

## REVIEW ARTICLE

# Mutraghata: A Conceptual Review

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### ABSTRACT

**Introduction:** The term *Mutraghata* comprises two words, namely “*Mutra*” and “*Aghata*,” which means obstruction of urinary passage. *Mutraghata* is a condition in consequence of some kind of Obstructive Uropathy either mechanical or functional; related either to the upper or lower urinary tract resulting in either partial or complete retention of urine as well as Oliguria or Anuria. *Basti* is one of the *Trimarma* which means three vital organs in the body, the other two are *Hridaya* and *Nabhi*. It is the most important organ maintaining homeostasis by regulating the excretion of metabolites and waste products. Renal diseases are the leading cause of comorbidity in the country owing to the late onset of alarming symptoms. The delay in diagnosing causes difficulty in framing effective treatment protocols for the disease.

**Materials and Methods:** In Ayurvedic classics, no specific entity is present explaining the symptomatology of Acute Kidney Injury and Chronic Kidney Disease. Relevant Ayurveda and modern literature available information on web sources searched to fulfill the aim.

**Discussion:** For an easier understanding of the subject, it is an attempt to compile the various concepts of *Mutraghata* scattered in Brihatrayi and correlate them with urinary disorders described in contemporary science.

## 1. INTRODUCTION

The term *Mutraghata* comprises two words, namely “*Mutra*” and “*Aghata*,” which means obstruction of urinary passage. *Mutraghata* is a condition in consequence of some kind of Obstructive Uropathy either mechanical or functional; related either to the upper or lower urinary tract resulting in either partial or complete retention of urine as well as Oliguria or Anuria. *Basti* is the most crucial organ for maintaining homeostasis because it controls the excretion of waste products and metabolites. *Vegavarodha*, or the suppression of natural urges, is a crucial factor in the development of several disorders. According to Ayurveda, the suppression of micturition is one of the most severe causes of urinary tract illness. This issue has grown more important as cities continue to grow and lack enough restroom facilities. The reader will be introduced to the wealth of knowledge on the crucial subject of *Mutraghata* in Ayurvedic literature in the present and in a genuine effort to do so. The texts have been interpreted as literally as possible, and the key concepts from the original form are conveyed. According

to Ayurveda, the *Tridosha* Principle protects body’s physiology, i.e., *Vata*, *pitta*, and *Kapha*. Out of the five kinds of *Vata*, *Apana vayu* governs *Mutra Vaha Srotas*. Imbalance of *Apana Vayu* is unmistakably linked to the illness of the urinary system.

### 1.1. Aims and Objectives

To review *Mutraghata* on the basis of *Panchanidan* and understanding its pathogenesis as per *Shatkriyakala*.

## 2. MATERIALS AND METHODS

To fulfill the aims and objectives of relevant Ayurveda and modern literature, available information on the internet were searched. The results on search are described hereafter.

## 3. REVIEW OF LITERATURE

*Mutraghata* is mentioned by Acharya Sushruta. At around 700 A.D., Acharya Madhavakar described *Mutraghata vyadhi* separately in *Madhavnidan*. *Mutraghata* is also mentioned by Bhavprakash Nighantu, Bhaishjyarnavali Sharangdhara samhita, Yogratnakara, etc. Types of *Mutraghata* can be correlated with various renal and

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bladder disorders of modern medicine up to some extent. *Mutraghata* is one of the important diseases of *Mutravaha Srotas*.

### 3.1. Definition<sup>[1]</sup>

Acharya Dalhana has defined *Mutraghata* as:

*Mutraghata* is a clinical entity of *Mutravaha srotas*, where there is obstruction of the urine flow.

### 3.2. Understanding the Difference between *Mutraghata* and *Mutrakrichhra*.<sup>[2]</sup>

As per Madhav Nidan

#### 3.2.1. *Mutrakrichhra*

Excessive difficulty in urinary incontinence, slight obstruction.

#### 3.2.2. *Mutraghata*

In urinary incontinence, however, the obstruction is strong and the difficulty is slight.

### 3.3. *Nidan*<sup>[3]</sup> (Etiological Factors)

There is no such *Nidan* for *Mutraghata* as described in Brihatrayi and Laghutrayi.

But *Nidan* described for *Mutrakrichhra* can be considered as the *Nidan* for *Mutraghata*:-

1. *Ativyayama* - Excessive Exercises
2. *Teekshna Aushadha* - strong potential drugs
3. *Rukshya madya prasanga* - Excessive indulgence of raw alcohol
4. *Nityadrutya prusthayanat* - Riding on the back of fast-moving vehicles and animals
5. *Anupamasthya* - Ingestion of flesh of wet-landed animals and fishes
6. *Adhyashana* - Eating again before digestion of previous food
7. *Ajeernat* - Indigestion.

The causes which are responsible for *dusti* of *Mutravaha srotas* are also may be considered as *Nidana* of *Mutraghata*; Maharsi Charaka described in *Vimana Sthana* that<sup>[4]</sup>

1. *Mutritodaka Bhakshya stree sevanat*:- Indulging of sex, drinking of water, or eating food under the urge of micturition
2. *Mutranigrahat*:- Suppression of the urge of micturition
3. *Ksheena*:- Emaciated person
4. *Abhikshata*:- Trauma to urinary passage.

### 3.4. *Samprapti* (Pathogenesis of *Mutraghata*)

Acharya Dalhana quotes that *Vata* is the main factor in the pathogenesis<sup>[5]</sup> of *Mutraghata*, i.e., Acharya Sushruta states the importance of *Pratiloma Vata* in the *Basti-Rogas* such as *Mutraghata*, *Prameha*, *Shukra Dosh*, and *Mutradosha*.<sup>[6]</sup>

Acharya Vagbhata states: The commentator Arunadatta raises a doubt that, if *Basti* were to be facing downwards with a single outlet, then how do the *Doshas* enter to produce *Mutraghata*? The clarification is that even though the *Basti* facing downwards, minute vessels fill the bladder from the sides and these are the routes for the entry of *Doshas*, to produce *Mutraghata*.

### 3.5. Understanding *Samprapti* of *Mutraghata* as per *Shatkriyakala*

#### 3.5.1. *Sanchaya avastha* (stage of accumulation)

*Mutravegarodha* has been mentioned as one of the prime *Nidana* in almost all types of *Mutraghata*. The *Apana Vayu* being vitiated

by indulging in the afore-mentioned *Nidanas*, starts accumulating in its own places- the *Kati*, *Basti*, *Pakwashaya* and *Medhra*. Along with this, the bodily *Vayu* is vitiated by *Vatakara Ahara* and *Vihara*. In this stage, the individual experiences occasional discomfort in the act of micturition, which seems to be tolerable and he neglects it. There may be feeling of *Adhmana*(distention of the lower abdomen) and *Atopa*(gurgling sounds in the abdomen) along with a very mild discomfort in the passage of urine.

In this stage, the person presents with vague symptomatology and the physician has to be clear enough to elicit the history and symptoms to prevent further vitiation. If not, the symptoms will not seem to be those of the *Mutravaha Srotas* and treatment can be missed altogether.

#### 3.5.2. *Prakopa avastha* (stage of aggravation)

The early pathogenesis of disease starts if the provocative factors are allowed to act upon further wherein there will be further vitiation of *Vata*. This vitiation occurs in all the *Vata* places and leads to hampering the functioning of both *Pitta* and *Kapha* in terms of “*Vishamagni*” (irregular digestion) which lays the foundations for the production of *Ama*. Here, again, the symptomatology experienced may not be directly related to *Mutravaha Srotas* but rather to those of initial *Ama* formation, i.e., *Amlika* (sour belching) and *Pipasa* (thirst) and further *Adhmana* and *Atopa*. Only an experienced physician can foretell the consequences because there is no clear-cut picture of involvement of the *Mutravaha Srotas*.

#### 3.5.3. *Prasara avastha* (stage of spreading)

In this stage, there will be the spread of the vitiated *Doshas* from their locations to the other sites and therefore a mixed symptomatology may be found. The process of *Ama* formation which was already set in is further carried on. As it is already known that the *Mutra* is result of *Sara-Kitta Vibhajana* of *Ahara*, which is a combined effort of *Tridoshas* with *Agni*. The *Mutranirmanaprakriya* (formation of urine) has been nicely presented in *Sushruta Samhita*. The *Dhamanis* (Minute vessels) are classified into *Urdhwa*, *Adhah*, and *Tiryak* traversing. It has been explained that there are two *Adhogami Dhamanis* (downward facing), which carry *Mutra* from the *Antras* to be expelled out.<sup>[7]</sup>

However, Acharya Dalhana comments that it is not the *Mutra* that is carried out but rather the *Toya* (water), which is the product of *Ahara Vivechana*. This *Toya* is further converted into *Mutra* (*Bhavishyato mutrasya karanabhutam*) by the time it enters the *Basti* (*Tadevodakam Bastivivarapraptam mutramityucchyate*) and it is *Toya* part of *Kitta*, which is carried by the above said two downward traversing *Dhamanis*.

Thus, this process of *Sara-Kitta Vivechana* is hampered and the *Doshas* gain access to the *Mutravaha Dhamani* and start spreading which is substantiated by the fact that the presence of *Ama* causing *Sroto Avarodha* (obstruction to the channels), leading to vitiation of *Vata*, which further leads to *Vimarga Gamana* and *Atopa* due to the blockage in its course through the channels. The manifestations of the *Lakshanas* due to *Ama* are *Avipaka* (Indigestion), *Paridaha* (Burning sensation), *Arochaka*(anorexia), *Agnisada* (Lack of digestive power) etc. In this stage, the *Lakshanas* related to *Mutra* may be more pronounced than the previous stages, with increased difficulty in micturition. But again, there is no existing evidence to pinpoint a diagnosis.

### 3.6. *D- Sthanasamshraya Avastha* (Stage of Localisation)

In this stage, the premonitory features of a disease are manifested and it is this stage in which vitiation of *Dhatus* starts. The vitiated *Doshas* along with *Ama* traversing through the *Sukshma Siras*, *Dhamanis*

get lodged in *Basti* and form a base for the complete manifestation of *Mutraghata*. The terminologies like *Chidravaigunya* and *Mutra Srotonirodha* used in the types of *Mutraghata* further substantiate the lodging of *Ama* in *Basti* to manifest *Mutraghata*. Acharya Charaka states that *Ama* after attaining its seat in *Basti* causes *Basti Rogas*.<sup>[8]</sup> As mentioned in the literary contrive, doubt is raised in Astanga Hridaya in *Mutraghata Nidana* as to how the *Doshas* reach the *Basti*? It is said that it is through the *Sukshma Siras* pouring into *Basti* from the sides and thus entered *Doshas* produce various *Basti Rogas*. Further, Acharya Dalhana clarifies the fact that all the varieties are not purely of *Mutraghata* but the conditions such as *Mutroukasada*, *Ushna Vata*, and *Mutra Shukra* are *Mutradoshas* as there is no *Aghata* in these conditions. Thus, *Basti* is the *Sthana* for the *Sthana Samshraya* of *Doshas*. In this stage, the premonitory symptoms are manifested. As there are thirteen varieties of *Mutraghata*, with no set of *Purvarupa* described. But it can be evaluated that the *Aghata*, *Bastiadhmana*, *Basti Shula*, *Mutravivartana* (obstruction to the flow of urine) are more pronounced in this stage and occur more often than the previous stages. The symptoms of *Basti Adhmana* and *Basti Shula* are also experienced in a greater degree. *Mutra Vivarnata* too is noticed occasionally. It is the expert physician, who recognizes the seat of the disease as *Basti* and labels a person suffering from aforementioned symptoms to be proceeding towards either of the variety of *Mutraghata*. This can be further supported if a careful analysis and proper investigations are carried out.

### 3.7. E-Vyakta Avastha (Stage of Manifestation)

This is a stage, where complete manifestation of a disease sets in. Each and every symptom of individual variety of *Mutraghata* is identified in this stage. In other words, it is the stage of de-differentiation. If the disease is miss diagnosed and mismanaged in the various stages, they proceed towards complications and involvement of other bodily systems thereby complicating the management, probably due to extensive damage sustained or irreversible structural changes having taken place, on account of the negligence of early diagnosis and prompt treatment.

In *Mutraghata*, there may be Acute obstruction or Chronic obstruction followed by Incontinence, Haematuria, Ureteral Dilation and Ascending Hydronephrosis Diverticula formation thereby leading to fatal outcome.

### 3.8. Different types of *Mutraghata* described by different Acharya) Table 1

If these types of *Mutraghata* can be classified into three categories as projected below, then we may be in a position to understand the varieties more clearly and it will help us to analyze a patient presenting with related complaints.<sup>[9-11]</sup>

#### 3.8.1. Group-A

This group of *Mutraghata* develops due to neurogenic disturbances of the bladder. This includes; *Vatakundalika*, *Vata Basti* and *Mutrājathara*.

##### 3.8.1.1. Symptoms of *Vatakundalika*

1. *Srijedalpam alpam shanaih shanaih* (scanty and dribbling micturition with increased frequency)
2. *Sarujaska* (painful micturition)
3. *Samstambha bhanga gaurava veshtana* (rigidity, breaking pain, heaviness, girdle pain)
4. *Teevruja* (severe colic)
5. *Vitsanga* (retention of feces)

Commentary (Teeka): Here “*Stambha*” is explained as “*Basti Kathinyam*” “*Alpam Alpam*” indicates “*Stokam Stokam*”; i.e., in obstructed jets with increased frequency.<sup>[12]</sup> This condition is characterized by rigidity (*Stambha*) and girdle pain and is termed as “*Bastikundala*” or circular distension of the bladder.

##### 3.8.1.2. Symptoms of *Vata-Basti*

1. *Mutrasanga* (retention of urine)
2. *Basti kukshi nipiditah* (pain in bladder and loin region)
3. *Kandu* (itching sensation in the bladder region).

##### 3.8.1.3. Symptoms of *Mutrājathara*

1. *Nabheradhostadhmanam janayetteevra vedanam adhahsrotonirodhanam* (distension below the umbilical level resulting into indefinite pain accompanied by retention of urine and feces)
2. *Apakti* (indigestion)

The *Lakshana* mentioned in these types of *mutraghata* are seem too similar with the conditions of bladder due to neurogenic disturbances.

### 3.8.2. Group-B

This group of *Mutraghata* develops due to Organic disturbances, where symptoms such as- retention of urine, increased frequency of micturition, distension of abdomen, a mass felt per rectum (which is developed due to a growth either in bladder, urethra, prostate, or other growths) are seen. This includes: *Ashteela*, *Mutrāgranthi*, *Mutrotsanga* and *Bastikundalika*.

#### 3.8.2.1. Symptoms of *Ashteela*

1. *Chala unnata granthih* (singly movable and elevated)
2. *Vinmutranila sanga* (retention of urine, feces and flatus)
3. *Basti adhmana* (distention of the urinary bladder)
4. *Vedana ca parabastou* (excruciating pain in the bladder).

#### 3.8.2.2. Symptoms of *Mutrāgranthi*

1. “*Vritta, Alpah, Sthira Granthih*” i.e. around small and immobile *Granthi* in the interior side of the bladder. (Acharya Dalhana clarifies “*Abhyantare Bastimukhe*” as “*Bastidwarasyabhyantare iti*”)
2. *Vedanavan* (continuous pain)
3. *Mutramarganirodhana* (Retention of urine)
4. *Kricchrena srajenmutram* (urine passed with difficulty and pain)
5. *Ashmari sama shoolam* (pain similar to that experienced in Urolithiasis).

#### 3.8.2.3. Symptoms of *Mutrasanga*

1. *Mutram pravrittam sajjet* (obstructed flow of urine)
2. *Saraktam* (with blood)
3. *Va Pravahatam* (staining)
4. *Sravechchanaih* (intermittent flow)
5. *Vicchinnatacchesha guru shephasah* (dribbling of urine).

The category of diseases, predominantly shows obstructive as well as irritative symptoms of the bladder due to an in growing *Granthi*, and therefore, these symptomatology of retention of urine, increased frequency of micturition, incontinence, etc. are individually presented in order to understand the possibilities of the condition we may come across when presented with a patient of above complaints. Again, this is just an attempt to analyze the varieties of *Mutraghata* for better understanding.

#### 3.8.2.4. Symptoms of *Basti-Kundalika*

1. *Shula* (colic)
2. *Spandana* (throbbing)
3. *Daharti* (burning pain)
4. *Bindum bindum sravatyapi* (passes urine drop by drop)

5. *Peeditastu srijeddhamam* (when the bladder region is pressed the urine comes out in jets).

This condition is characterized by rigidity (*Stambha*) and girdle pain and is termed as “*Bastikundala*” or circular distension of the bladder.

### 3.8.3. Group-C

This group of *Mutraghata* develops either due to physiological reasons or injury to the *Mutravaha Srotas* etc. This includes *Mutrasteeta*, *Mutrakshyaya*, *Ushna Vata*, *Mutroukasada*, *Vidvighata* and *Mutrashukra*.

#### 3.8.3.1. Symptoms of *Mutrasteeta*

1. *Pravahato mandarujam* (stream with mild pain)
2. *Alpam alpam* (obstructed flow with little quantity)
3. *Punah punah* (increased frequency).

#### 3.8.3.2. Symptoms of *Mutrakshyaya*

1. *Sadaha* (burning micturition)
2. *Savedana* (painful micturition)
3. *Mutrakricchra* (troublesome/small quantity of urine).

This could be defined a case of Anuria.

#### 3.8.3.3. Symptoms of *Usna-vata*

1. *Mutram haridram* (haridra coloured urine)
2. *Saraktam* (with blood or high red coloured urine)
3. *Raktamevava* (only blood)
4. *Kricchrat pravartate* (difficulty in micturition).

Commentary (teeka) – Acharya Dalhana clarifies the *Lakshana* as follows.<sup>[13]</sup>

*Saraktam ishadraktavarnamishacchonitam va*; i.e., a high red coloured urine or bloody urine.

*Raktam va iti kevalam shonitam, atyanta raktavarna mutram iti*; The main symptoms of *ushna-vata* are passing of bloody urine. So, it may be correlated with Haematuria.

#### 3.8.3.4. Symptoms of *Mutroukasada*

- a. *Pittaja* variety:
  1. *Vishada mutra* (clear urine)
  2. *Pita mutra* (yellowish urine)
  3. *Sadaha* (burning micturition)
  4. *Bahala* (thick urine)
  5. *Shuska Gorochana Sannibha* (yellowish)
- b. *Kaphaja* variety:
  1. *Picchila* (slimy)
  2. *Samhata* (dense/cloudy urine)
  3. *Shveta* (white urine)
  4. *Kricchrapravartana* (burning micturition)
  5. *Shankhachurna prapanduram* (whitish discoloration)

The main entity recognizable here is the passage of discolored urine like orange colour, red colour and whitish colour (chyluria).

#### 3.8.3.5. Symptoms of *Vid-Vighata*

The condition where, faecesis passed through urethra is known as *Vid-vighata*.

#### Feces Passed Through Urethra

- Feces or fecal fluid are passed per urethra when the bladder is having fistulous communication with some part of the bowel or

with an abscess infected with *Escherichia coli*. Pneumaturia may occur at the same time.

The chief causes are as below

- Diverticular disease of the sigmoid colon with the fistula into bladder (the commonest cause).
- Carcinoma of the bladder opening into rectum or into some loop of bowel, which has become adherent to the bladder.
- Carcinoma of the rectum/sigmoid colon/caecum opening directly into the bladder or through medium of an intervening abscess
- Carcinoma of the uterus opening both into the bladder as well as into rectum
- Crohn’s disease of large or small bowel with vesicle fistula
- Prostatitis or prostatic abscess opening into the bladder
- Recto- vesicle fistula from injury and sloughing, particularly after childbirth
- Appendicular abscess opening into bladder
- Pelvic actinomycosis.

The passage of faces into urine may be stimulated by some cases of very foetid cystitis due to infection of *E. coli*, especially in diabetic patients.

#### 3.8.3.6. Symptoms of *Mutrashukra*

“*Tasya mutrayutam retah sahasa sampravartate*” Means passage of urine mixed with seminal fluid.

## 3.9. *Pathya and Apathya*<sup>[14]</sup>

Lastly, the most important and the most neglected aspect of the treatment is that of *Pathya* and *Apathya*. Dietetic control will give boost to the drugs administered and therefore enhance the results of the given drugs. *Abhyanga*, *Snehana*, *Virechana Basti*, *Svedana*, *Uttara Basti* is again described to be *Pathya* indicating their importance. *Purana Shali*, *Yava*, *Madya*, *Takra*, *Dugdha*, *Mashayusha*, *Kushmanda Phala*, *Patola*, *Talaphala*, *Urvaru*, *Khajura* etc. are all *Pathya* to the patients of *Mutraghata*. Hence the food articles of above advised things will definitely be beneficial in alleviating the symptomatology of *Mutraghata*, at least to a certain extent and mostly that of *Vata* vitiation.

## 4. DISCUSSION

*Mutraghata* is mentioned Charaka Samhita, the Sushruta Samhita, Astanga Hridaya, the Astanga Samgraha, and in relation to modern urinary illnesses. Acharya Dalhana, Chakrapani, and Vijayarakshita have distinguished between the two i.e. *Mutrakrichhra* and *Mutraghata*. This differentiation is predicated on the “*Vibhanda*” or “*Avarodha*” (obstruction) in *Mutraghata* having a more marked *harshness*. Therefore, it can be said that *Mutraghata* is a condition that results from some type of obstructive uropathy, either mechanical or functional; connected to the upper or lower urinary tract and causing partial or complete retention of urine as well as oliguric or anuric symptoms. *Vatakundalika* has no biological source of blockage, hence this condition might be related to smooth muscle sphincter dyssynergy, which is an internal kind of sphincter dyssynergy when sphincter non-function occurs. Obstruction of the bladder collar is another ailment that may be related to this one. *Mutrasteeta* may be related to the changed neuro-physiological states of the bladder when patients try to transport urine. *Mutrathara* may be connected to a neurogenic bladder due to acute retention. Although haematuria is occasionally a sign of ureteral stricture, *Mutrotsanga* may be connected to this condition. It suggested a urethral blockage caused by an inflammatory condition.

Dehydration, which can be brought on by excessive sweating, a fever, a sunstroke, or by drinking less water, inhibits the generation of urine in *Mutrakshaya*. The acute character of *MutrAGRAnthi* or *RaktAGRAnthi* symptoms allows for a scientific association between these conditions and prostatic abscess. The sign of *Mutrashukra* is a mixed urine of semen that is discovered in retrograde ejaculation due to a number of factors. This might be related to chronic prostatic issues where patients may transmit sticky urine. The symptoms of *Ushnavata* are comparable to those of urethral and bladder inflammation. *Pittaja Mutraukasada* is characterized by the passage of thick, yellow urine that is accompanied by burning urination. *Kaphaja Mutraukasada* and phosphaturia can be compared. *Vidvighata* symptoms resemble recto-vesical fistula. *Bastikundalika*, also known as bladder circular distension, is characterized by stiffness and pain in the girdle.

## 5. CONCLUSION

*Mutraghata* is a serious *Mutra Vaha Srotas* illness. It is believed that this disease significantly contributes to the etiopathogenesis of *Vata Dosha*. *Dosha* vitiated substances combine with urine. The impact on *Apana Vayu* mentioned at *Basti Pradeha* causes the pathology to continue and the urine retention to happen. The Acharyas had a thorough understanding of the pathophysiology, etiology, and clinical manifestations of illness. The *Shatkriyakala* helps in the early management of the disease since it helps to understand the disease's stage-by-stage progression. Because *Mithya Ahara* and *Vihara* are the primary causes of the condition, it may be controlled by adhering to the right Pathya and administering *Vatanashaka Chikitsa*. Therefore, study into this illness using references from several classic sources in Ayurveda can lead to a natural and safe therapy.

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## 11. DATA AVAILABILITY

This is an original manuscript and all data are available for only Review purposes from principal investigators.

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**Table 1:** Different types of *Mutraghata* described by different Acharya)

S. No	Types	Sushruta	Charaka	Vagbhata
1.	<i>Vatakundalika</i>	+	+	+
2.	<i>Ashtheela</i>	+	+	+
3.	<i>Vatabasti</i>	+	+	+
4.	<i>Mutateeta</i>	+	+	+
5.	<i>Mutrjathara</i>	+	+	+
6.	<i>Mutrotsanga</i>	+	+	+
7.	<i>Mutrakshaya</i>	+	+	+
8.	<i>MutrAGRAnthi(RaktaGRAnthi)</i>	+	+	+
9.	<i>Mutrashukra(mutrakricchra)</i>	+	+	+
10.	<i>Pittaja mutroukasada</i>	+	+	+
11.	<i>Kaphaja mutroukasada</i>	+	-	-
12.	<i>Mutroukasada</i>	+	-	-
13.	<i>Vidvighata</i>	+	+	+
14.	<i>Basti kundalika</i>	+	+	+