

Management of Chronic Cystitis (Mutrakrichha) : A Case Report

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Abstract

Chronic cystitis, referred to as "Mutrakrichha" in Ayurveda, is a persistent inflammatory condition of the urinary bladder that often presents with symptoms such as frequent urination, pelvic pain, dysuria (painful urination), and discomfort.¹⁻⁵ This case report explores the management of a patient suffering from chronic cystitis using a comprehensive Ayurvedic treatment approach. The report emphasizes the role of herbal formulations like Gokshura (*Tribulus terrestris*), Chandraprabha Vati, Bruhatyadi Kashaya. Additionally, dietary and lifestyle modifications tailored to pacify aggravated Vata and Pitta Doshas were included. The treatment protocol not only provided symptomatic relief but also improved the patient's overall quality of life, demonstrating the efficacy of integrative Ayurvedic care for chronic cystitis.⁶⁻¹⁰

Keywords: Chronic Cystitis, Mutrakrichha, Ayurveda, Herbal Remedies, Gokshura, Chandraprabha Vati, Bruhatyadi Kashaya

Introduction

Chronic cystitis is a recurring inflammation of the bladder, leading to persistent urinary symptoms like frequent urination, pain, and burning sensation. These symptoms can severely impact the patient's quality of life by causing significant physical discomfort and emotional distress. In Ayurveda, chronic cystitis is categorized under **Mutrakrichha**, a condition that broadly covers urinary disorders marked by painful or difficult urination. According to Ayurvedic principles, this condition arises due to imbalances in **Vata** and **Pitta Doshas**. Vata governs the movement of urine, and when disturbed, it causes obstruction and pain,

while an aggravated Pitta leads to excess heat, inflammation, and burning sensations in the urinary tract.¹¹

Conventional treatments for chronic cystitis generally involve antibiotics and anti-inflammatory drugs that may provide temporary relief but often come with limitations, including the risk of antibiotic resistance and potential side effects like gastrointestinal problems. These treatments primarily focus on symptom relief, without addressing the underlying cause of the condition. As a result, patients often experience recurrent flare-ups, making long-term management challenging. This is where Ayurveda presents a holistic alternative, offering solutions that not only alleviate symptoms but also target the root cause by

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balancing the Doshas, detoxifying the body, and strengthening the urinary system.

Ayurvedic treatment for chronic cystitis involves the use of herbal remedies like **Gokshura** which help reduce inflammation, improve urine flow, **Bruhatyadi Kashaya** has a soothing effect on the urinary system, which can help reduce burning sensations and discomfort during urination.¹³⁻¹⁴

Additionally, classical formulations like **Chandraprabha Vati** are used to balance the doshas in the urinary system.. Moreover, lifestyle and dietary modifications play a crucial role in managing this condition. A Pitta-pacifying diet, adequate hydration, and stress management through yoga and meditation help prevent recurrences and support overall well-being.¹²⁻¹⁵

Case Presentation

A 45-year-old female presented with complaints of frequent urination, dysuria, and pelvic pain for over two years. Despite undergoing multiple courses of antibiotics and anti-inflammatory drugs, her symptoms recurred frequently. She had no history of diabetes, kidney stones, or other urinary tract abnormalities but experienced exacerbations of her symptoms under stress or after consuming spicy food.

The patient was diagnosed with chronic cystitis following a thorough evaluation, including urine analysis, and ultrasound imaging - which revealed bladder wall thickening. Dissatisfied with the temporary relief offered by conventional treatments, so patient came to our hospital for further management .

Patient Information:

- **Age:** 45 years
- **Gender:** Female
- **Occupation:** [Teacher]

Chief Complaints :

- Dysuria (painful urination) for 2 years
- Burning sensation during urination

- Increased frequency of urination, especially at night (nocturia)
- Pelvic pain and discomfort
- Occasional hematuria (blood in urine)
- Feeling of incomplete voiding
- Fatigue and general weakness

History of Present Illness :

The patient reports having experienced persistent urinary symptoms over the past 2 years. Initially, she had occasional episodes of pain during urination, which progressively worsened. Conventional treatment with antibiotics provided only temporary relief, with symptoms returning shortly after. The frequency of urination has increased significantly in the past 6 months, and the burning sensation has become more intense. There is a consistent feeling of pelvic discomfort, which interferes with her daily activities. Hematuria was noticed on two occasions over the past year. No history of fever, nausea, or vomiting associated with urinary complaints.

Past Medical History :

- Recurrent urinary tract infections (UTIs) in the past 2 years
- No history of diabetes or hypertension
- No major surgeries
- No known allergies

Family History :

- No significant family history of urinary disorders
- Mother had hypertension

Menstrual History :

- Menopausal, periods ceased 3 years ago
- No significant history of menstrual irregularities

Personal History :

- Appetite: Normal
- Thirst: Increased (about 3-4 liters/day)
- Bowel Movements: Regular

- Sleep: Disturbed due to nocturia
- Stress levels: Moderate (due to symptoms)
- Bladder habits: Urinates approximately 15 times/day; nocturia (3-4 times/night)

Ashtavidha Pariksha

1. Nadi (Pulse):

- **Type:** Vata-Pitta type (fast and irregular)
- **Rate:** 76 bpm, irregular, reflecting imbalance in Vata and Pitta.

2. Mutra (Urine):

- **Color:** Pale yellow
- **Nature:** Burning sensation with pain during urination; increased frequency.
- **Quantity:** Frequent, small amounts; nocturia noted (3-4 times/night).
- **Dipstick Test:** Mild hematuria observed.

3. Mala (Stool):

- **Consistency:** Normal, well-formed.
- **Frequency:** Once daily.

4. Jihva (Tongue):

- **Appearance:** Dry with a slight coating, reddish in color (indicating Pitta imbalance).

5. Shabda (Voice/Speech):

- **Tone:** Normal, but occasionally weak or strained

6. Sparsha (Touch/Skin):

- **Skin Texture:** Dry, rough skin (Vata predominant).
- **Temperature:** Warm, reflecting Pitta dominance.

7. Drik (Eyes)

- **Vision:** Normal; no significant eye issues reported.

8. Akrti (Body Build):madhyam

- **Build:** Medium.
- **Prakriti:** Vata-Pitta Prakriti
- **Roga Marg:** Abhyantara Rogamarga
- **Rogi Bala – Sharirik Bala :** Madhyam
Manasik Bala : Uttam

Agni : Vishamagni (irregular digestion with occasional bloating and mild indigestion)

Nidra (Sleep): Disturbed, primarily due to frequent urination at night

Mutra :

Urine Routine Examination:

- **Color:** Pale Yellow
- **Appearance:** Clear
- **Reaction (pH):** Slightly Acidic
- **Specific Gravity:** Normal (1.015)
- **Protein:** Trace
- **Glucose:** Negative
- **Ketones:** Negative
- **Bilirubin:** Negative
- **Blood:** Trace (Hematuria present)

Microscopy:

- **RBCs:** 2-3 per HPF (mild hematuria)
- **Pus cell :** >10 per HPF
- **Epithelial Cells:** Few
- **Casts:** Absent
- **Crystals:** Absent
- **Bacteria:** Absent
- **Findings:** Mild hematuria with trace protein detected, consistent with inflammation and irritation of the urinary tract, suggestive of chronic cystitis.

General examination

- Temperature- Afebrile
- Blood Pressure: 120/80 mmHg
- Pulse: 76 bpm, regular
- Spo2 – 98 % ON Ra

Systemic Examination-

- Rs – AEBE Clear
- CVS- S1S2 Normal
- CNS –Concious and oriented
- **NIDAN- Vyadhi (Disease):** (Chronic Cystitis) **Mutrakrichha**
- **Dosha**
 - **Vata Prakopa:** Obstruction and pain in urinary passage

- **Pitta Prakopa:** Burning sensation, inflammation

- **Dushya** Mutravaha Srotas (urinary channels)

Srotas

- **Mutravaha Srotas** (urinary system) affected due to Vata and Pitta imbalance

Samprapti (Pathogenesis):

- Aggravation of **Vata** in the urinary system, leading to obstruction and pain.
- Aggravation of **Pitta** causing heat, burning sensation, and inflammation in the urinary passage.

Nidana (Etiology):

- Excessive intake of hot, spicy, and pungent foods
- Poor hydration habits in the past
- Stress and improper lifestyle leading to Vata and Pitta aggravation

Chikitsa - Vata-Pitta Shamana

Treatment Plan :

1. Shamana Chikitsa ¹⁸⁻²⁰

- **Chandraprabha Vati 250 MG :** 2 tablets twice a day with lukewarm water Apankal (before food), to relieve burning sensation and regulate urinary flow..
- **Gokshuradi Guggulu 250 MG :** 2 tablets twice a day Vyanodan kal to promote healthy urine flow and reduce inflammation.
- **Bruhtyadi kashaya :** 15 ml twice a day vyanodan kal with warm water, to cleanse the urinary system.

2. Recommendations: ²⁰

- **Pitta-pacifying diet:** Include cooling, hydrating, and easily digestible foods such as rice, moong dal, coconut water, cucumber, and ghee.
- Avoid spicy, sour, and pungent foods that aggravate Pitta.

- Increase intake of water (lukewarm or at room temperature) and cooling herbal teas (coriander seed or fennel tea).

3. Lifestyle Modifications: ²¹⁻²²

- **Yoga & Pranayama:** Daily practice of stress-relieving poses such as **Shavasana** and **Baddha Konasana** to help balance Vata and reduce pelvic discomfort.
- **Stress Management:** Incorporate meditation to reduce anxiety related to symptoms.

Follow-up :

- **Next Appointment:** After 15 days
- Monitor relief in pain, frequency of urination, burning sensation, and general well-being .

Discussion

In Ayurveda, chronic cystitis (Mutrakrichha) is viewed as a condition primarily affecting the **Mutravaha Srotas** (urinary channels) with imbalances in both **Vata** and **Pitta Doshas**. Vata, responsible for the movement and regulation of bodily functions, governs the flow of urine. When Vata is aggravated, it leads to obstruction in the urinary passage, causing discomfort and pain. Pitta, which controls heat and metabolism, contributes to the inflammation and burning sensations typical of cystitis. This dual doshic involvement manifests as difficulty in urination (dysuria), frequent urination, and associated pain. The chronic nature of this condition suggests that both doshas have been in an aggravated state for a prolonged period, causing persistent irritation and inflammation in the bladder. The Ayurvedic management of chronic cystitis focuses on **pacifying both Vata and Pitta** to restore balance and facilitate normal urinary function. Herbal remedies such as **Gokshura (Tribulus terrestris)** and **Bruhtyadi Kashya** play a crucial role due to their **anti-inflammatory and**

diuretic properties. Gokshura helps reduce inflammation and enhances urine flow, flushing out toxins and excess fluids, thereby reducing swelling in the urinary tract. **Chandraprabha Vati**, a widely used classical Ayurvedic formulation, combines several herbs that cool the urinary system, reduce burning sensations, and regulate urine flow. It is particularly effective in conditions where both Vata and Pitta imbalances are present. By addressing the root cause, these therapies not only provide symptomatic relief but also help in the long-term prevention of recurrence.²³⁻²⁴

Outcome - After 15 days of Ayurvedic treatment, the patient reported significant improvement in symptoms. Urination frequency decreased, nocturia reduced, and the burning sensation subsided. Pelvic pain diminished, and overall energy levels improved. This positive outcome highlights the effectiveness of Ayurveda in providing both symptomatic relief and long-term management of chronic cystitis.

Conclusion :

Ayurvedic management of chronic cystitis (Muttrakrichha) offers a holistic and sustainable alternative to conventional treatments. By addressing the root cause through Dosha balancing, detoxification, and rejuvenation of the urinary system, Ayurveda not only provides symptomatic relief but also improves the patient's quality of life. The case report underscores the potential of integrative Ayurvedic care for chronic bladder conditions, demonstrating its efficacy and safety for long-term use .

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