

## A REVIEW ON VITVIGHATAJA MUTRAGHATA W.S.R. TO RECTO-VESICAL FISTULA

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### ABSTRACT

*Mutrājanya vikaras* are raised pertaining to *dushti* occurs in *mutravaha srotas*. Symptoms alike difficulty or obstruction in urination and painful urination express upon *mutravaha srotodushti*. *Mutrakrichra* and *mutraghata* are the two foremost ailments under this condition. Painful voiding of urine is known as *mutrakrichra* whereas sickness of obstruction of urine stands for *mutraghata*. *Mutraghata* has been mentioned in *Ashtanga hridaya*, *Ashtanga sangraha* and *Charaka samhita*. There are 13 types of *mutraghata* are explained and *vitvighataja mutraghata* is one among that classification. Recto-vesical fistula is a clinical entity that an abnormal communication between the rectum and the urinary bladder, most commonly after an iatrogenic injury during pelvic surgery. Clinical interpretation on *samprapti* of *vitvighataja mutraghata* and probable comparison with recto-vesical fistula is a confounding one. Here an attempt has been made to review on concept of *vitvighataja mutraghata* with special reference to recto-vesical fistula.

**KEYWORDS:** *Mutraghata*, *Vitvighataja mutraghata*, Recto-vesical fistula.

### INTRODUCTION

*Mutrakrichra* and *mutraghata* are likely identical terminologies as they get involved with *mutravaha srotodushti*. There will be more *krichrata* (difficulty in urination) and less *vibandha* (obstruction) in *mutrapravritthi*, associated to *mutrakrichra*.<sup>[1]</sup> But more *vibandha* and less *krichrata* of *mutrapravritthi* can be seen in *mutraghata*.<sup>[2]</sup> Suppression of natural

urges, etc. are the prime causes for manifestation of *mutraghata*.<sup>[3]</sup> Apart from that, identical causes are also explained for each type of *mutraghata*. *Vatakundalika*, *Asthila*, *Vatabasti*, *Mutratisa*, *Mutrajathara*, *Mutrotsanga*, *Mutraksaya*, *MutrAGRAnthi*, *Mutrasukra*, *Usnavata*, *Mutrasada*, *Vitvighata* and *Bastikundala* are the 13 types of *mutraghata*.<sup>[4]</sup> Among that, *vitvighataja mutraghata* is one peculiar type that adjoins both *pureesha marga* and *mutra marga*. *Vit thulya gandha* (smells like feces) is the other cardinal symptom of *vitvighataja mutraghata*.<sup>[5]</sup> Fistula is an abnormal connection between two body parts, such as an organ or blood vessel and another structure.<sup>[6]</sup> Fistulas are usually the result of an injury or surgery. Infection or inflammation can also cause fistula formation. Recto-vesical fistula (RVF) is defined as an abnormal communication between the rectum and the urinary bladder, most commonly after an iatrogenic injury during pelvic surgery.<sup>[7]</sup>

## DISCUSSION

According to *Vagbhata acharya*, in person who are dry with loss of fat and debilitated, when *vata* begins to move upwards, it brings the faeces (small quantity of faecal matter) into the channels of urine (bladder and urethra), then the person void urine having the odour of faeces.<sup>[8]</sup> This disease is named as *vitvighataja mutraghata*. According to *Charaka Acharya*, when in a rough and debilitated person, stool gets reversed in passage due to *vata* which enters into the urinary canal, patient passes urine contaminated with faeces and having faecal odour with difficulty.<sup>[9]</sup> This should be known as *vitvighataja mutraghata*. *Chakrapani's* commentary says that in *ruksha* person who is suffering from *udavarta*, *shakrut* will get mixed up with *mutra* in *mutravaha srotas*. *Vitgandha* will produce thereafter while voiding the urine.<sup>[10]</sup> *Arunadatta's* commentary also opines the same. *Madhava nidana* quotes the same reference from *Charaka samhita*. There is no further description found regarding the inter-relationship between *mutravaha* and *pureeshavaha srotas*. Due to aggravation of *vata*, the *pureesha* may have to be pushed in upward direction and it goes into the urinary bladder causes the difficulty in urination.<sup>[11]</sup> *Acharya Susruta* has explained *samprapti* and *lakshana* of five types of *bhagandara* in *bhagandara nidana adhyaya*. There is sinus/tract formation in both *bhagandara* and *vitvighataja mutraghata* conditions. Hence, manifestation of *sataponaka bhagandara* is likely to be considered as *samprapti* for *vitvighataja mutraghata*, as there is no distinct *samprapti* explained for *vitvighataja mutraghata*. Vitiating *vata dosha* is the prime potential factor in both situations. In a person who indulges in unhealthy foods and activities, *vata* gets aggravated and localized in about one *angula* or two *angula* around the anus. Further, it vitiates the *mamsa* and *rakta*, gives rise to *pidaka*

formation, accompanied with pricking and other kinds of pain. This will undergo for *paaka* in absence of timely treatment. Since it is situated very near to the urinary bladder, *vrana* becomes moistened greatly through the minute holes similar to *sataponaka*. These holes exude a clear frothy fluid continuously in great quantity and the *vrana* is felt to be as being hit, split, torn and pricked by needles and rectum becomes torn. If this condition is not managed correctly and neglected, then *vata* (flatus), *mutra* (urine), *pureesha* (faeces) and *retas* (semen) start coming out of these holes and this kind of *bhagandara* is called as *sataponaka bhagandara*.<sup>[12]</sup> In parlance of this, a tract formation is likely developed in between *mutra* and *pureesha marga* respectively. A fistula involving the bladder can have one of many specific names, describing the specific location of its outlet. If it is of bladder and intestine, it is called as 'vesico-enteric', 'entero-vesical' or 'vesico-intestinal'. If it is of bladder and colon, it is called as 'vesico-colic' or 'colo-vesical'. If it is of bladder and rectum, it is called as 'vesico-rectal' or 'recto-vesical'.<sup>[13]</sup> Many causes exist including diverticulitis (60%), colorectal cancer (20%), Crohn's disease (10%), radiotherapy, appendicitis and trauma. Patients with RVF may have various clinical presentations, ranging from faecaluria, pneumaturia, urine leakage through the anus etc. The defects in the bowel produced by the fistula can result in bacteria leaking into the abdomen, causing collection of pus. This is often referred to as abdominal sepsis. The clinical presentation of RVF relies on the size of the fistula. Common clinical symptoms and signs are faecaluria or pneumaturia, associated with frequent voiding, recurrent cystitis and dysuria.<sup>[14]</sup> An annual incidence of 0.5 per 100000 gets recording yearly in the case of recto-vesical fistula.

The pathophysiology of all forms of small-bowel fistulas is related to the exposure of non-intestinal tissue to intestinal contents because of the fistula. The intestinal bacterial flora leads to contamination and eventual development of sepsis.<sup>[15]</sup>

## CONCLUSION

*Lakshana* of *vitvighataja mutraghata* and symptoms of recto-vesical fistula are solely unique to these two morbidities respectively. *Vibandha* is occurred in *mutrapravriti* due to *vit* (stool). Mixing of urine and feces is carried out there or else it remarks the formation of adjunct pathway in between *mutra marga* and *pureesha marga*. But it is not clarified directly in *samhitas* that how the pathway forms in between *mutravaha srotas* and *pureeshavaha srotas*. A cognitive understanding only can be implemented here to delineate this condition by probable correlation with *samprapti* of *bhagandara* and pathophysiology of recto-vesical

fistula accordingly.

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