website: www.ijacare.in ISSN: 2457-0443

Management of *Mutrakrichcha* (Chronic cystitis) through Ayurveda protocol- A single case study

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Abstract:

Mutrakrichha comes under the disorders of MutravahaSrotas and mainly deals with shoola (pain) and kricchrata (dysuria). Acharya Charaka has described eight types of Mutrakrichha. Charaka has also mentioned eight type of Mutragatha. In Mutrakrichha, the vitiated Pitta Dosha along with Vata (mainly Apana Vayu) on reaching Vasti (bladder) afflicts the MutravahaSrotas due to which the patient feels difficulty in micturition. The above mentioned symptomatology has close resemblance with urinary tract infections, as described in modern texts specifically lower urinary tract infections (urethritis and cystitis). Here we reported a new case of mutrakrichcha (chronic cystitis), a 50 year old female patient consulted to OPD with complain of mutradaha, shweta pradar, adhoudar shula, sarvang daha anubhuti since 6 years intemitently, this case manage with local treatment by yoni prakshalan with panchavalakal kashay (app.800ml) followed by yoni pichu of jatyadi taila along with internal medicines- gokshura churna, yavakshara, chandraprabha vati and goumutra haritaki which are having the common properties of shothahara, vranaropan, mutrarogaghna.

Key Words: Cystitis, *Mutrakrichha*, *Shamana Aushadhis*, Urinary tract infections

Introduction:

Mutra is an outcome product digestion of food and metabolism in the body it is passes through urethra. In both Mutraghata and Mutrakrichha, Krichhrata (dysuria) and Mutra-vibandhta are simultaneously present but in Mutrakrichha there is predominance of Krichhrata (dysuria). InAyurveda text the urinary disorders are described in the form of 8 types of Mutrakrichha, 8 types of Mutraghatas, 4 types of Ashmaris and 20 types of *Prameha*.^[1] . Acharya kashyapa had also described the sign and symptoms of Mutrakriccha in Vednaadhyaya). [2]

Acharya Susrut has described eight types of *Mutrakrichha*. ^[3] In *Mutrakrichha*, the vitiated *Pitta Dosha* along with *Vata* (mainly *Apana Vayu*) on reaching *Vasti* (bladder) afflicts the *MutravahaSrotas* due to which the patient feels difficulty in micturition. ^[4] The above mentioned symptomatology has close resemblance with urinary tract infections, as described in modern texts specifically lower urinary tract infections (urethritis and cystitis).

A healthy urinary tract is generally resistant to infections. However, for anatomical reasons female lower urinary

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website: www.ijacare.in ISSN: 2457-0443

tract is more susceptible. Predisposing factors for recurrent urinary tract infection include female sex, age below 6 months, obstructive uropathy, severe vesicoureteric reflux, constipation and repeated catheterization. Poor hygienic conditions and environment, poverty and illiteracy also contribute to the increasing percentage of urinary tract infections. Urinary tract infections occur in 1% of boys and 1-3% of girls. [5] These infections are the common complications during pregnancy, diabetes, polycystic renal disease and in other immune compromised patients. [6]

Case Report:

A 50 years old female patient came to SRPT OPD of Parul Ayurveda Hospital, Limda, Waghodia, Vadodara, Gujarat, India, with chief complaints of Mutradaha (Burning micturition). Shwetapradar adhoudara (White discharge), shula (Lower abdominal pain), Sarvanga daha anubhuti. Patient was suffering from symptoms above since years intermittently. She had used various allopathic medicines but nor completely. No any past surgical history noted by patient. The personal history of patient and Ashtavidha Pariksha findings were observed as noted in table-1 and table-2 respectively.

In abdominal examinations the abdomen was soft with lower abdominal pain. In per speculum (P/S) examination C_x - atrophied, no cervical erosion, W.D. ++ while in per vaginal examination (P/V) Ut- AV/AF, C_x - FM, both fornices- normal, W.D. ++In menstrual History patient reported

menopause since 2 years. In obstetric History: G2 P2 A0 L2, 2 male baby, both FTND at hospital and last delivery: 22 years back. In contraceptive History tube ligation (TL) was done before 22 years. In coitus history two times per month was noted by patient. The laboratory investigations were done as shown in table-3.

Treatment Plan:

The patient was treated internal systemic treatment protocol and local treatment as mentioned in the table-4 and table-5 at IPD basis for 7days. Later on patient was discharge and treatment was continued for 90 days Gokshura Churna with Yavakshara. ChandraprabhaVati and GomutraHaritaki tablet were used for oral administration for 3 months. Yoni dhavana with PanchValkalkwath and Yoni Pichu with JatyadiTaila were used externally medication as locally for twice a day for 7 days. Medications for external application were selected due to their properties of beneficial for treating mutrakrichcha (Cystitis). [7]

Ahara and Vihara (diet and mode of life) advised during treatment:

Pathya: Purana shali, yava, kshara,takra, dugdha, dadhi, jangal mamsa, mudga yusha,, trapusha, nadeya jala, sharkara, kushmanda, patola patra, ardraka, gokshura, puga, narikela, laghu ela, karpura.

Apathya: Tambula, matsaya, lavana, pinyaka, hingu, tila, sarshapa, masha, karira, tikshna, vidahi, ruksha, amla dravya, virudhashana, vishamashana, Yana gamana, vega dharana

Follow up: every 15 days.

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Table-1: Personal History:

Name: ABC (changed)	Bala – Madhyam (Average)	Prakriti – Pitta Vata
Age – 50 yrs	Sleep – Good	BP – 110/70 mmHg
Sex – Female	Addiction – None	Weight – 57 kg
Marital Status – Married	Bowel Habit – Regular	Height – 160 cm
Occupation – Housewife	Appetite – Good	

Table-2 Ashtavidha Pariksha:

Nadi (Pulse): 80/min	Shabda (Speech): Clear
Mala (Stool): Regular	Sparsha (Touch): Normal
Mutra (Urine): Burning sensation	Druka (Eyes): Normal
Jivha (Tongue): Niraam (uncoated)	Akruti (Built): Madhyama

Table-3 Lab. investigations:

Hb	13.6gm%		
FBS	99mg/dl		
Urine	Pale yellow, clear		
Urine protein, glucose, RBC	Nil		
USG	Uterus atrophied, cystitis		
Papsmear test	Normal		

Table -4 Selected Internal Ayurvedic Drugs:

Medicines	Dose	Route	Aushadha Kala	Anupana
Gokshura churna + Yavakshara	(3gms + 250mg) twice/day	Oral	Before meal	Plain water
ChandraprabhaVati (Sharangdhara Samhita Madhyama Khanda 7/40 – 49)	2 tab thrice/day	Oral	After meal	Warm water
Gomutra Haritaki (Astangahradayam uttaratantra 22/102)	2 tab twice/day	Oral	Before meal	Warm water

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Table-5 Local Treatment:

Medicines	Ingredients	Dose	Properties
Panchavalkala kashaya (Bhav prakash) (8)	Vata, Aswatta , Udumbara, Plaksha, Parisha	1 L for vaginal douche twice/day	Vranashodhana, Vranaropana and Shothahara
Jatyadi taila (Sha.S.M 9/168-171.5)	Jati, Nimba, Patola, Naktamala, Sikta, Madhuka, Kushta, Haridra, Daruharidra, Manjishta, Katurohini, Padmaka, Lodhra, Abhaya, Nilotpala, Tutthaka, Sariva, Naktamala beeja, Taila	Q.S. (Yoni pichu) twice/day	Vranaropana

Table-6: Signs and Symptoms:

Signs and Symptoms	No	Mild	Moderate	Severe
Pain (during	-	-	✓	-
micturition)				
Burning micturition	-	-	-	✓
(Mutradaha)				
Stranguary score	-	-	✓	-
(Mutrasanga - Binduvat				
Pravriti)				
White discharge	-	✓	-	-
(Shwetapradara)				
Lower abdominal pain	-	✓	-	-
(adhoudara shula)				
Low grade fever	-	✓	-	-
(Manda Jvara)				
Bodyache (Deha	-	-	✓	-
Vedana)				
General debility	-	-	✓	-
(Daurbalya)				

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Table-7: Observations and result:

Symptoms	Symptoms present		Improved	Completely relieved
	BT	AT	remarkably	symptoms
Pain (during	✓	-	-	✓
micturition)				
Burning micturition (Mutradaha)	✓	-	-	√
Stranguary score	✓	-	-	✓
(Mutrasanga -				
Binduvat Pravriti)				
White discharge	✓	-	-	-
(Shwetapradara)				
Lower abdominal	✓	✓	✓	-
pain (adhoudara shula)				
Low grade fever	✓	-	-	✓
(Manda Jvara)				
Body ache (Deha	✓	✓	✓	-
Vedana)				
General debility (Daurbalya)	✓	√	✓	-

Result and Discussion:

Patient had relieved from symptoms like burning micturition (Mutradaha), white discharge (Shwetapradara), lower abdominal pain (adhoudara shula), Sarvanga daha anubhuti, low grade fever (Manda Jvara), bodyache (Deha Vedana), general debility (Daurbalya) within the follow up period of 3 months. In USG findings cystitis observed before 3 month which was totally absent after treatment. No significant complication is evident during the course of study.

Panchavalkala Kashaya seems to have property like Shothahara and kapha

shamaka, stambhaka Vranaprakshalana, Vranaropana, astringent, antiseptic (kashaya rasa) and wound healing properties (vrana ropana). [9-10] Because of these properties, it helps in increasing local cell immunity and prevents recurrence of symptoms in patient. The phytosterols and flavonoids are anti-inflammatory analgesics reducing the pain. Tannins also proved to have antimicrobial property which might have reduced the discharge. In classical terms, it can be explains that Katu, Tikta, Kashaya Rasa, Laghu, Ruksha, Teekshna Guna, Ushna Veerya, Katu and Kaphapittaghna Vipaka properties of drugs are responsible to

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break the Samprapti of diseases. Jatyadi oil contains flavonoids, tannins, steroids, alkaloids and glycosides which helps in faster healing of wounds. [12] Gokshura churna acts as natural diuretic, anti inflammatory, Vata Kaphahara that which subsides the symptoms of cystitis. [10] Yava kshara used in treating urinary diseases, abdominal pain, bloating, etc. [13] Chandraprbha vati has anti-inflammatory activity, treating recurrent fever and relieves anorexia, leucorrhoea, urinary tract infections & pain. Gomutra haritaki acts on Mukha rogas, kustha, pandu, krimi, shopha and it is Kaphahara, Malanulomaka, Deepana, vatanulomaka, srotoshodaka, shophahara

Conclusion:

The Ayurved treatment protocol with local panchavalkal kwath douche and pichu of Jatyadi taila along with Chandraprabha vati, Gukshur churna and Gomutra harataki is effective in the management of *Mutrakriccha* (chronic cyctitis). The limitation of the study is this is single case study and need to be studied in more number of cases for its concrete conclusion.

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Guarantor: Corresponding author is guarantor of this article and its contents.

Conflict of interest: Author declare that there is no conflict of interest

How to cite this article:

Ninama N, Selva Kumari TRT, Modi M. Management of Mutrakrichcha (Chronic cystitis) through Ayurveda protocol- A single case study. Int. J. AYUSH CaRe. 2017;1(2):25-31.