

MOOTRA KRUCHHA - A CONCEPTUAL AYURVEDIC REVIEW

Dr. Chandan Lal Mehta*¹, Dr. Parikshit Shirode², Dr. Ankit Kumar³ and Dr. Sujit Kumar⁴

^{1,3,4}PG Scholar, Department of Shalya Tantra, Parul Institute of Ayurveda, Vadodara, Gujarat.

²Professor, Department of Shalya Tantra, Parul Institute of Ayurveda, Vadodara, Gujarat.

***Corresponding Author: Dr. Chandan Lal Mehta**

PG Scholar, Department of Shalya Tantra, Parul Institute of Ayurveda, Vadodara, Gujarat.

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ABSTRACT

Urinary tract infection is the 2nd most common type of infection in body and it accounts for about 7.3 million doctor visits each year. Since sign and symptoms as told in Mootrakruchha and UTI. The prevalence of symptomatic and asymptomatic bacteriuria is 18.88% and 8.3% respectively. Bacteriuria is a clear predisposition to the development of various complications like acute pyelonephritis, premature rupture of membranes, IUGR etc. In modern science, antibiotics have been used to combat UTI. Antibiotics have their own limitations like development of resistance in the microorganisms, re-infection and relapses etc. The Ayurvedic Physicians must make an attempt to understand the pathophysiology of the disease and explore the treatment options in front of them using the basic principles of Nidana and Chikitsa.

KEYWORDS: Mootrakruchha, UTI, Urinary disorders.

INTRODUCTION

Mootrakruchha

Vyutpatti of mootrakruchha

The term Mootrakruchha is made up of two words i.e. "Mutra" and "Kruchha"

Nirukti Of Mootrakruchha

The disease in which urine is passed with difficulty is called Mootrakruchha.

UTI is the 2nd most common type of infection in body.^[1] The symptoms of urinary tract infections are nearer to those of Mootrakruchha. Acharya Charaka that nature of the disease should be comprehended through dosha, the site of manifestation, a etiological factors and then initiation of treatment.^[2]

UTI is an infection involving any of the organs or structures of the urinary tract, including kidneys, ureters, bladder, and urethra. In most cases the ascending bacterial infection affects only the lower urinary tract (Asymptomatic acute cystitis).

Acute cystitis is usually severely symptomatic and most patients with this type of lower urinary tract infection are recognized and adequately treated. The problem lies in the patient who has asymptomatic bacteriuria, which needs to be recognized and treated to prevent upper tract disease.

UTI occur due to the colonization of organisms in the urinary tract, when body defense mechanisms are decreased. On the contrary Ayurveda gives importance to Vyadhi Kshamatva mainly.

In modern science, antibiotics have been used to combat urinary infections. Antibiotics have their own limitations like development of resistance in the microorganisms, re-infection and relapses etc.

MATERIAL AND METHODOLOGY

Source of Data: Materials related to Mootrakruchha and other topics have been collected from different journals, Ayurvedic and Modern text books, Authentic websites (PubMed, Drug Bank, NCBI, etc.), Reputed Magazines, Authentic literatures, Manuscripts, Sanskrit Dictionary etc.^[3,4]

Nidana

Over indulgence in physical exercise, consuming heat producing medicines, drinks, fast riding on animals (or other) for long time, eating flesh of animals (or birds) of marshy places, eating food too frequently and indigestion these and other causes make for increase of one or all the doshas together, which in turn get localized in the urinary bladder and urinary tract producing difficulty in micturition.^[5]

Samprapti

By the above causes **vatadi dosha** get vitiated separately

or in combined state, enter the basti and cause **mutramarga sankocha & kshaya** then the patient gets difficulty while passing urine. This is Mootrakruchha.^[6]

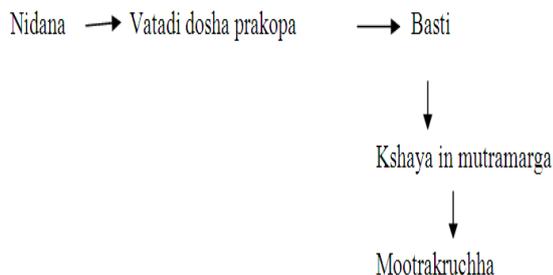


Figure 1: Schematic presentation of Samprapti.

Samprapti ghatak

Dosha: Tridosha with Dominant Vata (Su.), Pitta (Ka.)

Dushya: Rasa, Rakta

Adhishthana: Mutrashaya

Srotasa: Mutravahasrotas, Rasavahasrotas

Srotodushti Prakara: Sanga, Vimargagamana

Rogamarga: Madhyama

Agni: Agnimandya

Vyadhi Prakara: Nija, Agantuja

Pratyatma Lakshana: Kricchrata in Mutrapravritti

Various classifications of mootrakruchha

All the Acharyas except Acharya Vabhata, have described eight types of Mootrakruchha. Doshaja Mootrakruchha has been described by all the Acharyas and there is difference of opinion in nomenclature of other Mootrakruchha which is shown in the following table:

Table 1: Type of Mootrakruchha.

Type of Mootrakruchha	C.S	S.S ⁷	K.S	Vagbhatta	Ma.Ni & Bh.Pr	Sh. S.
Vataja	+	+	+	+	+	+
Pittaja	+	+	+	+	+	+
Kaphaja	+	+	+	+	+	+
Sannipataja	+	+	+	+	+	+
Dwandaja (3 types)	-	-	+	-	-	-
Ashmarijanya	+	+	-	-	+	+
Sharkarajanya	+	+	-	-	+	+
Purishaja	-	+	-	-	+	+
Shukraja	-	-	-	-	+	+
Raktaja	+	-	+	-	-	-
Abhigataja (Shalayaja)	-	+	-	-	+	+

Lakshana

A) Samanya Lakshana - Often frequent micturition with difficulty.

B) Vishesh Lakshana

- 1. Vata:-** When dysuria is due to ‘Vata’ there is severe discomfort and pain in the urethra and the patient passes urine in small quantities again and again.^[8]
- 2. Pitta:-** In dysuria due to ‘Pitta’ the patient passes yellow urine with blood again and again with difficulty, pain and burning sensation.^[8]
- 3. Kapha:-** In dysuria due to ‘Kapha’ there is swelling and heaviness in the urethra and the urine is slimy.^[8]
- 4. Sannipataj:-** Shows clinical features of all the 3 doshas. It is most difficult to cure.^[8]
- 5. Ashmari Samprapti:-** Sukra enters the mutrashaya with mutra or pitta or kapha along with mutra. Mutra gets dried by vayu similar to gorochan formed in gopitta. Similarly ashmari is formed in basti.^[9]
- 6. Sharkara:-** If hard ashmari obstructs the mutramarga, and the patient voids forcefully then it causes injury to the mutramarga, resulting in haematuria. If it comes out then the patient can void urine clearly.^[10] Due to vayu the ashmari is destroyed into small pieces, which when come out of mutramarga is known as sharkara.
- 7. Sukraj:-** Vata, pitta, kapha, which have reached mutrashaya will reduce the pravrutti of sukra. When

sukra stops coming out pain starts in the linga (penis) and basti (bladder). Mutrenidraya becomes stiff. Shopha and pain are present. In basti and vrushana pricking pain starts.^[11]

- 8. Raktaj Mootrakruchha:** - Due to kshata, abhigat or due to ativyavava, sukra kshaya, the prakupita rakta in basti causes severe pain and along with mutra ashmari comes out. If blood collects more in the basti, adhmaana and heaviness are present. If blood comes out, lightness of basti occurs.^[12]
- 9. Abhigataja:-** If urinary channels are traumatised and injured by some foreign body, dysuria arises with severe pain. It has features like those of vatabasti.^[13]
- 10. Shakrit:-** By suppression of faeces, vayu gets aggravated and causes flatulence, colic and retention of urine.^[14]

Calculus and gravel are similar in origin and symptoms. Disintegrated particles of kapha, having been transformed by pitta and torn by vayu, are known as sarkara (gravel). They produce cardiac pain, shaking, colic, excessive diminution of digestive fire, fainting and severe dysuria. When gravel flows out with urine, pain subsides until some other gravel obstructs the opening of the passage. This is the feature of dysuria caused by gravel.^[14]

Chikitsa^[15]**1) Vataja Mootrakruchha Chikitsa**

- Vata nashaka taila abyanga, sneha and niruha basti.
- Sneha dravya upanaha.
- Basti.
- Parishek on katipradesh with vatanashaka taila.
- Stiradi varga and vatanashaka dravya.
- Shadanga paniya mixed with mamsarasa.^[16]

2) Pittaja Mootrakruchha Chikitsa

- Parishek, Avagaha, Pradeha with sheetala dravya.
- Grishma rutucharya.
- Basti, kshirpana and virechana.
- Draksharasa, vidarikand swarasa, ikshu rasa, ghrita etc., pittanashak dravyas are used.^[17]

3) Kaphaja Mootrakruchha Chikitsa

- Kshar, ushna, tikshna and katurasa annapan.
- Swedana.
- Yava-anna.
- Niruha basti with takram.
- Tikta varga aushadi taila pana and abyanga.^[18]

4) Tridoshajanya Mootrakruchha Chikitsa:-

Depending upon the sthana of vata the treatment must be decided. If kapha pradhanata is there then vamana must be given. If pitta adhikyatha is there then virechana and if vayu is involved basti must be given.^[19]

5) Ashmari Sharkar Chikitsa:- Same as kapha and vata chikitsa.^[20]**6) Sukraja Chikitsa:-** Depending upon which dosha is vitiated the treatment must be adopted.^[21]**7) Raktaja Mootrakruchha Chikitsa:-** Stem of Neel Kamal + Taal + Kaas + Ikshuvaal, ikshumul, kasheru, all are taken in same quantity and kwath is prepared with sitaa or madhu, and given to drink. To lick ikshu is given and to eat vidarikanda churna and trapusha is given.^[22]

Pittaja mutraroga chikitsa can be adopted.

In **Mootrakruchha** there is severe pain with little obstruction but in **mutraghata** Obstruction is more with little pain.^[23]

External application

An ointment made of candana, madhuka, usira, nagapuspa, tila, ajasrangi, manjistha, root of ravi and punarava is beneficial.^[25]

DISCUSSION AND CONCLUSION

Discussion is done on basis of literary as well as clinical works. There are references available for Mootrakruchha in the Ayurvedic classics. It could be because the disease was not very common at that time; probably their lifestyle was strictly followed. Due to Aharvihar janya hetu and decreased immunity as well as insanitation.

From Vedic period the Indian physicians were well aware of the presence of the microorganisms but there is no direct reference regarding Krimi which are responsible for urinary tract infection.

But in Harita Samhita among the type of Bahya Krimi, Mutrottpanna Vartula is mentioned. So, it can be consider as a microorganisms for urinary tract infections indicating Ayurvedic landmark of bacterial origin of Mootrakruchha²⁵.

REFERENCES

1. Gupta Atridev. Sushruta Samhita Part-II commented by Ghanekar Shribaskar Govindji. Varanasi, Chaukhamba Vidyabhavan, 1998.
2. Livingston Churchill. Davidson's Principles & Practice of medicine. Eighteenth edition, Toranto, 1999.
3. Concept Of Agni And Its Physiological Aspects On Human Body Name of Author: Dr. Sujit Kumar, Sujitkumar *et al* JIF: 1.021 Vol. 2, Issue-01, ISSN: 2456- 82799.
4. Concept of Nidra and its physiological aspect on human body, by Dr. Sujit kumar Journal of Pharmacognosy and Phytochemistry, 2019; 8(3): 2625-2628. E-ISSN: 2278-4136 , P-ISSN: 2349-8234, JPP 2019; 8(3): 2625-2628.
5. Pandey Gyanendra. Dravayaguna-vijnana.vol II- I edition, Varanasi, Chaukhambha vishwabharathi, Uttar Pradesh, 2005.
6. Punyashlok Shri Pandit Vaidya Lalchandra Shastri. Ashtanga Hridaya (Sarvangasundar Vyakhyasahit). Delhi, Mothilal Banarasidas Publishers, Private limited, 1990.
7. Punyashlok Shri Pandit Vaidya Lalchandra Shastri. Ashtanga Sangraha (Sarvangasundar Vyakhyasahit). Delhi, Bhaidyanath Ayurved Bhavan Private limited, 1989.
8. Sharma P.V Sharma.Dravayaguna-vijnana.vol II- I edition, Varanasi, Chaukhambha vishwabharathi, 2002.
9. Sharma Priyavrata & Guruprasad Sharma. Kaiyadevo-Nighantu. I edition, Varanasi, Chaukhambha Orientalia, 1979.
10. Sharma P. V. Cakradatta, A treatise on principles & Practices of Ayurvedic Medicine.I edition, Varanasi, Chaukhambha publishers, 1998.
11. Shastri Ambika Datta. Bhaishajya Ratnavali, Varanasi: Chaukhambha Sanskrit Sansthan Publishers, 1993.
12. Shastri Ramavalabha. Harita Samhita (Hindi). I edition, Varanasi, Prachiya Prakashan,1985.
13. Shri Misra Brahmasankara and Sri Vaisa Rupaliji-Bhavprakash of Sri Bhavmisra. with "Vidyotini Hindi commentary. I & II part, Varanasi, Choukhamba Sanskrit Samsthan, 1984; 1983.
14. The Ayurvedic Pharmacopoeia of India. Part-1 Vol. II, 1st edition, Govt. of India, Department of Indian System of Medicin and Homeopathy, New Delhi, 1999.

15. Tripathi Brahmanand .Charaka Samhita of Agnevesh with Hindi Commetry Charak Chandrika. Vol I -II. I edition, Varanasi, Chaukhambha Surbharati Prakashan,2004.
16. Vaidya Acharya Jadavji Trikamji and Acharaya Kavya Tirtha Narayan Ram & Prof. Sharma P.V. Sushruthasamhita of Sushruta with the Nibandha Sangraha Commentry of Shri. Dalahanacharya and the Nyayanchandrika Panika of Shri Gayadasacharya on Nidansthana, Varanasi, Chaukhamba Orientalia, 1997.
17. Vaidya Shastri Shrilakshmipati, Yog Ratnakar with vidyotini Hindi Commentry, Varanasi, Chaukhamba Sanskrit Samsthana; 1993.
18. Vaidya V.M. Gogte. Ayurvedic Pharmacology & Therapeutic uses of Medicinal plants. I edition, Mumbai, Bharatiya Vidya Bhavan, 2000.
19. Vd. Mukund Sabnis. Chemistry and Pharmacology of Ayurvedic Medicinal Plants.vol 12- I edition, Varanasi, Chaukhambha Sanskrit Bhavan, Uttar Pradesh, 2006.
20. Dr.KC Chunekur. Bhavprakash Nighantu.10th edition, Varanasi, Chaukhambha Bharti Academy, Uttar Pradesh, 1995.
21. Davidson, Principles and practice of medicine. 20th edition. India: ChurchillLivingstone Elsevier, 2006.
22. Cunningham FG et.AL., Williams Obstetrics. 22nd edition. USA: Appleton and Lange, 1997; 48: 1095 to 1104.
23. Sharma R. Caraka Samhita Cakrapani Ayurveda Deepika. Sutra11/35, 1st ed. Varanasi: Choukhambha Sanskrit Samsthan, 2012; 1: 219.
24. Sharma R. Caraka Samhita Cakrapani Ayurveda Deepika. Sutra 21/35, 1st ed. Varanasi: Choukhambha Sanskrit Samsthan, 2012; 1: 381.
25. Role of an indigenous compound on urinary tract infections (uti) in garbhini by dr. shivani post graduate department of prasuti tantra & stree roga n.k.j. ayurvedic medical college and pg centre, bidar, RGUHS, Bangalore.