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“A REVIEW OF PITTAJA MUTRAKRICHRA WITH SPECIAL REFERENCE TO LOWER URINARY TRACT INFECTIONS AND ITS PREVENTIVE MEASURES”**Dr. Aishwarya P. Dhote¹, Dr. Archana S. Dachewar²**

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ABSTRACT:

In Ayurveda, disease nomenclature is based on specific criteria that reflect the underlying pathophysiology and symptomatology. Mutrakrichra is a term used to describe a condition characterised by painful or difficult urination. Among its eight classified types as described in Madhava Nidana, namely Vataja, Pittaja, Kaphaja, Sannipataja, Shalyaja, Ashmarija, Shukraja, and Purishaja Mutrakrichra. Pittaja Mutrakrichra is notably associated with burning micturition, yellowish urine, and inflammatory symptoms. These clinical features closely correlate with those of Lower Urinary Tract Infections (LUTIs) as understood in modern medicine [1].

LUTIs are defined as infections caused by microbial proliferation in the urinary tract [2], leading to inflammation of the bladder, urethra, or prostate [3]. The current review attempts to critically analyse Pittaja Mutrakrichra with respect to its Nidana, Samprapti, and Lakshana, drawing parallels with LUTI. Preventive measures in both systems, such as maintaining adequate hydration, frequent bladder emptying, and menstrual hygiene, are emphasised as effective strategies to reduce the incidence of LUTIs.

This integrative approach may help bridge Ayurvedic principles with modern clinical understanding for more comprehensive patient care.

KEY WORDS:- Pittaja Mutrakrichra, Lower Urinary tract infection, Preventive measures.

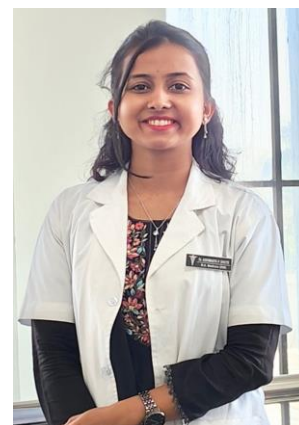
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INTRODUCTION

Dosha, Dhātu, and Mala form the fundamental substratum of the Shareera^[4]. Among these, Mala holds significant importance, as emphasised by the Acharyas, due to its crucial functions and varying states within the body. Mūtra, one of the Trimala^[5], plays a vital role in the elimination of Kleda from the body. Moreover, the urge to void urine is categorised under the Adharaniya Vegas^[6], highlighting its physiological and pathological relevance. Mūtrakrichra is a well-recognised urinary disorder described extensively in Ayurvedic texts. It is defined as painful and difficult micturition, as reflected in classical references: "Yena Mootrakricchre Mootram Kricchrena Vahati"^[7], "Mootrakrichram Dukhena Mootrapravruttiḥ"^[8], and "Mootrasya Kricchrena Mahata Dhukhena Pravruttiḥ". Madhava Nidana classifies Mūtrakrichra^[9] into eight types: 1. Vataja 2. Pittaja 3. Kaphaja 4. Sannipataja 5. Shalyaja 6. Ashmarija 7. Shukraja 8. Purishaja. The underlying pathology involves Tridosha vitiation, Agni Mandya, and Kha Vaigunya, leading to the production of Ama and urinary tract obstruction or irritation. Clinical features include Sadaha Mūtrata, Peeta Mūtrata, Sarakta Mūtrata, Krichhra and Saruja Mūtrata, and Muhur Muhur Mūtrata.

Upon analysis, the Ayurvedic condition Pittaja Mūtrakrichra can be correlated with Lower Urinary Tract Infection (LUTI) based on its Nidanas, Samprapti, and Lakshanas. The lower urinary tract primarily includes the urinary bladder, urethra, and prostate. This article presents a critical review of Pittaja Mūtrakrichra to provide a deeper understanding of its comparison with modern medical concepts of lower urinary tract infection^[10]. Lower urinary tract infection (LUTI) is one of the most common infections affecting humans and is frequently encountered in general medical practice. Globally, it impacts over 150 million individuals each year. LUTIs are significantly more prevalent in females than in males. Studies indicate that approximately 50–80% of women in the general population will experience at least one episode of lower urinary tract infection during their lifetime^[11].

AIM AND OBJECTIVE: Critically analyze the concept of Pittaja Mūtrakrichra by comparing with lower urinary tract infection.

MATERIALS AND METHODS

All relevant evidence related to mūtrakrichra and lower urinary tract infection (LUTI) was gathered from various sources, including classical Ayurvedic texts, contemporary medical literature, research articles, and credible internet resources. The concept of Pittaja Mūtrakrichra was analysed in detail by drawing comparisons with the clinical features and pathophysiology of lower urinary tract infection.

REVIEW OF LITERATURE

Table 1: Adhikarana of Mutrakrichra

Samhitas	References
Charaka Samhita	Sutrasthana & Chikitsasthana 26th Adhyaya Chikitsa, Siddhi Sthana 12th Adhyaya
Sushruta Samhita	Uttaratantra 59th Adhyaya
Ashtanga Hridaya	Nidana Sthana 9th Adhyaya
Ashtanga Sangrah	Nidana Sthana 9th Adhyaya
Mushkil Madhava Nidana	30th Adhyaya

Table 2: Types of Mutrakrichra

Samhitas	Types of Mutrakrichra
Charaka Samhita ^[12]	1) Vataja Mutrakrichhra
	2) Pittaja Mutrakrichhra
	3) Kaphaja Mutrakrichhra
	4) Sannipataja Mutrakrichhra
	5) Raktaja Mutrakrichhra
	6) Shukraja Mutrakrichhra
	7) Ashmarija Mutrakrichhra
	8) Sharkaraja Mutrakrichhra
Sushruta Samhita ^[13]	Eight types of Mutrakrichhra are described in Sushruta Samhita. Possibility of Shukara causing Mutrakrichhra was not recognized. However separate description of Mutrashukra under the heading Mutraghata is available.
Ashtanga Hridaya & Asthanga Sangraha [14]	1) Vataja
	2) Pittaja
	3) Kaphaja
	4) Sannipataja

Nidana

व्यायामतीक्ष्णौषधरूक्षमद्यप्रसङ्गनित्यद्रुतपृष्ठयानात्।
आनूपमत्स्याध्यशनादजीर्णात् स्युर्मूत्रकृच्छ्राणि नृणामिहाष्टौ।

Table 3: Nidanas of Mutrakrichra

Nidana ^{[15],[16]}	Type of Nidana
Aharaja Nidanas	Atisevana of Rukshaahara, Madhyasevana, Aanupamatsya Sevana, Adhyashana, Ajeerna
Viharaja Nidanas	Ativyayama, Nityadrutha Prushtayana
Aoushadaja Nidana	Teekshanaoushadha Sevana
Mutravaha Srotodushti	Aahara Sevana while there is Mutravega, Streesevana while there is Mutravega, Mutranigrahana, Ksheena and Kshata

Etiology of Urinary Tract Infection

The uropathogens responsible for urinary tract infections (UTIs) vary depending on the clinical donation but are most generally enteric gram-negative rods that resettle into the urinary tract. The predominant causative organisms include Escherichia coli (E. coli) and Staphylococcus saprophyticus, while Proteus mirabilis and Klebsiella pneumoniae are less frequent pathogens. UTIs primarily spread via the thrusting route, where bacteria travel from the urethra to the bladder and, in some cases, further over to the feathers. In rare cases, infection may occur via the haematogenous route. Several factors impact the development of UTIs, including vaginal ecology, environmental conditions, and microbial characteristics. In women, vaginal foliage plays a pivotal part in modulating the threat of infection. A structurally normal urinary tract provides a more effective defence against infections. Still, certain strains of E. coli, known to beget characteristic and invasive infections in otherwise healthy individuals, retain specific inheritable acidity factors. These include face adhesins that enable the bacteria to attach to specific receptors on the epithelial cells of the urinary tract.¹⁷

Samprapti^[18]

पृथङ्गलाः स्वैः कुपिता निदानैः सर्वेऽथवा कोपमुपेत्य बस्तौ ।

मूत्रस्य मार्गं परिपीडयन्ति यदा तदा मूत्रयतीह कृच्छात् ॥

The doshas (either individually or in combination) become vitiated due to the aforementioned aetiological factors. These vitiated doshas then localise in the vasti, where they interact with the dushyas in the presence of Kha-Vaigunya. This interaction leads to Mutra Dushti. The vitiated urine causes irritation and spasms in the urinary tract, ultimately resulting in difficulty in the process of micturition.

Etiological Factors

Vitiation of Vatadi Dosha (mainly Samana and Apana Vayu)



Vasti (Dosha-Dushya Samurchana)



Mutra Dushti



Irritation of urinary tract by Dushita Mutra



Difficulty in voiding urine



Mutrakrichhra

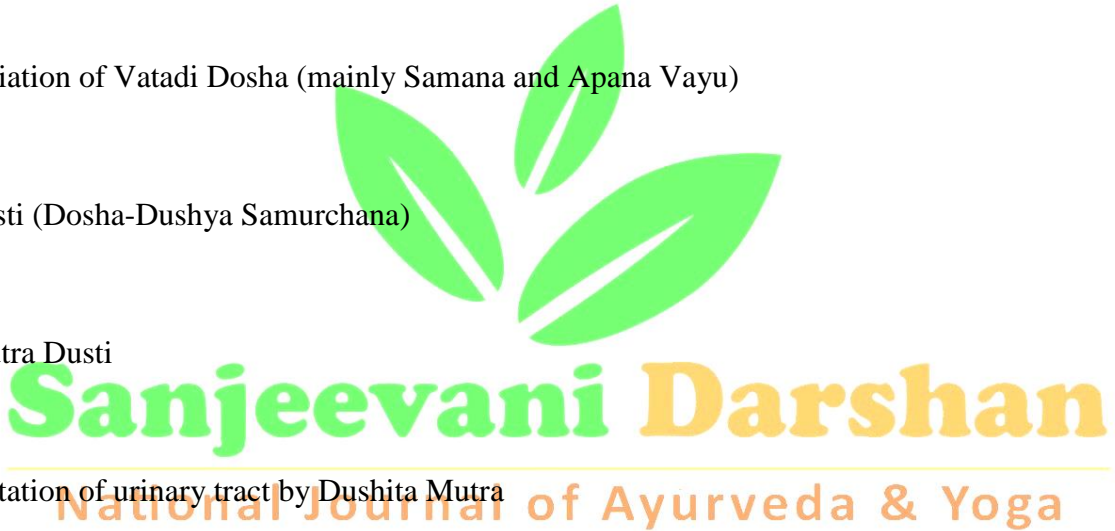
Samprapti Ghataka

Dosha - Tridoshas (Vata Pradhana)

Dushya - Mootra, Rakta

Srothas - Mootravaha

Srotho Dushti Prakara - Sanga



Agni - Jatharagni & Dhatwagni

Ama - Jatharagni & Dhatwagni Mandya Janya

Udbhavasthana - Pakwashaya

Sanchara Sthana - Mootravaha/Mootramarga

Vyakta Sthana - Mootramarga

Rogamarga – Madyama

Samprapti Bheda

Sankya Samprapti: 8 types

Pradhana Samprapti:

Vata - Apana, Samana Vayu

Pitta - Pachakaa

Vikalpa Samprapti:

In the pathogenesis of Mutrakrichra, the role of Vata and Pitta doshas is significant:

Vata Dosha: Gunatah: There is an increase in Chala Guna, leading to disturbed flow dynamics.

Karmatah: The function of Nishkramana of Mutra is impaired, resulting in difficulty during micturition.

Pitta Dosha: Gunatah: There is an increase in Daha Guna, along with a reduction in Sara Guna, contributing to burning sensation and discomfort during urination.

Acharya Harita specifically mentions Pitta as the principal dosha involved in the pathogenesis of Mutrakrichra.¹⁹ Similarly, Acharya Kashyapa describes Mutrakrichra as a Pitta Pradhana Tridoshaja Vyadhi, indicating the predominance of Pitta among the three Doshas in this condition.²⁰

Pathogenesis of Lower UTI

The urinary tract functions as a unified anatomical system, connected by a continuous column of urine that extends from the urethra to the kidneys. The entry of uropathogens typically occurs through periurethral colonisation in females and preputial colonisation in uncircumcised males.

When host defences are compromised, bacteria can colonise the urethra and adhere to the mucosal lining. The adherence of bacteria to urothelial cells is a crucial initial step in the development of infection. This attachment is facilitated by fimbriae, which enable pathogens like *E. coli* and *Proteus* to bind specifically to receptors on the epithelial surface.

Uropathogenic strains of *E. coli* exhibit enhanced virulence due to the production of haemolysin and aerobactin, which confer resistance to the bactericidal action of human serum. Additional virulence factors such as O antigens, capsular K antigens, siderophores, adhesins, haemolysins, and urease significantly increase the ability of specific strains to cause infection.

These virulence traits promote toxin release, bacterial replication, and antibiotic resistance. Furthermore, iron-sequestering mechanisms—such as siderophore production—used by pathogens like *E. coli* contribute to their pathogenic potential.²¹

Samanya Lakshana

The Samanya Lakshana of Mutrakrichra has been described in the Madhukosha commentary on Madhava Nidana as "Kruchrata in Mutravahana", meaning difficulty in the passage of urine.

Acharya Harita identifies Mutrakrichra as a Pitta Doshapradhana Vyadhi. The symptoms he describes are predominantly indicative of Pitta vitiation, including:

Kruchrapravrutti of Mutravahana – Difficulty in micturition

Ushnadhara – Burning sensation during urination

Mutrasrotasharati – Vitiation of the Mutravaha Srotas

Raktapravrutti – Presence of blood in urine

These collectively represent the classic symptomatology of Pittaja Mutrakrichra²².

Pittaja Mutrakrichhra^[23]

तीव्रा रुजो वङ्कणबस्तिमेद्रे स्वल्पं मुहुर्मूत्रयतीह वातात् ।

पीतं सरक्तं सरुजं सदाहं कृच्छन्मुहुर्मूत्रयतीह पित्तात् ॥

- Yellowish discolouration of urine
- Hematuria
- Painful micturition
- Burning micturition
- Difficulty in micturition
- Increased frequency of micturition

Clinical features of Lower Urinary Tract Infection

Urinary bladder infections are a part of lower urinary tract infections. Acute onset of urgency and frequency of urination, dysuria (burning pain in the urethra during micturition), nocturia, urge incontinence, suprapubic pain, and the feeling of incomplete bladder emptying due to spasm of the inflamed bladder wall are some of the symptoms that patients with cystitis or urethritis may present with or not^[24].

DISCUSSION

Critical appraisal of Pittaja Mutrakrichra v/s Lower UTI

Comparison on the basis of Nidana

A person's immunological status, the genitourinary tract's integrity, and the pH and concentration of their urine are the main elements that affect the pathophysiology of lower urinary tract infections (LUTIs). Similar to this, the Ayurvedic Nidanas of Mutrakrichra correlate to substances that either change the pH or content of urine or impair immunity, making a person more susceptible to urinary tract issues.

Comparison on the basis of Lakshana

- Kruchrata in Mutravahana is the Pradhana Lakshana common to all types of Mutrakrichra. The associated symptoms vary depending on the predominant dosha involved:
- Vataja Mutrakrichra: Characterized by Ruja
- Pittaja Mutrakrichra: Marked by Daha
- Kaphaja Mutrakrichra: Presents with Gouravata

Several symptoms of Lower Urinary Tract Infection (LUTI) closely correspond with the Ayurvedic descriptions of Mutrakrichra:

- Muhurmuhurmutrata, Alpamutrata – Increased frequency and decreased quantity of urination
- Shotha of Basti – Sensation of incomplete bladder emptying due to spasms in the inflamed bladder wall
- Sadahamutrata – Dysuria
- Bastishula, Sarujamutrata – Suprapubic pain

These overlapping features highlight the strong clinical correlation between Mutrakrichra in Ayurveda and Lower Urinary Tract Infection in modern medicine.

Comparison on the basis of Samprapti

The pathogenesis of Mutrakrichra begins with the vitiation of Vatadi Doshas, primarily Samana and Apana Vayu, which circulate throughout the body in search of Khavaigunya. They localise in the Basti and Mootramarga.

Step 1: The lower vagina and periurethral region become heavily colonised by uropathogens.

Step 2: Vitiated Doshas cause Sankocha, Samrodha, and Kshoba in the urinary tract as pathogens ascend via the urethra to the bladder.

Step 3: Within the bladder, pathogens establish and multiply, leading to Krichrata in Mootrapravrutti, resulting in Mutrakrichra.

Chikitsa (Management)
Shamana chikitsa: It includes Muta-vishodhaniya, mutra-virechaniya, **Shodhana chikitsa:** It includes Mutral dravyas & utara vasti. These increase frequency and quantity of Muta which helps to flush out various infective agents. **Bahirparimarjana chikitsa:** These are the medicines used locally (externally) in the form of fomentation, showers, potalis and ointment etc.

Specific Management (Pittaja Mutrakrichra chikitsa)
Bahirparimarjana chikitsa: Sheeta Parisheka, Avagahana in cold water pralepana with chandan and karpur. **Antahparimarjana chikitsa:** Treatment is given as per dominance of vitiation of doshas.

Shodhana: Virechana with tikta evam madhur kashaya, Utara vasti. If kapha is predominant then vamana, if pitta is predominant then virechana and if vata is predominant then vasti

karma should be performed.

Shamana: Shatavaryadi kwatha (Ch.), Haritakyadi kwatha, Trinapanchmula kwatha (Y.R.), Trinapanchamula churna(Su.),ervaru beeja,yashtimadhu, devdaru with tandul dhavan Pashanbhedadi yoga, Brihatyadi kwatha, Gudadugdha yoga, dhatryadi yoga.

Pathya: Purana shali, yava, kshara,takra, dugdha, dadhi, jangal mamsa, mudga yusha,, trapusha, nadeya jala, sharkara, kushmanda, patola patra, ardraka, gokshura, puga, narikela, laghu ela, karpura.

Apathya:Tambula, matsaya, lavana, pinyaka, hingu, tila, sarshapa, masha, karira, tikshna, vidahi, ruksha, amla dravya, virudhashana, vishamashana, Yana gamana, vega dharana.

Preventive measures

- Ayurvedic Approach: Nidana Parivarjana (eliminating causative factors) is key—avoid oily, spicy foods and unhealthy habits. Include Vitamin C-rich foods and probiotics like yogurt and fermented items to support urinary health.
- Hydration: Drink plenty of fluids and empty the bladder completely and frequently to flush out bacteria.
- Menstrual Hygiene: Maintain cleanliness by regularly changing sanitary pads or tampons to prevent bacterial growth.
- Sex-Associated UTI: Women prone to UTIs after intercourse should urinate before and after sexual activity. A single post-coital antibiotic dose may help.
- Postmenopausal Women: Those with recurrent UTIs benefit from vaginal estrogen therapy (cream or ring), reducing infection frequency.
- Catheter-Associated UTI (CAUTI): Limit catheter uses to essential cases, remove promptly when no longer needed, and consider antimicrobial catheters for high-risk patients.
- In Men: Use of condom catheters is recommended where appropriate²⁴.

CONCLUSION

The comparative analysis of Pittaja Mutrakrichra and Lower Urinary Tract Infection (LUTI) reveals a significant overlap in clinical presentation, pathogenesis, and etiological factors between the two systems of medicine. Ayurveda attributes the condition to vitiation of

Doshas, especially Pitta, leading to Daha and Kruchrata in Mutrapravrutti, while modern medicine links LUTI to microbial invasion and inflammatory response in the urinary tract.

Understanding Mutrakrichra through the lens of contemporary pathophysiology enhances the integrative approach to diagnosis and treatment. This alignment highlights the timeless relevance of Ayurvedic principles in explaining and managing urological disorders, supporting a holistic and individualized treatment strategy that combines both traditional wisdom and modern clinical insights.

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