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 women¹. Untreated UTI have been associated with increased incidences of low birth weight infants, premature delivery & new born mortality².

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 23rd 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 2 days 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 4 yrs, 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+
                  Striae gravidarum+
Umblicus – Normal, flattened
Palpation – Uterus ~ 28 weeks
                  Contraction+
                  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,
✓ Deabhara- 52kg
✓ Satmya - Madhyama
✓ Satva - Madhyama
✓ AaharaShakti- Abhyaharanara
✓ 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 21 weeks +/- 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

<table>
<thead>
<tr>
<th>Signs and symptoms</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daha</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Ruja</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Peeta mutrata</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Muhur mutrapravrutti</td>
<td>Present</td>
<td>Absent</td>
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<tr>
<td>Udara shoola</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Urine microscopic examination</td>
<td>Pus cells- 16-18cells/hpf</td>
<td>Pus cells- 1-2cells/hpf</td>
</tr>
<tr>
<td></td>
<td>Epi cells – 6-8cells/hpf</td>
<td>Epi cells -2-3cells/hpf</td>
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**DISCUSSION**

In the routine antenatal checkups, the signs and symptoms of *Mutrakricchra* 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* was taken which is indicated in *raktapitta vinashana, pandu, kusta, prameha, arshas, krimi, shophahara & Chandanasava* 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.

REFERENCES