

REVIEW OF MUTHRAGATA

Dr.Girish Kargutkar

Professor, Ayurved Samhita Siddhant

ABSTRACT

Mutraghata is one of the complicated and less understood term in Ayurvedic classics. Earlier, various authors have related various types of Mutraghata with various uropathies. Considering that into mind, this research work focuses on, "how and up to what extent, clinical conditions under Mutraghata are related to Bladder outlet obstruction (BOO)". Bladder outlet obstruction (BOO) is a generic term for all forms of obstruction to the bladder outlet including benign prostatic obstruction (BPO). It is a urodynamic concept based on the combination of low flow rate, low voided volumes and high voiding pressure. For that, we have collected classical data mainly from Sushruta Samhita, Charaka Samhita, Ashtanga Hridaya and their commentaries by Dalhana, Chakrapani and Arundatta respectively. As per modern texts, details on Bladder outlet obstruction (BOO) have explained first. Only on the basis of clinical features and pathogenesis mentioned in our classical texts, correlation of clinical entities under Mutraghata with Bladder outlet obstruction (BOO) has established later.

Keyword: Mutraghata, Ayurvedic

INTRODUCTION

Mutrarogas (urinary disorders) were vividly described in the literature of Vedic period; where one can find a wide range of references related to various uropathies. Vagbhata has classified the Mutraroga into two categories viz. Mutra-atipravrittija and Mutra-apravrittija¹. The disease Prameha falls under the first group whereas Ashmari, Mutrakricchra and Mutraghata into the other. Broadly speaking, metabolic diseases marked by polyuria can be grouped under the caption of Prameha while diseases of bladder and urethra marked by some obstruction either mechanical or functional, resulting into partial or complete retention of urine, oligouria or anuria fall under the heading of Mutraghata. The clinical manifestations of both Mutrakricchra and Mutraghata seem to be superimposed on each other but Dalhana, Chakrapani and Vijayarakshita have demarcated the difference between two. The difference is based on the severity of Vibandha or Avarodha (obstruction) which is more noticeable in Mutraghata². Dalhana quoted that “Mutraghaten mutravarodhah” i.e. obstruction to the flow of urine can be considered as Mutraghata. He further quoted that some experts refer the term “Dushti” instead of “Aghata³” because a few types of Mutraghata like Mutrashukra, Vidvighata, Ushnavata and Mutraukasada do not present the symptoms of urinary obstruction. Chakrapani commented on Mutraghata as-

“Mutraghatenmutramshoshyatepratihanya teva” i.e. a condition characterized by

drying up or retention of urine, which can be mechanical or functional⁴. Sushruta and Vagbhata have mentioned 12 types⁵ of Mutraghata while Charaka has mentioned its 13 types⁶. Bladder outlet obstruction (BOO) is a generic term for all forms of obstruction to the bladder outlet including benign prostatic obstruction (BPO). It is a urodynamic concept based on the combination of low flow rate, low voided volumes and high voiding pressure. Urodynamically proven BOO may result from benign prostatic hyperplasia (BPH), bladder neck stenosis, carcinoma prostate, functional obstruction due to neuropathic conditions⁷. Other causes include bladder tumour, pelvic tumour, urethral stricture, urethral spasm, cystocele, pelvic floor dysfunction and detrusor muscle instability. With the increasing age the chances of getting affected by these diseases increases gently. The resulting obstruction frequently produces lower urinary tract symptoms (LUTS).

Aim of this study is to define Mutraghata and clinical entities described under it in context of Bladder Outlet Obstruction (BOO) as per today's science of urology. Objective of the study is to define various technical terms related to Mutraghata and BOO. MATERIALS AND METHOD Collection of data was done mainly from SushrutaSamhita, CharakaSamhita, AshtangaHridaya and their commentaries

by Dalhana, Chakrapani and Arundatta respectively. Along with it modern urology books, websites and research articles have also been searched to elaborate the work. Modern review Bladder outlet obstruction is a blockage to or below the level of base of the bladder. Aetiology⁹ Urodynamically proven bladder outlet obstruction may result from: 1. Benign prostatic hyperplasia (BPH) 2. Bladder neck stenosis 3. Bladder neck hypertrophy 4. Prostate cancer 5. Urethral stricture 6. Functional obstructions due to neuropathic conditions (Neurogenic bladder) The primary effect of BOO on the bladder are as follows: 1. Urinary flow rates decrease- (for a voided volume more than 200ml) A peak flow rate of more than 15 ml/s is normal, between 10 and 15 ml/s is equivocal and less than 10 ml/s is low. 2. Voiding pressure increase- Pressure more than 80 cmH₂O are high, pressure between 60 and 80 cmH₂O are equivocal and pressure less than 60 cmH₂O are normal. Patients affected with BOO in long term may appear with features like: 1. The bladder may become unable to maintain its normal functions. Efficiency of detrusor contraction decreases and volume of residual urine develops progressively. 2. During filling phase, the bladder may become irritable. There may be decrease in functional capacity of bladder. It can be due to detrusor over activity.

Ayurvedic review 1.
Mutragranthi¹¹/Raktaganthi¹²
Manifestation of small, round and immovable tumor(vritta-alpa-sthira) in the bladder which leads to obstruction to the flow of urine

(Aabhayantarebastimukhemutra-marganirodhanah).Sushruta has not mentioned the Dosha involved in Mutragranthi but Dalhana in his commentary believes Pitta Dosha involvement for the same. As per Charka, three Doshas Rakta, Vata and Kapha are causative factors (Rakta-vata-kaphatdushtam¹²). It also causes continuous pain(Vedanavaan), difficulty and pain during micturition (Kricchrenasrijetmutram) and symptoms similar to that of urinary calculus(Ashmari-sama-shoolam) In CharakaSiddhisthana,it is stated that Rakta and Vata both are vitiated in Mutragranthi. Therefore it can also be concluded that if in Mutragranthi, there is an association of Rakta, the clinical features would be similar to Carcinoma prostate as its main feature is Haematuria. Vitiating of Vata along with Kapha will lead to symptoms like BPH.

Aggravated Vata gets localized between the passage of feces (rectum) and urinary bladder and produces a hard tumor/swelling(Achala-unnata-granthi) like a cobbler's stone. (Shakrita-margasya baste cha ashthila-baddhanamgranthi), which leads to retention of urine, feces and flatus (Vit-mutra-anila-sanga), inflation/blowing/swelling (Adhmaan) and severe pain in urinary bladder/in suprapubic region (Vedana-cha-para-bastau) As Ashtheela is present in between bladder and rectum, it either could be a pelvic mass/tumor (cervix, prostate, uterus, rectum leading to bladder outlet obstruction) or hard compacted stool in constipated patients (neurogenic bladder and bowel dysfunction) leading to urinary retention and other urological conditions.

3. Mutrotsanga¹⁴ Vitiated Vata and abnormality of urinary outlet (Kha-vaigunya, Chhidravaigunya) causes obstruction in the urine flow at the level of bladder (Basti), urethra (Nala) and glans penis/ external urethral meatus (Mani) that leads to obstructed flow of urine (Mutramprivrattamsajjet), urine mixed with blood after straining (Saraktamvaapravahata), intermittentmicturition in little quantities (Sthitvasravetshanaihalpamalpa), pain or without pain (Sarujamvanirujam) and dribbling micturition (Vicchinnam). The residual urine is also responsible for heaviness of the penis (Guru-shephasa). These clinical features are alike to that of "Urethral stricture". Abnormal narrowing of urethra causes obstruction to the bladder outlet leading to BOO.

REFERENCES:

Sudarshanshashtri, Uttarardha, MadhavaNidana of Madhavakar, Hindi commentary Vidyotini, Mutraghatanidanam, Chapter 31, Verse 1, Varanasi: ChaukhambaSanskritaSansthan, 2000, Page no 505.

JadhavjiTrikamji Acharya, SushrutaSamhita of Sushruta, Sanskrit Commentary Nibandhasangraha, Uttarasthana, Chapter 58, Verse 1, Varanasi: ChaukhambaSubharatiPrakashan, 2014, Page no. 787.

Vd.JadhavajiTrikamji Acharya, CharakSamhita of Agnivesh, Commentary Ayurved-Dipika, Chikitsasthan, Chapter 26, Verse 44, Varanasi: Chaukhambha Sanskrit Sansthan 2000, page no.600.

AmbikadattaShastri, SushrutaSamhita of Sushruta, Commentary AyurvedTatvaSandipika, Part-2, Uttarasthana, Chapter 58, Verse 3-4, Varanasi: Chaukhambha Sanskrit Sansthan, 2012, Page no 539.

KashinathShashtri and GorakhnathChaturvedi, CharakaSamhita of Agnivesh, Hindi Commentary Vidyotini, Part-2, Siddhithana, Chapter 9, Verse 25-26, Varanasi: ChaukhambaBharati Academy, 2012, Page no. 1057.

Bailey and love, The prostate and seminal vesicles, Chapter-78, Short practice of surgery, Vol-2, 27th Ed, CRC press, 2018, Page no. 1459.

Bailey and love, Urinary symptoms and investigations, Chapter-75, Short practice of surgery, Vol-2, 27th Ed, CRC press, 2018, Page no. 1375.

Bailey and love, The prostate and seminal vesicles, Chapter-78, Short practice of surgery, Vol-2, 27th Ed, CRC press, 2018, Page no. 1459.