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Utility of *Nirgundyadi Kashaya Yoga* in Urinary Tract Infections in Children

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ABSTRACT

Background: Urinary tract infections are among the most common infections of childhood. The diagnosis of UTI is often missed in infants and young children since symptoms are minimally expressed and non-specific. Younger age, inadequate antibacterial therapy and recurrent infections and delayed diagnosis often lead to further complications. **Methods:** The symptoms of UTI can be correlated to *Mutrakrcchra*, which is explained in *Samhitas*. *Acharya Kashyapa* had explained in detail *Mutrakrcchra* in children in *Mutrakrcchra Chikitsadyaya*. The *Nirgundyadi Kashaya Yoga* in *Sahasrayoga* is explained in *Kashaya Prakarana* and indicated in *Krimi Chikitsa*. **Results:** The *Yoga* is found effectively prescribed in children with UTI. This article analyses the probable mode of action in terms of its *Samprapti Vighatana* in children. **Conclusion:** The analysis of the drugs and their therapeutic efficacy in *Ayurvedic* point of view, which will be elaborated, can aid the validation of practices in the paediatric age group.

Key words: UTI, *Mutrakrcchra*, *Nirgundyadi Kashaya*, *Samprapthi Vighatana*

INTRODUCTION

Urinary tract infections are among the most common infections of childhood^[1] About 2-8% of children suffer from UTI and one-third children with febrile UTI have vesico-ureteric reflux. It is estimated that 2% of boys and 7% of girls have one UTI by 7 years.^[2]

The diagnosis is missed in infants and young children since symptoms are minimally expressed and non-specific. Over 80% of community-acquired UTI is caused by *E. coli*. Organisms such as *Klebsiella*, *Proteus*, *Enterobacter*, *Staphylococcus* and *Streptococcus*

faecalis are also identified as the cause for infection.

The symptoms of UTI in younger children are nonspecific and require a high index of suspicion. Recurrent fever, diarrhea, vomiting, abdominal pain, poor weight gain and urinary symptoms such as burning, urgency, frequency, flankpain, turbid urine, recent onset of enuresis are the clinical features.^[3]

Younger age, inadequate antibacterial therapy, recurrent infections, and delayed diagnosis often lead to complications. The condition can be almost correlated to *Mutrakricchra* in *Ayurveda*. The disease has been extensively explained by *Brihatrayees*. *Dukhena Mutra Pravrtti* - any discomfort /difficulty in urination which is pain dominant is understood as *Mutrakricchra*.

Diagnosis of *Mutrakrcchra* in infants is explained in *Vedanadyaya* of *Kasyapa Samhitha*.^[4] *Mutrakrcchra Chikitsa Adyaya* of *Kasyapasamhita* explains the types and treatment of *Mutrakrcchra* as *Vata*, *Pitta*, *Kapha*, *Raktaja Dwandaja* and *Sannipataja*.^[5]

In all types of *Mutrakrcchra* - common symptoms are emaciation, uneasiness, anorexia, mood changes, thirst, pain, and depression.^[6]

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MATERIALS AND METHODS

Drug review

Nirgundyadi Kashaya^[7] (Sahasrayoga) Yoga which is mentioned in Sahasrayoga. There are 17 ingredients in the Yoga which are the common drugs in various formulations.

Ingredients

Table 1: Ingredients of Nirgundyadi Kashaya^[8]

SN	Drug	Botanical name	Family
1.	Nirgundi	<i>Vitex negundo</i>	Verbinaceae
2.	Chitraka	<i>Plumbago zeylanica</i>	Plumbaginaceae
3.	Vidanga	<i>Embelia ribes</i>	Myrsinaceae
4.	Devadaru	<i>Cedrus deodara</i>	Pinaceae
5.	Haridra	<i>Curcuma longa</i>	Zingiberaceae
6.	Mustha	<i>Cyperus rotundus</i>	Cyperaceae
7.	Aakhukarni	<i>Merremia emarginata</i>	Convolvulaceae
8.	Kshapa (Karimthumba)	<i>Anisomelis malabarica</i>	Laminaceae
9.	Bharngi	<i>Clerodendrum serratum</i>	Verbinaceae
10.	Shunti	<i>Zingiber officinalis</i>	Zingiberaceae
11.	Marica	<i>Piper nigrum</i>	Piperaceae
12.	Pippali	<i>Piper longum</i>	Piperaceae
13.	Palasha	<i>Butea monosperma</i>	Fabaceae
14.	Sigru	<i>Moringa oleifera</i>	Moringaceae
15.	Chavya	<i>Piper brachystachym</i>	Piperaceae
16.	Haritaki	<i>Terminalia chebula</i>	combratceae

17.	Rasona	<i>Allium sativum</i>	Liliaceae
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Rasa Panchaka of individual drugs

Table 2: Ayurveda properties of ingredients^[9]

Drug	Rasa	Guna	Virya	Vipaka	Karma
Nirgundi	Katu, Tikta, Kashaya	Laghu Ruksa	Usna	Katu	Vata Kapha Hara, Krimi, Gulma, Sula, Sopha, Agnikara, Masthishka Baladayaka Rasayana
Chitraka	Katu	Laghu Ruksa Tiksn a	Usna	Katu	Kapha Vata Hara, Dipana, Pachana, Agnikrith
Vidanga	Katu, Tikta	Laghu Ruksa Tiksn a	Usna	Katu	Vata Kapha Hara, Krimi, Agnikrith
Devadaru	Tikta, Kashaya	Laghu Snigdha	Usna	Katu	Kapha Vata Hara, Jvara, Ama, Vatanuloma na
Haridra	Tikta, Katu	Ruksa Laghu	Usna	Katu	Kapha Pitta Hara, Dipana
Mustha	Katu, Tikta, Kashaya	Laghu Suksh ma	Sita	Katu	Kapha Pitta Hara, Dipana, Jvara, Krimi
Aakhukar ni	Katu, Tikta, Kashaya	Laghu	Sita	Katu	Kapha Pitta Hara, Krimi, Jvara, Pachana
Kshapa (Karimth umba)	Katu, Tikta	Laghu	Sita	Katu	Kapha Vata Hara, Ruchikrt

Bharngi	Kashaya, Tikta, Katu	Laghu Ruksa	Usna	Katu	Kapha Vata Hara, Dipana, Pachana Jvara, Raktadosa Hara
Shunti	Katu	Laghu Snigdha	Usna	Madhu ra	Jirnajwara, Aruci, Vedanastha paka
Marica	Katu, Tikta	Laghu Ruksa Tiksn a	Usna	Katu	Dipana, Sulaghna, Krimi
Pippali	Katu	Laghu Snigdha Tiksn a	Usna	Madhu ra	Dipana, Jwara, Pachana
Palasha	Kashaya, Katu, Tikta.	Laghu Snigdha	Usna	Katu	Dipana, Krimi
Sigru	Katu	Laghu Ruksa Tiksn a	Usna	Katu	Sula, Sotha, Krimi
Chavya	Katu	Laghu	Usna	Katu	Kapha Vata Hara, Dipana, Krimi

DISCUSSION

Yoga on analysis shows predominantly *Laghu, Ruksa Guna; Katu, Tikta, Kashaya Rasas; Usna Virya; Katu Vipaka; Kapha Vatahara, Dipana, Pachana* and *Krimihara* in action.

The *Lakshanas* of simple UTI can be correlated more to *Kaphadika Mutrakrcchra Lakshanas* which includes white and thick urine in excess quantity with mild discomfort associated with heaviness and inflammation of *Basti*.

The vitiated *Kapha Pradhana Tridoshas* along with the state of *Agnimandya* invariably produce *Ama*. The

*Sama Dosh*a produces symptoms such as yellowish urine, burning micturition, turbid urine etc. The *Rasapanchaka* of the *Yoga* shows its capability to break the *Samavastha* of *Doshas* and show significant relief in the symptoms. Thus, the *Krimihara Yoga* can be effectively used as anti-infective therapy.

CONCLUSION

The critical analysis of the *Yoga* offers scope to research works on the clinical efficacy of *Nirgundyadi Kashaya* in UTI. The *Rasapanchaka* evaluation explains the *Samprapti Vighatana* of *Mutrakrcchra*. Further clinical trials can be carried out to identify the effect of the *yoga* in specific bacterial colonies. *Kashayas* can be administered as *Sharkara Kalpanas* for palatability and easier administration in paediatric age group. This may enhance the acceptability of the medicine in clinical practice in the field of *Kaumarabhritya*.

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