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# EFFECTIVENESS OF POLYHERBAL FORMULATION IN THE MANAGEMENT OF MUTRAKRUCCHA (UTI) - A CASE REPORT

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#### **ABSTRACT**

The term Mutrakrichha comes under the disease of Mutravaha Srotas. In Charak samhita Acharya Charaka has described eight types of Mutrakrichha. It has the main characteristic features like shool (pain), kricchrata sadahamutrata (dysuria), (burning micturation), muhurmuhur mutra (urgency and frequency), peetamutrata (yellow discolouration of urine), saraktamutra (hematuria). In Mutrakrichha, the vitiated Pitta Dosha with Vata dosha reaches Basti (bladder) and afflicts the *Mutravaha Srotas* due to which the patient feels difficulty in micturition along with other symptoms of Mutrakruccha. The manifestation of *Mutrakruccha* and Urinary Tract Infection are similar. The present case report deals with the *Mutrakriccha* in 9 years of old male child who was treated with the Ayurvedic formulations of Mutrakruccha mentioned in our classical text. After the regular follow up of patient, there is marked reduction in symptoms was observed after 7 days of treatment.

**KEYWORDS:** *Mutrakrichha, Shool, Sadahamutrata, Peeta Mutrata*, UrInary Tract Infection.

#### INTRODUCTION

In Ayurveda, the concept of the urinary system is explained under the mootravaha srotas and it discharges the waste products, while efficiently conserving water and other valuable substances. However, this homeostasis is hampered during many disease conditions out of which Mutrakricha is one of the disease. Many Ayurvedic formulations are mentioned in our classical text in such conditions for maintaining the normal functioning of the system. Mutrakriccha can be correlated with UTI as the manifestation of both is similar. A urinary tract infection is the infection of bladder or kidneys and is mainly caused by E. Coli and other agents include Proteus mirabilis, Enterobacteriaceae, Enterococcus species, Pseudomonas aeruginosa and Staphylococcus saprophyticus.<sup>[1]</sup> Predisposing factors for recurrent Urinary tract infection include microbial growth inthe urogenital tract, urinary stasis, circumcision inmale children, bioflora favouring pathogenic urobacteria, lactobacillus and probiotics products, vaccination, management of dysfunctional elimination syndrome, long term antibiotic prophylaxis, repeated catheterization poor hygienic conditions, obstructive uropathy, severe vesicoureteric reflux, constipation environment, poverty and illiteracy also contribute to the increasing percentage of urinary tract infections. [2] Urinary tract infections occur in approximately 1.7% of boys and 7.8% of girls by the age of 7 years. [3] When the bacterial count in midstream sample of urine is more than  $\geq 10^4$  CFU/ml is considered as positive for UTI. [4] The overall prevalence of UTI is approximately 7 percent in febrile infants and young children but varies by age, sex and circumcision status. In modern science, with the introduction of effective antibiotics problem has been solved to some extent but the use of antibiotics has its limitations like side effects, chances of reinfection, relapse even after the long term therapy and increasing incidence of resistance. Different Ayurvedic formulations were used in treatment of Mutrakriccha which are mentioned in our classical texts. All the drugs which are used in this case study have properties like Doshashamak (dosha pacifying), Mutral (diuretic), Jantughna (anti-microbial action), Jwaraghna (antipyretic) and Dahanashaka (anti-inflammatory) properties.

#### **CASE HISTORY**

A male patient Mrs. ABC of 9 years' age visited the OPD of PMT'S, Shevgaon, Ahmednagar with the following chief complaints-

- 1. Frequent micturition
- 2. Difficulty in Passing urine (Dysuria)
- 3. Urgency of micturition
- 4. Fever
- 5. Nocturia

#### **History of present illness**

Patient was asymptomatic before 2 days but since then he had developed the above symptoms. Patient had a history of recurrent urinary tract infection. He had taken allopathic medicines for the same and also got relief for few days but after few days he again suffered from same condition. Hence, he came to Pravara Medical Trust Hospital, Shevgaon, Ahmednagar, India for the management.

#### **Past History**

Same episode of illness had occurred one week ago.

#### **Personal History**

Appetite - Poor

Sleep - Disturbed

Bowel - Normal

Bladder - Burning and painful micturition, frequent urination

#### **General examination**

Temp. -  $102^{0}$ F

BP - 110/80 mm/hg

Pulse - 74/min

#### Systemic examination

RS - AEBE, clear

CNS - Conscious, oriented

 $CVS - S_1S_2$  normal

P/A - Soft, non-tender

## Ashtavidha pariksha

Nadi - 74/min

Mala - Sama

Mutra - Alpa-saruja-sadaha mutrata, muhurmuhu mutrapravritti

Jivha - Sama

Druka - Prakrut

Sparsha - Ushna

Akriti - Madhyama

## **Treatment plan**

Patient was treated on OPD level.

# Selected polyherbal formulation for internal use

Name of medicine	Dose	Route	Kala	Anupan
Trunapanchamula Kwatha	20 ml BD	Oral	Adhobhakta	-
Chandraprabha vati	1 tab BD	Oral	Adhobhakta	Koshna jala
Sanshamani vati	1 tab BD	Oral	Adhobhakta	Koshna jala

Duration - 7 days.

## Criteria for selection of Internal Polyherbal formulation

Name of medicine	Ingredients	Properties and uses
Trunapanchamula Kwatha <sup>[5]</sup>	Darbha, Kusha, Kasha, Shara, Ikshu	Mutral, Vata-pitta shamak, Sheetaveerya, Madhura rasa, Madhura vipaka
Chandraprabha vati <sup>[6]</sup>	Chandraprabha, Vacha, Musta, Bhunimba, Devdaru, Haridra, Ativisha, Daruharidra, Pippalimula, Chitraka, Dhanyaka, Triphala, Chavya, Vidanga, Gajapippali, Trikatu, Swarnamakshika bhasma, Ksharadwaya, Lavantraya, Trivrutta, Dantipatraka, Twak Ela, Vanshalochana, Lohabhasma, Sita, Shilajit, Guggulu	Mutrala, Rasayan, Raktaprasadak, Stambhaka, Pittashamaka, Sheetaveerya, Tridoshaghna, Deepan, Pachana, Sheetaveerya, Tiktarasa
Sanshamani vati <sup>[7]</sup>	Guduchi, Ativisha	Jwaraghna, Shothaghna, Pittashamaka, Jantughna, Pachaka, Deepak, Balya

# Pathya Apathya adviced during treatment<sup>[8]</sup>

Pathya	Apathya
Ahara-	
Jeernashali, Mudgayusha, Tandulaja,	Ahara-
Bhuikohala, Kharjura, Manuka, Narikel,	Vidahi-Amla ahar, Madya, Mastya,
Amalaki, Madhura Takra, Goghruta,	Lavan, Tambula, Hingu, Sarshapa,
Godughdha, Godadhi, Jangalamansa,	Tikshna, Abhishyandi ahar
Phalarasa, Nimbu panaka	
	Vihara-
Vihara-	Ativyayam, Atishrama,
-	Mutravegadharana, Ashwadi yan
	pravas

# Assessment of treatment effect on the basis of grading pattern of subjective parameters<sup>[9]</sup>

<b>Subjective parameters</b>	Grade 0	Grade 1	Grade 2	Grade 3
Dysuria	No	Yes, mild	Yes, moderate	Yes, severe
Increased frequency of	No	Yes, mild	Yes, moderate	Yes, severe
micturition	4 or less	5-6	7-8 times/day	9-10 or more
meturnon	times times/day /-8 times/da	7-8 tilles/day	times/day	
Urgency of micturition	No	Yes, mild	Yes, moderate	Yes, severe
Nocturia	No	Yes, mild	Yes, moderate	Yes, severe
Nocturia	NO	3 times	4 times	More than 4
Hesitancy	No	Yes, mild	Yes, moderate	Yes, severe
Fever	No	Yes, mild	Yes, moderate	Yes, severe
Supra pubic discomfort	No	Yes, mild	Yes, moderate	Yes, severe

## **OBSERVATIONS AND RESULTS**

# Assessment of results as per Subjective parameters

Subjective parameters	Before treatment	After treatment
Dysuria	Grade 2	Grade 0
Increased frequency of micturition	Grade 2	Grade 0
Urgency of micturition	Grade 2	Grade 0
Nocturia	Grade 1	Grade 1
Hesitancy	Grade 0	Grade 0
Fever	Grade 0	Grade 0
Supra pubic discomfort	Grade 0	Grade 0

# Assessment of results as per Objective parameters

Sr. No.	Urine Analysis	Before treatment	After treatment
1.	Colour of urine	Pale yellow	Clear
2.	$P^{H}$	Acidic	Acidic
3.	Specific gravity	1.014	1.014
4.	Sugar	Nil	Nil
5.	Albumin	Nil	Nil
6.	RBC	Nil	Nil

7.	Pus cells	20-22/hpf	2-4/hpf
8.	Epithelial cells	8-10/hpf	3-4/hpf

#### **DISCUSSION**

As per the Ayurvedic literature, in Mutrakruccha due to nidan sevan Tridosha prakopa occurs. Prakupita pitta leads to Agnidushti which further causes formation of Ama and this Ama ends in Amayukta dhatu formation. Dushita Rakta Produces Mala rupa pitta in excess. Dushita mutra reaches Basti and leads to Krucchamutrata, Pitamutrata, Sadaha mutrapravrutti. So, to break this Samprapti, Mutral, Vatahara, Pittahara, Bastishodhan dravyas are essential. The Trunapanchamula kwatha is of Madhura Rasa, Madhura Vipaka and Sheetaveerya<sup>[10,11]</sup> by which act by increasing Kleda in our body and increases urine formation. Also its Vata-pittashamaka property helps in improving urinary function. Chandraprabha vati possess Mutrala, Rasayan, Raktaprasadak, Stambhaka, Pittashamaka, Sheetaveerya, Tridoshaghna, Deepan, Pachana, Sheetaveerya, Tiktarasa properties. So, it acts by correcting agni and thus helps in Samprapti bhedan. [12,13] Samshamani vati acts on microcirculation and posses Jwaraghna, Shothaghna, Pittashamaka, Jantughna, Pachaka, Deepak, Balya. [14] Thus useful in Mutrakruccha.

#### **CONCLUSION**

From the above, it is concluded that internal use of this polyherbal formulation along with properly following the *pathya-apathya* are effective in the management of *Mutrakriccha*.

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