



CONCEPTUAL REVIEW ON ETIOPATHOGENESIS OF VATAShteELA

K Kiran¹, Vijayendra G Bhat², Shrilatha Kamath³

¹Part Time PhD Scholar, Department of Kayachikitsa, Shri Dharmasthala Manjunatheshwara College of Ayurveda, Kuthpady, Udipi

²Associate Professor, Department of Kayachikitsa and Manasaroga for PG and PhD studies, Shri Dharmasthala Manjunatheshwara College of Ayurveda, Kuthpady, Udipi

³Professor and Head, Department of Kayachikitsa and Manasaroga for PG and PhD studies, Shri Dharmasthala Manjunatheshwara College of Ayurveda, Kuthpady, Udipi

Corresponding Author: kkiran0909@gmail.com

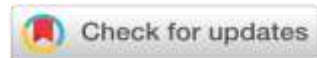
<https://doi.org/10.46607/iamj1012022024>

(Published Online: February 2024)

Open Access

© International Ayurvedic Medical Journal, India 2024

Article Received: 13/01/2024 - Peer Reviewed: 03/01/2024 - Accepted for Publication: 13/02/2024.

**ABSTRACT**

Vatasteela is one of the *Mootraghatas*. *Vatashteela* is named so because of the *Vatadushti* and formation of a *Granthi* which is like *Ashma* (stone like). This *Granthi* causes obstruction to *Mootramarga*. Due to the obstruction, it results in clinical features like *Basti Adhmana* (Distention of *Basti*), *Vedana* (Pain) and *Mootrasanga* (Obstruction to flow of *Mootra*). The Etiopathogenesis of *Vatasteela* is understood with the help of general description of *Mootraghatas* and other related concepts. The treatment consideration for *Vatashteela* is also same as *Mootraghata Chikitsa*. Based on the similarity found in the clinical picture, *Vatashteela* is compared with Benign Prostatic Hyperplasia (BPH).

Keywords: *Vatashteela*, *Mootraghata*, *Mootrasanga*, BPH

INTRODUCTION

The disorders related to the urinary system can be called *Mootra Doshas* or *Mootra Vikaras*. The primary classifications of *Mootra doshas* are *Mootraghata*,

Mootrakrichra and *Mootrashmari* group of disorders. These *Mootravikaras* are separated based on the predominant nature of the illnesses. *Mootraghatas* are a

group of *Mootra Dosha* with '*Mootravarodha*'² (obstruction to Mootra) as the principal clinical presentation, and obstruction to the flow of *Mootra* could be of various causative factors. *Vatashteela* or *Ashteela* is a type of *Mootraghata* where we encounter *Mootravarodha* and other specific clinical presentations like *Ruja* and *Basti Adhmana*. The textual description of *Ashteela*¹ also mentions the formation of a *Granthi* in the *Apatya Patha* between *Guda* and *Mootramarga* which causes *Avarodha* to *Mootra Pravrutti* & other clinical signs and symptoms.

Methodology

Conceptual Understanding of Vatashteela

A *Vyadhi* (*Ukta* or *Anukta*) and its stages must be understood or analysed based on the essential elements such as *Nidaana Panchakas* through suitable *Rogi* and *Roga Pariksha*. The clinical findings obtained from *Pariksha* are helpful for *Vyadhivinishchaya* (Diagnosis) and the treatment. The *Nidana Panchaka* of *Ashteela* can be studied based on various textual references to *Ashteela*, *Mootraghata* and other related contexts.

Nidana of Vatashteela

Etiological factors for *Mootraghata* in general are mentioned and for *Ashteela*, there is limited etiology in terms of *Apanavayu Dusti* is available in the classical texts.

Further, we can understand the same through related concepts. *Nidana* or *Hetu* can be various types like *Dosha Hetu* (Doshic cause), *Vyadhi Hetu* (cause of disease), and *Ubhaya Hetu* (Both domestic and Direct cause)

In the context of *Ashteela*, *Dosha Hetu* is *Apanavata Dushti*³. Any reason or consequence where there is *Apana Vata Dushti* can be considered the *Hetu* for *Ashteela*. *Vyadhi Hetu* directly results in the specific *Vyadhi* after the *Nidana Sevana*. In the context of *Basti Marmabhighata Janya Vikaras*, *Ashteela* is mentioned as one among them⁴. So *Basti Marmabhighata* can be considered as *Vyadhi Hetu* for *Ashteela*. *Mootra Vega Avarodha* is regarded as a *Nidana* for *Mootravarodha*⁵ as per some authors. Here, *Vega Dharana* can also be a potential *Nidana* for *Apana Vata Dushti*, as per many textual references. So

Mootravega Dharana can be considered *Ubhaya Hetu* for *Ashteela* (*Mootraghata*). These three types of *Hetus* can be classified as *Sannikrushta Hetus*. The *Samanya Nidanas* of *Mootra Vaha Srotodushti* can be considered as *Viprakrushta Nidanas*.

Poorvaroopa of Vatashteela

Poorvaroopas are signs and symptoms that occur during the pathology's progression from the aetiology to the manifestation of *Roopa* of that *Vyadhi*. So, *Poorvaroopa* are indicative of an upcoming illness. In the context of *Ashteela*, *Mootrasanga*, *Vedana* and *Basti Adhmana* are mentioned as the *Lakshanas*, and a specific description of *Poorvaroopa* is unavailable. *Poorvaroopa* is a stage where milder symptoms of the *Roopa* are seen. With that logic, *Sanga*, *Vedana* and *Adhmana* in a milder form (*Alpa Lakshana*) can be considered *Poorvaroopa* of *Ashteela*.

Lakshana / Roopa of Vatashteela

In *Ashteela*, signs and symptoms are produced because of a *Granthi* manifestation, which produces *Avarodha* (obstruction) to the *Mootra Marga*. The obstructive signs and symptoms are *Mootrasanga*, *Vedana* and *Basti Aadmana*. *Mootra* is an *Adharaniya vega*, and normal *Pravrutthi* of *Mootra Vega* is a sign of *Swasthya* (*Mala Kriya*). Obstruction of the *Mootramarga* from inside/ outside can cause *Avarodha* to *Mootra Pravrutthi*, and the flow of *Mootra* can get hampered. In *Ashteela*, the *Granthi* formed exerts an external pressure over *Mootra Marga* (Extramural obstruction) and afflicts the flow of *Mootra*. *Mootra Sanga* refers to the affliction of the flow of *Mootra* due to obstruction. Depending upon the level of obstruction, there can be varied levels of obstructive signs and symptoms, which can be categorised under *Mootra Sanga* itself. The obstruction to *Mootra Marga* causes *Mootra Sanchaya* in the *Mootramarga/ basti* due to incomplete evacuation. *Mootrasanchaya* can lead to *Vedana* in the *Bastipradesha*. When there is more & more *Mootrasanchaya* in the *Mootramarga*, it leads to *Mootravrudhi* at that site and causes *Aadhmana*. In connection to this, we can also think about features of *Mootravrudhi*⁶ like *Vas-tinistoda* (tenderness at the site of *Basti*) and *Krithe Api Akrutha Samjnatam* (feeling of incomplete evacu-

ation). These clinical features are also connected to the features of *Ashteela*. As these are obstructive signs and symptoms, the progression of pathology leads to an increase in symptoms such as *Sanga* and *Vedana*. So, the signs and symptoms can also be graded subjectively as *Alpa – Madhyama – Bahu Lakshana*.

Upashaya and Anupashaya of Vatashteela

Upashaya & *Anupashaya* are essential elements to understand relieving and aggravating factors of the illness & to confirm the diagnosis, too. The *Upacharas* or *Karmas* which relieve the signs and symptoms, reduces the suffering of a disease, are considered as *Upashayas*. In the context of *Moothraghata* or *Ashteela*, there are no references for *Upashayas*, but *Moothravarodha* is temporarily relieved by any *Upachara*, which can be considered as *Upashaya*. When *Mootra Sanchaya* is cleared by *Mootra Pravrutti* the signs and symptoms like *Vedana*, *Adhmana* and *Sanga* are relieved. It can be considered as *Upashaya*. When *Mootra Vega Dharana* is done there is *Mootra Sanchaya* or *Vruddhi* in the *Mootra Marga* then it can increase the signs and symptoms. Hence, *Mootra Vega Dharana* can be considered as *Anupashaya*. These two help us to diagnose *Ashteela*, with the evidence of *Mootra Sanchaya*.

Samprapthi of Vatashteela

The potential causative factors lead to the formation of *Granthi* at a *Sthana* between *Basti* & *Guda*, where the *Granthi* is *Achala - Unnatha* and *Kathina*. The formed *Granthi* exerts *Avarodha* to the *Mootra-marga*, leading to signs and symptoms like *Mootrasanga* (partial or complete obstruction to the flow of *Mootra*), *Mootradhmana* (distention of *Mootrashaya / Basti* due to retention of *Mootra*) and *Vedana* (various sorts of irritative symptoms and localised pain due to outlet obstruction and retention of *Mootra*)

Contemporary Understanding of Vatashteela

It is necessary to understand the changes taking place in the body structurally and functionally due to an illness to understand that illness. With the help of the description of *Ashteela* as per our classics, we could

understand the same in contemporary science as well. When we investigate the physiological changes in *Ashteela*, we find there is an obstruction to the flow of *Mootra* by which there is a manifestation of a symptom complex. We get to see signs and symptoms pertaining to the urinary system only, and we do not get generalized symptoms. These points signify that *Ashteela* is a type of obstructive Uropathies with LUTS⁷ (lower urinary tract symptoms). The structural changes/ anatomical changes that take place in *Ashteela* are the formation of a *granthi* (nodular swelling), which is *Achala* (immobile), *Unnata* (elevated) and *Ashmavath/ Ghana* (stone-like hard), and the site of manifestation is *Basti Marma Pradesha*, in between *Basthi* and *Guda*. Here, *Granthi* refers to a growth which is nodular, and it indicates an extra increase in the site mentioned. This *Granthi* can be correlated to nodular growth happening between *Basthi* and *Guda* (rectum). Considering the site and type of growth it can be fairly compared with nodular hyperplasia in the prostate gland in males. Nodular hyperplasia⁸ in the prostate is seen in Benign Prostatic Hyperplasia, and with this evidence, *Ashteela* can be compared with B.P.H (Benign Prostatic Hyperplasia). **Understanding Etiopathogenesis of B.P.H from Ayurvedic perspective**

Etiology of BPH:

There are various hypotheses to explain/ describe the etiology for BPH, yet the cause of BPH still needs to be fully established. One of the theories is the Aging theory, which explains a shift in prostatic androgen metabolism that occurs with ageing. Here, we can notice the influence of *Kala* (ageing) on the hormonal changes that are taking place. This hormonal change leads to the accumulation of dihydrotestosterones, producing an enlarged prostate. Here, we can see the influence of *Vaya/Kala* in causing prostate enlargement. The incidence and prevalence of B.P.H signify that the aged population is more affected by BPH. So, advancing age can be a contributing factor for BPH. We can connect this with '*vata*' *Dosha Pradhanatha* in the aged population, causing *Ashmavath Granthi* in the *Basti Pradesha*. We may not be able to analyze other theories like hormonal theory and hereditary

theory, as it is difficult to view them from Ayurvedic perspectives w.s.r to *Mootraghaha* and *Ashteela*.

Pathology of BPH:

Morphological features in BPH suggest that there will be nodular growth, which is firm and smooth⁸. Even in *Ashteela*, there is mention of *Granthi*, which is *Achala* and *Kathina*. BPH involves nodular hyperplasia of epithelial and stromal cells in the prostate. Stroma affects smooth muscle or fibromuscular tissues. '*Granthi*' is generally considered a *Mamsa dhatu* involved condition, specifically a *Mamsa Vruddhi Lakshana*⁹. The nature of the tissue and the nodular hyperplasia involved in BPH can be roughly compared with the *Mamsa Dhatu* and its *Vruddhi*, respectively.

Pathophysiology in BPH:

In BPH, there will be mechanical obstruction because of the hyperplastic changes in the prostate gland. This type of mechanical obstruction is called extramural obstruction to the urethra. The *Ashteela Granthi* obstructs *Mootramarga* from outside which can be understood as mechanical obstruction of extramural type (static obstruction). Another form of obstruction that can occur in BPH is dynamic obstruction where contraction of smooth muscle in the prostate stroma and capsule takes place causing bladder outlet obstruction. This change in smooth muscle can be compared with '*Sankocha*' which is one of the consequences of *Vata Dushti*. We do not get a direct reference for *Sankocha* in context of *Vatashteela*, yet it can be accepted through *Anumana Pramana* (inference based on evidence).

Staging of BPH and its understanding:

As per the standard sources on BPH, there are 4 clinical gradings/staging based on presenting complaints and its intensity. In any medical condition, staging represents the progression of an illness and its severity. Stage 1 in BPH is asymptomatic, i.e., there will not be any evident signs and symptoms at stage 1. So, this stage can be identified mainly with the help of imaging techniques. As this stage is devoid of clinical symptoms, we may not be able to correlate with any specific disease condition as per Ayurveda. This stage can be considered as the '*Avyakta Avastha*'

(pre-clinical) of *Ashteela*. At stage 2, we get to see bothersome symptoms, like urgency, frequency, reduced flow etc. This stage can be termed as '*Poorva-Roopa Avastha*', as this stage indicates *Alpa Lakshana* of *Ashteela*. In stage 3 we get to see clear obstructive clinical features like post void retention, bladder outlet obstruction, distention of bladder and acute urinary retention. These indicate *Pravyakta Roopa Avastha* in case *Ashteela*. Stage 4 includes complications of BPH like urinary tract infection, renal damage, chronic urinary retention, and bladder damage etc. This stage can be compared with the *Upadrava Avastha* of *Ashteela*. Stage of *Upadrava* can be understood with the help of various other contexts, as there are varied complications. This staging roughly coincides with various stages of *Kriyakala* w.r.t *Ashteela*, which is also based on the clinical presentation.

Treatment principles of Vatashteela

Treatment principles for all *Mootraghatas* mentioned in a common *Chikitsa* sutra irrespective of various subtypes. So, treatment of *Vatashteela* is included in *Mootraghata Chikitsa sutra* itself. With this we can also infer that these common treatments mentioned are targeted to clear the *Mootravarodha*. Treatment modalities mentioned are *Snehana*, *Swedana*, *Basti*, *Uttara Basti* and *Sneha Virechana*¹⁰. We can also administer the treatments as *Dosha Pratyaneeka* and *Vyadhi Pratyaneeka Chikitsa*. The treatments (*shamana/shodhana*) which are *Vatanulomana* or *Vatashamaka* in nature can be adopted as *Dosha-Pratyaneeka Chikitsa*. The treatments which are directly indicated for *Mootraghata* or *Ashteela* can be regarded as *Vyadhi Pratyaneeka Chikitsa*. Apart from this the treatment of *Ashteela* can also be planned based on the staging of the same. In stage 1, there is absence of clinical signs and symptoms. There would not be an obstruction to *Mootra* at this stage. So, there is no necessity for specific treatment measures at this stage. In stage 2, we can adopt *Shamana* or *Mrudu Shodhana* which are mentioned for *Mootraghata* or *Ashteela*, as this stage represents *Alpa Lakshanas*. Stage 3 represents *Vyakta Avastha* (bothersome and obstructive features), so we can adopt the

Samanya Chikitsa Sutra of *Mootraghata*. Stage 4 of *Ashteela* is theoretically challenging to treat with the conventional measures as it indicates *Upadrava Avastha*. Here, symptomatic treatment can be adopted based on the specific complication.

DISCUSSION

Diseases can be studied and understood by compiling related references using our *Yukti* and *Anumana Pramanas*. This article has attempted to understand the etiopathogenesis of *Vatashteela* using cross-references and related contexts using *Anumana* and *Yukti*. Various concepts of Ayurveda like *Dosha gati*, *Marmabhighata*, *Mootra Vegavarodha*, *Srotodushti*, *Mootravruddhi*, *Mamsa Vruddhi*, *Kriyakala* and the influence of *kala*, etc., have been quoted here to explain the etiopathogenesis of *Vatashteela*. There has been an attempt to understand and compare *Vatashteela* with BPH based on various common factors related to their presentation and pathophysiology. Despite advanced surgical techniques, there is abundant scope for pharmacological management of BPH, especially in the initial stages. Effective management with Ayurveda medications can be done in *Vatashteela*, with due consideration of *Kriyakala*.

CONCLUSION

It is always helpful to understand and apply the basic concepts of Ayurveda while understanding various diseases, especially those which are not described in detail in classical texts. *Yukti* and *Anumana Pramanas* can be considered as tools to understand such diseases. The evidence obtained from the discussion above indicates that *Ashteela* or *Vatashteela* is *Mootra Vaha Sroto Vikara* with *Apana Vata Dushti* and formation of *Granthi* that obstructs *Mootra Marga*, leading to obstructive signs and symptoms. Based on the presenting symptoms and their severity, we can also understand *Ashteela* in stages and adopt suitable treatments per the understanding of *Kriyakala*. Un-

derstanding causative factors will also help us promote *Nidana Parivarjana* and *Samprapti Vighatana*. The conceptual knowledge of *Ashteela* with stages would help a practitioner diagnose the condition and know the prognosis.

REFERENCES

1. Acharya Y T, Sushruta Samhita of Sushruta, 58th chapter, shloka 7-8; Chaukambha surbharati Prakashan, Varanasi, reprint 2008, page 787
2. Acharya Y T, nibandha sangraha by dalhana on Sushruta Samhita of Sushruta, 58th chapter, shloka 2; Chaukambha surbharati Prakashan, Varanasi, reprint 2008, page 787
3. Acharya Y T, Chakrapani Datta, Ayurveda Dipika commentary on Caraka Samhita by Agnivesha, caraka, Dridhabala, Siddhithana, chapter 9, 36-38; Manohar munshiram publishers, 5th edition, New Delhi, 1992, page 719
4. Acharya Y T, Chakrapani Datta, Ayurveda Dipika commentary on Caraka Samhita by Agnivesha, caraka, Dridhabala, Siddhithana, chapter 9, 6; Manohar Munshiram publishers, 5th edition, New Delhi, 1992, page 719
5. Shaligrama Vaishya, Jain Shankarlalaji, Vangasena Samhita of Vangasena, Chapter 72; Khemaraja Srikrishnadas Prakashan Mumbai, Page 791
6. Paradkar Hari Sadashiv Shastri, Ashtanga Hridaya of Acharya Vagbhata, Sutra sthana, Chapter 11/13b; chaukhambha Surbharathi prakashan, Varanasi, 2007;page 184
7. Harsh Mohan. Textbook of Pathology.6th edition. Jaypee brethren's medical publishers;2010; The male reproductive system and prostate; page-717-718
8. Harsh Mohan. Textbook of Pathology.6th edition. Jaypee brethren's medical publishers;2010; The male reproductive system and prostate; page-717-718
9. Paradkar Hari Sadashiv Shastri, Ashtanga Hridaya of Acharya Vagbhata, Sutra sthana, Chapter 11/10; chaukhambha Surbharathi prakashan, Varanasi, 2007;page 184
10. Acharya Y T, nibandha sangraha by dalhana on Sushruta Samhita of Sushruta, Uttara tantra 58th chapter, shloka 49-50; Chaukambha surbharati Prakashan, Varanasi, reprint 2008, page 787

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: K Kiran et al: Conceptual Review on Etiopathogenesis of Vatashteela. International Ayurvedic Medical Journal {online} 2024 {cited February 2024} Available from: http://www.iamj.in/posts/images/upload/374_378.pdf