

EFFECT OF SHWADRANSHTRA TAILA BASTI IN THE MANAGEMENT OF MUTRAKRICCHRA WITH SPECIAL REFERENCE TO DYSURIA IN POST MENOPAUSAL ATROPIC VAGINITIS: A CASE STUDY

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ABSTRACT

In *Ayurveda*, various *mutrarogas* and their management has been described. According to *Sushruta*, *mutrakriccha* is a *tridoshaja vyadhi*. Physiological action of urination and defecation is predominantly under the control of *Apan Vayu*, seat of which is *Pakvashaya* and if this *vayu* get vitiated it causes various genitourinary and anorectal diseases. On the basis of symptomatology, *mutrakriccha* can be compare with dysuria in modern science. Non infectious causes of dysuria such as urinary calculi, tumors, trauma, strictures or foreign bodies, and atrophic vaginitis can result from irritation of the urethral or bladder mucosa. Physiological aging process in females accelerates after menopause, which leads to decline in estrogen level, which causes Atropic Vaginitis. Estrogen loss results in decrease in vaginal glycogen and a thin walled epithelium, promoting friability and inflammation.

Menopause can also affect bladder control. This hormone can impact the lining of the bladder and urethra. As a result, a woman may experience the need to urinate more frequently. *Mutrakricchra* in old age, i.e, *Vridha Avastha* leads to *Dhatu Kshaya*, which causes *Vata Vriddhi*, leads to *Rasa Kshaya* and *Mutravaha Shrotas Dhusti*. *Raja* is *Updhatu* of *Rasa* that's why *Rasa Kshaya* leads to *Raja Kashaya*. Hence due to *Mutravaha Shrotas Dhusti*, vitiated *Vata* causes *Mutrakricchra* and due to *Raja Kshaya* this leads to condition called as

menopausal atropic vaginitis. *Sushruta* has explained various *basti* therapy for management of *mutrakricchra*. Plants like *shwadranshtra* has diuretic, anti urolithic, anti inflammatory, analgesic, antispasmodic properties. Here considering the factors like women post menopausal conditions, fitness, side-effect of treatment, it is decided to take a new Herbal taila i.e, *Shwadranshtra taila* in management of *mutrakricchra* with Special reference to Post menopausal Atropic vaginitis.

KEYWORDS: *Mutrakricchara, Apan Vayu, Dysuria, Raja Kshaya, Shwadranshtra taila.*

INTRODUCTION

In *Ayurveda*, various *mutrarogas* and their management has been described, mainly eight types of *mutrakricchra* has been elaborated. *Krichchrata* (difficulty in voiding/pain full voiding) is the main feature.^[1] According to *Sushruta*, *mutrakriccha* is a *tridoshaja vyadhi*. Physiological action of urination and defecation is predominantly under the control of *Apan Vayu*, seat of which is *Pakvashaya* and if this *vayu* get vitiated it causes various genitourinary and anorectal diseases.^[2]

On the basis of symptomatology, *mutrakriccha* can be compare with dysuria in modern science. Dysuria is a symptom of pain, burning, itching of the urethra or urethral meatus with urination. It is among the most common symptoms experienced by most people at least once over their lifetime. It is more common in women than in men.^[3]

Physiological aging process in females accelerates after menopause. Usually women's begin menopause between 45 and 55 years of age. When ovaries no longer release egg that's means stoppage of menstrual periods, which leads to decline in estrogen level, which causes Atropic Vaginitis.^[4] Estrogen facilitates the maintainance of Vaginal pH in an acidic range. Lack of sufficient estrogen promotes an increase in vaginal pH, which in turn supports the overgrowth of bacteria that are otherwise well controlled in an acidic environment. Over growth of bacteria is the impetus for the development of bacterial infections. Estrogen loss also results in decrease in vaginal glycogen and a thin walled epithelium, promoting friability and inflammation. Menopause can also affect bladder control. When women no longer have their periods, their bodies stop making estrogen. This hormone can impact the lining of the bladder and urethra. As a result, a woman may experience the need to urinate more frequently.^[5]

With increasing life expectancy, a women spends almost 1/3rd of life in menopause. The mean age of menopause in Indian women is 46.2 years. Prevalence of atropic vaginitis was 56% in our country which is higher than previous studies because Indian womens are shy in discussing these problems.^[6] That means atropic vaginitis is experienced by almost 50 percent of post menopausal women.

The urinary tract is also affected by post-menopausal declining estrogen, which may lead to thinning of bladder and urethral lining and possibly cause chronic dysuria. Urinary symptoms are pain and burning with urination, more frequent UTI, urinary incontinence which is due to lose control of bladder, involuntary leakage.

In *Ayurveda* we can correlate it with *Mutrakricchra*. In old age, i.e, *Vridha Avastha* leads to *Dhatu Kshaya*, which causes *Vata Vriddhi* in body. Which leads to *Rasa Kshaya* and *Mutravaha Shrotas Dhusti*. According to *Charaka Samhita* *Raja* is *Updhatu* of *Rasa* that's why *Rasa Kshaya* leads to *Raja Kashaya*. Hence due to *Mutravaha Shrotas Dhusti*, vitiated *Vata* causes *Mutrakricchra* and due to *Raja Kshaya* this leads to condition called as menopausal atropic vaginitis.

Hence we required treatment that can help to reduce the painful urinary symptoms of menopause. *Sushruta* has explained various oral *ayurvedic* medications as well as *basti* therapy for management of *mutrakricchra*. Plants like *shwadranshtra* has diuretic, antiurolithic, anti inflammatory, analgesic, antispasmodic properties.

Here considering the factors like women post menopausal conditions, fitness, side-effect of treatment, it is decided to take a new Herbal taila i.e, *Shwadranshtra taila* in management of *mutrakricchra*^[7] with Special reference to Atropic vaginitis. The search is ever for procedure that is easily learned, effective in cost and give satisfactory results.

AIM AND OBJECTIVE

To study the effect of Shwadanshtra Taila Basti in the management of Mutrakricchra with special reference to dysuria in Atropic Vaginitis specifically on clinical features.

CASE REPORT

Name of Patient: XYZ

Registration no. : CR no. 2532 and IPD- 8

Date of admission: 10/11/2025

Age/sex: 51 yrs/F

Religion: Hindu

Occupation: HOUSEWIFE

Diet: mix (veg & non veg)

Menstruation History: menopause since 5 months.

Chief complaints and duration: Burning sensation during micturition, Dribbling micturition (Urinary incontinence), frequency of micturition around 9-10 times/day, dryness and mild itching around vagina since 3 months.

Brief history: Patient has been suffering from above complaints since last 3 months. She took treatment for the same since last 3 months but doesn't get any relief. Hence she came to JVWU for further management.

There was no history of DM/HTN/TB/BA or previous surgery in past.

Local Examination – local examination of vagina region is carried out in which mild dryness is seen other than that no any abnormality detected.

General examination

All the parameters were within normal limits.

Hb – 11.2 gm/dl; WBC - 4000/cumm; ESR – 17mm/hrs; BSL; F-103mg/dl ,PP-111mg/dl; BT-1 min; CT -3:30 min; HBSAG –Negative; HIV-Non-reactive;

Urine Routine and Microscopy – Nil

Estrogen Test (E₂ Test) - 28 pg/ml

Other Examination– Abdomen/Rectal Examination – No IVC obstruction, Pelvic tumor etc.

USG of addomen and pelvis – No abnormality detected.

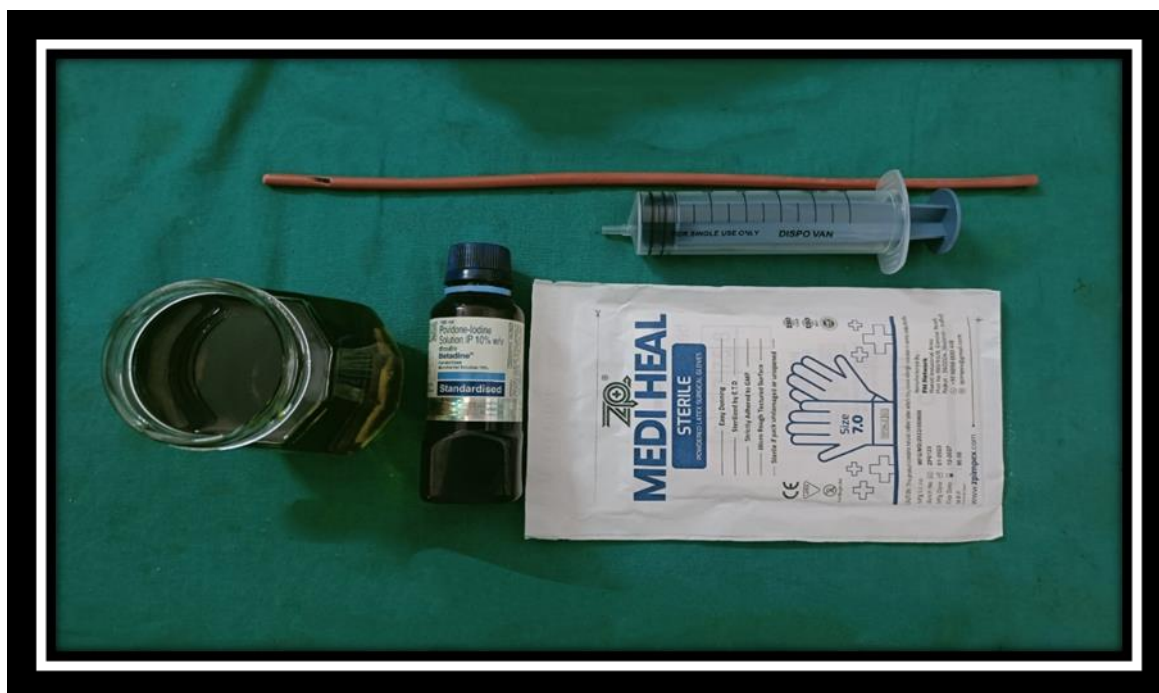
MATERIAL AND METHOD

TREATMENT DETAIL

	TRIAL GROUP
DRUGS	SHWADRANSHTRA TAILA
DOSE	30 ml every morning
TIME	MORNING
ROUTE OF ADMINISTRATION	ANAL ROUTE BY <i>BASTI</i>
DURATION	10 DAYS

STANDARD OPERATING PROCEDURE

- Informed consent of patient will be taken.
- All the procedures will be done in aseptic precautions.
- Patient will be asked to lie down in Sim's positions that is left lateral positions.
- Careful local examination of anal region of patient will be done.
- The anal site will be cleaned with betadine.
- 30ml *Shwadranshtra Taila* will be taken in syringe, sterile rubber catheter number 8 will be attached to syringe.
- Rubber catheter will be inserted into anus and *Shwadranshtra Taila* will be pushed slowly.
- *Shwadranshtra Taila basti* will be done.
- Daily morning *basti* of 30 ml will be given to patient.
- All other precautions and instructions will be given to patient for avoiding infection.



DISCUSSION

Assessment of symptoms before and after treatment.

SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
BURNING SENSATION DURING MICTURATION	+++	RELIEVED
DRIBBLING MICTURATION (URINARY INCONTINENCE)	+	+
FREQUENCY OF MICTURATION	+++ (10-12 TIMES /DAY)	RELIEVED (4-5 TIMES/DAY)

DRYNESS OVER VAGINA REGION	++	RELIEVED
ESTROGEN TEST LEVEL (E₂ TEST)	28 pg/ml	28pg/ml

In search of an effective Ayurvedic measure *Shwadranshtra Taila* came out with remarkable result in.

ACTION OF SHWADRANSHTRA TAILA

The *Shwadranshtra Taila* contains *Gokshura*, *Suntha*, *Godugdha*, *Guda* and *Tila taila*.

- **Gokshura** having the properties of *Vednastapana*, *Mutravirechaniya*, *Ashmarinashana*, *Mutral*, *Shothahara*, *Vajikarana*, *Hridya*, *Balya*, *Vrishya*.^[8] It is characterised as “*Mutrakruccha anilharanam Shreshtha*.”
- **Suntha** having the properties of *Vednastapana*, *Shothahara*, *Vrushya*, *Truptighana*, *shoolprashamana*, *Vrishya*, *vatanulomak*.
- **Tila Taila** having *tikshna*, *vyavayi*, *sukshma*, *vatashamak guna* which generate *vatahara* property.

Mutrakriccha is a *tridoshaja vyadhi* according to *Sushruta*. Physiological action of urination and defecation is predominantly under the control of *Apan Vayu*, seat of which is *Pakvashaya* and if this *vayu* get vitiated it causes *mutrakricha*. Therefore *Apan Vayu dushti* is the main factor to develop the *mutrakrricha*.

Gokshura is having *vataghana* property due to its *mutral*, *vednasthapana*, *shothahar*, *vatahara karma*. *Suntha* also having *shoolprashamana*, *vatanulomaka*, *shothahara* property. *Godugdha* and *Guda* has *Madhura vipaka* having *vatahara* property. So by means of *Shwadranshtra taila* administration in *basti* form act as *vatahara*, *vednastapana*, *shothahara*, *margavishodaka* in Dysuria with age related Atropic Vaginitis.

- Genitourinary Symptoms in Atropic Vaginitis is associated with low estrogen levels. Peri menopausal woman experience symptoms but more commonly experience by post menopausal women. *Tribulus terrestris* is widely used for soothing the menopausal symptoms as it increase the hormonal level such as estrogen and luteinising hormone.^[9] However in this study there is not significant increase in estrogen level is observed but symptomatic relief has been provided to patient in their complaints.

CONCLUSION

From this clinical study it is concluded that

- *Shwadranshtra Taila Basti* is highly significant in reducing symptoms of burning micturition and frequency of micturition
- *Shwadranshtra Taila Basti* does not show any significant result in symptoms of urinary incontinence. *Shwadranshtra taila* does not provide any significant relief in this condition.
- *Shwadranshtra Taila Basti* does not show any significant changes in Serum Estradiol Level after the treatment.
- The results obtained from this study highlights the fundamentals of *ayurveda* related to *Mutrakrrichra*.

Shwadranshtra Taila Basti is alternative convenient therapy in Management of dysuria in post menopausal atrophic vaginitis with safe, cost effective and improves the quality of life of patients by reducing its symptoms.

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