Case Report

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(ISSN Online: 2229–3566, ISSN Print: 2277–4343)

# CLINICAL MANAGEMENT OF VATAKUNDALIKA (CHRONIC CYSTITIS) THROUGH MUTRAMARGAGATA UTTARA VASTHI: A CASE REPORT

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Received on: 17/7/26 Accepted on: 19/8/26

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**DOI: 10.7897/2277-4343.174133**

**ABSTRACT**

Chronic cystitis is an inflammatory condition confined to the urinary bladder. Though its precise prevalence is not well defined, urinary tract infections in Indian women range from 3.14% to 19.87%, indicating the significant burden of this condition. It is characterized by increased urinary frequency, urgency, dysuria and suprapubic pain. In Ayurveda, chronic cystitis can be correlated with Vatakundalika (chronic cystitis), a type of Mutraghata (obstructive urinary disorder) explained by Acharya Susrutha. A 36-year-old female presented to SDM Institute of Ayurveda and Hospital, Bengaluru, with post-void lower abdominal pain of six months' duration, associated with a history of recurrent urinary tract infection and increased urinary frequency. Pelvic sonography revealed a thickened urinary bladder wall (6.5 mm). In view of the recurrent nature of her complaints and her preference for a more permanent solution, the patient opted for Ayurvedic management. She underwent Mutramargagata Uttara Vasthi (Trans-urethral administration of medicine) as Sthanika Chikitsa (local therapy) during inpatient care, followed by Shamana Aushadhi (oral pacifying medication) after discharge for continued management and prevention of recurrence. Post-treatment, her symptoms resolved completely, and repeat ultrasonography demonstrated a reduction in bladder wall thickness to 5 mm with an insignificant post-void residual urine volume. This case highlights the potential role of Ayurvedic management, particularly Mutramargagata Uttara Vasthi with Vasthyamayanthaka Ghrita (a compound medicated ghee), as an effective, target-specific therapeutic approach for chronic recurrent cystitis.

**Keywords:** Mutramargagata Uttara Vasthi, Chronic Cystitis, Detrusor Muscle

## INTRODUCTION

Urinary tract infections (UTI) are among the most frequent infections encountered in community and hospital settings[1], with an ill-defined incidence ranging from 3.14% to 19.87% in Indian women[2]. Chronic cystitis, a common lower urinary tract inflammation, presents with symptoms of increased frequency, urgency, dysuria and pelvic pain. Though usually benign, untreated or recurrent cases can lead to pyelonephritis, chronic bladder changes, or antibiotic resistance, significantly affecting quality of life. In Ayurveda, this condition can be correlated with Vatakundalika, a type of Mutraghata (obstructive urinary disorder), where aggravated Vata dosha (the bio-functional principle governing movement) obstructs the urinary flow, leading to pain and discomfort during micturition. Mutramargagata Uttara Vasthi, an Ayurvedic intervention administered via the urethral route, is described as the prime therapy for Mutaravaha Sroto-Vikaras (Diseases of the urinary system[3]. Vasthyamayanthaka Ghrita, indicated for all Vata-Pitta Vasthirogas (Vata-Pitta-predominant bladder disorders), was selected for this intervention.

### Pathophysiology

In chronic cystitis, the urinary bladder undergoes recurrent infection leading to pathological change in the bladder wall. The urinary bladder is a hollow viscus with strong muscular walls that acts as a temporary reservoir for urine[4]. It is composed of four layers: the mucosa, submucosa, muscularis (detrusor muscle), and adventitia. In chronic cystitis, a persistent stimulus activates macrophages and lymphocytes, which in turn increase growth factors (PDGF, FGF, TGFβ) and cytokines (TNF, IL-1, IL-4, IL-13). These mediators promote proliferation of fibroblasts, endothelial cells, and fibrogenic cells, leading to increased collagen synthesis and reduced collagen degradation. Progressive fibrosis and detrusor muscle hypertrophy result in diffuse thickening of the urinary bladder wall in chronic cystitis[5].

### Clinical Presentation

- Increased urinary frequency
- Urgency
- Dysuria
- Suprapubic pain or pressure
- Lower abdominal discomfort
- Feeling of incomplete bladder emptying
- Nocturia

### Diagnostic Evaluation

The diagnosis of chronic cystitis can be confirmed through clinical, laboratory and imaging techniques.

### Clinical Evaluation

- Chronic suprapubic pain
- Post-micturition pain
- Increased urinary frequency and urgency
- Symptoms persisting for a longer duration

**Laboratory Investigations**
- Urine routine and microscopy
- Urine culture - sterile
- Special cultures - if indicated

**Imaging Techniques**
- Ultrasonography - diffuse thickening of the bladder wall
- CT/MRI - to exclude other causes (calculi, tumours, extrinsic pathology)

**Cystoscopy**
Reserved for non-infectious conditions.

**Therapeutic Approach**
- Antibiotic therapy
- Analgesic/Anti-inflammatory/Anti-cholinergic
- Dietary supplements

**Case History**
A 36-year-old female patient presented with complaints of lower abdominal pain following urination for the past 6 months. She also complained of recurrent episodes of urinary tract infection with increased frequency of urination, for which she had rarely sought treatment. At presentation, she had severe pulling-type pain in the lower abdomen, of gradual onset. Owing to the recurrent nature of her complaints, she sought Ayurvedic consultation for the possibility of effective, long-term management of her condition.

**Poorva Vyadhi Vrittanta (History of Past Illness)**
- History of recurrent UTI
- Medical history: Nothing significant
- Surgical history: Nil

**Kula Vrittanta (Family History)**
Nothing significant

**Vaiyaktika Vrittanta (Personal History)**
- Diet: Mixed diet
- Sleep: Sound
- Bowel: Regular
- Urination: Increased frequency, with post-void suprapubic pain

**Rajo Vrittanta (Menstrual History)**
**Menstrual cycle:** Regular cycles, lasting 1-2 days, with an interval of 28-30 days.
**Last Menstrual Period (LMP):** 31/07/2025

**Obstetric History**
$P_1$ $A_2$ $L_1$

**Clinical Findings**
**Ashtasthana Pareeksha (Eightfold Clinical Examination)**
Nadi (pulse): Vata-Pittaja
Mutra (urine): Vaikruta (abnormal)
Mala (stool): Prakruta (normal), 1-2 times/day
Jihwa (tongue): Anupaliptha (uncoated)
Shabda (voice): Spashta (clear)
Sparsha (touch): Sheetha (cool)
Drik (eyes): Prakruta (normal)
Akriti (body build): Madhyama (moderate)

**Dashavidha Pareeksha (Tenfold Constitutional Examination)**
Prakruti (constitution) - Vata-Pittaja
Vikruti (pathological change) - Rasa, Rakta, Mamsa (Dhatu), Mutra (Mala)
Sara (tissue quality) - Madhyama
Samhanana (body compactness) - Madhyama
Satwa (mental strength) - Madhyama
Satmya (suitability) - Madhyama
Pramana (body proportion) - Madhyama
Vaya (age) - 36 years, Madhyama
Ahara Shakti (digestive capacity) - Madhyama
Vyayama Shakti (activity tolerance) - Madhyama

**Vitals:** Stable throughout the hospital stay.
**Systemic examination:** No abnormal findings.

**Local Examination**
**Per Abdominal Examination:** Tenderness present in the hypogastric region.
**Per Speculum Examination (P/S):** Bulky cervix with white discharge noted. No erosion.
**Per Vaginal Examination (P/V):** Uterus anteverted and normal in size. Cervical motion tenderness absent. Bilateral fornices free.

**Timeline**
The patient presented to the OPD on 20/08/2025 with severe lower abdominal pain following micturition. She was advised ultrasonography of the abdomen and pelvis, and routine urine microscopy. Ultrasonography revealed increased urinary bladder wall thickening (6.5 mm), suggestive of cystitis, while the urine report was normal, with sterile urine culture.

Sthanika Chikitsa (local therapy) was initially planned - Yoni Prakshalana (vaginal douching) with Panchavalkala Kashaya and Yoni Dhoopana (vaginal fumigation) with Shatapushpa Churna, to control the per-vaginal discharge, from 01/09/2025 to 07/09/2025. Mutramargagata (Transurethral) Uttara Vasthi with Vasthyamayanthaka Ghrita was administered for 5 days, from 03/09/2025 to 07/09/2025.

Post-treatment ultrasonography of the abdomen and pelvis was repeated on 07/09/2025, which revealed a decrease in urinary bladder wall thickness to 5 mm and an insignificant post-void residual urine volume (10 cc).

On discharge, the patient was further prescribed oral medications for a period of 15 days:
Vasthyamayanthaka Ghrita - 5ml-0-5ml, before food, with warm water.
A compound herbo-mineral tablet (containing Shilajatu, Vanga Bhasma, Guggulu, Makshika Bhasma and Kasisa Bhasma) - 1-0-1, after food.
On subsequent follow-ups, there was no recurrence of urinary tract infection or post-void pain.

**Diagnostic Assessment**
**Pre-treatment Sonography Report (20/08/2025)**
Impression: Urinary bladder wall thickening (6.5 mm) - suggestive of cystitis.
**Pre-treatment Laboratory Results (20/08/2025)**
Urine analysis: Normal

**Final Diagnosis**
Vatakundalika (Chronic Cystitis)

**Therapeutic Intervention:** After evaluating the Roga-Rogi Avastha (disease-patient status), the treatment plan outlined in Table 1 was followed for 7 days.

**Table 1: Treatment Protocol**

| Procedure | Particulars Advised | Duration |
|---|---|---|
| Yoni Prakshalana (vaginal douching) | Panchavalkala Kashaya | 7 days |
| Yoni Dhoopana (vaginal fumigation) | Shatapushpa Churna | 7 days |
| Mutramargagata Uttara Vasthi | Vasthyamayanthaka Ghrita | 5 days |

Following treatment, the patient was prescribed Shamana Aushadhi (oral pacifying medication) for 15 days and was instructed to return for follow-up thereafter.

**Table 2: Shamana Aushadhi prescribed at the time of discharge**

| Formulation | Dosage | Duration |
|---|---|---|
| Vasthyamayanthaka Ghrita | 5ml - 0 - 5 ml, before food with warm water | 15 days |
| Compound herbo-mineral tablet (Shilajatu, Vanga Bhasma, Guggulu, Makshika Bhasma, Kasisa Bhasma) | 1- 0 -1, after food | 15 days |

**Diet and Lifestyle Modification:** The patient was advised to take lukewarm water, tender coconut water with a few cardamom seeds, and barley water. She was also advised to avoid holding the urge to urinate, and to avoid curd and caffeinated, carbonated beverages.

## FOLLOW-UP AND OUTCOME

Prior to treatment, the patient had been suffering from recurrent urinary tract infections, with increased urinary frequency, urgency, and post-void suprapubic pain (Table 3). Following the course of Mutramargagata Uttara Vasthi and Shamana Aushadhi, the post-void suprapubic pain resolved completely and the urinary frequency and urgency reduced markedly. Repeat ultrasonography performed on 07/09/2025 (Figure 2) showed a reduction in urinary bladder wall thickness from 6.5 mm to 5 mm, together with an insignificant post-void residual urine volume of 10 cc, in comparison with the pre-treatment sonography of 20/08/2025 (Figure 1) (Table 3). Per-vaginal discharge, noted on initial examination, had also resolved following Yoni Prakshalana and Yoni Dhoopana. After discharge, the patient was kept on regular follow-up for three months, during which there was no report of recurrence of urinary tract infection or post-void pain, indicating sustained clinical improvement.

**Table 3: Comparison of Clinical and Sonographic Parameters Before and After Treatment**

| Parameter | Before Treatment (20/08/2025) | After Treatment (07/09/2025) |
|---|---|---|
| Urinary bladder wall thickness | 6.5 mm | 5 mm |
| Post-void residual urine | Not significant / not specifically documented | 10 cc (insignificant) |
| Post-void suprapubic pain | Present | Absent |
| Urinary frequency and urgency | Increased | Normalised |
| Per vaginal discharge | Present | Resolved |

## DISCUSSION

Chronic cystitis, an inflammatory condition of the urinary bladder, has a higher recurrence rate, especially in females, due to the shorter urethra. Generally, the condition presents without active infection. Untreated conditions can lead to structural, functional and sexual complications. In contemporary medicine, the treatment protocol is largely symptomatic - NSAIDs and neuromodulators for pain - with surgical management reserved for complications such as Hunner's lesion. This does not provide a long-term solution.

In Ayurveda, the condition can be explained through Vatakundalika, a type of Mutraghata (condition affecting the Vasthi-urinary bladder due to vitiated doshas). Vasthi is one among the three important marmas (vital organs)[6], situated in the pelvic cavity, which act as the abode of Vata dosha, particularly Apana vata[7]. In the present case, the involvement of Vata along with Pitta doshas can be noted - Vata dosha causing the painful symptoms, and Pitta dosha causing the chronic inflammatory changes.

Sthanika Chikitsa (local therapy) enables targeted therapeutic intervention. The initial Yoni Prakshalana with Panchavalkala Kashaya and Yoni Dhoopana with Shatapushpa Churna helped control the per-vaginal white discharge through their anti-inflammatory and antimicrobial properties.

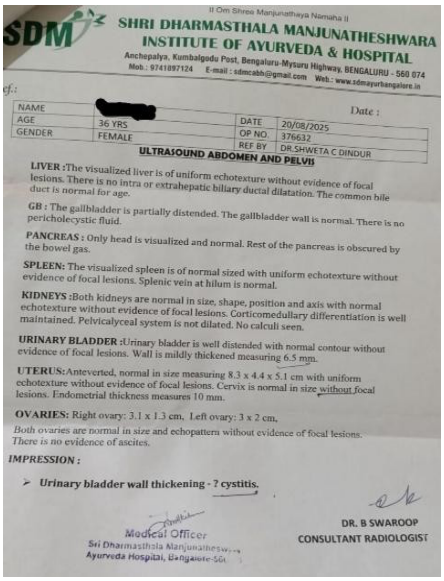
Mutramargagata Uttara Vasthi is beneficial for all types of Mutraghata, Mutra Dosha, and Vasthi Shoola (painful bladder), as well as other Vasthija Rogas (bladder-related disorders). The transurethral intravesical drug delivery approach may enhance local drug exposure and absorption and support bladder function[8,9]. Considering the Dosha Pradhanyata (predominance of the involved doshas) and Roga Visesha Swabhava (specific nature of the disease), Vasthyamayanthaka Ghrita was selected for the procedure. Vasthi refers to the urinary bladder, while Amaya indicates disease; hence Vasthyamayantaka Ghrita is widely used for diseases of the urinary system - as described in the classical reference "vatapittasamutpannan sarvan vastigatan gadan"[10] (meaning: it is indicated for all bladder disorders arising from vitiated Vata and Pitta). The formulation, owing to its Snigdha (unctuous), Guru (heavy), and Sukshma (Subtle) Gunas (qualities), helps penetrate fine channels and pacify Vata dosha, while the ghee base helps control inflammatory changes in the bladder caused by Pitta dosha.

Most of the ingredients of Vasthyamayanthaka Ghrita possess Mehahara (urinary-disorder alleviating) and Rasayana (rejuvenative) properties. Prameha (urinary/metabolic disorders) is described as having the Vasthi (bladder) as its Adhishtana[11] (primary seat); hence, drugs indicated in Prameha may help improve bladder strength and health. Drugs such as Mustha and Haritaki possess Lekhana (scraping) properties, drugs such as Sringivera and Vibheetaki possess Bhedana (piercing) properties, and drugs such as Darvi and Shilajatu possess Chedhana (cutting) properties - these properties help reduce fibrosis and hyper-

thickening of the bladder wall. Ingredients such as Narikera Jala (tender coconut water) and Kusthumbari (coriander) possess Vasthi Vishodhana (bladder-cleansing) properties, and drugs such as Ikshu, Draksha, Ervaru, Hima, Daru, Apamarga and Dhanyaka possess Mutrala[12] (diuretic) properties. Table 4 lists the major ingredients and their actions in relation to the urinary tract.

**Table 4: Vasthyamayanthaka Ghrita - Dravyakarma, Phytoconstituents and their action in relation to the Urinary System[13]**

| Drug | Karma | Phytoconstituent | Action |
|---|---|---|---|
| Gokshura *Tribulus terrestris* Linn. | Bastihodhana, Mutrala, Deepana, Ashmarighna | Campesterol, Beta-sitosterol, Stigmasterol | Diuretic, Anti-urolithic activity, Analgesic, Anti-inflammatory, Antispasmodic |
| Pashanabedha *Bergenia ligulata* (Wall.) Engl. | Ashmari Bhedana by Prabhava, Mutrakricchrahara | Bergenin, β-sitosterol, Catechin-3 gallate Paashanolactone | Diuretic, Anti- urolithic activity, Analgesic, Anti-inflammatory. |
| Varuna *Crateva nurvala* Buch.-Ham. | Ashmari Bhedana by Prabhava, Mutrala | Lupeol, Rutin, Varunol, Quercetin, β-sitosterol | Lithotriptic, Anti-inflammatory Anti-pyretic, Analgesic. |
| Kushmanda *Benincasa hispida* (Thunb.) Cogn. | Mutraghatahara[14,15], Mutrakruchrahara, Ashmarichedana, Vinmutra Glapanam, Bastishodhana-Sarvadoshahara[16] | Flavonoids, Alkaloids Tannins | Lipid lowering, Hypoglycemic Diuretic |
| Ikshu *Saccharum officinarum* Linn. | Mutrala, Dahaprashamana Trishna nigrahana | Sucrose, Glutamine Riboflavin | Diuretic, Analgesic, Anti inflammatory |
| Narikela jala *Cocos nucifera* Linn. | Basti shodhana, Mutrala | Flavonoids, Phenolic acids Amino acid | Diuretic |
| Shatavari *Asparagus racemosus* Willd. | Sarana, Vatanulomana, Shophajit | Saponins like Shatavarin I,II,III,IV, Steroidal saponins Isoflavones | Diuretic |
| Punarnava *Boerhavia diffusa* Linn. | Shophahara, mutrala | Punarnavoside, Borhaavone, Quercetin, Eupalitin, Punarnavine | Diuretic, Anti-inflammatory Antioxidant |



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Ref.:

Date :

| | | | |
|---|---|---|---|
| NAME | [redacted] | DATE | 20/08/2025 |
| AGE | 36 YRS | OP NO. | 376632 |
| GENDER | FEMALE | REF BY | DR.SHWETA C DINDUR |

**ULTRASOUND ABDOMEN AND PELVIS**

**LIVER :**The visualized liver is of uniform echotexture without evidence of focal lesions. There is no intra or extrahepatic biliary ductal dilatation. The common bile duct is normal for age.

**GB :** The gallbladder is partially distended. The gallbladder wall is normal. There is no pericholecystic fluid.

**PANCREAS :** Only head is visualized and normal. Rest of the pancreas is obscured by the bowel gas.

**SPLEEN:** The visualized spleen is of normal sized with uniform echotexture without evidence of focal lesions. Splenic vein at hilum is normal.

**KIDNEYS :**Both kidneys are normal in size, shape, position and axis with normal echotexture without evidence of focal lesions. Corticomedullary differentiation is well maintained. Pelvicalyceal system is not dilated. No calculi seen.

**URINARY BLADDER :**Urinary bladder is well distended with normal contour without evidence of focal lesions. Wall is mildly thickened measuring 6.5 mm.

**UTERUS:**Anteverted, normal in size measuring 8.3 x 4.4 x 5.1 cm with uniform echotexture without evidence of focal lesions. Cervix is normal in size without focal lesions. Endometrial thickness measures 10 mm.

**OVARIES:** Right ovary: 3.1 x 1.3 cm. Left ovary: 3 x 2 cm.

*Both ovaries are normal in size and echopattern without evidence of focal lesions. There is no evidence of ascites.*

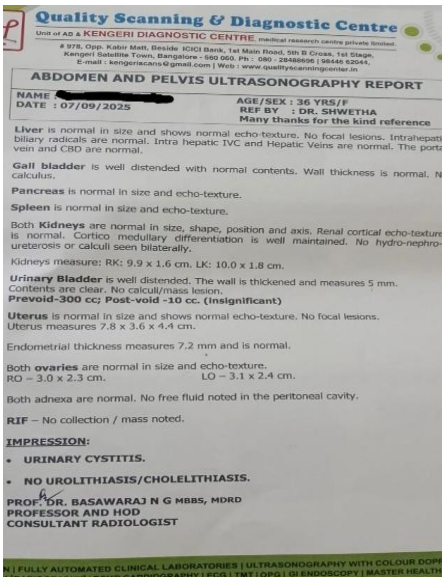
***IMPRESSION :***

- **Urinary bladder wall thickening - ? cystitis.**

Medical Officer
Sri Dharmasthala Manjunatheswara Ayurveda Hospital, Bangalore-560...

DR. B SWAROOP
CONSULTANT RADIOLOGIST

**Figure 1: Pre-treatment sonography report (20/08/2025)**



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**ABDOMEN AND PELVIS ULTRASONOGRAPHY REPORT**

NAME [redacted] AGE/SEX : 36 YRS/F
DATE : 07/09/2025 REF BY : DR. SHWETHA
Many thanks for the kind reference

**Liver** is normal in size and shows normal echo-texture. No focal lesions. Intrahepatic biliary radicals are normal. Intra hepatic IVC and Hepatic Veins are normal. The portal vein and CBD are normal.

**Gall bladder** is well distended with normal contents. Wall thickness is normal. No calculus.

**Pancreas** is normal in size and echo-texture.

**Spleen** is normal in size and echo-texture.

Both **Kidneys** are normal in size, shape, position and axis. Renal cortical echo-texture is normal. Cortico medullary differentiation is well maintained. No hydro-nephrosis ureterosis or calculi seen bilaterally.

Kidneys measure: RK: 9.9 x 1.6 cm. LK: 10.0 x 1.8 cm.

**Urinary Bladder** is well distended. The wall is thickened and measures 5 mm. Contents are clear. No calculi/mass lesion.
**Prevoid-300 cc; Post-void -10 cc. (Insignificant)**

**Uterus** is normal in size and shows normal echo-texture. No focal lesions.
Uterus measures 7.8 x 3.6 x 4.4 cm.

Endometrial thickness measures 7.2 mm and is normal.

Both **ovaries** are normal in size and echo-texture.
RO – 3.0 x 2.3 cm. LO – 3.1 x 2.4 cm.

Both adnexa are normal. No free fluid noted in the peritoneal cavity.

**RIF** – No collection / mass noted.

**IMPRESSION:**

- **URINARY CYSTITIS.**
- **NO UROLITHIASIS/CHOLELITHIASIS.**

**PROF. DR. BASAWARAJ N G MBBS, MDRD**
**PROFESSOR AND HOD**
**CONSULTANT RADIOLOGIST**

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**Figure 2: Post-treatment sonography report (07/09/2025)**

**Diagnostic Pre- and Post-Treatment Assessment - USG Abdomen and Pelvis**

Following Mutramargagata Uttara Vasthi, Vasthyamayanthaka Ghrita was also given orally, along with a compound herbo-mineral tablet. Abhyantara (internal/oral) use of Sneha (unctuous substances) increases the tone of the supporting ligaments and muscles and reaches even the smallest structures of the body. This helps improve detrusor muscle tone and health, aiding further healing of chronic inflammation, and acts as a Rasayana (rejuvenative). The compound tablet, containing Shilajatu, Vanga Bhasma, Guggulu, Makshika Bhasma and Kasisa Bhasma, helps relieve dysuria and cystitis through its anti-inflammatory properties.

## CONCLUSION

The present case highlights the efficacy of Mutramargagata Uttara Vasthi as a targeted therapeutic intervention in chronic cystitis correlated with Vatakundalika. By directly addressing Apana Vata Kopa (vitiation of the downward-moving sub-type of Vata) and restoring normalcy in Vasthi Vyapara (bladder function), Uttara Vasthi with Vasthyamayanthaka Ghrita effectively reduced symptoms such as post-void suprapubic pain, frequency, and discomfort. The formulation's Snigdha (unctuous), Vata-Pittahara (Vata-Pitta pacifying), and Vasthi-Shodhana (bladder-cleansing) properties helped reverse chronic inflammatory changes in the bladder wall.

This case demonstrates that, in conditions where conventional management often leads to recurrent infection or antibiotic dependency, Ayurvedic management through Uttara Vasthi offers a safe, potent, site-specific and holistic modality, with significant clinical improvement and better patient outcomes.

**Ethical Consideration**

Written informed consent was obtained from the patient for the publication of this case report and the accompanying clinical images. The case was managed and reported in accordance with the ICH-GCP (International Conference on Harmonization - Good Clinical Practice) guidelines and the ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants (2017).

**REFERENCES**


1. Grabe M, Wullt B. Urinary tract infection: asymptomatic bacteriuria, cystitis, and pyelonephritis in adults. In: Hamdy F, Eardley I, editors. Oxford Textbook of Urological Surgery. 1st ed. Oxford: Oxford University Press; 2017. p. 31.
2. Hooton TM, Scholes D, Hughes JP, Winter C, Roberts PL, Stapleton AE, *et al.* A prospective study of risk factors for symptomatic urinary tract infection in young women. N Engl J Med. 1996;335(7):468-74.
3. Sharma RK, Dash B, translators. Caraka Samhita: Siddhi Sthana, Basti Siddhi Adhyaya. Varanasi: Chaukhamba Sanskrit Series; 2018. p. 344.
4. Tortora GJ, Derrickson BH. Principles of Anatomy and Physiology. 15th ed. Noida: Wiley India; 2017. p. 364.
5. Lai J, Zhou X, Zhang Y, Wang L, Zhang Y, *et al.* Activation of NFKB-JMJD3 signaling promotes bladder fibrosis via boosting bladder smooth muscle cell proliferation and collagen accumulation. Biochim Biophys Acta Mol Basis Dis. 2019;1865(8):2177-87.
6. Sharma RK, Dash Bhagwan, Agnivesa's Caraka Samhita, Vol VI. Sidhi Sthana, Trimarmiyasidhi, 9/3, Reprint ed. Varanasi, Chaukhamba Sanskrit Series; 2016. p. 324
7. Pandeya GS, editor. Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary of Chakrapanidatta and Vidyotini Hindi Commentary by Kashinath Sastri: Siddhi Sthana, Trimarmiya Siddhi Adhyaya, Chapter 9, verse 3, 5. 5th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 1997. p. 982-4.
8. Srivastava SK, Paliwal AA, Babar SC, Jadhav MP, Patil PD. Therapeutic effect of Vastyamantak Ghrita Uttarbasti in recurrent urethral stricture: a case report. J Clin Diagn Res. 2025;19(11):JD01-4.
9. GuhaSarkar S, Banerjee R. Progress and challenges in intravesical drug delivery. Expert Opin Drug Deliv. 2024;21(5):611-26.
10. Krishnan Vaidyar KV, Pillai GS, editors. Sahasrayogam: Ghrita Prakarana. 35th ed. Alappuzha: Vidyarambham Publishers; 2017. p. 356.
11. Vagbhata. Ashtanga Hridaya: Nidana Sthana, Chapter 10-Prameha Nidana, verse 4. Reprint ed. Varanasi: Chaukhamba Krishnadas Academy; 2014. p. 502.
12. Manju P, Shubada VI. A comparative clinical study to evaluate the efficacy of Vastyamayantaka Ghrita and Chincha Kshara in Mutrashmari w.s.r. to urolithiasis. Int J Ayurvedic Herb Med. 2017;7(5):2903-7.
13. Harshitha HS, Sanjay KMD, Mythrey RC. Avapeedaka Snehapana: a novel therapeutic protocol in the management of Mutrashmari (urolithiasis) - a case report. J Ayu Int Med Sci. 2024;9(7):328-34.
14. Tripathi I, editor. Raj Nighantu: Dravyaguna Prakasika (Hindi commentary), Pippalyadi Varga, shloka 261. 1st ed. Varanasi: Chaukhamba Krishnadas Academy; 1982. p. 218.
15. Government of India, Ministry of AYUSH. The Ayurvedic Pharmacopoeia of India. Part 1, Vol. 4. 1st ed. New Delhi: Ministry of AYUSH; 2004. p. 55.
16. Shastri AD. Sushruta Samhita: Ayurveda Tatva Sandipika, Sutrasthana, Chapter 46, Annapanavidhi adhyaya, verses 213-4. 7th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 1982. p. 202.



**Cite this article as:**

Shweta C. Dindur and Gayathry Viswanath. Clinical Management of Vatakundalika (Chronic Cystitis) through Mutramargagata Uttara Vasthi: A Case Report. Int. J. Res. Ayurveda Pharm. 2026;17(4):41-45
doi: http://dx.doi.org/10.7897/2277-4343.174133

Source of support: Nil, Conflict of interest: None Declared