

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

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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 *nidanas* 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 *nidanottanidanas*. *Rogotta* 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)^{2,3}. 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.

TEEKSHNA AUSHADHA⁴: *Aushadha dravya* are categorized in two different headings namely, *Bheshaja* 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 MADYA 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), *Sthira*, *Apicchila* and *Katina* (hard) mostly considered as *RookshaMadya*⁵. *Madya* in general has *amla rasa*, *ushnaviry* and *amlavipaka*⁶ but few *Madya* depending upon the method of preparation it acquires *rukshaguna* i.e. *madya* which is been prepared out of *dhatakipushpa* is *ruksha*, *hridaya* and *agnideepaka*. *Madya* prepared out of *tandula* of *yava* is said to have *ruksha* property and it is *vatapittakara*⁷. *Naveena Madya* is *vatavardaka*⁸. *Madya* is having opposite qualities of *Ojus*, when taken in excess quantity continuously leads to destruction of *Ojus*. Thus *Oja-kshaya* leads to *Vataprakopa*, providing a base for causing *Mutraghata*.

NITYA DRUTA PRISHTAYANA, ABHIKSHATHASYA: *Bhavapraksha* while commenting on this term mentions that *Drutaprasthanat-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 ‘*Abhikshatasya*’ by *Charaka* as *Mutravahasroto dushti Karana*⁹.

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*^{10,11}. *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 year¹². *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 *Maha-abhishyandi* by nature. *Mahaabhishyandi ahara* is responsible for excessive *Kledatva* in *Dosha*, *Dhatu*, *Mala* and *Srotas*. *Abhishyandi* also causes *Srotorodha* thus, producing favorable conditions in the various body parts for various diseases.

Kleda is *Shareeragatajaleeyabhaga*. *Mootravahasrotus* is having strong dependence with *jaleeyadhatu* and through which it is in relation with other *sarvasrotas* of the body. *Dhatugatakleda* is *jalaroopi* 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*¹³. 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 indigestion¹⁴. 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 micturition¹⁵. Impending the urges of the body and indulging in activity definitely provokes *Vata dosha*. If a person is indulging in *mootravedgharana* 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 vata* is 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 *MutravahaSrotas* such as *Mutraghata*, *Ashmari*, *Prameha* etc¹⁶. All the conditions which causes *Patihanana* 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 PURUSHA:

'*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 *Balaheena* or *Durbala*. They are *Swabhava*, *Dosha* and *Jara*¹⁷. *Swabhava* refers genetic factors, *Dosha* refers to diseases due to life-style 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 atipravrutti* 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 Prostatomegaly 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-

ureteral 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 retention¹⁸. *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.

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