

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

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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 *Mutrakricchra* and was managed with *Suvarnarajvangeswar*, *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: *Chandrakala vati*, *Chandraprabha vati*, *Mutrakricchra*, *Suvarnarajvangeswara*, *Trunapanchamula Kwatha*, UTI

Quick Response code



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Introduction:

UTI is a common, distressing, and rarely life-threatening 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 [1]. 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 [1]. The infection is usually caused by *E. coli* derived from bowel flora [2]. Less frequently, other organisms like *Klebsiella*, *Enterobacter* and *Streptococci* have

been implicated as causative organisms [2]. 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 [3]. 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 treating *Mutrakricchra* (Urinary 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 Koshta* and *Heena Bala*
2. 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: - *Suvarnarajvangeswar* 100mg BD, *Chandraprabhavati* 2 tab TDS, *Chandrakala* 2 tab TDS, *Trunapanchamula Kwatha*⁽¹⁰⁾ 30 ml BD, Combination of *Gokshura* (*Tribulus terrestris*) *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 sensitivity prior to starting ayurvedic medicines. This was done in view of loaded pus cells in urine sample. Culture and sensitivity report can be opted only after 3 days. So, we decided to wait for report and not start 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).

Table-1: Assessment of symptoms (In 1st, 2nd & 3rd week)

Symptoms	1 st week	2 nd week	3 rd 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-2: Urine Input & output chart (In 1st, 2nd & 3rd week)

	Input	Output
1 st week	1200 ml	700 ml
2 nd week	1500 ml	800 ml
3 rd 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 <i>Daha</i>	<i>Chandrakala vati, Chandan, Mishreya, Dhanayak</i>
To decrease <i>Shula</i>	<i>Chandraprabha vati, Jirak</i>
To regulate frequency	<i>Gokshur, Trunapanchamula kwath, Dhanyak, Mishreya</i>

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 [3].

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* [3]. Signs of *Pittaja Mutrakricchra* are high colour urine with pain & burning, with increased frequency &/or difficulty [3]. 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 [3].

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

INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

Image 1- Urine routine examination (before treatment)

TEST REPORT Shop: SA/D-4, Siddhivinayak Chd., Near Dinkeshwar Nagar Bus Stop, Opp. Anand Society (Lokmanya Nagar Bus Stop, Opp. Sion (W))

SURYA DIAGNOSTIC CENTRE confidence your health Mob: 9221020076

TEST DONE Pathology, Sonography, X-ray, ECG

Patient Name: [Redacted] **Registration No.:** [Redacted] **Age/Gender:** 81 Years / Female **Lab No.:** 16460 **Referring Doctor:** SELF **Reporting Date:** 31/12/2020 **Print Date:** 31/12/2020

Test Detail

TEST DONE	RESULT	UNIT	NORMAL RANGE
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
Quantity	10	ml	
Colour	Pale Yellow		
Appearance	Hazy		
Deposit	Present		
PH	Acidic		
Specific Gravity	1.015		1.010 - 1.030
CHEMICAL EXAMINATION			
Proteins (Albumin)	Present (++)		
Sugar	Absent		
Ketones	Absent		
Occult Blood	Absent		
Bile Salt	Absent		
Bile Pigment	Absent		
MICROSCOPIC EXAMINATION			
Red Blood Cells	Absent		
WBCs	80 - 100/hpf		
Epithelial cell	2 - 4/hpf		
Casts	Absent		
Crystals	Absent		
Yeast Cells	Absent		
Bacteria	Present (++++)		
Amorphous Deposit	Present		
Other	Absent		

Note: Kindly Correlate With Clinical Conditions

Reports Timing: 8 hours onwards or next day.

Dr. Nishala Gaikwad

Image 2- Urine routine examination (after Treatment)

GAATHA DIAGNOSTIC Digital X-Ray & Sonography Centre

Dr. Richa Gupta M.B.B.S., D.M.R.D. Consulting Radiologist Clinic: 922-2403 3084 Mob: 9619496787

Patient Name: [Redacted] **Age:** [Redacted] **Ref No.:** [Redacted] **Ref By:** Dr. SUNIL K. [Redacted] **Location:** 1st

TEST DATE: 08-01-2021 **Report Date:** 08-01-2021 **Applicant:** 51 Year/Female **Sample Collected At Lab:**

TEST	URINE EXAMINATION	REFERENCE RANGE
PHYSICAL EXAMINATION		
Quantity	40 ml	
Colour	Pale Yellow	
Appearance	Hazy	
Residue (ppt)	Absent	
Specific Gravity	1.015	1.010 - 1.030
CHEMICAL EXAMINATION		
Proteins	Trace	Absent
Glucose	Absent	Absent
Ketones	Absent	Absent
Occult Blood	Trace	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
MICROSCOPIC EXAMINATION		
WBCs	12 - 15 /hpf	2 - 3
Red Blood Cells	Absent	Absent
Epithelial Cells	8 - 10 /hpf	2 - 3
Casts	Absent	Absent
Crystals	Absent	Absent
Mucous Strands	Absent	Absent
Unidentified	Absent	Absent
Bacteria	Absent	Absent
Yeast Cells	Absent	Absent
Any Other	Absent	Absent

Checked By: [Signature] **DR. NISHALA GAIKWAD** M.D. (PAATH) MD

At: A/2, Ground Floor, Tulsi Bhavan, Next to Ramdev Hotel, Sion (W), Mumbai - 400 022.

Image 3- RFT

Sheth R.V. Ayurvedic Hospital and Sheth V.M. Charitable Ayurvedic Dispensary
Near Sion Railway Station, Sion (East), Mumbai 400022
Ph: 022 24072176 | Email: shethayurved@gmail.com

Patient Name: [Redacted] **Age / Sex:** 81 / Female
Ref No.: 02/01/2021 **Referred By:** Vd. Anaya Pathariker
IPD No.: [Redacted]

Biochemistry and Serology

Sr.No.	Name of the Test	Result	Normal Range
1.	Fasting Blood Sugar	49.0 mg/dl	70 to 110 mg/dl
2.	Blood Sugar PP	65.2 mg/dl	upto 140 mg/dl
3.	Blood Sugar Random	mg/dl	80 to 160 mg/dl
4.	Blood Urea	28 mg/dl	13 to 45 mg/dl
5.	Serum Cholesterol		130 to 220 mg/dl
6.	Bilirubin Total	0.5 mg/dl	0 to 1 mg/dl
7.	Bilirubin Direct	0.2 mg/dl	0 to 0.25 mg/dl
8.	S.G.P.T.	20 IU/L	F: 0 to 31 IU/L, M: 0 to 40 IU/L
9.	S.G.O.T.	17 IU/L	5 to 34 IU/L
10.	CREATININE	1.5 mg/dl	F: 0.6 - 1.2 mg/dl, M: 0.7 - 1.4 mg/dl
11.	ALKALINE PHOSPHATASE	60 IU/L	4 - 113 IU/L
12.	URIC ACID	10.5 mg/dl	F: 2.5 - 6.2 mg/dl, M: 3.5 - 7.2 mg/dl

Report of R A Test

A Test

Pathologist: [Signature] Lab Technician: [Signature] HOD: (Rog Nidan & Vikrut Vidnyan Dept.)

End Of Report

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*.

Suvarnarajvangeswar mainly works on *Vata* and *Pitta Dosha*, gives strength to urinary system and removes toxins & acts as antibiotics^[13].

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 veerya* properties. This will help in correcting the *Agni*, there by overcoming the pathogenesis of *Mutrakricchra*^[12]. *Chandrakala vati* is a classically indicated medicine for *Mutrakricchra* (urinary tract infection). It is potent *Raktaprasadak*, *stambhak* and *Pittashamak rasakalpa* with ingredients having *sheetveerya* & *Tiktarasa*, acting as *Dahashamak*^[11].

Chandan is *Dahashamak* and *Pittashamak* due to *Tiktamadhur Rasa* and *Sheeta veerya*^[7].

Gokshur & Trunapanchamula kwath^[10] possess *Madhur rasa*, *Madhur vipaka*, & *Sheeta virya*, *Singdha guna*^[5,6] 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*^[9].

Mishreya is *Vatapittaghna* and *Dahaghna* due to its *Madhura rasa* and *Sheeta virya*^[8].

Dhanayak is *Mutrala* and *VataPittashamak*^[4].

Conclusion:

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

effect of *Suvarnarajvangeswar*, *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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