MANAGEMENT OF MUTRA KRICHRA IN GARBHINI – A CASE STUDY

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ABSTRACT

The foremost aim of antenatal care is healthy mother and healthy baby. Progressive anatomical and physiological changes happen in women during pregnancy, some of it may be felt as discomforts to her. In this present era of materialism, women are surrounded with various kinds of diseases, specially the diseases of genito urinary tract. A pregnant women having painful and difficult micturition can be diagnosed as Mutra krichra, it can be correlated to UTI. Urinary tract infection is a second most common bacterial infection that occurs during pregnancy. If complicated, it can cause severe renal disease. Hence, this case study is undertaken to evaluate the effect of Satavari kasayam for the treatment of mutra krichra in garbhini.

Keywords: Satavari kasayam, mutra krichra, UTI, Garbhini

INTRODUCTION

Mutrakrichra¹ is mentioned in Ayurvedic classics as krichrata or difficulty during mutra pravruthi. Acharya charaka and Acharya Sushruta² has explained mutra krichra under mutravaha srotodushti vikara. As the disease Mutra krichra has not been described in Garbhini.

Micturition is the normal function of Apana vayu, any impairment like Pratiloma gati of apana vayu, leads to various disorders in Mutravaha Srotas. Pregnancy helps the causative factor in the manifestation of Garbhini Mutra krichra due to certain physiological changes occurring during pregnancy. Garbha lodges in Garbhashaya, which is situated in Kati pradesha, for nine months. During pregnancy, because of changes in urinary tract the uterus size directly on top of the bladder. As the uterus grows its increased weight can block the drainage of urine from the bladder this stagnant urine likely become source of infection.³ ⁴

In pregnancy due to pressure of fetus there will be Apanvayu Dushti and decreased local immunity. In this stage when Nidana sevana which is already prohibited by our Acharyas in Garbhopgatkara bhavas is done may be it causes Mutravaha Srotodushti as well as Dosha Prakopa mainly Pitta & Vata. Due to impending pressure of the Gravid uterus on the Mutrashaya and due to the Vegavidharana and Dhatukshinata by the pregnant woman Sthanavaigunya occurs in the Basti. Vata Prakopa mainly Apana Vayu takes place. This
Apanavayu also vitiates Vyanavayu. The vitiated Vyanavayu will cause the Sthanapkarsha of Kapha and Pitta and leads to mutra krichra.

**CASE REPORT:**
A 28 years old female patient, house wife by occupation visited the OPD of SKAMCH & RC, Dept of Prasooti Tantra and Stree Roga on 6th September 2017 with the complaints of painful urination with frequency, scanty and difficult urination since 10 days. Patient with history of 8 months amenorrhea. Patient was said to be apparently healthy during her antenatal period till completion of her 7th month. Gradually, she feels urgency for urination in mid of her 8th month of pregnancy and also she had painful, scanty, frequent and difficult urination associated with lower abdomen pain. So she approached SKAMC and HRC for further management

**Past history:** No H/O DM/HTN/hypothyroidism or any other major medical or surgical history.

**Family history:** No history of same illness in any of the family members.

**Personal History:**
Diet - Mixed diet.
Appetite- Good
Bowel- Once /day.
Micturition - 7-8times/day 3-4time/Night. scanty urine, frequently with pain and difficulty
Burning micturition on and off 
Sleep - 6-7hours/sound sleep night, 1-2hours in day time
Habits - nil

**Menstrual & Obstetric history**
Menarche- 14 yrs
Menstrual cycle – 3-4 days / 28-30 days
3 pads/ day 
clots +
pain abdomen on 1st day
L.M.P – ? 5-1-2017
SEDD – 14-10-2017
Married life – 9 years

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**Contraceptive history** – Nill

**PRASAVA VRRITTANTTA**
Oh – G₅P₄ L₄ A₀D₀
L1 - Female 5yrs, FTND
L2 – Female 7yrs, FTND
L3 – Female 4yrs, FTND
L4 – Female 1 ½ yrs, FTND
G₅-P.P

**General examination**
➢ Built - Moderate
➢ Nourishment - Moderate
➢ Temperature - 98.4 F
➢ Respiratory rate -20/min
➢ Pulse rate – 76 bpm
➢ B.P - 110/70 mm of hg
➢ Height – 152 cms
➢ Weight - 62 Kg
➢ Tongue : Uncoated
➢ Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy : Absent

**Systemic examination**
CVS: S1 S2 Normal
CNS: Well oriented, conscious.
RS: normal vesicular breathing, no added sounds

**Per Abdominal**
➢ Inspection – Linea nigra+
Umbilicus – Normal, flattened
➢ Palpation – uterus ~34weeks
Contractions +
FM+
➢ Auscultation –FHR-136-140 bpm

**ASHTA STHANA PAREEKSHA**
Nadi -76 bpm
Mootra-7-8times/day 3-4time/Night. Scanty urine frequently with pain and difficulty
Burning micturition on and off
Mala - Once a day.

**Jihwa- Alipta**

**Shabda - Avisesha**

**Sparsha - Anushna sheeta**

**Druk - Avisesha**

**Aakruti – Madhyama**

**DASHAVIDHA PAREEKSHA**
Prakruti - Vata + Pitta
Vikruti - Madhyama
Sara - Madhyama
Samhanana - Madhyama
Pramana - Dhaireya – 152 cms Dehabhara - 62 kg
Satmya - Madhyama
Satva- Madhyama
Aahara Shakti - Abhyavaharan Shakti -Madhyama
Jarana Shakti - Madhyama
Vyayama Shakti – Madhyama
Vaya -Youvana
INVESTIGATIONS - 6/9/17
Hb – 9.1 mg/dl
Blood group – A positive
Random blood sugar- 94mg/dl
Urine examination – microscopic
pus cells – plenty
epi cells - 14-16/hpf
VDRL – Non reactive
HIV – Non reactive
HBsAg – Non reactive
USG ON 6-9-17
- Single live pregnancy of gestational age 34 weeks 4 days in cephalic presentation and polyhydraminos
- EFW – 3055 ± 445 GMS
- PLACENTA – posterior grade III Maturity
- LIQUOR – Polyhydramnious
- AFI – 22cms
- FHR – 153bpm
- SEDD – 14-10-2017

Intervention
- Satavari Kasayam\(^5\) 15ml BD after food with 15ml water.
- Medicines were administered for 20 days.

**OBSERVATION AND RESULTS**

*Table 1: Changes in signs and symptoms after treatment*

<table>
<thead>
<tr>
<th>Signs And Symptoms</th>
<th>Before Treatment 6/9/17</th>
<th>After Treatment 27/9/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Painful urination</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Frequent urination with Difficulty</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Burning micturition</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Lower abdomen pain</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Low Back ache</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>Urine microscopic examination</td>
<td>Pus cells – plenty Epi cells - 14-16/hpf</td>
<td>Pus cells – 3-4/hpf Epi cells - 2-4/hpf</td>
</tr>
</tbody>
</table>

**DISCUSSION**

There are no direct references available for *Garbhini Mutrakrichra* in the Ayurvedic classics. It could be because the disease was not very common at that time and probably their lifestyle and *Garbhini Paricharya*. Due to *Ahaara vihaara janya hetu* and decreased immunity as well as insanitation this disease more hamper in today’s era and hence it needed to be given special attention.

In the present case, Satavari kasayam was used. *Satavari*\(^6\) has Madhura, tikta rasa, guru snigdha guna, sheeta virya, Madhura Vipaka and Vatapitta shamaka Vedanasthapana, Medhya, Rasayana, Shoolahara, Balya, Garbhaposhaka, Stanyajanana, *Shukrala, Mootrala*. The roots are bitter, Sweet, emollient, cooling, nervinetonic, Galactogogue, aphrodisiac, diuretic, rejuvenating, carminative, appetizer, antispasmodic and it is Antifungal, Antibacterial, Antiviral, Spasmodic to uterus. Due to Madhura Rasa and Madhura Vipaka relieves burning Micturition. *Snigdha Guna* acts as a *Vatahara*. *Sheeta Virya* decreases the *Daha* (Burning micturition).

*Satavari kasayam*, due to its Madhura Rasa, Madhura Vipaka and sheeta Virya it produces stimulative effect on *Mutravaha Srotasa* (diuretic action) and it increases the quantity of urine. Thus it relives *Alpa mutra prarvritti*. *Madhura rasa* have *Prinana* and *Balya* action it gives *Bala* to the
Garbhini and also helps to promote the growth of the foetus. Madhura Rasa is said to be Jivaniya, so it also promote the immunity power of the Garbhini thus increase vyadhikshamatva of Garbhini. Srushta vinamutra karma of Madhura Vipaka helps in Kasta Mutrapravritti and Vibandha. Relief in all symptom due to Vedanasthapana, Vatapattashamaka, Dahaprashamana, Anulomana, Shothahara, Mutrala and anti bacterial, diuretic property of satavari.

CONCLUSION

Mutrakrichra is described in all the Ayurvedic classics. But, it is not mentioned under Garbhini Vyadhis. The Lakshanas of Mutrakrichra are also present in Garbhini. So, the disease was selected for this study. In the present case study Satavari kasayam has been used for the treatment of mutra krichra which was found to be very effective. There is drastic improvement in signs and symptoms. Though Mutrakrichra has not been mentioned in Garbhini, but in routine antenatal check ups, the sign and symptoms of this disease are generally present in this era. Urinary tract infections are a common cause of serious maternal and perinatal morbidity. It should be treating promptly; otherwise it will cause severe renal disease. UTI during pregnancy can be prevented by intense prenatal assessment and treatment.

REFERENCES


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