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RESEARCH ARTICLE

THERAPEUTIC IMPACT OF NIDAN PARIVARJAN, AHAR, VIHAR AND SHAMAN CHIKITSA IN A CASE OF PROSTATOMEGALY (PAURUSH GRANTHI)

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Abstract

Prostatomegaly, primarily associated with Benign Prostatic Hyperplasia (BPH), is a prevalent urological disorder in aging males, manifesting as lower urinary tract symptoms (LUTS) such as hesitancy, frequency and incomplete voiding. In Ayurvedic parlance, it correlates with Vrishya Granthi, Mutrakrichra and Mutraghata, characterized by vitiation of Vata in Basti and Mutravaha Srotas. This case report presents a 62-year-old male managed with a personalized Ayurvedic protocol at Jeena Sikho Lifecare Ltd., integrating Nidan Parivarjan, Ahar, Vihar and Shaman Chikitsa. The treatment emphasized dietary moderation, lifestyle regulation, and ayurvedic formulations selected based on Ras Panchaka. Clinical outcomes showed marked symptomatic relief and enhanced quality of life, substantiated through serial follow-ups. This case highlights the potential of integrative Ayurvedic management in mitigating disease progression and improving functional outcomes in Prostatomegaly, warranting further validation through controlled clinical trials.

Introduction:-

Prostatomegaly, commonly referred to as an enlarged prostate, is a frequent urological condition that predominantly affects aging men. The prostate is a walnut-sized gland located below the urinary bladder and encircling the urethra. Its enlargement can cause compression of the urethra, leading to a variety of lower urinary tract symptoms (LUTS). Prostatomegaly is most commonly associated with benign prostatic hyperplasia (BPH), although malignancy and prostatitis should also be considered in differential diagnoses. [1] The development of benign prostatic enlargement is influenced by multiple factors. Age-related hormonal alterations, especially the heightened activity of dihydrotestosterone (DHT), significantly contribute to prostate cell proliferation. In addition, genetic predisposition, metabolic syndrome, chronic inflammation, and certain lifestyle factors further increase the risk. Among the underlying causes, Benign Prostatic Hyperplasia (BPH) remains the most common, while prostate cancer can also

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present with glandular enlargement. Similarly, chronic prostatitis may lead to changes that resemble prostatic enlargement. [2] Patients with prostatomegaly usually present with lower urinary tract symptoms (LUTS), which include both obstructive and irritative complaints. Common manifestations are a weak urine stream, difficulty initiating urination with straining, and a sensation of incomplete bladder emptying. Irritative symptoms often involve increased frequency and urgency of urination, along with nocturia (night-time urination). In advanced cases, complications such as acute urinary retention, recurrent urinary tract infections, bladder stone formation, or even hydronephrosis may occur. [3] The diagnosis of prostatomegaly requires a combination of clinical assessment, laboratory testing, and imaging techniques. A thorough history and physical examination, including digital rectal examination (DRE), helps evaluate the size and consistency of the prostate. Laboratory investigations such as serum prostate-specific antigen (PSA) are essential to exclude malignancy. Imaging modalities, particularly ultrasound of the kidneys, ureters, and bladder (KUB) with post-void residual (PVR) measurement, provide information on prostate volume, residual urine, and the condition of the urinary tract. Additionally, uroflowmetry is performed to assess urinary flow rate and determine the extent of obstruction. [4] If left untreated, prostatomegaly can lead to several complications, including chronic urinary retention, formation of bladder diverticula and stones, and recurrent urinary tract infections. Progressive obstruction may also cause hydronephrosis with subsequent renal impairment. In some cases, patients are at risk of developing acute urinary retention, often necessitating catheterization for relief. [5]

Current work on prostatomegaly (BPH) is centering on two fronts: better, less invasive procedures and smarter, targeted therapies—underpinned by new molecular maps of the prostate. Minimally invasive surgical therapies (MISTs) such as Aquablation now have 5-year randomized data showing durable symptom relief with lower ejaculatory dysfunction versus TURP, and low retreatment in medium-sized prostates. [6] Another research in prostatomegaly focuses on minimally invasive surgical therapies such as Aquablation, Rezum (water-vapor therapy), iTind, prostatic artery embolization (PAE), and transperineal laser ablation (TPLA), all showing promising symptom relief with reduced side effects compared to traditional surgery. [7] Prostatic artery embolization (PAE) is under active study, showing clinical benefits compared to medication, though TURP still provides greater urodynamic improvement. [8] Studies show that tadalafil with tamsulosin improves LUTS and sexual function, while vibegron helps persistent overactive bladder symptoms in BPH patients. [9] Modern research also uses single-cell and spatial transcriptomics to uncover stromal and epithelial drivers of BPH, identifying potential targets for new therapies. [10] Finally, network meta-analysis comparing re-intervention rates suggests Aquablation and Rezum rank favorably at 12 months among MISTs, though longer, head-to-head trials are still needed. [11]

In Ayurveda, there isn't a direct one-to-one term for prostatomegaly (enlarged prostate), but the condition can be correlated with disorders of the Mutravaha Granthi or Vrishya Granthi, particularly conditions like Vatasthila, Mutrajatharudoshaja Vyadhi, and Mutrakrichra, where urinary obstruction and difficulty in micturition are dominant features. [12] According to Ayurvedic principles, the pathogenesis of prostatomegaly arises from Vata Dosha vitiation in the Basti (urinary bladder) and Mutravaha Srotas (urinary channels). Apana Vata dushti leads to obstruction in the free flow of urine, resulting in hesitancy, weak stream, and retention. Kapha involvement causes granthi-like (nodular) growth, while Pitta contributes to inflammation and burning sensations when associated. Thus, it represents a Tridoshaja Vyadhi with Vata predominance. [13] The clinical features of prostatomegaly are described under conditions like Mutrakrichra (difficulty in urination), Mutravega Dharana (incomplete voiding), Mutraghata (urinary retention), and Atipravritti of Mutra (frequent urination, nocturia), which closely correspond to the modern symptoms of weak stream, hesitancy, urgency, and night-time urination. [14]

Objective:-

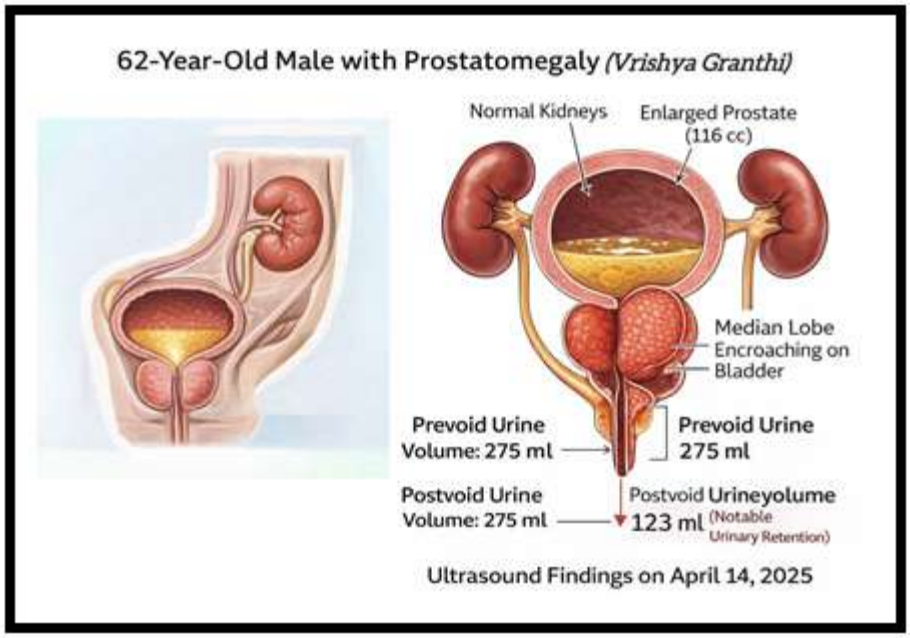
To evaluate the efficacy of an integrative Ayurvedic protocol—including Nidan Parivarjan, Ahar, Vihar, and Shaman Chikitsa—on symptom alleviation, prostate volume reduction, and quality of life improvement in a patient with Prostatomegaly (Vrishya Granthi).

Case Report:-

A 62-year-old male patient, diagnosed with Prostatomegaly (Vrishya Granthi), presented to Jeena Sikho Lifecare Hospital, Patna, Bihar, India, on April 16, 2025. He reported lower urinary tract symptoms, including frequent micturition (Mutrakricha), along with hyperpigmented lesions in the ankle region (Krishna Varnata). Bowel habits, appetite, and sleep patterns were reported as normal. The ultrasound performed on April 14, 2025, demonstrated an enlarged prostate (~116 cc) with the median lobe encroaching on the bladder, normal kidneys, and notable urinary

retention (prevoid 275 ml; postvoid 123 ml). Figure 1 illustrates a schematic representation of the patient's clinical condition at the time of consultation.

Figure 1: Schematic representation of the patient's clinical condition at the time of consultation.



Clinical parameters, including vital signs, are detailed in Table 1, the Ashtasthana Pareeksha findings are summarized in Table 2, and baseline ultrasonographic data are provided in Table 3. Pre-treatment laboratory investigations are provided in Table 4.

Table 1: Vitals from each consult

Date	Blood Pressure	Pulse Rate	Weight
16-04-2025	140/80 mm Hg	54/min	81 Kg
19-05-2025	140/70 mm Hg	62/min	78 Kg

Table 2: Ashtasthana Pareeksha of the patient

Parameter	Findings
Nadi (Pulse)	*Vataj Kaphaj*
Mala (Stool)	*Avikrit* (Normal)
Mutra (Urine)	*Mutrakricha* (Frequent Micturition)
Jiwha (Tongue)	*Malin* (Coated)
Shabda (Voice)	*Spasht* (Clear)
Sparsha (Touch)	*Anusheetoshna* (Normal)
Akriti (Face)	*Madhyam* (Normal)
Drikk (Eyes)	*Prakrit* (Normal)

Table 3: Pre-treatment ultrasonographic data as of August 11, 2025

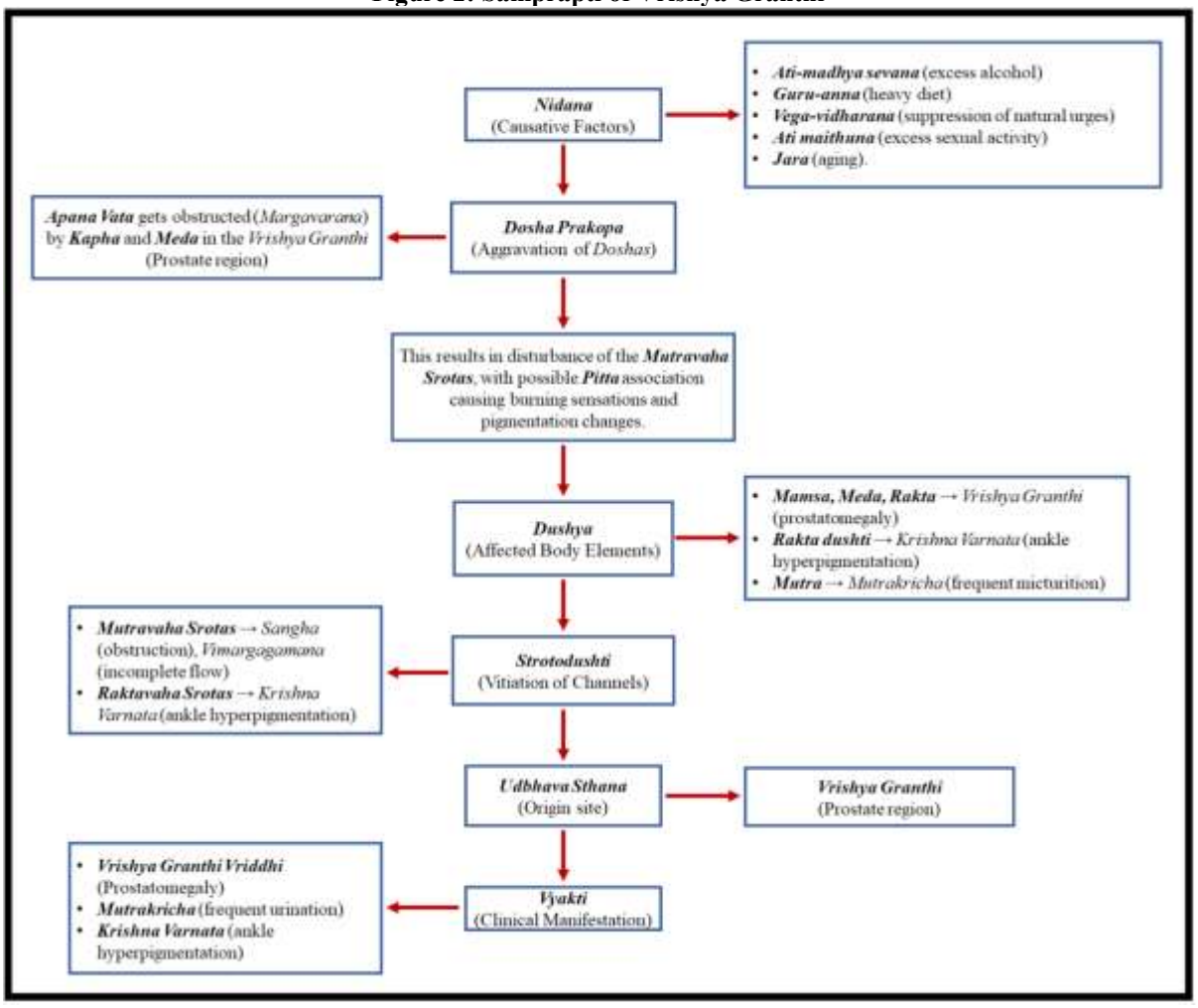
Organ	Findings
Right Kidney	8.9 × 5.1 cm; normal in position, size, and echotexture; no calculus
Left Kidney	9.2 × 4.7 cm; normal in position, size, and echotexture; no calculus
Urinary Bladder	Normal lumen and walls
Prevoid Urine Volume	275 ml
Postvoid Urine Volume	123 ml (Significant retention)
Prostate	Enlarged (~116 cc) with median lobe protruding into bladder base
Ascites	Not seen
Impression	Gross prostatomegaly (recommend PSA correlation)
	Significant post-void residual urine (PVRU)

Table 4: Pre-treatment laboratory findings as of April 13, 2025

Tests	Values
PSA Total (Prostate Specific Antigen - Cancer Marker)	7.927 ng/ml

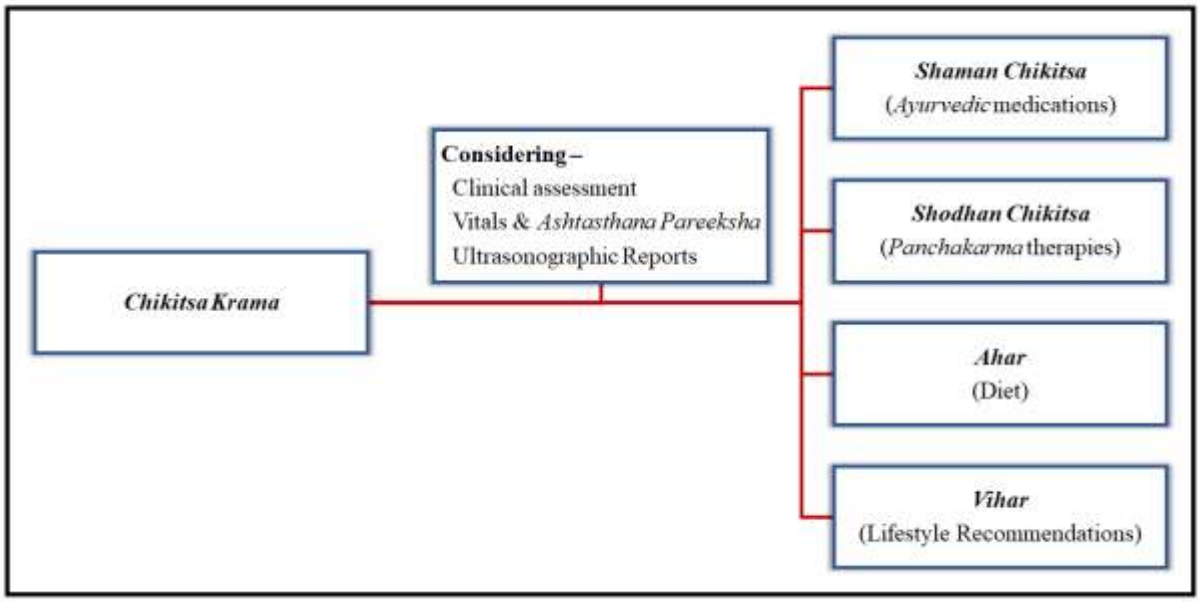
The Samprapti (pathogenesis) is illustrated schematically in Figure 2. [15]

Figure 2: Samprapti of Vrishya Granthi



Treatment Plan:-
The treatment approach has been systematically outlined in Figure 3, depicting the structured framework of the Chikitsa Krama.

Figure 3: Chikitsa Krama of this case



Shaman Chikitsa:-
Based on the clinical evaluation, a detailed and patient-specific medication protocol was devised, as outlined in Table 5.

Table 5: Ayurvedic medicines prescribed

Date	Medicines	Dosage with *Anupana* (Medium)
16-04-2025	Gokshuradi Guggulu Tablet	2 Tab BD (*Adhobhakta* with *Koshna Jala*) *
	Gadood Sudharak Vati	2 Tab BD (*Adhobhakta* with *Koshna Jala*)
	GE- LIV Forte Syrup	10 ml BD (*Adhobhakta* with *Sama Matra Koshna Jala*) **
19-05-2025	Gadood Sudharak Vati	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Gokshuradi Guggulu Tablet	2 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Chander prabha vati	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Renal Support Syrup	20 ml BD (*Adhobhakta* with *Sama Matra Koshna Jala*)
21-05-2025	Gokshuradi Guggulu Tablet	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Gadood Sudharak Vati	2 Tab BD (*Adhobhakta* with *Koshna Jala*)
	GE- LIV Forte Syrup	10 ml BD (*Adhobhakta* with *Sama Matra Koshna Jala*)
31-08-2025	Gokshuradi Guggulu Tablet	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Gadood Sudharak Vati	2 Tab BD (*Adhobhakta* with *Koshna Jala*)
	GE- LIV Forte Syrup	10 ml BD (*Adhobhakta* with *Sama Matra Koshna Jala*)
* ***Adhobhakta*** **with** ***Koshna Jala*** - After Meals with Lukewarm Water		
** ***Adhobhakta*** **with** ***Sama Matra Koshna Jala*** - After Meals with Equal Amount of Lukewarm Water		

Ahar:-

The patient was prescribed an Ayurvedic D.I.P Diet (Disciplined and Intelligent Person's Diet). [16, 17, 18, 19]

Pathya (allowed):

- Raw fruits and vegetables (especially morning to noon)
- Uncooked sprouts
- No salt, sugar, or oil (or very minimal)
- Plant-based whole foods only
- No animal products or processed foods

Apathya (Avoid):

- Wheat, Packed food, Refined food, Diary food/ Animal food, Coffee and Tea
- Never eat after 8 PM
- In solid take small bite and chew 32 times
- In liquid take sip and drink slowly

Hydration:-

- Alkaline water - 3-4 times a day (1 litre)
- Herbal Tea (32 herbs tea)
- Living water
- Coconut water, Coconut milk and Almond milk

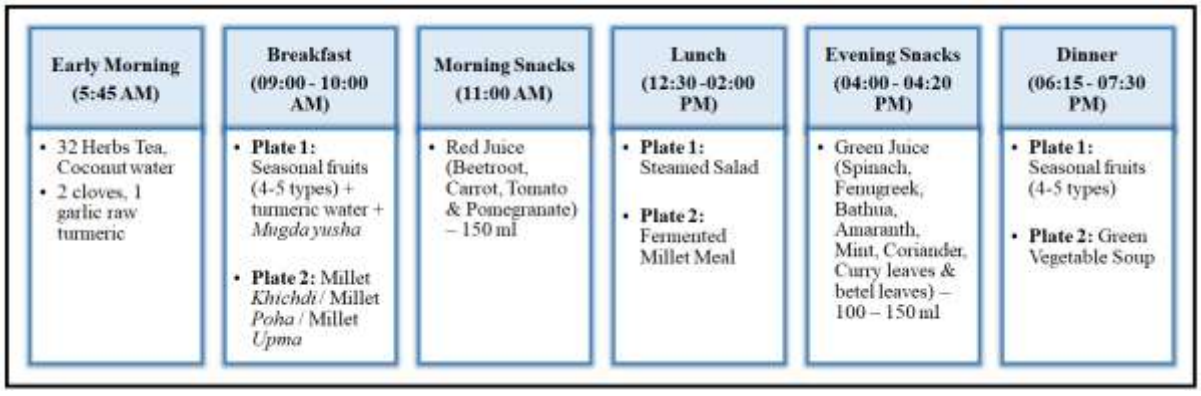
Millet meal:-

- Foxtail (Setaria italica)
- Barnyard (Echinochloa esculenta)
- Little (Panicum sumatrense)
- Kodo (Paspalum scrobiculatum)
- Browntop (Urochloa ramose)

Special Instructions:-

- Brisk walking 30 min with barefoot
- Sit in sunlight for 1 hour
- 10 min slow walk after every meal
- One day fasting is recommended
- Get quality sleep (8 hours)
- Cook millets in a steel cookware using only mustard oil.
- Sit in Vajrasana after every meal

Meal Structure:-



Green Vegetable Soup:

- Spinach, Peas, Carrots, Cabbage, Capsicum, Ghee, Zucchini, Cucumber, Green Gram, etc. (10 grams each)
- Add Ginger, Garlic and Black Salt
- Grind & boil for a minute
- Add lemon as per taste & serve

Plate 1:
Patient Weight X 10

Plate 2:
Patient Weight X 5

Herbal Tea:
Gauzaban *(Borago officinalis),* ***Kulanjan*** *(Alpinia galanga),* ***Badi Elaichi*** *(Amomum subulatum),* ***Laung*** *(Syzygium aromaticum),* ***Badiiyan Khtayi*** *(Illicium verum),* ***Banafsha*** *(Viola odorata),* ***Jufa*** *(Hyssopus officinalis),* ***Ashwagandha*** *(Withania somnifera),* ***Mulethi*** *(Glycyrrhiza glabra),* ***Punarnava*** *(Boerhavia diffusa),* ***Brahmi*** *(Bacopa monnieri),* ***Chitrak*** *(Plumbago zeylanica),* ***Marich*** *(Piper nigrum),* ***Adoosa*** *(Justicia adhatoda / Adhatoda vasica),* ***Saunf*** *(Foeniculum vulgare),* ***Shankh Pushpi*** *(Convolvulus pluricaulis),* ***Arjun*** *(Terminalia arjuna),* ***Tulsi*** *(Ocimum sanctum),* ***Motha*** *(Cyperus rotundus),* ***Senaye*** *(Cassia angustifolia),* ***Sounth*** *(Zingiber officinale, dried ginger),* ***Majeeth*** *(Rubia cordifolia),* ***Sarfoka*** *(Tephrosia purpurea),* ***Dalchini*** *(Cinnamomum zeylanicum),* ***Gulab*** *(Rosa damascena),* ***Green Tea*** *(Camellia sinensis),* ***Giloy*** *(Tinospora cordifolia),* ***Tej Patta*** *(Cinnamomum tamala),* ***Lal Chandan*** *(Pterocarpus santalinus),* ***White Chandan*** *(Santalum album) and* ***Pudina*** *(Mentha piperita)*

Vihar [16, 17, 18, 19]:-

- **Meditation**: The patient was advised to incorporate a one-hour daily meditation practice as part of the prescribed therapeutic protocol.
- **Yoga**: The patient was recommended to practice Sukshm Pranayam and Sukhasan for 40 minutes daily.
- **Sleep**: The patient was advised to maintain 6 to 8 hours of continuous and restorative sleep each night.
- **Walking**: The patient was instructed to perform a daily 30-minute brisk walk without footwear.
- **Daily Routine**: The patient was advised to follow a structured and disciplined daily regimen.

Observations and Results:-
During the treatment course, the patient demonstrated steady and progressive clinical improvement. Evaluations of quality of life revealed substantial enhancement in both physical and psychological well-being. Notable improvements were observed over the course of four outpatient consultations. Ultrasonographic findings indicated significant anatomical and functional improvement in Table 6, while a comparative analysis of symptom severity before and after treatment is summarized in Table 7.

Table 6: Pre and Post – treatment ultrasonographic evaluations

Parameter	14-04-2025	11-08-2025	Interpretation
Prevoid Urine Volume	275 ml	253.0 ml	Slight decrease
Postvoid Urine Volume (PVRU)	123 ml (Significant)	113.0 ml (Significant)	Mild improvement in residual volume
Prostate Volume	116 cc (Enlarged) with median lobe protruding into bladder base	80 cc (Still enlarged) with median lobe hypertrophied	Marked reduction in prostate volume (↓36 cc), but still enlarged
Impression	Gross prostatomegaly. Significant PVRU.	Grade III prostatomegaly with median lobe hypertrophy.	Condition slightly improved, but still significant.

Table 7: Comparative Analysis of Symptoms Pre- and Post-Treatment

Symptoms before treatment	Symptoms after treatment
Frequent micturition (*Mutrakricha*)	Relieved
Hyperpigmented lesions in the ankle region (*Krishna Varnata*)	Relieved

Discussion:-

A 62-year-old male with a previously established diagnosis of prostatomegaly (Vrishya Granthi) underwent a comprehensive Ayurvedic treatment protocol at Jeena Sikho Lifecare Ltd. Hospital. Initial ultrasonographic evaluation revealed a significantly enlarged prostate (~116 cc), with median lobe intrusion into the bladder lumen, bilateral kidneys within normal limits, and substantial post-void residual urine (Prevoid: 275 ml; Postvoid: 123 ml),

indicating impaired bladder emptying.A multidisciplinary assessment was conducted, incorporating clinical vitals, findings from Ashtasthana Pareeksha, and advanced imaging (ultrasonographic), which informed a customized therapeutic strategy. The integrative treatment plan emphasized Nidan Parivarjan (elimination of etiological factors), along with individualized interventions focusing on Ahar (dietary modulation), Vihar (lifestyle optimization), and Shaman Chikitsa (palliative pharmacological management).Following completion of the treatment regimen, the patient exhibited significant clinical improvement. This progress was substantiated across three scheduled follow-up visits, each documenting sustained and progressive resolution of symptoms and objective parameters.

Nidan Parivarjan:-

As part of the comprehensive therapeutic regimen, the patient received structured counselling on dietary and lifestyle modifications aimed at supporting genitourinary and systemic health. Nutritional guidance included the avoidance of heavy, oily, fermented, and excessively spicy foods, in alignment with principles of metabolic balance. Rigorous control of blood glucose and blood pressure levels was emphasized, along with the strict elimination of nephrotoxic agents. A renal-supportive dietary plan was advised, incorporating restrictions on sodium, protein, and potassium intake, tailored to preserve renal function. The patient was also encouraged to maintain optimal hydration, avoid excessive physical exertion, and abstain from alcohol and tobacco use. Adherence to a regulated and disciplined daily routine was strongly recommended to enhance treatment efficacy. This integrative approach reflects the Ayurvedic tenet of Nidan Parivarjan (elimination of causative factors), with the goal of attenuating disease progression, safeguarding renal integrity, and promoting favourable clinical outcomes. [16, 17]

Samprapti:-

Figure 1 illustrates the Ayurvedic pathogenesis (Samprapti) of Prostatomegaly. Causative factors such as excessive alcohol intake, heavy diet, suppression of natural urges, aging, and excessive sexual activity aggravate Apana Vata, which becomes obstructed by Kapha and Meda in the Vrishya Granthi (prostate region). This obstruction disrupts the Mutravaha Srotas, with possible Pitta association contributing to burning sensations and pigmentation changes. The pathological process affects Mamsa, Meda, Rakta, and Mutra, leading to Srotodushti in the form of sangha (obstruction) and vimargagamana (abnormal flow). Ultimately, this manifests as Vrishya Granthi Vriddhi (prostatomegaly), Mutrakricha (lower urinary tract symptoms), and Krishna Varnata (ankle hyperpigmentation). [15]

Ahar:-

The patient was placed on a structured, renal-supportive dietary regimen focused on light, easily digestible, and nutritionally balanced meals, spaced across six intervals daily. The day began with tulsi–ginger-infused water or herbal tea, followed by a low-glycemic breakfast of seasonal fruits and millet-based preparations. Midday and evening snacks included fresh vegetable juices (e.g., beetroot, leafy greens) and soaked almonds. Lunch and dinner consisted of steamed salads, fermented millet dishes, and low-potassium vegetable soups using renal-friendly ingredients such as spinach, zucchini, and carrots. Meals were completed before 8:00 PM, and hydration was supported through the inclusion of herbal tea, turmeric-infused water, and naturally energized water. This integrative plan aimed to optimize digestion, support detoxification, maintain doshic balance, and preserve renal function in line with Ayurvedic principles.

Vihar:-

As part of the integrative therapeutic approach, the patient was advised to adopt a comprehensive lifestyle regimen aimed at enhancing systemic health and psychological well-being. This included daily meditation practice for 60 minutes, supplemented by 40 minutes of Sukshma Pranayama and Sukhasana (seated breathing exercises) to promote autonomic balance and stress reduction. A regular sleep routine ensuring 6 to 8 hours of uninterrupted, restorative sleep was strongly recommended to support circadian alignment and hormonal regulation. Additionally, the patient was encouraged to perform a 30-minute barefoot brisk walk daily to enhance circulation, neuromuscular grounding, and metabolic function. Emphasis was placed on maintaining a structured and disciplined daily schedule to reinforce behavioral consistency and optimize therapeutic outcomes.

Chikitsa:-

The physician advised an integrative treatment approach centered on Shaman Chikitsa (palliative care). Following a detailed clinical evaluation, a customized medication regimen was formulated to address the patient's specific needs. A comprehensive overview of the Ayurvedic formulations used in this case is provided in Table 8. Gokshur and Haritaki are the principal herbs commonly incorporated in Ayurvedic formulations. Their therapeutic efficacy is

determined by their Ras Panchak – a comprehensive analysis of taste (Rasa), qualities (Guna), potency (Virya), post-digestive effect (Vipaka), and specific action (Prabhava) – as follows.[20]

Table 8: Detailed description of medicines prescribed

Medicine	Ingredients	Therapeutic Effects
***Gokshuradi Guggulu* Tablet**	***Gokshur*** *(Tribulus terrestris),* ***Shuddh Guggal*** *(Commiphora mukul),* ***Shunthi*** *(Zingiber officinale),* ***Krishna Marich*** *(Piper nigrum),* ***Pippali*** *(Piper longum),* ***Haritaki*** *(Terminalia chebula),* ***Vibhitaki*** *(Terminalia bellirica),* ***Amalaki*** *(Phyllanthus emblica)* and ***Nagarmoth*** *(Cyperus rotundus).*	*Mutrala* (diuretic), *Shothahar* (anti-inflammatory) and *Ama Pachana* (digestive)
Gadood Sudharak Vati	***Kahu*** (*Lactuca sativa*), ***Varuna*** (*Crataeva nurvala*), ***Gokshur*** (*Tribulus terrestris*), ***Khayarain*** (*Cucumis sativus L.*) and ***Shuddh Guggulu*** (*Commiphora mukul*)	Supports *Mutrala* (prostate and urinary health), *Shothahar* (reduces inflammation), *Ama Pachana* (aids detox and kidney function), and *Rasayana* (boosts overall energy and wellness)
GE- LIV Forte Syrup	***Bhringraj*** *(Eclipta prostrata),* ***Kuchri*** *(Strychnos nux-vomica),* ***Kalmegh*** *(Andrographis paniculata),* ***Kutaki*** *(Picrorhiza kurroa),* ***Vidhang*** *(Embelia ribes),* ***Nishoth*** *(Operculina turpethum),* ***Daruharidra*** *(Berberis aristata),* ***Chitrak*** *(Plumbago zeylanica),* ***Mool Bhumi Amalaki*** *(Phyllanthus niruri), and* ***Shadashan*** *(Crinum asiaticum).*	*Yakrit Uttejak* (liver stimulant) and *Shodhak* (liver detoxifier), *Ojovardhak* (immunity enhancer), *Agnivardhak* (digestive fire enhancer) and *Amlapittahar* (reliever of hyperacidity)
Chander prabha vati	***Kapur*** *(Cinnamomum camphora),* ***Vacha*** *(Acorus calamus L.),* ***Nagarmotha*** *(Cyperus rotundus),* ***Bhumi Amalaki*** *(Phyllanthus niruri),* ***Guduchi*** *(Tinospora cordifolia),* ***Haridra*** *(Curcuma longa),* ***Daruharidra*** *(Berberis aristata),* ***Dhanyaka*** *(Coriandrum sativum),* ***Haritaki*** *(Terminalia chebula),* ***Vibhitaki*** *(Terminalia bellerica),* ***Amalaki*** *(Phyllanthus emblica),* ***Vidanga*** *(Embelia ribes),* ***Shunthi*** *(Zingiber officinale),* ***Krishna Marich*** *(Piper nigrum),* ***Himalayan Salt*** *(Saindhava Lavana),* ***Nishoth*** *(Operculina turpethum),* ***Tejpatta*** *(Cinnamomum tamala),* ***Twak*** *(Cinnamomum verum J. Presl),* ***Kshudra Ela*** *(Elettaria cardamomum),* ***Shilajeet*** *(Asphaltum punjabianum)*	*Mutrakrichrahar* (relieves difficulty in urination), *Mutrala* (diuretic), *Shukravardhak* (improves reproductive health), *Balya* (strengthening) and *Ojovardhak* (enhances *Ojas*)
Renal Support Syrup	***Nimba*** *(Azadirachta indica),* ***Arjuna*** *(Terminalia arjuna),* ***Gokshur*** *(Tribulus terrestris),* ***Haritaki*** *(Terminalia chebula),* ***Ashwagandha*** *(Withania somnifera),* ***Karanja*** *(Pongamia pinnata),* ***Chirayata*** *(Swertia chirayita).*	*Mutrala* (Diuretic), *Mutrakrichrahar Karma* (alleviation of dysuria), *Mutraghatahar Karma* (relief from urinary obstruction) and *Shothahar Karma* (anti-inflammatory effect)

Gokshur (Tribulus terrestris):-

- Gokshur possesses a Rasa (taste) that is primarily Madhura (sweet), Kashaya (astringent), and Tikta (bitter). Its Guna (qualities) are Laghu (light) and Ruksha (dry), while its Virya (potency) is Ushna (hot). The Vipaka (post-digestive effect) is Madhura (sweet). It has a specific Prabhava (action) as a Mutravirechaka (diuretic), Shothahara (anti-inflammatory), and Rasayana (rejuvenative) herb. [20, 21]
- Gokshur exhibits diuretic, anti-inflammatory, and anti-androgenic properties, contributing to the reduction of prostate gland hypertrophy and alleviation of lower urinary tract symptoms in prostatomegaly. [21]

Haritaki (Terminalia chebula):-

- Haritaki has five tastes (Rasa) excluding salty, with Laghu (light), Ruksha (dry) Guna, Ushna Virya (hot potency), Madhura Vipaka (sweet post-digestive effect), and acts as a Tridoshahara Rasayana (balancer of all doshas and rejuvenator). [20, 22]
- Haritaki exerts antioxidant, mild laxative, and anti-inflammatory effects that support bowel regularity, reduce pelvic congestion, and aid in mitigating symptoms associated with prostatomegaly. [22]

Future Research Aspects:-

Future Ayurvedic research on prostatomegaly should focus on evidence-based clinical trials to validate the efficacy and safety of classical formulations such as Gokshuradi Guggulu, Varuna-based compounds, and Rasayana therapies. Integrative studies combining Ayurvedic diagnostics (e.g., Ashtasthana Pareeksha) with modern biomarkers like PSA levels and prostate volume via imaging can offer a holistic framework for assessment. Additionally, molecular research into the pharmacodynamics of key herbs like Gokshur, Haritaki and Varuna may elucidate their anti-inflammatory, anti-androgenic, and apoptotic mechanisms. Establishing standardized protocols and dose optimization will be essential for wider clinical acceptance and global integration of Ayurvedic management in benign prostatic hyperplasia (BPH).

Conclusion:-

The integrative Ayurvedic management of Prostatomegaly (Vrishya Granthi) in this case demonstrated significant clinical efficacy in alleviating lower urinary tract symptoms, reducing post-void residual urine, and improving quality of life. The individualized therapeutic protocol – comprising Nidan Parivarjan, Ahar, Vihar and Shaman Chikitsa – addressed the Tridoshaja pathophysiology with Vata predominance. The notable symptomatic and functional improvements observed over sequential follow-ups affirm the potential of evidence – based Ayurvedic interventions in the management of benign prostatic conditions. This case highlights the clinical relevance of Ayurveda in urological disorders and underscores the need for further validation through large-scale, controlled clinical studies.

Clinical:

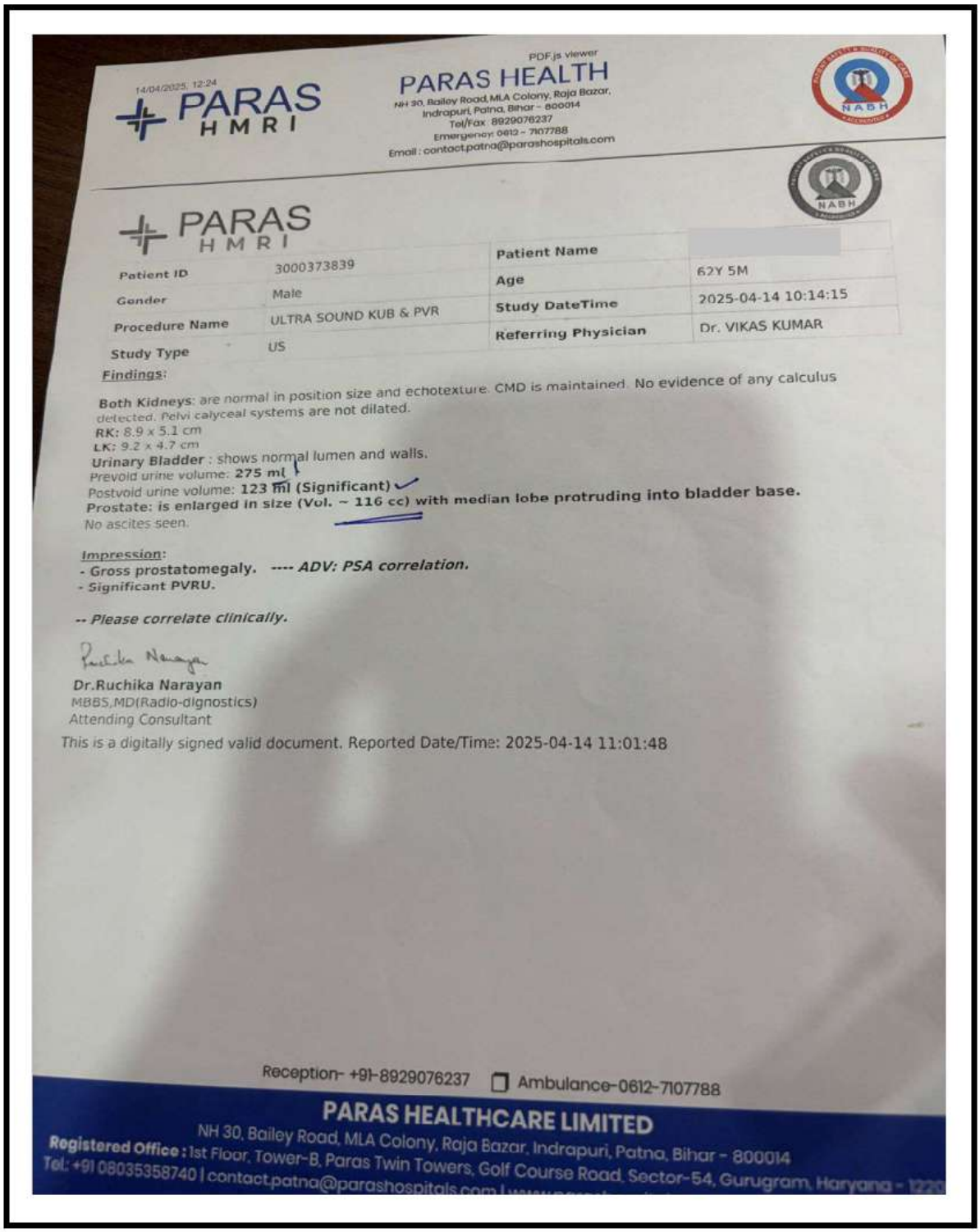
- The patient exhibited progressive and significant clinical improvement throughout the course of Ayurvedic management.
- Symptoms of frequent micturition showed marked reduction, eventually returning to normal urinary frequency.
- Associated hyperpigmented lesions over the ankle region (Krishna Varnata) also resolved gradually with ongoing therapy.

Ultrasonographic Improvement:

- Pre-treatment ultrasound showed an enlarged prostate (~116 cc) with median lobe intrusion and significant urinary retention (PVR: 123 ml).
- After four months of treatment, ultrasound showed notable improvement, though Grade III Prostatomegaly persisted with a reduced prostate volume of 113.0 cc, median lobe hypertrophy, and decreased post-void residual urine of 253.0 cc, indicating partial relief of obstruction.

Reports:-

1. **Ultrasonographic report before Ayurvedic treatment (14-04-2025)**



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Patient ID	3000373839	Patient Name	
Gender	Male	Age	62Y 5M
Procedure Name	ULTRA SOUND KUB & PVR	Study DateTime	2025-04-14 10:14:15
Study Type	US	Referring Physician	Dr. VIKAS KUMAR

Findings:

Both Kidneys: are normal in position size and echotexture. CMD is maintained. No evidence of any calculus detected. Pelvi calyceal systems are not dilated.
RK: 8.9 x 5.1 cm
LK: 9.2 x 4.7 cm
Urinary Bladder : shows normal lumen and walls.
Prevoid urine volume: **275 ml**
Postvoid urine volume: **123 ml (Significant)**
Prostate: is enlarged in size (Vol. ~ 116 cc) with median lobe protruding into bladder base.
No ascites seen.

Impression:
- **Gross prostatomegaly. ---- *ADV: PSA correlation.***
- **Significant PVRU.**

-- Please correlate clinically.

Ruchika Narayan
Dr.Ruchika Narayan
MBBS,MD(Radio-diagnostics)
Attending Consultant

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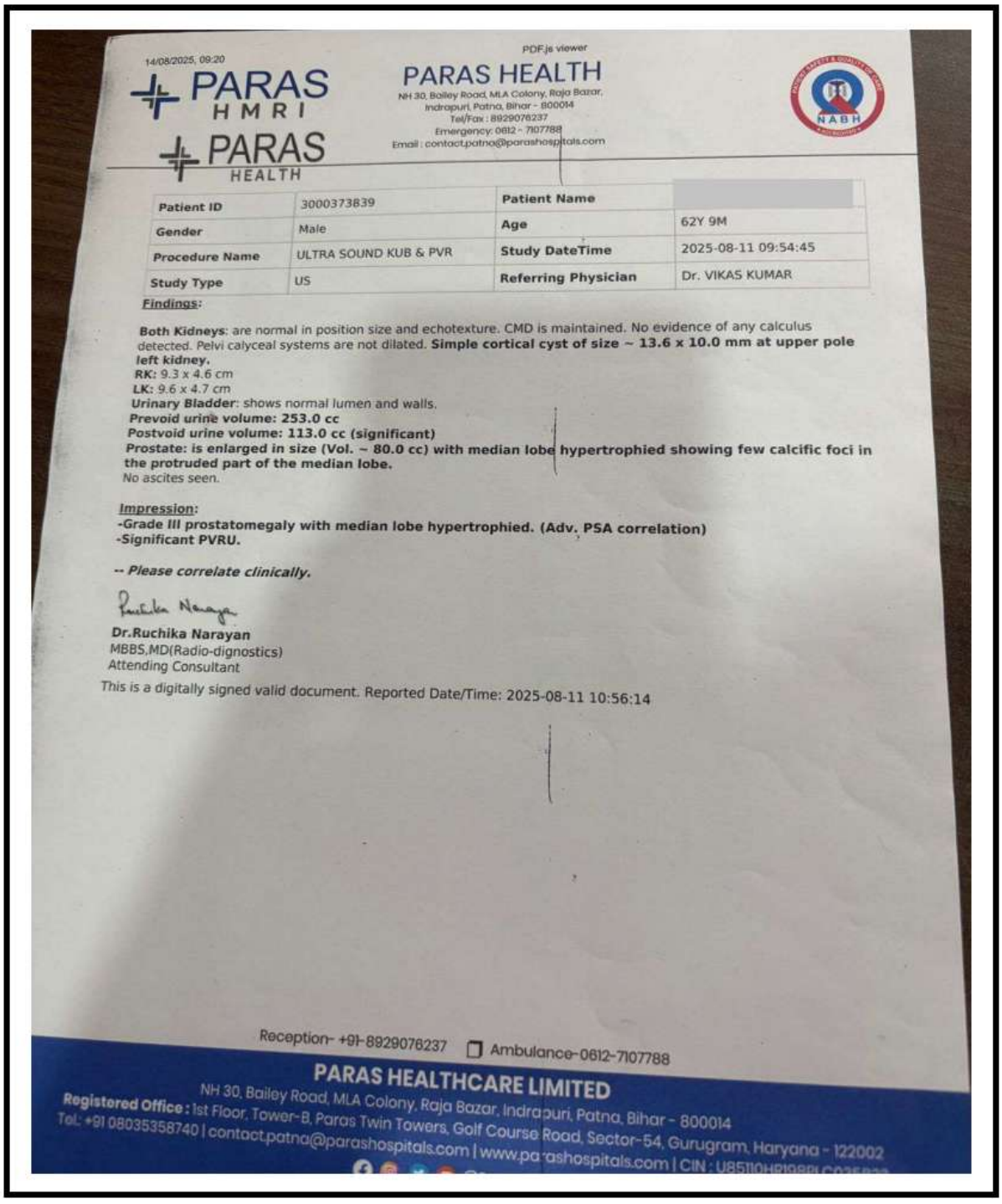
2. Ultrasonographic report after Ayurvedic treatment (11-08-2025)



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NABH

Patient ID	3000373839	**Patient Name**	
Gender	Male	**Age**	62Y 9M
Procedure Name	ULTRA SOUND KUB & PVR	**Study DateTime**	2025-08-11 09:54:45
Study Type	US	**Referring Physician**	Dr. VIKAS KUMAR

Findings:

Both Kidneys: are normal in position size and echotexture. CMD is maintained. No evidence of any calculus detected. Pelvi calyceal systems are not dilated. **Simple cortical cyst of size ~ 13.6 x 10.0 mm at upper pole left kidney.**
RK: *9.3 x 4.6 cm*
LK: *9.6 x 4.7 cm*
Urinary Bladder: shows normal lumen and walls.
Prevoid urine volume: 253.0 cc
Postvoid urine volume: 113.0 cc (significant)
Prostate: is enlarged in size (Vol. ~ 80.0 cc) with median lobe hypertrophied showing few calcific foci in the protruded part of the median lobe.
No ascites seen.

Impression:
-Grade III prostatomegaly with median lobe hypertrophied. (Adv. PSA correlation)
-Significant PVRU.

-- Please correlate clinically.

Dr.Ruchika Narayan
MBBS,MD(Radio-dignostics)
Attending Consultant

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Reference:-

1. Bradbury, C. A., Westropp, J. L., & Pollard, R. E. (2009). Relationship between prostatomegaly, prostatic mineralization, and cytologic diagnosis. Veterinary Radiology & Ultrasound, 50(2), 167-171. https://doi.org/10.1111/j.1740-8261.2009.01510.x
2. Ab Hamid, S. (2023). Primary Prostatic Lymphoma Presenting with Prostatomegaly. Radiology: Imaging Cancer, 5(2), e220171. https://doi.org/10.1148/rycan.220171
3. Gold, S. A., Goueli, R., Mostardeiro, T. R., Carpinito, G. P., El-Eishy, A., Mauck, R., Woldu, S. L., Strand, D. W., Lotan, Y., Roehrborn, C. G., Costa, D. N., & Gahan, J. C. (2023). Optimal prostate cancer diagnostic pathways for men with prostatomegaly in the MRI era. Urology, 179, 95–100. https://doi.org/10.1016/j.urology.2023.05.003
4. Nithyakala, P., Reema, M. S., Saju, S. M., S. V., & Kunjumon, S. D. (2022). A comprehensive review of prostatomegaly treatment and post-surgical complications. International Journal of Pharmaceutical Research and Applications, 7(6), 1309–1317. https://doi.org/10.35629/7781-070613091317
5. Carter, H. B., Albertsen, P. C., Barry, M. J., Etzioni, R., Freedland, S. J., Greene, K. L., Holmberg, L., Kantoff, P., Konety, B. R., Murad, M. H., Penson, D. F., & Zietman, A. L. (2013). Early detection of prostate cancer: AUA guideline. The Journal of Urology, 190(2), 419–426. https://doi.org/10.1016/j.juro.2013.04.119
6. Oumedjbeur, K., Corsi, N. J., Bouhadana, D., Ibrahim, A., Nguyen, D. D., Matta, I., Arezki, A., Sadri, I., Elsherbini, T., Bhojani, N., Elterman, D. S., Chughtai, B., Helfand, B. T., Glaser, A. P., Misrai, V., Kaplan, S., Gilling, P., Barber, N., Desai, M., Badlani, G. H., … Zorn, K. C. (2023). Aquablation versus TURP: 5-year outcomes of the WATER randomized clinical trial for prostate volumes 50-80 mL. The Canadian journal of urology, 30(5), 11650–11658.
7. Nguyen, D. D., Li, T., Ferreira, R., Baker Berjaoui, M., Nguyen, A. V., Chughtai, B., Zorn, K. C., Bhojani, N., & Elterman, D. (2024). Ablative minimally invasive surgical therapies for benign prostatic hyperplasia: A review of Aquablation, Rezum, and transperineal laser prostate ablation. Prostate cancer and prostatic diseases, 27(1), 22–28. https://doi.org/10.1038/s41391-023-00669-z
8. Sapoval, M., Thiounnc, N., Descazeaud, A., Dean, C., Ruffion, A., Pagnoux, G., Duarte, R. C., Robert, G., Petitpierre, F., Karsenty, G., Vidal, V., Murez, T., Vernhet-Kovacsik, H., de la Taille, A., Kobeiter, H., Mathieu, R., Heautot, J.-F., Droupy, S., Frandon, J., … Chatellier, G. (2023). Prostatic artery embolisation versus medical treatment in patients with benign prostatic hyperplasia (PARTEM): A randomised, multicentre, open-label, phase 3, superiority trial. The Lancet Regional Health – Europe, 32, 100672. https://doi.org/10.1016/j.lanepe.2023.100672
9. Zhou, R., Che, X., Zhou, Z., & Ma, Y. (2023). A Systematic Review and Meta-Analysis of the Efficacy and Safety of Tamsulosin Plus Tadalafil Compared With Tamsulosin Alone in Treating Males With Lower Urinary Tract Symptoms Secondary to Benign Prostrate Hyperplasia. American journal of men's health, 17(1), 15579883231155096. https://doi.org/10.1177/15579883231155096
10. Pollack, A. S., Kunder, C. A., Brazer, N., Shen, Z., Varma, S., West, R. B., Cunha, G. R., Baskin, L. S., Brooks, J. D., & Pollack, J. R. (2024). Spatial transcriptomics identifies candidate stromal drivers of benign prostatic hyperplasia. JCI insight, 9(2), e176479. https://doi.org/10.1172/jci.insight.176479
11. Ng Hung Shin, B., Qu, L., Rhee, H., & Chung, E. (2024). Systematic review and network meta-analysis of re-intervention rates of new surgical interventions for benign prostatic hyperplasia. BJU International. Advance online publication. https://doi.org/10.1111/bju.16304
12. Holeyache, A., Chaudhary, V., Biju, S., Gadad, G., & Killedar, R. (2025). Ayurveda management of benign prostatic hyperplasia: A case report. Journal of Ayurveda and Holistic Medicine (JAHM), 13(6), 171–178. https://doi.org/10.70066/jahm.v13i6.1931
13. Krishnan, N. N., & Muhammed, M. V. (2023). Benign prostatic hyperplasia: An overview and role of Ayurveda in its management. International Journal of Creative Research Thoughts (IJCRT), 11(1).
14. Dahiya, A., & Dharmarajan, P. (2023). Preferred methods of diagnosis and treatment of benign prostatic hyperplasia adopted by Ayurveda practitioners: A survey study. Journal of Ayurveda and Integrated Medical Sciences, 8(3), 24–30. https://doi.org/10.21760/jaims.8.3.4
15. Talapatra, T., Ghosh, S., & Kuila, J. (2021). Ayurvedic management of Vatasthila (benign prostatic hypertrophy): A case study. World Journal of Pharmaceutical Research, 10(2), 965–972. https://doi.org/10.17605/OSF.IO/WRQT6
16. Chowdhury, B. R. (2024). World's best: The DIP diet book (Fastest and evidence-based).
17. Suman, & Joshi, N. K. (2024). Millets: Forgotten grains with potential health benefits in Ayurveda with special reference to Kodrava. Journal of Ayurveda and Integrated Medical Sciences, 7, 230–236. https://doi.org/10.21760/jaims.9.7.35

18. Sandeep, G., Anubha, C., & Mita, K. (2017). Pathya-Apathya-A Peculiarity of Ayurveda. International Journal of Ayurvedicand Herbal Medicine, 7(4), 2635-2642.
19. Kumar, S. (2014). The Concept of Diet in Ayurveda and Its Implications for the Modern World. In: Rastogi, S. (eds) Ayurvedic Science of Food and Nutrition. Springer, New York, NY. https://doi.org/10.1007/978-1-4614-9628-1_3
20. Bhola, S., & Rao, M. P. (2016). Are Rasapanchaka physical effects or pharmacological effects? A detailed review. World Journal of Pharmaceutical Research, 404 – 15.
21. Shelke, R. D., Ramteke, A. D., & Patankar, R. A. (2014). Phytochemical study of gokshur (Tribulus terrestris Linn.) And evaluation of its antibacterial activity with special reference to mutrakruchcha. International Journal of Ayurveda and Pharma Research.
22. Rathinamoorthy, R., & Thilagavathi, G. (2014). Terminalia chebula-review on pharmacological and biochemical studies. International Journal of PharmTech Research, 6(1), 97-116.