



Case Study

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NARIKELA PUSHPA CHOORNA IN THE MANAGEMENT OF PITTAJA MOOTRAKRICHRA WITH SPECIAL REFERENCE TO NON-SPECIFIC URINARY TRACT INFECTION: A CASE STUDY

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ABSTRACT

Pittaja mootrakrichra is one among the eight types of mootrakrichra, which are having a signs and symptoms as that of Urinary tract infection. UTI is the fifth most common infectious diseases, accounts more than 9.5% of infections. The non-specific UTI is usually caused by *Escherichia coli*, which is derived from the intestinal flora. Less frequently caused by other organisms like *Streptococci*, *Klebsiella*, *Enterobacter*, etc. In Ayurveda, Mootrakrichra disease, its treatment and formulations are well explained, which are having a very good results in treating the disease from its root causes. One among such formulations is Narikela pushpa. The present case study is of 50 years old female subject reported to the OPD of Shri DGM Ayurvedic Medical College and Hospital, Gadag, Karnataka, India, with the signs and symptoms of Pittaja mootrakrichra and laboratory investigations with positive *Escherichia coli* organism growth in the urine culture. Hence, Narikela pushpa choorna medication is planned in the management of Pittaja mootrakrichra.

Keywords: Mootrakrichra, UTI, *Escherichia coli*. Narikela pushpa choorna.

INTRODUCTION

Mootrakrichra is one of the most common health problems worldwide. The mootrakrichra word is derived from two words i.e., Mootra and Kricchra. The word mootra is derived from 'Prasava' means to ooze and the word Kricchra derived from 'kashte' means painful or trouble causing¹. Mootrakrichra is difficulty in micturition. Mootrakrichra lakshana's can be correlated with the signs and symptoms of Urinary tract infection.

Mootrakrichra disease is explained in the context of trimarmiya chikitsa of Charaka Samhita. Trimarmas are the vital parts where prana resides those are Hridaya, Shira and Basti². There are 8 types of mootrakrichra³. Pittaja mootrakrichra is one among the 8 types of mootrakrichra explained in classics mainly caused due to the vitiation of Pitta dosha and its lakshana's are sapeeta, sarakta, saruja, sadaha, kricchra and muhurmuhar mootrata⁴.

Urinary tract infection (UTI) is most persisting problem now-a-days. It is common and painful human illness, which impacts physical and psychological health. It is more common in females than males with the ratio of 3:1 due to short urethra. The non-specific UTI is caused by the *Escherichia coli* derived from the intestinal flora⁵.

It is important to treat the UTI, because if left untreated than the infection can cause morbidity, renal damage and chronic renal failure⁶. Although modern system of medicine has wide range of treatment, there are still many cases fail to get the desired result. It may be due to the limitation of antibiotics, drug resistance by micro-organisms, adverse effect of drugs in metabolic and immune system.

In Ayurvedic system of medicine, mootrakrichra disease, can be treated from its root causes. Narikela pushpa is one of the shamanoushadhi explained in the treatment of mootrakrichra⁷. Therefore, we have taken a Narikela pushpa choorna for internal administration in the management of Pittaja mootrakrichra with special reference to non-specific Urinary tract infections.

CASE REPORT

A 50 years female patient reported to Kayachikitsa OPD of Shri DGM Ayurvedic Medical College and Hospital, Gadag, Karnataka, India, with the complaints of burning micturition, increased frequency of micturition, yellowish discoloration of urine in the past 2 days and associated complaints of difficulty in micturition since one week. The patient was apparently normal one week before and gradually noticed above complaints, consulted various hospitals and took medications, did not get any improvement, so approached our hospital for further evaluation and treatment. Subject informed consent was taken before the study.

General Examination

BP - 120/80 mmHg, PR - 72 bpm,
RR - 18 cpm, Temperature - 98.5°F.

Cyanosis - Absent, Pallor - Absent,
Clubbing - Absent,

Weight - 64 kg.

CVS - S1 S2 Heard, no abnormality detected while auscultation.

CNS - patient was conscious and well oriented with time, place and person.

RS - Bilateral NVBS heard, no abnormality detected while auscultation.

PA - soft, non-tender while palpation.

Investigations

Table 1: Investigation reports

CBC	HB – 15 gm/dl, WBC – 6900 cells/cumm, PLT – 2.46 Lakhs/cumm.
Urine Routine	Sugar – absent, Albumin – present, Pus cells – 20-40/hpf, Red blood cells – 2-4/hpf, Epithelial cells – 1-2/hpf, Cast and crystals – absent.
RBS	87.4 mg/dl.
Urine Culture	<i>Escherichia coli</i> >1,50,000 organisms/ml

MATERIALS AND METHODS

Table 2: Treatment given

Drug name	Dosage	Adjuvant	Duration
Narikela Pushpa choorna	3 gm, thrice a day (after food)	Tandulodhaka	10 days

- Samana Aushadhi for 10 days.
- Follow for 20 days.
- Total study duration was 30 days.

Assessment Criteria

Subjective criteria

- Kricchra mootra,
- Peeta varna mootra,
- Sadaha mootra,
- Muhurmuhar mootra.

Patient is assessed on 0th day (before treatment) and on 30th day (after follow-up) period.

Table 3: Kricchra mootra

Assessment	Grade
No difficulty in micturition	0
Mild difficulty in micturition	1
Moderate difficulty in micturition	2
Severe difficulty in micturition	3

Table 4: Peeta varna mootra

Assessment	Grade
Absence of yellow colour urine	0
Occasional change in urine colour	1
Light yellow colour urine	2
Dark yellow colour urine	3

Table 5: Sadaha mootra

Assessment	Grade
No burning micturition	0
Occasionally burning micturition	1
Frequent burning micturition	2
Continuously burning micturition	3

Table 6: Muhurmuhar mootra

Assessment	Grade
Normal frequency of micturition	0
0-10 times/day	1
10-20 times/day	2
>20 times/day	3

Objective criteria

Urine culture – Colony forming unit (CFU)

Table 7: CFU

Organism growth (per ml)	Grade
No growth	0
0 – 10,000	1
10,0000 – 1,50,000	2
>1,50,000	3

RESULT AND DISCUSSION

Table 8: Results

	Before treatment	After treatment
Kricchra mootra	1	0
Peeta varna mootra	3	1
Sadaha mootra	2	1
Muhurmuhar mootra	2	1
Urine Culture	3	0

Mootrakrichra is one of the most common infectious diseases affecting the mankind. It is utmost important to treat from its root causes and in prevention of its reoccurrence. Ayurvedic treatment modalities explained in classics are applied in this case and patient got recovered.

Narikela pushpa [*Cocos nucifera* Linn] flower bud (embryo) is collected, dried under the sunlight and then made into choorna (powder form). Narikela pushpa is having properties of madhura rasa, seeta veerya, madhura vipaka and Vata-Pitta shamaka which helps in alleviation of vitiated Pitta dosha. It has the diuretics, antimicrobial, immunomodulatory, antibacterial and anti-inflammatory properties⁸. Narikela also possess the function of Vasti vishodhaniya. Therefore, this formulation was taken for the study. Tandulodhaka is the rice washed water, used as the anupana which has the properties of madhura guna, seeta veerya which helps in the pacification of vitiated Pitta dosha⁹. Both shamanoushadhi and anupana are having the qualities of Pitta dosha shamaka and we have given this medicine for 10 days and follow-up for 20 days, total study duration was 30 days.

In this case, mootrakrichra lakshana's are reduced by almost 80%. Objective criteria after follow-up, there was found to be no organisms growth on CFU (Colony forming unit) of urine culture initially it was >1,50,000 organisms/ml of *Escherichia coli* growth. After treatment and follow-up period, there was a marked reduction in the signs and symptoms of mootrakrichra.

CONCLUSION

Exploration of Ayurvedic formulations is essential in preventing and treating the diseases from its root causes. In this case study, we have given shamanoushadhi Narikela pushpa choorna, which has the properties of treating the Pittaja mootrakrichra. This formulation can be easily prepared and preserved for long period of time; hence we have taken this formulation and got a wonderful result in treating the Pittaja mootrakrichra with special reference to non-specific urinary tract infection. The study concluded that, this shamanoushadhi is safe to use in prescribed dose and with prescribed anupana. Therefore, this medicine can be taken for further studies in mootrakrichra cases.

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