



A SYATEMIC REVIEW ON MUTRAGHATA- AN AYURVEDIC APPROACH

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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. These effects may also be utilised 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 pee.

KEYWORDS: Mutraghata, Mutra, 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. 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 genuine effort to do so.

As far as possible, the literal interpretation of the texts has been adhered to and the essential ideas of the original

form are presented. Body physiology is preserved by the Tridosha Principle, i.e., according to Ayurveda. Vata, Kapha and Pitta. Apanavayu also governs the activities of the Mutra vaha Srotas, one of the five forms of Vayu. Every derangement of Apana Vayu clearly relates to the pathology of the urinary system. Thus, the theory of care is to correct the vitiated Apana Vayu, thus achieving the normal physiology of the urinary system. Basti therapy is one of the Panchakarma modalities that is primarily used for Vayu pacification.

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Materials and methods

Examples of mutraghata have been compiled from the earliest Ayurvedic literature. The content from all books and other reliable sources has been compiled, evaluated, and debated. **Mutraghata**

Charaka Samhita

There are eight different kinds of the illness described. In addition, thirteen varieties of Basti Rogas were found in Siddhithana under the heading "Mutra Dosha," which are comparable to Mutraghata according to Sushruta.

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 reported to have urine retention, which can be ascribed to a disease component. Learn about all of the potential reasons of urinary blockage and pee retention here. 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. "Acharya Charaka describes the significance of three Marmas, the Basti being one of them: "Marmani Basti hridayam shirascha pradhana bhutani vadanti tajnah pranashrayat tani hi pidyanto vatadayo ashunapi pidyanti². The Basti, Hridaya, and Shiras are the three crucial locations since the Prana was concealed inside them. Every one of these pains causes the vitiation of Vata, among other things, and may be life-threatening.

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 biological source of blockage, hence this syndrome might be related to smooth muscle sphincter dyssynergy, which is an internal kind of sphincter dyssynergy in which sphincter non-function takes place. Urinary retention happens when the sphincter remains closed. The bladder neck might get blocked as a result of this condition.³

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 adhmana and the blockage of the passage of feces, urine, and flatus. This causes severe discomfort in the suprapubic region.

In Mutraghata, many symptoms such as frequency, burning micturition, narrow streams etc. are also present. Astheela is found between the rectum and the urethra that can be associated with 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 abnormalities 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 pee for a long period, the bladder stays flaccid/atonic for a short while. At this time, people are unable to pass pee, and if they do, it is sparse. The changing neurophysiological states of the bladder that occur while patients try to pass pee may be related to this.

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.

Mutrotsanga⁵

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.

- Sarakta was analyzed as "Samsakta," which means "obstructed."
- Saruja' is because of 'Ati Vata Prakopa' and 'Niruja' is because of 'Hina Vata Prakopa'.
- While 'Nala' (urethra) also means 'Mani' (external urethral meatus), it is noted that more emphasis is emphasized on Mani as the Utsanga of Mutra (urine obstruction) is felt (upward / reverse direction) at the area.
- The condition known as Mutrotsanga is caused by residual urine, which makes the penis feel heavy. It may be caused by defects in the urinary tract or an aggravation of Vata. A small amount of urine that is present in the bladder, urethra, or glans of the penis becomes obstructed and gradually leaks out with or without pain.
- The term "Yadakshiptam mutramalpam" has been defined as "kinchicchisari mutram tadhastou sthitamathara nale manikande va sthitam," or "obstructed flow resulting in residual urine," and "Chidravaigunya," or a dosha of Mutradvara. The urethral aperture or the urethral orifice may both be referred to as the Mutradvara dosha in this instance.
- He continues by citing 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 urine flow. As a result, the patient feels as though his bladder isn't emptying completely, which makes his penis feel heavy.

Mutra Granthi / Rakta Granthi⁶

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.

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 diseases.

Mutroukasada⁷

Pittaja Mutraukasada

When describing Pittaja Mutraukasada, Sushruta stated that the pee appears thick and yellow in this stage; also, after micturition, a burning sensation occurs and the urine dries to seem 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.

Kaphaja Mutrakasada

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 feeling or white precipitate as Vayu consolidates Pitta, Kapha, or both. Kaphaja Mutraukasada and phosphaturia can be compared.

Symptoms of Bastikundalika⁸

- Druta
- Adhvagamana
- Langhana
- Ayasa
- Abhigata
- Prapedanat

Samprapti

Due to the Nidanas described above, the bladder is pushed upwards and is swollen and appears as a uterus.

Lakshana

- Shula (colic)
- Spandana (throbbing)
- Daharti (burning pain)
- Bindum bindum sravatyapi (passes urine drop by drop).

Peeditastu srijeddharam (when the bladder).

DISCUSSION^{9,10}

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 merge, Acharya Dalhana, Chakrapani, and Vijayarakhita have distinguished between the two. This distinction is predicated 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 disorder 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 ailment that may be related to this one.

Mutrataeta 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 sign of ureteral stricture, mutrotsanga may be connected to this condition. It suggested a urethral blockage caused by an inflammatory condition, and this may 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. The term "Bastikundala" or bladder circular distension is used to describe the condition known as bastikundalika, which is characterized by stiffness and pain in the girdle.

Investigations/Examination

1. Rectal Examination
2. Urine analysis
3. Ultrasonography, Kidney, Ureter, Bladder
5. Serum Prostate Specific Antigen
6. Complete Blood test

Management Protocol ¹³

a. Prevention of complications of Mutraghata

1. Usage 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 (snakegourd)Trichosanthes

Dioica/Trichosanthus cucumerina), Shigru (drum stick), coconut, cucumber, watermelon, coriander, cumin seed, sugarcane, grapes, butter milk etc.

2. Avoidance of peas, spinach, black gram, Jamuns, mustard, sesame and excess hot and spicy foods

b. Medical Administration

Line of management

- It is necessary to advocate Samshamna Chikitsa - (Bio-cleansing therapies) /other clinical treatments accompanied by Samshamana Chikitsa (Palliative therapy). But according to the state of the patient, it should be determined by the practitioner whether Shodhana therapy (bio cleansing therapies) is effective or not.
- Avapeeda Snehapana with a single dose of 200 - 300ml of Vastyamayantaka Ghrita
- Avagaha Sveda or decoctions such as Pancha Valkala Kwatha/Triphala kwatha/Dashamula Kwatha for 15 days with warm water.

Basti

Uttara Basti 30-50 ml for 3 days with Varunadi Ghrita/ Satavaryadi Ghrita. Matra Basti 30-50 ml for 14 days with Varunadi Ghrita/ Shatavaryadi Ghrita. Physicians should determine the dosage (per dose) according to the seriousness of the illness and the state of the patient.

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
Varuna (Crataeva nurvola Buch. and Ham.) kvatha	10-20 ml	Water	15 days

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. Vajrasana,
2. Siddhasana,
3. Gomukhasana,
4. Padmgushthasana,
5. Guptasana,
6. Paschimottanasana,
7. Pavanamuktasana etc.

Counselling -

- whenever the need strikes, urinate frequently.
- Drink a lot of fluids often in a variety of sizes.
- Attempt completely emptying the bladder.
- To perform a kegel, just tense and relax the pubo-coccygeus muscles 20 to 30 times each day for three seconds while stabilizing the pelvic floor for the same amount of time.
- Yoga poses to relieve stress
- Limit items that are heavy in calories and fat.
- Avoid consuming a lot of liquids all at once, especially at night.
- Steer clear of alcohol and caffeine, especially after supper.
- Stop drinking water two hours before going to bed.
- Make an effort to quit using decongestants and antihistamines that can worsen Mutraghata's effects.

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. The impact on Apana Vayu mentioned at Basti Pradeha causes the pathology to continue and the urine retention to happen.

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