



“Special Case Report on Pittaj Mutrakrucchra- A case Study.”

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Case Report

Abstract:

A female patient of age 39 yrs old coming to Dhanwantari Hospital diagnosed with Pittaj Mutrakrucchra and complaints of Frequency of Micturition, Urgency if micturition, Dysuria (includes Pain, Burning and Strangury), Lower abdomen pain & Trushna. Patient did not getting relief by modern medicine. He has given Ayurvedic oral medicine Like Chandraprabha vati, Shatavari Gokshur Churna etc. for 7 days and we have got good results. As Ayurvedic drugs do action like Mutral, vatanulomak, Lekhana, Mutrajnan, Rasayana, Krishna, Ashmarinashak, Mutra vishodhani.

A female patient of age 39 yrs old coming to Dhanwantari Hospital with having complaints

Frequency of micturition 8-10 times in a day since 1 day.

Urgency if micturation.

Dysuria (includes Pain, Burning and Strangury)

Lower abdomen pain.

Trushna.

He has taken allopathic medication but not get relief. His urine report shown few pus cells. No history of Diabetes and Hypertension. Patient was admitted in Kayachikitsa ward.

General examination:

Pulse : 78/ min. **Temp:** 98.6⁰ F **B. P.** 120/70. **R. R.** 20/ min.

Kshudha : Prakrut **Nidra:** Alpa **Mala :** Badha **Mutra:** Frequent & urgent

Dosha – Pitta pradhan vata. **Dushya :** Mutra. **Mala :** Mutra

Srotas: Annavaha, Udakvaha and Mutravaha.

Urine Routine & Microscopic Report Shows

Pus cells: 10-12 /hpf.

Colour : Dark Yellow,

Avil Mutrata: Turbidity: More Turbid++

Glucose: Absent

Bile salt & Bile pigments: Absent

Epithelial Cells: 2-3/hpf

Diagnosis: Pittaj Mutrakruchhra.

Treatment given:

Oral Treatment given:

- 1) T. Chandraprabha 500 mg BD with jal.
- 2) Tab Shtavari Gokshura vati 1 TDS with Jal.
- 3) Tab Jatamaunshi Ghana vati 250 mg 2 BD with Jal.

After 7 days of Treatment – Dysuria, frequency & urgency of Urine decreased. Lower abdomen pain relieved. Patients trushna relieved.

Patient of pittaj mutrakruch complains as shulyukta, dahayukt and muhurmuhur mutraprvuti.

Pittaj mutrakrucha is equivalent to UTI where dysuria, burning micturition and increase frequency of micturition.

As per Ayurveda, Sharir is made from doshas, dhatu and mala. It means they help in Mutra is an outcome product digestion of food and metabolism in the body it is passes through urethra.5 In both Mutraghata and Mutrakrichha, Kruchata (dysuria) and Mutra-vibandhta are simultaneously present but in Mutrakrichha there is predominance of Kruchata (dysuria).

Causes: Vyayama, ruksha seven, adhyashan, yana gamana are causative factors for vata prakopa: Tikshna, amla sevana causes pitta prakop¹and Anupa mamsa sevana, vyayama, adhyashan causes kapha prakopa. So, these Nidanas cause vitiation of Doshas alongwith Stroto-dushti of Mutrvaha strotas. Stroto-dusti will cause kha-vaigunya in Mutravaha strotas. These factor leads to Mutrakriccha.

Inflammation of bladder gives rise to symptoms of frequency, urgency suprapubic, discomfort, dysuria. These symptoms are often known as cystitis. Lower UTI is more common in females than in males. Lower UTI is always present with Fever, loin pain, rigor and malaise. Incomplete emptying of the bladder, A calculus foreign body or neoplasms DM, Immunosuppression, Bacterial infection such as Escheria coli. Bacteria are most commonly responsible. Yeast, Fungi and Viruses are other micro-organisms which produce urinary infection. Specific typical symptoms are present in UTI of infants and young children.¹⁹ Differential diagnosis of cystitis and pyelonephritis in the paediatric patients is critical task. In ill children, having fever or children who appear ill, proper examination should be carried out to rule out pyelonephritis, if they have UTI.

Most common causative organism is E. coli found in approximately 80% of acute infections in patients without catheters. Gram-negative bacilli viz. Commonly Proteus and Klebsiella and occasionally Enterobacter, cause UTI. Gram-positive cocci have comparatively much lesser role in causation of UTI. Staphylococcus saprophyticus, Enterococci, Staphylococcus aureus may cause acute UTI in patients having past surgical history, patients having renal calculus and in young females.

Infection of Urinary tract is termed as Urinary tract infection (UTI). Infection of the lower urinary tract is known as bladder infection (cystitis) or lower urinary tract infections. Infection of upper urinary tract is known as kidney infection (pyelonephritis).

The most common cause of UTI is Bacterial infection with E. coli being the most frequent pathogen, causing 75.90% of UTIs. Other bacteria include Klebsiella, Proteus, Enterococcus species, Staphylococcus, saprophyticus. Fungi (Candida species) is also causative organism for UTIs commonly after catheterization or surgery. Adenovirus is a rare cause and it may be precipitated into haemorrhagic cystitis.

Pittaj Mutrakrucha when viewed under the conventional medicine can be correlated with Cystitis (UTI). Both diseases having equal signs and symptoms.

The ayurvedic drugs act as Mutral, vatanulomak, Lekhana, Mutrajnan, Rasayana, Krishna, Ashmarinashak, Mutravishodhani.¹

Mode of Action: shatavari possesses **cooling, calming properties that can help to soothe and balance vata and pitta** (two of the three doshas). Often used to enhance reproductive and digestive health, shatavari is also said to have rejuvenating and nourishing effects.²

Shatavari moola choorna not only reduces the urinary tract infection significantly but also boost the immune mechanism of the body, thereby improving the general health and preventing the recurrence of infection can be suggested as a promising drug for the future revolution of herbal medication.³

It is reported that cytological components of Klebsiella pneumoniae comprises of group of virulent factors such as polysaccharide, lipopolysaccharide, fimbriae and outer membrane proteins. These factors play pivotal role in pathogenesis in an infected person. Depending on type of strain and species, virulence level may vary. Cell constituents aid in attachment of bacteria to host cell, invasion into host cell and prevention of phagocytosis from other immune-modulator helper cells. alcoholic extracts of Gokshura and Guduchi possess antibacterial constituents like alkaloids, tannins, flavonoids, saponins and terpenoid compounds possessing properties like alteration of surface tension of extra cellular medium of bacteria cell wall, ability to complex with extracellular soluble proteins, intruding and destruction of DNA of microbial cell etc.⁴

Gokshura, the drug one among the krimighna dashaimani is being reported as a good antibacterial drug. It was found that ethanolic extract of Gokshura, which is enriched with active phytochemical constituents, is capable of exerting antimicrobial activity.⁵

Conclusion: In this Patient we have got good results by above mentioned treatment.

References:

1. https://www.ijrams.com/article_html.php?did=7102&issueno=0
2. <https://www.verywellhealth.com/the-benefits-of-shatavari-88830>
3. <http://paper.researchbib.com/view/paper/190056>
4. https://jpsionline.com/admin/php/uploads/625_pdf.pdf
5. <http://oaji.net/articles/2020/1791-1587393248.pdf>