

International Research Journal of Ayurveda & Yoga

An International Peer Reviewed Journal for Ayurveda & Yoga



A Critical Interpretation on *Mutraghata* (Retention of Urine) - A Review Study

Dr. Ashok Kumar Bandhe¹, Dr. Uttam Kumar Nirmalkar², Dr. Balendra Singh³, Dr. Satrupa Normal⁴

ICV-70.44 ISRA-1.318
VOLUME 4 ISSUE 1 JANUARY 2021

1. PG Scholar, Dept. of Shalya Tantra, Shri N.P.A. Govt. Ayurved College, Raipur, Chhattisgarh.
2. Assist. Prof. & Guide, Dept. of Shalya Tantra, Shri N.P.A. Govt. Ayurved College, Raipur, Chhattisgarh.
3. Asso. Prof., Co-Guide & HOD, Dept. of Shalya Tantra, Shri N.P.A. Govt. Ayurved College, Raipur, Chhattisgarh.
4. Assist. Prof., Co-Guide & Assist. Prof., Dept. of Shalya Tantra, Shri N.P.A. Govt. Ayurved College, Raipur, Chhattisgarh.

Corresponding Author :- Dr. Ashok Kumar Bandhe, PG Scholar, Dept. of Shalya Tantra, Shri N.P.A. Govt. Ayurved College, Raipur, Chhattisgarh. **Email id** – ashokbamdhe411@gmail.com **Mob.** – 7400724179

Article received on 10th Jan 2021

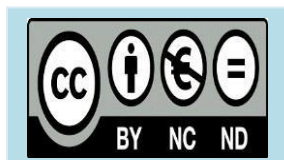
Article Accepted 30th Jan 2021

Article published 31st Jan 2021

ABSTRACT

There are many patients suffering from various kinds of *Mutra Vaha Srotas* disorders. Information such as *Nidana*, *Samprapti*, *Lakshanas*, *Sadhya- Asadhyata*, *Upadrava*, *Chikitsa* should be known to any physician. Due to retention or relative anuria or oliguria, *Mutraghata* has been identified by Acharya Dalhana to be a *Mutra vaha Srotas* clinical body, where urine flux is obstructed. Obstructed urine (*Mutraghata*) is diseased while it is holding Cardinal characteristic is urine. Hence urinary retention may be caused by urinary tract occlusion or urinary pathway inflammation. This influences can also be used as the *nidana* of *Mutraghata* for *doshti* of *Mutra vaha Srotas*. Because of this cause, the *doshas* get worse. It's *vata dosha* mainly. The vitiated *dosha* mixes with urine and thus prevents the urine flow.

KEYWORDS: *Mutraghata*, *Mutra*, etc.



This work is licensed under a creative attribution -Non-commercial-No derivatives 4.0 International License commons

How to cite this article: Dr. Ashok Kumar Bandhe, Dr. Uttam Kumar Nirmalkar, Dr. Balendra Singh, Dr. Satrupa Normal, A Critical Interpretation on *Mutraghata* (Retention of Urine) - A Review Study IRJAY, January: 2021 Vol- 4, Issue-1; 272-280;
Doi: <https://doi.org/10.47223/IRJAY.2021.4123>

INTRODUCTION

Due to obstruction in the flow of urine, the term *Mutraghata* stands for low urine production. It can be seen as a syndrome as it includes much of the urinary system's anatomy. Urine retention (*Mutraghata*) is a diseased state where the cardinal characteristic is urine retention.¹ Urine retention may either be caused by urinary tract occlusion or irritation of the urinary pathway. Sometimes, damage, constriction/compressed stones or some other potential foreign bodies can result in pathological condition.

It is the most important organ that preserves homeostasis by managing metabolite and waste product excretion, i.e. *Dosha, Dhātu and Mala*. A significant cause of multiple diseases is *Vegavarodha*, i.e. the repression of natural impulses. *Ayurveda* suggests that one of the most serious causes of urinary tract disease is suppression of micturition. With progressive urbanization and

insufficient toilet facilities, this cause has acquired greater significance. In the present and the attempt to make a serious effort to familiarize the reader with the abundance of information available on the essential topic of *Mutraghata* in *Ayurvedic* literature.

As far as possible, the literal interpretation of the texts has been adhered to and the essential ideas of the original form are presented. Body physiology is preserved by the *Tridosha* Principle, i.e., according to *Ayurveda. Vata, Kapha and Pitta. Apanavayu* also governs the activities of the *Mutra vaha Srotas*, one of the five forms of *Vayu*. Every derangement of *Apana Vayu* clearly relates to the pathology of the urinary system. Thus, the theory of care is to correct the vitiated *Apana Vayu*, thus achieving the normal physiology of the urinary system. *Basti therapy* is one of the *Panchakarma* modalities that is primarily used for *Vayu* pacification.

AIMS AND OBJECTIVES

To evaluate the *Ayurvedic* methodology in

Mutraghata.

MATERIAL AND METHOD

Mutraghata examples have been gathered from the ancient texts of *Ayurveda*. All the material from

books and other authentic sources is collected, examined and discussed *Mutraghata*

CONCEPTUAL STUDY

Charaka Samhita

With regard to the disease listed eight forms. In addition, under the caption of "*Mutra Dosha*," thirteen forms of *Basti Rogas* were identified in *Siddhisthana*, which are close to that of *Mutraghata* as explained by *Sushruta*.

Sushruta Samhita

The two modes of *Mutraukasada* have been identified by *Sushruta*, i.e. Although *Pittaja & Kaphaja, Charak & Vagbhata* only have one form, i.e. *Mutraukasada*.

Ashtanga Sangraha & Ashtanga Hridaya

Mutrakricchra and *Ashmari Rogas* are used more *Mutraghata* has been described in detail in *Mutraghata Nidana*, which is interesting because he has classified *Mutra vaha Srotas* diseases into two. The attempted translation is disgusting, but certainly conveys the full context. The "*Gavini*" connection is incredibly authentic and empirical. Somehow, in *Ayurvedic* texts, this reference is not found. This is illustrated by the picture of an ocean and the rivers linked with it. Urine retention is said to occur at each of these sites of the disease '*Mutraghata*' and it can be attributed to some

disease factor. Here, it is possible to learn of the possibilities of all causes of urinary obstruction/urine retention. The 'taut bow' example in reference to 'Basti' shows the operation of the urinary bladder and sheds light on modern physiology. 'Mutra Vegavarodha' is listed in 'Mutraghata' as one of the most significant causative factors. It is but plain that the *Apana Vayu*, responsible for regular urinary voiding, is disrupted by the voluntary repression of micturition impulse resulting in 'Mutraghata'. "The significance of three *Marmas* is stated by *Acharya Charaka*, one of which is the *Basti*, "*Marmani Basti hridayam shirascha pradhana bhutani vadanti tajnah pranashrayat tani hi pidyanto vatadayo ashunapi pidyanti*"². As the *Prana* sheltered inside them, the *Basti*, *Hridaya* and *Shiras* are the three critical points. Every pain of these results in *Vata's* vitiation, etc., factors and may be fatal to life.

Vata Kundalika

According to *Sushruta*, the *Vayu* is vitiated and joins the urinary bladder and *Mutra* due to undue consumption of *Rukshya Ahara* and deliberately keep the normal impulse of micturition, defecation, etc. It transverses in a circular way in the urinary bladder leading to obstruction of urinary flow, resulting in extreme discomfort, the patient progressively passes scanty urine with pain. It is deemed a severe disorder. No organic source of obstruction is present in *Vatakundalika*, so this syndrome can be associated with smooth muscle sphincter dyssynergy, which is internal sphincter dyssynergy in which sphincter non-function occurs. When the sphincter stays closed, urinary retention occurs. This illness can also be associated with obstruction of the bladder neck³

Vatashteela /Ashteela

When seated in the space between the rectum and urinary bladder, the vitiated *Apanavayu* produces firm and elevated stone like development. *Adhmana* and obstruction of the flow of faeces, urine and flatus are created by this growth in turn. In the supra-pubic zone, this contributes to extreme pain.

In *Mutraghata*, many symptoms such as frequency, burning micturition, narrow streams etc. are also present. *Astheela* is found between the rectum and the urethra that can be associated with prostate benign disease.

Vata – Basti

Sadhya Mutraghata was found to be *Vata Basti*. This is activated by urge suppression; *Vata* gets agitated, blocks the mouth of the bladder due to which urinary retention is produced with pain in the bladder and abdomen. The cause of the obstruction is specifically stated in *Vata Basti*. It causes signs similar to obstruction of the bladder outlet, but the discomfort is extreme in nature, because it is acute urinary retention. Acute urethra and bladder neck disorders that block urinary discharge, such as prostatic abscess, may be associated with urethra stone impairment.

Mutrasteeta

Sushruta defined that long-term repression of the normal urge for micturition leads to a condition in which a person is unable to pass urine, but with mild discomfort, little amount of urine can pass after straining. No organic lesion is listed for retention in this condition and there are no symptoms suggesting an acute condition as well. The bladder remains flaccid/ atonic for a brief duration if a person retains the urine for a long time. At the point, individuals cannot be able to pass urine & it becomes scanty if they pass. That may be associated with the altered neurophysiological states of the bladder as patients attempt to move urine.

Mutrajathara

Mutrajathara occurs in *Udavarta* from repression of impulse for micturition inducing urinary bladder distension and upward flow of accumulated urine results. *Apanavayu* thus causes abdominal distension, particularly in the suprapubic region and in the region below the umbilicus. Obstruction of the passage of stool and urine with extreme pressure in the abdomen also happens. It is similar to

Mutrataeta, but no particular organic surgical lesion is listed for obstruction in this condition. Extreme pressure and distension of the bladder up to the umbilicus are present in this state. Owing to acute retention, this condition can be associated with a neurogenic bladder.

Mutrotsanga⁵

The mechanism of *Vata* vitiation & the disease is explained by *Acharya Dalhana* as follows:

- a. The *Anila of Viguna*, i.e. Aggravated by its own variables, *Vimarga Gami Vata* leads to *Margavarodha* (outlet obstruction) or, conversely, *Margavarodha* (outlet obstruction) can lead to *Vata* aggravation.
- b. *Sarakta* was analyzed as "*Samsakta*," which means "obstructed."
- c. '*Saruja*' is because of '*Ati Vata Prakopa*' and '*Niruja*' is because of '*Hina Vata Prakopa*'.

While '*Nala*' (urethra) also means '*Mani*' (external urethral meatus), it is noted that more emphasis is emphasized on *Mani* as the *Utsanga of Mutra* (urine obstruction) is felt (upward / reverse direction) at the area.

The residual urine causes heaviness of the penis, this condition is known as *Mutrotsanga*, perhaps due to defects of the urinary passage or aggravation of *Vata*, little amount of urine staying either in the bladder, urethra or the glans penis, gets obstructed, comes out progressively with or without discomfort.

- i. '*Yadakshiptam mutramalpam*' has been identified as '*kinchicchisari mutram tadhastou sthitamathara nale manikande va sthitam*' i.e., either in the *Basti* (urinary bladder), *Nala* (urethra) or the *Manikanda* (glans penis), depending on the obstructed flow resulting in residual urine; '*Chidravaigunya*' i.e. A *dosha* of *Mutradvarya*. Here, either the Urethral orifice or the Urethral orifice

may be called the *Mutradvarya dosha*.

- ii. He quotes more - *Tatra sthitva paschat anantaram*, i.e. *shanaih. Mandam mandam kritva sravet*, i.e. the remaining urine then often dribbles out in tiny jets.
- iii. *Sheshatacchesah, Mukta mutrasyah, Savicchinah Chitva Chitva Bhavati Vayoschalatvena*. The urinary flow is obstructed due to the *Chala guna of Vata*, tiny in jets and thus the patient has a feeling of incomplete bladder emptying and as a result of this, he feels heaviness in the penis.

Mutra Granthi / Rakta Granthi⁶

The bladder neck occurs in this small fixed rounded painful swelling which causes sudden urinary obstruction and gives rise to *Ashmari* characteristics. *Mutragranthi* or *Raktaganthi* signs are acute in nature, and these cases can be scientifically linked with prostatic abscess

Mutrashukra

According to *Sushruta*, if a person indulges in coitus in the presence of an urge to micturize, at the beginning or at the end of the act, he produces *Mutrashukra* and passes ash-coloured urine with semen. Semen blended semen, which is found in retrograde ejaculation due to different reasons, is the key symptom of *Mutrashukra*. Patients can transfer sticky urine in the event of persistent prostatitis, so this may align with that.

Ushna-Vata

The etiological element of *Ushna vata* has been considered to be intense physical activity during hot days. As *Vata* and *Pitta Dosha* are vitiated in *Basti*, they create dysuria. The patient passes red or yellow coloured urine in the suprapubic area synonymous with discomfort and burning feeling. The signs of *Ushna vata* are similar to those of the bladder and urethra with inflammatory conditions *Mutrourkasada⁷*

Pittaja Mutraukasada

While explaining *Pittaja Mutraukasada*, *Sushruta* reported that the urine appears yellow and thick in this state, during micturition, burning sensation occurs and looks like '*Gorochana*' on drying urine. *Pittaja Mutraukasada's* major symptom is the passage of thick yellow urine with burning urination. It suggests gonococcal infection, the most frequent cause of urethritis.

Kaphaja Mutrakasada

In this state, urine is difficult to move through, it becomes dense and it looks like '*Shankha Churna*' or white powder when drying. Only *Sushruta* listed two varieties of *Mutraukasada*, while only one variety was mentioned by other scholars. According to *Charaka*, as *Vayu* consolidates *Pitta*, *Kapha* or both, the patient passes red, yellow urine associated with burning sensation or white precipitation. It is possible to compare *Kaphaja Mutraukasada* with phosphaturia.

DISCUSSION

Charaka Samhita, *Sushruta Samhita*, *Astanghridaya*, *Astangsamgraha* and contemporary urinary diseases associate with them. The *Rogas* of *Mutra* have been classically split into two groups, i.e. *Atipravrittija Mutra* and *Apravrittija Rogas Mutra*. *Prameha's* disease is in the first group, where *Asmari*, *Mutrakricchra*, and *Mutraghata* are in the second group. The symptom complex of both *Mutrakricchra* and *Mutraghata* appears to converge with each other, but the distinction between them has been demarcated by *Acharya Dalhana*, *Chakrapani*, and *Vijayarakshita*. This distinction is based on the more pronounced severity of "*Vibhanda*" or "*Avarodha*" (obstruction) in *Mutraghata*.¹¹

Hence, it can be considered that the *Mutraghata* is a disorder in consequence of some sort of Obstructive Uropathy either mechanical or functional; linked either to upper or lower urinary tract leading in to either partial or total retention of

***Symptoms of Bastikundalika*⁸**

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

Samprapti

Due to the *Nidanas* described above, the bladder is pushed upwards and is swollen and appears as a uterus.

Lakshana

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

urine as well as Oliguria or Anuria. No organic source of obstruction is present in *Vatakundalika*, so this disorder can be associated with smooth muscle sphincter dyssynergy, which is internal sphincter dyssynergy in which sphincter non-function happens. When the sphincter stays closed, urinary retention occurs. This condition can also be associated with obstruction of the bladder collar.

The altered neuro-physiological states of the bladder where patients attempt to transfer urine can be associated with *Mutrasteeta*. Due to acute retention, *Mutrathara* can be associated with a neurogenic bladder. *Mutrotsanga* may be associated with urethral stricture, but hematuria is normally not the symptoms of ureteral stricture in most cases. It suggested an inflammatory disease-related urethral obstruction & this could be

urethritis either due to gonococcal infection or without gonococcal infection.

So it is possible to associate all cases with *Mutrotsanga*, i.e. urethral stricture & urethritis. The production of urine is suppressed in *Mutrakashya*

due to dehydration, which can result from prolonged sweating/fever/sun stroke or less water consumption. *Mutra granthi* is a slight fixed rounded painful swelling in the neck of the bladder that induces abrupt urinary obstruction and gives rise to *Ashmari* characteristics. *Mutragranthi* or *Raktaganthi* signs are acute in nature, and these cases can be scientifically associated with prostatic abscess

The symptom of *Mutrashukra* is a mixed urine of semen that is found due to multiple causes in retrograde ejaculation. Patients may transfer sticky urine in chronic prostatic conditions, so this could be associated with that. The signs of *Ushnavata* are similar to the inflammatory states of the urethra and bladder. The symptom of *Pittaja Mutraukasada* is the passage of thick yellow urine with burning urination. It suggests gonococcal infection, the most frequent cause of urethritis. It is possible to compare *Kaphaja Mutraukasada* with phosphaturia. The symptoms of *Vidvighata* mimic recto-vesical fistula. *Bastikundalika* is characterized by rigidity and discomfort in the girdle and is called "*Bastikundala*" or bladder circular

Investigations/Examination

1. Rectal Examination
2. Urine analysis
3. Ultrasonography, Kidney, Ureter, Bladder
5. Serum Prostate Specific Antigen
6. Complete Blood test

Management Protocol¹³

a. Prevention of complications of Mutraghata

Usage 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* (snakegourd) *Trichosanthes Dioica/Trichosanthus cucumerina*), *Shigru* (drum stick), coconut, cucumber, watermelon, coriander, cumin seed, sugarcane, grapes, butter milk etc.

1. Avoidance of peas, spinach, black gram, *Jamuns*, mustard, sesame and excess hot and spicy foods

b. Medical Administration

Line of management

1. It is necessary to advocate *Samshamna Chikitsa* - (Bio-cleansing therapies) /other clinical treatments accompanied by *Samshamana Chikitsa* (Palliative therapy). But according to the state of the patient, it should be determined by the practitioner whether *Shodhana therapy* (bio cleansing therapies) is effective or not.

i. *Avapeeda Snehapana* with a single dose of 200 - 300ml of *Vastyamayantaka Ghrita*
ii. *Avagaha Sveda* or decoctions such as *Pancha Valkala Kwatha/Triphala kwatha/Dashamula Kwatha* for 15 days with warm water.

iii. Basti

Uttara Basti 30-50 ml for 3 days with *Varunadi Ghrita/ Satavaryadi Ghrita*. *Matra Basti* 30-50 ml for 14 days with *Varunadi Ghrita/ Shatavaryadi Ghrita*. Physicians should determine the dosage (per dose) according to the seriousness of the illness and the state of the patient.

2 Drug therapy

Simple Single Medicinal Plant

Drug	Dosage (per dose)	Vehicle	Duration
<i>Gokshura (Tribulus terrestrisLinn.) Churna</i>	3-6gm	Water	15 days
<i>Pashanabheda (Bergenia ligulata (Wall.) Engl.)Churna</i>	1 -3 gm	Water	15 days
<i>Haritaki (Terminalia chebula Retz) Churna</i>	3 gm	Lukewarm water at bed time	15 days
<i>Varuna (Crataeva nurvola Buch. and Ham.) kvatha</i>	10-20 ml	Water	15 days

Formulations

Drug	Dosage (per dose)	Vehicle	Duration
<i>Trina Panchmula Kwatha</i>	10-50 gm	Water	15 days
<i>Brihatyadi Kwatha</i>	15-30ml	Water	15 days
<i>Gokshuradi guggulu</i>	1-1.5 gm	Luke warm water/ Mustaka kvatha (decoction made from Cyperus rotundus)	15 days
<i>Kanchanra guggulu</i>	1-1.5gm	Luke warm water	15 days
<i>Chandraprabha vati</i>	1-1.5 gm	Water	15 days
<i>Sveta parpati</i>	750-1250 mg	Water/ N!rikela jala (Coconut water)	15 days
<i>Dhanvantara ghrta</i>	15 ml	Warm water	15 days
<i>Varunadi ghrta</i>	15-30 ml	for uttar Basti	3 days

Formulations may be taken initially 2 times a day for 15 days after meal, accompanied by the patient's condition and the guidance of the doctor.

a. Yogic Practices –

In *Mutraghata*, the following yogic activities are useful; however, they should be carried out only under the supervision of a trained yoga therapist. The *Yoga* therapist should determine the length of

1. Urinate at regular intervals whenever the desire occurs
2. Take plenty of fluids at regular intervals, but in different volumes.
3. Try absolutely evacuating the bladder
4. *Kegel* training practice: just tighten and loosen the pubo-coccygeus muscles about 20-30 times a day for 3 seconds and stabilize the pelvic floor for 3 seconds.
5. Yoga exercise to decrease tension

CONCLUSION

The *Mutraghata* is a major *Mutra vaha Srotas* disease. This disorder is seen to play a significant role in *Vata Dosh*'s etiopathogenesis. *Dosha* vitiated mixes with

each yogic session.

1. *Vajrasana*, *Siddhasana*, *Gomukhasana*, *Padnggushthasana*, *Guptasana*, *Paschimottanasana*, *Pavanamuktasana* etc.
2. *Ashvini mudra*, *Mula bandha*, *sheetali pranayama*.

Counselling - Advice the patient following instructions

6. Restrict foods high in calories and high in fat
7. Do not drink large amounts of fluid at once, particularly at night.
8. Avoid coffee and alcohol, especially afterdinner.
9. Within 2 hours before going to bed, stop drinking water.
10. Try to stop decongestants and antihistamines that could make the effects of *Mutraghata* worse.

urine and thus blocks urine flow. The pathology persists and the urinary retention occurs due to the effect on *Apana Vayu* cited at *Basti Pradeha*.

Acknowledgement- Nil

Financial-Support- Nil

Conflict-of-Interest- Nil

REFERENCE

1. Sharma P.V., Charaka samhita of Agnivesha, English translation, V1 edition, vol. 11, Chikitsa sthan 26th chapter., Chaukambha Orientalia, Varanasi, 2001.
2. Sharma P.V., Charaka samhita of Agnivesha, English translation, V1 edition, vol. 1, Sutra sthan 24th chapter, Chaukambha orientalia, Varanasi, 2001
3. Sharma P.V., Sushruta samhita with English commentary of Dalhana, Vol II, Nidana sthana 1st chapter.
4. Sharma P.V., Sushruta samhita with English commentary of Dalhana, Vol II, Sharira sthana 5th chapter I edition.
5. Srikantamurthy K.R.,Vagbhata's Ashtanga Hridaya Samhita with English translation Vol II, Nidana Sthana 9th chapter.
6. Sharma P.V., Charaka samhita of Agnivesha, English translation,V1 edition, viol 11, Siddi sthana, 9th chapter Chaukambha orientalia, Varanasi, 2001.
7. Sharma P.V., Sushruta samhita with English commentary of Dalhana, Vol II, Uttar tantra 58th chapter I edition.
8. Sharma P.V., Charaka samhita of agnivesha, English translation, V1 edition, viol 11, Siddi sthana, 9th chapter Chaukambha orientalia, Varanasi, 2001.
9. Srikantamurthy K.R.,Vagbhata's Ashtanga Hridaya Samhita with English translation Vol II, Nidana Sthana 9th chapter.
10. Bishnu Kumar, Jyoti Singh. A Critical Review of Mutraghata in Ayurveda. International Journal of Research in AYUSH and Pharmaceutical Sciences, 2017; 1(3):148-154.
11. Vd. Yasmin Fasiuddin Shaikh and 2nd. Ujwala V. Pawar Etiopathogenesis & shatkriya kala Of *Mutraghata* (Retention of Urine): A Review Study.
12. Ayurvedic Management of Select Geriatric Disease Conditions A Ccras -Who Country Office, India Collaborative Project Central Council for Research in Ayurveda and Siddha.
13. Department of Ayush, Ministry of Health & Family Welfare Government of India, New Delhi - 110 058 Central Council For Research In Ayurveda And Siddha, New Delhi 2011