

MANAGEMENT OF *MUTRA KRICHRA* IN *GARBHINI* – A CASE STUDY

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ABSTRACT

The foremost aim of antenatal care is healthy mother and healthy baby. Progressive anatomical and physiological changes happen in women during pregnancy, some of it may be felt as discomforts to her. In this present era of materialism, women are surrounded with various kinds of diseases, specially the diseases of genito urinary tract. A pregnant women having painful and difficult micturition can be diagnosed as *Mutra krichra*, it can be correlated to UTI. Urinary tract infection is a second most common bacterial infection that occurs during pregnancy. If complicated, it can cause severe renal disease. Hence, this case study is undertaken to evaluate the effect of *Satavari kasayam* for the treatment of *mutra krichra* in *garbhini*.

Keywords: *Satavari kasayam*, *mutra krichra*, UTI, *Garbhini*

INTRODUCTION

*Mutrakrichra*¹ is mentioned in Ayurvedic classics as *krichrata* or difficulty during *mutra pravruithi*. *Acharya charaka* and *Acharya Sushruta*² has explained *mutra krichra* under *mutravaha sroto dushti vikara*. As the disease *Mutra krichra* has not been described in *Garbhini*.

Micturition is the normal function of *Apana vayu*, any impairment like *Pratiloma gati* of *apana vayu*, leads to various disorders in *Mutravaha Srotas*. Pregnancy helps the causative factor in the manifestation of *Garbhini Mutra krichra* due to certain physiological changes occurring during pregnancy. *Garbha* lodges in *Garbhashaya*, which is situated in *Kati pradasha*, for nine months. During pregnancy, because of changes in urinary tract the

uterus size directly on top of the bladder. As the uterus grows its increased weight can block the drainage of urine from the bladder this stagnant urine likely become source of infection.^{3,4}

In pregnancy due to pressure of fetus there will be *Apanvayu Dushti* and decreased local immunity. In this stage when *Nidana sevana* which is already prohibited by our *Acharyas* in *Garbhopghatkara bhavas* is done may be it causes *Mutravaha Srotodushhti* as well as *Dosha Prakopa* mainly *Pitta & Vata*. Due to impending pressure of the Gravid uterus on the *Mutrashaya* and due to the *Vegavidharana* and *Dhatukshinata* by the pregnant woman *Sthanavaigunya* occurs in the *Basti*. *Vata Prakopa* mainly *Apana Vayu* takes place. This

Apanavayu also vitiates *Vyanavayu*. The vitiating *Vyanavayu* will cause the *Sthanapkarsha* of Kapha and Pitta and leads to *mutra krichra*.

CASE REPORT:

A 28 years old female patient, house wife by occupation visited the OPD of SKAMCH & RC, Dept of Prasooti Tantra and Stree Roga on 6th September 2017 with the complaints of painful urination with frequency, scanty and difficult urination since 10 days. Patient with history of 8 months amenorrhea. Patient was said to be apparently healthy during her antenatal period till completion of her 7th month. Gradually, she feels urgency for urination in mid of her 8th month of pregnancy and also she had painful, scanty, frequent and difficult urination associated with lower abdomen pain. So she approached SKAMC and HRC for further management

Past history: No H/O DM/HTN/hypothyroidism or any other major medical or surgical history.

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

Personal History:

Diet - Mixed diet.

Appetite- Good

Bowel- Once /day.

Micturition - 7-8times/day 3-4time/Night.

scanty urine, frequently with pain and difficulty

Burning micturition on and off

Sleep - 6-7hours/sound sleep night, 1-2hours in day time

Habits - nil

Menstrual & Obstetric history

Menarche- 14 yrs

Menstrual cycle – 3-4 days / 28-30 days

3 pads/ day

clots +

pain abdomen on 1st day

L.M.P – ? 5-1-2017

SEDD – 14-10-2017

Married life – 9 years

Contraceptive history – Nil

PRASAVA VRITTANTA

Oh – G₅P₄ L₄ A₀D₀

L1 - Female 5yrs, FTND

L2 – Female 7yrs, FTND

L3 – Female 4yrs, FTND

L4 – Female 1 ½ yrs, FTND

G₅-P.P

General examination

- Built - Moderate
- Nourishment - Moderate
- Temperature - 98.4 F
- Respiratory rate -20/min
- Pulse rate – 76 bpm
- B.P - 110/70 mm of hg
- Height – 152 cms
- Weight - 62 Kg
- Tongue : Uncoated
- Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy : Absent

Systemic examination

CVS: S1 S2 Normal

CNS: Well oriented, conscious.

RS: normal vesicular breathing, no added sounds

Per Abdominal

- Inspection – Linea nigra+
- Umbilicus – Normal, flattened
- Palpation – uterus ~34weeks
- Contractions +
- FM+
- Auscultation –FHR-136-140 bpm

ASHTA STHANA PAREEKSHA

Nadi -76 bpm

Mootra-7-8times/day 3-4time/Night.

Scanty urine frequently with pain and difficulty

Burning micturition on and off

Mala - Once a day.

Jihwa- Alipta

Shabda - Avisesha

Sparsha - Anushna sheeta

Druk - Avisesha

Aakruti – Madhyama

DASHAVIDHA PAREEKSHA

Prakruti - Vata + Pitta
 Vikruti - Madhyama
 Sara - Madhyama
 Samhanana - Madhyama
 Pramana - Dhairgya – 152 cms Dehabhara - 62 kg
 Satmya - Madhyama
 Satva- Madhyama
 Aahara Shakti - Abhyavaharana Shakti -Madhyama
 Jarana Shakti - Madhyama
 Vyayama Shakti – Madhyama
 Vaya -Youvana

INVESTIGATIONS - 6/9/17

Hb – 9.1 mg/dl
 Blood group – A positive
 Random blood sugar- 94mg/dl
 Urine examination – microscopic
 pus cells – plenty
 epi cells - 14-16/hpf

VDRL – Non reactive
 HIV - Non reactive
 HBsAg – Non reactive

USG ON 6-9-17

- Single live pregnancy of gestational age 34 weeks 4 days in cephalic presentation and polyhydramnios
- EFW – 3055 ± 445 GMS
- PLACENTA – posterior grade III Maturity
- LIQUOR – Polyhydramnios
- AFI – 22cms
- FHR – 153bpm
- SEDD – 14-10-2017

Intervention

- *Satavari Kasayam*⁵ 15ml BD after food with 15ml water.
- Medicines were administered for 20 days.

OBSERVATION AND RESULTS

Table 1: Changes in signs and symptoms after treatment

Signs And Symptoms	Before Treatment 6/9/17	After Treatment 27/9/17
Painful urination	Present	Absent
Frequent urination with Difficulty	Present	Absent
Burning micturition	Present	Absent
Lower abdomen pain	Present	Absent
Low Back ache	Present	Present
Urine microscopic examination	Pus cells – plenty Epi cells - 14-16/hpf	Pus cells – 3-4/hpf Epi cells - 2-4/hpf

DISCUSSION

There are no direct references available for *Garbhini Mutrakrichra* in the Ayurvedic classics. It could be because the disease was not very common at that time and probably their lifestyle and *Garbhini Paricharya*. Due to *Ahaara vihaara janya hetu* and decreased immunity as well as insanitation this disease more hamper in today's era and hence it needed to be given special attention.

In the present case, *Satavari kasayam* was used. *Satavari*⁶ has *Madhura, tikta rasa, guru snigdha guna, sheeta virya, Madhura Vipaka* and *Vatapitta shamaka Vedanasthapana, Medhya, Rasayana, Shoolahara, Balya, Garbhaposhaka, Stanyajanana,*

Shukrala, Mootrala. The roots are bitter, Sweet, emollient, cooling, nervinetic, Galactagogue, aphrodisiac, diuretic, rejuvenating, carminative, appetizer, antispasmodic and it is Antifungal, Antibacterial, Antiviral, Spasmodic to uterus.

Due to *Madhura Rasa* and *Madhura Vipaka* relieves burning Micturition. *Snigdha Guna* acts as a *Vatahara*. *Sheeta Virya* decreases the *Daha* (Burning micturition).

Satavari kasayam, due to its *Madhura Rasa, Madhura Vipaka* and *sheeta Virya* it produces stimulative effect on *Mutravaha Srotasa* (diuretic action) and it increases the quantity of urine. Thus it relives *Alpa mutra pravritti*. *Madhura rasa* have *Prinana* and *Balya* action it gives *Bala* to the

Garbhini and also helps to promote the growth of the foetus. *Madhura Rasa* is said to be *Jivaniya*, so it also promote the immunity power of the *Garbhini* thus increase *vyadhikshamatva* of *Garbhini*. *Srushta vinamutra* karma of *Madhura Vipaka* helps in *Kasta Mutrapravritti* and *Vibandha*. Relief in all symptom due to *Vedanasthapana*, *Vatapittashamaka*, *Dahaprashamana*, *Anulomana*, *Shothahara*, *Mutrala* and anti bacterial, diuretic property of *satavari*.

CONCLUSION

Mutrakrichra is described in all the *Ayurvedic* classics. But, it is not mentioned under *Garbhini Vyadhis*. The *Lakshanas* of *Mutrakrichra* are also present in *Garbhini*. So, the disease was selected for this study. In the present case study *Satavari kasayam* has been used for the treatment of *mutra krichra* which was found to be very effective. There is drastic improvement in signs and symptoms. Though *Mutrakrichra* has not been mentioned in *Garbhini*, but in routine antenatal check ups, the sign and symptoms of this disease are generally present in this era. Urinary tract infections are a common cause of serious maternal and perinatal morbidity. It should be treating promptly; otherwise it will cause severe renal disease. UTI during pregnancy can be prevented by intense prenatal assessment and treatment.

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