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A Clinical Review on *Mutraghata* (Retention of Urine)

Santosh Kumar Yadav¹, Amit Mishra², Kumari Nidhi Shree Bibhuti³

¹Post Graduate Scholar, Dept. of Shalya Tantra, Vaidya Yagya Dutta Sharma Ayurvedic Mahavidyalay, Khurja, Uttar Pradesh, India.

²Guide, HOD & Professor, Dept. of Shalya Tantra, Vaidya Yagya Dutta Sharma Ayurvedic Mahavidyalay, Khurja, Uttar Pradesh, India.

³Co-Guide & Assistant Professor, Dept. of Shalya Tantra, Vaidya Yagya Dutta Sharma Ayurvedic Mahavidyalay, Khurja, Uttar Pradesh, India.

ABSTRACT

Numerous folks are afflicted by numerous *Mutra Vaha Srotas* diseases. Any *Vaidya* should be familiar with terms like *Nidana*, *Samprapti*, *Lakshanas*, *Sadhya-Asadhya*, *Upadrava*, and *Chikitsa*. *Mutraghata* has been recognized by Acharya Dalhana as a *Mutra Vaha Srotas* clinical body, when urine flow is impeded, as a result of retention or relative anuria or oliguria. Urine that is obstructed (*Mutraghata*) is unhealthy because urine is its primary feature. Therefore, urinary tract obstruction or urinary route inflammation may be to blame for urine retention. This effect may also be employed as the *Mutraghata's Nidana* for the *Mutra Vaha Srotas' Dushti*. The *Doshas* become worse as a result of this reason. *Vata Dosh* predominates. Pee flow is impeded by the vitiated *Dosha*, which combines with urine.

Key words: Retention of Urine, *Mutraghata*, *Mutra*, *Ayurveda*

INTRODUCTION

The term "*Mutraghata*" denotes reduced pee output because of restriction in the urine's flow. As much of the anatomy of the urinary system is involved, it might be thought of as a condition. Urine retention (*Mutraghata*) is a sick condition with urine retention as its primary symptom. Both urinary tract obstruction and urinary route inflammation can result in urine retention. Pathological conditions can occasionally be caused by injury, constriction/compressed stones, or

other possible foreign materials.^[1]

It is the most crucial organ for maintaining homeostasis because it controls the excretion of waste products and metabolites, such as *Dosha*, *Dhatu*, and *Mala*. *Vegavarodha*, or the suppression of natural impulses, is a crucial factor in the development of several disorders. According to Ayurveda, the suppression of micturition is one of the most severe causes of urinary tract illness. This issue has grown more important as cities continue to grow and lack enough restroom facilities. The reader will be introduced to the wealth of knowledge on the crucial subject of *Mutraghata* in Ayurvedic literature in the present and in a genuine effort to do so.

The texts have been interpreted as literally as possible, and the key concepts from the original form are conveyed. According to Ayurveda, the *Tridosha* Principle protects body physiology. *Pitta*, *Vata*, and *Kapha*. One of the five kinds of *Vayu*, *Mutra Vaha Srotas*, are governed by *Apanavayu* as well. Every *Apana Vayu* imbalance is unmistakably linked to the illness of the urinary system.^[2] To restore the vitiated *Apana Vayu* and restore the normal physiology of the

Address for correspondence:

Dr. Santosh Kumar Yadav

Post Graduate Scholar, Dept. of Shalya Tantra, Vaidya Yagya Dutta Sharma Ayurvedic Mahavidyalay, Khurja, Uttar Pradesh, India.

E-mail: innocent.santosh24@gmail.com

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urinary system, this is the philosophy of care. One of the *Panchakarma* methods, *Basti* treatment, is largely utilized to calm *Vayu*.

MATERIALS AND METHODS

Examples of *Mutraghata* have been compiled from the earliest Ayurvedic literature. The content from all books and other reliable sources has been compiled, evaluated, and debated.

MUTRAGHATA

Charaka Samhita

There are eight different kinds of the illness described. Additionally, thirteen varieties of *Basti Rogas* that are similar to *Mutraghata* as described by Sushruta were found in *Siddhithana* under the heading *Mutra Dosha*.

Sushruta Samhita

Sushruta identified the two forms of *Mutraukasada*, i.e., whereas *Pittaja* & *Kaphaja* have two forms, Charak & Vagbhata only have one form, i.e., *Mutraukasada*.

Ashtanga Sangraha & Ashtanga Hridaya

Ashmari Rogas and *Mutrakricchra* are employed. More In *Mutraghata Nidana*, *Mutraghata* is extensively discussed, which is important since he divides *Mutra Vaha Srota's* ailments into two categories. Despite being awful, the translation accurately captures the meaning. The "Gavini" relationship is quite factual and real. This reference does not appear in any Ayurvedic books, for some reason. The image of an ocean and the rivers that flow into it serves as an illustration for this. Each of these locations for the disease "*Mutraghata*" is reported to have urine retention, which can be ascribed to a disease component. Learn about all of the potential reasons of urinary blockage and pee retention here. The "taut bow" illustration from "*Basti*" illustrates how the urine bladder functions and clarifies contemporary physiology.

One of the most important causes stated in "*Mutraghata*" is "*Mutra Vegavarodha*." It is obvious that the deliberate suppression of the micturition impulse, which results in "*Mutraghata*," disturbs the *Apana Vayu*, which is in charge of maintaining regular

urination. According to Acharya Charaka, the *Basti* is one of the three *Marmas* that have importance. *Marmani Basti Hridayam Shirascha Pradhana Bhutani Vadanti Tajnah Pranashrayat Tani Hi Pidyanto Vatadayo Ashunapi Pidyanti* is one of the three *Marmas* that have value. The *Basti*, *Hridaya*, and *Shiras* are the three crucial locations since the *Prana* was concealed inside them. Every one of these pains causes the vitiation of *Vata*, among other things, and may be life-threatening.^[3]

Vata Kundalika

Sushruta claims that the *Vayu* is vitiated and joins the *Mutra* and urine bladder as a result of excessive *Rukshya Ahara* drinking and the purposeful suppression of the natural urge for urination, feces, etc. It moves in a circular motion inside the bladder, obstructing urine flow and causing the patient to gradually pass increasingly less pee while in agony. It is regarded as a serious condition. *Vatakundalika* has no biological source of blockage, hence this syndrome might be related to smooth muscle sphincter dyssynergy, which is an internal kind of sphincter dyssynergy in which sphincter non-function takes place. Urinary retention happens when the sphincter remains closed. The blockage of the bladder neck is another condition that is connected to this sickness.

Vatashteela /Ashteela

When the vitiated *Apanavayu* occupies the area between the rectum and urinary bladder, it develops a solid, raised stone-like growth. This expansion, in turn, results in *Adhmana* and the blockage of the passage of feces, urine, and flatus. This causes severe discomfort in the suprapubic region.

Numerous symptoms, including frequency, searing micturition, narrow streams, etc., are also present in *Mutraghata*. Between the rectum and the urethra, there is a structure called an *Astheela* that has been linked to prostate benign illness.^[4]

Vata - Basti

It was discovered that *Sadhya Mutraghata* was *Vata Basti*. This is triggered by suppressing the desire; *Vata* becomes agitated and plugs the bladder's mouth,

causing urine retention and discomfort in the bladder and abdomen. In *Vata Basti*, the obstruction's exact reason is mentioned. Although the symptoms are similar to those of a blocked bladder outlet, acute urine retention produces significant pain. Ureteral stone impairment may be linked to acute abnormalities of the urethra and the bladder neck that prevent urine from draining, such as prostatic abscess.

Mutrateeta

According to Sushruta, prolonged suppression of the natural need to micturize causes a situation in which a person is unable to pass pee but can, with only minor discomfort, pass a small volume of urine after straining. There are no signs that point to an acute disease, and there are no organic lesions specified for retention in this condition. If a person holds onto the pee for a long period, the bladder stays flaccid/atonic for a short while. At this time, people are unable to pass pee, and if they do, it is sparse. The changing neurophysiological states of the bladder that occur while patients try to pass pee may be related to this.^[5]

Mutrajathara

Mutrajathara develops in *Udavarta* as a result of suppressing the urge to urinate, which causes the bladder to swell and causes collected pee to flow upward. Thus, *Apanavayu* induces abdominal distension, especially in the area above the pubis and below the umbilicus. Extreme abdominal pressure can also obstruct the passage of stools and urine. Although there is no specific organic surgical lesion specified causing blockage in this illness, it is comparable to *Mutrateeta*. The bladder is under intense pressure and is distended all the way to the umbilicus in this condition. This syndrome may be linked to a neurogenic bladder due to acute retention.

Mutrotsanga

Acharya Dalhana provides the following explanation of the disease's & *Vata* vitiation's mechanism:

- Aggravated by its own factors, *Vimarga Gami Vata* causes *Margavarodha* (outlet blockage), or vice versa, *Margavarodha* (outlet obstruction) can

cause *Vata* aggravation. This is known as the *Anila* of *Viguna*.

- Samsakta*, the Sanskrit word for "obstructed," was used to translate *Sarakta*.
- "*Saruja*" and "*Niruja*" are due to "*Ati Vata Prakopa*" and "*Hina Vata Prakopa*," respectively.
- Although "*Nala*" (urethra) also refers to "*Mani*" (external urethral meatus), it should be highlighted that *Mani* is given more attention since the area is where the *Utsanga* of *Mutra* (urine blockage) is felt (upward or in the opposite direction).
- The condition known as *Mutrotsanga* is caused by residual urine, which makes the penis feel heavy. It may be caused by defects in the urinary tract or an aggravation of *Vata*. A small amount of urine that is present in the bladder, urethra, or glans of the penis becomes obstructed and gradually leaks out with or without pain.
- He continues by citing *Tatra Sthitva Paschat Anantaram*, also known as *Shanaih*. The leftover pee then frequently dribbles out in little jets, which is known as *Mandam Mandam Kritva Sravet*.
- Savicchinah Chitva Chitva Bhavati Vayoschalatvena, Mukta Mutrasyah, and Sheshatacchesah*. The *Vata Guna, Chala*, is small in jets, which obstructs the urine flow. As a result, the patient feels as though his bladder isn't emptying completely, which makes his penis feel heavy.

Mutra Granthi / Rakta Granthi

A tiny, fixed, spherical, painful enlargement at the bladder neck creates a sudden blockage of the urinary tract and gives rise to *Ashmari* features. Acute *Mutragranthi* or *Raktaganthi* symptoms can be associated with prostatic abscess in certain circumstances.

Mutrashukra

Sushruta claims that if someone coitus while feeling the desire to micturize, either at the start or the finish of the act, they will create *Mutrashukra* and pass ash-colored urine with semen. The primary sign of *Mutrashukra* is semen mixed semen, which is present

in retrograde ejaculation for several causes. In the case of chronic prostatitis, patients might transmit sticky urine, therefore this may fit with that.^[6]

Ushna-Vata

Ushna Vata has been linked to excessive physical exercise on hot days as an etiological factor. Dysuria is brought on by the vitiation of the *Vata* and *Pitta* *Doshas* in *Basti*. The patient excretes urine that is red or yellow in color, which is indicative of pain and burning in the suprapubic region. The symptoms of *Ushna Vata* are comparable to those of inflammatory bladder and urethral diseases.

Mutrakasada^[7]

Pittaja Mutrakasada

When describing *Pittaja Mutrakasada*, *Sushruta* stated that the pee appears thick and yellow in this stage; also, after micturition, a burning sensation occurs and the urine dries to seem like "*Gorochana*." The passage of thick yellow pee along with burning urination is *Pittaja Mutrakasada's* primary symptom. It implies gonococcal infection, which is the most common reason for urethritis.^[7]

Kaphaja Mutrakasada

Urine in this condition becomes viscous, difficult to pass through, and when dried, resembles "*Shankha Churna*" or white powder. Only *Sushruta* described two *Mutrakasada* types, whereas other scholars only named one. According to *Charaka*, the patient passes red, yellow urine accompanied by a burning feeling or white precipitate as *Vayu* consolidates *Pitta*, *Kapha*, or both. *Kaphaja Mutrakasada* and phosphaturia can be compared.

Symptoms of Bastikundalika

- a) *Druta* (Excessive running)
- b) *Adhvagamana* (excessive way faring)
- c) *Langhana* (fasting)
- d) *Ayasa* (exertion)
- e) *Abhigata* (trauma)
- f) *Prapedanat* (compression)

Samprapti

The bladder is pushed upwards, enlarged, and takes on the appearance of a uterus as a result of the *Nidan*s mentioned above.

Lakshana

- *Shula* (colic)
- *Spandana* (throbbing)
- *Daharti* (burning pain)
- *Bindum Bindum Sravatyapi* (passes urine drop by drop).
- *Peeditastu Srijeddharam* (when the bladder).

DISCUSSION

They are mentioned in the *Charaka Samhita*, the *Sushruta Samhita*, the *Astanga Hridaya*, the *Astanga Samgraha*, and in relation to modern urinary illnesses. *Atipravrittija Mutra* and *Apravrittija Rogas Mutra* are the two traditional divisions of the *Rogas* of *Mutra*. *Asmari*, *Mutrakricchra*, and *Mutraghata* are in the second category, whereas *Prameha's* illness is in the first group. Although the symptom complex of *Mutrakricchra* and *Mutraghata* appears to merge, *Acharya Dalhana*, *Chakrapani*, and *Vijayarakshita* have distinguished between the two. This differentiation is predicated on the "*Vibhanda*" or "*Avarodha*" (obstruction) in *Mutraghata* having a more marked harshness.^[9]

Therefore, it can be said that *Mutraghata* is a condition that results from some type of obstructive uropathy, either mechanical or functional; connected to the upper or lower urinary tract and causing partial or complete retention of urine as well as oliguric or anuric symptoms. *Vatakundalika* has no biological source of blockage, hence this condition might be related to smooth muscle sphincter dyssynergy, which is an internal kind of sphincter dyssynergy when sphincter non-function occurs. Urinary retention happens when the sphincter remains closed. Obstruction of the bladder collar is another ailment that may be related to this one.

Mutrasteeta may be related to the changed neuro-physiological states of the bladder when patients try to transport urine. *Mutrathara* may be connected to a neurogenic bladder due to acute retention.^[10] Although hematuria is occasionally a sign of ureteral stricture, *Mutrotsanga* may be connected to this condition. It suggested a urethral blockage caused by an inflammatory condition, and this may be urethritis caused by a gonococcal infection or not.

So, it is conceivable to link urethral stricture and urethritis, which are present in all instances, to *Mutrotsanga*. Dehydration, which can be brought on by excessive sweating, a fever, a sunstroke, or by drinking less water, inhibits the generation of urine in *Mutrakashya*. A sudden urinary blockage caused by a small, fixed, spherical, painful enlargement in the bladder neck known as *Mutra Granthi* results in *Ashmari* features. The acute character of *Mutrargranthi* or *Raktargranthi* symptoms allows for a scientific association between these conditions and prostatic abscess.

The sign of *Mutrashukra* is a mixed urine of semen that is discovered in retrograde ejaculation due to a number of factors. This might be related to chronic prostatic issues where patients may transmit sticky urine.^[11] The symptoms of *Ushnavata* are comparable to those of urethral and bladder inflammation. *Pittaja Mutraukasada* is characterized by the passage of thick, yellow urine that is accompanied by burning urination. It implies gonococcal infection, which is the most common reason for urethritis. *Kaphaja Mutraukasada* and phosphaturia can be compared. *Vidvighata* symptoms resemble recto-vesical fistula. *Bastikundalika*, also known as bladder circular distension, is characterized by stiffness and pain in the girdle.

Investigations/Examination

1. Rectal Examination
2. Urine analysis
3. Ultrasonography, Kidney, Ureter, Bladder
4. Serum Prostate Specific Antigen

5. Complete Blood test

Management Protocol

a. Prevention of complications of *Mutrarghata*

- Use of wheat, old rice, *Mudga* (green gram) juice, *Kulattha* (horse gram), *Yava* (barley) water, *Rasona* (garlic), *Haridra* (turmeric), *Ardraka* (ginger), *Patola/Tikta Patolika* or *Chichinda* (snake gourd) (*Trichosanthes dioica/Trichosanthus cucumerina*), *Shigru*.
- Steer clear of too many hot and spicy meals, peas, spinach, black gram, Jamuns, mustard, and sesame.

b. Medical Administration

Line of management

- It is important to promote *Samshamna Chikitsa*, or bio-cleansing therapies, together with other therapeutic treatments (Palliative therapy). However, the practitioner should decide whether or not *Shodhana* treatment (bio cleaning therapies) is beneficial based on the patient's condition.
- *Avapeeda Snehapana* with a single dosage of 200-300ml of *Vastyamayantaka Ghrita*. *Avagaha Sveda* or 15 days of warm water infusions of *Pancha Valkala Kwatha*, *Triphala Kwatha*, or *Dashamula Kwatha*.

2. Drug therapy

- *Gokshura* (*Tribulus terrestris* Linn.) *Churna* - 3-6gm with Water for 15 days
- *Pashanabheda* (*Bergenia ligulata* (Wall.) Engl.) *Churna* - 1-3 gm with Water for 15 days
- *Haritaki* (*Terminalia chebula* Retz) *Churna* - 3gm with Lukewarm water at bed time for 15 days

Formulations

- *Brihatyadi Kwatha* - 15-30ml with Water for 15 days
- *Gokshuradi Guggulu* - 1-1.5 gm with Luke warm water/ *Mustaka kvatha* (decoction made from *Cyperus rotundus*) for 15 days

- *Kanchanra Guggulu* - 1-1.5gm with Luke warm water for 15 days
- *Chandraprabha Vati* - 1-1.5 gm with Water for 15 days
- *Sveta Parpati* - 750-1250 mg with Water/ *Narikela Jala* (Coconut water) for 15 days
- *Dhanvantara Ghrita* - 15 ml with Warm water for 15 days

Yogic Practices

- *Siddhasana*,
- *Gomukhasana*,
- *Padnggushthasana*,
- *Guptasana*,
- *Paschimottanasana*,
- *Pavanamuktasana* etc.
- *Ashvini Mudra*,
- *Mula Bandha*,
- *Sheetali Pranayama*.

CONCLUSION

A serious *Mutra Vaha Srotas* illness is the *Mutraghata*. It is believed that this disease significantly contributes to the etiopathogenesis of *Vata Dosha*. *Dosha* vitiated substances combine with urine and obstruct urine flow. The impact on *Apana Vayu* mentioned at *Basti Pradeha* causes the pathology to continue and the urine retention to happen. The *Acharyas* had a thorough understanding of the pathophysiology, etiology, and clinical manifestations of illness. The *Shatkriyakala* helps in the early management of the disease since it helps to understand the disease's stage-by-stage progression. Because *Mithya Ahara* and *Vihara* are the primary causes of the condition, it may be controlled by adhering to the right *Pathya* and administering *Vatanashaka Chikitsa*. Therefore, study

into this illness using references from several classic sources in Ayurveda can lead to a natural and safe therapy.

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