

Mutravaha Srotodushti and Mutraghata: A Focused Review in Ayurveda

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ABSTRACT

Ayurveda, the ancient science of life, places profound emphasis on the integrity of Srotas (body channels), as their proper functioning is essential for maintaining health and preventing disease. Among these, the Mutravaha Srotas—responsible for urine formation, transport, and elimination hold significant importance in sustaining homeostasis and ensuring the removal of metabolic wastes.

A close study of the ancient surgical treatise Sushruta Samhita reveals that urological disorders constituted a significant and well-recognized domain within early medical science. Mutraghata is one of the most significant Mutravaha Srotas disorders described in Ayurveda, characterized by obstruction, difficulty, or retention of urine. The Bṛhatrayi elaborates on the etiological factors, Doshic involvement, symptomatology, and progressive pathological mechanisms (samprapti) underlying these conditions, offering detailed guidance for diagnosis and management. Understanding Mutraghata through the lens of Srotodushti not only enhances clinical clarity but also bridges Ayurvedic concepts with modern urological pathophysiology. This focused review synthesizes the descriptions available in Charaka Samhita, Sushruta Samhita, and Ashtanga Hṛidaya, highlighting the multidimensional approach of Ayurveda toward Mutravaha Srotas, its vitiation, and the resulting manifestation of Mutraghata.

Keywords: Mutravaha Srotas, Mutraghata, Ayurveda, Urological Disorders

INTRODUCTION

Ayurveda, the ancient science of life, emphasizes the integrity of Srotas—the internal transport and transformation channels that sustain physiological harmony. Among these, the Mutravaha Srotas hold critical importance as they govern the formation, transportation, and excretion of urine, a vital process for maintaining fluid, electrolyte, and metabolic balance. The classical texts of the Bṛhatrayi—Charaka Samhita, Sushruta Samhita, and Aṣṭāṅga Hṛidaya—offer comprehensive descriptions of the structure, function, diseases, and pathological alterations of this system through the lens of srotodushti.

As per Acharya Charaka Mutravaha srotas (channels carrying urine) have their root in basti and vankṣhaṇa. Symptoms such as excessive excretion, excessive obstruction or suppression of urine, vitiated, diminished urination or frequent thick urine with pain indicate the morbidity of Mutravaha srotas.

A straightforward way to understand medicines for Mutravahasrotas diseases is to sort them into Ashmarighna dravyas, Pramehagna dravyas, Mutravirechaneeya dravyas, Mutravirajaneeya dravyas, or Mutrasangrahaneeya dravyas.

Classification of Mutraroga (Urinary Disorders): In Ayurvedic literature, following clinical entities are mentioned as MutraRogas : Mutrakriccha–8, Mutraghata–13, Ashmari–4, Prameha–20, Mutrakshaya–1, Mutravridhhi–1, = 47.

Mutraghata is a clinical entity of mutravaha srotas, where Mutraghata denotes a condition of reduced urine output resulting from obstruction or impairment in the normal urinary flow. It represents a pathological state involving various components of the urinary system, with urinary retention as its primary clinical feature. Urinary retention may arise due to mechanical blockage, irritation, or constriction of the urinary tract caused by factors such as compression, trauma, calculi, or other obstructions. Since the urinary system is vital for maintaining homeostasis through waste elimination and regulation of metabolites (Mala, Dhatu, Dosha), disturbances in its function lead to significant clinical consequences. Additionally, Vegavarodha (suppression of natural urges) is considered an important etiological factor contributing to Mutraghata and several other diseases.

MATERIALS AND METHODS

Clinical conditions with Mutraghata have been compiled from the earliest Ayurvedic literature. The content from Bṛhatrayi has been compiled, evaluated, and discussed.

MUTRAVAHA SROTAS

In Ayurveda, Srotas mainly refers to the body's internal channels or hollow pathways. Acharya Charaka (Atreya tradition) views Srotas as functional systems related to specific tissues or elements, whereas Acharya Sushruta (Dhanwantary tradition) describes them as definite anatomical channels. Acharya Charaka mentions thirteen Srotas, and Sushruta describes eleven pairs. For Mutravaha Srota, Charaka cites Basti (urinary bladder) and Vankshan (inguinal region) as its roots (Mula), while Sushruta names Basti and Medhra (penis). Thus, Basti is consistently regarded as the chief Mula of Mutravaha Srotas. Modern science emphasizes the kidneys and related structures (nephrons, tubules) in urine formation, but classical Ayurvedic texts place comparatively little focus on the kidneys in describing Mutravaha Srotas. In respect to modern science, Mutravaha srotas can be correlated with urinary systems and its concerned structures like Kidney, ureter, urinary bladder and urethra. Acharya Sushruta specifies two Mutravaha Srotas, suggesting they represent distinct anatomical channels.

CONCEPT OF MUTRAVAHA SROTODUSHTI

Acharya Charaka's 'Srotodushti' points to significant disruption of Srotas functions, primarily their role in transporting contents like Prana, Udaka, Anna, seven Dhatus, or three Malas, driven mainly by Vata Dosha among the three Doshas.

MUTRAVAHA SROTODUSHTI NIDANA

According to Acharya Charaka in Vimana Sthana, the Mutravaha Srotas (urinary channels) become vitiated due to drinking water, taking food, or engaging in sexual activity while suppressing the urge for micturition, frequent suppression of the urinary urge, excessive depletion of the body, and trauma or injury to the urinary tract.”

Acharya Charaka has also described the causes of Mutravaha Srotodushti as similar to those of Mutrakricchra. Nidana sevan such as excessive physical exertion, intake of very strong and harsh medicines, rough food and alcohol, sitting on the back of fast moving vehicles (horses etc.). Excessive consumption of meat of wild animals, birds and fish, eating again (Adhyashana) even if the previous food remains undigested.

Nidan Sevana triggers Dosha Prakopana, Dhatu Pradushana, Srotamsi Kha-vaigunya (impairment of these channels) and Agni Dushti. Unwholesome diet and lifestyle vitiate Doshas, which localize via Sthanasamshraya at Kha-vaigunya sites, leading to Dosha-Dushya Sammurchhana. This afflicts the respective Dhatu and Mala, causing Srotodushti—functional alteration manifesting as unique clinical signs and diseases tied to each Srota.

SAMPRAPTI

Acharya Charaka's term Srotodushti refers to a significant disruption in the normal functioning of Srotas. It arises primarily from Nidan Sevana (exposure to disease-causing factors), which triggers three key effects: Dosha Prakopana (Dosha vitiation), Dhatu Pradushana (Dhatu contamination), and Kha-vaigunya (Srotas impairment). Unwholesome diet and lifestyle vitiate Doshas, which localize at vulnerable Srotas sites (Sthanasamshraya), leading to Dosha - Dushya Sammurchhana (vitiating Dosha-Dhatu/Mala interaction) and Srotodushti altering Srota function. This manifests as distinct clinical signs and diseases; for instance, Mutravaha Srotodushti causes primary urinary disorders like Mutrakricchra, Mutraghata, Ashmari, and Prameha.

MUTRAVAHA SROTODUSHTI LAKSHANAS

As per Acharya Charaka- Excessive urination, interrupted flow of urine, abnormal urine, scanty and frequent passage with pain and thick urine are symptoms of Mutravaha Srotas Dushti.

As per Acharya Sushruta- When Mutravaha Srotas is injured or pierced (viddha), the Basti (bladder) swells, Mutra (urine) flow is interrupted, and Mutrendriya (urethra) becomes rigid. This aligns with his use of 'Srotavidhha' for vitiation, where 'Viddha' (from 'Vedhana,' meaning puncture) indicates mechanical injury to these structures.

Acharya Vagbhata- Due to various causes, excessive urine leads to distension of the bladder region, and even after urination, there is a persistent feeling of incomplete voiding. When urine output is diminished, it passes in very small quantities with difficulty. Its color may be abnormal or mixed with blood.

MUTRAGHATA

Mutraghata is a clinical condition of Mutravaha Srotas Dushti, characterized by reduced urine output due to obstruction or impairment in the urinary flow pathway. As per Acharya Charaka, in Siddhithana (Adhyaya 9 – Trimarmeeya Siddhi), thirteen types of Basti Rogas have been described under the heading "Mutradosha," which are similar to Mutraghata as explained by Acharya Sushruta. Acharya Sushruta has described twelve types of Mutraghata in Uttaratantra (Adhyaya 58 – Mutraghatapratishedhadhyaya); however, he has not mentioned the varieties Bastikundala and Vidvighata, which are described by Acharya Charaka. Acharya Sushruta has described two types of Mutraukasada, namely Pittaja Mutraukasada and Kaphaja Mutraukasada, whereas Acharya Charaka and Acharya Vagbhata have mentioned only one type, i.e., Mutraukasada. According to Ashtanga Hridaya, Mutraghata has been elaborately described in the chapter 9 "Mutraghata Nidana." An interesting aspect is that the diseases of Mutravaha Srotas have been

categorized into two groups: Mutra-Atipravrittijanya Rogas (diseases caused by excessive urination) and Mutra-Aprvrittijanya Rogas (diseases caused by diminished or obstructed urination).

Types of Mutraghata as per Brihatrayi

	Charaka Samhita	Sushruta Samhita	Ashtang Hridaya
1.	Vata Basti	Vata Basti	Vata Basti
2.	Ashteela	Ashteela	Ashteela
3.	Kundalika	Kundalika	Kundalika
4.	Mutrasteeta	Mutrasteeta	Mutrasteeta
5.	Mutrajathara	Mutrajathara	Mutrajathara
6.	Mutrotsanga	Mutrotsanga	Mutrotsanga
7.	Mutra Granthi	Mutra Granthi	Mutra Granthi
8.	Mutrakrichhra	Mutrashukra	Mutrashukra
9.	Vidvighata	Mutraukasada	Vidvighata
10.	Ushna-Vata	Ushna-Vata	Ushna-Vata
11.	Mutrakshaya	Mutrakshaya	Mutrakshaya
12.	Mutravsada	Mutravsada	Mutravsada
13.	Vastikundal	----	----

Disease	Nidana/ Dosha	Lakshanas
vatakundalika	<ul style="list-style-type: none"> Excessive Ruksha Ahara intake; deliberate suppression of natural urges (urination, defecation). Vata dosha 	<ul style="list-style-type: none"> Progressive reduction in urine output. Intense pain in the bladder region. Severe discomfort due to urinary retention. Absence of any obvious physical obstruction. Condition resembling functional obstruction (retention-like state).
Ashteela	<ul style="list-style-type: none"> Vitiated Apana Vayu settles between rectum and bladder. Vata dosha 	<ul style="list-style-type: none"> Hard stone-like swelling causing Adhmana. Obstruction of feces/ urine/ flatus. suprapubic pain. Increased frequency of urination. Burning sensation during micturition. Weak urinary stream.

Vata Basti	<ul style="list-style-type: none"> • Suppression of natural urges. • Vata dosha 	<ul style="list-style-type: none"> ▪ Urinary retention. ▪ Discomfort in the bladder region. ▪ Pain or discomfort in the lower abdomen. ▪ Features resembling bladder outlet obstruction.
Mutrasteeta	<ul style="list-style-type: none"> ▪ Repeated forcible suppression of urination urge. ▪ Vata dosha 	<ul style="list-style-type: none"> ▪ Inability to void urine normally. ▪ Scanty urine output. ▪ Mild effort required during micturition. ▪ Mild discomfort while passing urine. ▪ Flaccid (atonic) bladder. ▪ Absence of acute illness. ▪ No evident structural obstruction.
Mutrasthara	<ul style="list-style-type: none"> • Suppression of urinary urge in Udavarta. • Apana vata, pitta dosha 	<ul style="list-style-type: none"> ▪ Distension of the bladder. ▪ Abdominal bloating above the pubic region. ▪ Obstruction to the passage of urine and stool. ▪ Features resembling neurogenic bladder.
Mutrotsanga	<ul style="list-style-type: none"> • Vimarga Gami Vata aggravation; residual urine. • Apana vata 	<ul style="list-style-type: none"> ▪ Obstruction at the urinary outlet (Margavarodha). ▪ Heaviness in the penile region. ▪ Dribbling of urine drop by drop (Mandam Mandam). ▪ Incomplete emptying of the bladder.
Mutra Granthi / Rakta Granthi	<ul style="list-style-type: none"> • Rakta, vata, kapha dosha 	<ul style="list-style-type: none"> ▪ Fixed tender swelling at bladder neck. ▪ Sudden or abrupt obstruction of urine. ▪ Features resembling Ashmari (stone-like presentation).
Mutrashukra	<ul style="list-style-type: none"> • Coitus with urination urge. • Vata dosha 	<ul style="list-style-type: none"> ▪ Ash-colored urine mixed with semen. ▪ Features resembling semen reflux or prostatitis-like presentation.

<p>Ushna-Vata</p>	<ul style="list-style-type: none"> • Excessive exertion in hot weather, Excessive exercise. • Pitta-vata 	<ul style="list-style-type: none"> ▪ Dysuria (painful micturition). ▪ Red- Yellow colored urine. ▪ Burning sensation in the suprapubic region. ▪ Suprapubic pain. ▪ Burning sensation during urination.
<p>Mutraukasada</p>	<ul style="list-style-type: none"> • Pitta -Kapha- vata dosha • Kapha- vata dosha 	<ul style="list-style-type: none"> ▪ Pittaj-Thick, yellow-colored urine. ▪ Burning sensation after micturition (like Goroohana). ▪ Intense burning during urination. ▪ Features resembling urethritis. ▪ Kaphaja- Thick and turbid urine. ▪ Difficulty in voiding urine. ▪ Urine that dries into powder-like residue (Shankha Churna-like). ▪ Features resembling phosphaturia.
<p>Vastikundal</p>	<ul style="list-style-type: none"> • Excessive fasting/exertion, rapid walking, bladder injury. • Vata dosha 	<ul style="list-style-type: none"> ▪ Displaced or markedly swollen bladder (enlarged like a pregnant uterus). ▪ Burning sensation in the bladder region. ▪ Throbbing pain. ▪ Dribbling of urine. ▪ Regional stiffness. ▪ Severe pain in the lower abdomen/pelvic region. ▪ Grave and serious presentation (severe intensity of symptoms).
<p>Mutrakshaya</p>	<ul style="list-style-type: none"> • dehydration from excessive sweating, fever, sunstroke, or inadequate water intake. • Pitta-vata dosha 	<ul style="list-style-type: none"> ▪ Suppression or marked reduction in urine formation. ▪ Burning sensation during micturition. ▪ Pain in the Basti. ▪ Dysuria.

Vidvighata	<ul style="list-style-type: none"> • Vitiation of Vayu in dry and debilitated persons. • Vata dosha 	<ul style="list-style-type: none"> ▪ Passage of fecal matter through urine. ▪ Foul or fecal odor in urine. ▪ Dysuria. ▪ Features resembling recto-vesical fistula.
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DISCUSSION

This review elucidates Mutravaha Srotodushti as the core mechanism driving Mutraghata, aligning classical descriptions with observable clinical realities. As per Acharya Charaka the moola of Mutravaha srotasa is Basti and Vankshana. Basti collects fully formed poshya mutra from pakwashaya-derived fluids via gavini (ureters) and shookshma siraas (capillaries). Vankshana refers to the flank or lumbar-inguinal region encompassing key urinary organs, rather than a single organ itself. Urine formation originates in pakwashaya (large intestine) through sara-kitta vibhajana, where digested food's liquid waste (mala drava or udaka-kleda) separates as precursor mutra (poshaka mutra). The urinary organs within vankshana and mutravaha strotas follow this functional sequence from pakwashaya origin: Vrikka (kidneys)- Filter and process liquid kitta via mutravaha srotansi (nephron-like units). Gavini (ureters, or mutra vahi dwe): Two tubular channels transport filtered mutra downward. Basti (urinary bladder)-Receives and stores mutra via mootra vahini sira (capillaries). Medra (urethra)- Expels stored mutra during voiding. If mutravaha strotodushti happens, various types of mutravaha strotodushti janya vyadhi begin, manifesting as obstructions or dysfunctions along this pathway.

Acharya Charaka's Srotodushti framework—encompassing Doṣha prakopana, dhatu pradushana, agni dushti and kha-vaigunya, provides a nuanced pathogenesis that transcends mere anatomical obstruction, emphasizing functional derangement primarily by Vata Doṣha. The predominance of Vata in nearly all Mutraghata types (e.g., Vata Kundalika, Mutrotsanga) reflects its role in motility and channel patency, mirroring modern neurogenic bladder dysfunctions or detrusor-sphincter dyssynergia where impaired neural coordination halts voiding.

Notably, Vegavarodha emerges as a recurrent nidana across texts, underscoring Ayurveda's preventive ethos. Suppressing micturition disrupts Apana Vata, fostering retention akin to chronic urinary retention from habituated holding in contemporary settings. Structural correlates abound: Vatashteela stone-like swelling evokes benign prostatic hyperplasia (BPH), while Mutra Granthi parallels prostatic abscesses, and Vidvighata's fecal-urine fistula matches recto-vesical anomalies. Sushruta's srotavidha concept anticipates iatrogenic or traumatic urethral strictures, highlighting early recognition of mechanical insults. Classical mula attributions (vasti-centric) diverge from modern nephro-ureteral emphasis, yet the holistic Mutravaha Srotas view encompasses the full urinary system, facilitating integrative diagnostics. Variable classifications (Charaka's 13 vs. Sushruta's subtypes) reflect contextual adaptations- therapeutic (chikitsa-oriented) vs. surgical, yet converge on apravṛtti-janya (hypofunction) disorders.

Limitations include the literature review's reliance on Bṛhatrayi without exhaustive Saṃgraha or medieval commentaries, and absence of empirical validation. Modern correlations, while insightful, warrant caution against oversimplification of Doṣha dynamics.

CONCLUSION

This focused review illuminates the profound Ayurvedic understanding of Mutravaha Srotodushti as the

foundational pathology underlying Mutraghata, a critical disorder of urinary retention and flow obstruction. Drawing from the Brihatrayi, it highlights how Nidana such as Vegavarodha, unwholesome diets, and trauma provoke Dosha vitiation, Sthanasamshraya, and Srotodushti, manifesting in diverse types like Vata Kundalika, Vatashtheela, and Mutrotsanga—each with distinct Lakshanas mirroring modern urological conditions such as bladder neck obstruction, prostatic swellings, and neurogenic bladder dysfunction.

Ayurveda's multidimensional framework, integrating Nidana Panchaka, Samprapti, and targeted Dravya classifications (e.g., Ashmarighna, Mutravirechaneeya), offers timeless diagnostic precision and therapeutic strategies that align remarkably with contemporary pathophysiology. By viewing Mutraghata through Srotodushti, clinicians can adopt holistic interventions—emphasizing Dosha Shamana, Srota Shodhana, and urge preservation—to prevent progression and restore homeostasis. Future research bridging these classical insights with evidence-based urology holds promise for innovative, integrative management of urinary disorders, reaffirming Ayurveda's enduring relevance in global health.

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