

Ayurvedic Approach To Treating Cystitis (Mutrakrichra): A Case Report

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Abstract

Cystitis is characterized by burning sensation in urine, pain during micturition, difficulty in passing the urine and urgent urination. In contemporary medicine the management of cystitis is by giving painkillers and antibiotics. There is no direct correlation for cystitis in Ayurveda. But concepts like mutrakrichra given by Acharyas have symptoms stand very close to this disease condition. A 52 year old female patient came to the OPD of Kayachikitsa complaining of pain during micturition, difficulty in passing the urine since 15 days associated urgent urination and burning sensation. Physical examination has been done by viewing the patient's condition and USG is advised then patient was diagnosed as a case of mutrakrichra. Gokshur (tribulusterrestis), shatavari (asparagus racemosus)ksheerpaka(milk decoction), shatdhoutaghrita application. trifala (amalki, haritaki, bhibhitaki) kwath Prakshalan(water bath) was given to the patient for a week then uttarbasti is prescribed. In this the MutravahaSrotas are afflicted by the vitiated Pitta Dosha in conjunction with Vata (primarily ApanaVayu) upon reaching Vasti (bladder), which makes the patient experience difficulties micturition. The aforementioned symptomatology closely resembles urinary tract infections, particularly lower urinary tract infections (urethritis and cystitis) so the medicines given to he patient will correct the vitiation of doshas yoni prakshalan with trifalakwath (around 800 ml) , then yoni pichu of shatdhoutaghritaand with that internal medications, such as gokshurachurna, and shatavarichurnaksheerpaka has been chosen for the treatment

Keywords: -Acute Cystitis Symptom Score, Dashmoolataila uttarbasti, Goksur sarivaksheerpaka, Shatdhoutaghrita pichu, Trifalaprakshalan

Case report

A 52 year old female patient came to SRPT OPD of MGACH&RC Hospital Wardha maharashtra, India, with chief complaints of pain during micturition, difficulty in passing the urine since 15 days associated urgent urination and burning sensation. The patient had been experiencing the symptoms mentioned above for the past 15 days, although she has had these symptoms intermittently for the past 1 years. She had tried various allopathic medicines, but they did not result in complete recovery. The patient reported no past surgical history. Her personal history and findings from the Ashtavidha Pariksha were documented in Table 1 and Table 2, respectively.

History of presenting complaints

Patient was apparently normal before 1 year but on and off she faces the pain during micturition, difficulty in passing the urine and associated with urgent urination and burning sensation burning micturition and pain during micturition. She immediately went to hospital. She got treated with antibiotics and. After few times she started observing there is no permanent effect of the medicines given by them and frequency. She underwent various treatments like ointments, medications but didn't get many benefits out of them. She came to our hospital for the management of the same. Patient has no history of diabetes mellitus, Hypertension, hormonal profile is normal. There is no significant family history contributing to this condition.

Personal history:-

Patient food habit is vegetarian, sleep is normal during the night and none of addiction is present.

General Examination: The patient was determined to be healthy-looking, moderately fed, afebrile, and normotensive.

Pallor, cyanosis, icterus, and lymphadenopathy were not present.

Prakruti (Body type) –*kapha-vataj* (*kaphavataj* body constitution),

B.P. - 130/80 mmhg, Height - 5ft Wt. - 60 kg, Pulse - 76/min,

Systemic Examination: RS: Normal vesicular breathing, CVS: S1, S2 Heard, no murmur, no added sounds. Routine haematology were within the limit

Table- 1 *Asthavidhapariksha*

| Sr.no | Examination | Observation |
|-------|-----------------------------|--|
| 1 | <i>Nadi</i> : (pulse rate) | 76 b/ min |
| 2 | <i>Mutra</i> :(urination) | 8-10 times with burning and pain sensation |
| 3 | <i>Mala</i> : (faeces) | once daily, complete evacuation |
| 4 | <i>Shabda</i> : (sound) | <i>Spashta</i> (clear) |
| 5 | <i>Jiwha</i> : (tounge) | <i>Alipta</i> (Not coated) |
| 6 | <i>Akriti</i> : (body type) | <i>Sthoola</i> (healthy) |
| 7 | <i>Druk</i> : | <i>Avishesha</i> (normal) |
| 8 | <i>Sparsha</i> : (touch) | <i>AnushnaSheeta</i> (Afebrile) |

Diagnosis

Diagnosis has been done on the basis of USG report, ACS score and ayurvedic textual references has been used.as mentioned in (figure 1 and table 2)

USG REPORT of the patient

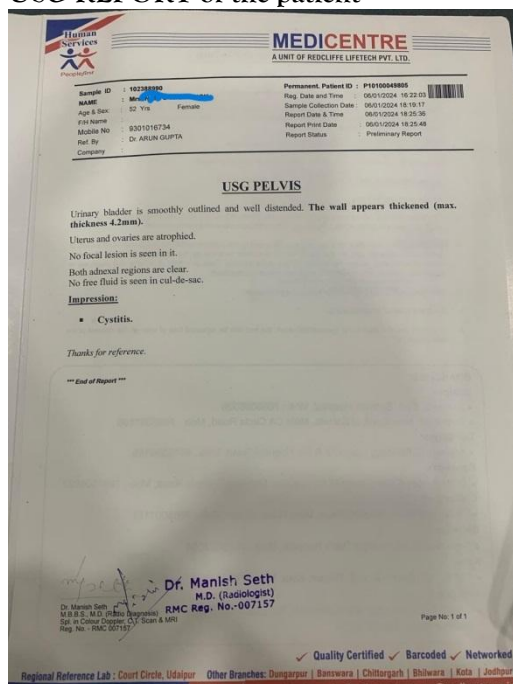


Figure 1:- USG report before treatment

Table 2:- Acute Cystitis Symptom Score (ACSS)- Before treatment[1]

| s.no | | 0 | 1 | 2 | 3 |
|------|---|---|---|---|---|
| | Typical symptoms | | | | |
| 1 | Frequent urination of small amount of urine | | | 2 | |
| 2 | Urgent urination | | | 2 | |
| 3 | Feeling burning pain when urinating | | | | 3 |

| | | | | | |
|------------------------------|---|---|---|-----------------|--|
| 4 | Feeling incomplete bladder emptying | 0 | | | |
| 5 | Feeling pain not associated with the urination in lower abdomen | | 1 | | |
| 6 | Blood seen in urine | 0 | | | |
| | | | | Total score = 8 | |
| Differential symptoms | | | | | |
| 7 | Flank pain | 0 | | | |
| 8 | Abnormal vaginal discharge | 0 | | | |
| 9 | Discharge from the urethra | 0 | | | |
| 10 | Feeling high body temp | 0 | | | |
| | | | | Total score = 0 | |
| Quality of life | | | | | |
| 11 | Discomfort | | 1 | | |
| 12 | Working quality | | | 2 | |
| 13 | Social life | | | 2 | |
| 14 | Menstruation | 0 | | | |
| | | | | Total score = 5 | |

Treatment given

It is explained in table 3

Table: -3 has explained the treatment of the patient

| Sr no :- | Medicine | Dose and time of administration | Anupana | Duration |
|----------|---|---------------------------------|---------|----------|
| 1 | Gokshur(<i>tribulusterrestis</i>) and shatavari (<i>asparagus racemosus</i>) khseerpaka | Twice a day before meal | | 15 days |
| 2 | Shatadhotaghratapichu (medicated ghee tampons) | 4 times in a day | | 21 days |
| 3 | Trifala kwathprakshalan (Triphala Decoction Rinse) | 3 times a day | | 21 days |
| 4 | Dashmoolataila Uttar basti | 5 times a week (20 ml) | | 5 days |

Method of preparation of medicines**1. Ksheerpaka (Milk decoction) [2][3]**

Ksheerpaka is a traditional Ayurvedic method of preparing medicinal decoctions using milk as a medium. This method is particularly beneficial for herbs that have fat-soluble active components, enhancing their bioavailability and therapeutic efficacy.

Procedure:**1. Ingredients:**

- Gokshur (*Tribulusterrestis*) powder
- Shatavari (*Asparagus racemosus*) powder
- Milk
- Water

2. Steps:

- Measure 1 part of Gokshur powder and 1 part of Shatavari powder.
- Add these powders to 8 parts of water and boil until the volume is reduced to 1/4th.
- Add 8 parts of milk to the reduced decoction.
- Continue to boil the mixture until the milk volume reduces to half of its original volume.
- Filter the mixture to remove the herbal residues.

2. Triphala Kwath[4]

Triphala Kwath is a decoction made from the three fruits - *Haritaki (Terminaliachebula)*, *Bibhitaki (Terminaliabella)*, and *Amalaki (Emblicoefficialis)*. This formulation is used for its potent cleansing and antimicrobial properties. [5]

Procedure:**1. Ingredients:**

- *Haritaki (Terminaliachebula)*
- *Bibhitaki (Terminaliabella)*
- *Amalaki (Emblicoefficialis)*
- Water

2. Steps:

- Take equal parts of *Haritaki*, *Bibhitaki*, and *Amalaki* and crush them to make a coarse powder.
- Measure 1 part of this powder.
- Add this to 16 parts of water.
- Boil the mixture until the volume reduces to 1/4th of its original volume.
- Filter the decoction to remove the residues.

3. Dashmool Taila Uttar Basti[6][7]

Dashmool Taila Uttar Basti involves the administration of medicated oil (*Taila*) into the urinary bladder. *Dashmool* is a classical Ayurvedic formulation composed of the roots of ten plants.

Procedure:**1. Ingredients:**

- *Dashmool* (a combination of ten roots)
- Sesame oil (or another suitable base oil)

2. Steps:

- Prepare *Dashmool Kwath* by boiling the *Dashmool* herbs in water until the volume reduces significantly.
- Filter the decoction and mix it with an appropriate quantity of sesame oil.
- Heat the mixture gently until all the water evaporates, leaving the medicinal compounds infused into the oil.
- Allow the oil to cool and filter it to remove any solid residues.

3. Administration:

- The patient is positioned appropriately for bladder instillation.
- Using a sterile catheter, the medicated oil is gently instilled into the bladder.

Follow-up and observations mentioned in (table 4 and 5)

Table: - 4ON 7th day ACS SCORE after treatment

| s.no | | 0 | 1 | 2 | 3 |
|------|---|---|---|-----------------|---|
| | Typical symptoms | | | | |
| 1 | Frequent urination of small amount of urine | 0 | | | |
| 2 | Urgent urination | | 1 | | |
| 3 | Feeling burning pain when urinating | 0 | | | |
| 4 | Feeling incomplete bladder emptying | 0 | | | |
| 5 | Feeling pain not associated with the urination in lower abdomen | | 1 | | |
| 6 | Blood seen in urine | 0 | | | |
| | | | | Total score = 2 | |
| | Differential symptoms | | | | |
| 7 | Flank pain | 0 | | | |

| | | | | | |
|------------------------|----------------------------|---|---|--|-----------------|
| 8 | Abnormal vaginal discharge | 0 | | | |
| 9 | Discharge from the urethra | 0 | | | |
| 10 | Feeling high body temp | 0 | | | |
| | | | | | Total score = 0 |
| Quality of life | | | | | |
| 11 | Discomfort | | 1 | | |
| 12 | Working quality | 0 | | | |
| 13 | Social life | 0 | | | |
| 14 | Menstruation | 0 | | | |
| | | | | | Total score = 1 |

Table:- 5 On 14th day of treatment Acute Cystitis Symptom Score (ACSS) - After treatment

| s.no | | 0 | 1 | 2 | 3 |
|------------------------------|---|---|---|---|-----------------|
| Typical symptoms | | | | | |
| 1 | Frequent urination of small amount of urine | 0 | | | |
| 2 | Urgent urination | 0 | | | |
| 3 | Feeling burning pain when urinating | 0 | | | |
| 4 | Feeling incomplete bladder emptying | 0 | | | |
| 5 | Feeling pain not associated with the urination in lower abdomen | 0 | | | |
| 6 | Blood seen in urine | 0 | | | |
| | | | | | Total score = 0 |
| Differential symptoms | | | | | |
| 7 | Flank pain | 0 | | | |
| 8 | Abnormal vaginal discharge | 0 | | | |
| 9 | Discharge from the urethra | 0 | | | |
| 10 | Feeling high body temp | 0 | | | |
| | | | | | Total score = 0 |
| Quality of life | | | | | |
| 11 | Discomfort | 0 | | | |
| 12 | Working quality | 0 | | | |
| 13 | Social life | 0 | | | |
| 14 | Menstruation | 0 | | | |
| | | | | | Total score = 0 |

RESULT

A follow-up was conducted on the 7th and 15th day. The patient did not experience any more symptoms during this time. After first followup the patient reported a relief in burning and pain during micturition. Patient had notable relief following treatment. Prior to starting treatment as well as 7th, 15th day after finishing it. (figure:-2)

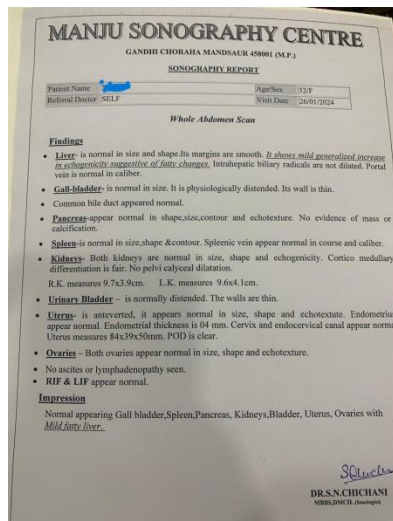


Figure 2 :- USG report After treatment

DISCUSSION

Cystitis, an inflammation of the bladder, presents a significant therapeutic challenge, particularly when considering its recurrent nature and potential for antibiotic resistance. The application of Ayurvedic principles to manage cystitis offers an alternative approach that integrates herbal remedies, therapeutic procedures, and lifestyle modifications. This case study explores the efficacy of an Ayurvedic regimen involving *Gokshur* and *Shatavari Ksheerpaka*, *Shatadhota GhritaPichu*, *Triphala KwathPrakshalan*, and *Dashmool Taila Uttar Basti*

Cystitis, characterized by inflammation of the bladder, poses a significant therapeutic challenge due to its recurrent nature and potential resistance to conventional antibiotic treatments. Ayurvedic medicine offers an integrative approach to managing cystitis, combining herbal remedies, local applications, cleansing procedures, and therapeutic enemas to address both symptoms and underlying imbalances. This case study examines the effectiveness of an Ayurvedic regimen consisting of *Gokshur* and *Shatavari Ksheerpaka*, *Shatadhota GhritaPichu*, *Triphala Kwath Prakshalan*, and *Dashmool Taila Uttar Basti* in the treatment of cystitis.

Herbal Interventions and Their Efficacy

Gokshur* and *shatavariksheerpaka - *Gokshur* is noted for its ability to support urinary tract health by preventing the adhesion of pathogens to the bladder wall and reducing biofilm formation, which are crucial in preventing and managing urinary tract infections (UTIs). [8,9] *Shatavari* is renowned for its rejuvenative properties, promoting mucosal health and enhancing the integrity of the urinary tract lining. [10] The combination of these herbs in a *Ksheerpaka* (milk decoction) form enhances their bioavailability and therapeutic efficacy by leveraging the fat-soluble nature of many active compounds present in these herbs. [11]

Local Applications and Their Role

Shatadhota Ghrita Pichu [12]- The application of medicated ghee tampons, provides localized anti-inflammatory and healing benefits. Medicated ghee, due to its lipid-soluble nature, penetrates deep into the tissues, delivering the therapeutic agents directly to the affected area. This application helps in reducing inflammation, soothing the bladder mucosa, and alleviating pain and discomfort during urination.

Cleansing Procedures

Triphala Kwath Prakshalan [13]- A decoction douche, serves a critical role in cleansing and maintaining the health of the urinary tract. *Triphala*, a blend of three fruits (*Haritaki*, *Bibhitaki*, and *Amalaki*), is celebrated in Ayurveda for its antimicrobial, antioxidant, and anti-inflammatory properties. The decoction helps in flushing out toxins, reducing microbial load, and promoting an optimal environment for urinary tract health.

Therapeutic Enemas

Dashmool Taila Uttar Basti [14] – It is a specialized form of enema, delivers medicated oil directly into the bladder. *Dashmool*, a traditional formulation of ten roots, possesses potent anti-inflammatory and analgesic properties. The direct application through *Uttar Basti* helps in reducing chronic inflammation, relieving spasms, and promoting the healing of the bladder lining. This method ensures a high concentration of therapeutic agents at the site of pathology, enhancing the overall effectiveness of the treatment.

CONCLUSION

The Ayurvedic regimen comprising *Gokshur* and *Shatavari Ksheerpaka*, *Shatadhota Ghrita Pichu*, *Triphala Kwath Prakshalan*, and *Dashmool Taila Uttar Basti* demonstrates promising results in the management of cystitis. This integrative approach not only provides symptomatic relief but also addresses the root causes of the condition, thereby reducing recurrence and improving overall bladder health. Further clinical studies with larger sample sizes are warranted to validate these findings and elucidate the mechanisms involved.

Conflict of Interest: Nil

Informed Consent

Before the treatment patient consent has been taken and permission for the photos has been taken from them and their relatives.

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