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**Mahanta Rabi Narayan**  
Reader, Dept. of Kayachikitsa, Sri  
Sai Ayurvedic Medical College Sarsol,  
G.T.Road, Aligarh (U.P)

**Panda P. K.**  
Prof. & Head Dept. of Rognidan,  
Govt. Ayurvedic College, P.O:-  
Bolangir (Orissa).

## A Patho-Clinical Study on the disorders of Mutrabaha Srotas (Urinary System) with its Modern Interpretation” W.S.R. to Mutraghata (Retention of Urine)

**Mahanta Rabi Narayan and Panda P.K**

### ABSTRACT

Now a days, it is seems that several patients are suffering from diferrent types of disorders of Mutravaha Srotas. So, each physician should know the details like- nidana (etiological factors), samprapti (pathogenesis), lakshyanas (symptoms), sadhyaa-sadhyata (prognosis), upadrava (complications), chikitsa (management) and pathyaa-pathya (diets) of the above disorders. Mutraaghata is one of the important disease of Mutravaha Srotas. Here, an effort made to describe details about the above disease.

**Keywords:** Mutraghata, Mutrabaha Srotas

### 1. Introduction

Ayurveda, the science of life is a unique gift of Lord Brahma to the mankind, it is considered that, Ayurveda is the oldest remedial source of medical science and believed that, it is origin of the all source of medical science. This science is not confined within treatment only, but is a system of medicine, which is enunciated the principle relating to the promotion and maintenance of health.

The primary aim of ayurveda is to maintain physical, mental, social and spiritual well-being of the humanity. To fulfill this aim, ayurveda advised to follow the rules of Dinacharya, Ratricharya, Ritucharya, Sadvritta and Ahara Vidhi Vidhan etc. However, when the humans are falling in sick, at that time, complete treatment also advised for them.

According to Ayurveda, the entire human body is made by various type of srotases. In this regard Maharshi Charaka has described that;

यावन्तः पुरुषः मूर्तिमन्तो.....धातूनामभिवाहीनि भवन्त्ययनार्थेन  
(चः विः 5/3)

All the nutrients which are responsible for the growth of the body, are canalized through these srotases along with ‘Dosas’, ‘Dhatus’ and Malas. So, when these srotases got vitiated by different causes, then diseases are developed. According to Maharsi Charaka, the macro srotases are counted as thirteen numbers. Whereas Maharsi Sushruta has considered 11 pairs of macro srotases are present inside the human body. Both of them recognized that, Mutravaha srotas is an important srotas for the excretion of waste products from the body as urine. According to them, the root of Mutravaha srotas are Basti (Kidney, Ureter & Urinary Bladder), Bankshyana and Medhra.

The learned Ayurvedic Acharyas have described in details about Anatomy, Physiology, Pathology and symptomatology alongwith treatment of the disorders of Mutravaha srotas. In this regard, Maharsi Sushruta has described that, any kind of trauma to the Mutravaha Srotas leads to acute retention of urine, distension of urinary bladder and painful micturation. This may also caused death to the patient (Su.Sha.9/12).

Now -a- days it is seem that, number of patients are regularly reporting to the hospitals with suffering from different disorders of Mutravaha srotas. This may possible due to regular taking of mithya ahara and vihara viz. adulterated food, contaminated and polluted water, vastly use of germicidal medicines in all crops and vegetables etc.

**Correspondence:**  
**Mahanta Rabi Narayan**  
Reader, Dept. of Kayachikitsa, Sri  
Sai Ayurvedic Medical College  
Sarsol, G.T.Road, Aligarh (U.P)  
Email: [dr.rmmohanta@rediffmail.com](mailto:dr.rmmohanta@rediffmail.com)

The main diseases, which are developing due to vitiation of Mutravaha srotas are:-

- Mutraghata
- Mutrakricchra
- Mutrashmari
- Prameha

Considering the importance of above disorders, it is necessary to know the exact etiological factors, pathogenesis, symptomatology, line of treatment and dietary advice for the above disorders. So that, these diseases can be treated successfully.

Among the above diseases, Mutraghata is one of the important disease of Mutravaha Srotas.

### 1.1 Mutraghata (Retention of Urine)

The word "MUTRAGHATA" is comprises of two words viz. "Mutra" & "Aghata" means low urinary output due to retention or relative anuria or oliguria.

### 1.2 Definition

- Acharya Dalhana has defined Mutraghata as under:

मुत्राघातेन मुत्रावारोधः (Dalhana Su. U.58/1)

Mutraghata is a clinical entity of Mutravaha srotas, where there is obstruction of the urine flow.

- According to Sir Monier Williams:-

"The swelling of the abdomen in consequence of Retention of urine is called as Mutraghata. (Sanskrit-English Dictionary).

The mechanical obstruction to the out flow of urine may be located in the lower tract or in the upper tract, either in one or both sides. Sometimes the obstruction may be complete or partial; temporary or intermittent. A complete obstruction of the lower tract results to the complete retention. But complete obstruction is rare as compared to the partial obstruction. But meanwhile in case of lower tract obstruction there is also gradually developing de-compensation in the emptying of the bladder and also in the filtration capacity of the kidneys. As the obstruction increases more and more, the function of the bladder and kidneys becomes more insufficient.

In all the obstruction of the lower tract, the effect of back pressure will be felt in upper tract also sooner or later. But the changes of back pressure from obstruction in the lower tract may unequal on the two sides of the upper tract. Changes in lower tract are basically vesicle, whereas, those in upper tract are uretero - renal.

### 1.3 Nidana (Etiological Factors):-

Acharya Charaka has described that:-

व्यायामतद्धीक्षौषध रुक्षमद्यप्रसंग नित्य द्रुत पृष्ठयानात्  
आनुपमत्स्याध्यषनादर्जीर्णात्.....(च.चि.-21 / 32)

1. **Ativayama** - Excessive Exercises.
2. **Teekshna Aushadha** - strong potential drugs.
3. **Rukshya madya prasanga** - Excessive indulgence of row alcohol.

4. **Nityadrutya prusthayanat** - Riding on the back of fast moving Vehicles and animals.
5. **Anupamastya** - Ingestion of flesh of wet landed animals and fishes.
6. **Adhyashana** - Eating again before digestion of previous food.
7. **Ajeernat** - Indigestion.

In addition to the above factors the causes which are responsible for dusthi of Mutravaha srotas are also may be considered as Nidana of Mutraghata; In this regard Maharsi Charaka described in Vimana Sthana that:-

मूत्रितोदकभक्ष्य स्त्री सेवनान्मूत्रनिग्रहात् । मूत्रबाहीनि  
दुष्यन्ति क्षीणस्याभिक्षतस्य च ।। (च0वि05 / 20)

1. **Mutritodaka Bhakshya stree sevanat:-** Indulging of sex, drinking of water or eating food under the urge of micturation.
2. **Mutranigrahat:-** Suppression of the urge of micturation.
3. **Ksheena :-** Emaciated person
4. **Abhikshata:-** Trauma to urinary passage.

### Samprapti (Aetio-Pathogenesis of Mutraghata) & Shat Kriyakala:-

Acharya Sushruta states the importance of Pratiloma Vata in the Basti-Rogas such as Mutraghata, Prameha, Shukra Dosha and Mutradosha i.e.

"Marute pragune bastau ..... vikara vidanschapi pratilome bhavanti" (Su.Ni.3/27-28).

Acharya Vagbhata states: –

"Adhomukho api ... I  
parshwebhyah puryate sukshmaih syandamanairanaratam II  
yaistaireva pravishyenam doshah kurvanti vimshatim I  
Mutraghatan pramehanscha kricchran marmasamashrayan"  
II (A.Hr.Ni.9/2-3).

The commentator Arunadatta raises a doubt that, if Basti were to be facing downwards with a single outlet, then how do the Doshas enter to produce Mutraghata? The clarification is that even though the Basti facing downwards, minute vessels fill the bladder from the sides and these are the routes for the entry of Doshas, to produce Mutraghata.

- Acharya Dalhana quotes that Vata is the main factor in the pathogenesis of Mutraghata i.e.

"Sarvesham Mutraghatanam vayureva prayashah karanam"  
(Da. on Su. Utt.58/6)

- Acharya Charaka states that when Amavisha gets localized in the urine leads to Mutra Rogas i.e.-  
".....mutrarognscha mutrastham". (Ch.Chi.15/49)

### 1.4 Shat Kriyakala

Shatkriyakala explains the pathogenesis of a disease in stages right from the incubation period to the complete manifestation and later consequences of a disease.

### 1.5 Sanchaya

This is the initial accumulation of a Dosha due to individual vitiating factors. Mutravegarodha has been mentioned as one of the prime Nidana in almost all the types of Mutraghata. The Apana Vayu being vitiated by indulging in the afore mentioned Nidanas, starts accumulating in its own places- the Kati, Basti, Pakwashaya and Medhra. Along with this the bodily Vayu is vitiated by Vatakara Ahara and Vihara. In this stage, the individual experiences occasional discomfort in the act of micturition, which seems to be tolerable and he neglects it. There may be feeling of Adhmana and Atopa in Vata Pradesha along with a very mild discomfort in passage of urine.

In this stage, the person presents with vague symptomatology and the physician has to be clear enough to elicit the history and symptoms to prevent further vitiation. If not, the symptom will not seem to be those of the Mutravaha Srotas and treatment can be missed altogether.

### 1.6 Prakopa

The early pathogenesis of disease starts if the provocative factors are allowed to act upon further wherein there will be further vitiation of Vata. This vitiation occurs in all the Vata places and leads to hampering of the functioning of both Pitta and Kapha in terms of "Vishamagni" which lays the foundations for the production of Ama. Here, again the symptomatology experienced may not be directly related to Mutravaha Srotas but rather to those of initial Ama formation i.e. Amlika, Pipasa etc. and further Adhmana and Atopa. Only an experienced physician can foretell the consequences because there is no clear cut picture of involvement of the Mutravaha Srotas.

### 1.7 Prasara

In this stage, there will be the spread of the vitiated Doshas from their locations to the other sites and therefore a mixed symptomatology may be found. The process of Ama formation which was already set in is further carried on. As it is already known that the Mutra is result of Sara- Kitta Vibhajana of Ahara, which is a combined effort of Tridoshas with Agni. The Mutranirmanaprakriya (formation of urine) has been nicely presented in Sushruta Samhita. The Dhamanis are classified into Urdhwa, Adhah, and Tiryak traversing. It has been explained that there are two Adhogami Dhamanis, which carry Mutra from the Antras to be expelled out. (Su.Sha. 9/7).

But Acharya Dalhana comments that it is not the Mutra that is carried out but rather the Toya, which is the product of Ahara Vivechana. This Toya is further converted into Mutra (Bhavisyato mutrasya karanabhutam) by the time it enters the Basti (Tadevodakam Bastivivarapraptam mutramityucchyate) and it is Toya part of Kitta, which is carried by the above said two downward traversing Dhamanis (Da.Su. Sha. 9/7).

Thus this process of Sara-Kitta Vivechana is hampered and the Doshas gain the access to the Mutravaha Dhamani and start spreading which is substantiated by the fact that presence of Ama causing Sroto Avarodha, leading to vitiation of Vata, which further leads to Vimarga Gamana and Atopa due to the blockage in its

course through the channels. The manifestation of the Laxanas due to Ama such as Avipaka, Paridaha, Arochaka, Agnisada etc.

In this stage, the Laxanas related to Mutra may be more pronounced than the previous stages, with increased difficulty in micturition. But, again there is no existing evidence to pinpoint a diagnosis.

### 1.8 Sthana Samshraya

In this stage, the premonitory features of a disease are manifested and it is this stage in which only the vitiation of Dhatus starts. The vitiated Doshas along with Ama traversing through the Sukshma Siras, Dhamanis get lodged in Basti and forms a base for the complete manifestation of Mutraghata. The terminologies like **Chidravaigunya** and **Mutra Srotonirodha** used in the types of Mutraghata further substantiate the lodging of Ama in Basti to manifest Mutraghata. Acharya Charaka states that Ama after attaining its seat in Basti causes Basti Rogas (Ch. Chi. 15).

As mentioned in the literary contrive, a doubt is raised in Astanga Hridaya in Mutraghata Nidana as to how the Doshas reach the Basti? It is said that it is through the Sukshma Siras pouring in to Basti from the sides and thus entered Doshas produce various Basti Rogas. Further, Acharya Dalhana clarifies the fact that all the varieties are not purely of Mutraghata but the conditions like Mutroukasada, Ushna Vata and Mutra Shukra are Mutradoshas as there is no Aghata in these conditions. Thus, Basti is the Sthana for the Sthana Samshraya of Doshas.

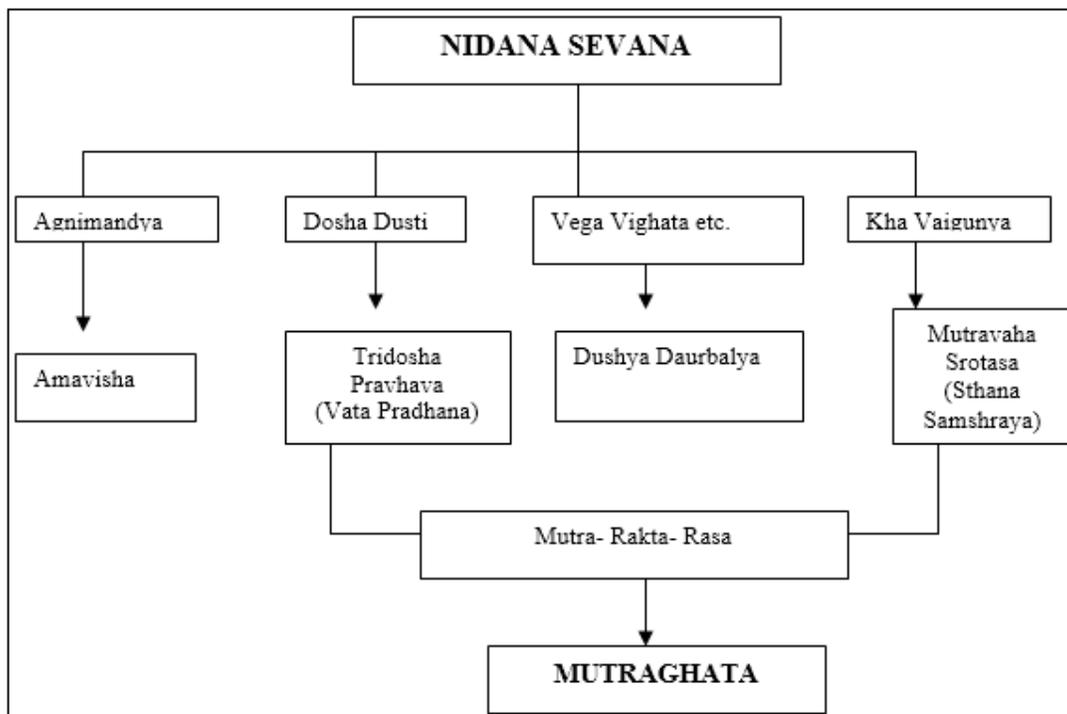
In this stage, the premonitory symptoms are manifested. As there are thirteen varieties of Mutraghata, with no set of Purvarupa described. But it can be evaluated that the Aghata, Bastiadhama, Basti Shula, Mutravivarta (obstruction to the flow of urine) are more pronounced in this stage and occurs more often than the previous stages. The symptoms of Basti Adhmana and Basti Shula are also experienced in a greater degree. Mutra Vivarnata too is noticed occasionally. It is the expert physician, who recognizes the seat of the disease as Basti and labels a person suffering from afore mentioned symptoms to be proceeding towards either of the variety of Mutraghata. This can be further supported if a careful analysis and proper investigations are carried out.

### 1.9 Vyakti & Vedavastha

This is a stage, where complete manifestation of a disease sets in. Each and every symptom of individual variety of Mutraghata is identified in this stage. In other words, it is the stage of dedifferentiation. If the disease is miss-diagnosed and miss-managed in the various stages, they proceed towards complications and involvement of other bodily systems thereby complicating the management, probably due to extensive damage sustained or irreversible structural changes having taken place, on account of the negligence of early diagnosis and prompt treatment.

In Mutraghata, there may be Acute obstruction or Chronic obstruction followed by Incontinence, Haematuria, Ureteral Dialation and Ascending Hydronephrosis Diverticula formation there by leading to fatal outcome.

1.10 Samprapti (Flow Chart)



2. Classification and Prognosis of Mutraghata:-

The types of Mutraghata as per the view of different Acharyas are given below:-

Acharya Charaka has classified “Mutraghata” into 13 types. But

Maharsi Sushruta and Vagbhata classified into 12 types. These are described as under along with their prognosis:-

Table - 2.1

| S. No. | Types                       | Su. | Cha. | Va. | Dosa              | Prognosis         |
|--------|-----------------------------|-----|------|-----|-------------------|-------------------|
| 1.     | Vatakundalika               | +   | +    | +   | Vata              | Difficult to cure |
| 2.     | Ashteela                    | +   | +    | +   | Vata              | -                 |
| 3.     | Vata Basti                  | +   | +    | +   | Vata              | Difficult to cure |
| 4.     | Mutrateeta                  | +   | +    | +   | Vata              | -                 |
| 5.     | Mutrjathara                 | +   | +    | +   | Vata              | -                 |
| 6.     | Mutrotsanga                 | +   | +    | +   | Vata              | -                 |
| 7.     | Mutrakshaya                 | +   | +    | +   | Vata-Pitta        | Difficult to cure |
| 8.     | MutrAGRAnthi (RaktAGRAnthi) | +   | +    | +   | Vata-Pitta -Rakta | Difficult to cure |
| 9.     | Mutrashukra (Mutrakricchra) | +   | +    | +   | Vata-Pitta        | -                 |
| 10.    | Mutroukasada                | +   | +    | +   | Vata-Pitta -Kapha | -                 |
| 11.    | Vidvighata                  | -   | +    | +   | Vata              | -                 |
| 12.    | Basti kundalika             | -   | +    | -   | Vata              | Difficult to cure |
| 13.    | Ushna-Vata                  | +   | -    | -   | Pitta-Vata        | -                 |

Above classification of Mutraghata can be divided into three categories as described below, then we may be in a position to understand the varieties more clearly and it will help us to analyze a patient presenting with related complaints-

- A. Vatakundalika, Vata Basti and Mutrajathara can be grouped under Neurogenic disturbances of bladder.
- B. Ashteela, MutrAGRAnthi, Mutrotsanga and Bastikundalika can be grouped under Organic disturbances, where the symptoms like- retention of urine, increased frequency of micturition,

distension of abdomen, an mass felt per rectum (which is developed due to a growth either in bladder, urethra, prostate or other growths) are seen.

- C. Mutrateeta, Mutrakshaya, Ushna Vata, Mutroukasada, Vidvighata and Mutrashukra can be grouped under category of “Others”, where the disturbance in urinary function is either due to physiological reasons or injury etc.

## 2.1 Rupa (Symptomatology) of the Different Groups of Varieties:-

### 2.1.1 Group-A

This group of Mutraghata develops due to neurogenic disturbances of the bladder. This includes; Vatakundalika, Vata Basti and Mutrajathara.

#### I. Symptoms of Vatakundalika:

- **Srijedalpam alpam shanaih shanaih** (scanty and dribbling micturition with increased frequency)
- **Sarujaska** (painful micturition)
- **Samstambha bhanga gaurava veshtana** (rigidity, breaking pain, heaviness, girdle pain)
- **Teevvaruja** (severe colic)
- **Vitsanga** (retention of faeces)

Commentary (Teeka) : Here “Stambha” is explained as “Basti Kathinyam” “Alpam Alpam” indicates “Stokam Stokam”; i.e. in obstructed jets with increased frequency (Arunadatta – A. Hr. Ni. 9/25).

This condition is characterized by rigidity (Stambha) and girdle pain and is termed as “Bastikundala” or circular distension of the bladder.

#### II. Symptoms of Vata-Basti:

- **Mutrasanga** (retention of urine)
- **Basti kukshi nipiditah** (pain in bladder and loin region)
- **Kandu** (itching sensation in the bladder region)

#### III. Symptoms of Mutrajathara:

- **Nabheradhostadhmanam janayetteevra vedanam adhahsroto nirodhanam** (distension below the umbilical level resulting into indefinite pain accompanied by retention of urine and faeces).
- **Apakti** (indigestion).

The Laxanas mentioned in these types of mutraghata are seem to similar with the conditions of bladder due to neurogenic disturbances.

### 2.1.2 Group-B

This group of Mutraghata develops due to Organic disturbances, where the symptoms like- retention of urine, increased frequency of micturition, distension of abdomen, an mass felt per rectum (which is developed due to a growth either in bladder, urethra, prostate or other growths) are seen. This includes: Ashteela, Mutragranthi, Mutrotsanga and Bastikundalika.

#### I. Symptoms of Ashteela:

- **Chala unnata granthih** (singly movable and elevated)
- **Vinmutranila sanga** (retention of urine, faeces and flatus)
- **Basti adhmana** (distention of the urinary bladder)
- **Vedana ca parabastou** (excruciating pain in the bladder)

#### II. Symptoms of Mutragranthi:

- **“Vritta, Alpah, Sthira Granthih”** i.e. around small and
- immobile Granthi in the interior side of the bladder. (Acharya Dalhana clarifies
- **“Abhyantare Bastimukhe”** as **“Bastidwarasyabhyantare iti”**)
- **Vedanavan** (continuous pain)
- **Mutramarganirodhana** (Retention of urine)
- **Kricchrena srajenmutram** (urine passed with difficulty & pain)
- **Ashmari sama shoolam** (pain similar to that experienced in Urolithiasis)

#### III. Symptoms of Mutrasanga:

- **Mutram pravrittam sajjet** (obstructed flow of urine)
- **Saraktam** (with blood)
- **Va Pravahatam** (staining)
- **Sravecchanaih** (intermittent flow)
- **Vicchinnatacchesha guru shephasah** (dribbling of urine)

The category of diseases, predominantly show obstructive as well as irritative symptoms of the bladder due to an in growing Granthi and therefore, these symptomatologies of retention of urine, increased frequency of micturition, incontinence etc. are individually presented in order to understand the possibilities of the condition we may come across when presented with a patient of above complaints. Again this is just an attempt to analyze the varieties of Mutraghata for better understanding.

#### IV. Symptoms of Basti-Kundalika:

- **Shula** (colic)
- **Spandana** (throbbing)
- **Daharti** (burning pain)
- **Bindum bindum sravatyapi** (passes urine drop by drop)
- **Peeditastu srijeddharam** (when the bladder region is pressed the urine comes out in jets)

This condition is characterized by rigidity (Stambha) and girdle pain and is termed as “Bastikundala” or circular distension of the bladder.

### 2.1.3 GROUP-C

This group of Mutraghata develops either due to physiological reasons or injury to the Mutravaha Srotas etc. this includes Mutrateeta, Mutrakshyaya, Ushna Vata, Mutroukasada, Vidvighata and Mutrashukra

#### I. Symptoms of Mutrateeta:

- **Pravahato mandarujam** (stream with mild pain)
- **Alpam alpam** (obstructed flow with little quantity)
- **Punah punah** (increased frequency)

#### II. Symptoms of Mutrakshyaya:

- **Sadaha** (burning micturition)
- **Savedana** (painful micturition)
- **Mutrakricchra** (troublesome/small quantity of urine)

This could be defined a case of **Anuria**.

### III. Symptoms of Usma-Vata:

- **Mutram haridram** (haridra coloured urine)
- **Saraktam** (with blood or high red coloured urine)
- **Raktamevava** (only blood)
- **Kricchrat pravartate** (difficulty in micturition)

**Commentary (teeka)** – Acharya Dalhana clarifies the Laxana as follows (Su. Ut. 58/22-23)

- **Saraktam ishadraktavarnamishacchonitam va;** i.e., a high red coloured urine or bloody urine.
- **Raktam va iti kevalam shonitam, atyanta raktavarna mutram iti;**

The main symptoms of ushna-vata is passing of bloody urine. So it may be correlated with **Haematuria**.

### IV. Symptoms of Mutroukasada:

#### a. Pittaja variety:

- **Vishada mutra** (clear urine)
- **Pita mutra** (yellowish urine)
- **Sadaha** (burning micturition)
- **Bahala** (thick urine)
- **Shuska Gorocana Sannibha** (yellowish)

#### b. Kaphaja variety:

- **Picchila** (slimy)
- **Samhata** (dense/cloudy urine)
- **Shveta** (white urine)
- **Kricchrpravartana** (burning micturition)
- **Shankhachurna prapanduram** (whitish discolouration)

The main entity recognizable here is the passage of discoloured urine like orange colour, red colour and whitish colour (chyluria).

#### 2.2 Orange Urine

A deep orange colour may be due to bile pigment or certain drugs. In jaundice the froth on shaking gives yellow colour. Conjugated bilirubin can pass the renal glomerulus and bilirubinuria indicates conjugated hyperbilirubinaemia. It is suggested by the passage of dark orange urine.

#### 2.3 Red Urine

A red colour in urine may be due to presence of blood pigments, porphyrin, uro-erythrin, pyridium, beetroot etc.; myoglobinuria may give a red or brown urine. In cases of porphyruria the colour is typically “port wine” in character, but may be brownish-black rather than red. The presence of intact red cells gives urine a typical turbid or smoky appearance, whereas if the haemoglobin derivative is in solution in the urine, the appearance may be that of clear fluid. Dark urine may present in pancreatic carcinoma.

### 2.4 Chyluria

The passage of urine which is milky in appearance and is due to the presence of emulsified fat. The fat usually originates from the intestinal Lymphatics, but the term ‘Lypuria’ has been used to indicate the presence of fat from other sources. True Chyluria implies a connection between the Lymphatics and urinary tract. This is usually in the neighborhood of the bladder or renal pelvis and is due to lymphatic blockage. Causes include tuberculosis, neoplasm, and peritonitis with abscess formation and filariasis. Chyluria has also been described in chronic nephritis, phosphorous poisoning, eclampsia, and after fractures of long bones or trauma to subcutaneous fat. Proteinuria is another condition, which will have to be considered in this category.

#### 2.4.1 Symptoms of Vid-Vighata

The condition where, faeces is passed through urethra is known as Vid-vighata.

#### 2.4.2 Faeces Passed Through Urethra

Faeces or faecal fluid are passed per urethrum when the bladder is having fistulous communication with some part of the bowel or with an abscess infected with E. coli. Pneumaturia may occur at the same time.

The chief causes are as below-

- Diverticular disease of the sigmoid colon with the fistula into bladder (the commonest cause).
- Carcinoma of the bladder opening into rectum or into some loop of bowel, which has become adherent to the bladder.
- Carcinoma of the rectum/ sigmoid colon/ caecum opening directly into the bladder or through medium of an intervening abscess
- Carcinoma of the uterus opening both into the bladder as well as into rectum.
- Crohn’s disease of large or small bowel with vesicle fistula.
- Prostatitis or prostatic abscess opening into the bladder.
- Recto- vesicle fistula from injury and sloughing, particularly after childbirth.
- Appendicular abscess opening into bladder.
- Pelvic actinomycosis.

The passage of faeces into urine may be stimulated by some cases of very foetid cystitis due to infection of E. coli, especially in diabetic patients.

#### 2.4.3 Symptoms of Mutrashukra:

“**Tasya mutrayutam retah sahasa sampravartate**”

Means passage of urine mixed with seminal fluid.

Thus completes the classification of various types of Mutraghata and their near possible correlations is presented here on the lines of modern symptomatology, to identify the various types

Table - 2.2

| S. No. | TYPES             | A | B | C | D | E | F | G | H | I | J |
|--------|-------------------|---|---|---|---|---|---|---|---|---|---|
| 1      | Vata Kundlika     | + | + | + | + | - | + | - | - | - | - |
| 2      | Ashtheela         | - | - | + | - | + | + | + | - | - | - |
| 3      | Vata Basti        | - | - | + | - | - | + | - | - | - | - |
| 4      | Mutrasteet        | - | - | + | - | - | - | - | - | - | - |
| 5      | Mutrot-sanga      | - | - | + | - | - | - | + | + | - | - |
| 6      | Mutra kshyaya     | - | - | - | - | - | - | - | - | + | - |
| 7      | Mutra Granthi     | - | - | + | - | + | - | + | - | + | - |
| 8      | Mutrashukra       | - | - | - | - | - | - | - | - | - | - |
| 9      | UshnaVata         | - | - | + | - | - | - | + | + | + | + |
| 10     | Mutroksad         | - | - | - | - | - | - | - | - | + | - |
| 11     | Kaphaja Mutroksod | - | - | - | - | - | - | - | - | + | - |
| 12     | Vidvighata        | - | - | - | - | - | - | + | - | - | - |
| 13     | Basti Kundlika    | - | - | + | - | - | - | + | - | + | - |
| 14     | Pittja Mutroksad  | - | - | - | - | - | - | - | - | + | - |
| 15     | Mutra Jathara     | - | - | + | - | - | + | - | - | - | - |

A – Scanty, D – Increased frequency, G – Obstruction of flow, B – Dribbing micturition, E – Growth, H – Hematuria, C – Pain, F - Retention, I – Dysuria, J – Oligo-uria/anuria

Table - 2.3

| S. No. | TYPES             | K | L | M | N | O | P | Q |
|--------|-------------------|---|---|---|---|---|---|---|
| 1.     | Vata Kundlika     | - | - | - | - | - | - | - |
| 2.     | Ashtheela         | - | + | - | - | - | - | - |
| 3.     | Vata Basti        | - | - | - | - | + | - | - |
| 4.     | Mutrasteet        | - | - | - | - | - | + | - |
| 5.     | Mutra Jathara     | - | + | - | + | - | - | - |
| 6.     | Mutrot-Sanga      | - | - | - | - | - | + | - |
| 7.     | Mutra kshyaya     | - | - | - | - | - | + | - |
| 8.     | Mutra Granthi     | - | - | - | - | + | - | - |
| 9.     | Mutrashukra       | + | - | - | - | - | - | - |
| 10.    | UshnaVata         | + | - | - | - | - | - | - |
| 11.    | Pittja Mutroksad  | + | - | - | - | - | - | - |
| 12.    | Kaphaja Mutroksad | + | - | - | - | - | - | - |
| 13.    | Mutroksad         | + | - | - | - | - | - | - |
| 14.    | Vidvighata        | - | - | - | - | - | - | + |
| 15.    | Basti Kundlika    | - | + | - | - | + | - | - |

K – Change in colour, L – Abdominal distension, M – Itching, N – Ingestion, O - Difficult to cure, P = little quantity, Q - With fecal matter.

#### 2.4.4 Chikitsa of Mutraghata

According to Sushruta –

“Kashaya kalka sarpinshi bhakshyan lehan payansi cha kshara madyasava svedan Bastinschottara samjnitana vidadyan matimanstatra vidhim chashmarinashanam mutrodavarta yoganscha katsneryenatra prayojayet” (Su. Utt. 58/27-28.).

-i.e. drugs in the form of Kashaya, Kalka, Sarpi, Bhakshya, Avaleha, Payas, Kshara, Madya, Asava, Svedana, Basti, Uttara Basti and the formulations told in context of Ashmari, and Mutrodavarta diseases are useful.

#### 2.4.5 According to Charaka

“Doshadhikyamavekshyaitan mutrakricchra harairjayet- I Bastim uttarabastim cha srveshameva dapayet”. II

(Ch. Si. 9/49-50).

The measures adopted for Mutrakricchra are to be followed and Shrestha Basti is to be administered in all the varieties of

Mutraghata. The measure told for Mutrakricchra are – Abhyanga, Sneha, Niruha Basti, Snehapana, Uttara Basti, Seka, Pradeha, Virechana, Kshara, Ushna – Tikshna Aushadha and Annapana, Takra, Tikta Aushadhasiddha Taila are advised for the individual Doshas respectively [Ch. Ci. 26/45, 49, 59] Therefore, it is clear from the lines of management advocated by various acharyas, all the aspects of “Antahparimarjana” and “Bahihparimarjana” are incorporated. The approach towards the management of disease is complete starting from Nidana parivarjana to Pathya as Vata is the prime factor in the manifestation of Mutraghata and Mutravegavarodha being the important Nidana, this has to be alleviated. Thus, the use of Sarpi, Leha, Kshira, Abhyanga, Snehapana, and Svedana alleviate Vata as a whole and further according to the indulgence of Pitta or Kapha; the Virechana or Vamana can be selected in the treatment.

From both the verses of Sushruta and Charaka, it is clear that, the use of Basti is advocated in all the varieties of Mutraghata. This is

because of –the Basti is the Sthana for Samshraya of the Doshas and Basti is having close access to the site and hence is more powerful in alleviating the Doshas and it has been advocated that the Basti is to be administered repeatedly.

- **Swarasa** – Nidigdihikadi (B.P; Su), Amalaka swarasa (Su), Elayukta dhatri swarasa (A.S;Su), Nilotpaladi (Ch), Kantakari (A.S,A.hr), Duralabha (A.S;B.P) etc.
- **Kalka** – Ervaru (Su & AS), Mustadi (Su), abhayadi (su), draksha (Su & AS), baladi (Su), Sigrumula (Ch) , Trapushadi (AS), Simhyadi (A.S), Murvadi (A.S), Sasaindhava triphala (A.S), Pasanabedhadi (A.hr), Kukuma (B.P.) etc.
- **Kwatha** – Devadarvyadi (A.hr), Shatavaryadi (Ch), Haritakyadi (A.S & Shar), Kamalotpala (Ch), Shrngastaka (Ch, & A.S), Trinapanchamuladi (A.S & B.P), Kandekshurakamula (A.S), Dhavadi (A.S), Pashanabhedhadi (A.S), Gokshura (Sha & B.P), Naladi (B.P & Y.R) Vasa (B.P) etc.
- **Churna** – Vyoshadi , Ela, Pravala, Pashanabhedhadi etc (Ch), Pippali, Surasa, Bibhitaka churna etc (A.S), Hinguadi churna (Sha), Asdabhadradi Churna (B.P); Chandana churna (B.P); Ushiradi churna (Y.R).
- **Vati / Gutika** – Chandraprabha vati, Gokshuradi Guggulu (Shar).
- **Kshirapaka** – Kakolyadi, Naladi, Mutradosahara (Su), Trikantakadi (BP & YR).
- **Sneha Kalpana** – Mutrarakta yonidosahara ghrita, Bala ghrita, Mahabala ghrita, (Su); Punarnavadi Mishraka sneha, Pashanabhedadi ghrita, Svadanstra ghrita, Sthiradi ghrita, Katakadi ghrita (Ch); Dashamuladi ghrita, Tilvaka ghrita (AS); Changari ghrita, Dhaturadi taila, Tilvaka ghrita (Shar); Vidari ghrita, Bhadravaha ghrita (BP).
- **Kshara** – Patala, Patalyadi dsharodaka (Su, BP, AS, A. Hr).
- **Avaleha** – Swaguptadi (BP)
- **Panayoga** – Punarnavadi (Ch)
- **Sandhana Kalpana** – Sura (Su), Nigada Madya, Madhukasava (Ch), Tilaadi kshara yukta sura (AS).
- **Upanaha** – Punarnavadi (Ch)
- **Yavagu** – Saptacchadadi (Ch), **Gokshurakantakari Siddha (AS)**
- **Basti** – Dashamuladi taila, Biladi, Shatavaryadi (AS). Vasottara (Su).

#### 2.4.6 Pathya and Apathya: [Bh. R. 35]:-

Lastly, the most important and the most neglected aspect of the treatment is that of Pathya and Apathya. Dietetic control will give boost to the drugs administered and therefore enhance the results of the given drugs. Abhyanga, Snehana, Virechana Basti Svedana Uttara Basti are again described to be Pathya indicating their importance. Purana Shali, Yava, Madya, Takra, Dugdha, Mashayusha, Kushmanda Phala, Patola, Talaphala, Urvaru, Khajura etc. are all Pathya to the patients of Mutraghara.

Hence the food articles of above advised things will definitely be beneficial in alleviating the symptomatology of Mutraghata, atleast to a certain extent and mostly that of Vata vitiation. (Bh.R.35/50-52).

Mutravegarodha, Viruddhahara, Ativyayama, Ruksha – Vidahi Annapana Ativyavaya, Vamana etc. are Apathya as they all lead to vitiation of Vata and results in further deterioration of the condition of Mutraghata or urine retention (Bh.R.35/53).

#### 2.4.7 Yogasana & Naisargika Chikitsa:

Here is an effort to collect different Yogas told by ancient acharyas which are beneficial for the treatment of Mutraghata. Regular practice of Asanas like- Bajrasana, Siddhasana, Bhadrasana, Veerasana, Swastikasana, Matsendrasana and Mayurasana are found beneficial for the treatment of Mutraghata. Practice of Mulabandha also useful for the management of Mutravaha srotas disorders. In Naisargika chikitsa, Katisnana in cold water is advocated by Chakradutta for the treatment of Ushna-Vata.

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