

## A CASE STUDY ON AYURVEDIC MANAGEMENT OF GARBHINI MUTRAKRICHRA

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### ABSTRACT

*Mutrakrichra* is correlated to Urinary tract infection usually caused by *Escherichia coli* bacteria. Incidence of UTI is higher in women than men, 40% to 50% of whom will suffer at least one clinical episode during their lifetime. Progressive anatomical and physiological changes during pregnancy are not only confined to the genital organs however within other systems of the body too, some may be felt as discomfort by a pregnant woman. In the present study *Ayurvedic* management was undertaken to evaluate the effects of the *Usheerasava*, *Chandanasava* & *Tab Bangshil* in *Garbhini Mutrakrichra*.

**Keywords:** *Mutrakrichra*, *Escherichia coli*, UTI

### INTRODUCTION

Achievement of motherhood is the cherished desire of every pregnant woman. A series of changes happen in the physiological and psychological status of woman, some of it may be felt as discomforts to her. In routine antenatal checkups, it is observed that pregnancy can be complicated by maternal illnesses among which urinary tract infection (UTI) is most common. Incidences of UTI are detected in 2 to 8% of pregnant women<sup>1</sup>. Untreated UTI have been associated with increased incidences of low birth weight infants, premature delivery & new born mortality<sup>2</sup>.

#### AIM AND OBJECTIVES

- To understand the *Garbhini Mutrakrichra* disease in *Ayurvedic* perspective.
- To assess the efficacy of *Ayurvedic* medicines in *Garbhini Mutrakrichra*.

### CASE REPORT

A 32 years old female Muslim patient with history of 7 months amenorrhea, house wife by occupation visited the OPD of SKAMCH & RC, dept of *prasooti tantra* and *stree roga* on 23<sup>rd</sup> May 2017 with complaints of severe pain abdomen and burning micturation since 15days. Detailed history of present illness revealed that Patient was said to be apparently healthy till her last antenatal check up. But since 15days, she noticed burning micturation associated with discolouration & frequency of micturation due to which she was unable to do her routine work. Hence, patient consulted a modern hospital on 20/4/17 and she was prescribed some medications (details of which are not available) and she took medications for about 15days, while taking those medications she used to get temporarily slight relief

i.e. for 2days but there was no significant change found in reduction of pain abdomen, burning & frequency of micturation. As these complaints started disturbing her daily activities, she consulted a doctor in OPD of SKAMCH & RC, Bangalore.

**PAST HISTORY:**

No H/O GDM/PIH/hypo-hyperthyroidism or any other major medical or surgical history.

**FAMILY HISTORY:**

No history of same illness in any of family members.

**MENSTRUAL / OBSTETRIC HISTORY:**

Menarche - 12 yrs

M/C- 2-3 / 28-30 days/bleeding- bright red in colour, moderate (2-3 pads/day), without foul smell, without clots.

Married life -7 years.

OH -G2P1A0L1

L1- Male 4yrs, LSCS

G2- P. P

L.M.P – 23-10-2016

E.D.D – 30-07-2017

**GENERAL EXAMINATION**

Built – Moderate, Nourishment – Moderate, Temperature - 98.4 F, Respiratory rate -20/min, Pulse rate – 82 bpm, B.P - 120/70 mm of hg, Height – 152 cms, Weight - 52 Kg, Pallor – Absent, Edema – Absent, Clubbing – Absent, Cyanosis – Absent, Icterus – Absent, Lymphadenopathy – Absent, Tongue - Uncoated

**SYSTEMIC EXAMINATION**

CVS:- S1 S2 Normal

CNS:- Well oriented, conscious.

RS: - normal vesicular breathing, no added sounds

P/A:- Inspection- Linea nigra+

Straie gravidarum+

Umblicus – Normal, flattened

Palpation – Uterus ~ 28weeks

Contractions+

FM+

Auscultation- FHS- 132-136bpm

**ASHTA VIDHA PARIKSHA:**

*Nadi* -82 bpm,

*Mootra*- 7-8 times/ day, 2-3times/day

*Mala* - Once a day.

*Jihwa*- *Alipta*

*Shabda* - *Avisesha*

*Sparsha* - *Anushna sheeta*

*Druk* - *Avisesha*

*Aakruti* – *Madhyama*

**ASHTA VIDHA PARIKSHA:**

❖ *Prakruti* - *Vata + Pitta*

❖ *Vikruti* - *Madhyama*

❖ *Sara* - *Madhyama*

❖ *Samhanana* - *Madhyama*

❖ *Pramana* - *Dhairgya*- 152cms,

❖ *Dehabhara*- 52kg

❖ *Satmya* - *Madhyama*

❖ *Satva* - *Madhyama*

❖ *AaharaShakti*- *Abhyavaharana*

❖ *Shakti*- *Madhyama*

❖ *Jarana Shakti*- *Madhyama*

❖ *Vyayama Shakti*- *Madhyama*

❖ *Vaya* - *Youvana*

**LAB INVESTIGATIONS**

Blood group - B+ve

Hb- 12.2gm%

HIV- Non reactive

HbsAG-Negative

VDRL – Non reactive

RBS- 104 mg/dl

BT- 3min 2sec

CT- 5min 11sec

Urine examination- Microscopic examination- pus

cells- 16-18cells/hpf

Epi cells- 6-8cells/hpf

**USG on 2/4/17**

A single live intrauterine gestation of 21weeks +/- 1week

Presentation- variable

Placenta- Anterior

Liquor- Normal

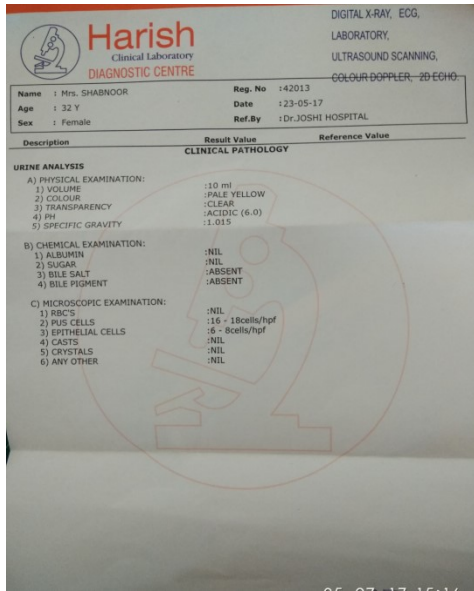
Fetal activity present  
 FHR-146bpm  
 EFW- 383gms  
 SEDD- 30/7/17  
**TREATMENT**

Usheerasava - 2 tsf BD with luke warm water A/F  
 Chandanasava - 2 tsf BD with luke warm water A/F  
 Tab Bangshil - 1-0-1 A/F  
 All medications were advised to take for 1month.  
 Follow Up- 4/7/2017

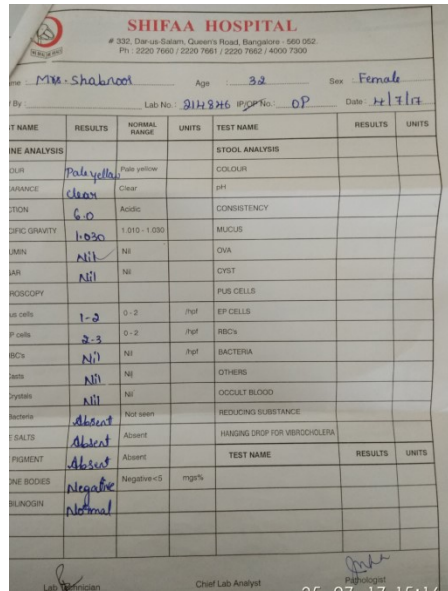
**OBSERVATIONS AND RESULTS**

**Table 1:** Showing signs and symptoms

Signs and symptoms	Before treatment	After treatment
<i>Daha</i>	Present	Absent
<i>Ruja</i>	Present	Absent
<i>Peeta nutrata</i>	Present	Absent
<i>Muhur mutrapravrutti</i>	Present	Absent
<i>Udara shoola</i>	Present	Absent
Urine microscopic examination	Pus cells- 16-18cells/hpf Epi cells – 6-8cells/hpf	Pus cells- 1-2cells/hpf Epi cells -2-3cells/hpf



**Before treatment**



**After treatment**

**DISCUSSION**

In the routine antenatal checkups, the signs and symptoms of *Mutrakricchra*<sup>3</sup> are generally present. Lower UTI is characterized by frequency, dysuria, urgency & strangury. In the explanation of *Garbhini vyadhi*, *Mutrakricchra* has not been described. *Acharya Kashyapa* has opined that the aetiopathology of the physical & psychological disorders that occurs in pregnant women are same as in

normal individuals. Pathological factors involved like *doshas*, *dushyas* etc are same in both. In the present study *Usheerasava*<sup>4</sup> was taken which is indicated in *raktapitta vinashana*, *pandu*, *kusta*, *prameha*, *arshas*, *krimi*, *shophahara* & *Chandanasava*<sup>5</sup> having properties like *shukramehahara*, *balakara*, *pustikara*, *hrdya*, *agnideepana*.

*Usheerasava* mainly used for burning micturation, urinary tract infections, pyuria, dysuria, hyperuricemia, cystitis, chronic kidney failure. It fights off a wide range of microbes, so it gives relief from urinary tract infections and its Lithotriptic property helps to dissolve the stones.

*Chandanasava* is a formulation used for kidney and urinary disorders; it is beneficial to cure burning urination, UTI, dysuria, renal calculi. It also provides strength, nourishment, as a cardiac tonic and improves digestion also.

Tab *Bangshil* used for burning, painful, slow, frequent micturition, it acts on asymptomatic bacteria of pregnancy. It is effective in treatment of acute or chronic UTIs due to its bactericidal action. It has biomedical actions i.e, Anti-inflammatory, antioxidant, antiseptic, bactericidal, bacteriostatic & immunity boosting.

## CONCLUSION

In *Ayurveda*, primary prevention (*Nidana parivarjanam*) strategy has been given priority. Increase prevalence of UTI is a global issue of concern due to associated long term compromise in the quality of life. Hence, in the present study *Usheerasava*, *Chandanasava* and Tab *Bangshil* have been used for *Garbhini mutrakrichra* which is found to be very effective. There is drastic improvement in signs and symptoms. But to prove this with greater confidence further studies are to be conducted on this as the present paper is a single case study. Trial in a larger sample is required to generalize the outcome.

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