

**STUDY OF EFFICASY OF DURALABHADI KWATA IN PITTAJ  
MUTRAKRICHRA W.S.R. URINE ROUTINE AND  
MICROSCOPIC EXAMINATION. - A SINGLE CASE STUDY.**

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**ABSTRACT -**

Mutrakrichra is a disorder of Mutravaha Srotas. 'Mutra' refers to the urine and 'Krichrata' refers to difficulty, hence disease Mutrakrichra includes those forms of urinary disorders where Krichrata, i.e. difficulty in the normal flow of urine is the dominant feature. So, all kinds of dysuria can be considered under this group. UTI is defined as the presence of significant bacteriuria (>10,000 colonies of single bacterial type per milliliter urine), along with one or more urinary symptoms such as hematuria, dysuria, frequency, urgency, or suprapubic pressure<sup>[1]</sup>. Pittaj Mutrakrichra symptoms like Peeta Mutrata, Sarakta Mutrata, Sadaha Mutrata, Saruja Mutrata, Muhur-Muhurmutrata, these symptoms then correlated with dysuria<sup>[2]</sup> & for the diagnosis of dysuria modern diagnostic tool has been used then Durlabhadi kwath has been given orally for 7 days<sup>[3]</sup>.

**KEYWORDS** Mutrakrichra, kruchata, Dysuria, Urinary tract infection, duralabhadi kwata.

## 1) INTRODUCTION-

Ayurveda has dealt with many diseases Mutravahsrotas under the heading of Mutrakrichra, Mutraghata, Mutrashmari etc. Mutrakrichra is one of the most common & distressing disease among the group of urinary disorder. Acharya Sushruta, Acharya Charaka & Acharya Kashyapa have described widely & comprehensively about Mutrakrichra with its classification & treatment. They have 8 types of Mutrakrichra & one of them is Pittaj Mutrakrichra can be correlated with the symptoms of the disease Dysuria. Mutrakrichra is one of the elaborately explained rogas in all major Ayurvedic classics. As the name suggests, it means the Kruchta or difficulty during Mutra pravrutti. mutra pravrutti is considered one among the Adharniya Vega <sup>[4]</sup>. According to the nidana, lakshana & types of Mutrakrichra, Pittaja Mutrakrichra is most common and frequently occurring problem in childrens. Dysuria is most common condition seen in general practice. A healthy urinary tract is generally resistant to infection. The common causative factors for UTI include, Gram -Ve: E-coli, Klebsiella, Proteus, Pseudomonas. Gram +Ve: Staph, Epidermidis, Strept. faecalis. & Others Candida, Adenovirus <sup>[5]</sup>. Prevalence is about 1-3% boyes & 3-8% girls <sup>[5]</sup>.

## 2) AIMS AND OBJECTIVES -

1. To study efficacy of duralabhadi kwath in pittaj mutrakrichra w.s.r.t. Urine routine and microscopic examination.
2. To study the mutrakrichra in detail according to Ayurved.
3. To study the Urinary tract infection according to modern medicine.

## 3) MATERIAL AND METHODS :

### 3.1) CRITERIA FOR ASSESSMENT:

For this particular study we assessed the patient of pittaj Mutrakrichra. The parameters for diagnosis are based on classical signs and symptoms of Pittaj mutrakrichra. The sample of urine

collected before & after treatment. The results obtained will be discussed on the basis of Ayurveda and modern science and also after discussion with Guide and experts in the subject.

### 3.2) PATIENT SELECTION CRITERIA:

A 5 year old male child patient came to OPD of kaumarbhritya, LRP Ayurvedic medical college, hospital & Research centre, urun Islampur, dist.sangli, Maharashtra.with c/o sadaha Mutrapravruti(burning sensation during micturation), saruja mutrapravruti (pain during micturation). patient was suffering above symptoms since 6-7 days. No any past surgical history given by patient,no any major illness. In systemic examination CVS,RS,CNS was normal. In abdominal examination the abdomen was soft with mild lower abdominal tenderness at suprapubic region. Related to Urinary system external urethral meatus & genital was normal colour of urine is light yellow in colour. The personal history of patient & Ashtavidha Pariksha findings were observed as noted in table 1&2 respectively.

**Table 1:**

Name: XYZ	Weight : 18 kg	Bala: Madyam
Age : 5 year	Height : 108 cm	Appetite: Good
Sex : Male	Prakritti : PittaVata	Sleep : Good

**Table 2:**

Nadi : 80/min	Shabda: clear Speech
Mala: Regular 2 times/day	Sparsha: Normal
Mutra:Burning sensation,daah	Druk: Normal
Jivaha:Niram	Aakruti:Madyam

### 3.3) INVESTIGATION :

Urine routine & microscopic examination.

**3.4) NIDAN PANCHAK:**

HETU: Ativyam, Tikshna Ushna Aahar, Rukshaaahar, Mutranigraha, Kshinata etc.

PURVAROOP: Anaha, Ajirna, Mutradaah.

ROOP: Mutradaah, Saruja Mutrapravrutti.

UPASHAYA: Upashayatamak.

**SAMPRAPTI:**

These aggravated Tridoshas especially Apana Vata gets lodged in urinary tract Producing obstruction and difficulty in micturition. Infection of the urinary tract by bacteria can also cause this disease.

**3.5) CHIKITSA:**

Duralabhadi Kwata 5ml given orally with sugar in BD doses for 7 days <sup>[3]</sup>.

**3.6) 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 turition.
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.
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### 3.7) Observation Follow up as per assessment criteria:

Days	0 <sup>th</sup>	7 <sup>th</sup>
Frequency of micturition	10-15 times	2-3 times
Burning micturition	Moderate	No
Pain during micturation	Severe	Mild
Suprapubic tenderness	Moderate	No
no of grades	10	3

### 3.8) CRITERIA FOR ASSESSMENT OF RESULT <sup>[6]</sup> :

1. Complete Relief: About more than 75% complete disappearance of symptoms.
2. Marked Relief: About 50% to 75% disappearance of known symptoms.
3. Moderate Relief: About 50% relief in symptoms.
4. Mild Relief: 25% relief in symptoms.
5. No Relief: No relief in symptoms.
- 6.

#### 4) RESULT :

##### Before Treatment Lab Report :

PATIENT NAME – XYZ AGE- 5 YEAR , SEX- MALE
PUS CELLS- 20-25
RED BLOOD CELLS- 8-10
EPITHELIAL CELLS- 12-14

##### After Treatment Lab Report :

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PATIENT NAME – XYZ AGE- 5 YEAR , SEX- MALE
PUS CELLS- 03-06
RED BLOOD CELLS- 02-04
EPITHELIAL CELLS- 01-03

### 5) DISCUSSION:

Patient had relived from above complaints like burning micturation & pain during micturation within the 7 days of Treatment.No significant adverse event is seen during the course of study.In classical terms,it can be explains that Katu,Tikta,Kashaya Rasa,Laghu, Ruksha,Teekshna Guna,Ushana veerya, Katu Veepak & Kaphapittaghana properties of drugs are responsible to break the Samprapti of diseases.1)Hareetaki- Ras except Lavan 5 Rasa & Veepak- Madhur 2) Kantakari- Rasa-Tikta Katu,& veepak-Katu, Virya Ushana.3) Paashanbhed- Rasa-Kashay Tikta, Veepak-Katu & Virya Sheet.4) Yashatimadhu- Rasa-Madhur,Veeepak-Madhur & Virya-Sheet.5)Dhanyak-Rasa-Kashay,Tikta,Madhur,Veeepak-Madhur & Virya-Ushana, 6) Jawas- Rasa-Madhur Tikta,Veeepak-Katu.In Duralabhadi Kwata Katu,Tikta Rasa,Ushana Virya & Diuretic property these all properties present in Durlabhadi Kashaya seems to have property like Shothahara and Kapha Pitta Shamaka, Stambhaka Vranaprakshalana, Vranaropana, astringent, antiseptic (Kashaya Rasa) and wound healing properties (Vrana Ropana).Because of these properties, it helps in increasing local cell immunity and prevents recurrence of symptoms in patient.

### 6) CONCLUSION :

The Ayurved Treatment protocol with oral use of Duralabhadi kwata in decoction form is effective in management of Pittaj Mutrakrichra. The limitation of the study is ths is single case study & now further work is going in more number of cases for its concrete conclusion.

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