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Uttarbasti In Benign Prostatic Hyperplasia: An Ayurvedic Minimally Invasive Para-Surgical Approach—Current Evidence and Research Priorities

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ABSTRACT

Benign prostatic hyperplasia (BPH) is a histological condition that may contribute to lower urinary tract symptoms (LUTS), including frequency, urgency, nocturia, hesitancy and a weak urinary stream. In Ayurveda, certain features described under Mutraghata, particularly Vatashtheela, show symptomatic similarities to LUTS associated with prostatic enlargement; however, these classical descriptions should not be considered anatomically or pathologically identical to modern BPH. Uttarbasti, a specialized form of medicated Basti administered through the urethral route in males, has been explored in Ayurvedic clinical practice as a para-surgical intervention. This short communication reviews its conceptual relevance and the limited clinical literature while considering current urological guidance. Published reports include a small randomized clinical study of Narayana Taila Uttarbasti and a recent single-arm study of Shilodbidadi Taila Uttarbasti. These studies provide preliminary signals but are insufficient to establish efficacy, comparative effectiveness or long-term safety. Uttarbasti is an invasive urethral procedure and must not be described as non-invasive. Its use requires appropriate training, aseptic precautions, informed consent, careful patient selection and monitoring for adverse events. Well-designed controlled trials using validated symptom scores and objective urological outcomes are needed before any clinical recommendation can be made.

Keywords: Benign prostatic hyperplasia; Lower urinary tract symptoms; Uttarbasti; Vatashtheela; Ayurveda; Clinical research.

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INTRODUCTION

Benign prostatic hyperplasia is a common age-associated histological process involving proliferation of prostatic stromal and epithelial elements. Not every man with histological BPH develops symptoms, and male lower urinary tract symptoms (LUTS) may arise from the bladder, prostate, urethra or systemic and neurological conditions. Therefore, contemporary guidelines increasingly focus on evaluating and treating the cause of LUTS rather than assuming that all urinary symptoms are due to prostate enlargement [1,2].

Assessment generally includes a focused history, physical examination including digital rectal examination when appropriate, urinalysis, symptom quantification and selected investigations such as prostate-specific antigen (PSA), uroflowmetry and measurement of post-void residual urine (PVR), depending on the clinical context. Management is individualized and may include lifestyle measures, pharmacotherapy and minimally invasive or surgical procedures. The 2026 American Urological Association (AUA) guideline series addresses evaluation, medical management and procedural/surgical management, while the 2026 European Association of Urology (EAU) guideline provides updated evidence-based recommendations for male LUTS [1-4].

Ayurvedic literature describes disorders of urinary function under Mutraghata. Vatashtheela is characterized by a firm swelling in the pelvic region with difficulty in urination and other obstructive symptoms. These descriptions may offer a traditional framework for understanding selected symptoms encountered in men with LUTS; nevertheless, a direct one-to-one equivalence between Vatashtheela and modern BPH cannot be assumed [5]. Uttarbasti has been described in Ayurvedic practice as a specialized route of Basti administration and has been investigated in a limited number of clinical studies in patients diagnosed with BPH [6,7].

Ayurvedic Conceptual Basis

The classical description of Vatashtheela includes features such as a hard, relatively immobile swelling in the region between the urinary bladder and rectum, associated with obstruction to the passage of urine, stool and flatus. The clinical resemblance of some urinary manifestations to LUTS in BPH has led to the use of the term ‘Vatashtheela with special reference to BPH’ in contemporary Ayurvedic research. This terminology should be used as a clinical analogy rather than as proof that the two conditions share identical pathology [5,6].

Uttarbasti is a specialized Basti procedure in which an appropriately prepared medicated formulation is introduced through the urethral route in male patients. In Ayurvedic procedural literature, it is described within the broader context of Basti therapy. In contemporary practice, the intervention requires careful consideration of the route, formulation, volume, temperature, sterility,

catheter or instrument selection, patient preparation and post-procedure observation. These procedural variables should be clearly standardized in clinical research rather than being left to individual interpretation.

CLINICAL EVIDENCE FOR UTTARBASTI IN BPH

The published clinical evidence remains limited. Pathak and Naikwade reported a randomized controlled clinical trial evaluating Narayana Taila Uttarbasti in Vatashtheela with special reference to BPH. The article reports improvement in selected symptoms, including frequency, urgency and nocturia, and in post-void residual urine, compared with the study comparator [6]. However, the accessible publication record and abstract alone do not provide sufficient information to independently assess all aspects of allocation concealment, blinding, sample-size justification, protocol reproducibility, completeness of adverse-event reporting or durability of benefit. The findings should therefore be interpreted cautiously and should not be treated as definitive evidence of superiority over standard medical treatment.

A 2026 single-arm clinical study by Reddy and colleagues evaluated a treatment package that included Shilodbidadi Taila Uttarbasti, along with Deepana-Pachana, Kosthashodhana and Shilodbidadi Kashaya, in 20 men aged 40–70 years. The authors reported improvement in International Prostate Symptom Score (IPSS), prostate measurements and PVR [7]. Because the intervention was multi-component and the study had no control group, the specific contribution of Uttarbasti cannot be isolated. The small sample and single-arm design also limit causal interpretation and generalizability.

Taken together, these reports support the feasibility of further investigation but do not establish Uttarbasti as an effective or safer alternative to guideline-supported treatments. A single-arm improvement may reflect the combined intervention, natural variation, regression to the mean, concomitant care or measurement effects. Future publications should report the complete protocol, participant flow, baseline characteristics, predefined primary outcome, between-group effect estimates with confidence intervals, missing data and all adverse events.

Procedural and Safety Considerations

Uttarbasti should be described as a minimally invasive or invasive urethral para-surgical procedure, not as a non-invasive therapy. Introduction of an instrument or formulation through the urethra may cause discomfort, urethral trauma, bleeding, infection, irritation or urinary complications. The incidence of these events in the context of Uttarbasti for BPH is not adequately established in the currently available reports. Absence of detailed adverse-event reporting must not be interpreted as proof of safety.

If investigated clinically, the procedure should be performed only by appropriately trained practitioners in a setting with suitable infection-prevention facilities and access to medical/urological support. The formulation should be authenticated and quality-controlled, and the preparation and administration process should follow a written standard operating procedure. Aseptic technique, informed consent, documentation of baseline urinary status and active post-procedure monitoring are essential. The study protocol should prespecify criteria for stopping treatment and managing complications.

Patients with acute urinary retention, recurrent urinary tract infection, visible haematuria, suspected prostate or bladder malignancy, renal impairment, significant urethral disease or other complicated presentations require prompt conventional medical and urological assessment. Uttarbasti should not delay indicated investigations, catheterization, pharmacotherapy or definitive urological treatment. Current AUA and EAU recommendations emphasise diagnosis, shared decision-making and selection of medical or procedural treatment according to symptoms, prostate characteristics, complications, patient preference and risk [1-4].

OUTCOME MEASURES AND RESEARCH PRIORITIES

Future studies should use a prospective, adequately powered, randomized controlled design with a clearly defined comparator and concealed allocation. Where feasible, outcome assessment should be blinded. The protocol should distinguish the effect of Uttarbasti from concomitant oral medicines, dietary measures or other Panchakarma procedures. Formulation identity, ingredients, manufacturing method, analytical quality, dose, volume, temperature, frequency, duration, route and procedural instruments should be reported in sufficient detail to permit replication.

A clinically meaningful outcome framework should include IPSS and quality-of-life score as patient-reported measures, along with maximum urinary flow rate (Qmax), PVR, prostate volume where relevant, frequency of nocturia, urinary retention episodes, need for rescue medication or surgery, and adverse events. Baseline and follow-up assessment should be performed at prespecified intervals, with longer follow-up to evaluate durability and delayed complications. The trial should be registered prospectively, approved by an appropriate ethics committee, and reported according to recognized clinical-trial reporting standards.

A Ghrita-based Uttarbasti formulation may be investigated as a distinct research question, but its rationale, pharmaceutical standardization, local tolerability and safety must be established before efficacy is assumed. A controlled trial should avoid making claims of prostate-size reduction, hormonal modulation or disease modification unless these outcomes are measured with appropriate methods. The primary objective should be to determine whether the intervention provides a

clinically relevant benefit, whether that benefit is attributable to Uttarbasti itself, and what risks accompany the procedure.

CONCLUSION

Uttarbasti represents an Ayurvedic urethral para-surgical intervention that has been explored in a small number of clinical studies involving men with LUTS attributed to BPH. Existing reports are hypothesis-generating and do not provide sufficient high-quality evidence to recommend it as an established alternative to standard urological care. Its minimally invasive nature should not obscure the potential risks associated with urethral instrumentation. Standardized formulations and procedures, rigorous safety monitoring, prospective registration and well-designed controlled trials using validated patient-reported and objective outcomes are necessary before its role in BPH management can be determined.

DECLARATIONS

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