

A Case Study on Evaluation of *Trikantakadi Kwath* in *Mutrakrichhra*

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Abstract:- Ayurveda is a medical branch giving utmost preference in correcting the pathological aspects of *Mutrakrichhra*. The vivid *Ayurvedic* vocabulary is capable of addressing issues like *Mutrakrichhra* to a great extent and can really contribute to the whole medical world by providing alternative for antibiotics and chemically made alkalizes. Modern pharmacological agents are having their own limitations as per reported studies. Now the need of *Ayurvedic* medicine arises to fill this lacuna. There are number of preparations described in *Ayurvedic* text and *Trikantakadi Kwath* in one among them reference is from *Chakradatta* and it has wonderful properties that helps in curing *Mutrakrichhra*. It contains drugs having propertiese such as *Vata-Pitta Shamak*, *Mutrala*, *Anulomak*, *Mutrakrichhra-hara*, *Daha Shamak*, *Ashmari Hara*, *Srotoshodhak*, *Vranropak* propertiese. On modern parametres we can say that these drugs have anti-inflammatory, diuretic, antacid lithotriptic, anti-lithogenic, laxative actions.

I. INTRODUCTION

- Discomfort during urination before during and after micturition that may manifest in the form of *Daha*, *Ruja*, *Peeta-Mutrala*, *Sarakta-Mutrala*, *Basti Gurutva*, *Shohta*, *Muhurmutrala* is consider as *lakshan* of *Mutrakrichhra* in ayurveda.
- UTI is a pathogenic process that develops when a microorganism enters the body through the urethra and travels to the bladder or kidneys. UTI represents wide spectrum of diseases, from self-limiting simple cystitis to severe pyelonephritis that can result in sepsis & death.
- Urinary tract infection is most commonly caused by *E. coli* but may also be caused by other bacteria and fungi.

Depending on the location of the infection, patient can present with dysuria, urgency,

- Increased urine frequency, suprapubic pain & fever. Urinalysis, urine culture along with clinical presentation helps in the diagnosis.
- Short urethra predisposes all women for UTI along with that Immunocompromised state, pregnancy, diabetes (glycosuria provide atmosphere for bacterial growth), poor hygiene and faecal incontinence (increases genital/ periurethral colonization), Sexual intercourse facilitates bacterial infection in women.
- Dysuria (defined as pain, burning or discomfort on urination accompanied by frequency or urgency) with bacteriuria is universally understood as a sign of UTI.

II. CASE STUDY

A 47-year-old female patient came to Rishikul Campus Haridwar having chief complaint of burning urination from past 1 month, with incomplete voiding of urine, increased urine frequency 8 -10 times per day, night 4-5 times with generalized weakness & swelling on lower abdomen with pain. She is having difficulty in holding urine from past 6-7 years. Urine examination revealed increase in pus cell, epithelial cell, increase in pH of urine, *E. coli* presence. USG scan didn't reveal any significant abnormality. She took Doxycycline 100 mg/BD, Nitrofurantoin-100mg/BD for 10 days prescribed in nearby private hospital but got mild relief & advised for hospitalization but she is reluctant to hospitalize due to some family problems. She is also having history of repeated UTI from past 6-7 years intermittently now she is here for Ayurvedic management of the disease.

No History of DM, HTN, Thyroid Problem & Any Other Major Illness.

General Information	General Examination	Personal History
Name: Mrs-X	B.P- 132/ 84 mm Hg	Appetite: Normal
Age: 47 years	PR- 74/min,	Bowel: Regular with normal consistency & frequency of 2
Sex: Female	Pallor- Absent, Icterus -Absent	Micturition: Burning with Scanty urination & increased frequency Day/Night = 8-10 times/4-5 times
OPD No.:		
Marital status: Married		
Menstrual History: 3-5 days / 90 days 2pads/day	Oedema-Absent	Sleep: Normal
Occupation: Private Job	Clubbing- Absent	Weight: 89 kg, Height: 152 cm. Temperature: 98.2° F.

➤ *Dashavidha Pariksha Of Patient*

<i>Prakriti</i>	<i>Pitta Kapha Pradhan Vata Anubandhi</i>
<i>Vikriti</i>	<i>Pitta Pradhan Tridoshaj Vikriti</i>
<i>Sara</i>	<i>Madhyam</i>
<i>Samhanan</i>	<i>Madhyam</i>
<i>Pramana</i>	<i>Madhyam</i>
<i>Satmaya</i>	<i>Madhur, lavana, Katu rasa, Madhyam satmaya</i>
<i>Satva</i>	<i>Pravara</i>
<i>Aharashakti</i>	<i>Madhyam Abhyavarana Shakti and Jaran Shakti</i>
<i>Vyayamashakti</i>	<i>Avara</i>
<i>Vaya</i>	<i>Yuva</i>

➤ *Nidana- Panchaka*

<i>Nidana</i>	Excess intake of tea, coffee, curd, Namkeen etc, Green leafy vegetables in diet, using public toilet in work place.	
<i>Purvaroop</i>	<i>Ruk-Ruk Kar, Dahayukta Mutra Ki Pravrutti, Udara mein guruta</i>	
<i>Roop</i>	<i>Daha yukta, peeta varna mutrapravrutti, Mutra vega ka baar baar pravrutta hona, sampoorna mutra ka ek baar mein tyag na hona, Adho udara mein guruta,</i>	
<i>Sampratighatak</i>	<i>Dosha</i>	<i>Pitta- Kapha Pradhan Tridosha</i>
	<i>Dushya</i>	<i>Rasa Dhatu, Mutra</i>
	<i>Srotasa</i>	<i>Rasavaha, Mutravaha</i>
	<i>Srotodushti</i>	<i>Sanga</i>
	<i>Udbhav sthana</i>	<i>Amashya, Pakwashaya, Mutrashaya</i>
	<i>Vyakta sthana</i>	<i>Mutramarga</i>
	<i>Rogmarga</i>	<i>Abhyantar</i>
	<i>Vyadhi swabhav</i>	<i>Chirkari</i>

➤ Investigations

	Before Treatment	45 days After Treatment
Hb	11.9 gm%	12.2 gm%
ESR	22 mm/hr	18 mm/hr
CRP	7.6 mg/l	5 mg/l
TLC	9200/mm ³	6800/mm ³
DLC		
Neutrophils	65 %	49 %
Lymphocytes	31 %	48 %
Eosinophils	02 %	01 %
Monocytes	02 %	1 %
Basophils	00 %	1 %
RBS	128 mg/dl	118 mg/dl
Blood urea	29 mg/dl	24 mg/dl
Serum creatinine	0.97 mg/dl	0.78 mg/dl
SGOT	48.62 U/l	35.71 U/l
SGPT	40.13 U/L	31.65 U/l
Urine R/M		
Color	Pale yellow	Pale yellow
Appearance	Clear	Clear
Specific gravity	1.010	1.008
pH	8.0	7.2
Pus cells	16-18 /hpf	2-3/hpf
Epithelial cells	9-10/ hpf	1-2/hpf
Cast	Nil	None
Crystals	Nil	Negative
RBCs	Nil	Nil
Albumin	Nil	Absent
Sugar	Nil	Nil
Bacteria	E. Coli	Negative
HIV	Non-reactive	
VDRL	Non-reactive	

➤ Subjective Criteria For Assesement

1.	GRADING	BT	AT
0- No burning	0		
1- Mild burning	1		
2- Moderate burning	2		
3- Severe burning	3		

Clinical Feature	Before Treatment	After 7 days	After 30 days	After 45 days
Burning	Severe	Absent	Absent	Absent
Pain	Moderate	Mild	Absent	Absent
Urgency	Can hold for 10-30 min	Can hold for >30 min	Can hold for >30 min	Can hold for >30 min
Frequency	>14 times Scanty	7-8 times Complete voiding	7-8 times Complete voiding	7-8 times Complete voiding

2.	GRADING	BT	AT
No urge	0		
Can hold for >1hr	1		
Can hold for 10-30 mins	2		
Can hold for less than 10mins	3		

	Medicine	Dose
<i>Kwatha</i>	<i>Trikantakadi kwath</i>	10gm powder decoction BD/ empty stomach

➤ Treatment: Patient was given treatment for the period of 45 days:

3.	GRADING	BT	AT
4- No pain	0		
5- Mild pain	1		
6- Moderate pain	2		
7- Severe pain	3		

➤ Changes In Subjective Parameters After Treatment

4.	GRADING	BT	AT
5-7 times	0		
8-10 times	1		
10-13 times	2		
>13 times	3		

III. RESULT AND DISCUSSION

Patient got relief in the complaint of burning micturition, scanty urination & increase frequency of urination & swelling on lower abdomen, just after 3 days of treatment & in order to prevent recurrence treatment was continued for a period of 30 days. There was marked reduction seen in pus cell and epithelial cell level post completion of treatment. Urine pH was reduced up to a very significant level. There was no recurrence seen during follow up period of 3 months.

IV. CONCLUSION

It's the high time that we should utilise therapeutic action of large number of Ayurvedic medicines available. We should recognise and put evidence-based research proving that use of these drugs will be worthwhile in treating urinary disorders and avoiding further complication in the form of chronic UTI & other major urine related affliction.

REFERENCES

- [1]. Dravya Guna Vigyan, Acharya Priyavrat Sharma, Vol II, Chaukhambha Bharti Academy Reprint 2011.
- [2]. Sushruta Samhita, Vidyotini Hindi Commentary, Chaukhambha Bharti Academy, Varanasi, Reprint Year 2017, Vol-I.
- [3]. Charak Samhita, Vidyotni Hindi Commentary Chaukhambha Bharti Academy, Varanasi, Reprint Year 2017, Vol-I.
- [4]. Ashtang Hridya, Vidyotini Bhasa Teeka, Kaviraj Atrideva Gupta, Chaukhambha Prakashan Asthang Hridya.
- [5]. Chakradatta, Vaidyaprabha, Hindi commentary, Dr. Indradev Tripathi, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint 2005, *Adhyaya* 32/22.
- [6]. <https://www.aafp.org> Article Dysuria: Evaluation and Differential Diagnosis in Adults Abstract Data Taken From Abstract on Date 9 March 2020.
- [7]. Gerber GS, Brendler CB. Evaluation of the urological patient: history physical examination, and urinalysis. In Wein AJ, et al; Campbell-Walsh Urology, Elsevier Saunders, 2012: 75-76.
- [8]. Essentials of medical physiology, 5th edition, K Sembulingham and Prema Sembulingham, JP brothers medical publishers. Chapter 52, urine formation.