



AN AYURVEDIC MANAGEMENT OF MUTRAKRICHRA: A SINGLE CASE STUDY

¹Rohan Lokhande, ²Prakash Mane, ³Vinayak Joshi, ⁴Sachin Rohani

¹Final year PG Scholar, ²Professor & Guide, ³Professor & HOD, ⁴Associate Professor,
Dept of Roganidan, Dr. D. Y. Patil College of Ayurved & Research Centre, Dr. D. Y. Patil Vidyapeeth Pune
(Deemed to be University) Sant Tukaram Nagar Pimpri, Pune- 411018.

Corresponding Author: lokhande625@gmail.com<https://doi.org/10.46607/iamj4311112023>

(Published Online: November 2023)

Open Access

© International Ayurvedic Medical Journal, India 2023

Article Received: 09/10/2023 - Peer Reviewed: 25/10/2023 - Accepted for Publication: 10/11/2023.



ABSTRACT

Urinary Tract Infection is the most common infection managed in general medical practice and accounts for 1-3% of consultations. *Mutra* (Urine) is one among the *Trimala* (Three waste products) and it plays a major role in *Kledavahana* (Transportation of sweat). *Mutravega* is one of the *Adharaniya Vegas*. *Basti*, which is the *Srotomula* (root of srotas) of the *Mutra* is one among the *Trimarma*. All these factors show the importance of the *Mutra* and its related structures. *Mutrakrichra* (UTI) is a disease which is well explained by all the *Acharyas*. The word *Mutrakrichra* comprises two words, *Mutra* and *Kruchra*, which means *Kruchra Pravrutti* of *Mutravahana* (difficulty in micturition). *Mutrakrichra* can be an independent complaint as well as associated symptom in other disease. In contemporary science, the disease with similar signs and symptoms is Lower urinary tract infection. In this case Report a 28-year-old female patient diagnosed with *Mutrakrichra* (UTI) and treated successfully with ayurvedic Management.

Keywords: Ayurved, Ayurvedic medicine, *Mutravaha Strotas*, *Mutrakrichra*, UTI.

INTRODUCTION

Urinary tract infection is an infection that affects part of the urinary tract. When it affects the lower urinary

tract, it is known as cystitis and when it affects the urinary tract it is known as pyelonephritis. Bacterial

infection is the most common cause of UTI, with *E. coli* being the most frequent pathogen, causing 75-90% of UTIs (1). The painful quashing of urine is known as *Mutrakrichra*. In this case the patient has the urge to urinate, but the urine is passed with pain. *Nidanas* (Causes) can be concluded that *Vyayama* (Exercise), *Adhyashan* (Over eating), *Rukshasevana* (dry food), *Yanagamana* (Travelling) are causative factors for *Vataprakopa* (2). *Tikshna Aushadha*, *Amla Sevana* causes *Pittaprakopa*(2) and *Anupa Mamsa Sevana*, *Vyayama*, *Adhyashan* causes *Kaphaprakopa*. So, these *Nidanas* cause vitiation of *Doshas* along with *Stroto-dushti* of *Mutravaha Srotas*. *Stroto-dusti* causes *Kha-vaigunya* in *Mutravaha srotas*. These factor leads to *Mutrakricchra*.

Pathogenesis of UTI

The urinary tract can be seen as an anatomic unit united by a continuous column of urine extending from the urethra to the kidneys. The entry of uropathogens into the urinary tract is often from periurethral colonisation in females and from preputial colonisation in uncircumcised males. When host defenses are weakened, urethral colonisation and mucosal adhesion of bacteria occur. Adherence of bacteria to uroepithelial cells is the critical first step in initiation of infection. Fimbriae mediate the attachment of bacteria to specific receptors on epithelial cells for both *E. coli* and *Proteus*. Haemolysin and aerobactin produced by uropathogenic strains of *E. coli* make them resistant to the bactericidal action of human serum. The presence of O antigen, capsular K antigens, and production of siderophores, haemolysins, adhesions and urease enhance the chances of a particular strain causing infection. The virulence factors favor the release of bacterial toxins, replication and antibiotic resistance. Iron trapping characteristics of bacteria like *E. coli* also contribute to the pathogenicity (3).

Samprapti (Pathogenesis)

Samprapti is the pathogenesis of the disease or the process of the manifestation of the disease. *Acharya Charaka* has explained the *Samanya Samprapti* of the *Mutrakrichra* in detail. *Nidana Sevana* as mentioned which leads to *Vatadidosha Prakopa*. These *Prakupita Doshas* enter the *Basti* or *Mutravaha Srotas* caus-

ing *Paripeedana* in the *Mutramarga* thus causing *Kruchrata* in *Mutravahana*(4). *Acharya Harita* mentions the involvement of *Pitta* as main *Dosha* in the pathogenesis of *Mutrakruchra* (5). *Acharya Kashyapa* also conveys the same.

Case Report

A 28-year-old Female patient came with complaint of Profuse sweating and hot flushes in the body for 6 days, Lower abdominal pain for 5 months, burning micturition since 3 months, Increased frequency of micturition 9-10 times in a day and at night time 3-4 times since 5 months, Fullness of abdomen after eating food, Lower backache since 5 months, Pain in vagina since 2 months.

Past History:

No H/O GDM/PIH/hypo-hyperthyroidism or any other major medical or surgical history.

Family History:

No history of the same illness in any of family members.

Menstrual History:

Menarche - 12 years M/C- 2-3 / 28-30 days; bleeding- bright red in color, moderate (2-3 pads/day), without foul smell, without clots.

Married – For 7 years.

General Examination

Built – Moderate, Nourishment – Moderate, Temperature - 98.4° F, Respiratory rate -20/min, Pulse rate – 82 bpm, BP - 120/70 mm of HG, Height – 152 centimeters, Weight - 52 Kg, Pallor – Absent, Edema – Absent, Clubbing – Absent, Cyanosis – Absent, Icterus – Absent, Lymphadenopathy – Absent, Tongue - Uncoated

Systematic Examination

CVS: - S1 S2 Normal

CNS: - Well oriented, conscious.

RS: - Normal vesicular breathing, no added sounds

Ashthavidha Pariksha

Nadi -82 bpm

Mala - Once a day.

Mootra- 7-8 times/day, 2-3times/day

Jiwha – *Alipta*

Shabda - *Avishesha*

Sparsha - Anushna sheeta

Druk - Avisesha

Aakruti – Madhyama

Treatment Given

- 1) Chandraprabha Vati 250 mg BD with Dhanyak Hima
- 2) Gokshuradi Guggul 250 mg BD with Dhanyak Hima
- 3) Nidaana Parivarjana (Avoidance of etiological factors)
- 4) Pathya aahara and vihara (Diet and regimen Indicated)
 - a. Pathya included- rice, moong daal cooked without ghee, oil, coconut and without sour substances.
 - b. Boiled vegetables cooked in the abovemanner.

c. Spices included without pungent for one week, then after Shunthi was advised.

d. Salt- Saindhav lavana

e. Brisk walk of 100 steps (Shatapavli) three hours after eating meals.

5) Apathya aahara and vihara (Diet and regimen not indicated).

a. Snigdha, Abhishynadi, Guru, Vidahi, Pittakara diet-fruits, dry-fruits, fermented food, food cooked with oil/ghee/butter, sour items, Unboil vegetables and water, sprouted cereals and pulses.

b. Afternoon nap after lunch.

c. Eating without appetite

d. Suppression of natural urges.

e. External application of oil/balm on painful parts. Cold food, water and environment.

Observation

Table number 1 Observations before and after Treatment.

Parameter	Before	After
App/color	Amber	Clear
pH	5.6	6.7
Specific gravity	1.024	1.030
Sugar	Negative	Negative
Protein	Negative	Negative
Epi cells	6-7/hpf	2-3/hpf
WBC	Present	Nil
RBC	Present	Nil
Bacteria	Present	Nil

Table Number 2. Sign and Symptoms before and after Treatment

Signs and symptoms	Before treatment	After treatment
Daha	Present	Absent
Ruja	Present	Absent
Peetamutrata	Present	Absent
Muhurmutrapravrutti	Present	Absent
Udarashoola	Present	Absent

DISCUSSION

Chandraprabha Vati is classically indicated medicine for Mutrakriccha (urinary tract infection) [6]. It is Sheetaveerya and has Rasayana, Tridoshaghna, Mutrala and Deepana-Pachana properties [7]. It helps in correcting the Agni, there by prostrating the pathogenesis of Mutrakrichra. The major ingredients Shilajeet (Asphaltum), Shweta Parpati, Moolikshar

(extract of the ashes of radish), Sarjikshar, Punar-nava (Boerhaviadiffusa), Gokshura (Tribulus terresteris), Varun (Crataevanurvala), Pashan Bheda (Bergenia ligulata), Ikshumool (Saccharum officinarum), Kulatha (Dolichos biflorus) are substantially acts on Mutravaha Srotas and alkaline in nature. Other ingredients like Guggulu, Lohabhasma and Swarnamakshika bhasma are Sheetaveerya, Deepaniya, Vatashamak and Rasayana. These properties

help to reduce the burning micturition. *Gokshuradi Gugguluis* a well-described *Guggul Kalpa* effective in urinary disorders like *Mutrakriccha*, *Mutraghata* and *Ashmari*. *Gokshura* (*Tribulus terresteris*) possesses *Madhur Rasa* (sweet taste), *Guru* (heaviness), *Snigdha Guna* (unctuousness property), *Sheeta Virya* (cold in potency), *Vatapittashamaka* (*Vatapitta* pacifying nature), *Mutrakricchra*, *Mutravirechaniya* (diuretic) and *Ama Pachana*(digestive) properties. By *Mutravirechaniya* (diuretic) action, urine volume is increased, pH becomes alkaline, and inflammation is reduced, by *Pitta Shamaka* (pacifying burning sensation) properties it soothes the epithelium of urinary tract and by *Ama Pachana* (digestive) property medicines breaks down the process of *Kleda* (waste) formation. *Dhanyak* Sanskrit Synonym is “*Vitunnaka*” means “which helps to relieve Pain”. In Ayurveda *Dhanyank* is *Mutral* (Diuretic), *Jwaraghna* (Anti - Pyretic), *Deepana* (improves digestion), *Rochana* (improves taste), *Grahi* (useful in mal- absorption) & *Hridya* (Good for heart).

CONCLUSION

Thus, the conclusion of this study is that the holistic approach of ayurvedic drugs can provide relief to the patient of *Mutrakriccha*. There were no adverse effects found during the *ayurvedic* treatment. Meanwhile the management of the urinary tract infection with the ayurvedic drugs shows better symptomatic improvements with less side effect over the allopathic

drugs. So Ayurveda contributes better possibility in the management of urinary tract infection with slighter side effect or without any consequence.

REFERENCES

1. Fauci, Braunwald, Kasper, Hauser Longo, Jameson, Loscalzo. Harrison's principles of internal medicine, Chapter 135, McGraw Hill, 2009 17th edition p. 815
2. Kaviraj Ambikadutta (editor) Commentary Ayurveda Tattva Sandipika on Sushruta Samhita of Sushruta, Sootrasthana, Chapter 21, verse no.19. Chaukhambha Sanskrit Sansthan, Varanasi, 1995.
3. Y. P. Munjal, API Textbook of Medicine, Urinary Tract Infections, The Associations of Physicians of India, 2012, 9th edition ; p. 1316
4. Yadavaji Trikamaji (editor) Commentary: Ayurveda Deepika by Chakrapani of Charaka Samhita, Chikitsa sthana, chapter 26, verse no.33, Chaukhambha Sanskrit Series, Varanasi, 2006
5. Harihara Prasad Tripathi.(editor) Commentary Hari of Harit Samhita, chapter 30, verse no. 6, ChaukhambhaKrushnadas Academy, Varansi, 2005 1st edition,
6. Prof K.R srikanthamurthy (editor). Sharangadhara Samhita of sharangadharacharya. Madhyama khanda 7 th chapter, vatikalpana 45th shloka Chaukhambha Orientalia, Varanasi 2005 p.105.
7. Database on Medicinal plants used in Ayurveda volume I CCRAS, New Delhi 2001, Pg. no- 418-421.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Rohan Lokhande et al: Ayurvedic Management of Mutrakricchra: A Single Case Study. International Ayurvedic Medical Journal {online} 2023 {cited November2023} Available from: http://www.iamj.in/posts/images/upload/2934_2937.pdf