

AYURVEDIC AND MODERN APPROACH TO MUTRAKRICCHA (URINE TRACT INFECTION) ALONG WITH HETU

*¹Vivek P. Dudhe and ²Dr. Umesh N. Patil

¹P.G. Scholar, ²Guide and HOD

DMM Ayurved Mahavidyalaya Yavatmal.

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*Corresponding Author

Vivek P. Dudhe

P.G. Scholar, DMM
Ayurved Mahavidyalaya
Yavatmal.

ABSTRACT

The term Muttrakrichha is categorized under disorders of the Mutravaha Srotas and is primarily associated with shoola (pain) and kricchrata (difficulty in urination). References to this condition are found in almost all major Ayurvedic classics. Acharya Charaka has classified Muttrakrichha into eight distinct types. In this condition, vitiated Pitta Dosha in association with Vata—especially Apana Vayu—affects the Basti (urinary bladder) and Mutravaha Srotas, leading to difficulty in micturition accompanied by symptoms such as peeta mutrata (yellowish urine), sarakta mutrata (blood-tinged urine), sadaha mutrata (burning micturition), saruja mutrata (painful urination), and muhur-muhur mutrata (frequent urge to pass urine).

From a modern perspective, these features closely resemble urinary tract infections (UTIs), particularly those affecting the lower tract such as urethritis and cystitis. Muttrakrichha is characterized by the passage of urine in small quantities, often accompanied by pain, burning, or stinging sensations. Considering its clinical relevance, the present article aims to explore both Ayurvedic and modern viewpoints of Muttrakrichha along with its etiological factors (Hetu).

KEYWORDS: Muttrakrichha, Shool, Peeta Mutrata, Sarakta Mutrata, Sadaha Mutrata, Urinary Tract Infection, Dysuria.

INTRODUCTION

Mutrakriccha is a condition elaborated in detail by almost all *Acharyas* in the Ayurvedic classics. The term *Mutrakriccha* is derived from two words—*Mutra* (urine) and *Kriccha*

(difficulty or pain). It refers to the painful or difficult expulsion (*kriccha pravritti*) of urine through the *Mutravaha Srotas*.

मूत्रस्य कृच्छेण महता कष्टेन प्रवृत्ती : मूत्रकृच्छम | ^[1] Ma. Ni/30

Mutrakriccha is a condition that has been elaborately described by almost all Acharyas in the Ayurvedic texts.^[2] The term Mutrakriccha is composed of two words—Mutra (urine) and Kriccha (difficulty or pain)—and denotes painful or difficult urination. In Mutrakriccha, there is kriccha pravritti of the Mutravaha Srotas. In Ayurveda, Mutrakriccha is classified into eight distinct types^[3]

- 1] Vataj
- 2] Pittaj
- 3] Kaphaj
- 4] Sannipataj
- 5] Abhighataj
- 6] Purishvighataj
- 7] Shukraj
- 8] Ashmarijanya

The pratyatma lakshana (cardinal feature) of Mutrakriccha is “dukhen mutrapravrutti”,^[4] meaning discomfort or pain during micturition. This condition may manifest as an independent disease or occur as a symptom in other urinary disorders such as Ashmari, Mutraghata, Mutra vridhhi, Gulma, and Arsha.

From an Ayurvedic perspective, Mutrakriccha arises due to the aggravation of Pitta dosha in association with disturbed Apana Vata. This combined vitiation affects the Mutravaha Srotas, resulting in inflammation, discomfort, and sometimes infection. The clinical features show close similarity to dysuria commonly present in urinary tract infections (UTIs), especially lower urinary tract infections like urethritis and cystitis.^[5]

Mutrakriccha (urinary tract infections) is among the most prevalent conditions, affecting individuals of all age groups—from neonates to the elderly. It is estimated that about 40% of women experience at least one symptomatic UTI in their lifetime, and nearly 40% of these cases are recurrent. The condition affects approximately 12% of men as well.^[6]

Urinary tract infections may involve the urethra, bladder, ureters, or kidneys, and typically

present with symptoms such as

- Burning sensation during urination
- Urinary urgency and frequency
- Lower abdominal or pelvic pain
- Fever and fatigue

Being an ancient healing system, Ayurveda offers effective approaches for managing Mutrakriccha, often without side effects. The treatment aims to restore the body's natural bacterial balance by promoting beneficial microbes while combating harmful ones.

Ayurvedic management involves detoxification, clearing obstructions from the urinary tract, and administering herbs that strengthen the kidneys and normalize the function of Apana Vayu. Dietary and lifestyle modifications further support the healing process, providing significant relief to affected individuals.

MATERIAL AND METHODS

Basti and *Vankshana* are regarded as the *moola* (root structures) of the *Mutravaha Srotas*, and their vitiation can result in symptoms such as excessive urination, increased frequency, and painful micturition.^[6] In the *Chikitsa Sthana* of *Charaka Samhita*, eight types of *Mutrakriccha* are described, along with their etiopathogenesis and therapeutic measures.^[7] In this context, the term *Mutrakriccha* has been specifically used. Furthermore, in the *Siddhi Sthana*, thirteen varieties of *Basti Roga* are described under the heading *Mutra Dosha*, which are distinct from the disease *Mutrakriccha*.^[8]

In the *Uttara Tantra* of *Sushruta Samhita*, a detailed description of “*Mutrakriccha Pratishedha Adhyaya*” is available, which outlines eight types of *Mutrakriccha* along with their respective treatments.^[9] Both *Vagbhattas* have classified diseases of the *Mutravaha Srotas* based on *pravritti* (urinary output): *Mutrakriccha* falls under *Mutra Apravrittijanya Vyadhi*, whereas *Prameha* is classified as *Mutra Atipravrittijanya Vyadhi*.^[10]

In the *Chikitsa Sthana* of *Kashyapa Samhita*, a separate chapter titled “*Mutrakriccha Chikitsa*” is dedicated to the management of this condition. In *Bhela Samhita*, *Sutra Sthana*, a chapter is also devoted to *Mutrakriccha Chikitsa*, although it remains incomplete.^[11] In *Madhava Nidana*, *Mutrakriccha*, *Mutraghata*, and *Ashmari* are each addressed in separate chapters.^[12]

Etiology And Pathogenesis (Hetu and Samprapti)

In Ayurveda, the *Hetu* (causative factors) of *Mutrakriccha* are described as follows—

व्यायाम तीक्ष्णऔषध रुक्ष मद्य प्रसंग नित्य दृढ पृष्ठ्यानात् ।
आनुपमस्याध्यशनाद् जिर्णात् स्युर्मूत्रकृच्छ्राणी नृणामष्टओ॥^[13] Ma Ni/30

Among these *hetus*, *vyayama* (excessive physical exertion), *atistrisevana* (excessive sexual activity), *ruksha sevana* (intake of dry food), *atimadyapana* (excessive alcohol consumption), and *yanagamana* (frequent travelling) are responsible for *Vata prakopa*. *Tikshna aushadha* (intake of strong medicines) and *amla sevana* (excessive sour food) lead to *Pitta prakopa*, while *anupa mamsa sevana* (consumption of meat of marshy animals), *adhyashana* (eating before digesting previous food), and *ajirna* (indigestion) cause *Kapha prakopa*. These *nidanas* vitiate the *doshas* along with producing *stroto dushti* in the *Mutravaha Srotas*. The resulting *stroto dushti* creates *kha vaigunya* (structural or functional defects) in the urinary channels, which ultimately lead to *Mutrakriccha*.

These causative factors can be classified as

- **Aharaja Nidana** – *Adhyashana*, *Ajirna*, *Rukshanna sevana*, *Tikshna aushadha sevana*, *Ruksha madya sevana*.
- **Viharaja Nidana** – *Yanagamana*, *Ativayayama*, *Aghata* (trauma).

The vitiation of *Tridoshas*, accompanied by reduced digestive capacity (*Agnimandya*), results in the formation of *Ama*, which mixes with the *doshas* to produce *Sama doshas*. This pathological process gives rise to symptoms such as *peeta mutra* (yellowish urine), *sadaha mutra pravritti* (burning micturition), *basti* and *mutrendriya gurutva* (heaviness or inflammation of the bladder), and *shweta, snigdha, picchila mutra* (turbid urine).

From the perspective of *Mutrakriccha*, *Acharya Charaka* has provided the detailed *samprapti* (pathogenesis). According to him, when the *doshas* are vitiated by specific etiological factors, either individually or in combination, they aggravate in the *basti* or afflict the urinary passage, ultimately giving rise to *Mutrakriccha*.^[14]

Modern Causes of UTIs

- Bacterial infection (commonly *E. coli*) originating from the gastrointestinal tract, sexual activity
- Poor personal hygiene practices, urinary tract structural abnormalities

- Pregnancy and menopause, diabetes, and weakened immunity
- Use of urinary catheters, suppression of the natural urge to urinate

Infection is the leading cause of urinary tract infections, with *Escherichia coli* accounting for approximately 75–90% of acute infections in patients without catheters.^[15] Other gram-negative organisms such as *Proteus*, *Klebsiella*, and occasionally *Enterobacter* species contribute to a smaller percentage of uncomplicated infections. Although gram-positive bacteria are less frequently involved, *Staphylococcus saprophyticus*, *Enterococci*, and *Staphylococcus aureus* are known to cause acute urinary tract infections—particularly in young females and in patients with renal calculi or a history of urinary instrumentation.

While bacteria are the most common causative agents, other microorganisms such as yeast, fungi, and viruses can also produce urinary tract infections. When the infection is confined to the lower urinary tract, it is termed cystitis (bladder infection), whereas infection of the upper urinary tract is referred to as pyelonephritis (kidney infection).^[15] Symptoms of lower urinary tract infection typically include painful urination (dysuria), increased frequency, and persistent urgency despite having an empty bladder.

Infections limited to the urethra and bladder are generally considered superficial or mucosal infections, whereas pyelonephritis and renal suppuration indicate deeper tissue invasion.

The three basic clinical forms of urinary tract infection are pyelonephritis, cystitis, and asymptomatic bacteriuria. Less common presentations include focal pyelonephritis and renal abscess. include pain with urination, frequent urination, and feeling the need to urinate despite having an empty bladder.^[15] Infections of the urethra and bladder are often considered superficial or (mucosal) infections, pyelonephritis and renal suppuration signify tissue invasion. The 3 basic form of UTI are pyelonephritis, cystitis and asymptomatic bacteriuria. Focal pyelonephritis and renal abscess are less common.

DISCUSSION

Madya (alcoholic beverages) possessing tikshna, ruksha, and ushna qualities vitiates Vata and Pitta doshas. This imbalance can alter the pH of urine, predisposing the individual to Mutrakriccha. Excessive consumption of Anupa Mansa (meat of animals from marshy regions) increases Kapha dosha, while fish acts as Maha-abhishyandi (highly channel-obstructing). Such factors enhance kledatva (moistness) within the dhatus, malas, and

particularly the Mutravaha Srotas. Vitiated Kapha and increased kleda weaken the body's natural immunity, making it more susceptible to urinary tract infections.

Adhyashana (eating before the previous meal is digested) and Ajeerna (indigestion) impair Agni (digestive fire), leading to Ama formation. This Ama further aggravates the Tridoshas, acting as a Viprakrishta Nidana (remote causative factor) in the pathogenesis of Mutrakriccha.

Tikshna and Ushna Aushadha (pungent and hot potency medicines) aggravate Pitta dosha. Elevated Pitta increases urinary concentration, alters pH, and reduces urine volume—creating an environment conducive to bacterial proliferation.

Nitya Druta-Prusthayana refers to frequent riding on the backs of fast-moving animals, which can be interpreted in modern terms as prolonged travel over uneven terrain or excessive physical exertion (Ativyayama). These activities cause Khavaigunya (structural defect) in the Mutravaha Srotas and aggravation of Apana Vata. The resulting rukshata (dryness) decreases urine volume, concentrating the urine and favouring bacterial growth.

Atistresevana denotes excessive sexual activity, irrespective of gender. This practice vitiates Vata dosha, depletes Dhatus, and lowers immunity. Reduced immune capacity increases vulnerability to infections. From a modern perspective, sexual intercourse can introduce bacteria into the bladder and is a recognised precipitating factor for cystitis, particularly in young women.^[16]

CONCLUSION

In the present era, unhealthy dietary practices—such as excessive consumption of Ruksha Ahara (dryness-inducing foods), Tikshna-Ushna Ahara (pungent and hot potency foods), alcohol, and meat from marshy regions—along with lifestyle factors like excessive physical exertion, frequent travel, indulgence in excessive sexual activity, and poor digestion (Ajirna) have become increasingly common. These factors collectively vitiate the Tridoshas, causing Mutravaha Srotas Dushti, which ultimately leads to Mutrakriccha (Urinary Tract Infection).

The rising global prevalence of UTI is a matter of serious concern due to its potential to cause long-term compromise in the quality of life. In modern medicine, UTIs bear a close resemblance to Mutrakriccha as described in Ayurveda. It is considered a Vata-predominant Tridoshaja disorder involving the Mutravaha Srotas, with vitiation of Mutra and Ambu. In

both Ayurveda and contemporary medicine, emphasis is placed on primary prevention—in Ayurveda through Nidana Parivarjana (avoidance of causative factors).^[17]

Since UTIs are primarily caused by microorganisms, proper personal hygiene is essential for prevention. In children, caregivers can play a vital role by ensuring good hygiene habits, maintaining adequate hydration, and monitoring daily urinary routines. Although all three doshas are involved in the pathogenesis, clinical observation suggests that Pitta dosha often plays a predominant role.^[17]

As the saying goes, “Prevention is better than cure.” By understanding and avoiding the etiological factors (Hetu), the recurrence of Mutrakriccha can be effectively reduced.

Awareness of risk factors empowers individuals to refrain from Hetu Sevan, thereby preventing the onset of the disease.

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