## Management of Pittaja Mutrakricchra by Ayurveda: A Case Study

## Namde Manisha Jagannath,<sup>1\*</sup> Pathrikar Anaya Ashish,<sup>2</sup> Kamat Nitin Madhav,<sup>3</sup> Paradkar Hemant Shridhar<sup>4</sup>

<sup>1</sup>MD Scholar, <sup>2</sup>Professor & HOD, <sup>3</sup>Honorary Professor, <sup>4</sup>Associate Professor, Department of Kayachikitsa, APM's Ayurveda Mahavidyalaya, Sion, Mumbai.

#### Abstract:

UTI is the most common bacterial infection managed in general practice and is presented with 1-3% of consultations. Up to 50% of women have a UTI at some point of life. Thirty to forty percent of nosocomial infections are UTIs. This is a case of UTI presented with the symptoms of urinary urgency and frequency, suprapubic pain during and after voiding, chills, oliguria and burning micturition along with the presence of bacterial growth leading to appearance of pus cells, epithelial cells in microscopic examination of urine. Patient was diagnosed suffering from *Mutrakriccchra* and was managed with *Suvarnarajvangeshwar*, *Trunapanchamula Kwatha*, *Chandrakala Vati* and *Chandraprabha Vati* for 7 days. Two assessments were made before and after treatment regarding the symptoms of UTI & urine analysis. It showed significant reduction in subjective as well as objective parameters (in signs and symptoms, bacterial growth, pus cells, epithelial cells.)

Keywords:Chandrakalavati,Chandraprabhavati,Mutrakricchra,Suvarnarajvangeshwara, Trunapanchamula Kwatha, UTI



#### Introduction:

UTI is a common, distressing, and rarely lifethreatening condition. UTI is more common in females than males. The prevalence of UTI in women is about 3% at the age of 20, increasing by 1% in each subsequent decade <sup>[1]</sup>. In males UTI is uncommon, except in first year of life and in men over 60, in whom urinary tract obstruction due to prostatic hypertrophy may occur <sup>[1]</sup>. The infection is usually caused by E. coli derived from bowel flora <sup>[2]</sup>. Less frequently, other organisms like Klebsiella, Enterobacter and Streptococci have

\*Corresponding Author: Dr. Namde Manisha Jagannath M.D. Scholar, Department of Kayachikitsa, APM Ayurveda Mahavidyalaya, Sion, Mumbai, Maharashtra, India E-mail: namdemanisha333@gmail.com

> been implicated as causative organisms<sup>[2]</sup>. The symptoms of Urinary tract infection are similar to *Mutrakricchra* as described in Ayurveda. In *Mutrakricchra* patients have complaints of increased frequency, urgency, hesitancy, burning micturition, painful micturition and discolouration of urine. According to *Acharya Charaka*, there are 8 types of *Mutrakricchra* & causes of *Mutrakricchra* are excessive physical exertion, intake of irritant drugs, food and wine, riding on a fast-moving vehicle, overeating meat of marshy animals and fish and indigestion<sup>[3]</sup>. Although modern medical

system has many modern drugs but there are cases where patients suffer due to lack of desired results. The current available antibiotics drugs and other conservative measures are in practice to combat the condition in suppressing the symptoms. Limitation of antibiotics, drug resistance by micro-organisms, side effects of the drug in metabolic systems, immune system makes the thought for alternative modalities of management. In this case Ayurveda medicines were selected and success was achieved in Mutrakricchra (Urinary treating tract infections).

#### Materials & methods:

#### **Case report:**

A female patient aged 81 years came to the Kayachikitsa OPD at Sion Ayurvedic Mahavidyalaya Mumbai with symptoms of urinary urgency and increased frequency, suprapubic pain during and after micturition, chills, oliguria and burning micturition. The patient was hospitalized before 6 months for the same complaints and was treated with allopathic medicines (as patient had UTI, she was given a course of antibiotic). She was relieved of her symptoms, now since last 10 days which are gradually increasing. Patient did not get satisfactory relief after taking allopathy medicines for 7 days. So, patient came to Sion Ayurvedic Mahavidyalaya for better management. On the basis of signs and symptoms and results of urine examination, she was diagnosed to have UTI and was started with treatment for the same.

#### **Clinical findings:**

- 1. Clinical examinations revealed *Vatpittaprakruti*, having *Krura Koshtha* and *Heena Bala*
- Patient was Afebrile with Blood pressure 130/80 mm of Hg, Pulse rate - 76/minute, R.R. - 20/minute.

- 3. On Systemic examination, no abnormality was found in respiratory, cardiovascular and central nervous system activity.
- 4. Per abdominal examination revealed tenderness at suprapubic region.
- 5. Mutravaha strotas examination-
  - Mutra = Matra- Aalpa Varna- Pita

#### Gandha- Durgandha

Mutrapravrutti = 6-7 times in a day & 4-5 days in night associated with *Daha* & *Shula*.

#### Therapeutic intervention:

Patient was admitted on 01/01/2021 & started treatment with Ayurveda medicines: Suvarnarajvangeshwar 100mg BD. Chandraprabhavati 2 tab TDS, Chandrakala 2 tab TDS, Trunapanchamula Kwatha<sup>(10)</sup> 30 ml BD ,Combination of Gokshura (Tribulus terresteris) Churna 1 gm and Chandana (Santalum album) Churna 1 gm thrice a day & Dhanayaka(Coriandrum sativum)+ Jiraka(Cuminum *cyminum*)+*Misreya(* Foeniculum vulgare) Siddha Jala for drinking. Patient being bedridden wasn't advised for plenty of fluids but was encouraged to have Siddha Jala.

Patient's urine sample was sent for culture and ayurvedic sensitivity prior to starting medicines. This was done in view of loaded urine pus cells in sample. Culture andsensitivity report can be opted only after 3 days. So, we decided to wait for report and not stat any antibiotic. Within 3 days, patient got 60% relief in all the symptoms. So, antibiotic was not started after getting culture and sensitivity report but only ayurvedic treatment was continued. Urine examination was repeated after 7 days (reports are attached herewith). Same treatment was continued for 10 days and then tapered and eventually stopped. Still there was no recurrence or aggravation in symptoms. Urine examination repeated after another 7 days. (Report attached). Burning micturition, Dysuria and Oliguria are subjective parameters (Table-1).



	,		
Symptoms	1 <sup>st</sup> week	2 <sup>nd</sup> week	3 <sup>rd</sup> week
Burning micturition	Continuously present	Occasionally present	Absent
Dysuria	Before & after micturition	Occasionally present	Absent
Oliguria	700 ml /24 hrs	800 ml/24 hrs	1200 ml/24hrs

## Table-1: Assessment of symptoms (In 1<sup>st</sup>, 2nd & 3<sup>rd</sup> week)

#### Table-2: Urine Input & output chart (In 1<sup>st</sup>, 2nd & 3<sup>rd</sup> week)

	Input	Output
1 <sup>st</sup> week	1200 ml	700 ml
2 <sup>nd</sup> week	1500 ml	800 ml
3 <sup>rd</sup> week	2000 ml	1200 ml

#### Table -3: Lab Investigations details before and after treatment

Parameter	Before (31/12/2020)	After (08/01/2021)
App/Colour	Pale yellow	Pale yellow
Ph	Hazy	Hazy
Specific gravity	1.015	1.015
Sugar	Absent	Absent
Protein	Present (++)	Trace
Epithelial cells	2-4/hpf	8-10/hpf
Pus cells	80-100/hpf	12-15/hpf
RBC	Absent	Absent
Bacteria	Present (++++)	Absent

### Table -4: Lakshanik Chikitsa –

To decrease Daha	Chandrakala vati, Chandan, Mishreya, Dhanayak
To decrease Shula	Chandraprabha vati, Jirak
To regulate frequency	Gokshur, Trunapanchamula kwath, Dhanyak, Mishreya

#### **Discussion:**

As mentioned in ancient ayurvedic texts; causes of urinary problems are wide ranged from excessive physical exercise/exertion, excess consumption of food which is heavy for digestion, addictions <sup>[3]</sup>.

Doshas aggravated separately or all together when being provoked by their vitiating factors which gets localised in th kidney or urinary bladder and distresses the urinary passage, leading to *Mutrakricchra*<sup>[3]</sup>. Signs of *Pittaja Mutrakricchra* are high colour urine with pain & burning, with increased frequency &/or difficulty<sup>[3]</sup>. In *Pittaja Mutrakricchra*, Cold affusion, bath anointings, following regimen prescribed during summer season, medicated enema, milk and purgatives prepared from the juice of *Draksha, Vidari* and sugarcane juice and ghee to be administered <sup>[3]</sup>.

*Mutravirechaniya* drugs, *Mutrakrichraghna* treatment was given as follows-

*Mutral dravya: Gokshur, Jirak, Dhanyak, Trunapanchamula kwatha.* 

*Kricchta hetu parivarjan:* Patient was advised to maintain personal hygiene to avoid suppression of non-suppressive natural urges and avoid spicy food



mage 1- Urine routine examination before treatment)Image 2- Urine routine examination (a Treatment)					
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#### **Probable Mode of Action:**

The action of every drug is determined by the dominant pharmacodynamic factors. The line of treatment in Ayurveda is also based on *Dosha Chikitsa* (treatment). The disease *Mutrakricchra* (urinary tract infection) has involvement of vitiation of *Pitta Dosha* along with vitiation of *Vata Dosha*.

*Suvarnarajvangeshwar* mainly works on *Vata* and *Pitta Dosha*, gives strength to urinary system and removes toxins & acts as antibiotics<sup>[13]</sup>.

Chandraprabha vati has been mentioned for all types of Mutrakricchra. The drug *Chandraprabha* in this combination is Rasayana, Tridoshaghna, Mutrala with Deepana-Pachana and Sheeta veerva properties. This will help in correcting the Agni, there by overcoming the pathogenesis of *Mutrakricchra*<sup>[12]</sup>. Chandrakala vati is a classically indicated medicine for Mutrakricchra (urinary tract infection). It is Raktaprasadak, potent stambhak and Pittashamak rasakalpa with ingredients having sheetveerya & Tiktarasa, acting as Dahashamak<sup>[11]</sup>.

*Chandan* is *Dahashamak* and *Pittashamak* due to *Tiktamadhur Rasa* and *Sheeta veerya*<sup>[7]</sup>. *Gokshur & Trunapanchamula kwath*<sup>[10]</sup> possess *Madhur rasa, Madhur vipaka, & Sheeta virya, Singdha guna*<sup>[5,6]</sup> which causes diuresis by increasing *kleda* in the body. *Kleda* increases urine formation. By the virtue of above property, this is *Vata Pitta Shamak*. Thus, is useful for improving the urinary function and management of urinary complaints resulting from infection.

*Jirak* is *Vatashamaka*, *Shulhara* and *Mutrala*<sup>[9]</sup>.

*Mishreya* is *Vatapittaghna* and *Dahaghna* due to its *Madhura rasa* and *Sheeta virya*<sup>[8]</sup>. *Dhanayak* is *Mutrala* and *VataPittashamak*<sup>[4]</sup>.

#### **Conclusion:**

After the pre and post assessment of intervention it is clear that there is a combined

effect of *Suvarnarajvangeshwar*, *chandraprabha vati*, *Chandrakala vati*, *Gokshura*, *Trunapanchamula kwath* & *Chandan churna* in reducing signs and symptoms along with reduction in bacterial growth, pus cells, epithelial cells in urine.

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