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## “Efficacy Of Shrungataka Heem In The Management Of Pittaja”

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### Introduction

According to Ayurveda, Depending upon Srotas, diseases are many and Mootrakrichchra is one among them. It has been said that Doshas being provoked by their respective etiological factors, individually or all together reaches Basti and Mutramarga and begin to compress them on all sides and thus results in Mootrakrichchra.

Mootrakrichchra means pain and difficulty while micturition. It is characterized by Saruja, Sadaha and Muhurmuhu mutrapravritti. Vatadidushta Doshas leading to genesis of eight types of Mootrakrichchra<sup>1</sup>. Pittaja mootrakrichchra is one of the types of mootrakrichchra. It is characterized by Sarujam, Sadaham and muharmuhu, Haridra Raktavarna Mutrapravritti<sup>2</sup>. Classics have explained Shamana and Shodhana treatment for the disease, including Vyadhi Pratyhanika Chikitsa in the form of Shaman Yogas. Procedures like Parisheka, Avaghaha, Pradehahave also been quoted<sup>3</sup>. Urinary tract infection and its treatment is important because it causes acute morbidity and long term complications like hypertention and chronic renal insufficiency. UTI occurs 3-5% in girls and 1% in boys. In girls it occurs by 5 years of age with peak during infancy. After first UTI 60-80 % of girls will develop a second UTI within 18 months. UTI are much more common in uncircumcised boys<sup>4</sup>.

Early identification and diagnosis and prompt treatment is extremely important not only to cure the acute problems but also to prevent long term complications. Current line of treatment of UTI in modern medicine is purely based on antibiotics. It is costly and also have its own well known potential adverse effects.

Hence here a attempt to search a drug which is palliative, effective as well as safe for a children.

### Aim And Objectives:

**Aim:** To evaluate the efficacy of Shringataka Heem in the management of Pittaja Mootrakrichchra.

### Objectives :

1. To study the Mutravaha Strotas and anatomy of renal system.
2. To study Pittaja Mootrakrichchra and lower U.T.I. in detail.
3. To assess the efficacy of Shrungataka Heem in comparison with Gokshura Kashayain relieving Pittaja Mootrakrichchra.

## Materials And Methods

**Material-** The 60 diagnosed patients attending O.P.D. Of Ayurved Rugnalaya suffering from Pittaja Mootrakrichchhra will be selected randomly, irrespective of their sex, religion & socio-economic status & divided into 2 groups.

Group A -Trial Drug- 30 patients

Group B -Control Drug- 30patients

## Drug

GROUP A- TRIAL DRUG- Shrungataka Heem<sup>5</sup>.

GROUP B – CONTROL DRUG- Gokshura Kashaya.

## Drug Review

### Shrungataka Heem

Shrungataka heem contain only one drugs that's shrungataka churna.

Drug- Shrungataka

Latin Name- *Trapantum bispinosa*

Rasa- Madhur, Kashaya.

Virya- Sheet

Vipaka- Madhur

Guna- Gura, Ruksha,

Karma- Pittashamak, Tridoshshamak, Mutral, Rochan, Vishtambhi, Vrushya, Balya.

### Gokshura Kashaya

Gokshura kashaya contains only Gokshur churna.

Drug- Gokshura

Latin Name- *Tribulus terrestris*

Rasa- Madhur, Tikta.

Virya- Ushna

Vipaka- Madhur

Guna- Gura, Snigdha.

Karma- Balya, Bruhana, Dipana, Kaphakara, Pittahara, vathara, Keshya, Mutrala, Vrushya, Vedanasthapana

## Methodology-

Preparation of drug<sup>6</sup>-

**TRIAL GROUP "A"**-Shrungataka Heem

Shrungataka heem will be prepared in Ayurved Rasashala as described in Sharangdhar Samhita.

**CONTROL GROUP "B"**-GokshuraKashaya

Gokshura Kashaya will be prepared in Ayurved Rasashalaas described in Sharangdhar Samhita.

## Selection Of Patients

Present study will include total 60 diagnosedof Pittaja Mootrakrichchhra from Kaumarabhritya OPD of Ayurved Rugnalaya. That will be divided in two groups.

**Criteria For Selection Of Patients :-**

**Inclusion Criteria**

- Age group between 6yrs and 12yrs.
- Patients irrespective of their sex, religion and socio-economical status.
- Patients with symptoms of PittajaMootrakrichchhra.
- patients agreed for treatment & with informed consent.

**Exclusion Criteria:**

- Patients with Congenital abnormalities.
- Patients with Chronic renal diseases.
- Patients with Heamaturia, Renal failure, Pylonephritis, Nephrotic syndrome, Vesicoureteric reflux & Phimosiis.
- Patients with Renal tuberculosis.
- Patients having fever.

**Subjective Criteria:-**

1. SarujamMutrapravritti(Dysuria)
2. SadahamMutrapravritti (Burning Micturation)
3. MuhurmuhuMutrapravritti (Frequency of Urination)

**Objective Criteria:-**

Urine colour  
 No. of pus cells  
 No. of RBCs

**Investigation-**

Urine Analysis.(It done on before starting and after completion of the treatment.)

<b>MANAGEMENT OF PATIENTS</b>		
	<b>TRIAL DRUG</b>	<b>CONTROL DRUG</b>
DRUG NAME	Shrungataka Heem	Gokshura Kashaya
DOSE <sup>7</sup>	20-40 ml	20-40 ml
TIME <sup>8</sup>	Twice a day before meal	Twice a day before meal
DURATION	7 days	7 days
FOLLOWUP	3 <sup>rd</sup> , 5 <sup>th</sup> , 7 <sup>th</sup> day	3 <sup>rd</sup> , 5 <sup>th</sup> , 7 <sup>th</sup> day
NUMBER OF PATIENTS	30	30
ANUPAN	Sharkara	Sharkara
ROUTE	Orally	Orally

**Subjective Criteria<sup>9</sup>:-**

**1)Sadaha mootrata(Burning micturation):-**

- Score 0:-No burning micturation.  
 Score 1:-Mild- burning in morning or at starting of micturation.  
 Score 2:-Moderate -tolerable burning at starting & during micturation.  
 Score 3:- Severe- burning which is not tolerable at starting &prolonged for long time.

**2)Muhurmuhumootrata(Frequency of micturation):-**

- Score 0:-No frequent micturation (normal 6 to 8 times).
- Score 1:- frequent but controllable (8 to 10 times).
- Score 2:-Often frequent not able to control (10 to 12 times).
- Score 3:-Many times, more than 12.

**3) Sarujamutravrutti (Painful micturation):-**

- Score 0:-No pain.
- Score 1:-Mild pain occasional only at starting of micturation.
- Score 2:- Moderate- Tolerable at starting & during micturation.
- Score 3:-Severe/more, unable to tolerable at starting & prolonged for long time.

**Objective Criteria:-**

**Colour of Urine<sup>10</sup>:-**

- Score 0:- Clear to pale yellow
- Score 1:- Dark yellow
- Score 2:- Amber coloured
- Score 3:-Orange coloured

**Pus cells:-**

- Score 0:-0 to 4 p.c./hpf
- Score 1:-5 to 20 p.c./hpf
- Score 2:-21 to 40 p.c./hpf
- Score 3:-Above 40./hpf

**RBCs in urine:-**

- score 0:-No RBCs found in urine (0/hpf)..
- score 1:-Few RBCs found in urine (1-10/hpf) .
- score 2:-Moderate number of RBC" s found (11-20/hpf).
- score 3:-Abundant RBC" s found in urine (Above 20/hpf).

Frank blood seen in urine.

**Observations**

**Table no 1 Age wise distribution**

Age Group in years	Group (A)		Group (B)		Total	
	No. of patients	Peren Tage	No. of patients	Peren tage	No.of patients	Peren tage
6 to 8	16	53.33%	14	46.67%	30	50.00%
8 to 10	14	46.67%	14	46.67%	28	46.67%
10 to 12	0	0.00%	2	6.67%	2	3.33%
<b>Total</b>	<b>30</b>	<b>100 %</b>	<b>30</b>	<b>100 %</b>	<b>60</b>	<b>100 %</b>

Table no.2 Gender wise distribution

Gender	Group (A)		Group (B)		Total	
	No. of patients	Percen Tage	No. of patients	Percen tage	No.of patients	Percen tage
Female	20	66.67%	18	60.00%	38	63.33%
Male	10	33.33%	12	40.00%	22	36.67%
Total	30	100 %	30	100%	60	100 %

Table no. 3 - Hygiene wise distribution

Hygiene	Group (A)		Group (B)		Total	
	No. of patients	Percen Tage	No. of patients	Percen tage	No.of patients	Percen Tage
Good	2	6.67%	4	13.33%	6	10.00%
Moderate	23	76.67%	17	56.67%	40	66.67%
Poor	5	16.67%	9	30.00%	14	23.33%
Total	30	100 %	30	100%	60	100 %

Table no. 4 – Socio-Economical status wise distribution

Socio-Economical class	Group (A)		Group (B)		Total	
	No. of patients	Percen Tage	No. of patients	Percen tage	No.of patients	Percen Tage
Good	2	6.67%	1	3.33%	3	5.00%
Moderate	19	63.33%	19	63.33%	38	63.33%
Poor	9	30.00%	10	33.33%	19	31.67%
Total	30	100 %	30	100%	60	100%

Table no. 5 – OVERALL EFFECT OF THERAPY on 60 patients of PITTAJA MOOTRAKRICHCHHRA

Result	Group A		Group B	
	Number of patients	%	Number of patients	%
Excellent (76 to 100 %)	25	83.33%	27	90.00%
Good (51 – 75 %)	5	16.6%	3	10.00%
Fair (26 – 50 %)	0	0.00%	0	0.00%
Poor (below 25 %)	0	0.00%	0	0.00%

**Results and conclusion**

- Out of the all 60 patients, females are 63.37% and males are 36.67%, in hygiene wise most of in moderate i.e. 66.67%, then in poor i.e. 23.33%, then in good i.e. 10%; socioeconomically more in moderate group i.e. 63.33%, then poor i.e. 31.67%, then good i.e. 5% patients are found.

- Effect of the Shrungataka Heem (group a) and Gokshura Kashaya (group b) on symptoms observed in Pittaja mootrakrichchhra is statistically proved to be significant on subjective criteria and objective criteria separately.
- the effect of Shrungataka Heem (group a) is significant than Gokshura Kashaya (group b) for subjective criteria such as Sadaha mootrata (burning micturation) of Pittaja Mootrakrichchhra.
- The effect of Shrungataka Heem (group a) is not significant than Gokshura kashaya (group b) for subjective criteria such as Sarujammutrapravrutti (painful micturation).
- There is no significant difference between Shrungataka Heem (group a) and Gokshura kashaya (group b) for Muhurmuhumootrata (frequency of micturation, colour of urine, pus cells, and rbc's of Pittaja mootrakrichchhra).
- Thus it can be concluded that Shrugataka heem is good medicine without any adverse effect with minimal expense and palliative, testy for children for better management of Pittaja Mootrakricchra.

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