BRIDGING BENIGN PROSTATIC HYPERPLASIA WITH ANCIENT WISDOM:
A Comparative Review of BPH and Vātāṣṭhīlā

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Abstract

Benign prostatic hyperplasia (BPH) is an age-associated histological enlargement of the prostate that may contribute to bladder outlet obstruction and lower urinary tract symptoms (LUTS). Modern urology recognizes that prostate enlargement, smooth-muscle tone, bladder response and other age-related factors interact to produce the clinical syndrome; therefore, prostate size and symptom severity do not necessarily correspond directly. Classical Ayurvedic literature described this disease as one of the symptomatology set under the head of mootraghata. Description of Vātāṣṭhīlā provides a potentially relevant conceptual framework because it describes a hard, elevated mass in the pelvic region associated with urinary obstruction, abdominal/bladder- region distension and pain. This narrative comparative review bridges these two descriptions without claiming that they are identical diagnoses. The modern description of BPH, its pathophysiology and lower urinary tract symptoms (LUTS) is compared with the classical description of Vātāṣṭhīlā, including its proposed etiological factors and Shatkriyākāla-based progression as presented in the supplied source. The comparison suggests that Vātāṣṭhīlā may be used as a classical explanatory analogue for selected obstructive urinary presentations, while modern BPH remains a histopathological and clinical diagnosis requiring contemporary evaluation.1 Vatastheela is described in Ayurveda as a type of Mutraghat (urinary disorder), primarily caused by the aggravation of Vata dosha. In Ayurveda, Vatastheela is one of the twelve types of Mutraghata described by Acharya Sushruta in Sushruta Samhita Uttaratantra. It bears close resemblance to benign prostatic hyperplasia (BPH) based on clinical presentation.2
Keywords: Benign prostatic hyperplasia; benign prostatic enlargement; lower urinary tract symptoms; bladder outlet obstruction; Vātāṣṭhīlā; Ayurveda; Shatkriyākāla; Mutravaha Srotas.

1. Introduction

Benign prostatic hyperplasia is a common age-related prostatic disorder. Histologically, it represents hyperplasia of stromal and glandular components, particularly in the transition of periurethral region of the prostate. The three related processes—nodule formation, enlargement of the transition zone and enlargement of nodules—and distinguishes a pathological phase, which may be asymptomatic, from a clinical phase in which glandular and fibromuscular growth contributes to lower urinary tract symptoms (LUTS). 3 Contemporary terminology is more precise: BPH is primarily a histological diagnosis, whereas benign prostatic enlargement (BPE)

describes enlargement and benign prostatic obstruction (BPO) describes urodynamic obstruction. The European Association of Urology (EAU) therefore emphasizes LUTS as a symptom-based clinical entity rather than assuming that all LUTS in older men are caused by prostate enlargement. The 2026 EAU guideline also notes the multifactorial nature of male LUTS.4 We can correlates Vātāṣṭhīlā from the ayurvedic classics with BPH . It describes a hard, elevated pelvic mass associated with urinary obstruction. It also attributes the condition to factors such as suppression of the natural urge to void, inappropriate attempts to void with little urine, Vāta-provoking diet and lifestyle, and age- associated Vāta predominance.5 The purpose of this article is to examine how the two frameworks describe age-related urinary obstruction and its symptoms. The literature review is compressive of introduction, causative concepts, pathophysiology, signs and symptoms, classical progression and comparative interpretation.

2. Material and Methods

A narrative comparative review undertaken. The supplied manuscript material on BPH and Vātāṣṭhīlā was treated as the primary source for the Ayurvedic description and for the detailed symptom list. Classical references cited within that material were retained, particularly the descriptions attributed to Charaka samhita and Yogaratnākara, and the Shatkriyākāla framework attributed to Sushruta samhita. Contemporary medical context was supplemented with current EAU guidance and peer-reviewed reviews of BPH pathophysiology and epidemiology. The comparison was organized under four domains: Terminology and disease concept, pathophysiology, clinical manifestations, and progression.6

3. Results

3.1 perspective: Benign prostatic hyperplasia

Benign prostatic hyperplasia (BPH) is characterized by benign proliferation of prostatic stromal and epithelial elements, classically centered in the transition of periurethral region. Contemporary reviews describe two major contributors to obstruction: a static component related to increased tissue volume and a dynamic component related to increased smooth-muscle tone.7 Age and androgen-dependent prostatic biology are important prerequisites for the development of histological BPH. Autopsy data show that histological BPH becomes increasingly common with advancing age, reaching very high prevalence in advanced age groups. Importantly, histological BPH, prostate enlargement, bladder outlet obstruction and lower urinary tract symptoms (LUTS) are related but distinct phenomena. Thus, the degree of enlargement does not by itself determine symptom severity.8 It divides the condition into an early pathological phase and a later clinical phase. In the clinical phase, both glandular and fibromuscular components are described, with mechanical and dynamic components contributing to the development of lower urinary tract symptoms (LUTS).9

3.2 Clinical manifestations of BPH

The clinical expression of BPH is predominantly through lower urinary tract symptoms (LUTS). These are conventionally grouped into voiding (obstructive) symptoms and storage (irritative) symptoms. The supplied source lists hesitancy, weak stream, straining, prolonged micturition, incomplete emptying and terminal dribbling as voiding symptoms, while frequency, urgency, nocturia and urinary incontinence are listed as storage symptoms. 10 Hesitancy reflects delay before the urinary stream begins. Weak stream and straining indicate increased outlet resistance. Incomplete emptying may lead to residual urine and can contribute to recurrent urinary symptoms. Storage symptoms may arise from bladder dysfunction and altered sensory signaling rather than prostate size alone. The source specifically notes that symptom severity does not necessarily correlate with the degree of prostatic enlargement. 11 Complications or secondary effects include acute or chronic urinary retention, recurrent urinary infection, hematuria, bladder decompensation, hydroureter and hydronephrosis. These findings represent consequences of obstruction or associated urinary tract pathology rather than defining features of uncomplicated BPH. 12

3.3 Modern diagnostic context

Evaluation of men with lower urinary tract symptoms (LUTS) attributed to BPH requires clinical history and examination, assessment of symptom burden, and selective use of laboratory and imaging investigations.13

1. History taking

2. Digital rectal examination (DRE)

3. Serum creatinine

4. Blood sugar level

5. Serum PSA

6. urinalysis

7. Uroflowmetry

8. Ultrasonography

9. Residual urine assessment and symptom according to symptom scoring in IPSS. These investigations

should be interpreted in the broader differential diagnosis of male lower urinsry tract symptoms (LUTS) rather than assuming that every urinary symptom is caused by BPH. 14

3.4 perspective of : Vātāṣṭhīlā

Vātāṣṭhīlā as a Vāta-dominant obstructive condition involving the pelvic region and urinary passage. It describes accumulation of Vāta around the bladder and rectal region with formation

of a solid, hard, elevated or immobile mass that can obstruct urine and produce abdominal or pelvic discomfort. 15 The classical verse reproduced in the source is from Charaka Saṃhitā, Siddhi Sthāna 9, and describes Vāta producing a painful Aṣṭhīlā that obstructs the urinary and fecal passages. The wording therefore supports an obstructive pelvic-mass concept, but it should not be interpreted as a direct anatomical description of histologically proven prostate hyperplasia. The original classical wording can be independently located as Charaka Saṃhitā, Siddhi Sthāna 9/36. 16 According to Yogaratnākara, where Vātāṣṭhīlā is described as a dense, elevated, mobile or immobile mass below the umbilicus capable of producing obstruction. 17 According to Nighaṇṭu Ratnākara for a hard, pebble-like structure below the umbilicus that may be mobile or immobile. 18

3.5 Etiological concepts described for Vātāṣṭhīlā

Four etiological factors are : (1) Suppression of the natural urge to urinate (Vega-nigraha) (2) Attempting to urinate despite insufficient urine (3) Vāta-provoking diet and lifestyle (4) Age-related predominance of Vāta. Therefore frames the condition around disturbance of Vāta and obstruction of urinary function, with ageing serving as an important context.19

3.6 Clinical features of Vātāṣṭhīlā

The classical-clinical features includes urinary obstruction or retention, abdominal/bladder-distension, pain near Basti region, and a hard pelvic mass. It also include occasional urinary discomfort in the early phase and later progression toward more evident obstruction. In advanced disease, abdominal distension and hydronephrosis are described as possible systemic/complication-level manifestaion.20

3.7 Shatkriyākāla and the progression of Vātāṣṭhīlā

Shatkriyākāla to Vātāṣṭhīlā in six stages: Sanchaya, Prakopa, Prasara, Sthānasamśraya, Vyakti and Bheda. In Sanchaya, Vāta is described as accumulating in its principal sites and producing vague urinary discomfort. Prakopa represents further aggravation. During Prasara, the disturbed doshas spread beyond their initial sites. In Sthānasamśraya, doshas are described as becoming localized in Basti and producing the basis for disease manifestation. Vyakti represents recognizable disease, whereas Bheda is described as the stage in which complications such as abdominal distension and hydronephrosis may occur. 21

3.8 Comparative synthesis

Domain BPH/BPE-LUTS Vātāṣṭhīlā Core concept Histological benign prostatic hyperplasia; clinical LUTS/BPE/BPO are related but distinct. Vāta-associated hard/elevated pelvic mass producing urinary and sometimes fecal obstruction. Age relationship Strong age association; histological prevalence rises with age. Ageing is described as a setting for Vāta predominance (Jarā-janya Vāta- prakopa). Anatomical emphasis Transition/periurethral prostate with possible bladder outlet obstruction. Basti/guda/pelvic region with a hard mass and obstruction of

urinary/fecal passages. Pathophysiology Stromal and epithelial proliferation plus static and dynamic obstruction; bladder response influences symptoms. Vāta vitiation, obstruction (srotorodha) and formation of Aṣṭhīlā; progression explained through Shatkriyākāla. Symptoms Hesitancy, weak stream, straining, incomplete emptying, frequency, urgency, nocturia and related LUTS. Urinary obstruction/retention, pelvic or abdominal discomfort/distension and painful hard swelling. Complications described Retention, infection, hematuria, bladder dysfunction and upper urinary tract dilatation may occur. Advanced stage may include abdominal distension and hydronephrosis. Relationship BPH is a modern histopathological diagnosis; LUTS are multifactorial. Vātāṣṭhīlā may serve as a conceptual analogue for selected obstructive urinary presentations, not a proven one- to-one equivalent.

4. Discussion

The comparison reveals an important point of convergence: both frameworks recognize urinary obstruction as a clinically important consequence of an age-associated pelvic process. Modern urology explains obstruction through prostatic tissue enlargement and increased smooth-muscle tone, while the Ayurvedic description explains obstruction through Vāta disturbance and formation of a hard mass in the Basti/guda region. The overlap is therefore strongest at the level of symptom pattern and functional obstruction rather than at the level of histopathological anatomy.22 A second convergence concerns the importance of ageing . current urology shows a strong age dependence of histological BPH, while the supplied Ayurvedic material considers ageing a period in which Vāta becomes predominant. These are different explanatory systems, but both identify advancing age as an important context for urinary dysfunction. 23 A third point is the distinction between structural change and symptoms. BPH emphasizes that prostate volume, bladder outlet obstruction and lower urinary tract symptoms (LUTS) do not map perfectly onto one another. Similarly, the Ayurvedic description does not reduce Vātāṣṭhīlā simply to a mass; it includes functional consequences such as obstruction, retention and distension. This functional emphasis provides a useful bridge for comparative scholarship.24 Nevertheless, BPH is defined histologically by benign hyperplasia of stromal and glandular tissue, whereas Vātāṣṭhīlā is a classical disease concept expressed through doṣa, srotas and clinical characteristics. The classical description of Aṣṭhīlā also includes severe pain and possible obstruction of both urine and feces, features that are not defining characteristics of uncomplicated modern BPH. Therefore, equating every case of BPH with Vātāṣṭhīlā would be an overstatement.25 The most defensible interpretation is that Vātāṣṭhīlā can be studied as a conceptual analogue for a subset of obstructive pelvic/urinary presentations that may overlap clinically with BPH/BPO. Such a correlation is useful for integrative academic discussion .26

5. Conclusion

Benign prostatic hyperplasia is a common age-associated histological condition that may contribute to male LUTS and bladder outlet obstruction. Its clinical expression includes voiding and storage symptoms, while advanced obstruction may be associated with urinary retention and

upper urinary tract consequences. The Ayurvedic concept of Vātāṣṭhīlā describes a Vāta-associated hard pelvic mass with urinary obstruction, distension and pain, and the supplied source further interprets its progression through Shatkriyākāla. The strongest bridge between the two systems is functional: ageing, pelvic localization and obstructive urinary manifestations provide meaningful points of comparison. However, Vātāṣṭhīlā should not be presented as an exact synonym for BPH because the two concepts arise from different diagnostic and explanatory frameworks. Future comparative research can examine whether classical symptom clusters correspond more closely with specific modern phenotypes such as benign prostatic obstruction, chronic urinary retention or other causes of male lower urinary tract symptoms (LUTS).

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