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EFFECT OF VIRECHANA IN PITTAJ MUTRAKRICCHA – A CASE STUDY

Vijayalaxmi Sujay Patil¹, Sachinkumar Sahebrao Patil²

¹M.D. (Kayachikitsa) Assistant Professor,

²M.D., Ph.D. (Kayachikitsa) P.G.D.E.M.S., D.Y.A., Associate Professor,

M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune, Maharashtra, India

Email: drvrmane@gmail.com

ABSTRACT

Context: Pittaj Mutrakriccha is a genitourinary tract disease resulting as a result of excessive physical exertion, strong medications, and continual indulgence in dry wine, mounting fast horses, indigestion meals & owing to indigestion. Now a day, increasing incidence of the Urinary tract diseases due to high indulgence of wine, excessive use of antibiotics & modern lifestyle has made it necessary to incorporate some more details of the subject in Ayurvedic studies. The analysis of their sign & symptoms attributed to Mutrakriccha belong to Pitta may be due to Agnimandya. Objective:- The main purpose of this study is to find out a safe & effective remedy for recurrent Mutrakriccha inspite of Antibiotics & urine alkaliser. Case:- A 42 year old Male presented with complaints of recurrent burning micturition dysuria, burning sensation in abdomen, increased frequency of urine & a K/c/o Urdhavaga amlapitta. Intervention:- Herbal compound is formulated i.e. Shaman chikitsa & also Shodhana chikitsa. Because once doshas removed from body by shodhan does not make punarudbhava of disease. Results:- There was not only relief in symptoms of Genito-urinary but also marked relief was noted in amlapitta when treated with Ayurvedic principles. Conclusions:- From the classical text description we can say that Mutrkriccha is a condition not only related to physical body but also affects psychologically. The study reveals that Purification followed by palliative therapy was found as a suitable treatment plan to manage Pittaj Mutrakriccha.

Keywords: Pittaj Mutrakriccha, Agnimandya, Shaman chikitsa, Shodhana chikitsa

INTRODUCTION

Mutrakriccha (Cystitis) is a common Urinary tract infection. It is more common in women than in men because of the relatively short ure-

thra & absence of bactericidal prostatic secretions¹. Modern medical science treats cystitis by the antibiotics & urine alkalizers. But due to this

therapy patients may suffer from symptoms like gastrointestinal disturbances like nausea, vomiting, anorexia, diarrhoea, CNS – headache, dizziness, insomnia, impairment of concentration². Also recurrent use of antibiotics causes its resistance.

In Ayurveda cystitis on the basis of its clinical presentation we can co-relate it with *Mutrakric-cha*

Charaka has prescribed Virechana karma in the Pittaj Mutrakriccha³. Mutrakriccha is a Tridoshaja but Vata pradhanya⁴. In this case patient having Pitta-pradhanya with Vata Pitta & Vata dosha play major role in the pathogenesis of Pittaj Mutrakriccha.

CASE REPORT:-

A 42 years old male complained of pain in abdomen, burning micturition, pain during micturition since 10 - 15 days. But, patient has recurrence of complaints over every 45 to 60 days since 3 years. Patient had taken Allopathic treatment for same complaints but got symptomatic relief. Hence came to OPD for Ayurvedic treatment on 20/08/2015.

Pradhan Vedana (Chief complaints):-

Burning micturition

Pain in abdomen (Umbilical & Hypogastric region)

Burning sensation in abdomen (*Udardaha*)

Increased frequency of urine

Purva Vyadhivrutta (Past history):-

No H/o any major illness

K/c/o Urdhavaga Amlapitta

Kulaja Vrutant (Past history):-

Mother – Hypertensive

Brother – K/c/o IHD

Roga pariksha (Examination):-

Vitals were Normal

CVS - S1S2 Normal

RS – Air Entry Bilaterally Equal

CNS - Conscious, Oriented

P/A – Tenderness over Umbilical & Hypogastric region

Prakriti (Constitution) was Pitta-Vataj

Samanya Sharirik (General Examination):-

Weight – 63.5 kg

BP - 122/78 mmHg

PR - 88/min

Complexion - Fair

Appetite - Vruddhi ++

Thirst – *Vruddhi* ++

Bowel movements – Sadaha, Sashula

Urine – Daha, Sashula

Desire – Not particular

Vyasana – Tobacco chewer since 12-15 yrs

1 pack for 2 days. Now stopped since 1 yr

Occupation – Ironing

Manasik (Mental Generals) - Easily irritable,

Dislikes undertaking work

Ashtavidha preksha :-

Nadi (Pulse) – was *Pitta Vataj*

Mala (Stool) – was passing with pain & burning sensation (2-3 times/day)

Mutra (Urine) – Burning micturition & increased frequency

Jivha (Tongue) – Niram

Shabda (Speech) – Prakruta

Sparsha (Touch) – Ushna & Dry

Druk (Eyes) – Prakruta

Akruti (Appearance) - was Krisha

Investigation:-

1) BSL-R: 87 mg/dl

2) Urine-R: Albumin – Absent

Sugar – Absent

Pus cells -1-2 /hpf

RBCs – Absent

Epithelial cells -1-2 / hpf

3) USG (Abd+Pelvis): Cystitis . A calculus of size 4 mm is seen at mid pole of Left kidney. Few tiny renal concretions are seen in both kidneys changes of Cystitis.

Treatment:-

- 1) Chandrakala Rasa 500 mg Three times a day
- 2) Chadraprabha Vati 500 mg Three times a day
- 3) Avipattikar Churna 5 gm Nishakala with Koshna Jala
- 4) Ushirasava 20 ml Vyanodana kala Patient was advised to take Ikshu rasa T/t was given for 10 days

Patient came after 10 days having 50% relief of symptoms

Then same medicines were continued for further 15 days.

Then patient reported 70% relief of symptoms.

Patient was having recurrence of symptoms since 3 years, so planned for *Shodhan Chikitsa* & *Virechana* was planned³.

First Pachana was given *Triphala churna* 1 gm + *Musta churna* 1 gm before food two times a day for 3 days.

After Pachana Vardhamana matra Abhyantara Ghritapana was started.

For Ghritapana Goghruta was advised.

Table 1:

Date	Goghruta Matra	Khudbodha	Snehajeerna Lakshane
28/09/2015	30 ml	6.50 am	10.30 am
29/09/2015	60 ml	6.55am	11.30 am
30/09/2015	90 ml	6.40 am	12.55 pm
1/10/2015	120 ml	6.50 am	3.00 pm
2/10/2015	150 ml	6.50 am	8.00 pm

Adhastad Snehadarshana was seen at 5th day then Snehaviram was given for 2 days & Sarvanga Snehan & Sarvanga Swedan was done.

On 3rd day after *sarvanga snehana* & *swedana Virechaka Yog* was given to patient.

Virechaka Yog:-

Abhayadi Modak 1 gm Triphala kwatha 40 ml

Castor oil 10 ml.

Total 22 *vega* was noted till 4 Pm then patient was discharged. At home patient had 7 *vega*. Total 29 *vega* was noted. As *shuddhi* was *Uttama* hence 7 days *Sansarjana Krama* was advised. After 7 days patient came for follow-up having mild weakness but relief of symptoms of urinary tract as well as *Amlapitta*.

Patient was advised:-

- 1) Chandraprabha Vati 500 mg Three times a day after meal.
- 2) Ushirasava 20 ml after food with Jala for 15 days.

After 15 days patient had no complaints related to *Mutrakriccha* & also related to *Amlapitta*.

Mode of Action:-

1) Chandrakala Rasa⁵ – contains Kajjali which is Vikasi, Vyavayi & Rasayana. Tamra is Pittasarak, balya for Pittasthana. Abhraka is Rasayana, Sukshmastrotogami, Pittashamaka. Musta (Cyperus Rotundus) is Aampachak & Mutral. Pomengrata (Punica Grantum) is Pittashamka & Mutral. Kevada

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(Pandanus Odorifor) is Shamaka, Mutral, Dahagahaghna. Shatavari (Asperagus Recemosa) is balya, Mutral. Kutaki (Picrorrhiza Kurrooa) increases Pittastrava from Liver & Virechaka. Guduchi satva (Tinispora Cordifolia) is Pittashamak, Mutral Dahanashak. Sariva (Hemidesmus Indicum) is Mutral, Rasayani & Raktaprasadak. Manuka (Vitis Viniferra) is Pittashamak, Hrudya, balya & Dahanashak.

- 2) Chandraprabha Vati⁶ It is used in all types of Mutrakruccha, Mutraghata, Ashamari. It is mostly acting on diseases of Genito-Urinary system. It is Rasayana, Balya, Shamak, Mutral, Pachak Aushadhi.
- 3) Ushirasav⁷ As it contains Ushir (Veteveria Zizaninoides), Bal-padmak (Oreochromis Mossambicus), Neelotpal (Nelumbo Nucifera), Dhamasa (Fagonia Arabica), Udumbar (Ficus Recemosa), Parpat (Fumaria Vaillanti), Pundarik (Nelumbo Nucifera), Draksha (Vitis Viniferra) are Pittashamak, Mutral, Dahanashak, Shamak, Raktaprasadak. It decreases burning sensation & regulates urine output. It decreases oedema in Mutrakruccha.
- 4) Avipattikar Churna⁸ It contains Trivritta (Operculina Turpenthuno) which is Sukhavirechana. As per chikitsasutra Sukhavirechana was given to patient who was for Mutrakriccha & Amlapitta.

Effect of Virechana:-

As per Acharya Charaka Chikitsa sutra of Pittaj Mutrakuccha 'Virechana' was advised. As per Acharya Sushruta Mutranirmiti is in Pakwashaya. Hence, Virechana is effective in Mutrakruccha⁹. Also Virechanam Pittaharanam¹⁰. So dushita Pitta Nirharana was done by Virechana. Shodhana Chikitsa is better than

Shamana¹¹. As after Shodhana Dosha "Punarudbhava" was not seen.

DISCUSSION

For Shamana (Palliative major) Herbal formulation contains Chandrakala Rasa, Chandraprabha Vati, Ushirasava, Avipattikar Churna.

- 1) Chandrakala Rasa: Pittashamak, Mutral (Diuresis), Dhaghna, Raktaprasadak, Ampachak, Balya.
- 2) Chandraprabha Vati: Mutral, Pachak, Balya, Shamak acts on genito-urinary system & Rasayana.
- 3) Ushirasava: Pittashamak, Mutral, Dahanashak,, Raktaprasadak, decreases Shotha in Mutrakriccha.
- 4) Avipattikar Churna: Pittaghna, Virechaka, Dahanashak.

Mutrakriccha is a disease of Tridosha having Vatapradhanta, as per modern medicine Antibiotics & urine alkalizers is the treatment which is a symptomatic. In this case Pitta pradhanya is noted. So as per Chikitsa Sutra of Pittaj Mutrakriccha Virechana is selected as Shodhana. The site of action of Virechan is Pakwashaya which is a Vatasthana where urine formation takes place⁴. By the act of Virechana Strotoshodhana, Vatanulomana & Agnideepana are the main outcome which is achieved by Virechana. Due to margavrodhajanya samprapti & Pitta dominant state with Vatadushti, to remove obstruction of Vata – Pitta & to regularize the movement of Vata Virechana is given.

CONCLUSION

Present study was consisting of patient who was on recurrent antibiotics, urine alkalizers & antacids. These drugs were stopped after *Shamana* & *Shodhana chikitsa*. After the complete treatment no recurrence of disease was reported. The

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study reveals that Purification followed by palliative therapy was found as a suitable treatment plan to manage *Pittaj Mutrakriccha*. The analysis of sign & symptoms attributed to *Vata – Pitta* may be produced due to *Jatharagnimandya*.

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