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RESEARCH ARTICLE

AYURVEDIC MANAGEMENT OF URINARY TRACT INFECTION (UTI)

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ABSTRACT

Urinary Tract Infection (UTI) is very common condition seen in middle aged and elderly females. Currently there are irrational ayurvedic management of UTI are done with multi formulations and panchakarma therapies with less or no positive outcome. Science based evidence based Ayurveda (SBEBBA) management of infections helps in achieving positive result with minimum medications without irrational combination of allopathic medicines and other therapies. In this case study an attempt being made to explain scientific understanding of infections and their management in Ayurveda along with highlighting the concept of Agantu and Sthani doshas.

INTRODUCTION

Chief complaints

- Profuse sweating and hot flushes in the body since 6-7 days
- Lower abdominal pain since 5 months
- Burning micturition since 5 months
- Increased frequency of micturition 9-10 times in a day and at night time 3-4 times-since 5 months
- Fullness of abdomen after eating food- since 5 months
- Lower backache- since 1 year.
- Pain in vagina - since 1 year.

History of present illness

Patient was alright one year ago, she gradually started developing pain in the back and in vagina for which she consulted gynaecologist who diagnosed it as vulvodynia and started the treatment. The pain in vagina subsided slightly but the lower backache persisted, and it subsided after taking analgesics only. Since January 2019, she started getting burning micturition and increased frequency of micturition which was 9-10 times in a day and 3-4 times in nighttime. It was associated with lower abdominal pain, spasmodic in nature, increases on bending and in squatting posture. Pain score was 8/10. For above problem she consulted the General Practitioner who diagnosed it as Urinary tract infection (UTI)

and started antibiotic and antispasmodic. She was also prescribed vaginal hormonal suppositories for vulvodynia. After travelling to India her symptoms increased for which she visited the shalya OPD, GAM&RC Shiroda Goa for further management.

History of past illness

No any history of other illness
No any history of other systemic illness.
Menstrual history- menopause since 10 years.
No history of addictions

Diet history- meat, fish, green vegetable salads, fermented food like yogurt, bakery food, milk at night, milk shake and fruit salads or egg omelette for breakfast, unboiled RO filtered water.

Regimen- more sedentary work, driving, lack of physical exercise.

General Examination

Pulse rate- 78/min
BP- 130/80 mm of Hg
Eyes- no pallor/icterus/cyanosis
Tongue- non coated
Bowel movements- irregular, unsatisfactory

Micturition- burning, increased frequency
 Appetite- not good
 Built- medium
 Respiratory system- clear air entry on both sides
 Per Abdomen- epigastric and hypogastric tenderness.
 No organomegaly
 Bowel sounds- present in all quadrants
 CVS- NAD
 CNS- NAD

Investigations

Complete Blood Count (CBC), Complex Reactive Protein (CRP), Liver function Test (LFT), Kidney Function Test (KFT), blood glucose levels were within normal limits
 Urine report showed presence of increased leucocytes, RBCs, Epithelial cells, Bacteria, calcium oxalate crystals.
 Ultrasonography of abdomen and pelvis showed normal study.

Roga Pariksha: Examination of disease on basis of Ayurvedic parameters

Roga hetu (initiator) - saama Pitta
Agantu dosha (initiating factor) - Piita
Sthani dosha (nature of disease) - Apana Vata, Pachaka Pitta dushti
Dushya (body components)- rasa, mutra
Srotas (conducting channels)- mutravaha srotas
Rogamarga (pathway of disease)- abhyantara
Roga kala (duration) - nava (newly developed)
Roga avastha (stage) - saama dosha
Roga bala (strength) - madhyama (medium)
Roga nidaana (final diagnosis) - saama pittaja mutrakrucchra.
Roga chikitsa (line of treatment) - saama pitta Paachana, langhana, rukshana

Medications

- 1) Amrutashadhanga churna siddha jala – it is a modified combination of Shadhanga paniya mentioned in Jwara chikitsa, shunti is replaced by Guduchi.
- 2) Tablet Shaddharana churna – reference Astanga hridayam, aamashayagata vata chikitsa.
- 3) Nidaana Parivarjana (Avoidance of etiological factors)
- 4) Pathya aahara and vihara (Diet and regimen Indicated)
 - a. Pathya included- rice, moong daal cooked without ghee, oil, coconut and without sour substances.
 - b. Boiled vegetables cooked in above manner
 - c. Spices included without pungent for one week, then after shunti was advised.
 - d. Salt- Saindhav lavana.
 - e. Brisk walk of 100 steps (shatapavli) three hours after eating meals
- 5) Apathya aahara and vihara- (Diet and regimen not indicated).
 - a. Snigdha, Abhishynadhi, Guru, Vidahi, Pittakara diet- fruits, dry-fruits, fermented food, food cooked with oil/ghee/butter, sour items, Unboil vegetables and water, sprouted cereals and pulses.
 - b. Afternoon nap after lunch.
 - c. Eating without appetite
 - d. Suppression of natural urges.
 - e. External application of oil/balm on painful parts.
 - f. Cold food, water and environment.

Table 1. Showing ingredients of Amrutashadhanga churna

Sr.no	Classical name	Botanical name	Rasa	Virya	Doshahara
1	Guduchi	Tinospora cordifolia	Tikta, kashaya	Ushna	Tridosahara
2	Musta	Cyperus rotundus Linn	Tikta, Katu, Kashaya	Sheeta	Kapha Pittahara
3	Parpataka	Fumaria vaillantii Loisel	Tikta	Sheeta	Pittahara
4	Ushira	Vetiveria zizanioidis	Tikta, Madhura	Sheeta	Kapha Pittahara
5	Hribera	Pavonia odorata	Tikta	sheeta	Pittahara
6	Chandana	Santalum album Linn	Tikta, madhura	Sheeta	Pittahara

Table 2. Showing details of ingredients of Shaddharana churna tablet

Sr.no	Classical name	Botanical name	Rasa	virya	doshagna
1	Chitraka	Plumbago zeylanica Linn.	katu	Ushna	Kapha vatahara
2	Indrayava (seeds of Kutaja)	Holarrhena antiodysenterica	katu	Sheeta	tridosahara
3	Patha	Cissampelos pareira Linn	Tikta	Ushna	Kapha Pittahara
4	Katuka	Picrorhiza kurroa Royle ex Benth	Tikta	Sheeta	Kapha Pittahara
5	Ativisha	Aconitum hetrophyllum	Tikta, katu	ushna	Kapha Pittahara
6	darvi	Berberis aristata	Tikta, kashaya	usnhna	Kapha Pittahara
7	Gomutra (used for trituration of all above mentioned churna)	Cow's urine	Katu rasa, lavana anurasa	ushna	Kaphahara, Pittakara

Table 3. Comparing urine components before and after treatment

Urine examination	Unit	Before treatment- 16/5/19	After 16 days of treatment-27/5/19
Specific gravity	-----	1.025	1.010
leucocytes	/hpf	20-30	2-4
Epithelial cells	/hpf	8-12	2-4
Red blood cells	/hpf	2-4	0-2
Cast cells	/hpf	Absent	Absent
Crystals	-----	Calcium oxalate (2+)	Absent
Bacteria	-----	Present (2+)	Few
Nitrite	-----	Absent	Absent
pH	-----	6.0	6.0

Treatment outcome/ results

- 1) Lower abdominal pain decreased from score of 8/10 to 0/10.
- 2) Abdomen was non tender on palpation.
- 3) Backache and vaginal pain decreased from score 8/10 to 2/10
- 4) Burning micturition- absent
- 5) Frequency of urine decreased, throughout the day 5-6 times she passed the urine, no nocturnal episodes.
- 6) No excessive sweating and hot flushes
- 7) Feeling of activeness
- 8) No malaise and tiredness
- 9) Bowel movements- regular and satisfactory.

DISCUSSION

Treating infections is a challenging case in medical science. In Ayurveda, Infection can be identified as “Saama Doshā” and accordingly scientific treatment can be adopted which helps in quick recovery from the infectious conditions. Aama is impaired rasa dhatu ⁽¹⁾. When aama interacts with vitiated doshas, it is called as saama doshas. ⁽²⁾ when this saama doshas gets dislodged into particular site (kha vaigunya), it creates inflammation over there. Agantu dosha are the doshas which are considered as mala roopa doshas (byproduct) formed during digestion or altered during seasonal or diurnal variation or by specific dosha nidaana ⁽³⁾, they undergo into stages like Chaya, prakopa, prashamana and also can be expelled out by shodhana. Sthani doshas are the doshas which in normalcy conducts all physiological functions of the body ⁽³⁾, they are Panchavayu, Panchapitta and Panchakapha. Out of these 15 doshas, only 5 vayas have got independent capacity of vitiating other doshas and hence their separate nidaana are mentioned in Vatashonita chapter of Astanghridayam, Nidaana sthana. Agantu dosha determines causative factor of all nijaroga and Sthani doshas determines the roga prakriti or nature of the disease, e.g. – samaana dushti will cause grahani, pakwashayataroga, Apaana vata- arsharoga, mutra rogas etc. ⁽⁴⁾ It can be determined by identifying the Atmarupas. In this case “Aushnya, Daha” was atmarupa of Pitta dosha. ⁽⁵⁾ In saama stage of dosha, as metabolism is impaired, so treatment aims at metabolism of aama, hence scientific diet(pathya) is advised to restore the agni bala and attain purity in the rasa dhatu whose function is to do Preenana (nourishment) of other dhatus. In the above case, as the inflammation was suppressed initially by antibiotics and analgesics and other hormonal therapies and also patient was eating unscientific nutrition as described above, all the above factors caused impairment in the metabolism of rasa dhatu and also fermented food, excessive sour items caused Pitta vitiation which combined with impaired rasa dhatu and created favorable environment for microbes to grow in the body.

Paachana by tikta rasa herbs and langhana helped in saama pitta Paachana i.e. metabolism was enhanced which created unfavorable condition for microbes in the body and hence infection got decreased in the urine as seen in the urine reports and in the follow up of the patient. Doses of the medicine was administered in very minimum as per the strength of the agni (metabolism) and in the form of medicated water. The treatment was started after stopping all other forms of medicines and unscientific nutrition

Conclusion

- 1) Infections are not to be considered as “Agantuja roga” or exogenous diseases.
- 2) Saama doshas are potent cause for the inflammation.
- 3) Treatment should be aimed at guna vipareeta (opposite to the qualities) of agantu dosha
- 4) Pathya- scientific nutrition as per the stage and stage of the disease plays an important role in the treatment.
- 5) If diagnosis and treatment is done on basis of science based evidence based Ayurveda, intended results can be achieved much faster than the conventional/traditional form of therapies.

REFERENCES

1. Anna moreshwar kunte, 2010. Astangahrdaya a compendium of the ayurvedic system of Vagbhat with commentary of Sarvangasundara of Arundatta & Ayurvedarasayana of Hemadri. Varanasi: Chaukhamba Surbharati Prakashana, pgno 216,verse no 25,chapter no.13.
2. Anna moreshwar kunte, 2010. Astangahrdaya a compendium of the ayurvedic system of Vagbhat with commentary of Sarvangasundara of Arundatta & Ayurvedarasayana of Hemadri. Varanasi: Chaukhamba Surbharati Prakashana; 2010:pgno 216,verse no 27,chapter no-13.
3. Rajkumar K.C. 2017. Unveiling truths in Ayurveda.Poojappura Trivandum; Vision Grafix, pgno 30.
4. Anna moreshwar kunte, 2010. Astangahrdaya a compendium of the ayurvedic system of Vagbhat with commentary of Sarvangasundara of Arundatta & Ayurvedarasayana of Hemadri. Varanasi: Chaukhamba Surbharati Prakashana, pgno 537, verse no 19-28,chapter no-19.
5. Vaidya Yadavji Trikamji Acharya, 2014. Caraka-Samhita of Agnivesha Elaborated by Caraka and Drdhabala with Ayurvedadipika commentary by Sri Cakrapanidatta. Varanasi: Chaukhamba Surbharati Prakashana, Pgno 114, verse no 15, chapter no- 15.
6. Prof. P.V. Sharma, 2003. Dravyaguna-vijnana. Varanasi, Chaukhambha Bharati Academy, volume II.
