ETIOLOGICAL DIAGNOSIS (SAMUTHANA VISHESHA) OF MUTRAKRICHRA W.S.R TO CHRONIC KIDNEY DISEASE

Rashmi Pujar¹, Nagaraj², Prasanna N. Mogasale³

¹Assistant Professor Department of PG studies in Roganidana, SDMCA, Hassan, Karnataka, India.
²HOD and Professor, Dept of PG studies in Roganidana, SDMCA, Udupi, Karnataka, India.
³Associate Professor, Dept of PG studies in Roganidana, SDMCA, Udupi, Karnataka, India.

Email: prashmi287@gmail.com

ABSTRACT
Renal diseases are the leading cause of co-morbidity in the country owing to the late onset of alarming symptoms. The delay in diagnosing causes difficulty in framing effective treatment protocol for the disease. In Ayurvedic classic no specific entity can presents with the symptomatology of chronic renal disease. Hence a study was undertaken to explore of etiological factors of Mutrakrichra (dysuria) in the manifestation of the chronic kidney disease. The influences of the Ayurvedic nidanas were found to be significant in the manifestation of chronic disease of kidney. The discussion of the same goes hand in hand with modern parlance

Keywords: Nidanas, Mutrakricchra (Dysuria), Chronic kidney disease.

INTRODUCTION
The Samuthana refers to Hetu or etiological factor and Vishesha refers to Specific. Samuthana Vishesha refers specific etiological factor. The nidanas of CKD can be segregated into Nidanottha and Rogottha. As nidana for Mutraghata has not been mentioned in literature, nidana of mutrakricchra as well as the mutravahasrotas that is involved in the pathogenesis of disease has to be considered as nidanottanidananas. Rogottha refers to Chronic Kidney Disease occurring as secondary to other illness i.e. nidana of anubandhyaroga. Nidanottha Nidana refers to Dosha Hetu and Rogottha Nidana refers to Vyadhi Hetu in general.

Nidanotthanidana means CKD occurring due to ahitaahara (unwholesome diet) and vihara (unwholesome activities). Those are as follows:

**ATIVYAYAMA:** In our classics proper time and amount of exercise that has to be done are explained¹. Ativyayama will result in pathologies like kshaya (emaciation), prathamaka (asthma), raktapitta (bleeding disorder), chardi (vomiting), trishna (thirst)²³. Here it can be taken as when a person is doing work beyond his capacity, will result in dehydration, electrolyte imbalance and lactic acidosis. Shoshana of Jaleeya Dhatu (dehydration) results in Vata prakopa. Fluid and electrolyte imbalance may result in causes of pre renal failure.
**TEEKSHA AUSHADHA**: Aushadha dravya are categorized in two different headings namely, Bhashaja and Abheshaja. Dosage of a drug is determined on the basis of Dravya, Guna (Quality) and Karma (Action). Tikshna (Sharp) quality of the drug substances is those which are responsible for the Daha, Paka and Srava. Any drug, capable of producing Daha, Paka and/or Srava in Bastiavayava may bring about acute or chronic kidney disease. In classics, Bhavaprakasha while commenting on this word has mentioned that “Tikshna –Ausadha – Rajika Suranadik Yuktam” i.e. intake of excess Rajika, Surana(elephant yam) are causative factor of Mutrakricchra. The nephrotoxic drugs are the best examples in the present era.

**RUKSHA MADA YA PRASANGA**: Continuous use of excess quantity of ruksha (dryness) variety of Madhya (alcohol) leads to Mutrakricchra. Madya prepared out of drugs having qualities such as Rooksha (dry), Laghu (light), Khara (rough), Teekshna (sharp), Ushna (hot), Shhira, Apichila and Katina (hard) mostly considered as RookshaMadya. Madya in general has amla rasa, ushnavirya and amlavipaka but few Madya depending upon the method of preparation it acquires rukshaguna i.e madhya which is been prepared out of dhatakusha is ruksha, hridya and agnideepaka. Madya prepared out of tandula of yava is said to have ruksha property and it is vatapatitakara. Naveena Madhya is vatavardaka. Madya is having opposite qualities of Ojus, when taken in excess quantity continuously leads to destruction of Ojus. Thus Oja-kshaya leads to Vataparakopa, providing a base for causing Mutraghata.

**NITYA DRUTA PRISHTAYANA,**

**ABHIKSHATHASYA**: Bhavapraksha while commenting on this term mentions that Drutaprasathyanat-AshvadiGamanat i.e. to ride on fast moving animals like horse etc daily or frequently causes Mutrakricchra (dysuria). The same description is termed with the word ‘Abhikshatasa’ by Charaka as Mutravahasroto dushti Karana. Riding horse or other such animals directly involves the saddle area which may result in injury to the Mutravaha srotas. The sites of Vata and Apanavata being the same i.e. Pakvashaya. Pakvashaya is in proximity with saddle area. There is chance of provocation of Vata dosha to the maximum extent. Mutravikara, Shukravikara, Arshas, Gudabhramsha etc may occur as result of abnormal Apanavata.

**ANUPA MATSYA**: Anupadesha refers to marshy land which is characteristic of heavy rainfall in a year. Acharya vagbhata explains that matsya are paramakaphakaraka. All the living creatures will be having constitutionally Kapha pradhana dosha in general. Creatures of such land are Mahabhishyandi ahara is responsible for excessive Kledatva in Dosha, Dhatu, Mala and Srotas. Abhisishyandi also causes Srotorodha thus, producing favorable conditions in the various body parts for various diseases. Kleda is Shareeragatataleeyabhaga. Mootravahasrotaus having strong dependence with jaleeyadhatu and through which it is in relation with other sarvasrotas of the body. Dhatugatakleda is jalarooopi and is in association with Ambuvahasrotus. Basti is the Vishramasthana of Ambuvahasrotus i.e, Ambu gets cleansed in Basti. Shareeragata kleda reaches the Basti and may vitiate the Bastiavayava resulting in Acute or Chronic renal pathologies.

**ADHYASHANA AND AJEERNASHANA**: Consuming food before the digestion of previous meal is Adhyashana. This is a transient phenomenon as the functions of Agni is adequate. The term ‘Ajeernashana’ refers to the consumption of food articles where the person suffers from the state of indigestion. In the state of Ajeernashana, there will be impaired functions of Agni. Improper dietetic habits lead to the production of Ama in the body thus lead to Srotoavarodha, which is one of the main causes for Vata vitiation producing Khavaigunyata and leading to disease condition. If Khavaigunyata occurs in Basti, it may result in acute or chronic kidney disease.
Adyashana is Atisantarpana and results in Sthoulya (obesity). A person suffering from the Sthoulya is likely to develop several complications such as Pramehapidaka, Bhagandara etc. Most of the complications in Sthoulya are because of the Margavarana by Kaphadosha and Medodhatu. Margavarana in Basti avayava results in different kinds of Mutra roga. Obesity related complication on various systems. Obesity induced effect on cardiovascular system leading to chronic kidney disorder

**MUTRITODAKA BHAKSHANA/SREE SEVANA:** Faulty habits of an individual may land up in complications. Devouring food or indulging in sexual intercourse by a person having the urge for micturition. Impeding the urges of the body and indulging in activity definitely provokes Vata dosha. If a person is indulging in mootravegadharana and indulging in sexual activity or consuming food will provoke Apanavata.

Such acts during suppression of micturition may result in secondary cause of vesicoureteral reflex. Secondary vesicoureteral reflex stems from a high pressure causing backward flow of urine from urinary bladder to Ureters and if severe enough, back to the kidneys. Infections from urinary bladder spread to upper urinary system and even may result in Pyelonephritis, which is one of the causes for Chronic Kidney disease

**MUTRA VEGARODHARANA:** Suppression of urge of micturition is one of the important causes of Mootravahasroto dusti. The Apana vatais seated in pelvic region is responsible for excretion of urine. Any impairment in its normal function such as Pratiloma-gati, leads to various affliction of MootravahaSrotas such as Mutraghata, Ashmari, Prameha etc. All the conditions which causes Patikanana i.e. obstruction to the mootravega like Mutrajatara, Vatabasti, Mutraosanga, Mutraatita, Vataastila, Raktajagranti and Vatakundalika etc., will also have the similar effect over the Mootravahasrotus. Vigunagati or Pratilomagati of Vata is similar to the understanding of vesicoureteral reflex.

**KSHEENA PURUSA:** ‘Ksheenasya’ i.e. Ksheenapurusha. Ksheenapurusha is susceptible to develop Mootravahasrotodusti. Ksheena refers to Ksheena kaya (emaciated) as well as Balaksheena.

Bala is of two kinds. Bala refers to the bulk/physique of an individual obtained by Vyayama. Bala also refers to Abhyantarabala i.e. Ojas. In the present context Bala should be considered as Abhyantarabala. There are different factors attributed for Balaksheena or Durbala. They are Swabhava, Dosha and Jara. Swabhava refers genetic factors, Dosha refers to diseases due to lifestyle and environmental factors and Jara refers to geriatric issues.

Genetic factors of illness depend on the Karma of an individual. The very existence of every creature born is because of Karma – Past life deeds. The sins of past life may vary less or more. When there is durbala karma, there will be family history of illness either rooted to one of the parent. When there is balavan karma, there will not be family history for the illness suffering from less or durbala karma will explain the genetic susceptibility where as more or balavan karma will indicate the mutation.

Kshaya as a consequence of Doshaprakopa, primarily indicates dhatukshaya because of chronic diseases or dhatukshaya secondary to Margavarana related disease. Dhatukshaya clinically manifest in two ways. Sadya (sudden) or Cira (gradual) most important cause of sadyadhatukshaya is because of Udakakshaya – either Udaka or Udaka, rasa and raktakshaya. All the causes which results in volume loss are considered as Kshayahetu. Shonitasrava, mala atipravritti are the important among them. Mootraghata is one of the upadrava of vishoocika and is because of sadhyaksheenahetu.

Jara refers to old age. Stasis of the urine is one of the common problems either because of Prostomegaly in males or Prolapse of the uterus or anterior vaginal wall in females. Undue stasis of urine is also the cause for urinary tract infection. Retention of urine may precipitate vesico-
urinary reflex. Such mechanisms may ultimately result in renal damage either acute or chronic.

**ABHIKSHATHA:**

A person suffering with injury to the organs of MutraVahaSrotas is no doubt will suffer from Mutraghata and related complaints. Any injuries to them will to bladder distension, urine retention\(^8\). Basti is sadyaopranahara marma. Injury to the basti results in grave disorders. They are Mootradosha, vatamootravarcasangraha, mehanabasti shola, Gulma, Kukshigudasronigraha etc diseases.

**CONCLUSION**

The Ayurvedic attributing of diseases from its etiological factors gives a complete idea about manifestation of the disease. The modern biomedicine gives minimal importance to the factors of causation and is more oriented in treating the presenting features. The etiology at times may have a decisive role in the outcome especially in cases where the patient is treated from one side but continue with etiological factors. This study aims at making an ample assessment of the etiological factors in the manifestation of the disease along with modern parlance.

**REFERENCES**


11. Vagbhata, Ashtangahridaya with commentaries-Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri; Pt. Hari Sadasiva Sastri Paradakara Bhishagacharya Editor Varanasi:


