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Review Article

A CRITICAL REVIEW OF MUTRAGHATA IN AYURVEDA

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ABSTRACT

From the study of ancient surgical text Sushruta samhita, it becomes evident that the urological problems form an important part of medical sciences. This article reviews the various concept of *Mutraghata* in *Brihatrayi* regarding its classification, symptomatology, etiological factors, pathology, and its complications. In present an attempt to made a sincere effort to acquaint the reader with the wealth of knowledge available in Ayurvedic literature on the important subject of *Mutraghata*. *Mutraghata* is one of the most common and distressing disease among the group of urinary disorder. The 12 types of *Mutraghata* are classified in to three categories for easier understanding of the subject and also to aid in approaching a patient of *Mutraghata* where in the principles of differential diagnosis has to be applied. The first category is based on the Neurogenic disturbances of the bladder and the types that can be included under this are – *Vatakundalika*, *Vata Basti* and *Mutrathara*. The second category with the symptomatology of Obstructed flow of urine, Increased frequency of urination, Sense of incomplete voiding etc. has the *Bastikundalika*, *Mutrasthanthi*, *Mutrotsarga* and *Ashteela* types.

The third category is termed as “Others”, where the types included are – *Mutrakshaya* (Anuria), *Ushnavata* (Haematuria), *Mutoukasada* (Abnormal colourisation of urine), *Vidvighata* (faecum passed per uretherum) & *Mutrashukra* (Retrograde flow of semen) can be interpreted as close to the conditions provided in the brackets. *Mutraghata* is a condition in consequence with some kind of Obstructive Uropathy either mechanical or functional; related either to upper or lower urinary tract resulting in to either partial or complete retention of urine as well as Oliguria or Anuria. For the easier understanding of the subject, it is an attempt to compile the various concept of *Mutraghata* scattered in *Brihatrayi* and correlate them with modern urinary disorders.

INTRODUCTION

Basti is one of the three vital organs in the body, the other two being *Hridaya* and *Nabhi*. It is the most important organ maintaining the homoeostatis by regulating the excretion of the metabolites and waste products, i.e. *Dosha*, *Dhatu* and *Mala*. *Vegavarodha*, i.e. suppression of natural urges is an important cause of various diseases. Ayurveda states that suppression of micturition is one of the most important causes of the disease of urinary tract. With progressive urbanization and inadequate toilet facilities, this cause has assumed

greater importance. In present and attempt to made a sincere effort to acquaint the reader with the wealth of knowledge available in Ayurvedic literature on the important subject of *Mutraghata*. The literal meaning of the texts has been adhered to as far as possible and the basic concepts are presented in the original form. According to Ayurveda body physiology is maintained by *Tridosha* Theory i.e. *Vata*, *Pitta* and *Kapha*. Likewise the functions of *Mutravahasrotas* (urinary system) is also regulated by *Apanavayu* one among the five

types of *Vayu*. Obviously any derangement of *Apana Vayu* leads to the pathology of the urinary system. So, the treatment principle is to correct the vitiated *Apana Vayu*, thereby attaining the normal physiology of the urinary system. This controls the symptoms of the *Mutravaha Shrotas* (urinary system). *Basti* therapy is one of modality of *Pancharma* which is specially used for pacification of *Vayu*. Still the time these no work is done to compile *Mutraghata* disorders, so its need to compile them to remain update. By considering and analysis above discussion the study is an attempt to compile the scattered *Mutraghata* disorder in *Brihatrayee* i.e. Charaka Samhita, Sushruta Samhita, Astanghridaya, Astangsamgraha and correlate them with modern urinary disorders.

Aim And Objectives

1. To provide details about the *Mutraghata*.
2. To explain the *Ayurvedic* approach in *Mutraghata*.
3. To correlate and discuss *Mutraghata*.

Materials and methods

1. References of *Mutraghata* have been collected from the classical books of Ayurveda.
2. All the data is compiled, analyzed and discussed through and in depth understanding about *Mutraghata* from books and other authentic sources.
3. *Ayurvedic* and modern approach in *Mutraghata* have also been compiled in this review.

Mutraghata

Charaka Samhita

Regarding the disease *Mutraghata*, Acharya Charaka has mentioned eight types in *Sutrasthana*. Further, in *Siddhisthana*, thirteen types of *Bastirogas* have been described under the caption of "*Mutradosha*", which are similar to that of *Mutraghata* as explained by Sushruta.

Sushruta Samhita

Sushruta has explained twelve types of *Mutraghata* in *Uttaratantra* but he has not mentioned *Bastikundala* and *Vidvighata* varieties as described in Charak. Sushrut has describe the two type of *Mutraukasada* i.e. *Pittaj* & *Kaphaj* while Charak & Vagbhat only one type i.e. *Mutraukasada*.

Ashtanga Sangraha & Ashtanga Hridaya

Its includes *Mutrakricchra* and *Ashmari rogas*. More *Mutraghata* has been elaborately described in "*Mutraghata Nidana*" interesting thing is that, he has categorized the diseases of *Mutravaha Srotas* into two i.e. *Mutra Atipravrittijanya* and *Mutra - Apravrittijanya Rogas*. Initially, the original text of *Atharvaveda* in relation to *Mutraghata* is presented. The translation attempted is gross but definitely conveys entire meaning. The reference of "*Gavini*" is

highly authentic and scientific. Somehow, this reference is not found in *Ayurvedic* texts. "*Basti*" is the urinary bladder and the function of "*Dharana*" (storage) and "*Poshana*" (release) of urine is performed by it. This is explained with a simile of an ocean and its related rivers. The disease '*Mutraghata*' are retention of urine is said to occur at both these sites and it may be due to any disease factor. Here in the possibilities of all the causes of obstruction of urine/retention of urine can be thought of. The treatment explained is that of '*Antahkarmani*' i.e., catheterization by a '*Loha - Shalaka*'. The example of a 'taut bow' in relation to '*Basti*' signifies the functioning of urinary bladder and puts light on modern physiology. *Mutra vegavarodha*' is mentioned as one of the most important causative factor in '*Mutraghata*'. It is but obvious that the *Apana Vayu*, responsible for normal voiding of urine, is deranged by voluntary suppression of urge of micturition which results in '*Mutraghata*'. Acharya Charaka states the importance of three *Marmas*, one of which is the *Basti* by saying - "*Marmani Basti hridayam shirascha pradhana bhutani vadanti tajnah pranashrayat tani hi pidyanto vatadayo ashunapi pidyanti!*"^[1] i.e., the *Basti*, *Hridaya* and *Shiras* are the three vital points as the *Prana* sheltered in them. Any affliction of these leads to vitiation of *Vata* etc., factors and may be fatal to life. In *Maharogadhyaya* Acharya Charaka quotes - "*Evam vidhatvat cha vayoh karmanah svalakshanamidamasya bhavati tam tam shariraavayavamaavishatah; tadyathaa - sramsa, bhramsha, vyasa, sanga bheda ... tairaanvita vatavikaaramevaadhyavaset!*"^[2] i.e. the natural action of *Vata* moving from one bodily organ to another are the manifestation of looseness, dislocation, expansion, obstruction, circular movement, piercing pain etc. These are the actions which help the physician to diagnose a disease as predominated by *Vata*. Acharya Sushruta further substantiated the above concept i.e. "*Kruddhascha kurute rogan Bastigudaashrayah*"^[3] i.e. where he says that the vitiated *Vata* lodged in the *Basti* and *Guda* leads to grave diseases. Acharya Dalhana, while commenting on the same verse says - "*Medhradvara samshritatvadapanakritatvat cha*" in context of *Basti Rogas*, where in the action of vitiated *Apana Vayu* being located in the *Medhra Dvara* is emphasized. Thus from all the above references it becomes clear that it is the "*Vata*" which is mainly responsible for the manifestation of *Basti* disorders. This "*Vayu*" may be provoked either by endogenous or exogenous factors. "*Mutra-vegavarodah*" is one such factor, which leads to vitiation of *Vata*. The voluntary suppression of urge

of micturition is quite a painful stimulus to the *Basti* as is commonly experienced by everybody. This act of suppression has to be present over a long period of time in a person to bring about the vitiation *Vata* to the extent that it manifests in *Mutraghata*. Here, postponing the urge leads to discomfort in the region of *Basti* and symptoms of obstructed flow or painful micturition may manifest. As said, this vitiated '*Vayu*' gets lodged in '*Basti*' to produce altered functions. As already known '*Basti*' is an *Ashaya* (an element of *Vata*) and is structurally made up of '*Snayu*' (another elements of *Vayu*). This concept of '*Vata*' getting lodged in the '*Basti*' can be interpreted as *Vayu* getting lodged in '*Snayu*' which commonly referred to as '*Snayugata Vata*'. Can the symptomatologies of '*Snayugata Vata*' be applied to *Basti*? Firstly the *Laxanas* are put forth- "*Snayuh praptah stambhah kampau shulamakshepanam tatha*" Acharya Dalhana clarifies as- *Stambhanishchalikaranam, akshepanam - chalanam*.^[3] Reverting back to the "*Mutravegavarodha*" in the literary study "*Vata*" has been likened to the "Neural stimuli" or nervous system in general. Can it be proposed that constant suppression of the urge of micturition leads to extreme *Vata* vitiation, which in turn leads to '*Gatavata*' in the '*Snayu*' of the '*Bastimarma*' and produces the morbid conditions of instability, hyperactivity or hypo activity, thereby bringing about a disturbance in the normal evacuation of urine. This derangement of *Snayu* function can be very clearly understood by the terms such as - "*Kundalibhuta Sanchara*", "*Basti Adhmana*" etc. which the person experiences. Further stressing upon the importance of '*Snayu*', Acharya Sushruta says - "*Vyapadistatha hanyuh yatha snayuh shareerinam!*"^[4] i.e. the bones, muscles, vessels and joints does not cause as much disability as an injury to the ligaments. Therefore, can it be put that "*Mutramargavarodha*" leading to "*Vataprakopa*" leads to deranged functioning of '*Snayu*' located in the *Basti*, which manifests as altered functioning of *Basti*? The Modern Physiological experiments are still carried on and every day the new findings are put forth and it seems that the closer understanding of those results will enable us to understand our concept of

Classification

Tridoshas and their functional aspects more clearly. Looking at the references of these terms in the classics - "*Basti Bastishirashchaiva paurusham*". The 12 types of *Mutraghata* are classified in to three categories for easier understanding of the subject and also to aid in approaching a patient of *Mutraghata* where in the principles of differential diagnosis has to be applied. The first category is based on the Neurogenic disturbances of the bladder and the types that can be included under this are-*Vatakundalika, VataBasti* and *Mutrajathara*. The second category with the symptomatology of Obstructed flow of urine, Increased frequency of urination, Sense of incomplete voiding etc. has the *Bastikundalika, Mutragranthi, Mutrotsarga* and *Ashteela* types. The third category is termed as "Others", where the types included are *Mutrakshaya* (Anuria), *Ushnavata* (Haematuria), *Mutoukasada* (Abnormal colourisation of urine), *Vidvighata* (faecum passed per uretherum) & *Mutrashukra* (Retrograde flow of semen) can be interpreted as close to the conditions provided in the brackets. Here there is no "*Aghata*" but as Indu quotes these are "*Mutradosha*". Ayurveda based on Vedas but with the main aim of eradication of the diseases and maintenance of health of healthy individuals (Su. Su. 1/4), describes in detail about the diseases of urinary tract. Acharya Vagbhata has classically divided the *Rogas* of *Mutra* in to two categories viz. *Mutra Atipravrittija* and *Mutra Apravrittija Rogas* (A. S. Ni. 9/40). The disease *Prameha* comes under the first group where as *Asmari, Mutrakricchra* and *Mutraghata* fall under the second. The symptom complex of both the *Mutrakricchra* and *Mutraghata* seems to be overlapping each other, but Acharya Dalhana, Chakrapani, and *Vijayarakshita* have demarkated the difference between them. This difference is based on the intensity of "*Vibhanda*" or "*Avarodha*" (obstruction) which is more pronounced in *Mutraghata*. Hence, it may be considered that the *Mutraghata* is a condition in consequence with some kind of Obstructive Uropathy either mechanical or functional; related either to upper or lower urinary tract resulting in to either partial or complete retention of urine as well as Oliguria or Anuria.

Table 1: Types of *Mutraghata* according to various Authors

Charaka Samhita	Sushruta Samhita	Astanghridaya
<i>Vatakundalika</i>	<i>Vatakundalika</i>	<i>Vatakundalika</i>
<i>Vatatheela</i>	<i>Vatatheela</i>	<i>Vatatheela</i>
<i>Vatabasti</i>	<i>Vatabasti</i>	<i>Vatabasti</i>
<i>Mutrajathara</i>	<i>Mutrajathara</i>	<i>Mutrajathara</i>
<i>Mutra sanga</i>	<i>Mutra sanga</i>	<i>Mutra sanga</i>

<i>Raktagranthi</i>	<i>Mutragranthi</i>	<i>Mutragranthi</i>
<i>Mutrakahaya</i>	<i>Mutrakahaya</i>	<i>Mutrakahaya</i>
<i>Ushnavata</i>	<i>Ushnavata</i>	<i>Ushnavata</i>
<i>Mutratita</i>	<i>Mutratita</i>	<i>Mutratita</i>
<i>Mutraukasada</i>	<i>Mutraukasada (Pittaja)</i>	<i>Mutrasada</i>
-	<i>Mutrausadasa (Kaphaj)-</i>	-
<i>Bastikundala</i>	-	-
<i>Vidvighata</i>	-	<i>Vidvighata</i>
-	<i>Mutra shukra</i>	<i>Mutra shukra</i>
<i>Mutrakrcchra</i>	-	-

Vata Kundalika

According to *Sushruta* due to excessive ingestion of *Rukshya Ahara* and intentionally holding the natural urge of micturition, defecation etc. the *Vayu* gets vitiated and enters urinary bladder and *Mutra* (urine). In urinary bladder it transverses in circular manner leading to obstruction to urinary flow, this results into severe pain, the patient passes scanty urine slowly with pain. It is considered as grave disease. In *Vatakundalika* no organic cause of obstruction is present so this condition can be correlated with smooth muscle sphincter dyssynergia that is internal sphincter dyssynergia in which non functioning of sphincter occurs. As sphincter remains closed, retention of urine results. This disease may be also be correlated with bladder neck obstruction.

Vatashteela/Ashteela

The vitiated *Apanavayu* when takes seat in the space between rectum and urinary bladder it produces firm and elevated stone like growth. This growth in turn produces *Adhmana* and obstruction to passage of faeces, urine and flatus. It leads to intense pain in supra pubic region. *Astheela* is name given by *Charaka* for this disease.

Many of symptoms like frequency, burning micturition, narrow streams etc. are also present in BPH. *Astheela* present between rectum and urethra which can be correlated to benign condition of prostate.

Vata – Basti

Vatabasti has been considered as *Krichchra Sadhya Mutraghata*. This is caused by suppression of urge of urination; *Vata* gets aggravated, blocks the mouth of the bladder due to which retention of urine with pain in bladder and abdomen is produced.

In *Vatabasti* cause of obstruction is clearly mentioned. It produces symptoms similar to bladder outlet obstruction but the pain is severe in nature so it is acute retention of urine. Acute conditions of urethra and bladder neck which obstructs urine flow like prostatic abscess, impaction of stone in urethra can be correlated.

Mutrateeta

Sushruta had described that suppression of natural urge to micturition for long time leads to condition in which a person is unable to pass urine but after straining he may pass little quantity of urine with mild pain.

In this condition no organic lesion is mentioned for retention and also there are no symptoms indicating acute condition. If a person hold the urine for long time, the bladder become flaccid/ atonic for a short period. At that time person may be unable to pass urine & if pass it becomes scanty. The altered neurophysiologic conditions of bladder where patient tries to pass urine can be correlated.

Mutrajathara

Mutrajathara results from suppression of urge of micturition causing distension of urinary bladder and upward flow of collected urine results in *Udavarta*. Thus vitiated *Apanavayu* causes abdominal distension particularly in suprapubic region and in region below umbilicus. It also produces obstruction to passage of stool and urine with intense pain in abdomen.

It is similar to *Mutrateeta* but in this condition no specific organic surgical lesion is mentioned for obstruction. In this condition severe pain and distension of bladder up to umbilicus is present. This condition may be correlated with neurogenic bladder due to acute retention.

Mutrotsanga

Commentary (*Teeka*) - Acharya Dalhana explains the process of vitiation of *Vata* & the disease as follows:

- The *Viguna Anila* i.e. *Vimarga Gami Vata* aggravated by its own factors lead to *Margavarodha* (obstruction of the outlet) or conversely *Margavarodha* (obstruction of the outlet) may lead to aggravation of *Vata*.
- Sarakta* has been analyzed as “*Samsakta*” meaning ‘obstructed’.
- ‘*Saruja*’ is due to ‘*Ati Vata Prakopa*’, whereas ‘*Niruja*’ due to ‘*Hina Vata Prakopa*’.

d. Even though 'Nala' (urethra) signifies the 'Mani' (ext. urethral meatus) also, it is commented that more importance is stressed upon Mani – region as the *Utsanga* of *Mutra* (obstruction of urine) (upward / reverse direction) is felt at that area.

Either due to abnormalities of the urinary passage or by aggravation of *Vata* little quantity of urine staying either in the bladder, urethra or the glans penis, gets obstructed, comes out slowly with or without pain, the residual urine produces heaviness of the penis, this disease is known as *Mutrotsanga*.

e. *Arunadatta* and *Todaramalla* in their commentary on *Astanga Hridaya* have nicely analyzed the condition of *Mutrotsanga* as below.

i. 'Yadakshiptam mutramalpam' has been explained as 'kinchichesari mutram tadastou sthitamathara nale manikande va sthitam' i.e. the obstructed flow resulting in residual urine may be situated either in the *Basti* (urinary bladder), *Nala* (urethra) or the *Manikanda* (glans penis), depending upon; '*Chidravaigunya*' i.e. *Mutradvarya dosha*.

Here, the *Mutradvarya dosha* may be considered as either the Urethral orifices or the Urethral orifice.

ii. Further he quotes - *Tatra sthitva paschat anantaram, shanaih* i.e. *Mandam mandam kritva sravet*, i.e. the residual urine then dribbles out in small jets frequently.

iii. *Mukta mutrasyah, Sheshatacchesah, Savicchinah Chitva Chitva Bhavati Vayoschalatvena*. Due to the *Chalaguna* of *Vata*, the urine flow is obstructed, small in jets and therefore the patient has sense of incomplete emptying of the bladder and as a result of this, he experiences heaviness in the penis (Guru Sefhas).

Based on the clinical features *Mutrotsanga* can be correlated with urethral stricture but generally in most of the cases, haematuria is not the symptoms of urethral stricture. It indicated that the urethral obstruction associated with inflammatory condition & this may be Urethritis either due to gonococcal infection or without gonococcal infection. So both the conditions i.e. urethral stricture & Urethritis can be correlated with *Mutrotsanga*.

Mutra-Kshaya

According to *Sushruta*, the persons who are dry and fatigued, the *Pitta* and *Vata* gets aggravated and locate in the *Basti*, producing burning sensation, pain in bladder and dysuria. In *Mutrakashya*, the formation of urine is suppressed due to dehydration which may result due to excessive sweating/fever/sun stroke or less intake of water.

Mutra Granthi / Rakta Granthi

In this small fixed rounded painful swelling appears at the bladder neck which causes sudden obstruction of urine and gives rise to features of *Ashmari*. Symptoms of *Mutragranti* or *Raktagranti* are acute in nature producing and these conditions can be correlated clinically with prostatic abscess.

Mutrashukra

According to *Sushruta* if person indulges in coitus in the presence of desire to micturition, he develops *Mutrashukra* and passes ash colored urine with semen at the beginning or in the end of act. Main symptom of *Mutrashukra* is semen mixed urine which is present in retrograde ejaculation due to various causes. In case of chronic prostatitis, patients can pass sticky urine, so this may be correlate with that.

Ushna-Vata

Extreme physical exercise during hot days has been regarded as the etiological factor of *Ushnavata*. When vitiation of *Vata* and *Pitta Dosha* occurs in *Basti*, they produce dysuria. The patient passes red or yellow colored urine associated with pain and burning sensation in suprapubic region. The symptoms of *Ushnavata* are similar to inflammatory conditions of bladder and urethra.

Mutroukasada

Pittaja Mutraukasada

While describing *Pittaja Mutraukasada*, *Sushruta* mentioned that in this condition the urine appears yellow and thick, burning sensation occurs during micturition and on drying urine looks like '*Gorochana*'. The main symptom of *Pittaja Mutraukasada* is passage of yellow thick urine with burning micturition. It indicates most common cause of urethritis - gonococcal infection.

Kaphaja Mutraukasada

In this condition urine is passed with difficulty, appears thick and on drying it looks like '*Shankha Churna*' or white powder. Only *Sushruta* has mentioned two types of *Mutraukasada* while other scholars have mentioned only one variety. According to *Charaka* when *Pitta*, *Kapha* or both are consolidated by *Vayu*, the patient passes red yellow urine associated with burning sensation or white precipitation. *Kaphaja Mutraukasada* may be correlated with phosphaturia.

Vidvighata

Vitiation of *Vayu* in dry and debilitated person leads to abnormal upward movement of faeces, faecal matter comes into urinary channels and patient passes fecal matter in urine along with fecal odour

and dysuria. Clinical picture of *Vidvighata* resembles recto-vesical fistula. [5,6,7]

Bastikundalika

Nidana

- *Druta* (Excessive running)
- *Adhvagamana* (excessive way faring)
- *Langhana* (fasting)
- *Ayasa* (exertion)
- *Abhigata* (trauma)
- *Prapedanat* (compression)

Samprapti

• *Svasthanad Bastirudvritta shulastishtatigarbhavat* (Due to the above mentioned *Nidanas*, the bladder is displaced upwards and becoming enlarged and it appears like a gravid uterus).

Lakshana

- *Shula* (colic)
- *Spandana* (throbbing)
- *Daharti* (burning pain)
- *Bindum bindum sravatyapi* (passes urine drop by drop).
- *Peeditastu srijeddham* (when the bladder region is pressed the urine comes out in jets).^[8]

This condition is characterized by rigidity (*Stambha*) and girdle pain and is termed as "*Bastikundala*" or circular distension of the bladder.

Note: This condition appears similar to that of *Vata Basti* type of *Mutraghata* as explained by *Vagbhata*. In person who suppress the urge of micturition habitually *Vata* becoming aggravated, covers the mouth of the urinary bladder, causes obstruction of urine, pain and irritation; some time the bladder gets very much distended, displaced upward like a gravid uterus, hard and full of fluid, along with pain, burning sensation, throbbing and twisting; urine comes out in drops and in a continuous stream when the bladder is squeezed. This disease is called *Vata basti* and it is of two kinds namely (a) *Dustara* (difficult to bear and to treat) and (b) *Dustaratara* (very difficult to bear and treat the second one) caused by the powerful *Vata*.^[9] In addition to this, Acharya Charaka has further explained the involvement of *Pitta* and *Kapha* in this disease. He says when it is accompanied with morbid *Kapha*, there will be heaviness, swelling and unctuous, dense condition of the urine. Further, he states that if *Kapha* has association with *Pitta* and bladder has twisted and displaced, the condition is incurable.

DISCUSSION

From the study of ancient surgical text Sushruta samhita, it becomes evident that the urological

problems form an important part of medical sciences. It may be the reason that a clear and striking picture regarding their classification, symptomatology, complications and management are available in all the texts. Sushruta the famous Indian surgeon has practised extensive operative surgery on all the systems of the body. The proof of which can be understood in the words of Hirschberg "The Indians knew and practiced the ingenious operations which always remain unknown to the Greeks and which we the Europeans learn only from them with surprise" This all proves the highest glory of surgery in ancient India. Urology in modern India has made emphatic strides and has established itself as a significant tour is force in the global urology arena. By considering and analysis above discussion the study is an attempt to compile the *Mutraghat* scattered in Brihatrayee i.e. Charaka Samhita, Sushruta Samhita, Astanghridaya, Astangsamgraha and correlate them with modern urinary disorders. Classically divided the *Rogas* of *Mutra* in to two categories viz. *Mutra Atipravrittija* and *Mutra Apravrittija Rogas*. The disease *Prameha* comes under the first group where as *Asmari*, *Mutrakricchra* and *Mutraghata* fall under the second. The symptom complex of both the *Mutrakricchra* and *Mutraghata* seems to be overlapping each other, but Acharya Dalhana, Chakrapani, and *Vijayarakhita* have demarkated the difference between them. This difference is based on the intensity of "*Vibhanda*" or "*Avarodha*" (obstruction) which is more pronounced in *Mutraghata*. Hence, it may be considered that the *Mutraghata* is a condition in consequence with some kind of Obstructive Uropathy either mechanical or functional; related either to upper or lower urinary tract resulting in to either partial or complete retention of urine as well as Oliguria or Anuria. In *Vatakundalika* no organic cause of obstruction is present so this condition can be correlated with smooth muscle sphincter dyssynergia that is internal sphincter dyssynergia in which non functioning of sphincter occurs. As sphincter remains closed, retention of urine results. This disease may be also be correlated with bladder neck obstruction.

In *Vatashteela* many of symptoms like frequency, burning micturition, narrow streams etc. are also present in BPH. *Astheela* present between rectum and urethra which can be correlated to benign condition of prostate. In *Vatabasti* cause of obstruction is clearly mentioned. It produces symptoms similar to bladder outlet obstruction but the pain is severe in nature so it is acute retention

of urine. Acute conditions of urethra and bladder neck which obstructs urine flow like prostatic abscess, impaction of stone in urethra can be correlated. In *Mutrasteeta* the altered neuro-physiologic conditions of bladder where patient tries to pass urine can be correlated. *Mutrājathara* may be correlated with neurogenic bladder due to acute retention. *Mutrotsanga* can be correlated with urethral stricture but generally in most of the cases, haematuria is not the symptoms of urethral stricture. It indicated that the urethral obstruction associated with inflammatory condition & this may be Urethritis either due to gonococcal infection or without gonococcal infection. So both the conditions i.e. urethral stricture & Urethritis can be correlated with *Mutrotsanga*. In *Mutrakashya*, the formation of urine is suppressed due to dehydration which may result due to excessive sweating/fever/sun stroke or less intake of water.

Mutra granthi is small fixed rounded painful swelling appears at the bladder neck which causes sudden obstruction of urine and gives rise to features of *Ashmari*. Symptoms of *Mutragranthi* or *Raktaganthi* are acute in nature producing and these conditions can be correlated clinically with prostatic abscess.

Mutrashukra symptom is semen mixed urine which is present in retrograde ejaculation due to various causes. In case of chronic prostatic, patients can pass sticky urine, so this may be correlate with that.

Ushnavata symptoms are similar to inflammatory conditions of bladder and urethra. *Pittaja Mutraukasada* symptom is passage of yellow thick urine with burning micturition. It indicates most common cause of urethritis - gonococcal infection. *Kaphaja Mutraukasada* may be correlated with phosphaturia. *Vidvighata* symptom resembles rectovesical fistula. *Bastikundalika* is characterized by rigidity (*Stambha*) and girdle pain and is termed as "*Bastikundala*" or circular distension of the bladder.

In addition to this, Acharya Charaka has further explained the involvement of *Pitta* and *Kapha* in this disease. He says when it is accompanied with morbid *Kapha*, there will be heaviness, swelling and unctuous, dense condition of the urine. Further, he states that if *Kapha* has association with *Pitta* and bladder has twisted and displaced, the condition is incurable.

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