

## STUDY OF EFFICACY OF VALLIPANCHMOOL KWATHA IN MANAGEMENT OF PITTAJ MUTRAKRICHARA WITH SPECIAL REFERENCE TO CYSTITIS - A CASE STUDY

Kalyani S. Pawar<sup>1</sup>, R.H. Amilkanthwar<sup>2</sup>

<sup>1</sup>M.S. Scholar; <sup>2</sup>Associate Professor;

Shalyatantra Department, Government Ayurved College, Nanded, Maharashtra, India

Email: [pawardrkalyani@gmail.com](mailto:pawardrkalyani@gmail.com)

### ABSTRACT

Cystitis which is inflammation of bladder has direct effect on bladder function. It commonly occurs in young to middle age women. In modern science cystitis is treated with antibiotics analgesic & urine alkalisers, no doubt the treatment is proved but recurrence is there while in *Ayurveda Pittaj Mutrakrichra* is treated with herbal medicines like *Trinapanchmool*, *Kakolyadi gana*, *Panchwalkal gana*, *Nyagrodhadi gana*, *Vallipanchmool gana* with significant results. The *Lakshanas* of *Pittaj Mutrakrichara* can be correlated with cystitis. In our *Ayurved samhita Bhavprakasha Madhyakhanda*, there is explanation about *Lakshanas & Chikitsa of Pittaj Mutrakrichra* and there is direct reference of use of *Vallipanchmoola* in *Chikitsa of Pittaj Mutrakrichra*, so a present case study includes study of efficacy of *Vallipanchmool Kwatha* in management of *Pittaj Mutrakrichara* with special reference to cystitis. Drugs of *Vallipanchmoola gana* reduce the symptoms of cystitis by decreasing the inflammation of bladder. A case of *Pittaj Mutrakrichara* has been diagnosed as per the *Lakshnas* given in our *Samhitas*. These symptoms then correlated with cystitis & for the diagnosis of cystitis modern diagnostic tools has been used then *Vallipanchmool Kwatha* has been given orally two times a day with follow up of 7 days. Total study has been completed in 30 days. *Vallipanchmool Kwatha* (Decoction) is given for one month which significantly decreases the symptoms of cystitis.

**Keywords:** Cystitis, *Mutrakrichra*, *Vallipanchmoola*

### 1.1 INTRODUCTION

Ayurveda has dealt with many diseases *Mutravahsrotas* under the headings of *Mutrakrichhra*, *Mutraghata*, *Mutrashmari* etc. *Mutrakrichhra* is one of the most common & distressing disease among the group of urinary disorder<sup>[1]</sup> *Acharya Sushruta & Acharya Charaka* have described widely & comprehensively about *Mutrakrichhra* with its classification

& treatment.<sup>[1]</sup> They have 8 types of *Mutrakrichhra* & one of them is *Pittaja Mutrakrichhra*.<sup>[1,3]</sup> The *lakshanas* of *Pittaja Mutrakrichhra* can be correlated with the symptoms of the disease cystitis.<sup>[1,18]</sup> *Mootra Kruchra* is one of the elaborately explained *rogas* in all major *Ayurvedic* classics. As the name suggests, it means the *Kruchta* or difficulty during *mootra*

*pravrutti*. *Mootra pravrutti* is considered one among the *Adharaniya Vega*.<sup>[1]</sup> According to the *nidana* and *lakshanas* & types of *Motrakrichra*, *Pittaja Mootra krichra* is most common and frequently occurring problem. The *lakshanas* of *Pittaja mootra krichra* like *peet mutrapravrutti* means yellowish discoloration of urine, *Sadaha Mutrapravrutti* means burning sensation during micturition, *Saruja & Muhurmuhu Mutrapravrutti* means dysuria & with increased frequency. *Sarkta Mutrapravrutti* means hematuria. So, all these have close resemblance with the signs and symptoms of Cystitis of modern science<sup>[1]</sup>

Cystitis is one of the most common conditions seen in general practice. A healthy urinary tract is generally resistant to infections. However, for anatomical reasons female lower urinary tract is more susceptible. Predisposing factors for cystitis include female sex, age below 6 months, obstructive uropathy, severe vesicoureteric reflux, constipation and repeated catheterization<sup>20</sup> Poor hygienic conditions and environment, poverty and illiteracy also contribute to the increasing percentage of cystitis.<sup>[16]</sup> Cystitis occur in 1% of boys and 1-3% of girls<sup>24</sup>

### 1.2 Need For The Study:

In modern science cystitis is treated but the effect is temporary & patients come with recurrence. Some drugs are nephrotoxic too. While in *Ayurveda*, *Pittaja Mutrakrichra* is treated with herbal medicines which can be used orally or by *Uttarbasti*.<sup>[1,3,5]</sup> They have no any harmful effect on the body. So the purpose of our study is to find out alternative treatment for cystitis by using the principles stated by our Ayurved Ancient *Acharyas*. Modern treatment of cystitis comprises of antibiotics, antispasmodics, alkalisers which have their own side effects and limitations. We have a number of *Yogas* in *Ayurvedic* classics which are cost

effective and giving good results and can be taken by patients in OPD basis also.

*Vallipanchmool* contain 5 *dravyas* *Guduchi*, *Vidari*, *SarivaManjishtha*, *Meshshringi* all these 5 drugs are a part of *Vallipanchmool gana* described by *acharya sushruta*<sup>2</sup> As per the drug literature of *ayurveda* all 5 drugs are *Pittaghna*, *Vatanghna* & *Kaphaghna* also in each drug literature there is effect on *Mutravaha Srotas Roga* is indicated.<sup>[11]</sup> So further research work is necessary for confirmation of properties.

### 2.1 Case Report:

A 53 years old male patient came to OPD of Government Ayurved College Hospital Nanded, Maharashtra India, with chief complaints of *Sadaha Mutrapravrutti* (burning sensation during micturition), *Adhoudara shula* (Lower abdominal pain), Incomplete voiding of urine with weak stream, *Peet Mutrapravrutti* (yellowish discoloration of urine), *Saruja & Muhurmuhu Mutrapravrutti* means dysuria & with increased frequency and *Alpa Sarkta Mutrapravrutti* (hematuria)

Patient was suffering from above symptoms since 3 years intermittently. He had used various medicines and taken conservative treatment but didn't get relief completely. No any past surgical history given by patient. In Major illness he was K/C/O/ HTN since two years. In Systemic Examination including RS, CVS and CNS was normal. In abdominal examinations the abdomen was soft with lower abdominal tenderness at suprapubic region. Related to Urinary system External urethral meatus and genitals was normal. In Per rectal examination there was Mild prostatomegaly. The personal history of patient and *Ashtavidha Pariksha* findings were observed as noted in table-1 and table-2 respectively.

**Table 1:** Personal History

NAME :xyz	Bala: Madhyam	Prakriti: Pittavata
Age: 53 yrs	Sleep: Good	Bp: 110 /70 mm of HG
Sex: Male	Addiction: None	Weight: 60 Kg
Marital status : Married	Bowel habit: Regular	Height: 155 cm
Occupation; Job	Appetite: Good	

**Table 2: Ashtavidha Pariksha**

Nadi: 78/MIN	Shabda: Speech clear
Mala: Regular	Sparsha: Normal
Mutra: Burning sensation	Druk: Normal
Jivha: Niram (uncoated)	Aakruti: Madhyama

## 2.2 Investigations

### 1. USG

Before treatment	After one month of treatment
Findings of cystitis	Within normal limits

**2. Cystoscopy:** Findings of cystitis

**3. Asending Urethrogram:** Within Normal limits

**4. Uroflometry good flow**

### 5. Blood Investigations

- BSL Fasting 86.5 Mg/dl and pp 135.7 mg/dl
- Urine routine and microscopic: no of pus cells 1 to 20 /hpf before treatment and After treatment 1 to 5 /hpf rest report was normal
- Urine culture and sensitivity test: Organism isolated E-Colii Count > 10<sup>5</sup> CFU/ML
- KFT: Sr creat - 0.89 mg % serum urea 18 mg/dl
- CBC: WN L

### 2.3 Nindan panchak<sup>[2,3]</sup>

- *Hetu: Ativyam, Tikshna Ushna Aahar, Ruksha aahar, Mutranigraha, Kshinata etc.*
- *Purvaroop: Aanah, Ajirna, Mtradaha etc.*
- *Roop: Udarschool, Mutradaha, Sarujamutrapravrutti etc*
- *Upashaya: Upshayatmak*
- *Samprapti:* In present case above causative factors provoked *Vata & Pitta Dosha & also there is Mutranigraha Hetu* which causes "*Kha*

*Vaigunya*" at *Basti & Mutravahasrotas*. So, these *Dosha* enter in *Basti & Mutravahasrotas* leading to *Bastishooth & Mutravahasrotas Dushti* i.e. Cystitis with dysurea at the same time due to *Mandagni*, it disturbs the function of *Pachak pitta* so there is no proper separation of *Dosha, Rasa, Mutra, Purisha*. Due to *Apana Vayu Dushti Mala* is not excreted completely from body which leads to accumulation of these mala in body so there is initiation of disease

### 2.4 Chikitsa (Treatment plan)<sup>[8]</sup>

*Vallipanchmool Kwatha* orally 40 ml BD Before meal upto one month with follow up of 7 days.

### 2.5 Criteria for Assessment of results

1. Complete Relief - About more than 75% complete disappearance of known symptoms.
2. Marked relief – About 50 % to 75% disappearance of known symptoms and absence of complications.
3. Moderate relief- About 50 % relief in symptoms
4. Mild relief – 25 % relief in symptoms.
5. NO relief – No relief in symptoms.

## 2.6 SUBJECTIVE CRITERIA FOR ASSESMENT

Patient has been assessed by us on the basis of

Criteria	Cured (0 Grade)	Mild (1 Grade)	Moderate (2 Grades)	Severe (3 Grades)
1. Haematuria	No change in urine color & no microscopic hematuria	No change in urine color, only microscopic hematuria.	Change in urine color with microscopic hematuria.	Whole urine stained with blood with blood drops at the end of micturition.
2. Pain during / after micturition	No any pain.	Referred pain at the tip of penis in males & at labia majora in females.	Pain at suprapubic region/ tip of penis/ labia majora without tenderness at suprapubic region.	Pain at suprapubic region/ tip of penis/ labia majora with tenderness at suprapubic region.

3. Burning during / after micturition	No burning during micturition.	Burning during micturition.	Burning after micturition upto 1 hour.	Burning after micturition beyond 1 hour.
4. Frequency of micturition at night	No micturition at night	1-2 times in night.	3-5 times in night.	>5 times in night.

### 2.7 Observation Follow up as per assessment criteria

Days	0 <sup>th</sup>	7 <sup>th</sup>	15 <sup>th</sup>	30 <sup>th</sup>
Frequency of micturition	15 Times	10 to 12	10 to 7	Less than 5
Burning micturition	Severe	Moderate	Mild	No
Incomplete voiding of urine	Moderate	Mild to Moderate	Mild	No
Weak stream	Severe	Moderate	Mild to Moderate	mild
Suprapubic tenderness	Severe	Moderate	Mild	No
no of grades	15	9	5	2

### 3. RESULT AND DISCUSSION

Patient had relieved from above complaints like burning micturition, frequent micturition, pain in abdomen etc within the follow up period of one month. In USG findings cystitis observed before one month which was totally absent after treatment. No significant adverse event is seen during the course of study.

*Vallipanchmoola* contains flavonoids, tannins, steroids, alkaloids and glycosides which helps in faster healing of wounds.<sup>9,11</sup> The phytosterols and flavonoids are anti-inflammatory and analgesics reducing the pain.<sup>24</sup> Tannins also proved to have antimicrobial property which might have reduced the infection. *Vallipanchmoola* seems to have property like Anti-infective, anti-inflammatory; antiallergic which decreases the inflammation of bladder. *Vallipanchmoola* has diuretic action so there is complete evacuation of bladder. Due to cooling effect of *Vallipanchmoola* burning sensation of micturition decreases which ultimately decreases the symptoms of cystitis.<sup>9,11</sup> *Sariva* acts as natural diuretic and helpful in kidney and urine disorders it acts as anti inflammatory, *anti-infective* that which subsides the symptoms of cystitis.<sup>9,11</sup> *Meshshringi* used in treating diabetes and urinary diseases. *Guduchi* has anti-inflammatory activity, treating recurrent fever and relieves anorexia, urinary tract infections & pain. *Vallipanchmool Kashaya Pitta Shamaka, Stambhaka Vranaprakshalana,*

*Vranaropana*, astringent, antiseptic (*Kashaya Rasa*) and wound healing properties (*Vrana Ropana*).<sup>[11,12,13,14]</sup> Because of these properties, it helps in increasing local cell immunity and prevents recurrence of symptoms in patient. In classical terms, it can be explained that *Katu, Tikta, Kashaya Rasa, Laghu, Ruksha, Teekshna Guna, Ushna Veerya, Katu Vipaka* and *Kaphapittaghna* properties of drugs are responsible to break the *Samprapti* of diseases.<sup>[9,10,11.]</sup>

### 3. CONCLUSION

The Ayurved treatment protocol with oral use of *Vallipanchmoola* in decoction form is effective in management of *Pittaj Mutrakrichra* (chronic cystitis). The limitation of this study is this is single case study and now further work is going in more number of cases for its concrete conclusion.

### 4. REFERENCES

1. Kaviraj Ambikadatta Shastri, SushrutSamhita, Uttartantra 59 /20. Chaukhamba Prakashan Varanasi. Edition 2011, Page no 554
2. Kaviraj Ambikadatta Shastri, SushrutSamhita, Sutrasthna adhyayam 38 shloka 38/73, 38/75 Chaukhamba Prakashan Varanasi. Edition 2011, page no.189
3. Vd. Ravidattatripathi and Vd. Vidyadharshukla Charaksamhita dwitiyabhag Chikitsasthanamadhyayam shloka 26/32, 26/33,

- 26/34,26/49 Chaukhamba krushnadas academy Varanasi. 3<sup>rd</sup> edition 2010 Pg no.632
4. Prof. Ravidattatripathi and Acharya Vidyadharshukla CharakSamhita dwitiyabhag sidhhisthanamadhyayamshloka 9/32 Chaukhamba Sanskrit prakashan, Varanasi. 3<sup>rd</sup> edition 2010 Pg.no.950
  5. Dr. Brahmanan Tripathi Acharya Vagbhat Samhita Nidansthan Adhyayam 9/4 Chaukhamba Surbharti Prakashan, Varanasi. Edition 2010 Pg.no.488
  6. Dr. Brahmanand Tripathi Sharangdhara Samhita 2013Madhyakhandaadhyayam 2/1,2/2,2/3, 2/101 .Chaukhamba Sanskrit Sansthan, Varanasi.reprint Edition page no.133
  7. Dr. Brahmanandtripathi Sharangdhara Samhita Purvakhand Adhyayam7/57,7/58 Chaukhamba Sanskrit Sansthan, Varanasi.reprint 2013 page no.133.
  8. Vd. Shri. Hariprasad. Pande Bhavprakash Samhita part 2 adhyayam 35 /4, 35/16 ,35/46 Chaukhamba krushnadas academy ,Varanasi. 9<sup>TH</sup> Edition page no 354,356, 359
  9. Shri .Vishnu Madhav Gogate Dravya Gun vidnyan<sup>1st</sup> edition part 2 page no 371,584, 630, 586, 674.
  10. Dr.Brahmanand Tripathi Madhavnidan part -1 Adhayam 30/1, 30/2, 30/3 Chaukhamba Krushnadas Academy,Varanasi. 9<sup>th</sup> Edition page no 620,621, 623.
  11. Acharya Priyawat Sharma Dravya Gun Vidnyan part 2 Chaukhamba Krushnadas Academy, Varanasi.1<sup>ST</sup> Reprint Edition 2006 Pg.no 234,455etc.
  12. Yogratnakara, Nidansthan 4/1Edited by PT Sadashiv shastri joshi 1939 published by Jay Krishna Das Gupta. Chaukhamba Sanskrit sansthan, Varanasi.
  13. Kaviraj Shri Ambikadatta shastri Bhaishjyaratnawali of Shrigovind das Vidyotinitika chapter Mutrakruchrachikitsaprakaran 34 shloka 34/2,34/27 edited by Rajeshwar data shastri published by Chaukhamba Sanskrit Pratisthan reprint Edition 2012 page698
  14. Dr. Sidhinandanmishra Bhaishjyakalpana Bhaishjyakalpanavidnyaniyam 6<sup>th</sup> adhayaym Chaukhamba Sanskrit pratisthanreprinted 2014 page no-12
  15. Hutchinsons Robert, Hutchison'sclinical methods chapter 14 Kidneys & Ureters .edited by Michal swash & Michael Glynn 22<sup>nd</sup> edition reprint 2007 pg.no. 185
  16. By Dr. Rajgopal shenoy Manipal manual of surgery chapter 38,39,40 reprint 2008 2<sup>nd</sup> edition published by CBS publishers new delhi.pg.no.607,613,636
  17. By Hamilton bailey & Mcnill love Bailey & Loves short practice of surgery part 12- chapter 74,75,76, Edited by Norman s. Williams, Christopher J.k. Bulstrode, P. Ronan 26<sup>th</sup> edition reprint 2013 published by CRC press. Pg.no.1398,1423.
  18. By Dr. S. Das A manual on Clinical Surgery Chapter 37 reprint 1<sup>th</sup> edition 2015 Published by Dr. S. Das.pg.no. 555
  19. Dr. S. Das A Concise Text Book of Surgery chapter 48, 49. reprinted 9<sup>th</sup> edition 2016 Published by Dr. S. Das 1163,1237
  20. Boyd's textbook of Pathology Vol- 2 chapter 39reprinted 9<sup>th</sup> edition published by R. Keennt Bussy pg.no.1235
  21. Mahajans Methods in Biostatistics 8<sup>th</sup> edition revised & edited by ArunBhadrakhanal published by Jaypee brothers Delhi 8<sup>th</sup> edition 2016
  22. Protein in urine articlefrom Kidney Reasearch UK Website : kidneyhealth@kidneyresearchuk.org
  23. The complete Urine analysis & tests article reviewed December 2015 & expires in December 2017 web: www.RN.ORG
  24. UTI In women article from Indian journal of clinical practice volume 23 no4 review September 2012 by Ramesh Hotchandani & kk agrawaal

**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Kalyani S. Pawar & R.H. Amilkanthwar: Study Of Efficacy Of Vallipanchmool Kwatha In Management Of Pittaj Mutrakrichara With Special Reference To Cystitis - A Case Study. International Ayurvedic Medical Journal {online} 2019 {cited February, 2019} Available from: [http://www.iamj.in/posts/images/upload/268\\_272.pdf](http://www.iamj.in/posts/images/upload/268_272.pdf)