn leads to 'Gatavata' in the 'Snayu' of the 'Bastimarma' and produces the morbid conditions of instability, hyperactivity or hypo activity, thereby bringing about a disturbance in the normal evacuation of urine.

Therefore, it can be put that "Mutramargavarodha" leading to "Vataprakopa" leads to deranged functioning of 'Snayu' located in the Basti, which manifests as altered functioning of Basti.

Now, when scrutinizing different varieties of "Mutraghata",<sup>(14)(15)(16)</sup> it becomes quite evident that the symptomatology is not given with reference to age, sex, or chronicity and hence, it becomes all the more troublesome to correlate a single variety to that of BPH.

From the above discussion, the following inferences may most probably be a suitable description in helping to identify the entity of BPH in our classical texts:-

- (a) The symptomatology of BPH in relation to the size of the gland is uncertain & hence the patients present themselves with varied symptoms.
- (b) The types like- Basti Kundalika, Mutragranthi, Mutrotsanga & Ashtheela may just be the various stages of Mutraghata, which a patient presents himself.
- (c) The presence of obstructive symptoms is a must for the diagnosis of BPH and these cannot be found in the Mutraukasada, Ushnavata etc. types and hence cannot be considered here.
- (d) The presence of enlargement is provided in "Mutragranthi" & "Ashtheela" varieties, which again rules out the possibilities of "VataBasti", "Mutrajathara" etc. types,

which can probably be included safely under the "Neurogenic disturbances of the bladder".

Thus it can be concluded that a single entity simulating BPH cannot be identified in our texts and rather the various stages of Benign Prostatic Hyperplasia have been recorded in Mutragranthi Bastikundalika, Mutrotsanga and Ashtheela varieties. Therefore one has to carefully elicit the history, symptomatology and confirm by physical examination to arrive at labeling a patient as a case of BPH.

#### TREATED WITH SHILODBIDADI TAILA UTTARA BASTI AND MATRA BASTI

**GROUP A:** 100 % relief was observed in incomplete voiding followed by 78.57 % relief in frequency, 100 % relief in Intermittency, 92.85 % relief in Urgency, 71.42% relief in Nocturia, 85.71% relief in Straining and 64.18% relief in Weak urine stream. All these values were statistically highly significant (P<0.001).

**GROUP B:** 100 % relief was observed in incomplete voiding followed by 71.41 % relief in frequency, 92.85 % relief in Intermittency, 57.14% relief in Urgency, 71.42 % relief in Nocturia, 92.82 % relief in Straining and 78.58% relief in Weak urine stream. All these values were statistically highly significant (P<0.001).

#### Week wise improvement in the symptomatology of prostatism is as follows:

Urgency, Dysuria and Burning micturition was relieved in the **first week** followed by Constipation, Nocturia and Hesitency in the **second week**. In the **third week**, Urinary Stream was improved along with the improvement in the incomplete voidance, Retention of urine and Dribbling micturition.

#### Subjective parameters:

In Group - I, i.e. patient treated with *Silodbidadi taila uttara basti* shows relief of up to improvement (50%) and marked improvement (42.85%) where as in Group - II when the oral supplements is combined with the *shilodbidadi taila matra basti*, the relief is increased up to complete remission (42.86%) and marked improvement (35.71%). None of the patient remained 35.71% unchanged in both the groups.

#### Objective parameters:

##### 1) Size of prostate

It is clear that the size of prostate does not achieve the level of complete remission in both the cases

but with the administration of *shilodbidadi taila uttara basti*, in the Group - II, the effect of oral supplement seems to increase many folds. But the natural course of the disease is such that it either progresses gradually over a period of time or stays dormant for years and occasionally regresses too. Hence it is very difficult to claim that the therapy caused the regression of the Prostatic size and few more studies may be required to prove this. But however it is stated that the symptomatology of Prostate is not related with the size of the Prostate as many men with larger Prostate remain asymptomatic, whereas those with slightly enlarged prostate may experience severe symptoms.

All the patients have registered relief rate of approx 48-60% in almost all the parameters assessed. The investigation of prostate gland size by ultrasonography is an observer based reading, and therefore, there is always a possibility of an error.

## 2) Residual urine volume:

It is evident from the comparison that effect of combination therapy is more significant than *matra basti* alone. This is because of the fact that detrusor tone was improved and complete emptying was taking place.

**Probable Action of *shilodbidadi taila*,** Uttara basti According to Charaka, and *uttara basti* is not applicable to those emaciated due to overwork, physical exercise, weight lifting, way faring, journey on vehicles, indulgence in women, in debilitated person. patient under advice and best in morning time is administration is best.

**Probable Action of *shilodbidadi taila*,** According to Charaka, and *Matrabasti* is always applicable to those emaciated due to overwork, physical exercise, weight lifting, way faring, journey on vehicles, indulgence in women, in debilitated person as well as in those afflicted with Vata disorders. Ashtanga Sangraha, 58 emphasized on regular administration of the *Matrabasti* and it can be administered at all times and in all seasons just as *Madhu Tailika Basti*.

**Qualities:** The *uttara basti* and *Matrabasti* is promotive of strength without any demand of strict regimen of diet, causes easy elimination of Mala and Mutra. It performs the function of *Brimhana* and cures *Vatavyadhi*. It can be administered at all times in all seasons and is harmless. *Vagbhata* has mentioned that *Matrabasti* improves *Varna* and *Bala*. He adds that it can be given regularly, which is indicated

for *bala*, *vridhdha*, and *alpagni* person. No need of *parihar* after administration of *Matrabasti*, no such complications arises. He mentioned it as *Varnya*, *doshaghna* etc. *Acharya Hemadri* commenting on the term *sukha* stated that, it is devoid of complications. in *uttara basti* *uti* is very common.

## CONCLUSION

In the present study a marked clinical improvement was noticed with *Shilodbidadi taila uttara basti* and *Shilodbidadi taila matra basti* have significant in all subjective and objective parameters as compared to *matra basti*, *uttara basti* have more significant on subjective and objective criteria in the management of *Mutraghata* w.s.r. BPH.

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