

# MUTRAGHATA VYADHI A DISEASE REVIEW

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**ABSTRACT:-** In Ayurvedic classics the term Mutraghata is related with the symptoms of low urinary output either by retention, absolute or relative anuria or oliguria. It is common and distressing problem in India, which may have a large impact on quality of life. So there is an urgent need of non-invasive treatments and pharmacological treatment that can promise a healthy aging

**Key words:** Mutraghata, Ashmari, Mutrakruccha

**INTRODUCTION:** Acharya Vagbhata has classically divided the Rogas of Mutra in to two categories viz. Mutra Atipravrittija and Mutra Apravrittija Roga (A. H. Ni.9/1) The disease Prameha comes under the first group where as ashmari, mutrakricchra and mutraghata fall under the second. Mutraghata is common and troublesome problem in elderly and then is a considerable reduction in quality of life of patients with this condition. The loss of functional ability of Renal system and bladder is often embarrassing problem now a days. which may have a large impact on quality of life.

**REVIEW OF LITERATURE :** Mutraghata is mentioned by sushruta. At around 400 A.D Madhavakar describes Mutraghata vyadhi separately in Madhavnidan. Mutraghata also mentioned by Bhavprakash , Bhaishjyarnatnavali and Sharangdhar samhita ,Yogratnakar etc. Types of Mutraghata can be correlated with various Renal and bladder disorder of modern medicine upto some extends.

**Nirukti: According to Chakrapani** – A condition characterized by cessation or Retention of urine is called Mutraghata.

**According to Sushrut** – A condition with violent obstruction but with little difficulty in micturition is Mutraghata.

**According to Sir Monier Williams:-** The swelling of the abdomen in consequence of Retention of Urine is called as Mutraghata.

**Hetu :-** There is no specific extrinsic factor claimed for the clinical entity of Mutraghata; but those responsible for Mutrakricchra can be responsible to this entity

Acharya Charaka has mentioned these factors as –Viz:- 1) Ativyayama 2) Teekshna aushadha 3) Rukshamadhya prasanga 4) Nityadrata prishtayanat 5) Anupamatsya 6) Adhyashana 7) Ajeernat Mutritodaka bhakshya stree sevanat 9) Mutranigrahat 10) Ksheena 11) Abhikshat

————— This is one of the prime factor mentioned in the causation of Mutraghata. First it is to be understood that Apana Vata, being seated in pelvic region must be functioning normally for evacuation of urine;

any impairment in its function such as Pratiloma - gati, leads to various affliction of Mutravaha Srotas such as Mutraghata, Ashmari, Pramehaetc. (Su .Ni. 3/27,28.).All the factors stated here

are responsible for vitiation of Vata and other Doshas & thus could serve as causative factor for the onset of Mutraghata

**SAMPRAPTI GHATAKA:**

**Dosha**–Vata (Apana) predominant Tridoshas.

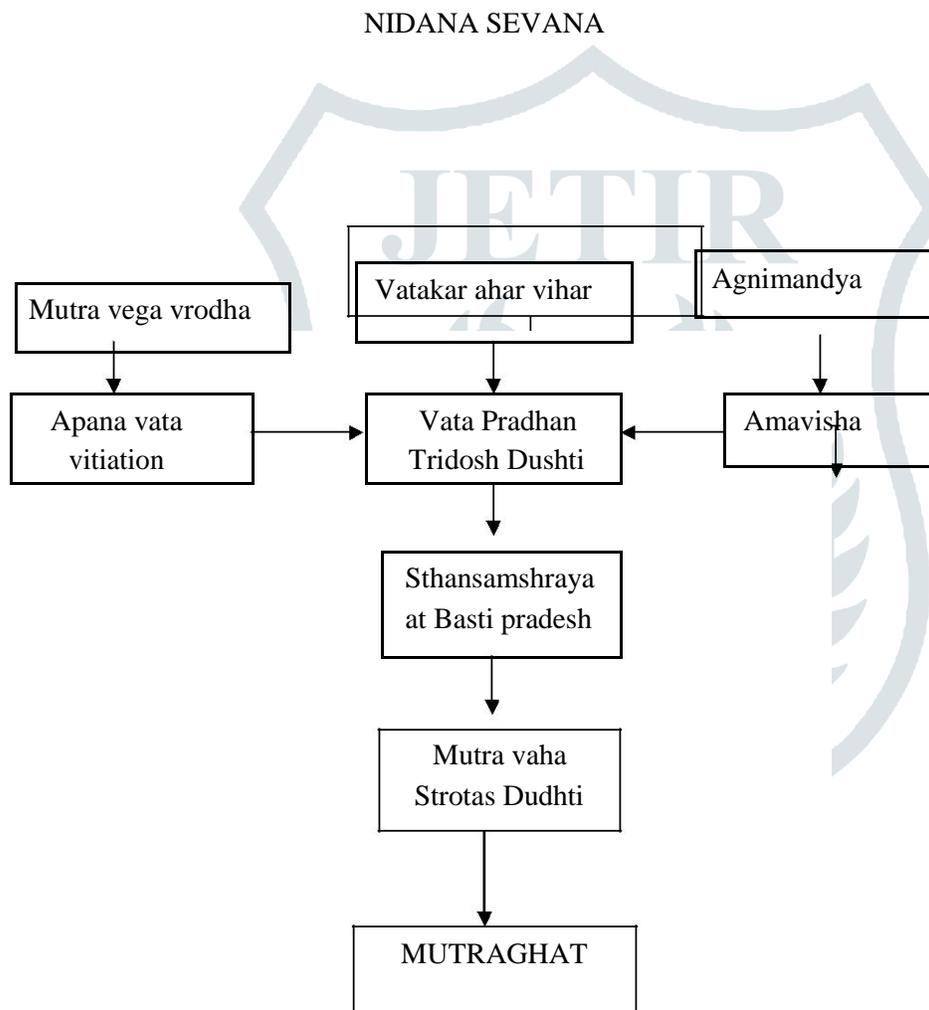
**Dushya**–Rasa, Rakta, Kleda, Sveda, Mutra.

**Agni** –Jatharagni Mandya.

**Udbhava Sthana** –Koshta **Adhishtana** –Basti **Strotas** –Mutravaha.

**Stotodushti Prakara** –Sanga, Vimarga Gamana, Siraja Granthi.

**Roga Marga** –Madhyama



**Table No. 1:** Types of Mutraghata according to Sushrut, Charak and Vagbhat.

Sr. No.	Type of Mutraghata	Sushrut(12) (Su.Utt.58)	Charak(13) (Ch.Si.9)	Vagbhat(12) (A.H.Ni.9)	Dosha
1	Vat Kundalika	+	+	+	Vata
2	Asthila	+	+	+	Vata
3	Vatbasti	+	+	+	Vata
4	Mutrasteet	+	+	+	Vata
5	Mutrathara	+	+	+	Vata
6	Mutrotsanga	+	+	+	Vata
7	Mutrakshaya	+	+	+	Vata,Pitta
8	MutrAGRAnthi	+	-	-	Vata,Pitta,Rakta
9	Mutrashukra	+	-	+	Vata
10	Ushnavat	+	+	+	Vata, Pitta
11	Pittaj Mutroksad	+	-	-	Vata, Pitta
12	Kaphaj Mutroksad	+	-	-	Vata, Kapha
13	Vidvighat	-	+	+	Vata
14	Bastikundal	-	+	-	Vata
15	Mutrakriccha	-	+	-	Vata
16	RaktAGRAnthi	-	+	+	Vata,Pitta ,Rakta
17	Mutroksad	-	+	-	Vata,Kapha
18	Mutravsad	-	-	+	Tridosha

Thus, Mutrashukra of Sushruta is described as Mutrakricchra by Charaka. Mutroukasada is divided into Pittaja and Kaphaja types by Sushruta whereas Charaka dealt it in one heading i.e. Mutroukasada. Vidvighata and Vastikundala types are not described by Acharya Sushruta.

### 1. VATKUNDALIKA:- (Su.Utt.58/5-6, Ch.Si.9/39, 40, A.H.Ni.9/25)

**Etiology:** Ingestion of un-unctuous substance, Suppression of the natural urges,

**Pathogenesis:** Due to clogging in the urinary passages, the Vata is turned upwards and thus its motion, becoming broken or vitiated, it assumes either a crooked or

circum- gyratory motion in the bladder as well as in the urinary channels and vitiates the urinary function.

**Clinical features:** painful micturation, rigidity, breaking pain, heaviness, girdle pain severe colic, retention of faeces

### **VATA BASTI :- (Su. Utt. 58/9-10, Ch. Si. 9/37, A.H.Ni. 9/20-22)**

**Etiology:-** suppression of the urge of micturition.

**Pathogenesis:** The Vata gets provoked owing to suppression of its action and causes obstruction to the bladder outlet.

**Clinical features:-** retention of urine, pain in hypogastric and loin region, itching sensation in the hypogastric region

### **3). MUTRAJATHARA (Su. Utt. 58/13-14, Ch. Si. 9/29-30, A.H. Ni.9/27,26)**

**Etiology:-** voluntary suppression of the desire of micturition,

**Pathogenesis:-** in the consequence of suppression of the urge of urination, the Vayu gets aggravated and causes painful distension of abdomen

**Clinical features:-** distension below the umbilical level resulting into indefinite pain accompanied by retention of urine and faeces, indigestion. The clinical features mentioned in these varieties seem to simulate with the conditions of bladder due to neurogenic disturbances.

### **4) BASTIKUNDALIKA**

**Etiology:-** excessive way faring, fasting, exertion, trauma ,compression

**Pathogenesis:** Due to the above mentioned Etiology, the bladder is displaced upwards and becoming enlarged and it appears like a gravid uterus.

**Clinical features:-** colic, throbbing, burning pain, passes urine drop by drop, 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 "Bastorcikundrcularar."

### **5). MOOTRAGRANTHI / RAKTA GRANTHI :-**

**Etiology:-** Rakta vitiated by Vata and Kapha

**Pathogenesis:** The abrupt or sudden manifestation of the Granthi in the interior side of the bladder which obstructs the flow of urine is called as Mootragranthi or Raktagranti. Here, Rakta, Vata and Kapha are vitiated factors and are responsible for the onset of Raktagranti according to Acharya Charaka. Acharya Sushruta has not mentioned the doshik involvement but Dalhana specifies that pitta is the responsible factor in the manifestation of Mootragranthi

**Clinical features:-** Around small and immobile Granthi in the interior side of the bladder, continuous pain, Retention of urine, urine passed with difficulty and pain, pain similar to that experienced in Urolithiasis.

### **6). VATASHTTEELA / ASHTTEELA:- (Su. Utt. 58/7-8; Ch.Si.9/36; A.H.Ni.9/23-24)**

**Etiology:** vitiated Vata.

**Pathogenesis:** The vitiated Vata gets lodged between the bladder and rectum and produces the stony hard swelling.

**Clinical features:-** singly movable and elevated, retention of urine, faeces and flatus, ex-

cruciating pain in the bladder.

**7. MUTROTSANGA:-** (Su. Utt. 58/15,16; Ch.Si. 9/33; A.H.Ni.9/29-30)

**Etiology:-** vitiated Vata, abnormality of urinary outlet, abnormality of urinary outlet

**Pathogenesis:-** The urinary flow is obstructed at the level of either Basti (bladder) or Nala (urethra) or Mani (external urethral meatus).

**Clinical features:-** obstructed flow of urine, with blood or staining, intermittent flow

**8. MUTRATITA:-** (Su.Utt.58/11-12; Ch. Si. 9/35;A.H.Ni. 9/20)

**Etiology:** Suppression of the natural urge of micturition,

**Clinical features:-** Urinary stream with mild pain, obstructed flow with little quantity, increased frequency The person habituated to withholding to urge of micturition wanting to pass urine finds difficulty in starting the urine flow and experiences mild pain on straining and the flow is obstructed and frequency is increased due to the incomplete emptying.

**9. MUTRA-KSHAYA :-** (Su. Utt. 58/17; Ch.Si.9/34;A.H.Ni.9/37)

**Etiology:-** Dehydrated and fatigued.

**Pathogenesis:-** Even though a Ruksha person has no Pitta aggravating factors , but Pitta along with Vata has been stressed upon . This leads to still the involvement of the the drying up of the urine. (Mutrashoshana –Da.Su.Utt.58/17)

**Clinical features:** burning micturation, painful micturition, troublesome small quantity of urine

**10. USHNA-VATA:-** (Su.Utt.58/22-23; Ch.Si.9/38; A.H.Ni 9/35-36)

**Etiology:-** excessive exercise, excessive walking, excessive wandering /sitting in sunlight

**Pathogenesis:-** Because of indulgence in causative factors, Vata accompanied with Pitta enters Basti

**Clinical features:-** haridra coloured urine , with blood or high red coloured urine, only blood and difficulty in micturition

**11. MUTROUKASADA:-** (Su. Utt. 58/24-26; Ch.Si. 9/27-28; A.H.Ni.9/38-39)

**Etiology and Pathogenesis:-** Pitta and Kapha combined together along with Vata enter the bladder and create mutroukasada.

**Clinical features: Pittaja:-** clear urine, yellowish urine, thick urine, yellowish

**Kaphaja:** slimy, dense and cloudy urine ,white urine, burning micturition, whitish discolouration The main entity recognizable here is the passage of discoloured urine.

**12. VIDVIGHATA:-** (Ch. Si. 9/42-43; A. H. Ni.9/33-34)

**Etiology:-** A person who is dehydrated and malnourished

**Pathogenesis:-**The morbid Vata enter into the urinary passage along with faeces and produce a condition characterized by foul smelling urine mixed with stools.

**Clinical features:-**Todaramallaas That is vitiated Vata along with the Shakrit(faecal matter) enter the Mutravaha Strota Vivara (urinary passage). The condition very pertinently describes the entities wherein faeces are passed through urethra.

**13. MUTRASHUKRA:-** (Su.Utt. 58/20-21, Ch.Si. 9/32, A.H.Ni. 9/32)

**Etiology:** Performing coitus in the presence of natural urge of micturition

**Clinical features:** Due to the aforesaid Etiology, the seminal fluid ejected by Vata will either precede or follow the urine stream, which is similar to Bhasmodaka (ashcoloured).

**Correlated of Mutraghata Prakara with Modern terminology:-** If these types of Mutraghata classified into three categories as projected 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) Ash

teela, Mutragranthi, Mutrotsanga and Bastikundalika can be grouped under Organic disturbances, where the symptoms of retention of urine, increased frequency of micturition, distension of abdomen and mass felt per rectum are due to a growth either in the bladder, urethra, prostate or other growths. C) Mutrateeta, Mutrakshaya, Ushna Vata, Mutroukasada, Vidvighata and mutrashukra can be grouped under category “Others”, where the physiologic reasons or injury etc. We can analyze the various varieties of Mutraghata under the three categories and possible explanation on modern lines is presented here. Though the classification may not be complete but it may prove to be an aid in approaching a case of Mutraghata with varied symptoms and to plan the treatment accordingly.

**Table no.2:** A table is presented here on the lines of modern to identify the various types

Types	A	B	C	D	E	F	G	H	I	J	K	L
Vatakundalika	+	+	+	-	-	-	+	-	-	+	-	-
Vata Vasti	+	-	-	+	-	-	-	-	-	+	-	-
Mutra jathara	+	-	+	-	-	-	+	-	+	-	-	-
Mutra granthi	+	-	+	-	+	-	-	+	-	-	-	-
Mutrotsanga	+	+	+	+	+	-	-	-	-	-	+	-
Ashteela	+	+	-	-	-	+	+	+	-	-	-	-
Mutrateeta	+	+	+	-	-	-	-	-	-	-	-	-
Mutrakshaya	-	-	+	-	-	+	-	-	+	-	-	+
UshnaVata	-	-	-	-	+	-	-	-	-	-	+	-
Mutroukasada	-	-	+	-	-	-	-	-	-	-	+	-
Vidvighata	-	-	+	-	-	-	+	-	-	-	-	+
Mutrashukra	-	-	+	-	-	-	-	-	-	-	+	-

A – Retention of urine, B – Increased frequency, C Dysuria D – Dribbling Micturition, E –Haematuria, F –Oliguria, G–Constipation, H–Granthi, I–Abdominal distension, J – Pain in Abdomen, K – Discoloured urine, L –Faeces through urine

### Management of Mutraghata:

**According to Sushruta** –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.(Su.Ut.58/27,28)

**According to Charaka :-** The measures adopted for Mutrakricchra are to be followed and Uttara Basti is to be administered in all the varieties of Mutraghata. (Cha. Chi.26 /45-54)

Abhyanga, sneha, niruha basti, snehapana, uttarabasti, seka, pradeha, virechana, kshara, ushna– tikshna aushadha and annapana, takra, tikta aushadhasiddha taila are advised for the individual doshas respectively. Therefore, it is clear from the lines of management advocated by various Acharyas, all the aspects of “Antahparimarja approach towards the management of disease is comprehensive 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.

**PATHYA AND APATHYA:-**Abhyanga, Snehana, Virechana Vasti Svedana Uttara Vasti are again described to be Pathya indicating their importance.

Pathya:- Purana Shali, Yava, Madya, Takra, Dugdha, Mashayusha, Kushmanda Phala, Patola, Talaphala etc. are all Pathya to the patients of Mutraghata; hence the food articles of above advised things will definitely be beneficial in alleviating the symptoms of Mutraghata, at least to a certain extent and mostly that of Vata vitiation.(Bh.R.35/50-52)

**Apathya:-** Mutravegavarodha, 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 Aghata or urine retention (Bh.R.35/53).

**SUMMARY & CONCLUSION:-**The Mutraghata rogas was described since the Vedic period with detail knowledge about their management and etiopathogenesis. The classification & detail of Mutraghata roga in Ayurvedic texts. These have wide scope for further research in medical sciences.

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