



## ORIGINAL RESEARCH PAPER

Ayurveda

### EFFICACY OF TRUNAPNCHMOOLA KWATHA N THE MANAGEMENT OF PITTAJA MOOTRAKRUCHRA.

**KEY WORDS:** Mutrakrichha,  
Peeta Mutrata, Urinary Tract  
Infection.

**Dr . Samira D.  
Sapre \***

PG Schloar Department of Shalyatantra Dr . D.Y. Patil College Of Ayurved And  
Research Centre ,Pimpri Pune 411018.\*Corresponding Author

**Dr . Sanjay C.  
Babar**

Guide and Professor Department of Shalyatantra Dr . D.Y. Patil College Of  
Ayurved And Research Centre ,Pimpri Pune 411018

**Dr. P.B. Jondhale**

Professor and HOD Department of Shalya Tantra Department of Shalyatantra  
Dr .D.Y. Patil College Of Ayurved And Research Centre ,Pimpri Pune 411018

#### ABSTRACT

The term Mutrakrichha comes under the disorders of Mutravaha Srotas, and mainly deals with shool (pain) and krichhata (dysuria). Acharya Charaka has described eight types of Mutrakrichha. Mutraghata and Mutrakrichha separately described by Acharya Sushruta in Uttar-tantra. In Mutrakrichha, the vitiated Pitta Dosha along with Vata (mainly Apana Vayu) on reaching Vasti (bladder) afflicts the Mutravaha Srotas due to which the patient feels difficulty in micturition along with symptoms like Peeta mutrata, Sarakta mutrata, Sadaha mutrata, Saruja mutrata and Muhur-muhur mutrata. The above mentioned symptomatology has close resemblance with urinary tract infections, as described in modern texts specifically lower urinary tract infections. Therefore in present article attempt has been made to define Mutrakrichha and according to modern science urinary tract infection.

#### INTRODUCTION:-

Muttrakrichhura is one of the commonest health problems in community practice and it is a broad term which covers all most all the conditions of urinary tract infection (UTI), that is described in modern medical science.

As per Ayurveda, Sharir is made from doshas, dhatu and mala. It means they help in maintaining the structural and functional integrity of the body. Among these Mala are specifically means for elimination of waste product out of the body.

In Mutrakrichha, the vitiated Pitta Dosha along with Vata (mainly Apana Vayu) on reaching Vasti (bladder) afflicts the Mutravaha Srotas due to which Patient of pittaj mutrakruha complains as like Peeta mootrata, Sarakta mootrata, Sadaha mootrata, kruchra mootrata and Muhur-muhur mootrata. In our classical texts the urinary disorders are described in the form of 8 types of Mutrakrichha.

The above mentioned symptomatology has close resemblance with urinary tract infections, as described in modern texts specifically lower urinary tract infections. A healthy urinary tract is generally resistant to infections. However, for anatomical reasons female lower urinary tract is more susceptible.

Predisposing factors for recurrent Urinary tract infection include female sex, obstructive uropathy, severe vesicoureteric reflux, constipation and repeated catheterization poor hygienic conditions and environment, poverty and illiteracy also contribute to the increasing percentage of urinary tract infections.

These infections are the common complications during pregnancy, diabetes, polycystic renal disease and in other immune compromised patients. Urinary tract infections are the leading cause of gram- negative sepsis in hospitalized patients. They are important cause of morbidity and might result in renal damage, often in association with vesicoureteric reflux (VUR). Urinary tract infections are second in frequency after upper respiratory tract infections.

Incidence and degree of morbidity and mortality from infections are greater with those in the urinary tract than with those of the upper respiratory tract. Bacteria are by far the most common invading organisms but fungi, yeasts and viruses also produce urinary tract infections. Thus, urinary

tract infection is potentially a serious condition and failure to realize that this may lead to development of serious chronic pyelonephritis and chronic renal failure. With the introduction of effective antibiotics problem has been solved to some extent but the use of, antibiotics have limitations like side effects, chances of re infection and relapse even after long-term therapy. Simultaneously increasing incidence of resistance and high cost of therapy are common problem.

#### AYURVEDIC PERSPECTIVE:-

Mutra is an outcome product digestion of food and metabolism in the body it is passes through urethra. In both Mutraghata and Mutrakrichha, Kruchhata (dysuria) and Mutra-vibandhta are simultaneously present but in Mutrakrichha there is predominance of Kruchhata (dysuria).

#### CASE REPORT :-

A 35 yrs old female patient presented with complaint of a pittaja mootrakrichha since 4 days .There is no history of DM , HTN and any other specific history .The family history was not suggestive of anything specific . Here the classical lakshanas of pittaja mootrakrichha like sa rakta mootrata, peeta mootrata , sad aha mootrata , kruchra mootrata , muhur muhur mootrata were observed. The local abdominal examination revealed an mild tenderness at suprapubic region.

URINE EXAMINATION(ROUTINE AND MICROSCOPIC ) :-  
URINE ANALYSIS REPORT :- Appearene – Turbid , Pus cell – 3-4 , Epithelial cells 6-7 , RBC'S – 8-10

#### MATERIAL AND METHODS :-

##### REFERENCE OF THE DRUG:- TRUNAPANCHMOOLA KWATHA

कु शः काशः शरो दर्भ इक्षुश्चैव तृणोद्भवम् ।

पञ्चतृणममर्दं ख्यातं तृणजं पञ्चमूलकम् ।  
( र्ै. र. परमशष्ट ४ / ३४ )

**DRUG CONTENT:-** कु श, काश, शर, दर्भ, इक्षु

#### TREATMENT DETAILS :-

Patient was taken trunapanchmoola kwatha. Treatment course – upto the lakshanas of pittaja mootrakrichha was completely disappears.

Follow up – 7<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup> day

Route of administration – orally 40 ml , twice a day

Duration – twice a day with anupan of madhu

### ASSESSMENT CRITERIA GRADATIONS OF SUBJECTIVE PARAMETERS

SUBJECTIVE	PARAMETERS	GRADE
1. PEETA MOOTRATA	White in colour	0
	Pale yellow in colour	1
	Dark yellow in colour	2
	Very dark in colour	3
2. SA RAKTA MOOTRATA	Absence of RBC'S	0
	Presence of 8-10 RBC'S	1
	Presence of 10-20 RBC'S	2
	Gross haematuria	3
3. SA DAHA MOOTRATA	No burning sensation during micturition	0
	Burning sensation during micturition last for 30 minutes	1
	Burning sensation during micturition lasts for ½ to 1 hour	2
	Burning sensation during micturition lasts for more than 1 hour	3
4. KRUCHRA MOOTRATA	No pain during micturition	0
	Mild pain during micturition	1
	Moderate pain during micturition	2
	Severe pain during micturition	3
5. MUHUR MUHUR MOOTRATA	Normal frequency of micturition 4-8 times per day	0
	Frequency of micturition 8-10 times per day	1
	Frequency of micturition 10-12 times per day	2
	Frequency of micturition 12-14 times per day	3

### GRADATION OF OBJECTIVE PARAMETRS

OBJECTIVE	PARAMETERS	GRADE
NUMBER OF RBC'S IN URINE	Absence of RBC'S in urine	0
	Presence of 4-6 number of RBC'S in urine	1
	Presence of 6-8 number of RBC'S in urine	2
	Presence of 8-10 number of RBC'S in urine	3

### RESULT :-

#### OBSERVATIONTABLE :-

ASSESSMENT CRITERIA	BEFORE TREATMENT	ON 7TH DAY	On 10th day	ON 15TH DAY
Peeta mootrata	3	2	1	0
Sa rakta mootrata	1	1	0	0
Sa daha mootrata	2	1	1	0
Kruchra mootrata	2	1	1	0
Muhur muhur mootrata	2	1	1	0
Number of RBC'S in urine	3	2	1	0

### DISCUSSION:-

The clinical features of pittaja mootrakrichra were improved

at the end of first week and the symptoms were completely healed completely at the end of 2<sup>nd</sup> week .

### EFFECT OF TREATMENT :- BALANCED VATA AND PITTA DOSHA

NAME OF THE DRUG	DRUG EFFECTS
DARBHA	Diuretic , indicated in the disease of blood and bladder, stranguary,
IKSHU	Antioxidant, Anti-inflammatory, Analgesic, Antipyretic, Diuretic
KAASH	Antioxidant, , antimicrobial, antibacterial; used in treatment of abdominal disorders , , renal diseases
KUSH	Anti-microbial, Anti-inflammatory, Analgesic, Antipyretic , Diuretic, Anti-urolithiasis, Anti-oxidant,
SHAR	Antibacterial, Antioxidant; effective in burning sensations, blood troubles, urinary complaints

### CONCLUSION :-

On the basis of this study , it can be concluded that trunapanchmoola kwatha was found to be very effective in the management of pittaja mootrakrichra . The incidence rate of Pittaja Mutrakrucchra is 80% more prevalent in middle aged, in females and in marital status. It is found that Pittaja Mutrakrucchra is more prevalent amongst Krura Kosti, Vishmagni and Vata Pittaja prakriti person.

It is observed that out of 30 subjects, 21 subjects showed Marked Relief (Highly significant), 07 subjects showed Moderate Relief (Significant), 02 subjects showed Mild Relief.

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