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CASE STUDY

The Efficient Ayurvedic Management in Mutrakrichha (Recurrent Urinary Tract Infections)

Vatsal Gujariya[1], Sachin Deva[1], Krupa Joshi[2]
[1]PG and PhD Department of Roga Nidan Evum Vikriti Vigyana, Parul Institute of Ayurveda, Parul University, Limda, Vadodara- 391760, Gujarat, India
[2]Department of Pharmacy, Sumandeep Vidyapeeth Deemed to be University, Piparia, Vadodara- 391760, Gujarat, India
Corresponding author: Dr.Sachin Deva
Email: sachin.deva@paruluniversity.ac.in

ABSTRACT
In everyday life, urinary tract infections are the most prevalent bacterial illness. It is more prevalent in females than the male population because of the shorter length of the urethra in girls, which facilitates the germs' rapid entry into the bladder. In Ayurveda, mutrakruchha and UTI symptoms are quite similar. Acharya Charaka, a sage, distinguished eight types of mutrakrichha. The person experiencing painful and scorching urine in Mutrakrichha results from the vitiated Pitta dosha & Apana Vayu affecting the Mutravaha Srotas. In this case study, a 38-year-old female patient was diagnosed with a recurrent infection of the urinary tract (UTI) after she had intermittent burning, increased frequency, and urgency in her urination for a year. For 21 days, she received effective treatment from Chandra Prabhavati, Gokshuradi Guggulu, Shwetparpati, and Trunapanchamula Kwath. Studies conducted before and after therapy found significant changes in indicators, symptoms, and urine test analysis. During the follow-up visit, no UTI recurrence was seen. Ayurvedic medicine is a useful approach to treating mutrakrichha.
Keywords: Cystitis, Mutrakrichha, Urinary tract infections, Ayurveda

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INTRODUCTION

A group of people with a lower quality lifestyle who have had a UTI at least multiple times in the preceding year or two times in the six months or before that are referred to as frequent UTIs [1]. Urinary tract infections (UTIs), also referred to as bladder infections or cystitis, are conditions that impact the urinary tract. It is referred to as basic cystitis (a bladder infection) when it affects the lower urination tract and as pyelonephritis (a kidney infection) when it affects the upper urination tract [2]. Approximately 50 to 80 percent of women may get at least one UTI over their lifetime. Bacteria that rise through the urethra to the urinary bladder and then continue via the ureter to the kidney are responsible for most UTIs. In females, bacteria that cause UTIs will form colonies in the colon, perianal area, and periurethral area, creating a biofilm that typically thwarts the body's immunological response. Sixty-eight percent of UTIs are caused by Escherichia coli, however other common bacteria including Proteus, Klebsiella, Enterobacter, pseudomonas, etc. In the old Ayurvedic writings, the symptoms of urinary tract infections were generically classified as basti roga (renal diseases) [5], mutrakricha (painful urination) [4], & mutraghata (urinary obstruction) [3].

CASE REPORT

A 38-year-old woman patient complained of burning and painful urination, frequent urine with little flow, and a constant urge to urinate when she first came at the Parul Ayurved Hospital's Outpatient Department (OPD). She became frustrated since these symptoms have been coming back intermittently over the previous year. The intensity of her symptoms led to her admission to the Parul Ayurved Hospital.

Her medical history showed that she had recurrent cystitis or a cyst for which she was treated with modern treatment; nonetheless, the cure was incomplete and only a few symptoms were alleviated. No, the patient's prior surgery history was noted. The Ashtavidha Pariksha results and the patient's personal history are shown in Tables 1 and 2, respectively. G2 P2 A0 L2 2-male babies, both FTND at the hospital, are included in the obstetric history. The results of the laboratory tests are displayed in Table 3.

Plan of Treatment

For 21 days, the patient received treatment on an OPD basis using the inner systemic treatment protocol given in Table 4. For 21 days, take 250 mg of Chandra Prabha vati twice a day with warm water before meals, 250 mg of Gokshuradi Guggulu twice a day with slightly warm water after meals, 125 mg of Shwetparpati dissolved in 250 ml of water, to be taken four times a day, and 40 ml of Trunapanchamula kwath twice a day before meals. When compared to the pre-treatment state, the sequential urine reports completed following each follow-up visit were able to show improvement. Table 5 contains the following observations. This indicates a significant improvement in the urine symptoms after treatment compared to the pre-treatment state.

Diet and lifestyle recommendations for Ahara and Vihara during treatment:

Pathya:

puga, yava, ardraka, gokshura, kshara, mudga yusha, dadhi, laghu ela, dugdha, trapusha, patola patra, takra, nadeya jala, sharkara, karpura, purana shali, jangal mamsa, kushmanda, narikela.

Apathya:

lavana, pinyaka, karira, ruksha, masha, vishamashana, matsaya, tikshna, tambula, virudhashana, Yana gamana, vega dharana, vidahi, amla dravya. tila.

Follow up: every 7 days.

Table-1: Personal History

Name: XYZ (Changed)	**Bala: Madhyama**	**Prakriti: Pitta-Vata**
Vaya: 38 Years	Sleep: Sound	Blood pressure -120/80 mmHg
Gender: F	Addiction: No	Wt: 56 KG
Marital status: Married	Defecation: Regular	Ht: 164 Cm
Occupation: Office work	Kshudha: Samyaka	

Table-2: Ashtasthana Pariksha

Pulse: 82/min	Speech: Clear
Stool: Regular	Touch: Normal
Urine: Burning urination, Urine urgency, Increased frequency, and	Eyes: Normal
Tongue: Niraam	Built: Madhyam

Table-3: Laboratory Results

Hb	**12 gm/dl**
RBS	**107 mg/dl**
Urine Culture	**E. coli**
USG	**Cystitis**

Table-4: Internal Ayurvedic Medications

Medicine	**Dose**	**Route**	**Aushadha kala**	**Anupana**
ChandraPrabha vati	250 mg Twice/day	Oral	Before food	**lukewarm water**
Gokshuradi guggulu	250 mg Twice/day	Oral	After food	**lukewarm water**
Shwetparpati	125 mg & 250ml of water 4times/day	Oral	After food	**lukewarm water**
Trunapanchamula kwath	40 ml Twice/day	Oral	Before food	

Table- 5: Evaluation of Urine Analysis Report

Urine Analysis	B/F Treatment	A/F Treatment
Color	Pale yellow	Straw yellow
SG (Specific gravity)	1.016	1.015
Transparency	Hazy	Clear
pH	Acidic	Acidic
Albumin	Trace	Fine Trace
Sugar	Nil	Nil
Pus cell	24-31/hpf	1-3/hpf
Epithelial cell	12-15/hpf	1-2/hpf
RBC'S	1-3	Nil
Cast	Epithelial cast	Nil
Crystal	Nil	Nil
Others	Bacteria ++	Nil

DISCUSSION

Consequently, in addition to pitta dosha, apana vayu is also vitiated in mutrakriccha. The chala (movable) guna of vayu causes the patient to urinate more frequently, with little flow, and with pain; the ruksha (dry) and khara (rough) guna of vayu cause the bladder wall to thicken and become uneven. The patient has burning urine as a result of Pitta Dushti. Therefore, the causes of chronic cystitis were the vitiation of the vata and pitta doshas and the thickening of the bladder muscle tissue in this case. Rasa, rakta, and mansa dhatu were the dushyas. Pittaja mutrakriccha has been established as the Ayurvedic treatment for this illness, which presents with painful & burning micturition that is becoming more frequent and with limited urine flow. Pitta is known for its burning sensation (Daha). Vata dominance is characterised by discomfort, increasing frequency, urgency, and inadequate urine production. The dominance of dosha, dushya (body tissue), and srota involvement were taken into consideration when planning the treatment. Urinary tract infections (UTIs) are usually treated with chantraprabha vati [6,7]. In addition to being sheeta veerya, it possesses mutrala, rasayana, tridoshaghna, and deepana-pachana [8]. In the process of overcoming Mutrakruchha's pathophysiology, it aids in agni rectification. Sarjikshar, Ikshumool (*Saccharum officinarum*), Pashan Bheda (*Bergenia ligulata*), Moolikshar (radish ash extract), Gokshura (*Tribulus terresteris*), Shilajeet (*Asphaltum*), Sweta Parpati, Punarnava (*Boerhavia diffusa*), Varun *(Crataeva nurvala*), and Kulatha (*Dolichos biflorus*) are the main ingredients that have an alkaline nature and act on Mutravaha Srotas [9]. Sheeta veerya [10], deepaniya [11], vatashamak [12], and rasayana [13] are other components, such as guggulu, loha bhasma, and swarnamakshika bhasma. These characteristics aid in lessening scorching micturition. One well-known guggul the kalpa region that is good for urinary ailments including ashmari, mutraghata, & mutrakriccha is Gokshuradi Guggulu. Gokshura (*Tribulus terresteris*) possesses the following qualities: Sheeta Virya (cool in potency), Vatapittashamaka (pacifying nature of Vatapitta), Mutravirechaniya (diuretic), Mutrakricchahar, Guru (heaviness) Guna, Snigdha (unctuousness) Property, and Ama Pachana (digestive). Urine volume increased, the pH became alkaline, and inflammation decreased as a result of the mutravirechaniya. Its pitta Shamaka (calming burning sensation) and Ama Pachana (digestive) characteristics provide relief to the epithelium of the urinary system, and its aids in the breakdown of Kleda (Waste) production [14]. Additionally, Shwetparpati possesses both deepana and pachana attributes. It is useful in Mandagni, Ajeerna, & Udarshool. It has a vatanuloman and mutral effect.

Shweta parpati contains three key ingredients: Surya kshara (potassium nitrate), Sphatika (alum), and Nausadar. Both Sphatika and Surya Kshara possess ropana, shodhana, and tridoshagna attributes. These components make it an alkali (basic) compound. Madhur rasa, Singdha guna, Sheetavirya, & Madhur vipaka are all present in Trunapanchamula kwath, which raises the body's kleda and induces diuresis. Urine production is increased by Kleda. According to the aforementioned property, this is Vata Pitta Shamak. is therefore helpful for managing urinary symptoms brought on by infections and for enhancing urine function.

CONCLUSION

This case study demonstrates the efficacy of Ayurvedic medication in treating recurrent urinary tract infections. There was a noticeable reduction in UTI symptoms. No negative side effects associated with the prescribed medicine have been reported. A return of the UTI was not seen. Although mutrakrichcha can be well controlled with ayurvedic drugs, this needs to be confirmed by larger-scale study.

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