

Original Article

A Case Study on Management of Mutraghata (Retention of Urine) in Ayurveda

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Abstract:

Urinary retention, known as **Mutraghata** in Ayurveda, is a condition where urine flow is obstructed due to various factors, including **bladder outlet obstruction (BOO), benign prostatic hyperplasia (BPH), or neurogenic bladder dysfunction**. Ayurveda classifies Mutraghata into multiple types based on the underlying pathology, such as **Asthila (prostatic enlargement), Mutrajathara (upward movement of Vata), and Mutrotsanga (incomplete voiding of urine)**.

The Ayurvedic approach to managing Mutraghata involves **herbal formulations, Panchakarma therapies like Uttaravasti, and dietary modifications** to restore normal urinary function. Comparatively, modern medicine treats urinary retention with **catheterization, alpha-blockers, and surgical interventions**.

Studies suggest that Ayurvedic treatments, particularly **Basti therapy and herbal formulations**, can provide significant relief in cases of Mutraghata by addressing the root cause rather than just symptomatic relief. Further research is needed to establish a direct correlation between Ayurvedic and modern approaches to urinary retention.

A male patient aged 79 years old no k/c/o T2,DM,HTN came with complaint of decreased urine flow since 10 years and pain right hypogastrium. He visited an allopathic hospital, where he was diagnosed as Stricture Urethra and Cholelithiasis. He underwent urethral dilations with Teflon dilators. He was treated symptomatically with antibiotics, ppis and analgesics. He was practicing manual dilatation with NEL Cath. after discharge. He came to S.V. Ayurvedic college hospital, Tirupathi. procedure that was done is Uttarabasti with Dhanvantari taila. oral medications were T.Kanchanara Guggulu, T.Gokshuradi Guggulu, T.Bangsheel, T.Chandraprabha Vati.

The result of this research is patient got symptomatic relief and urine was passing freely.

In Conclusion retention of urine can be co related with Mutraghata in Ayurveda. the above said case was managed with Dhanvantari taila Uttara basti and oral medications. so it can be concluded that the cases especially with urinary retention can be successfully treated with ayurveda chikitsa.

Keywords: *Mutraghata, Retention of urine, Uttra Basti, Dhanvantari Taila.*

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Introduction:

Urinary retention, known as **Mutraghata** in Ayurveda, is a condition where urine flow is obstructed due to various factors, including **bladder outlet obstruction (BOO)**, **benign prostatic hyperplasia (BPH)**, or **neurogenic bladder dysfunction**. Ayurveda classifies Mutraghata into multiple types based on the underlying pathology, such as **Asthila (prostatic enlargement)**, **Mutrajathara (upward movement of Vata)**, and **Mutrotsanga (incomplete voiding of urine)**¹.

According to SRB's manual of surgery depending on site of rupture it is membranous or bulbar, circumference of urethra it is complete or incomplete, thickness of urethra it is total or partial. rupture is usually associated with pelvic fracture in rta or injury during instrumentation, calculus passage and catheterisation, prolonged labor-long standing pressure on urethra by foetal head. stricture urethra may be of congenital or inflammatory of origin². According to ayurveda urinary stricture' that can be co related with 'mutrotsanga' according to ayurveda or else called as 'mutra marga sankocha' is caused by long standing cystitis / trauma leading to formation of fibrosis of the urethra by which urine is obstructed and the flow is being reduced either by hampering the normal flow or dribbling of urine.

Case report: A male patient aged 79 years resident of kalikiri, came to opd with complaint of decreased urinary flow and pain during passing urine, dribbling of urine since 10 years.

Chief complaint: decreased urine flow, pain during passing urine, dribbling of urine since 10 years.

History of present illness: a male patient aged 79 years, k/c/o bronchial asthma since 20 years, not a k/c/o dm, htn was normal before 10 years, he had fever with chills and rigors associated with burning micturition and pain during micturition. the patient underwent treatment for the same and the symptoms were treated accordingly in an allopathy hospital at his native place. he was often suffering from similar complaints from the past 10 years. before 1 year he came to Tirupathi and consulted an allopathic hospital for dribbling of urine and pain during urination. he was diagnosed with cholelithiasis and mild prostatomegaly, stricture urethra. patient underwent BMG urethroplasty (buccal mucosal graft urethroplasty) followed by dilatation of urethra after cystoscopy, he was advised for manual dilatation for every 10 days with nel's catheter. so he came to svaych for treatment.

History of past illness: known case of Bronchial Asthma since 20 years. not known DM, HTN.

Personal history: patient is vegetarian, lives in proper hygienic condition along with normal bowel habits. no history of alcohol consumption and smoking.

Family history: no relevant history in the family.

Systemic Examination:

Patient history:

- Symptoms: weak urinary stream, strain, incomplete urination, retention of urine, post-void dribbling.
- Causes: Trauma, prior surgery, infections.

- Sexual dysfunction assessment: erectile and ejaculation function may be affected.

Physical Examination:

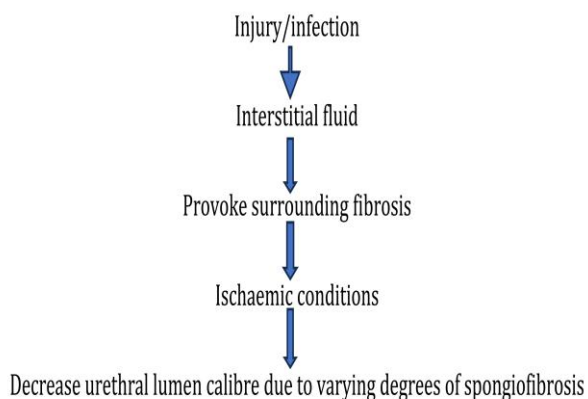
- Palpation of lower abdomen to check for bladder dysfunction.
- Genital examination to assess for meatal stenosis, scarring or signs of infections.
- Digital rectal examination to evaluate prostate health which contribute to urinary obstruction.

Differential Diagnosis: Benign prostrate hyperplasia (BPH), neurogenic bladder, urethral cancer, voiding dysfunction, urethral abscess/urosepsis.

Urethral stricture is a narrowing of urethra that can lead to difficulty urinating, pain and recurrent infections, which may further lead to enlargement of prostate gland that include symptoms of weak urine stream, straining to urinate, incomplete bladder emptying, frequent urinary tract infections and often blood in urine (haematuria).

Diagnosis: based on above differential diagnosis the condition may be diagnosed as stricture urethra.

Samprapti/Pathogenesis:



Materials and Methods:

1. Surgical glove
2. Sponge holding forceps
3. Cotton swabs
4. Savlon/Dettol
5. Betadine/triphala Kashaya
6. Green wound cloth with hole in the middle
7. Steel/glass bowl with 50 ml capacity
8. Infant feeding tube no.8
9. Kidney tray
10. Disposable syringe-20-50 ml
11. Medicine-taila/ghrita

Procedure:

Uttaravasti is indicated in the management of various urological, andrological and gynaecological conditions, procedure in which medicaments are introduced into the intra vesicle, intra vaginal, and intrauterine route by specialised techniques to achieve the desire therapeutic outcome.

Dosage: start with dose of 25 ml, there after increase by 5 ml per day upto the end of the course.

Duration: once a day for a period of 1 week, gap given for a period of 1 week, then continued one sitting in a week, till the desire effect is obtained.

Precautions:

- All the instruments including Sneha should be autoclaved to avoid UTI
- Medicines checked for lukewarm temperature before administration
- The catheter should not be forcefully inserted in case of any obstruction.
- Retention time ranges between 3-6 hrs.

Complication and Management:

- Complications encountered are to be treated as indicated in Sneha basti(oleation enema).
- Decoction of Madhuka, cooled and added with sugar and honey or decoction of panchavalkala cooled and mixed with milk should be administered. (s.c-xxxvii).

Pre operative Procedure:

- Detailed information about the procedure should be explained to the patient.
- Written consent should be obtained.
- Parts should be prepared the day before the procedure. nirooha vasti (decoction enema) should be administered for 3 days before Uttara Basti.
- Patient should be free from all natural urges.
- Instruction to empty the bladder before administration of UB.
- Stanika abhyanga followed by mridu nadi svedana should be performed.
- Vitals should be monitored.

Operative Procedure:

- Monitor vitals.
- Patient is made to lay in supine position and the genital region is exposed.
- Wash the genital and surrounding area with savlon/betadine by using sponge holding forceps. retract the prepuce completely and gently wash the glans penis area with betadine.
- cover the area with green wound cloth.
- Autoclaved Medicated oil is taken into disposable syringe, care is to be taken that there are no air bubbles.

- Lubricate the catheter with the same oil that is used for administering UB.
- The flaccid penis is held perpendicular to the body.
- Gently introduce the tip of the catheter into the urethra.
- As the bulbo-membranous urethra is approached.
- Ask the patient to take deep breaths which will help in relaxation and thus provide easy entry of the catheter into the bladder.
- As the catheter reaches the bladder small amount of urine is voided which is to be collected in a kidney tray.
- Clamp the catheter and attach the loaded syringe to the catheter.
- Release the clamp and slowly inject the required quantity of medicated oil into the bladder.
- Carefully remove the catheter allowing some quantity of medicine in the syringe.
- Allow the patient to lie in the supine position for 10-15 minutes.

Post operative procedure:

- Monitor vitals.
- Educate the patient to note down the time of first micturition and associated feelings following the procedure.
- The course of UB should be ended with anuvasana basti (oil enema).
- During the course of treatment patient is advised to avoid all sort of extreme conditions and if possible to follow abstinence from coital act.

Contraindications:

- Diabetes mellitus.
- Anatomical urethral stricture.
- Hypersensitivity.

- Carcinoma of penis.
- Hypo/epispadias.
- Phimosis

-Prajastapana-Reproduction.
-Rasayana.

- According to Vagbhata and sushruta -Vata Samaka

Dhanvantari Taila:

- Comprising of 47 drugs of which Bala Moola is taken in largest part and made taila paaka.
- Goksheera , Yava , Kola , Kulutta, Dasamoola being the larger part and the remaining 32 in smaller quantity of paste.
- Of the 32 drugs Kusta and Vacha are said to be Lekhaniyas.
- According to charaka- Bala is -
Brimhaniya-bulk promoting drug.
-Balya-Tonic.

Composition-Properties:

- Therapeutic of Sida(Bala)bark is useful as coolant, blood, throat, urinary tract related disease.
- Roots of S.Cardifolia have been reported to possess astringent, diuretic, tonic properties.
- It has also been demonstrated as anti-bacterial, antiplaque, antifungal possessing activity.

Pharmacological action of Sida Cordifolia:

Analgesic -antiinflammatory	Wound healing
Cns depressant	Antihypertriglyceridemic activity
Hypotensive	Hypoglycemic activity
Hepatoprotective	Antioxidant activity
Anti microbial	Fat lose

Conclusion:

After undergoing Dhanvantari taila Uttara Basti, due to the presence of wound healing and lekhamiya property of drugs present in taila, the flow of the urine, pain during micturition, fork streaming have been symptomatically relieved off.

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