

A CRITICAL REVIEW ON MUTRAVRTA VATA

Dr. Sayeda Nikhat Inamdar¹, Dr.Prashanth A S²

¹ PG Scholar, ² Prof & Head, PG.Dept of Kayachikitsa ,Ayurveda Mahavidyalaya
Hubballi

ABSTRACT

Avarana basically means *Avarodha* or *gati nirodha* i.e., obstruction to the normal gati of *Vata*. All the functions of our body is controlled by three fundamental factors called the *Tridoshas (vata, pitta & kapha)* . Out of these three, *Vata* having *sukshma guna* enters the minute channels & performs all the functions like *utsaha, ucchwas, nishwas, chesha, vega pravartana* . Among the five types of *vata* , *Apana vata* being located in *Apana pradesha*, traverses along *shroni, basti, linga, uru* and performs functions like *expulsion of shukra (semen), artava (Menstruation), shakrt (faeces), Mutra (urine) and garbha (foetus)*. *Acharya Sharangadhara* mentions the importance of *Vata* by quoting the verse " *pittam pangu kapham pangu pangavo mala dhatavaha| Vayunam yatra neeyante tatra gachchanti meghavat ||* " i.e ; *pitta, kapha, malas & dhatus* performs their normal functions under the influence of *vata*. In the conditions of *Aavarana*, *Vata* inspite of getting *aavruta* by *dushta pitta, kapha, ama* etc is capable of scattering these vitiated *pitta, kapha* to different parts of the body & causes disease by favouring *dosha dushya sammurcchana* in the occluded *Srotas*.

KEY WORDS : *Aavarana, Vata, Apana vata, Mutravruta vata , Basti.*

INTRODUCTION :

Acharya sushruta has mentioned *Mutrashaya* ^(1) as one of the *Koshtangas* which comprises of all the structures related to the urinary system i.e, starting from kidneys to

urinary bladder and all the functions related to it. *Basti* has been included among the *koshtangas*, *ashaya* and is one of the *sadyo pranahara marma* all these indicates the importance of *Basti* and any derangement to it may lead to

Minor or Major complications which may even be life threatening.

Mutravarta vata ⁽²⁾ is a condition in Ayurveda where, *Vata* gets Obstructed by *Mutra* (Urine) due to which, there is no elimination of urine and distension of the urinary bladder is present. In this literature review an attempt is made to understand different kidney pathologies with the concept of *Aavarana* along with various treatment modalities.

► **UROLITHIASIS :**

Urinary stones are generally formed from the excess accumulation of chemicals usually found in the urine like calcium, phosphorous, uric acid and oxalic acid. The stones are formed primarily in the kidney and sometimes remain there without being noticed for a long time. In certain circumstances they are slowly dissolved or dislodged and come down. During this process, they become lodged in a narrow part of the urinary tract, giving rise to excruciating pain. According to sushruta, the aggravated *kapha* mixed with urine tends to the formation of stone in the *basti* ⁽³⁾ which might cause *aavarana* to the

flow of *apana vata* leading to pain with obstruction of urine, pain abdomen, burning micturition, haematuria etc. As the rain water gets solidified by the action of wind, heat & lightning ; similarly the aggravated *vata* & *pitta* solidifies the *kapha* present in the bladder and leads to the formation of renal calculi ⁽⁴⁾ .

Treatment :

Treatment should be basically aimed to normalize the flow of *Apana vata* by removing the obstruction in the *Mutravaha srotas*. *Snehana*, *Swedana*, *Basti*, *Upanaha*, *Teekshna dravya* prayoga like *Pashanabheda*, *Punarnava*, *Gokshura*, *Varuna* that which has *Ashmari bhedana karma* can be advocated.

► **NEPHROTIC SYNDROME :**

Nephrotic syndrome is the combination of proteinuria with a low level of serum albumin. In this condition , the glomeruli (that which filters the blood) gets damaged leading to the presence of protein in urine (albumin, antithrombin or immunoglobulins) signifying the vitiation of *Rakta dhatu*. Glomeruli helps to maintain healthy blood protein specially albumin which prevents the leakage of fluid in the

extracellular space and the subsequent formation of edemas.

Due to the disturbed glomerular filtration, high levels of urea and creatinine are also observed. High levels of these toxins in the blood signifies the accumulation of *Aama*. This *Aama* further prevents the excretion of *sanchita mala* and creates obstruction in the *Mutravaha srotas* causing vitiation of *vata*. This vitiated *vata* in turn vitiates *Kapha*, *Rakta* & *Pitta* causing obstruction in the *Raktavaha siras*. In these srotases, *Vata* gets *aavruta* by other doshas, which leads to the defective circulation of *rasa* due to *Vyana vata dushti*. The vitiated *vata* drags the fluid from intracellular space to extracellular space leading to the manifestation of Impaired renal functions, puffiness of face, pedal oedema, dysuria, loss of appetite, heaviness and ultimately leading to Renal failure.

Treatment :

Treatment should be aimed to prevent the further aggravation of the disease thereby restoring the normal functioning of the kidneys by improving the filtration capacity and

hence preventing further kidney damage. In this condition *Tridosahara* treatment should be adopted as there is involvement of *vata*, *pitta* & *kapha*. Internal administration of medicines like *Chandraphabha vati*, *Shiva gulika*, *Punarnava*, *Gokshura*, *Bhumyamlakki*, *Shilajatu*, *Haridra* along with *Rasayana* mentioned for *Vrkka rogas* like *Sarvatobhadra vati* & *Maheshwara vat*⁽⁵⁾ can be advised, as these drugs can help balance the *Tridoshas* along with normalizing the *agni*.

► BENIGN PROSTATE HYPERPLASIA :

A condition in male population where in there is Enlargement of the prostate gland usually affecting after the age of 50. In *vrddhavastha*, *Vata* is more predominant & this *vata* in its *samyavastha* governs all the bodily functions. When this gets aggravated or obstructed gives rise to various symptoms. *Mamsa dhatu* is made up of *prithivi* & *agni mahabhuta* & has *guru*, *manda*, *sthira guna* that are similar to that of *kapha dosha*.

The vitiation of *kapha dosha* in *mamsavaha srotas* leads to *Mamsa vridhhi* resulting in an enlarged

prostate gland which in turn does *avarana* to the normal gati of *apana vata*, leading to the symptoms frequent urination, weak stream of urine, nocturia, burning sensation in the urine, incomplete emptying of bladder, dribbling micturition are present. The symptoms of *Mamsavrtta vata* (6), *Vatashtila* (7) and *MutrAGRAnthi* (8) can be included under BPH and the treatment mentioned for these conditions can be adopted.

Treatment :

All the three doshas play an important role in the enlargement of the prostate gland. *Kapha* causes growth, *Vata* promotes and stimulates the growth of gland and *Pitta* governs the mechanism of growth. Aggravated or increased vata dosha is always present in prostate hypertrophy because prostate gland is located in vata site and occurs in old age, which is also a vata dominant period of life. Secondly, mass growth cannot happen without increased kapha. Simultaneously treatment should be administered for increased or aggravated pitta for promising results. Hence in this condition treatment should be done

considering the symptoms based on the predominance of *avaraka* or *avruta dosha*.

► **NEUROGENIC BLADDER :**

Neurogenic bladder has impaired bladder function resulting from damage to the nerves that govern the urinary tract. Various nerves converge in the area of the bladder & serve to control the muscles of the urinary tract, which holds the sphincter muscles that normally form a tight ring around the urethra to hold urine back until it is voluntarily released. It is usually caused due to spinal cord disorders, injuries, neuropathies, brain tumors & by peripheral nerve diseases. This can be viewed as *Bastikundalika* (9), a type of *MutrAGhata* as mentioned by Charakacharya wherein there is retention of urine due to *Apana vata dushti*.

Apana vata is the prime dosha involved in this disease. When it gets associated with *pitta dosha* produces burning sensation & pain on passing urine, also there will be discoloration of urine due to *adhvagamana, langhana, ayasa, abhigata*, causing throbbing pain, increased frequency, incontinence, dribbling of urine.

Treatment :

As per Ayurveda, the general line of treatment to any *Mutraghata* is to control *Apana vata* by *Sneha virechana* (¹⁰) followed by *shamanaushadhis* acting on *Mutravahasamsthana* and even *Uttara basti & Mutrakrcchra chikitsa* (¹¹) can be advocated. Use of *Srotoshodhaka, Vatanulomana* dravyas & the drugs that helps tone up the nerves thereby controlling *Vata* are helpful.

► **SHAYYA MUTRA :**

The process of urine formation is aided by *Prana, Vyana* and *Apana vata* and *Avalambaka kapha* with overall control of mind. *Apana vata* is related with the active excretion of *Mutra, Purisha* etc. After attaining a level of developmental maturity, there develops a control over these activities initiated by *Prana* and *Vyana*. But in the condition of *Shayya mutra*, the overall control of the activities of *Apana* is not developed resulting in vitiation which inturn results in loss of control of micturition. The vitiation may also be due to *avarana* of *apana* by *kapha* which accelerates the excretion of urine. Sleep is accelerated when *manas* is masked by *tama and*

kapha. Usually in the night , the loss of control of *Prana* and *Vyana* over *Apana* and *Avarana* of *Apana* by *Kapha* and *tama* happens together and this results in *shayyamutra* (bed wetting) (¹²)

Treatment :

Vataanulomana, Sthambana and *Satvavajaya chikitsa* will be most beneficial in these conditions. Drugs like *Jambu, Bimbi, Kataka, Aamrapallava, Khadira, Amalakki, Shilajatu, Haridra , Haritaki* can be used. These drugs due to its *Tikta, Kashaya, Sheeta, Ruksha, Laghu , ushna guna* may help to remove the obstruction in the *Srotas*, hence regularizing the flow of *Apana vata* .

REFERENCES:

1. Sushruta Samhita by Prof K.R Srikanthamurthy, Published by Chaukhambha Orientalia, Varanasi – 2010, Sharira sthana 5/8 , p. 80
2. Charaka samhita by Siddhinanda Mishra, Harischandra Singh Kushwaha (ed.)Ayurveda Dipika's Ayushi Hindi Commentry, Published by Chaukamba Orientalia Varanasi – 2012 , Chikitsa sthana 28/69, p.742
3. Sushruta Samhita by Prof K.R Srikanthamurthy, Published by

- Chaukhambha Orientalia, Varanasi - 2010 , Nidana sthana 3/4 , p. 481
4. Sushruta Samhita by Prof K.R Srikanthamurthy, Published by Chaukhambha Orientalia, Varanasi - 2010 , Nidana sthana 3/26 , p. 488
5. Bhaisajya Ratnavali of Govinda dasji bhisagratna, Commented by Ambika datta shastri Published by Chaukhambha Sanskrit Samsthan Varanasi – 2009, Part 3, 93/17 – 23, p.649
6. Charaka samhita by Siddhinanda Mishra, Harischandra Singh Kushwaha (ed.). Ayurveda Dipika's Ayushi Hindi Commentry, Chaukamba Orientalia, Varanasi - 2012; Chikitsa Sthana 28/64, p.742
7. Sushruta Samhita by Prof K.R Srikanthamurthy, Published by Chaukhambha Orientalia, Varanasi - 2010 , Uttarasthana 58/ 7-8, p. 380
8. Sushruta Samhita by Prof K.R Srikanthamurthy, Published by Chaukhambha Orientalia, Varanasi - 2010 , Uttarasthana 58/18 – 19, p.381
9. Charaka samhita by Siddhinanda Mishra, Harischandra Singh Kushwaha (ed.). Ayurveda Dipika's Ayushi Hindi Commentry, Chaukamba Orientalia, Varanasi - 2012; Siddhi sthana 9/ 44, p.1075
10. Yogaratnakara Uttarardha edited by Dr. Madham shetty suresh babu, Published by Chaukhambha Sanskrit Series Office Varanasi - 2008 ; p.768.
11. Charaka samhita by Siddhinanda Mishra, Harischandra Singh Kushwaha (ed.). Ayurveda Dipika's Ayushi Hindi Commentry, Chaukamba Orientalia, Varanasi - 2012; Siddhi sthana 9 / 49 , p. 1077.
12. <https://easyayurveda.com/2015/05/16/nocturnal-eneuresis-bed-wetting-in-children-treatment-.....>

Corresponding author:

Dr. Sayeda Nikhat Inamdar

PG Scholar, , PG.Dept of Kayachikitsa ,Ayurveda Mahavidyalaya Hubballi

Email: [sayedanik.doc@gmail.com](mailto:sayedanic.doc@gmail.com)

Source of Support: NIL

Conflict of Interest : None