REVIEW ARTICLE

Mutraghata: A Conceptual Review

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ABSTRACT

Introduction: The term Mutraghata comprises two words, namely “Mutra” and “Aghata,” which means obstruction of urinary passage. Mutraghata is a condition in consequence of some kind of Obstructive Uropathy either mechanical or functional; related either to the upper or lower urinary tract resulting in either partial or complete retention of urine as well as Oliguria or Anuria. Basti is one of the Trimarma which means three vital organs in the body, the other two are Hridaya and Nabhi. It is the most important organ maintaining homeostasis by regulating the excretion of metabolites and waste products. Renal diseases are the leading cause of comorbidity in the country owing to the late onset of alarming symptoms. The delay in diagnosing causes difficulty in framing effective treatment protocols for the disease.

Materials and Methods: In Ayurvedic classics, no specific entity is present explaining the symptomatology of Acute Kidney Injury and Chronic Kidney Disease. Relevant Ayurveda and modern literature available information on web sources searched to fulfill the aim.

Discussion: For an easier understanding of the subject, it is an attempt to compile the various concepts of Mutraghata scattered in Brihattrayi and correlate them with urinary disorders described in contemporary science.

1.1. Aims and Objectives
To review Mutraghata on the basis of Panchanidan and understanding its pathogenesis as per Shatkriyakala.

2. MATERIALS AND METHODS
To fulfill the aims and objectives of relevant Ayurveda and modern literature, available information on the internet were searched. The results on search are described hereafter.

3. REVIEW OF LITERATURE
Mutraghata is mentioned by Acharya Sushruta. At around 700 A.D., Acharya Madhavakar described Mutraghata vyadhi separately in Madhavnidan. Mutraghata is also mentioned by Bhavprakash Nighantu, Bhaishjyaratnavali Sharangdhara samhita, Yogaratnakara, etc. Types of Mutraghata can be correlated with various renal and
bladder disorders of modern medicine up to some extent. Mutraghata is one of the important diseases of Mutravaha Srotas.

3.1. Definition
Acharya Dālhana has defined Mutraghata as:

Mutraghata is a clinical entity of Mutravaha srotas, where there is obstruction of the urine flow.

3.2. Understanding the Difference between Mutraghata and Mutrakrichhra
As per Madhav Nidan

2.1. Mutrakrichhra
Excessive difficulty in urinary incontinence, slight obstruction.

2.2. Mutraghata
In urinary incontinence, however, the obstruction is strong and the difficulty is slight.

3.3. Nidan (Etiological Factors)
There is no such Nidan for Mutraghata as described in Brihatrayi and Laghu Nidan.

But Nidan described for Mutrakrichhra can be considered as the Nidan for Mutraghata:
1. Ativayama - Excessive Exercises
2. Teeksha Aushadha - strong potential drugs
3. Rukshya madhya prasanga - Excessive indulgence of raw alcohol
4. Nityadrutya prashhayanat - Riding on the back of fast-moving vehicles and animals
5. Anupamastyya - Ingestion of flesh of wet-landed animals and fishes
6. Adhyashana - Eating again before digestion of previous food
7. Ajeernat - Indigestion.

The causes which are responsible for dusti of Mutravaha srotas are also may be considered as Nidana of Mutraghata; Maharsi Charaka described in Vimana Sthana that

1. Mutritodaka Bhakshya stree sevanat: - Indulging of sex, drinking of water, or eating food under the urge of micturition
2. Mutranigrathat: - Suppression of the urge of micturition
3. Ksheena:- Emaciated person
4. Abhikshata:- Trauma to urinary passage.

3.4. Samprapti (Pathogenesis of Mutraghata)
Acharya Dālhana quotes that Vata is the main factor in the pathogenesis of Mutraghata, i.e., Acharya Sushruta states the importance of Pratiloma Vata in the Basti-Rogas such as Mutraghata, Prameha, Shukra Dosha, and Mutrodosa.

Acharya Vagbhata states: The commentator Arunadatta raises a doubt that, if Basti were to be facing downwards with a single outlet, then how do the Doshas enter to produce Mutraghata? 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 Mutraghata.

3.5. Understanding Samprapti of Mutraghata as per Shatkriyakala

3.5.1. Sanchaya avastha (stage of accumulation)
Mutravegarodha has been mentioned as one of the prime Nidana in almost all types of Mutraghata. The Apana Vayu being vitiated by indulging in the afore-mentioned Nidanas, starts accumulating in its own places - the Kati, Basti, Pakwashaya and Medhra. Along with this, the bodily Vayu is vitiates by Vatakara Ahara and Vihara. In this stage, the individual experiences occasional discomfort in the act of micturition, which seems to be tolerable and the individual neglects it. There may be feeling of Adhmana(distension of the lower abdomen) and Atopa(gurgling sounds in the abdomen) along with a very mild discomfort in the passage of urine.

In this stage, 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 not, the symptoms will not seem to be those of the Mutravaha Srotas and treatment can be missed altogether.

3.5.2. Prakopa avastha (stage of aggravation)
The early pathogenesis of disease starts if the provocative factors are allowed to act upon further wherein there will be further vitiation of Vata. This vitiation occurs in all the Vata places and leads to hampering the functioning of both Pitta and Kapha in terms of “Vishamagni” (irregular digestion) which lays the foundations for the production of Ama. Here, again, the symptomatology experienced may not be directly related to Mutravaha Srotas but rather to those of initial Ama formation, i.e., Amalika (sour belching) and Pipasa (thirst) and further Adhmana and Atopa. Only an experienced physician can foretell the consequences because there is no clear-cut picture of involvement of the Mutravaha Srotas.

3.5.3. Prasara avastha (stage of spreading)
In this stage, there will be the spread of the vitiated Doshas from their locations to the other sites and therefore a mixed symptomatology may be found. The process of Ama formation which was already set in is further carried on. As it is already known that the Mutra is result of Sara-Kitta Vibhajana of Ahara, which is a combined effort of Tridoshas with Agni. The Mutranimaprapakriya (formation of urine) has been nicely presented in Shurstra Samhita. The Dhanamis (Minute vessels) are classified into Urdhwa, Adhah, and Tiryak traversing. It has been explained that there are two Adhgamami Dhanamis (downward facing), which carry Mutra from the Antras to be expelled out.

However, Acharya Dālhana comments that it is not the Mutra that is carried out but rather the Toyā (water), which is the product of Ahara Vivechana. This Toyā is further converted into Mutra (Bhavishyato mutrasya karanabhatam) by the time it enters the Basti (Tadevodakam Bastivivaraprapram mutramitucchaye) and it is Toyā part of Kitta, which is carried by the above said two downward traversing Dhanamis.

Thus, this process of Sara-Kitta Vivechana is hampered and the Doshas gain access to the Mutravaha Dhamani and start spreading which is substantiated by the fact that the presence of Ama causing Sroto Avarodha (obstruction to the channels), leading to vitiation of Vata, which further leads to Vimarga Gamana and Atpa due to the blockage in its course through the channels. The manifestations of the Lakshanas due to Ama are Avipaka (Indigestion), Paridaha (Burning sensation), Arochaka(anorexia), Agunsada (Lack of digestive power) etc. In this stage, the Lakshanas related to Mutra may be more pronounced than the previous stages, with increased difficulty in micturition. But again, there is no existing evidence to pinpoint a diagnosis.

3.6. D- Shthanamshraya Avastha (Stage of Localisation)
In this stage, the premonitory features of a disease are manifested and it is this stage in which vitiation of Dhatus starts. The vitiated Doshas along with Ama traversing through the Suksha Siras, Dhamanis
get lodged in Basti and form a base for the complete manifestation of Mutraghata. The terminologies like Chidravayugna and Mutra Srotonirodha used in the types of Mutraghata further substantiate the lodging of Ama in Basti to manifest Mutraghata. Acharya Charaka states that Ama after attaining its seat in Basti causes Basti Rogas. As mentioned in the literary contrive, doubt is raised in Astanga Hridaya in Mutraghata Nidana as to how the Doshas reach the Basti? It is said that it is through the Sukshma Siras pouring into Basti from the sides and thus entered Doshav produce various Basti Rogas. Further, Acharya Dalhana clarifies the fact that all the varieties are not purely of Mutraghata but the conditions such as Mutroukasada, Ushna Vata, and Mutra Shukra are Mutradoshas as there is no Aghata in these conditions. Thus, Basti is the Sthana for the Samshraya of Doshas. In this stage, the premonitory symptoms are manifested. As there are thirteen varieties of Mutraghata, with no set of Parvarupa described. But it can be evaluated that the Aghata, Bastiadmana, Basti Shula, Mutravivartana (obstruction to the flow of urine) are more pronounced in this stage and occur more often than the previous stages. The symptoms of Basti Adhmana and Basti Shula are also experienced in a greater degree. Mutra Vivarnata too is noticed occasionally. It is the expert physician, who recognizes the seat of the disease as Basti and labels a person suffering from aforementioned symptoms to be proceeding towards either of the variety of Mutraghata. This can be further supported if a careful analysis and proper investigations are carried out.

3.7. E-Vyakta Avastha (Stage of Manifestation)
This is a stage, where complete manifestation of a disease sets in. Each and every symptom of individual variety of Mutraghata is identified in this stage. In other words, it is the stage of de-differentiation. If the disease is miss diagnosed and mismanaged in the various stages, they proceed towards complications and involvement of other bodily systems thereby complicating the management, probably due to extensive damage sustained or irreversible structural changes having taken place, on account of the negligence of early diagnosis and prompt treatment.

In Mutraghata, there may be Acute obstruction or Chronic obstruction followed by Incontinence, Haematuria, Ureteral Dilation and Ascending Hydronephrosis Diverticula formation thereby leading to fatal outcome.

3.8. Different types of Mutraghata described by different Acharya

Table 1
If these types of Mutraghata can be classified into three categories as projected below, then we may be in a position to understand the varieties more clearly and it will help us to analyze a patient presenting with related complaints.

3.8.1. Group-A
This group of Mutraghata develops due to neurogenic disturbances of the bladder. This includes; Vatakundalika, Vata Basti and Mutrajathara.

3.8.1.1. Symptoms of Vatakundalika
1. Srijedalpam alpam shanaith shanaith (scanty and dribbling micturition with increased frequency)
2. Sarjiraya (painful micturition)
3. Samstambha bhanga gaurava veshtana (rigidity, breaking pain, heaviness, girdle pain)
4. Teevrraruja (severe colic)
5. Vitsanga (retention of feces)

Commentary (Teeka): Here “Stambha” is explained as “Basti Kathinyam” “Alpam Alpam” indicates “Stokam Stokam”; i.e., in obstructed jets with increased frequency. This condition is characterized by rigidity (Stambha) and girdle pain and is termed as “Bastiukundala” or circular distension of the bladder.

3.8.1.2. Symptoms of Vata-Basti
1. Mutrasanga (retention of urine)
2. Basti kukshi nipiitata (pain in bladder and loin region)

3.8.1.3. Symptoms of Mutrajathara
1. Nabheradhostadhmanam janayetteeva vedanam adhahsroto nirodhanaam (distension below the umbilical level resulting into indefinite pain accompanied by retention of urine and feces)
2. Apakti (indigestion)

The Lakshana mentioned in these types of mutraghata are seem too similar with the conditions of bladder due to neurogenic disturbances.

3.8.2. Group-B
This group of Mutraghata develops due to Organic disturbances, where symptoms such as- retention of urine, increased frequency of micturition, distension of abdomen, a mass felt per rectum (which is developed due to a growth either in bladder, urethra, prostate, or other growths) are seen. This includes: Ashiceela, Mutragranti, Mutrotsanga and Bastikundalika.

3.8.2.1. Symptoms of Astheela
1. Chala unnata granthi (singly movable and elevated)
2. Vinmutrani sanga (retention of urine, feces and flatus)
3. Basti adhmana (distention of the urinary bladder)
4. Vedana ca parahastou (excruciating pain in the bladder).

3.8.2.2. Symptoms of Mutragranti
1. “Vriya, Alpah, Shhira Granthi” i.e. around small and immobile Granthi in the interior side of the bladder. (Acharya Dalhana clarifies “Abhyantare Bastimukhe” as “Bastidwaryabhyantare iti”)
2. Vedanavan (continuous pain)
3. Mutramarganirdhana (Retention of urine)
4. Kricchrena srajenmutram (urine passed with difficulty and pain)
5. Ashmari sama shoolum (pain similar to that experienced in Urolithiasis).

3.8.2.3. Symptoms of Mutrasanga
1. Mutram pravrittam sajet (obstructed flow of urine)
2. Saraktkam (with blood)
3. Va Pravahatam (staining)
4. Srevecchanaith (intermittent flow)
5. Vichchhimnatachchesha guru shephasah (dribbling of urine).

The category of diseases, predominantly shows obstructive as well as irritative symptoms of the bladder due to an growing Granthi, and therefore, these symptomatology of retention of urine, increased frequency of micturition, incontinence, etc. are individually presented in order to understand the possibilities of the condition we may come across when presented with a patient of above complaints. Again, this is just an attempt to analyze the varieties of Mutraghata for better understanding.

3.8.2.4. Symptoms of Basti-Kundalika
1. Shula (colic)
2. Spandana (throbbing)
3. Daharti (burning pain)
4. Bindum bindum sravatyapi (passes urine drop by drop)
5. **Peeditastu srijeddharam** (when the bladder region is pressed the urine comes out in jets).

This condition is characterized by rigidity (Stambha) and girdle pain and is termed as “Bastikundala” or circular distension of the bladder.

### 3.8.3. Group-C

This group of Mutraghata develops either due to physiological reasons or injury to the Mutravaha Srotas etc. This includes Mutrateeta, Mutrakshyaya, Ushna Vata, Mutroukasada, Vidvighta and Mutrashukra.

#### 3.8.3.1. Symptoms of Mutrateeta

1. **Pravahato manduruyam** (stream with mild pain)
2. **Alpam alpam** (obstructed flow with little quantity)
3. **Punah punah** (increased frequency).

#### 3.8.3.2. Symptoms of Mutrakshyaya

1. **Sadaha** (burning micturition)
2. **Savedana** (painful micturition)
3. **Mutrakricchra** (troublesome/small quantity of urine).

This could be defined a case of Anuria.

#### 3.8.3.3. Symptoms of Usna-vata

1. **Mutram haridram** (haridra coloured urine)
2. **Saraktam** (with blood or high red coloured urine)
3. **Raktamevava** (only blood)
4. **Kricchrat pravartate** (difficulty in micturition).

Commentary (teeka) – Acharya Dalhana clarifies the Lakshana as follows.[3]

*Saraktam ishadraktavarnamishcchonitam va; i.e., a high red coloured urine or bloody urine.

Raktam va iti kevalam shonitam, atyanta raktavarna mutram iti Saraktam ishadraktavarnamishcchonitam va*; i.e., the main symptoms of usna-vata are passing of bloody urine. So, it may be correlated with Haematuria.

#### 3.8.3.4. Symptoms of Mutroukasada

**a. Pittaja variety:**

1. **Vishada mutra** (clear urine)
2. **Pita mutra** (yellowish urine)
3. **Sadaha** (burning micturition)
4. **Bahala** (thick urine)
5. **Shuska Gorochana Sannibha** (yellowish)

**b. Kaphaja variety:**

1. **Picchita** (slimy)
2. **Samhata** (dense/cloudy urine)
3. **Shveta** (white urine)
4. **Kricchrapravartana** (burning micturition)
5. **Shankhachurna prapanduram** (whitish discoloration)

The main entity recognizable here is the passage of discolored urine like orange colour, red colour and whitish colour (chyluria).

#### 3.8.3.5. Symptoms of Vid-Vighta

The condition where, faeces passed through urethra is known as Vid-vighta.

**Feces Passed Through Urethra**

- Faces or fecal fluid are passed per urethra when the bladder is having fistulous communication with some part of the bowel or with an abscess infected with *Escherichia coli*. Pneumaturia may occur at the same time.

The chief causes are as below

- Diverticular disease of the sigmoid colon with the fistula into bladder (the commonest cause).
- Carcinoma of the bladder opening into rectum or into some loop of bowel, which has become adherent to the bladder.
- Carcinoma of the rectum/sigmoid colon/caecum opening directly into the bladder or through medium of an intervening abscess
- Carcinoma of the uterus opening both into the bladder as well as into rectum
- Crohn’s disease of large or small bowel with vesicle fistula
- Prostatis or prostatic abscess opening into the bladder
- Appendicular abscess opening into bladder
- Pelvic actinomycosis.

The passage of faces into urine may be stimulated by some cases of very foetid cystitis due to infection of *E. coli*, especially in diabetic patients.

#### 3.8.3.6. Symptoms of Mutrashukra

“Tasya mutrayutam retah sahasa sampravartate” Means passage of urine mixed with seminal fluid.

### 3.9. Pathya and Apathya

Lastly, the most important and the most neglected aspect of the treatment is that of Pathya and Apathya. Dietetic control will give boost to the drugs administered and therefore enhance the results of the given drugs. *Abhyanga, Snehana, Virechana Basti, Svedana, Uttara Basti* is again described to be Pathya indicating their importance. *Purana Shali, Yava, Madya, Takra, Dugdha, Mashayusha, Kushmanda Phala, Patola, Talaphala, Upvarta, Khajura* etc. are all Pathya to the patients of Mutraghara. Hence the food articles of above advised things will definitely be beneficial in alleviating the symptomatology of Mutraghata, at least to a certain extent and mostly that of Vata vitiation.

### 4. DISCUSSION

*Mutraghata* is mentioned Charaka Samhita, the Sushruta Samhita, Astanga Hridaya, the Astanga Samgraha, and in relation to modern urinary illnesses. Acharya Dalfana, Chakrapani, and Vijayaraksita have distinguished between the two i.e. *Mutrakrichra* and *Mutraghata*. This differentiation is predicated on the “Vibhandha” or “Avarodha” (obstruction) in *Mutraghata* having a more marked harshness. Therefore, it can be said that *Mutraghata* is a condition that results from some type of obstructive ureopathy, 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 dystsynergy, which is an internal kind of sphincter dyssynergy when sphincter non-function occurs. Obstruction of the bladder collar is another ailment that may be related to this one. *Mutrateeta* may be related to the changed neuro-physiological states of the bladder when patients try to transport urine. *Mutrajathara* may be connected to a neurogenic bladder due to acute retention. Although haematuria is occasionally a sign of ureteral stricture, *Mutrotsanga* may be connected to this condition. It suggested a urethral blockage caused by an inflammatory condition.
Dehydration, which can be brought on by excessive sweating, a fever, a sunstroke, or by drinking less water, inhibits the generation of urine in Mutrakshaya. The acute character of Mutragranthi or Raktagranthi 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. 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. 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.

5. CONCLUSION

Mutraghata is a serious Mutra Vaha Srotas illness. It is believed that this disease significantly contributes to the etiopathogenesis of Vata Dosha. Dosha vitiated substances combine with urine. 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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11. DATA AVAILABILITY

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