



An Observational Study on *Mutraghata* (Obstruction of Urine) – An Ayurvedic Review

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ABSTRACT

Numerous folks are afflicted by numerous Mutra Vaha Srotas diseases. Any doctor should be familiar with terms like Nidana, Samprapti, Lakshanas, Sadhya- Asadhyata, Upadrava, and Chikitsa. Mutraghata has been recognized by Acharya Dalhana as a Mutra vaha Srotas clinical body, when urine flow is impeded, as a result of retention or relative anuria or oliguria. Urine that is obstructed (Mutraghata) is unhealthy because urine is its primary feature. Therefore, urinary tract obstruction or urinary route inflammation may be to blame for urine retention. This effect may also be employed as the Mutraghata's nidana for the Mutra vaha Srotas' dushti. The doshas become worse as a result of this reason. Vata dosha predominates. Pee flow is impeded by the vitiated dosha, which combines with urine.

KEYWORDS: Mutraghata, Urine Retention, Obstructed Urine etc.

INTRODUCTION

The term "Mutraghata" denotes reduced pee output because of restriction in the urine's flow. As much of the anatomy of the urinary system is involved, it might be thought of as a condition. Urine retention (Mutraghata) is a sick condition with urine retention as its primary symptom. 1 Both urinary tract obstruction and urinary route inflammation can result in urine retention. Pathological conditions can occasionally be caused by injury, constriction/compressed stones, or other possible foreign materials. It is the most crucial organ for maintaining homoeostasis because it controls the excretion of waste products and metabolites, such as Dosha, Dhatu, and Mala.¹

Vegavarodha, or the suppression of natural impulses, is a crucial factor in the development of several disorders. According to Ayurveda, the suppression of micturition is one of the most severe causes of urinary tract illness. This issue has grown more important as cities continue to grow and lack enough restroom

facilities. The reader will be introduced to the wealth of knowledge on the crucial subject of Mutraghata in Ayurvedic literature in the present and in a serious effort to do so.

The texts have been interpreted as literally as possible, and the key concepts from the original form are conveyed. According to Ayurveda, the Tridosha Principle protects body physiology. Pitta, Vata, and Kapha. One of the five kinds of Vayu, Mutra vaha Srotas, are governed by Apanavayu as well. Every Apana Vayu imbalance is unmistakably linked to the illness of the urinary system. To restore the vitiated Apana Vayu and restore the normal physiology of the urinary system, this is the theory of care. One of the Panchakarma modalities, basti therapy, is primarily used to calm Vayu.²

Materials and methods

Examples of Mutraghata have been gathered from the earliest Ayurvedic texts. The content from all books and other reliable sources has been compiled, examined, and discussed.

Historical Review of Mutraghata

Charaka Samhita

There are eight different kinds of the illness described. Additionally, thirteen forms of Basti Rogas that are similar to Mutraghata as described by Sushruta were found in Siddhisthana under the heading "Mutra Dosha."

Sushruta Samhita

Sushruta identified the two forms of Mutraukasada, i.e., whereas Pittaja & Kaphaja have two forms, Charak & Vagbhata only have one form, i.e., Mutraukasada.

Ashtanga Sangraha & Ashtanga Hridaya

Ashmari Rogas and Mutrakricchra are employed. More In Mutraghata Nidana, Mutraghata is extensively discussed, which is important since he divides Mutra vaha Srota's ailments into two categories. Despite being awful, the translation accurately captures the meaning. The "Gavini" relationship is quite factual and real. This reference does not appear in any Ayurvedic books, for some reason. The image of an ocean and the rivers that flow into it serves as an illustration for this. Each of these locations for the disease "Mutraghata" is said to experience urine retention, which can be attributed to a disease factor. Learn about all of the potential reasons of urinary blockage and pee retention here. The "taut bow" illustration from "Basti" illustrates how the urine bladder functions and clarifies contemporary physiology. One of the most important causes stated in "Mutraghata" is "Mutra Vegavarodha." It is obvious that the deliberate suppression of the micturition impulse, which results in "Mutraghata," disturbs the Apana Vayu, which is in charge of maintaining regular urination. According to Acharya Charaka, the Basti is one of the three Marmas that have importance. Marmani Basti hridayam shirascha pradhana bhutani vadanti tajnah pranashrayat tani hi pidyanto vatadayo ashunapi pidyanti is one of the three Marmas that have value. The Basti, Hridaya, and Shiras are the three crucial points because the Prana was concealed within them. Every one of these pains causes the vitiation of Vata, among other things, and may be life-threatening.³

Vata Kundalika

Sushruta claims that the Vayu is vitiated and joins the Mutra and urine bladder as a result of excessive Rukshya Ahara drinking and the purposeful suppression of the natural urge for urination, feces, etc. It moves in a circular motion inside the bladder, obstructing urine flow and causing the patient to gradually pass increasingly less pee while in agony. It is regarded as a serious condition. Vatakundalika has no organic source of obstruction, so this syndrome can be related to smooth muscle sphincter dyssynergy, which is an internal form of sphincter dyssynergy in which sphincter non-function takes place. Urinary retention happens when the sphincter remains closed. The obstruction of the bladder neck is another condition that is connected to this illness.⁴

Vatashteela /Ashteela

When the vitiated Apanavayu occupies the area between the rectum and urinary bladder, it develops a solid, raised stone-like growth. This expansion, in turn, results in adhmaana and the blockage of the passage of feces, urine, and flatus. This causes severe discomfort in the suprapubic region.

Numerous symptoms, including frequency, searing micturition, narrow streams, etc., are also present in mutraghata. Between the rectum and the urethra, there is a structure called an ashteela that has been linked to prostate benign disease.

Vata – Basti

It was discovered that Sadhya Mutraghata was Vata Basti. This is triggered by suppressing the desire; Vata becomes agitated and plugs the bladder's mouth, causing urine retention and discomfort in the bladder and abdomen. In Vata Basti, the obstruction's exact reason is mentioned. Although the symptoms are similar to those of a blocked bladder outlet, acute urine retention produces significant pain. Ureteral stone impairment may be linked to acute disorders of the urethra and the bladder neck that prevent urine from draining, such as prostatic abscess.

Mutrasteeta

According to Sushruta, prolonged suppression of the natural need to micturize causes a situation in which a person is unable to pass pee but can, with only minor discomfort, pass a small volume of urine after straining. There are no signs that point to an acute disease, and there are no organic lesions specified for retention in this condition. If a person holds onto the urine for a long time, the bladder stays flaccid/tonic for a short while. At this point, people are unable to pass urine, and if they do, it is scant. The altered neurophysiological states of the bladder that occur as patients try to pass urine may be related to this.⁵

Mutrajathara

Mutrajathara develops in Udavarta as a result of suppressing the urge to urinate, which causes the bladder to swell and causes collected pee to flow upward. Thus, apanavayu induces abdominal distension, especially in the area above the pubis and below the umbilicus. Extreme abdominal pressure can also obstruct the passage of stools and urine. Although there is no specific organic surgical lesion specified causing blockage in this illness, it is comparable to Mutrasteeta. The bladder is under intense pressure and is distended all the way to the umbilicus in this condition. This syndrome may be linked to a neurogenic bladder due to acute

retention.⁶

Mutrotsanga

Acharya Dalhana provides the following explanation of the disease's & vata vitiation's mechanism:

- Aggravated by its own factors, Vimarga Gami Vata causes Margavarodha (outlet blockage), or vice versa, Margavarodha (outlet obstruction) can cause Vata aggravation. This is known as the Anila of Viguna.
- Samsakta, the Sanskrit word for "obstructed," was used to translate Sarakta.
- "Saruja" and "Niruja" are due to "Ati Vata Prakopa" and "Hina Vata Prakopa," respectively.
- Although "Mani" (external urethral meatus) is also referred to as "Nala" (urethra), it should be emphasized that Mani is given more consideration since it is where the Utsanga of Mutra (urinary blockage) is felt (upward or in the opposite direction).
- This condition, known as Mutrotsanga, causes the penis to feel heavy. A small amount of urine that has been sitting in the bladder, urethra, or glans of the penis becomes obstructed and gradually leaks out with or without pain. This obstruction may be caused by defects in the urinary passage or an aggravation of Vata.
- Remaining pee causes the penis feel heavy, which is the symptom of the disorder known as Mutrotsanga. It could be brought on by vata imbalances or problems with the urinary system. When the bladder, urethra, or glans of the penis become clogged, a tiny amount of pee that was previously there slowly seeps out with or without discomfort.
- "Yadakshiptam mutramalpam" has been defined as "kinchicchisari mutram tadastou sthitamathara nale manikande va sthitam," meaning that depending on the obstruction causing leftover urine, it may occur in the Basti (urinary bladder), Nala (urethra), or Manikanda (glans penis); "Chidravaigunya," or The urethral aperture or the urethral orifice may both be referred to as the Mutradvara dosha in this instance.
- He continues by quoting Tatra sthitva paschat anantaram, also known as Shanaih. The leftover pee then frequently dribbles out in little jets, which is known as mandam mandam kritva sravet.
- Savicchinah Chitva Chitva Bhavati Vayoschalatvena, Mukta mutrasyah, and Sheshatacchesah. The Vata guna, Chala, is small in jets, which obstructs the urinary flow. As a result, the patient feels as though his bladder isn't emptying completely, which makes his penis feel heavy.⁷

Mutra Granthi / Rakta Granthi

A tiny, fixed, spherical, painful enlargement at the bladder neck creates a sudden blockage of the urinary tract and gives rise to Ashmari features. Acute Mutragranthi or Raktagranthi symptoms can be associated with prostatic abscess in certain circumstances.

Mutrashukra

Sushruta claims that if someone coitus while feeling the desire to micturize, either at the start or the finish of the act, they will create Mutrashukra and pass ash-colored urine with semen. The primary sign of Mutrashukra is semen mixed semen, which is present in retrograde ejaculation for several causes. In the

case of chronic prostatitis, patients might transmit sticky urine, therefore this may fit with that.⁸

Ushna-Vata

Ushna vata has been linked to excessive physical exercise on hot days as an etiological factor. Dysuria is brought on by the vitiation of the Vata and Pitta Doshas in Basti. The patient excretes urine that is red or yellow in color, which is indicative of pain and burning in the suprapubic region. The symptoms of Ushna vata are comparable to those of inflammatory bladder and urethral conditions.

Mutroukasada

Pittaja Mutraukasada

When describing Pittaja Mutraukasada, Sushruta stated that the urine appears thick and yellow in this state; additionally, during micturition, a burning sensation occurs and the urine dries to look like "Gorochana." The passage of thick yellow pee along with burning urination is Pittaja Mutraukasada's primary symptom. It implies gonococcal infection, which is the most common reason for urethritis.⁹

Kaphaja Mutraukasada

Urine in this condition becomes viscous, difficult to pass through, and when dried, resembles "Shankha Churna" or white powder. Only Sushruta described two Mutraukasada types, whereas other scholars only named one. According to Charaka, the patient passes red, yellow urine accompanied by a burning sensation or white precipitation as Vayu consolidates Pitta, Kapha, or both. Kaphaja Mutraukasada and phosphaturia can be compared.¹⁰

Symptoms of Bastikundalika

- Ayasa
- Abhigata
- Druta
- Adhvagamana
- Langhana

Samprapti

The bladder is pushed upwards, swollen, and takes on the appearance of a uterus as a result of the Nidanans mentioned above.

Lakshana

- Shula
- Bindum bindum sravatyapi
- Peeditastu srijeddham
- Spandana

DISCUSSION

They are mentioned in the Charaka Samhita, the Sushruta Samhita, the Astanghridaya, the Astangsamgraha,

and in relation to modern urinary illnesses. Atipravrittija Mutra and Apravrittija Rogas Mutra are the two traditional divisions of the Rogas of Mutra. Asmari, Mutrakricchra, and Mutraghata are in the second category, whereas Prameha's illness is in the first group. Although the symptom complex of Mutrakricchra and Mutraghata appears to converge, Acharya Dalhana, Chakrapani, and Vijayarakshita have distinguished between the two. This distinction is based on the fact that "Vibhanda" or "Avarodha" (obstruction) in Mutraghata is more severe.¹¹

Therefore, it can be said that Mutraghata is a condition that results from some type of obstructive uropathy, either mechanical or functional; connected to the upper or lower urinary tract and causing partial or complete retention of urine as well as oliguric or anuric symptoms. Vatakundalika has no biological source of blockage, hence this condition might be related to smooth muscle sphincter dyssynergy, which is an internal kind of sphincter dyssynergy when sphincter non-function occurs. Urinary retention happens when the sphincter remains closed. Obstruction of the bladder collar is another condition that may be related to this one.

Mutrasteeta may be related to the changed neuro-physiological states of the bladder when patients try to transport urine. Mutrajathara may be connected to a neurogenic bladder due to acute retention. Although hematuria is occasionally a symptom of ureteral stricture, mutrotsanga may be connected to this condition. It suggested a urethral obstruction caused by an inflammatory disease, and this could be urethritis caused by a gonococcal infection or not.

So it is conceivable to link urethral stricture and urethritis, which are present in all instances, to Mutrotsanga. Dehydration, which can be brought on by excessive sweating, a fever, a sunstroke, or by drinking less water, inhibits the generation of urine in Mutrakashya. An sudden urinary blockage caused by a small, fixed, spherical, painful enlargement in the bladder neck known as mutra granthi results in Ashmari features. The acute character of Mutragranthi or Raktaganthi symptoms allows for a scientific association between these conditions and prostatic abscess.

The sign of Mutrashukra is a mixed urine of semen that is discovered in retrograde ejaculation due to a number of factors. This might be related to chronic prostatic issues where patients may transmit sticky urine. The symptoms of Ushnavata are comparable to those of urethral and bladder inflammation. Pittaja Mutraukasada is characterized by the passage of thick, yellow urine that is accompanied by burning urination. It implies gonococcal infection, which is the most common reason for urethritis. Kaphaja Mutraukasada and phosphaturia can be compared. Vidvighata symptoms resemble recto-vesical fistula. Bastikundalika, also known as bladder circular distension, is characterized by stiffness and pain in the girdle.¹²

Investigations/Examination

- Ultrasonography, Kidney, Ureter, Bladder
- Serum Prostate Specific Antigen

- Rectal Examination
- Urine analysis
- Complete Blood test

Management Protocol

a. Prevention of complications of Mutraghata

- Use of wheat, old rice, mudga (green gram) juice, kulattha (horse gram), yava (barley) water, rasona (garlic), haridra (turmeric), Ardraka (ginger), patola/Tikta patolika or chichinda (snake gourd) (Trichosanthes Dioica/Trichosanthus cucumerina), Shigru
- avoiding too many hot and spicy meals, peas, spinach, black gram, Jamuns, mustard, and sesame¹³

b. Medical Administration

Line of management

- It is important to promote Samshamna Chikitsa, or bio-cleansing therapies, together with other therapeutic treatments (Palliative therapy). However, the practitioner should decide whether or not Shodhana treatment (bio cleaning therapies) is beneficial based on the patient's condition.
- Vastyamayantaka Ghrita in a single dosage of 200–300 ml with Avapeeda Snehapana
- For 15 days with warm water, use Avagaha Sveda or decoctions such Pancha Valkala Kwatha, Triphala Kwatha, or Dashamula Kwatha.

Basti

Varunadi Ghrita/ Satavaryadi Ghrita for 3 days with Uttara Basti 30–50 ml. Matra Basti 30–50 ml with Varunadi Ghrita or Shatavaryadi Ghrita for 14 days. The dosage (per dose) should be decided by the doctor based on the patient's condition and the severity of the sickness.

2. Drug therapy

Simple Single Medicinal Plant

Drug	Dosage (per dose)	Vehicle	Duration
Gokshura (Tribulus terrestrisLinn.) Churna	3-6gm	Water	15 days
Pashanabheda (Bergenia ligulata (Wall.) Engl.)Churna	1 -3 gm	Water	15 days
Haritaki (Terminalia chebula Retz) Churna	3 gm	Lukewarm water at bed time	15 days

Formulations

Drug	Dosage (per dose)	Vehicle	Duration
Brihatyadi Kwatha	15-30ml	Water	15 days
Gokshuradi guggulu	1-1.5 gm	Luke warm water/ Mustaka kvatha (decoction made from Cyperus rotundus)	15 days
Kanchanra guggulu	1-1.5gm	Luke warm water	15 days
Chandraprabha vati	1-1.5 gm	Water	15 days
Sveta parpati	750-1250 mg	Water/ N!rikela jala (Coconut water)	15 days

a. In the beginning, 2 times per day for 15 days after a meal, along with the patient's condition and under the doctor's direction, formulations may be taken.

b. **Yogic Practices** –

The following yogic practices are beneficial in Mutraghata, however they should only be done under a qualified yoga therapist's supervision. The length of each yoga session should be decided by the yoga therapist.

1. The Vajrasana, Siddhasana, Gomukhasana, Padnggushtha, Gupta, Paschimottana, Pavanamukta, and other asanas.
2. Sheetali pranayama, Mula bandha, and Ashvini mudra.¹⁴

CONCLUSION

A serious Mutra vaha Srotas illness is the Mutraghata. It is believed that this disease significantly contributes to the etiopathogenesis of Vata Dosha. Dosha-vitiated substances combine with urine and obstruct urine flow. Urine flow is impeded when dosha-vitiated compounds interact with urine. The pathology and urine retention are brought on by the effect on Apana Vayu that was reported at Basti Pradeha. The mechanism, etiology, and clinical symptoms of disease were fully comprehended by the Acharyas. Since it clarifies the disease's stage-by-stage evolution, the Shatkriyakala aids in the early therapy of the condition. Because Mithya Ahara and Vihara are the condition's main causes, it can be managed by following the correct Pathya and giving Vatanashaka Chikitsa. Therefore, research into this condition using references from a number of established Ayurvedic sources may result in a natural and secure treatment.

CONFLICT OF INTEREST – NIL

SOURCE OF SUPPORT -NIL

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