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EFFECT OF MUTRAMARGA UTTARA BASTI IN REPEATED UTI: A CASE REPORT

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ABSTRACT

Urinary tract infection (UTI) is one of the most common infectious diseases in community which can be defined as presence of pathogens (microbes) in any part of the urinary system which leads to an infection. UTI generally characterized by dysuria, frequent and painful urination which brings discomfort and decrease the quality of life. According to Ayurveda Urinary tract infection described under the broad term of *Mutrakrchra*. As frequent use of antibiotic causes harmful effect and resistance to antibiotics gives a wide opportunity for alternate therapy.

Key word: UTI, Uttara basti,

INTRODUCTION

Urinary tract infection (UTI) is one of the most common infectious diseases in community which can be defined as presence of pathogens (microbes) in any part of the urinary system which leads to an infection¹. UTI generally characterized by dysuria, frequent and painful urination which brings discomfort and decrease the quality of life.^{2, 3} these are caused more commonly by uro-pathogenic Escherichia coli (UPEC) Staphylococcus saprophyticus, Klebsiella species, Staphylococcus epidermidis, Enterococcus species, Staphylococcus aureus, Pseudomonas aeruginosa and other coliforms.

Caraka samhita counts thirteen urinary diseases. Scholars and other recent textbooks disgust these thirteen types under the four following major categories, *Mutrakrcchra* (dysuria), *Mutraghata* (Urinary retention syndromes), *Prameha* (polyuria, diabetes mellitus) and *Ashmari* (urinary calculus).^{4, 5}. Urinary tract infection described under the broad term of *Mutrakcchra*. The term is comprised of two words *mutra* and *krichra*. *Mutra* means ooze, *krichra* means painful ⁴. Thus, painful urination called as *Mutrakcchra*. Due to most of the Ayurvedic classical texts any type of discomfort during urina-

tion and especially lower track infection problems are included under Mutrakrechra⁶. "Mutrakrechra can occur as an independent disease as well as purvarupa and rupa.

Incidence differs according to age and sex. During the reproductive age the male and female ratio Females are more vulnerable to get infected due to anatomical reasons, i.e. shorter urethra and its proximity to anus. The chance of urinary tract infection among school going children is 1-3% and this rises with the onset of sexual activity being more common in adolescents and young women³. Chances of recurrence after the first attack of UTI are 25% within 6 months. Currently the most effective treatment for these infections is antibiotic therapy.

Need of alternate therapy:

Long-term or frequent use of antibiotics may be harmful and moreover, with rapidly emerging resistance to antibiotics it is becoming increasingly difficult to treat the infection. With this aspect need of an alternate therapy is essential. *Ayurveda* as an answer as our *acharyas* have been enumerated a specialized treatment *uttarabasti* in the contest of *mutra roga* and *yoni roga*.

Table 1: Plan of basti

1	2	3	4	5	6	7	8
A	N/U	A/U	N/U	A/U	N/U	A	A

Procedure - Under aseptic condition painting and draping of perineum done. Bladder was emptied using metallic catheter and then rubber catheter was inserted about 50ml of *panchaval-kala quata* has been administered tip of catheter was closed for 60sec and drained, and then the procedure was repeated for three times.

Case presentation:

A lady of 33 years came to opd with a complain of burning micturation frequently since last 2 yrs according to her the complaints started to exhibit once in a 2 or 3 month but since last 6 month it has been repeating very frequently with a interval once in week. Pt. has a history of renal calculi and been treated with ayurvedic medicines. The aggravating factors are travel, intake of fish, on physical examination shows lean built with pulse rate M 82/min and BP120/80mmhg.on abdominal examination mild tenderness in suprapubic region and on pelvic examination no abnormalities detected. On urine routine, USG shows normal.

Management and outcome

Patient has been hospitalized after evaluating absence of active stage of infection.

Plan of *basti***.:** modified yoga *basti* has been planned for treatment, where

Anuvasana with tila taila (60ml)

Niruha vasti-eranadamooladi niruha basti (360ml)

Uttara basti -panchavalkala kasya has been given

Outcome- the patient was given with *uttarabas*ti for 5 days during the treatment patient showed single episode of painful micturation along with pain abdomen in early morning voiding no other significance problem was reported. Patient was discharged on 8th day with an advice of *usirasa*va and *chandrapraba vati* and asked to review after 15days, pt. was examined for 3 consecutive follow up for 2 month and there is no single episode of burning micturation was been reported.

Result: after a course of *basti*, pt. showed a significant improvement as there is absent of burning micturation, and no growth in culture and sensitivity test.

DISCUSSION

Instillation of chemical substances into the urinary bladder to combat infection has been practiced for over 40 years in different populations with varied results. Saline irrigant provides a washout effect, but has nothing in it to inhibit bacterial multiplication the drug interpretation like poorly absorption systemically compromised renal function.

This study showed that, while bladder irrigation was generally well tolerated and large number of subjects study should been with analysis of bacterial growth in bladder lining before and after treatment should be done.

Uttar Basti is an important Panchakarma procedure for the genito-urinary disorders of both, males and females. The drug used here is panchavalkala kwatha hence, the mechanism of action can be predict as when the drug is infiltrated into the bladder it may act as bladder wash, anti microbial effect of panchavalkala and avoids the multiplication of pathogens.

CONCLUSION

Uttara basti in repeated uti will give the best result as compared to repeated antibiotic therapy. As caution should be taken that should not be done in active stage of disease.

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