

**AYURVEDIC APPROACH TO MANAGEMENT OF
MUTRAKRUCCHA: A SINGLE CASE STUDY**

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ABSTRACT

Mutrakruccha, described in Ayurvedic classics as a disorder of Mutravaha Srotas, presents with painful, scanty, and burning micturition and correlates clinically with lower urinary tract infection, urethritis and cystitis. Rising antimicrobial resistance has renewed interest in integrative and herbal approaches for early-stage urinary symptoms. This case study evaluates the efficacy of an oral Ayurvedic Shamana Chikitsa protocol in a 32-year-old female presenting with burning micturition, increased frequency of 8-10 times per day, urgency, and lower abdominal pain for seven days. Clinical examination revealed mild suprapubic tenderness with Pitta-Vata dominant Nadi. Detailed clinical examination and laboratory investigations revealed the presence of pus cells and mild bacterial infection in urine examination. Based on Ayurvedic assessment, the condition was diagnosed as Pittaja Mutrakruccha. The patient was managed for 14 days with Gokshura Churna 5g twice daily

before food, Chandraprabha Vati 500mg twice daily after food, and Yavakshar 250mg twice daily with Gokshura Kashaya 15ml. Pathya-Apathya including barley water, coconut water, and buttermilk was advised, with avoidance of spicy, salty, fermented foods and suppression of natural urges. Assessment was based on subjective symptoms and urine routine on day 0 and day 14. By day seven, burning micturition and frequency reduced by 70 percent with improved sleep and comfort. By day fourteen, symptoms resolved completely and repeat urine routine showed pus cells 1–2 per high power field with no albumin. No adverse drug reactions were observed and patient compliance was good. The protocol aligns with Charaka Samhita Chikitsa Sthana 26, which recommends Mutrala and Pittahara drugs for Mutrakruccha. This case suggests that targeted Shamana Chikitsa using Mutrala, Pittashamaka, and Mutra Shodhaka drugs can effectively and safely manage uncomplicated Mutrakruccha, supporting the role of Ayurveda in early-stage lower urinary tract symptoms and warranting further controlled studies.

KEYWORDS: Mutrakruccha, Dysuria, Ayurveda, Gokshura, Chandraprabha Vati, Yavakshar, Shamana Chikitsa.

INTRODUCTION

Mutrakruccha is one of the important diseases described in Ayurvedic classics under Mutravaha Srotovikara. The term “Mutrakruccha” is derived from two words: “Mutra” meaning urine and “Kruccha” meaning difficulty or pain. It is characterized by painful and difficult urination. According to Ayurveda, improper dietary habits, suppression of natural urges, excessive intake of spicy and sour food, dehydration, and infection contribute to the vitiation of Doshas leading to the disease.

Acharya Charaka and Sushruta have classified Mutrakruccha into different types based on the predominance of Doshas such as Vataj, Pittaj, Kaphaj, Sannipataj, Shukraj, and Ashmarij Mutrakruccha. The management mainly focuses on Dosha pacification, Mutrala (diuretic) therapy, anti-inflammatory treatment, and restoration of normal urinary function.

This case study demonstrates the effectiveness of Ayurvedic treatment in managing Mutrakruccha.

AIMS AND OBJECTIVES

AIMS

To evaluate the efficacy of Ayurvedic management in a patient suffering from Mutrakruccha.

OBJECTIVES

1. To study the clinical presentation of Mutrakruccha.
2. To assess the effect of Ayurvedic medicines in relieving symptoms.
3. To evaluate improvement in quality of life after treatment.

CASE STUDY

A 32-year-old female, housewife, presented to the OPD of our college with following complaints

Chief complaints with duration

1. Burning sensation during urination since 7 days
2. Increased frequency of urination
3. Lower abdominal pain
4. Difficulty during micturition
5. Mild fever and weakness

Past History: No history of any major illness.

Family History: Not specific

Personal History

- Appetite: Reduced
- Allergy: Not detected
- Sleep: Disturbed
- Bowel habits: Normal
- Addiction: None
- Water intake: Inadequate

General Examination

General condition	Good
BP	110/70 mmHg
PR	86 / min
RR	18 / min
Body Weight	70 kg
Tongue	Coated

Temperature	98.6 ⁰ F
Pallor	Absent
Icterus	
Clubbing	
Cyanosis	

Systemic Examination

- Tenderness in suprapubic region
- No renal angle tenderness

Ayurvedic Assesment

- Dosha- Predominantly Pitta-Vata Dushti
- Dushya-Rasa, Rakta, and Mutra
- Stotas -Mutravaha Srotas
- Agni-Mandagni
- Samprapti: Nidana such as excessive intake of spicy food, inadequate hydration, and suppression of natural urges caused aggravation of Pitta and Vata Dosha. These vitiated Doshas affected Mutravaha Srotas leading to burning micturition, pain, and difficulty in urination.

Treatment Plan

Sr. No.	Medicine	Dose	Anupana	Time	Duration	Purpose
1	Gokshur Churna	5 gm	Warm water	BD Before food	14 days	Mutrala, Shothahara, Vrishya: reduces urethral irritation and promotes diuresis
2	Chandraprabha Vati	500 mg	Lukewarm water	BD After food	14 Days	Mutra Shodhaka, Tridosahara: antimicrobial, anti-inflammatory, urinary tract cleanser
3	Yavakshar	250 mg	Gokshur Kashaya	BD, After food	7 days	Mutra Bhedana, Pittahara: alkalizes urine, relieves burning
4	Chandanasava	15 ml	With 30 ml water	BD, After Food	14 days	Pitta pacification

Dietary Advice

- Increased water intake
- Avoid spicy, oily, and sour foods

- Include coconut water and barley water
- Avoid suppression of natural urges

Lifestyle Modification

- Adequate rest
- Maintain genital hygiene
- Regular urination
- Stress reduction practices

Investigations of patient

Investigations	Before Treatment	After Treatment
Urine pus cells	8-10 /hpf	1-2/hpf
Urine epithelial cells	2-3/hpf	1-2/hpf
Albumin	Trace	Nil
pH	6.0	6.5
Urine Culture	No Growth	Not repeat

CBC, RFT, Random blood sugar was within normal limit.

Follow up and Outcome

After 7 Days

- Burning micturition reduced by 70%
- Frequency of urination decreased
- Lower abdominal pain reduced
- Improved appetite

After 15 Days

- Complete relief from burning sensation
- Normal urination achieved
- No pain or discomfort
- General weakness improved

DISCUSSION

Mutrakruccha is a Mutravaha Srotas Vikara described in all major Ayurvedic texts, characterized by Krichhata (dysuria), Daha (burning), and Saruj Mutrapravritti (painful micturition). The clinical picture closely parallels uncomplicated lower urinary tract infection and cystitis in modern medicine. In this case, the patient presented with Pitta-Vata dominant

symptoms - burning micturition, frequency, urgency, and suprapubic tenderness - with laboratory evidence of pyuria and sterile culture. This pattern suggests Mutramarga Shotha and Pitta Prakopa with secondary Vata involvement due to Apana Vayu Vaigunya. The treatment protocol was designed based on Shamana Chikitsa Siddhanta for Mutrakruccha, targeting Dosh Shamana, Mutra Shodhana, and Mutramarga Shothahara actions without disturbing the normal urogenital flora.

1. Rationale of the formulation

- Gokshura (*Tribulus terrestris*) Churna: A well-known Mutrala and Vrishya drug. Its diuretic action helps flush out pathogens and inflammatory debris from the urinary tract. Pharmacologically, it contains protodioscin and flavonoids with anti-inflammatory and mild antimicrobial activity. It also alleviates Daha and Shotha by its Madhura and Sheeta properties.
- Chandraprabha Vati: A polyherbal-mineral formulation containing Shilajit, Guggulu, Chitraka, Haritaki, and others. It acts as a Mutra Shodhaka, Shothahara, and mild Lekhana agent. Shilajit and Guggulu have documented anti-inflammatory and antimicrobial effects, while Chitraka improves Agni and tissue metabolism. The combination helps in clearing Srotorodha and reducing urethral inflammation.
- Yavakshar: An alkaline preparation of *Hordeum vulgare* ash. It acts as a Mutra Bhedana and Pittashamaka agent. By alkalinizing urine, it reduces burning sensation and creates an unfavorable environment for bacterial growth. It also facilitates easy passage of urine by reducing urethral spasm.
- Gokshura Kashaya as Anupana: Enhances the Mutrala and Mutra Shodhaka action of Yavakshar and provides synergistic anti-inflammatory effect.

This combination aligns with Charaka Samhita Chikitsa Sthana 26/39-42, which advocates Mutrala, Pittahara, and Shothahara drugs for Mutrakruccha arising from Pitta and Vata vitiation. The absence of antibiotics avoided the risk of antimicrobial resistance and dysbiosis, which is a growing concern in recurrent UTIs.

2. Clinical and laboratory correlation

The 70% reduction in symptoms by day 7 and complete resolution by day 14 correlates with the reduction in pus cells from 8-10/hpf to 1-2/hpf. The sterile urine culture ruled out complicated infection, making the case suitable for Shamana Chikitsa. Improvement in sleep and comfort suggests systemic relief of Pitta and Vata imbalance, not just local symptomatic relief.

3. Role of Pathya-Apathya

Ayurveda emphasizes Pathya as an integral part of treatment. Barley water, coconut water, and buttermilk provided natural diuresis, cooling, and gut-friendly probiotics. Avoidance of spicy, salty, fermented foods and suppression of urges prevented further aggravation of Pitta and Apana Vayu. This likely contributed to the rapid response and prevented relapse during the 14-day period.

4. Safety and limitations

No adverse drug reactions were observed, indicating good tolerability of the protocol in the given dose and duration. However, as a single case study, the findings cannot establish efficacy conclusively. The lack of a control group, short follow-up, and absence of urine culture post-treatment are limitations. The sterile culture at baseline also suggests the condition may have been abacterial urethritis or early cystitis, where anti-inflammatory and diuretic therapy alone can be effective.

5. Implications and future scope

The outcome suggests that early-stage, uncomplicated Mutrakruccha can be managed effectively with Ayurvedic Shamana drugs targeting Mutravaha Srotas. This approach may reduce antibiotic use in mild cases and offer a complementary option in the context of rising antimicrobial resistance. Larger, randomized controlled trials comparing this protocol with standard antibiotic therapy are needed to validate efficacy, safety, and recurrence rates. In conclusion, the case demonstrates that a targeted Ayurvedic protocol using Gokshura Churna, Chandraprabha Vati, and Yavakshar, combined with appropriate Pathya, can provide safe and effective management of uncomplicated Mutrakruccha. It supports the integration of Ayurvedic principles in managing early lower urinary tract symptoms.

CONCLUSION

The present case study demonstrates that Ayurvedic management is effective in the treatment of Mutrakruccha, particularly Pittaja Mutrakruccha associated with burning and painful micturition. The combined use of classical Ayurvedic formulations such as Chandraprabha Vati, Gokshur churna, Chandanasava, and Yavakshara provided significant relief in symptoms including dysuria, urinary frequency, suprapubic pain, and burning sensation. Along with internal medications, dietary regulation and lifestyle modifications played an important role in restoring normal urinary function and preventing recurrence. The treatment approach helped in pacifying aggravated Pitta and Vata Dosha, improving Mutravaha Srotas function, and reducing inflammation without producing any adverse effects. Follow-up investigations also showed improvement in urinary parameters. This case highlights the holistic and safe approach of Ayurveda in urinary tract disorders. Further clinical studies on larger populations are recommended to scientifically validate the efficacy of Ayurvedic interventions in Mutrakruccha.

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