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# Critical review of *Samprapti* and *Shatkriyakal* in *Mootraghaata* (oliguria)

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## ABSTRACT

*Aachaaryas* have mentioned various types of diseases of different *Srotasas* including *Mootravaha Srotasa* and many of the diseases are having much resemblance with description of modern diseases like *Mootraaghaata* with BPH, *Ashmari* with urinary stone, *Mootrakrichchhra* with UTI etc. The present era is so fast developing and updating to cope up the medical necessity of the society and trying to cure the ailments comprehensively. Hence, as per the need of the 21st century and the world, implementation of the principles of the long lasting treatment of Ayurveda is incredibly necessary. Therefore, the evaluation of the terminology, diseases and its management described in Ayurveda is much needed for proper evaluation and correlation in the high interest of the society.

**Key words:** *Mootravaha Srotasa*, *Mootraaghaata*, *Oliguria*.

## INTRODUCTION

The term *Mootraaghaata* comprises of two words viz. *Mootra* and *Aaghaata*, which stands for obstructed urine output either due to retention of urine or absolute / relative anuria / oliguria.

*Dalhana* defines *Mootraaghaata* as entity disease condition in which "*Avarodha*" i.e. obstruction to the flow of the urine is the feature and also quotes that some experts ascribe the term *Aaghaata* as *Dushti* and said that *Mootrashukra*, *Mootrasaada*, *Ushnavaata* are not characterized by *Mootraaghaata*.<sup>[1]</sup> According to Chakrapaanidutta, this condition is characterized by drying up or

retention of urine.<sup>[2]</sup> Vijaya Rakshita, in his commentary, has stated that *Mootraaghaata* is characterized by *Vibandha* (obstruction) as a dominant feature.<sup>[3]</sup> *Mootraghata* is mechanical obstruction to the outflow of urine may be located in the lower tract or in the upper tract alone and on one or both the parts; sometimes the obstruction may be complete or partial, temporary or intermittent. *Aachaarya* have never indicated the specific *Nidaan*s of *Mootraaghaata*, but those factors which are responsible for *Mootrakrichchhra* can be taken into account for *Mootraaghaata* also.<sup>[4]</sup> That is

- *Ativyaayaama* - Excessive exercise.
- *Teekshnaaushadha* - Drugs of strong potency.
- *Rukshamadya Prasanga* - Excessive consumption of dry variety of alcohol.
- *Nityadruta Prishtyaanaat* - Riding on the back of fast moving animals regularly.
- *Aanoopa-Matsya* - Ingestion of flesh of wet land fish.
- *Adhyashana* - Eating before digestion of previous meal.
- *Ajeernaat* - Indigestion.

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According to Sushruta<sup>[5]</sup> scanty micturition with increased frequency and distention of the bladder along with pain in the penis, rectum, groin, bladder and umbilical regions are caused due to voluntary suppression of the urge of micturition. Here, *Vaata* is the root cause in the manifestation of all the varieties of *Mootraaghaata*. The five fold regional and functional division and description of *Shaareeravaata* i.e. *Praana*, *Udaana*, *Vyaana*, *Samaana* and *Apaana*, their pathways and group functions simulate in a general, the conventional division of the nervous system into the central, peripheral including the autonomic and cardiac and enteric plexus. In fact, the functions ascribed by Charaka and Sushruta to the *Shaareeravaata*, in its fivefold divisions can be in terms of modern neuro-physiology through its various activities.<sup>[6]</sup>

### AIMS AND OBJECTIVE

1. To explore the detail *Samprapti* of *Mootraaghaata*
2. To study different stages of *Shatkriyakal* in *Mootraaghaata*

### Samprapti of Mootraaghaata

Sushruta states the importance of *Pratilomavaata* in manifestation the *Basti-Rogas* such as *Mootraaghaata*, *Mootradosha* etc.<sup>[7]</sup> Arunadatta<sup>[8]</sup> lifts up a doubt that, if *Basti* was to be facing downwards with a single outlet, then how do the *Doshas* enter to produce *Mootraaghaata*. The clarification is that even though the *basti* facing downwards, minute vessels fill the bladder from the sides and these are the routes for the entry of *Doshas*, to produce *Mootraaghaata*. Dalhana quotes that *Vaata* is the main factor in the pathogenesis of *Mootraaghaata*, Charaka states that when *Aamavisha* gets localized in the urine leads to *Mootra Rogas*.<sup>[9]</sup>

### Shatakriyaakaala:<sup>[10]</sup>

*Shatakriyaakaala* explains the pathogenesis of a disease in six stages right from the incubation period to the complete manifestation and later consequences there of.

1. **Sanchaya:** This is the initial accumulation of a *Dosha* due to individual vitiating factors. *Mootravegaavrodha* has been mentioned as one of the prime *Nidaana* in almost all types of *Mootraaghaata*. The *Apaana* being vitiated by indulging in previously mentioned *Nidaanas* starts accumulating in its own places - the *Kati*, *Basti*, *Pakvaashaya* and *Medhra*. Along with this the bodily *Vaayu* is vitiated by *Vaatakaraahaara* and *Vihaara*. In this stage, the individual experiences occasional discomfort in the act of micturition, which seems to be tolerable and he neglects it. There may be feeling of *Aadhmana* and *Aatopa* in *Vaatapradesha* along with a very mild discomfort in passage of urine.
2. **Prakopa:** If a person neglects the above said phase, it passes into *Prakopa* stage, wherein, further vitiation of *Vaata*, due to the indulgence in the *Nidaanas*. This vitiation occurs in all the *Vaata* places and leads to hampering of the functioning of both *Pitta* and *Kapha* in terms of "*Vishamaagni*" which lays the foundations for the production of *Aama*. Here, again the symptomatology experienced may not be directly related to *Mootravahasrotasa* but rather to those of initial *Aama* formation i.e. *Amlikas*, *Pipaasaa* etc. and further *Aadhmana* and *Aatopa*. Therefore, again there is the possibility of not arriving at a diagnosis of the *Mootravahasrotasa*.
3. **Prasara:** In this phase there will be the spread of the vitiated *Doshas* from their locations to the other places and therefore a mixed symptomatology may be found. The process of *Aama* formation already set-up is further carried on. As it is known that the *Mootra* is result of *saara-Kittavibhaajana* of *Aahaara*, which is a combined effort of *Tridosha* and *Agni*. The *Mootranirmaana-Prakriyaa* (formation of urine) has been nicely presented in Sushruta Samhitaa. The *Dhamanees* are classified into *Urdhva*, *Adhah*, and *Tiryaka* traversing throughout the whole body. It has been explained that, there are two *Adhogaamee Dhamanees*, which carry *Mootra* from the *Aantras* to be expelled out from the

body.<sup>[11]</sup> But Dalhana has commented that it is not the *Mootra* that is carried out but rather the *Toya*, which is the product of *Aahaara Vivechana*. This *Toya* is further converted into *Mootra* (*Bhavishyato Mootrashyakaarana Bhootam*), by the time it enters the *Basti* (Tadevodakam Basti-vivara-praptam Mootramityucchyate) and it is toya part of kitta, which is carried by the above said two downward traversing dhamanees.<sup>[12]</sup>

4. **Sthaana Samshraya:** In this stage, the premonitory features of a disease are manifested and vitiation of dhaatus starts. The vitiated *Doshas* along with aama traversing through the sookshmasiraas, dhamanees get lodged in basti and forms a base for the complete manifestation of *Mootraaghaata*. The terminologies like “Chhidravaigunya” & “Mootra Srotonirodha” used in the types of *Mootraaghaata*, further lodging of aama in basti to manifest *Mootraaghaata*. Charaka states that aama attaining its seat in basti causes basti rogas.<sup>[13]</sup> As earlier, a doubt is raised in Ashtaanga Hridaya in *Mootraaghaata nidaana* that how the *Doshas* reach the basti? It is said that *Dosha* through the sookshma siraas pouring in to the basti from the sides enters into basti and produce various basiroga. Further, Dalhana clarifies the fact that all types are not of *Mootraaghaata* but the conditions like *Mootroukasaada*, *Ushnavaata* and *Mootrashukra* are *Mootradosha* as there is no apparent *Aaghaata* in these conditions. Hence, basti is the sthaana for the samshraya of *Doshas*. In this stage, the premonitory symptoms are manifested.
5. **Vyakti:** This is a stage, where complete manifestation of a disease sets in. Each and every symptom of individual types of *Mootraaghaata* is identified in this stage.
6. **Bheda:** If the disease is misdiagnosed and mismanaged or not properly treated in the various stages, they proceed towards complications and involvement of other systems. In *Mootraaghaata*, there may be acute or chronic obstruction followed by incontinence,

heamaturia, diverticula formation, ureteral dialation and ascending hydronephrosis which ultimately leads to fatal outcome.

## DISCUSSION

In initial stage of *Mootraghaata* the person presents with vague symptomatology and the physician has to be clear enough to elicit the history and symptoms to prevent further vitiation. If in body normal process of saara-kitta vivechana is hampered and the *Doshas* gain the access to the Mootravaha dhamanee and start spreading. Furthermore, due to aama, there is srotoavarodha, which further vitiates the *Vaata*, which leads to vimaargagamana and aatopa throughout the blocked channels. There is manifestation of the lakshanas due to aama such as avipaaka, paridaaha, arochaka, agnisaada etc. In this stage, the lakshanas related to Mootra may be more pronounced than the previous stages with increased frequency & difficulty in micturition. As there are 12/13 varieties of *Mootraaghaata*, no set of poorvaroopas is described, but it can be evaluated that the obstruction to the flow of urine is more pronounced and occurs more often than the previous stages. The symptoms of bastia adhmana and bastishoola are also experienced in a greater degree. Even Mootra vivarnataa is noticed occasionally. It is the ability of doctor, who recognizes the seat of the disease as basti and labels a person suffering from afore mentioned symptoms to be proceeding towards either of the variety of *Mootraaghaata*. As per Samhita as, pain during micturition is found in case of *Mootraaghaata* and *Mootrakrichchhra* as well. The above mentioned diseases are owing to simulative features which needed further evaluation for better understanding i.e. if a person habituated to withholding the urge of micturition and wants to pass urine (Sristamichhati) finds difficulty in starting the urine flow and experiences mild pain on straining, the flow is obstructed and frequency is increased due to the incomplete emptying of the bladder. Here with, on the basis of Ayurvedic, following differentiation found between *Mootraaghaata* and *Mootrakrichchhra*;

**Table 1: Differential diagnosis of Mootraaghaata & Mootrakrichchhra**

Clinical features	Mootraaghaata	Mootrakrichchhra
Vibandha (Obstruction)	+++	+
Mootrakrichchha (Dysuria)	+	++
Causative factors Mootraaghaata and Mootrakrichchhra		
Suppression of micturition	+++	+
Dietetic causes	+	+++

**CONCLUSION**

The diseases of *Mootraaghaata* are causing predominantly the retention and / or obstruction of urine and said to be occurred at the site of basti. While looking towards nidaan of *Mootraaghaata*, Mootravega avarodha' is mentioned as one of the important causative factors for manifestation of disease. Mootra which is the waste product formed after saara-kitta vibhaajana of aahaara, where as aama disturbs the saara-kitta vibhaajana process as well as obstruct the mootravaha srotasa of respective dhaatus and finally hamper the karma of mootra. The vitiated *Vaata* and kapha doshas along with aama, traversing through the sookshma siraas, dhamanees and srotasa, get lodged in basti especially in maamsa and snaayu and form a base for the complete manifestation of *Mootraaghaata*.

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