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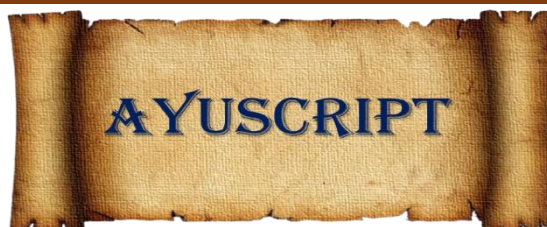
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ॐ नमो भगवते वासुदेवाय ॥ १ ॥ विश्वकर्मो एमादयुःपुरीहाडकनि
र्मेता ॥ नवयोऽशसहस्रस्त्रीणां चैव वराधिकसु ॥ ११ ॥ भवनानि मनोज्ञानि
योमध्यकल्पयन् ॥ परिजानतस्तु वैवतासोभोगायकल्पयन् ॥ १२ ॥ या
वानोमृतास्तनयदुपैवाशतकोटयः ॥ अन्यपि बहुलोलोकावसेनिविगत
राः ॥ १३ ॥ यत्किंचित्त्रिषु लोकेषु सुंदरं न च दृश्यते ॥ स वा जित प्रज्ञेनाप्योप
तु युगस्य विद्युते ॥ १४ ॥ अमोघं नीरमासाद्य तन्मनस्कं न याचसु ॥ सनाडि
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मस्तिविभूरुपिणः ॥ कल्पयेयमस्तिसुहृदिस्तनमोस्तते ॥ १८ ॥ गृहराजनम
स्तनमस्तचंद्रोऽखि ॥ वेदत्रयमस्तिसुहृदिस्तनमोस्तते ॥ १९ ॥ प्रसीद
तु हि देवा सुदृष्टो मां दिवाकरे ॥ अथैतत्कथयमानोऽहं देवादिवाकरे ॥ २० ॥
सिंहासनेऽभीरमर्चयन् स वा जित स वा जित ॥ अर्चयन् हि प्रसन्नोऽस्मि यत्नेन न सिं





International Journal for Empirical Research in Ayurveda

Pathogenesis of Mutraghata and Mutrashmari & its preventive Management Airi K.,¹ Pathak A.²

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ABSTRACT:

Mutraghata (urinary retention) and Mutrashmari (urolithiasis) are significant conditions of the urinary system extensively discussed in Ayurvedic literature. Mutraghat is characterized by difficulty in urination caused by obstruction or dysfunction in the urinary tract, predominantly linked to aggravated Vata dosha. Mutrashmari refers to stone formation due to imbalances in Kapha, Pitta, and Vata doshas, paralleling modern urolithiasis, which involves crystal formation from supersaturation of urinary solutes. Globally, urolithiasis affects 10% of men and 5% of women, with an increased prevalence in regions with hot climates due to dehydration and dietary habits. India reports over a million cases annually, emphasizing the relevance of both preventive and therapeutic approaches. Pathophysiologically, Mutraghat involves the obstruction of urine flow due to structural, inflammatory, or dosha-related factors, while Mutrashmari results from Kapha consolidating with Pitta and Vata doshas to form calculi. Modern medicine offers advanced surgical and non-invasive techniques such as extracorporeal shock wave lithotripsy (ESWL) and ureteroscopy for stone removal, along with lifestyle modifications to prevent recurrence. Ayurvedic management emphasizes the use of mutravirechaniya (diuretics) and ashmarighna (lithotriptic) herbs such as Gokshura, Varuna, and Pashanabheda. Panchakarma therapies, including Basti and Uttar Basti, are integral for dosha pacification and functional restoration. It concludes by highlighting the need for integrating Ayurvedic and modern medical practices to address these disorders comprehensively, particularly in recurrent or chronic cases.

Key words: Mutraghata, Mutrashmari, Pathophysiologically, Mutraghat, mutravirechaniya, ashmarighna (lithotriptic), Gokshura, Pashanabheda.

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Introduction:

Ayurvedic literature extensively discusses urinary disorders, particularly Mutraghat and Mutrashmari, as part of the broader spectrum of diseases involving the Mutravaha Srotas (urinary system). Sushruta Samhita classifies Mutrashmari among the "Ashta Mahagada" (eight grave disorders) due to its potential fatality if left untreated. Mutraghat (urinary retention) and Mutrashmari (urolithiasis) have overlapping and distinct features. Mutraghat refers to difficulty in urination caused by obstruction or vitiation in the urinary tract, predominantly driven by Vata dosha aggravation. Mutrashmari refers to the pathological development of stones, primarily due to Kapha dosha, which hardens with the involvement of Pitta and Vata doshas. From an epidemiological perspective, urolithiasis affects approximately 10% of men and 5% of women globally, with higher prevalence rates in regions with hot and dry climates. In India, over one million cases are reported annually, with a recurrence rate of 50% within 5–7 years. Men are more commonly affected, particularly in the age group of 30–50 years, although the prevalence is increasing among women due to changing dietary habits and lifestyle factors.

Pathophysiology:

Mutraghata: Mutraghata is primarily a Vataja disorder. Vata dosha, especially Apana Vayu, is responsible for the regulation of urine excretion. Aggravation of Vata due to factors like suppression of natural urges (vegavarodha), dry and unwholesome diets, or excessive physical activity leads to obstruction of urinary flow. Structural changes such as inflammation or narrowing of urinary pathways may also contribute to the condition. Symptoms include abdominal distension, retention of urine, and pain, often indicative of urinary tract obstruction.

Mutrashmari:

Stone formation in Mutrashmari is a consequence of Kapha-dominant

pathology. Kapha consolidates with Pitta and Vata doshas, creating crystals that develop into calculi. This process mirrors the supersaturation, nucleation, and aggregation mechanisms described in modern medical urolithiasis research. Contributing factors include poor hydration, sedentary lifestyles, excessive intake of calcium-rich or Kapha-provoking foods, and genetic predispositions.

Current Scenario of Management: Modern Medical Approaches

In modern medicine, urolithiasis management includes extracorporeal shock wave lithotripsy (ESWL), ureteroscopy, laparoscopic procedures, and open surgeries. These interventions primarily address the removal of stones and the relief of obstruction. Prevention strategies focus on lifestyle modifications, increased water intake, and dietary changes to reduce recurrence rates.

Ayurvedic Approaches:

Classical texts like Charaka Samhita and Sushruta Samhita advocate therapies such as mutravirechaniya (diuretics) and ashmarighna dravyas (lithotripts). Herbs like Gokshura (*Tribulus terrestris*), Varuna (*Crataeva nurvala*), and Pashanabheda (*Bergenia ligulata*) are commonly used for their diuretic and stone-dissolving properties. Panchakarma therapies like Basti (medicated enemas) and Uttar Basti (urethral instillation) are employed to restore the function of Apana Vayu and eliminate obstruction.

Pathya-Apathya (Diet and Lifestyle) for Mutraghat and Mutrashmari: Pathya (Recommended Diet and Lifestyle)**1. Dietary Guidelines:**

- **Hydration:** Drink plenty of water to dilute urine and prevent stone formation. Warm or lukewarm water is preferable.
- **Mutravirechaniya Dravyas (Diuretics):**
 - Barley water (Yava)

- Gokshura (Tribulus terrestris) decoction
- Coconut water

○ **Ashmarighna (Lithotriptic) Foods:**

- Pomegranate (Dadima) juice
- Grapes (Draksha)
- Amla (Emblica officinalis)
- **Low-Oxalate Foods:** Include rice, wheat, and green vegetables like ridge gourd (Turai) and bottle gourd (Lauki).
- **Calcium-Rich Foods:** Moderate consumption of natural sources of calcium like milk.
- **Alkaline Foods:** Include coriander, cucumber, and watermelon to maintain urinary pH balance.
- **Spices:** Use mild spices like cumin (Jeera), fennel (Saunf), and cardamom (Ela) for better digestion and urine flow.

2. Lifestyle Guidelines:

- **Avoid Suppression of Urges (Adharaniya Vega):** Promptly address the urge to urinate or defecate to prevent Vata aggravation in the urinary system.
- **Physical Activity:** Gentle exercises like yoga asanas (e.g., Vajrasana, Pawanmuktasana) to improve metabolism and prevent stagnation of Kapha.
- **Daily Routine (Dinacharya):**
 - Perform Abhyanga (oil massage) with Vata-pacifying oils like sesame oil.
 - Practice mild Swedana (sudation) therapy to detoxify the body.
- **Herbal Decoctions:** Regular consumption of Varuna (Crataeva nurvala) and Pashanabheda (Bergenia ligulata) as preventive measures.

Apathya (Foods and Lifestyle to Avoid):

1. Dietary Restrictions:

- **High-Oxalate Foods:** Avoid spinach, tomatoes, brinjal, and

chocolate.

- **Animal Proteins:** Limit red meat and organ meat as they increase uric acid levels, contributing to stone formation.
- **Dairy in Excess:** Avoid high-fat milk products and cream, as they can increase calcium levels excessively.
- **Processed Foods:** Avoid fast foods, carbonated beverages, and canned foods due to their high sodium and artificial additive content.
- **Fried and Oily Foods:** Avoid deep-fried snacks and heavy, greasy foods that disturb digestion and increase Kapha dosha.
- 2. Lifestyle Restrictions:**
 - **Sedentary Lifestyle:** Avoid prolonged sitting or inactivity as it stagnates metabolism and can worsen stone formation.
 - **Excessive Physical Activity:** Avoid extreme exercise in hot climates, which may lead to dehydration and concentrated urine.
 - **Daytime Sleep (Diwaswapa):** Avoid sleeping during the day as it aggravates Kapha dosha.
 - **Stress and Overwork:** Avoid stress, as it can disturb normal Apana Vayu functioning.

Importance of Pathya-Apathya in Prevention:

- 1. Hydration:** Adequate fluid intake prevents supersaturation of urinary solutes, the primary cause of Mutrashmari (stone formation). It also flushes out toxins and debris, minimizing the risk of obstruction and infection in Mutraghat.
- 2. Dietary Balance:** Following a pathya diet with low oxalate and sodium while incorporating diuretic and alkaline foods reduces the risk of stone formation. These foods also help maintain urinary pH, preventing recurrent stone formation.

3. **Vata-Pacifying Lifestyle:** Avoidance of Vegadharana (suppression of natural urges) and adherence to a balanced daily routine maintain the natural functioning of Apana Vayu, thereby preventing urinary retention (Mutraghat).
4. **Kapha-Pacifying Actions:** Avoidance of Kapha-aggravating foods and sedentary habits reduces the likelihood of calculi formation and obstruction in the urinary tract.
5. **Prevention of Chronic Disease:** Regular use of Ayurvedic herbs like Gokshura and Varuna not only prevents Mutrashmari but also improves the health of the urinary system, ensuring the normal flow of urine and preventing recurrent infections or obstructions.
6. **Detoxification:** Practices like Abhyanga and mild Swedana remove accumulated toxins and improve circulation, thereby preventing dosha vitiation and the formation of pathologies.

Discussion:

The pathogenesis of Mutraghat and Mutrashmari aligns with both classical Ayurvedic theories and modern biomedical understanding. Ayurvedic descriptions of stone formation, such as Sushruta's analogy of Kapha solidifying with Pitta and Vata in the bladder, resonate with modern concepts of urolithiasis as a physicochemical process. Clinical studies have shown that Ayurvedic formulations can manage small- to-moderate-sized stones effectively without invasive procedures. A study highlighted the efficacy of Varuna and Gokshura in dissolving stones and improving urinary flow. Panchakarma therapies have also demonstrated benefits in chronic cases of urinary retention, complementing conventional management. However, large-scale clinical trials are needed to

establish the safety and efficacy of these therapies in diverse populations. Integration of Ayurvedic and modern medical approaches may offer a holistic solution, particularly in recurrent or chronic cases. Research integrating Ayurvedic principles with modern biomedical studies has started to provide evidence for the efficacy of traditional approaches in managing these conditions. Studies on Ayurvedic herbs and therapies highlight their ability to not only dissolve calculi but also enhance renal function and alleviate symptoms. Large-scale clinical trials and pharmacological investigations into Ayurvedic formulations will further validate their role in urological care. A deeper understanding of the pathophysiology of Mutraghat and Mutrashmari, coupled with innovative research integrating Ayurvedic and modern perspectives, could significantly enhance patient care. By combining the immediate effectiveness of modern medicine with the holistic, preventive, and restorative approaches of Ayurveda, healthcare providers can offer a more comprehensive and patient-centered management strategy. This integration would not only address acute symptoms but also emphasize long-term prevention, thereby improving the overall quality of life for patients.

Conclusion:

Mutraghat (urinary retention) and Mutrashmari (urolithiasis) remain significant challenges in the fields of both Ayurvedic and modern urology due to their high prevalence and recurrence rates. These conditions not only impact the quality of life but also pose significant risks of complications such as infections, chronic kidney disease, and severe obstructive uropathy if left untreated. The integration of traditional and modern approaches offers a promising pathway for holistic management and prevention of

these disorders. Modern medicine provides advanced diagnostic tools and effective interventions such as extracorporeal shock wave lithotripsy (ESWL), ureteroscopy, laparoscopic procedures, and open surgeries, which have revolutionized the treatment of urolithiasis. These approaches, coupled with pharmacological measures such as potassium citrate and thiazide diuretics for stone prevention, ensure prompt relief and effective management of acute and recurrent cases. However, the invasive nature of these treatments and potential side effects of medications underscores the need for complementary and preventive approaches. Ayurveda, on the other hand, offers a comprehensive framework for both prevention and cure, grounded in its centuries-old principles of Tridosha theory and holistic health. Ayurvedic formulations such as Gokshura (*Tribulus terrestris*), Varuna (*Crataeva nurvala*), Pashanabheda (*Bergenia ligulata*), and Shilajit have been shown to possess diuretic, anti-inflammatory, and lithotriptic properties, aiding in both the dissolution and expulsion of stones. Panchakarma therapies such as Basti and Uttar Basti not only detoxify the urinary system but also restore the natural functioning of Apana Vayu, addressing the root cause of Mutraghat. Dietary and lifestyle modifications, including the use of hydrating, Kapha-pacifying, and alkaline foods, as well as avoidance of suppression of natural urges (vegavarodha), are integral to long-term prevention. Moreover, the integration of Pathya (recommended diet) and Apathya (restricted diet) into daily life plays a pivotal role in reducing recurrence rates and maintaining urinary system health. The emphasis on hydration, avoidance of Kapha-aggravating foods, and the use of natural diuretics ensures that the urinary tract remains clear of obstructions and inflammation. Ayurveda's preventive focus minimizes the risk of recurrence, making it particularly valuable in chronic or recurrent cases.

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