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CASE REPORT

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MANAGEMENT OF *MUTRAKRICCHA*(UTI) DUE TO CHRONIC CYSTITIS - CASE REPORT

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ABSTRACT:

Mutrakriccha, a condition resembling chronic cystitis, was successfully applied in a 64-year-old male presenting with recurrent fever, dysuria, and leg edema. *Mutrakriccha*, characterized by urinary symptoms akin to urinary tract infections in Ayurvedic medicine, manifested with increased frequency, urgency, and painful urination. Diagnostic tests revealed elevated pus cells, creatinine, and blood urea levels, indicative of renal dysfunction. Treatment over two months included *Musta Churna*, *Sudarshana Churna*, and *Chandra-Prabha Vati*, complemented by *Gokshuradi Guggulu*, *Punarnava*, and *Varunadi Kwatha* to alleviate symptoms and promote urinary health. Dietary modifications and lifestyle adjustments were integral components of the therapeutic regimen. Follow-up showed significant improvement in fever, dysuria resolution, and reduced edema and backache severity. This case highlights the efficacy of Ayurvedic interventions in managing *Mutrakriccha*-induced UTI symptoms, suggesting their potential as alternative treatment options. Further research is needed to validate these findings and explore broader applications in clinical practice.

Keywords- *Mutrakriccha*, cystitis, UTI, *Punarnavastak kwath*, *Varunadi Kwatha*, *Gokshuradi Guggulu*, and *Rasayan churna*.

INTRODUCTION

The term *Mutrakrichra* originates from "*Mutra*" and "*Kriccha*," indicating difficulty in urinary voiding. Its symptoms parallel those of urinary tract infections in Ayurveda.^[1] *Mutrakrichchha* affects the *Basti* and *Mutra Marga* (urinary passage). Other disorders of the *mutravaha srotas* (urinary channels) include *Mutraghata* (urinary obstruction), *Prameha* (Diabetes Mellitus), and *Nephrolithiasis* (kidney stone). Treatment for injuries to the *Mutravaha Srotas* involves *Mutrakrichchhra Chikitsa*.^[2] Patients typically present with increased frequency, urgency, hesitancy, dysuria, painful micturition, and urine discoloration.^[3] Despite the availability of various modern pharmaceuticals, efficacy may be limited due to antibiotic resistance, metabolic side effects, and immune system dysregulation, necessitating exploration of alternative management strategies. Ayurvedic medicines have demonstrated efficacy in treating *Mutrakricchra*. Chronic cystitis shares similarities with *Pittaja Mutrakriccha*, characterized by severe pelvic and bladder pain, frequent urination with scant urine output, and a burning sensation.^[4]

CASE REPORT:

A 64-year-old male of middle-class socioeconomic status, employed as a worker, presented to the *Kayachikitsa* OPD at ITRA, Jamnagar on December 14, 2023, with a multifaceted clinical history. He reported experiencing recurrent episodes of rigor accompanied by low-grade fever persisting over

the past year, occurring monthly. Additionally, he complained of pain and burning sensation during urination, which has been ongoing for the past 2 to 3 months. His urine has exhibited a foul odour and appeared red in colour during this period. Furthermore, the patient noted swelling in both lower legs, characterized by non-pitting oedema and associated with *Vata-Pittaja* characteristics, which developed recently over the past week. For the past year, he had also been troubled by persistent backache and generalized weakness, progressively worsening in tandem with his other symptoms. Initially asymptomatic, his condition deteriorated gradually following self-administration of Paracetamol for fever relief, which coincided with the onset of urinary symptoms and leg swelling. Given this constellation of symptoms, the patient sought medical evaluation, necessitating a comprehensive assessment and management plan to address his current health concerns effectively.

Past History: He has a history of chronic cystitis and nephrolithiasis. There is no history of diabetes mellitus, hypertension, ischemic heart disease, hypo- or hyperthyroidism. He has undergone surgery for an inguinal hernia.

Family History: There is no reported history of similar illnesses among his family members.

General Examination: On examination, he appeared moderately built and nourished. His temperature was recorded at 99°F, respiratory rate at 20 breaths per minute, pulse rate at 82

beats per minute, and blood pressure at 120/70 mmHg. His height was 160 cm, weight 60 kg, with a BMI of 23.44. Physical findings revealed no pallor, but there was periorbital oedema noted. There were no signs of clubbing, cyanosis, jaundice, lymphadenopathy, and his tongue appeared uncoated.

Auscultation revealed normal heart sounds (S1 and S2). The patient was alert, oriented, and conscious throughout the assessment. Lung auscultation indicated normal vesicular breathing without any added sounds.

Asthavidha Pariksha: His pulse rate (*Nadi*) was recorded at 82 beats per minute. Urinary frequency (*Mutra*) was noted as 3 to 4 times per day (*Alpa*). Bowel movements (*Mala*) occurred once daily. Tongue appearance (*Jihwa*) was

normal. Hearing ability (*Shabda*) was unremarkable. Skin sensation (*Sparsha*) was warm and normal. Visual examination (*Druk*) showed no abnormalities. His body constitution (*Aakruti*) was described as mesomorph.

Diagnostic assessment-

Urine routine & microscopic

16th of April 2024- Upon urine analysis, a high number of pus cells were detected (plenty/hpf). Additionally, elevated levels of creatinine (2.99 mg/dl) and blood urea (49 mg/dl) were observed, indicating renal dysfunction beyond normal thresholds. The ultrasound report revealed chronic cystitis and mild hydronephrosis. These findings collectively led to the diagnosis of Mutrakriccha (UTI).

Table no. 01 Investigations

Sr. No.	Date	Urine Albumin	Urine Pus cells	Urine RBC	Urine Epithelial cells	Blood Urea	Serum Creatinine
1	16/04/2024	Trace	Plenty/hpf	5-6/hpf	1-2/hpf	49	2.99

Samprapti Ghataka:

- *Dosha- Pitta Pradhan Tridosha*
- *Dushya- Rasa, Rakta, Meda*
- *Agni- Vishama*
- *Udhbhavsthana- Pakvashaya*
- *Vyaktasthana- Mutravaha srotas*
- *Srotasa- Rasavaha, Raktavaha, Mutravaha Srotas*
- *Srotasa prakara- Sanga, Vimargagamana*
- *Sadhyatva- Yapy*

Differential diagnosis:

- *Mutrakrucchha*
- *Mutraghat*
- *Piitaj Prameha*

Final diagnosis: *Pitta Pradhan Tridoshaj Mutrakrucchha*

Treatment Timeline & Therapeutic intervention

After evaluating the patient's condition for *Ama-Pachana* purposes, *Musta Churna* was administered. *Sudarshana Churna* was prescribed for antipyretic purposes,

accompanied by *Chandra-Prabha Vati* for a two-month duration. During hospitalization, the patient received *Gokshuradi Guggulu*,

Punarnava, and *Varunadi kwatha*, along with a blend of *Musta*, *Sunthi*, and *Rasayana* for one month.

Table no. 02 Treatment Timeline

Date	Purpose	Medicine	Dose & frequency	Duration
14/12/2023	<i>Jwaraghna</i> (Antipyretic)	<i>Sudarshana churna</i>	3gm/ 2times with Luke warm water after food	7 days
	<i>Amapachak</i>	<i>Musta Churna</i>	2gm/2times with Luke warm water after food	7days
	<i>Mutrala</i>	<i>Chandrprabha vati</i>	2tab./3times with water after food	7days
16/04/2024	Anti-infective and diuretic	<i>Gokshuradi Guggulu</i>	2tab/3times with water after food	1 month
	Anti-inflammatory and diuretic	<i>Punarnavastak kwatha</i> <i>Varunadi Kwatha</i>	10gm/2times before food 10gm/2times before food	1month
	<i>Ampachak</i> and <i>Rasayana</i>	<i>Musta+Shunthi+Rasayan</i>	6gm/2times with water	1month

Pathya (Indicated Diet and Regimen): The recommended diet includes rice, *Moong Dal* (cooked without ghee, oil, coconut), and boiled vegetables prepared similarly. Spices initially without pungency, transitioning to *Shunthi* (dried ginger) after a week. Use *Saindhava Lavana* (rock salt) and engage in brisk walking (*Shatapadagaman*) 100 steps after meals.

Apathya (Contraindicated Diet and Regimen): Avoid *Snigdha* (unctuous), *Abhishyandi* (producing excessive secretions), *Guru* (heavy), *Vidahi* (causing burning sensation), and *Pittakara* (Pitta-increasing) foods such as fruits, dry fruits, fermented foods, sour items, raw vegetables, sprouted cereals, and pulses.

Refrain from afternoon naps, eating without appetite, suppressing natural urges, external application of oils/balms on painful areas, and exposure to cold food, water, and environment.

Follow up and outcomes- The patient's condition showed the following changes between 16/04/2024 and 16/05/2024: the fever decreased from 99.0-99.4°F to 98.6°F, pain and burning during urination resolved completely, although urinary frequency increased to 6-7 times during the day and once at night. Swelling in the lower legs improved moderately, backache severity decreased from 6 to 2 on the Vas scale, and there was mild improvement in weakness and sleep disturbances, with sleep

returning to normal. Also, in investigation report decreased and Blood Urea and serum creatinine was found Urine Pus cells, Albumin, RBC decreased after treatment.

Table no. 03 – Symptoms of *Mutrakriccha*

Sr. No.	B. T. (14/12/2023)	(16/04/2024)	A. T. (16/05/2024)
1	Anorexia	Mild improves	Improve Appetite
2	Riger with low grade fever (Temp. 99° to 99.4°F)	Riger with low grade fever (Temp. 99° to 99.4°F)	(Temp. 98.6° F)
3	Pain & Burning Micturition	Pain & Burning Micturition	Absent
4	Passing small amount & Foul smell with red colour Urine Frequency - 3 to 4 times/day, 1time/night	Passing small amount & Foul smell with red colour Urine Frequency - 3 to 4 times/day, 1time/night	Absent Frequency-6to7 times/day 1time/night
5	Swelling in both lower legs (<i>Vata-Pittaj</i>) not Pitting Oedema	Swelling in both lower legs (<i>Vata-Pittaj</i>) not Pitting Oedema	Moderate improvement
6	Backache Vas scale -2	Backache Vas scale -2	Vas scale- 2
7	Weakness	Weakness	Mild improvement
8	Disturb sleep	Disturb sleep	Normal sleep

Table no. 04 Investigations

Sr. No.	Date	Urine Albumin	Urine Pus cells	Urine RBC	Urine Epithelial cells	Blood Urea	Serum Creatinine
1	(Before treatment) 16/04/2024	Trace	Plenty/hpf	5-6/hpf	1-2/hpf	49	2.99
2	25/04/2024	Trace	60 to70/hpf	7-8/hpf	1-2/hpf	46	2.86
3	8/05/2024	Trace	32-35/hpf	7-8/hpf	1-2/hpf	45	2.77
4	(After Treatment) 16/05/2024	Absent	6-8/hpf	Absent	1-2/hpf	43	2.75

DISCUSSION:

The urinary bladder, considered the abode of *Apana Vayu* responsible for normal elimination of urine, stool, flatus, and sperm, is implicated in *Mutrakriccha* where *Apana Vayu* and *Pitta Dosha* are deranged. Pathologically, thickening and irregularity of the bladder wall result from

the *Khara* and dry *Ruksha* qualities of *Vayu*, while its mobile *Chala* quality manifests as increased frequency, scanty flow, and painful urination. *Pitta* aggravation contributes to burning sensations during micturition. Hence, the vitiation of *Vata* and *Pitta Doshas* underlies chronic cystitis, affecting the *Rasa*, *Rakta*, and

Mansa. This case, characterized by painful, burning urination, increased frequency, scanty urine flow, and thickened bladder musculature, aligns with *Pittaja Mutrakriccha* in Ayurvedic perspective. *Sudarshana Churna*^[5] known for its antipyretic properties and bitterness aiding in *Ama* digestion, addresses these symptoms. *Gokshuradi Guggulu*^[6] a renowned formulation for urinary disorders, acts as a *Mutrala*, reduces inflammation, and balances *Vata* and *Pitta*. Its *Sheeta Virya* soothes the urinary epithelium, while its *Ama Pachana* properties prevent waste accumulation. *Punarnavastak Kwath*^[7] containing *Punarnava*, *Nimba*, *Patola Patra*, *Sunthi*, *Amrita*, *Daruharidra*, *Haritaki*, and *Katuki*, serves to relieve dysuria and burning micturition. *Punarnava*'s diuretic and anti-inflammatory effects ^[8] decrease bladder wall

thickness, while ingredients like *Patol*, *Nimba*, and *Guduchi*, with their *Tikta Rasa*, aid *Ama* digestion and pacify *Pitta Dosha*, thereby clearing urinary obstructions. *Haritaki*'s *Rasayana* properties improve tissue function, while *Katuki* supports liver function and provides a laxative effect. *Varunadi kwatha*^[9] with its *Asmarihar*, *Mutrakricchahar*, and *Bastishula Har* properties, alleviates *Mutrakriccha* symptoms. *Rasayana Churna*, comprising *Guduchi*, *Gokshur*, and *Amla*, offers rejuvenating, diuretic, and *Pitta*-pacifying benefits, reducing bladder inflammation. *Musta* ^[10] and *Shunthi Churna*^[11] with their bitter taste, aid in *ama* digestion, relieve obstructions in the channels carrying *Rasavaha* and *Swedavaha Srotas*, and lower body temperature.

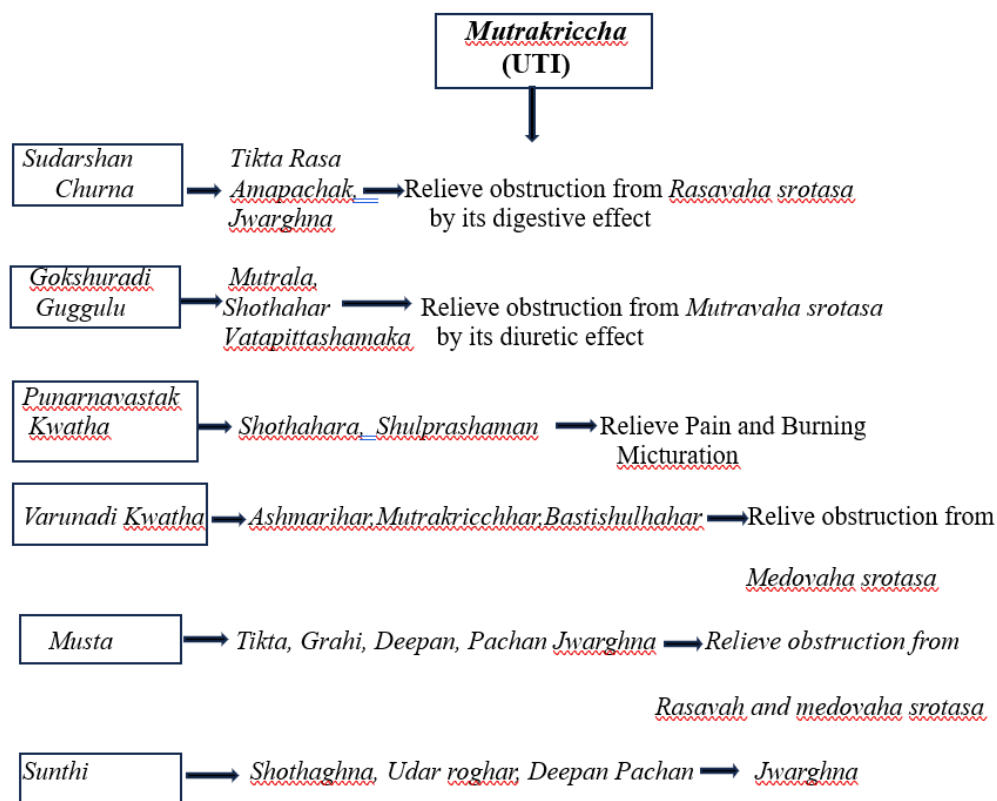


Image 1: Flowchart of mode of action of Drugs

Conclusion: This case study demonstrates the effective management of chronic cystitis-induced UTI using Ayurvedic intervention. Significant reduction in UTI symptoms was observed without any reported adverse drug effects or recurrence. Ayurvedic medications present a promising approach for *Mutrakriccha* management; however, further research involving larger sample sizes is necessary to substantiate these findings.

Declaration of the Patient consent

The authors confirm that they have obtained informed consent from the appropriate legal guardian to report images and clinical information in the journal. The patient's guardian acknowledges that the patient's identity will be protected by withholding their name and initials, although efforts will be made to ensure anonymity, it cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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