

## CLINICAL EVALUATION OF BRIHAT DHATRYADI KWATHA IN MANAGEMENT OF PITTAJA MOOTRA KRUCHRA W.S.R TO URINARY TRACT INFECTION

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### ABSTRACT

*Mutrakruchra* means difficulty in micturition. *Pittaja MutraKruchra* is characterized by *Sadaha mutrata, Sarakta Mutrata MuhurMuhur Mutra pravritti*. These resemble the clinical features of urinary tract infections (UTIs). Sexually active women are invariably affected by UTIs. It will cause economic burden and morbidity. And reduces the quality of life. In the contemporary system of medicine, the management of UTI includes antibiotics, which are having their own side effects and limitations. Here an effort is made to manage the Pittja Mutra kruchra with Brihatdhatryadi Kwatha. Ingredients of Bruhatdhatryadi Kwatha i.e Amalaki, Gokshura, Ikshumula, Darbhamula, etc are having Pittashamaka, and Mutrala properties, and are easily available and cost-effective. PittajaMutraKruchra can be easily treated with Brihatdhatryadi Kwatha

**Key words:** *Pittajamutrakruchra, Urinary Tract Infections, Brihatdhatryadi Kwatha.*

### INTRODUCTION

Since the existence of the human being, mankind trying to live a long healthy, and fruitful life. We find a way to this in the "eternal science of life i.e., Ayurveda". To fulfill this *Purusharthachatushtaya, Sukhayu* is important. But in this stressful modern living style leading to many more disorders, *Mootrakruchra*

affects commonly. Micturition with pain is a common cause of suffering among women. Difficulty in micturition is known as *Mootrakruchra* which is of 8 types, commonly observed is *Pittaja Mootrakruchra*. The clinical features of *Pittaja Mootrakruchra* can be easily correlated with Lower Urinary Tract Infec-

tion<sup>1,2,3</sup> of the modern era. It is 2nd most commonly seen bacterial infection caused by E. coli. by ascending from the urethra to the bladder. The prevalence rate is more in females i.e., 3% at the age of 20 increasing by about 1 % in each subsequent decade due to the shortness of the urethra and nearer to the vagina and anus. In the stressful modern lifestyle controlling the urge, drinking less water, negligence of personal hygiene, and using unhygienic public toilets are leading causes of Lower Urinary Tract infections. The management of Urinary Tract Infections in modern contemporary science is mainly antibiotic therapy, even though they are useful, they involve a considerable amount of risk, and side effects. It is also known that the infection-causing bacteria can develop resistance if the medication proceeds longer. Considerable importance has been given to *Pittaja Mootra Kruchra*<sup>5,6,7,8,9</sup> and their treatments in classical texts. We find abundant Yogas, Pathyapathya in Ahara Vihara for *Pittaja Mootra Kruchra. Brihat Dhatryadi Kwatha*<sup>10</sup> is one Yoga among them. *Brihat Dhatryadi Kwatha*, contains ingredients *Amalaki, Draksha, Yashtimadhu, Vidari Kanda, Gokshura, Darbhamaoola, Ikshumoola, Hareetaki*. These are having *Pittahara, and Mootrala*, properties, and help in treating *Pittaja Mootra Kruchra*.

#### CASE REPORT:

A female 28 years of age visited the OPD of the Kayachikitsa department of Sindagi Shantaveereshwara ayurvedic college Haveri on 25<sup>th</sup> April 2022. With complained of pain and burning sensation during micturition for 4 days, with increased frequency and increased yellowish discoloration of urine.

**History of present illness:** The patient was apparently normal before 4 Days. Suddenly she noticed pain and a burning sensation while micturition. Also increased frequency and yellow color of urine. The patient was non-Diabetic and non-Hypertensive. The

patient was treated elsewhere from other hospitals but did not find any relief. She came to our OPD for Ayurvedic management

**Vayaktika Vrittanta:** Married life -1-year, Menstrual History -3-5/30 days Regular, LMP-10/04/22

**Chikitsa Vrittanta:** For this problem patient took a pain killer and found no relief.

**Poorvavyadhi Vrittanta:** The patient has history of recurrent urinary tract infections for one year after her marriage. Previously she has been treated for that with modern medication.

**Kula Vrittanta:** All family members are said to be healthy

#### CLINICAL EXAMINATION: Ashtavidha Pariksha

Nadi (Pulse): 92 b/min, Mala pravrutti (Stool): Asamyak Pravartana, Mutrapravrutti (Urine): 10 to 12 times per day, with pain and burning sensation, Jeeva (Tounge): Liptata, Kshudha (Agni): Mandya, Shabda (Speech): Prakrutta, Sparsha (Skin): Ushna 99-degree F, Khara, Dhruka (Eyes): Prakrutta, Nidra (Sleep): Khandita, Akrutti (Stature): Madhyama, Bala (Strength): Uttama

**Systemic examination:** Abdominal examination: soft and mild tenderness in supra pubic region.

**INVESTIGATION:** Urine Microscopy

Pus cells 8 to 10 /hpf

RBC's 3 to 4/hpf

Epithelial cells 1 to 2/hpf

**MATERIALS AND METHOD: Diagnostic criteria:**

*\*Peeta mootrata \* Sadahamootrata \* Kruchramootrata \* Muhurmuhur mootrata*

**Drug: Bruhatdhatryadi Kwata** is mentioned in Bhaishajya Ratnavali in Mutrarogadhikara. Most of the ingredients of this Yoga are have *pitta shamaka* and *Mutrala* properties and thus helping in controlling inflammation and acting as a diuretic. Kwatha is prepared as per the classics.<sup>11</sup>

Dravyas	Rasa	Guna	Veerya	Vipaka	Karma	Doshagnata
Amalaki	Lavana vargita pancharasa	Lagu, ruksha, sheeta	Sheeta	Madhura	Mootrala, krimigna, rasayana	Tridoshagna,
Draksha	Madhura	Snigdha, guna, madhura	Sheeta	Madhura	Mootrala	Vata pitta, shamaka
Yastimadhu	Madhura	Snigdha	Sheeta	Madhura	Mootrala, Mootra virajaniya	Vata, pitta, shamaka
Vidharikanda	Madhura	Snigdha	Sheeta	Madhura	Mootrala	Vata, pitta
Gokshura	Madhura	Snigdha	Sheeta	Madhura	Mootra virechaniya	Vata, pitta, shamaka
Darbanmula	Madhura, kashaya	Snigdha	Sheeta	Madhura	Mootra Virechaniya	Vata, pitta, shamaka
Ikshumula	Madhura, Kashaya	Snigdha	Sheeta	Madhura	Mootra virechaniya	Vata, pitta, shamaka
Abhaya	Lavanavarjita Pancharasa, Kashaya pradhana	Lagu ruksha guna	Ushna	Madhura	Rasayana, Mootrala	Tridoshagna

#### DOSAGE:

BrihatDhatryadiKwatha was administered orally with sharkara...	25 ml twice a day before food.	15days
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The patient was treated for 15days duration. Follow-up was done on the 7th day,15th day,21st day, and 30th day.

**Observation** Patient felt a reduction in the frequency of micturition, yellowishness, pain, and burning sensation by the third day of treatment. The patient was advised to continue medication for 15 days to avoid recurrence. Follow up was done on the 7<sup>th</sup> 21<sup>st</sup> and 30th day, there is a recurrence of urinary tract infection.

#### DISCUSSION

The clinical features of PittajaMootrakruchra can be compared to Lower urinary tract infections. The role of Krimi as a causative factor of Pittaja Mootrakruchra is not mentioned in the classics. "BrihatDhatryadiKwatha" contains the drugs Amalaki, Draksha, Yastimadhu, Viidarikanda, Gokshura, Darbhamoola, Ikshumoola, and Haritaki. All the drugs are having Madhura rasa. Madhura Vipaka, Sheetaveerya, and Laghu snigdha guna. Drugs given in the

form of kwatha get absorbed easily and Pitta and Vata Shamana acts as Mootrala or Diuretic.

**Case discussion:** Presenting case is a female of age 28 years. Her married life is 1 year. Soon after, the completion of her menstrual period she suffered from burning micturition. Here vyavaya and improper personal high gene during menstruation are the possible Nidanas in this case. By considering subjective and objective parameters, and investigations, this case is diagnosed as Pittaja Mutrakrichra. Brihatdhatryadi Kshaya is given as Shamanoushadhi. Ingredients of Kashaya are VATA Pitta Shamaka and Mutrala. The probable mode of action of Brihat Dhatryadi Kashaya is Mutrala and Vata Pitta Shamaka.

#### CONCLUSION

The PittajaMootrakruchra is PakwashayaSamuttha, ShoolaYukta, DahaPradhana, MadhyamRogaMarga, SamanyajaVyadhi.Ativyayama, TeekshanAushadha, AtimadhyaPana, Nitya Prasanga, Adhyashana, and Ajeerna are the main striking causes of Pittaja-Mootrakruchra. BruhaDhatryadikwathadoes Mootravirechana and Bastishodana by their properties, so

this preparation has shown effective results in patients of PittajaMootrakruchra by breaking the pathogenesis of the disease. Simultaneously Kwatha has highly significant results in most Laxanas and prevents the recurrence of infection.

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