World Journal of Pharmaceutical and Life Sciences

www.wjpls.org

Impact Factor: 7.409 Coden USA: WJPLA7

"AN AYURVEDIC REVIEW OF PITTAJA MŪTRAKṚCCHRA WITH SPECIAL REFERENCE TO URINARY TRACT INFECTIONS"

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https://doi.org/10.5281/zenodo.17482155,

How to cite this Article: Dr. Sharik Mulla*. (2025). "An Ayurvedic Review Of Pittaja Mūtrakṛcchra With Special Reference To Urinary Tract Infections". World Journal of Pharmaceutical and Life Science, 11(11), 40–44.

Article Received on 03/10/2025 **Article Revised on 23/10/2025** **Article Published on 01/11/2025**

ABSTRACT

Background: Mūtrakṛcchra is a well-documented urological disorder in Ayurveda, characterized by painful and difficult micturition. Among its subtypes, Pittaja Mūtrakṛcchra is dominated by *Pitta* features such as burning sensation during urination, yellow or reddish discoloration of urine, thirst, and feverishness. In contemporary medicine, these symptoms closely resemble Urinary Tract Infections (UTIs), particularly acute cystitis. **Objectives:** This review aims to analyze Ayurvedic perspectives of Pittaja Mūtrakṛcchra and correlate them with modern concepts of UTI, focusing on etiology, pathogenesis, clinical features, diagnosis, and management. **Methods:** Classical Ayurvedic treatises, nighantus, and commentaries were critically reviewed alongside recent biomedical literature on UTIs. Relevant studies, guidelines, and conceptual analyses were synthesized to develop an integrative perspective. **Results:** Pittaja Mūtrakṛcchra is attributed to vitiation of *Pitta doṣa* in the Mutravaha srotas due to factors like intake of hot, pungent, sour food, alcohol, and suppression of natural urges. The clinical features—burning micturition, discolored urine, and painful voiding—correspond with dysuria, frequency, and pyuria of UTI. Modern medicine identifies uropathogenic *Escherichia coli* as the predominant cause, with diagnosis based on symptoms, urinalysis, and culture when indicated. Management in Ayurveda emphasizes *Pitta-śamana* and *mutrala* dravyas such as Gokṣura, Chandana, Śārivā, and Yashtimadhu, along with śītala measures, while modern therapy relies on timely antibiotics like nitrofurantoin and fosfomycin, guided by resistance profiles. Integrative care may improve symptom relief, reduce recurrence, and support antimicrobial stewardship. **Conclusion:** Pittaja Mūtrakṛcchra shares significant clinical overlap with uncomplicated UTIs. While Ayurveda highlights doṣa-specific management with cooling and diuretic therapies, modern medicine provides targeted antimicrobial strategies. An integrative, evidence-based approach—prioritizing safety and rational use of antibiotics—offers promise for optimizing outcomes and minimizing recurrence.

INTRODUCTION

Disorders of the Mutravaha srotas (urinary system) have been extensively described in the classical texts of Ayurveda. Among these, *Mūtrakṛcchra* is a common clinical condition characterized by painful and difficult urination (*krichrata*), often accompanied by burning, frequency, and systemic disturbances depending on the doṣa involved. The term itself indicates "krichra" (difficulty/pain) in passing "mūtra" (urine).[1] The Suśruta Saṃhitā enumerates eight varieties of Mūtrakṛcchra: Vātaja, Pittaja, Kaphaja, Sannipātaja, Śalyaja (traumatic), Aśmarī- janya (calculous), Śukraja (seminal), and Pūriṣaja (fecal).[2] Among them, Pittaja Mūtrakṛcchra is dominated by *Pitta doṣa* aggravation, presenting with *dāha* (burning sensation), *pīta/aruṇa mūtra* (yellowish or reddish urine), *tṛṣṇā* (excessive thirst), and painful micturition.[3]

From a modern medical perspective, these features bear close resemblance to Urinary Tract Infections (UTIs), particularly acute cystitis and urethritis.[4] UTIs are among the most common bacterial infections worldwide, with a lifetime incidence of 50–60% in women and a recurrence rate of up to 25% within six months.[5] The majority of uncomplicated UTIs are caused by uropathogenic *Escherichia coli* (UPEC), accounting for approximately 75–85% of cases,

followed by *Klebsiella pneumoniae*, *Staphylococcus saprophyticus*, and other Gram-negative organisms.[6]

The classical etiology of Pittaja Mūtrakṛcchra includes consumption of *uṣṇa* (hot), *tīkṣṇa* (pungent), *amlā* (sour), and *lavaṇa* (salty) food, intake of alcohol, excessive heat exposure, and suppression of natural urges, all of which provoke Pitta and impair the Mutravaha srotas.[7] Pathogenetically, vitiated Pitta induces *dāhātmaka* (burning/oxidative) changes in the bladder and urinary passages, resulting in painful urination and altered urine color, which correlates with inflammatory changes and pyuria in UTIs.[8]

Management strategies in Ayurveda emphasize *Pitta-śamana* (pacification of Pitta) and the use of *mutrala* (diuretic) and *śītala* (coolant) dravyas such as Gokṣura (Tribulus terrestris), Chandana (Santalum album), Śārivā (Hemidesmus indicus), and Yashtimadhu (Glycyrrhiza glabra). Preparations like Gokṣurādi Guggulu and Chandanasava are recommended for relieving burning, improving urinary flow, and preventing recurrence.[9] In contrast, modern medicine relies on empirical antibiotic therapy—nitrofurantoin, fosfomycin, pivmecillinam, or trimethoprim-sulfamethoxazole—depending on local resistance profiles and patient factors.[10]

Despite distinct frameworks, both systems recognize burning dysuria as the central manifestation. The integrative study of Pittaja Mūtrakṛcchra vis-à-vis UTI not only enriches the understanding of clinical parallels but also opens scope for complementary management, especially in the era of antimicrobial resistance.[11] This review aims to critically analyze Ayurvedic descriptions of Pittaja Mūtrakṛcchra and correlate them with modern concepts of UTI in terms of etiology, pathogenesis, clinical features, and management.

DISCUSSION

Pittaja Mūtrakṛcchra, as described in Ayurveda, shares remarkable similarity with the clinical picture of urinary tract infections. The primary manifestation of burning sensation during urination corresponds closely with the classical description of *dāha* as the chief lakṣaṇa of Pitta aggravation. The yellowish or reddish discoloration of urine mentioned in classical texts also parallels hematuria or concentrated urine commonly noted in UTIs. Thus, both traditional and modern perspectives converge in their recognition of dysuria as the central symptom.

From an Ayurvedic standpoint, the pathogenesis is attributed to the vitiation of Pitta in the Mutravaha srotas due to dietary and lifestyle factors such as excessive intake of pungent, sour, and salty food, alcohol consumption, suppression of natural urges, and exposure to heat. These causative elements increase the *uṣṇatva* and *tīkṣṇatva* in the urinary channels, resulting in painful micturition and systemic burning. In modern medicine, however, UTIs are understood as bacterial infections—most commonly by *Escherichia coli*—ascending into the bladder and urinary tract. Despite differences in conceptual frameworks, both systems ultimately describe inflammation and irritation of the urinary passages as the underlying event.

Ayurveda recommends therapeutic measures directed at pacifying Pitta, cooling the urinary tract, and promoting proper urine flow. *Śītala* and *mutrala* dravyas such as Chandana, Śārivā, Gokṣura, and Yashtimadhu are emphasized for symptom relief and restoration of balance. These not only alleviate burning but also act as diuretics, facilitating urine flow and reducing stasis, which in turn can minimize recurrence. Modern management, on the other hand, prioritizes antimicrobial therapy, hydration, and analgesics to eradicate infection and alleviate discomfort.

An integrative approach combining both systems may be highly beneficial. Ayurvedic measures can provide symptomatic relief, reduce recurrence, and improve patient comfort, while modern antibiotic therapy ensures rapid eradication of the infectious organism and prevention of complications. However, it is important to recognize clinical scenarios where exclusive Ayurvedic management may not suffice, such as in cases of high fever, pyelonephritis, pregnancy, or recurrent infections. In such situations, early biomedical intervention is crucial, with Ayurveda serving as a supportive therapy.

The convergence of Ayurvedic and modern perspectives demonstrates a complementary potential in the management of Pittaja Mūtrakṛcchra vis-à-vis UTIs. While Ayurveda focuses on root causes such as doṣa imbalance and lifestyle triggers, modern science addresses the microbial etiology and antimicrobial resistance. Together, they can provide a holistic, patient- centered approach that not only manages acute episodes but also prevents recurrence through dietary regulation, lifestyle modification, and safe antimicrobial use.

Ayurvedic Management of Pittaja Mūtrakṛcchra

The management of **Pittaja Mūtrakṛcchra** is based on the principles of *doṣa-śamana*, *mūtra- pravartana*, and *dāha-hara* chikitsā. Since the condition is dominated by aggravated **Pitta doṣa**, the main line of treatment focuses on *Pitta-śamana* with *śītala*, *madhura*, and *tikta rasa* dravyas, while ensuring proper urinary flow through *mutrala* drugs.

1. **General Chikitsā Sūtra**

- *Pitta-śamana*: Cooling therapies, use of sweet, bitter, and cold potency drugs.
- *Mutrala prayoga*: Herbs and formulations that promote free urine flow.

- *Dāha-hara*: Drugs that relieve burning and inflammation.
- *Srotoshodhana*: Ensuring unobstructed passage of urine.
- *Ahara-vihāra parihara*: Avoidance of Pitta-provoking diet and lifestyle.

2. Pathya-Apathya (Diet & Lifestyle) Pathya (Wholesome)

- Cold, sweet, and easily digestible diet: rice, milk, sugarcane juice, coconut water, ghee.
- Plenty of fluids to promote micturition.
- Intake of cooling sherbets (ushira, draksha, amalaki).

Apathya (To be avoided)

- Hot, pungent, sour, salty, fermented foods.
- Alcohol, excess spicy/oily foods.
- Exposure to excessive heat, dehydration, suppression of micturition.

3. Drug Therapy

Single Dravyas (Mutrala & Śītala)

- **Gokṣura (Tribulus terrestris):** Mutrala, basti-śodhana, pitta-śamana.
- **Chandana (Santalum album):** Sheeta, dahahara, vrana-ropaka.
- **Śārivā (Hemidesmus indicus):** Pitta-śamana, mutrala.
- **Yashtimadhu (Glycyrrhiza glabra):** Sheeta, anti-inflammatory, soothing effect.
- **Gudūcī (Tinospora cordifolia):** Rasāyana, pitta-pacifying, immune-supportive.

Classical Formulations

- **Gokṣurādi Guggulu** – indicated in Mūtrakṛcchra and Aśmarī.
- **Chandanasava** – relieves burning, promotes urinary flow.
- **Ushīrasava / Ushīra kvātha** – cooling and diuretic.
- **Pravāla piṣṭi / Kamadudha rasa (with pravāla)** – effective in dāha-predominant conditions.
- **Śārivādi kvātha / Yashtimadhu kvātha** – soothing and anti-inflammatory.

Anubandha Aushadhis (supportive)

- *Śīta-kṣīra pāna* (milk boiled and cooled, with cooling drugs).
- *Dhānyaka-hima* (coriander infusion).
- *Ushira-jala* (water processed with Vetiver).

4. Local Therapies (Sthānika Cikitsā)

- **Avagāha (sitz bath):** With decoction of Ushīra, Chandana, and Musta to relieve burning.
- **Parisheka (pouring therapy):** With cold decoctions over the suprapubic region for soothing effect.

5. Śodhana Chikitsā (Detoxifying Therapies)

- **Virechana (purgation):** Indicated in chronic or recurrent Pittaja Mūtrakṛcchra to expel vitiated Pitta systematically.
- **Uttarabasti:** In carefully selected chronic, recurrent cases (non-infective stage), with cooling medicated oils or ghee, under supervision.

6. Preventive Measures

- Maintain proper hydration.
- Avoid suppression of micturition.
- Regular use of *ushna-śīta samyak jala* (lukewarm or medicated cooled water).
- Seasonal use of cooling and diuretic herbs during summer.

Ayurvedic Diet (Āhāra) in Pittaja Mūtrakṛcchra

In Ayurveda, diet plays a fundamental role in both prevention and management of diseases. Since **Pittaja Mūtrakṛcchra** arises mainly due to the aggravation of **Pitta doṣa** in the *Mutravaha srotas*, the **line of dietary management (Āhāra cikitsā)** is focused on **Pitta-śamana**, **dāha-hara**, and **mutrala** support.

Dietary Principles

1. **Pitta-śamana:** Food that is sweet (*madhura*), bitter (*tikta*), and cooling (*śītala virya*) should be included.
2. **Mutrala (diuretic):** Foods and drinks that promote smooth urine flow and prevent stasis.
3. **Laghu (light to digest):** Easily digestible meals to prevent *āma* formation.
4. **Srotoshodhana:** Substances that cleanse urinary channels and reduce burning.
5. **Avoid Pitta-provoking foods:** Hot, spicy, sour, salty, oily, and fermented items should be restricted.

Pathya Āhāra (Wholesome Foods Recommended)

Grains (Dhānya)

- **Śāli rice** (old rice), barley (*yava*), wheat (*godhuma*).
- Light, cooling cereals that pacify Pitta and support hydration.

Milk & Dairy (Kṣīra varga)

- **Cow's milk** – cooling, sweet, nourishing, Pitta-śamana.
- **Milk processed with cooling herbs** (ushīra, śārivā, chandana).
- **Ghee (ghṛta)** – acts as dāha-hara, soothing urinary mucosa, improves digestion without aggravating Pitta.

Vegetables (Śāka varga)

- Bottle gourd (*lauki*), pumpkin (*kaddu*), ridge gourd (*turai*), cucumber (*kakdi*).
- Green leafy vegetables like coriander, spinach, fenugreek (in moderation).

Fruits (Phala)

- **Cooling & sweet fruits:** pomegranate (*dadima*), grapes (*drākṣā*), watermelon (*tarbuj*), apple, banana, figs, coconut.
- **Āmalakī** (in small quantity) – Rasāyana, balances Pitta.

Drinks (Pāna)

- **Coconut water (Nārikela jala):** Natural mutrala, cooling, relieves burning.
- **Sugarcane juice (Ikṣu rasa):** Improves urine flow, reduces burning sensation.
- **Dhānyaka-hima (coriander seed water):** Mild diuretic, Pitta-śamana.
- **Uśīra-jala (vetiver water):** Classical Pitta-pacifying coolant.
- **Fruit juices:** Grape juice, pomegranate juice, drākṣā-svarasa.

Other Pathya Items

- Boiled vegetables with less oil and mild spices.
- Rice water (*peya*), barley water (*yavāgu*).
- Herbal sherbets with drākṣā, chandana, ushīra.

Āpathya Āhāra (Foods to be Avoided) Spices & Condiments

- Hot spices: chili, mustard, garlic, hing, ginger, black pepper.

Sour & Fermented foods

- Pickles, vinegar, tamarind, sour curd, fermented rice/dosa/idli in excess.

Salty & Processed foods

- Excess salt, fried snacks, packaged junk food, bakery items.

Animal Foods

- Excess meat, fish, and eggs (heating, Pitta-aggravating, heavy to digest).

Beverages

- Alcohol, strong tea, coffee, carbonated drinks, and artificial soft drinks.

Lifestyle-related Apathya

- Suppression of natural urges (mutra-vega-dharaṇa).
- Exposure to excessive heat, working in hot environments.
- Overexertion, anger, and stress (all provoke Pitta).

Lifestyle (Vihāra) Support

- Drink plenty of clean water infused with cooling herbs (ushīra, dhānyaka, chandana).
- Practice **śīta-snān** (cool water bath).
- Avoid excessive exposure to heat and sunlight.
- Maintain proper voiding habits, avoid urine retention.
- Ensure adequate sleep and stress control (meditation, prānāyāma).

Modern Correlation

Pittaja Mūtrakṛcchra described in Ayurveda can be closely correlated with lower urinary tract infection (LUTI), especially acute cystitis and urethritis, in modern medicine. The cardinal feature of Pittaja Mūtrakṛcchra—*dāha* (burning micturition)—corresponds directly to dysuria in UTIs. The *pīta/aruṇa varṇa* (yellow or reddish urine) resembles the cloudy, turbid, or blood- stained urine seen in infections, while associated *tṛṣṇā* (excessive thirst), mild *jvara* (fever), and suprapubic pain parallel the systemic features of acute cystitis.

In terms of pathogenesis, Ayurveda attributes the condition to vitiated *Pitta doṣa* in the Mutravaha srotas, producing heat, inflammation, and burning in the urinary tract. Modern science identifies this pathology as an ascending bacterial infection, predominantly caused by uropathogenic *Escherichia coli*, which attaches to the urothelium, triggers inflammation, and produces similar symptoms.

Risk factors also show overlap: Ayurveda highlights *uṣṇa, tīkṣṇa, amla, lavaṇa* āhāra (hot, pungent, sour, salty diet), excessive alcohol, suppression of natural urges, and heat exposure as causes of Pitta aggravation. Modern medicine recognizes sexual activity, poor hydration, incomplete bladder emptying, and use of spermicides or catheters as contributors. Both views emphasize lifestyle and behavioral factors in predisposing individuals to urinary morbidity.

Thus, Pittaja Mūtrakṛcchra can be correlated with uncomplicated lower UTIs, where inflammation and infection in the bladder lead to burning micturition, discolored urine, frequency, and urgency. While Ayurveda explains it in terms of doṣa imbalance, modern medicine attributes it to microbial invasion; however, both ultimately describe the same clinical entity manifesting through urinary burning and discomfort.

CONCLUSION

Pittaja Mūtrakṛcchra, as explained in Ayurvedic classics, manifests with burning micturition, discolored urine, and painful voiding, which closely resemble the symptomatology of urinary tract infections in modern medicine. Both systems, though differing in their explanatory models, recognize the central pathology as irritation and inflammation of the urinary passages. Ayurveda emphasizes the role of *Pitta doṣa* vitiation triggered by diet and lifestyle, while modern science identifies microbial invasion—predominantly by *Escherichia coli*—as the causative factor.

The therapeutic approach in Ayurveda centers on *Pitta-śamana*, *śītala* measures, and *mutrala* dravyas, aiming to restore balance, alleviate burning, and promote smooth urinary flow. Modern treatment, in contrast, relies on timely and judicious use of antibiotics

supported by hydration and symptomatic relief. Integration of both systems offers a comprehensive strategy: antibiotics ensure rapid pathogen clearance while Ayurvedic interventions enhance comfort, reduce recurrence, and promote overall urinary tract health.

Thus, correlating Pittaja Mūtrakṛcchra with UTI not only validates the timeless clinical wisdom of Ayurveda but also opens avenues for integrative, evidence-based management that can optimize patient outcomes while minimizing the risks of recurrence and resistance.

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