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AYURVEDIC MANAGEMENT OF MUTRAKRCHRA W.S.R TO UTI

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ABSTRACT

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 and one among the Trimarma. 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. Pittaj Mootrakruchra resembles with Urinary tract infection by symptoms of modern medicine. The Lakshanas of Pittaja Mutrakrichhra are Peetamutrata, Sadahamutrata, Krichhramutrata, Saraktamutrata, Muhurmuhar Mutra Pravrutti. Infections confined to Lower UTI commonly cause dysuria with burning micturition, frequency and urgency. Lower urinary tract infection includes cystitis and urethritis. These infections considered superficial (or mucosal) infections. Hence this attempt of present article made to define Pittaja Mutrakrichhra on scientific way w.s.r. LUTI. The disease Pittaja Mutrakricchra is well acknowledged in classical texts of Ayurveda, with different treatment modalities, which can be concurrent to urinary tract infection on theoretical and clinical symptomatology of diseases. Urinary Tract Infection is the most common infection managed in general medical practice and accounts for 1-3% of consultations. In contemporary science, the disease with similar signs and symptoms is Lower urinary tract infection. In this case report a 32-year-old male patient diagnosed with Mutrakrichra (UTI) and treated successfully with ayurvedic Management.

Here in this article, we discuss about case of urinary tract infection & which treat by Ayurveda successfully.

KEYWORDS: *Pittaja Mutrakricchra , Ayurvedic Anubhuta Yoga, UTI, Cystitis, Mutravaha Srotas.*

INTRODUCTION

According to Modern medicine, Urinary tract infections are the second most common type of infection in the body, accounting for about 8.1 million visits to health care providers each year. Around 1% boys and 3% girls will develop UTI during childhood, and 50% of women will be treated for at least one UTI during their life time. 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), Ruksha annasevana (dry food), Yana gamana (Travelling) are causative factors for Vataprakopa. Tikshna Aushadha, Amla Sevana causes Pittaprakopa and Anupa Mamsa Sevana, Vyayama, Adhyashan causes Kaphaprakopa. So, these Nidanas cause vitiation of Doshas along with Stroto-dushti of Mutravaha Strotas. Stroto-dusti causes Kha-vaigunya in Mutravaha srotas. These factor leads to Mutrakricchra.

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

CASE REPORT

A 32-year-old male patient came with complaint 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 penis since 2 months.

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CHIEF COMPLAIN

Complains were increased frequency of micturition, 9-10times per day and 4-5 times in night at interval of 20 to 30 minutes from 4 to 5 months, with Urgency and sometimes pain during micturition. He also complains of Lower backache since 5 months, Pain in penis since 2 months.

HISTORY OF PRESENT ILLNESS

He had no known case of Diabetic mellitus (DM) Hypertension (HTN) Pulmonary Tuberculosis (PTB) and Thyroid disorder.

FAMILY HISTORY

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

PERSONAL HISTORY

Appetite: Moderate
Bowel: Irregular with constipated
Micturition: 15-20 times/day
Sleep: Disturbed

GENERAL EXAMINATION

Appearance: Normal
Built: Moderate
Nourishment: Moderate
Pallor: +
Icterus: Absent
Oedema: Absent
Cyanosis: Absent

VITAL DATA

Pulse: 78 /Min
BP: 120/90 MmHg
Respiratory Rate: 20/Min
Temp: 100.4° F
Weight: 60kg

Asthavidha parikshya	**Observation**
Nadi	*Vataja (82/min)*
Mala	*Baddha kostha*
Mutra	*15-20 times/day*
Jihwa	*Malabruta*
Sabda	*Spastha*
Sparsha	*Anushna sita*
Drik	*Prakruta*
Akriti	*Madhyama*

Dasavidha parikshya	**Observation**
Prakriti	*Vata- Kaphaja*
Vikriti	*Tridoshaja*
Sara	-
Samhanana	*Madhyama*
Satmya	*Pravara*
Satwa	*Avara*
Aharasakti	*Madhyama*
Vyayamasakati	*Madhyama*
Vaya	*Madhyama*
Bala	*Madhyama*

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LAB INVESTIGATION

Total WBC count – 7900 cells/mm3 (N-66%, E-10%, B-0, L-24%, M-0)
ESR- 55 mm/1hr
Hb %- 11gm%
FBS- 88 mg/dl
PPBS-126 mg/dl

ASSESMENT CRITERIA

- **Subjective Criteria:**

1.

Pitta mutrata (change in colour of urine)	**Grade**
No cloudiness/ clear urine	0
Definite cloudiness, but no granularity, No flocculation	1
Granular cloudiness but no flocculation	2
Dense opaque cloudy flocculation	3

2.

Sarakta mutrata (Haematuria)	**Grade**
No haematuria	0
Smoky urine	1
Reddish urine	2
Frank haematuria	3

3.

Saruja mutrata (Painful micturition)	**Grade**
No pain	0
Mild pain (patient not complaining pain as a problem or on interrogation patient complains slight pain)	1
Moderate (patient complains of pain, needed some medicine for relief)	2
Severe (pain disturbing sleep and patient struggles due to pain and needs strong analgesics)	3

4.

Sadaha mutrata (Burning micturition)	**Grade**
No burning micturition	0
Mild (patient not complaining of burning as a problem on interrogation patient complains of soreness)	1
Moderate (patient complains of burning micturition & need medicine for relief)	2
Severe (patient struggling with soreness & need internal medicine for relief)	3

5.

Krchra mutrata (Difficulty in micturition)	**Grade**
No difficulty	0
Difficulty present at the beginning of the urination	1
Difficulty present at the beginning & partially during the rest of the act	2
Difficulty present through out the urination	3

6.

Muhurmuhur mutrata (Frequency of micturition)	**Grade**
Patient passing urine < 5 times a day	0
Patient passing urine 6 - 10 times a day	1
Patient passing urine 11 - 15 times a day	2
Patient passing urine > 16 times a day	3

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❖ **Investigational Assessment**

1.

Pus cells in urine	Grade
0-5 hpf	0
6-10 hpf	1
11-15 hpf	2
> 16 hpf	3

2.

RBC's in urine	Grade
0-5 hpf	0
6-10 hpf	1
11-15 hpf	2
> 16 hpf	3

Criteria: Urine culture reports were assessed before & after completion of clinical trial.

Result and Discussion

After starting of treatment symptoms were decreased in 15 days. In the period of 1month, the patient showed significant improvement with no signs of recurrence.

Symptom	Before Treatment	After Treatment
Pitta mutrata	3	1
Sarakta mutrata	3	0
Saruja mutrata	3	0
Sadaha mutrata	3	0
Krchra mutrata	3	0
Muhurmuhur mutrata	3	0

Symptom	Before treatment	After treatment
Pus cells in urine	3	0
RBC's in urine	3	1

TREATMENT GIVEN

1.	Trunapanchamoola kashay	10ml twice daily with ½ cup luke warm water
2.	Gokshuradi guggulu	2 tablet twice daily with luke warm water.
3.	Chandraprabha vati	1 tablet twice daily with luke warm water.
4.	Kshara parpati	1pinch with luke warm water.
5.	Alka 5 syrup	10ml twice daily.

Table .1

Diet Plan and life style modification:

- Patient was advised not to take sour, bitter, spicy food as well as junk food, fried items and curd.
- Drink water 2-3 litre per day minimum
- Going to bed in proper time.
- Advised for pranayama, asana

DISCUSSION

Trunapanchamoola kashay

It is used in the treatment of urinary tract disorders of pitta origin, burning micturition, pain during urination. It cleanses urinary bladder. It balances vata and pitta. All the drugs are seeta virya and mutra virechaniya. Generally they are having the properties of Madhura, Kashaya rasa, Snigdha Laghu Guna, Madhura Vipaka, Sheeta Virya and Tridoshahara property. These drugs acts as Jeevaniya, Rasayana, Mutrala, Agnidipana, Ruchi-vardhaka, Garbhasthapaka, Shukra and Rakta Shodhaka, Stanyajanana and useful in Prameha, Daha, Jvara, Trishna, Arshas, Gulma, Hridroga, Vatarakta, Rakta Pitta etc.

Chandraprabha Vati

It is classically indicated medicine for Mutrakriccha (urinary tract infection). It is Sheetaveerya and has Rasayana, Tridoshaghna, Mutrala and Deepana-Pachana properties. 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, Punarnava

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(Boerhavia diffusa), Gokshura (Tribulus terresteris), Varun (Crataeva nurvala), 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 Guggulu
It is a well-described Guggul Kalpa effective in urinary disorders like Mutrakriccha, Mutraghata and Ashmari. Gokshura (Tribulus terresteris) possesss 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.

Kshara parpati
Surya kshara/ soraka may help in the management of renal stones and could reduce inflammation. Sphatik is recognized for its astringent and antimicrobial properties. Navasadar is traditionally used in Ayurveda to assist with urinary retention and dysuria. These ingredients are utilized in Ayurveda for their potential to promote urinary health

BEFORE TREATMENT URINE REPORT



AFTER TREATMENT URINE REPORT



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.

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