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CLINICAL EVALUATION OF APAMARG KSHARA TAILA UTTARBASTI IN THE MANAGEMENT OF CYSTITIS

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ABSTRACT

Mutrakrichha is classified under the disorders of *Mutravaha Srotas* and is primarily characterized by *shoola* (pain) and *kricchrata* (dysuria). Acharya Charaka has described eight distinct types of *Mutrakrichha*, along with eight types of *Mutragatha*. In *Mutrakrichha*, the vitiated *Pitta Dosha* in association with *Vata* (particularly *Apana Vayu*) reaches the *Vasti* (urinary bladder) and afflicts the *Mutravaha Srotas*, resulting in difficulty during micturition. The clinical features described in Ayurvedic texts closely resemble urinary tract infections (UTIs) in modern medicine, particularly lower UTIs such as urethritis and cystitis. Cystitis refers to an inflammatory condition of the urinary bladder, which may arise from infectious or non infectious etiologies, often leading to bleeding from the bladder mucosa. In this paper, we present a case of *Mutrakrichha* (chronic cystitis) in a 51-year-old male patient who reported increased frequency of micturition and incomplete bladder emptying, burning micturition. The condition was managed with *Shodhana Basti*, followed by three sittings of *Uttar Basti* using *Apamarg Kshara Taila* and *Kasisadi Taila*. After a rest period of three days, the therapy was continued with three additional sittings of *Uttar Basti* using *Apamarg Kshara Taila*.

KEYWORDS: *Mutrakriccha, Uttarbasti*, Cystitis, *apamarg kshara taila, kasisadi taila.*

INTRODUCTION

Cystitis is defined as an inflammatory condition of the bladder that has a wide range of symptoms and clinical features, which include a robust and persistent urge to urinate, burning sensation while urinating, passing frequent, small amounts of urine, hematuria, passing cloudy or strong-smelling urine, pelvic discomfort, feeling of pressure in the lower abdomen etc.[1,2]

Mutra is an outcome product digestion of food and metabolism in the body it is passes through urethra. In both *Mutraghata* and *Mutrakrichha*, *Krichhrata* (dysuria) and *Mutra-vibandhta* are simultaneously present but in *Mutrakrichha* there is predominance of *Krichhrata* (dysuria). In Ayurveda text the urinary disorders are described in the form of 8 types of *Mutrakrichha*, 8 types of *Mutraghatas*, 4 types of *Ashmaris* and 20 types of Prameha.[3] *Acharya kashyapa* had also described the sign and symptoms of *Mutrakriccha* in *Vednaadhyaya*). *Acharya Susrut* has described eight types of *Mutrakrichha*.[4] In *Mutrakrichha*, the vitiated Pitta Dosha along with *Vata* (*mainly Apana Vayu*) on reaching *Basti* (bladder) afflicts the *MutravahaSrotas* due to which the patient feels difficulty in micturition.

CASE REPORT

A 51-year-old male patient visited Pandit khushilal sharma government Ayurveda Hospital Nehru nagar, Bhopal, Madhya Pradesh, presenting with complaints of increased frequency of micturition, unsatisfactory emptying of bladder, burning sensation during micturition. since April 2023. He also complained of gaseous trouble with tightness and pain in the lower back region with a burning sensation.

History: No H/O Diabetes Mellitus, Hypertension

Family history: Nothing relevant

The study was carried out per the International Conference of

Harmonization-Good Clinical Practices guidelines (ICH-GCP) or the Declaration of Helsinki guidelines.

Declaration of the patient consent: The authors certify that they have obtained all patient consent forms.

Table-1: Personal History.

Name: xyz	**Bala – Madhyam (Average)**	**Prakriti – Pitta Vata Age**
Age-51 years	Sleep – Sound	BP – 110/70 mmHg
Sex – male	Addiction – None	Appetite – Good
Marital Status – Married	Bowel Habit – Regular	Occupation – Teacher

Table-2: Ashtavidha Pariksha.

Nadi (Pulse): 80/min	**Shabda (Speech): Clear**
Mala (Stool): regular	Sparsha (Touch): Normal
Mutra (Urine): Burning sensation,increase frequency.	Druka (Eyes): Normal
Jivha: Nirama(Uncoated)	Akruti (Built): Madhyama

Lab investigations:- Bacterial culture and sensitivity test, Aerobic, Urine

Organisam isolated:- **E.COLI**

Urine Routine/ Microscopic Examination

1.Physical Examination :- NAD

2.Chemical Examination:- 1. Protein- Absent

2. Sugar-Absent

3.Microscopic Examinations :-Pus Cells- 3-4/hpf

4. Alkaline Phosphatase :- 210 IU\L

Treatment Plan

Treatment	**Drugs**	**Days**	**Dose**
Shodhan	*Triphala kwath*	3 consequtive days	350 ml
Uttar Basti	*Apamarg Kshar Taila and Kasisadi taila*	3 consequtive days	Increasing dose. 1.15ml 2.20ml 3.25ml
Rest Days	-	3 consequtive days	-
Uttar Basti	*Apamarg Kshara Taila*	3 consequtive days	Increasing dose. 1.15ml 2.20ml 3.25ml

Cha.si (chapter 9 verse 69)[5]

DISCUSSION

Cystitis, characterized by dysuria, increased frequency, urgency, suprapubic pain, and sometimes hematuria, can be correlated with *Mutrakricchra* and *Mutraghata* described in Ayurvedic classics. The condition primarily involves *Vata–Pitta* vitiation with *Rakta* and *Mutravaha srotas dushti*, leading to inflammation and irritation of the urinary bladder.

Modern management mainly relies on antibiotics, which may provide temporary relief but are associated with recurrence and drug resistance. Hence, Ayurvedic interventions targeting the root cause and local pathology are clinically relevant.

Uttar Basti is considered the treatment of choice for disorders of the urinary tract as described by *Acharya Charaka* and *Sushruta*. It allows direct delivery of medicated substances to the bladder, ensuring localized action with minimal systemic side effects. In the present case, *Apamarga Kshara Taila* and *Kasisadi Taila* were selected due to their complementary pharmacological actions.

Apamarga Kshara possesses *Ksharana*, *Lekhana*, *Shodhana*, and *Mutrala* properties. The *Kshara* component helps in reducing inflammatory debris, microbial load, and mucosal thickening, thereby clearing obstruction and relieving dysuria. Its *Ushna* and *Tikshna* guna counteracts Kapha-induced *Srotorodha*, while its *Taila* base pacifies aggravated *Vata*, which is a key factor in pain and urinary frequency.

Kasisadi Taila[7], containing *Kasis* (Ferrous sulphate) and other potent drugs, exhibits *Krimighna*, *Ropana*, and *Shothahara* properties. It helps in reducing local infection, inflammation, and promotes healing of the bladder mucosa. The astringent and antimicrobial actions contribute to decreased burning micturition and hematuria. The Snigdha quality of the Taila also helps in restoring mucosal integrity and reducing irritation.

The combined use of these two *Tailas* in *Uttar Basti* addresses both *Shodhana* (cleansing) and *Shamana* (pacification) aspects of treatment. The observed clinical improvement—such as reduction in burning micturition, urinary frequency, and normalization of urine parameters—supports the efficacy of this approach. The localized mode of drug administration enhances bioavailability at the targetsite, which may explain the rapid symptomatic relief.

Thus, *Uttar Basti* with *Apamarga Kshara Taila* and *Kasisadi Taila* appears to be a safe and effective modality in the management of cystitis, especially in recurrent or chronic cases. However, larger clinical studies are required to further validate these findings and establish standardized protocols.

CONCLUSION

The present case study demonstrates that *Uttar Basti* with *Apamarg Kshara Taila* followed by *Kasisadi Taila* was effective in the management of cystitis. The intervention resulted in significant relief from classical symptoms such as dysuria, increased frequency and urgency of micturition, burning sensation during urination. The therapeutic action of *Apamarg Kshara Taila*, with its *Lekhana*, *Shodhana*, and *Mutravirechaniya* properties, helped in clearing obstruction and reducing inflammation of the urinary tract. Subsequent administration of *Kasisadi Taila*, known for its *Shothahara*, *Krimighna*, and *Ropana* effects, promoted healing of the bladder mucosa and prevented recurrence.

Overall, *Uttar Basti* proved to be a safe and effective localized treatment modality for cystitis, addressing both symptom relief and underlying pathology as per Ayurvedic principles. This case highlights the potential role of classical Ayurvedic interventions in the management of urinary tract disorders. However, larger clinical studies are recommended to further validate these findings and establish standardized treatment protocols.

RESULTS

After administration of *Uttar Basti* with *Apamarga Kshara* Taila with *Kasisadi* Taila, in increasing order. the patient showed significant clinical improvement in subjective parameters of cystitis.

Subjective Improvement

- **Burning micturition (*Mutra Daha*):** Markedly reduced within 5–7 days.
- **Frequency of micturition (*Muhurmuhu Mutrapravritti*):** Reduced from frequent episodes to near-normal intervals.
- **Pain during micturition (*Mutra Shoola*):** Completely relieved by the end of therapy
- **Urgency and discomfort:** Significantly decreased.

  Overall, the patient reported **substantial symptomatic relief** and improved quality of life.

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सारांश

मूत्रकृच्छ को मूत्रवह स्रोतस के विकारों में वर्गीकृत किया गया है, जिसकी प्रमुख विशेषताएँ शूल (दर्द) और कृच्छ्रता (दुर्गम मूत्रत्याग) हैं। आचार्य चरक ने मूत्रकृच्छ के आठ भेद तथा मूत्रग्रह के आठ भेद बताए हैं। मूत्रकृच्छ में विकृत पित्त दोष, विशेषकर अपान वायु के साथ मिलकर, वस्ति (मूत्राशय) में पहुँचकर मूत्रवह स्रोतस को प्रभावित करता है, जिससे मूत्रत्याग में कठिनाई होती है। आयुर्वेदिक ग्रंथों में वर्णित लक्षण आधुनिक चिकित्सा में मूत्र मार्ग संक्रमण (UTI) से विशेषकर निचले UTI जैसे मूत्रमार्गशोथ (urethritis) और मूत्राशयशोथ (cystitis) से साम्य रखते हैं। सिस्टाइटिस मूत्राशय की एक प्रदाहजन्य अवस्था है, जो संक्रामक अथवा असंक्रामक कारणों से उत्पन्न हो सकती है और प्रायः मूत्राशय की श्लेष्मा झिल्ली से रक्तस्राव का कारण बनती है।

इस शोधपत्र में हम एक 51 वर्षीय पुरुष रोगी का मूत्रकृच्छ (दीर्घकालिक सिस्टाइटिस) का प्रकरण प्रस्तुत कर रहे हैं, जिसमें रोगी ने मूत्रत्याग की आवृत्ति में वृद्धि, मूत्राशय का अपूर्ण रिक्त होना तथा मूत्रत्याग के समय जलन की शिकायत की। इस स्थिति का उपचार शोधन बस्ती से किया गया, जिसके बाद अपामार्ग क्षार तैल और कासीसादि तैल से तीन बार उत्तर बस्ती दी गई। तीन दिन के विश्राम के बाद, अपामार्ग क्षार तैल से तीन और बार उत्तर बस्ती दी गई।

कीवर्ड्स (Keywords)

- **मूत्रकृच्छ**
- **उत्तरबस्ती**
- **सिस्टाइटिस**
- **अपामार्ग क्षार तैल**
- **कासीसादि तैल**