

Ayurvedic approach in the Management of *Mutrashmari* (Ureteric Calculus)- A Single Case Report

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ABSTRACT:

In ancient centuries urolithiasis was frequently a complaint, with a disastrous outgrowth each too frequently leading to the case's death. Indeed moment, urolithiasis is one of the most common afflictions of the urinary tract. *Mutrashmari* is one among the *Ashtamahagada* (eight fatal conditions) and is *Kapha Pradhan Tridoshaja*. Description of Ashmari is set up in nearly all Samhita of Ayurveda as etiopathogenesis, classification, symptomatology, complications and operation in a most scientific manner. Colorful operation of urolithiasis has been developed in ultramodern system with different treatment modalities have been espoused in medical lores, but it's relatively precious and also the pathogenesis behind rush of conformation of gravestone cannot be avoided. The average frequency rate in India ranges around 3.4 % at the Mean age group of 20- 40 years. The Purpose of this Paper is an attempt to pave for a result in breaking the nut for resolving the clinical hedge. Hence, it's necessary to find out provident effective, fluently available drug (Ayurvedic) to treat *Mutrashmari*. A 44 years old women presented with mild dilated pelvicalyceal system, 8.3 mm lower ureteric stone and mild hydroureteronephrosis treated with ayurvedic formulations [Tab *Yavakshara* 500 mg, *Varunadikshaya* 40 ml and Polyherbal tablet 250 mg 2 tablets all for twice daily] for two months. The result was assessed on the basis of relief in sign and symptoms and USG findings. This case concluded that patient got total cure with day to day enhancement in symptoms without recurrence.

KEYWORDS: *Ashtamahagada*, *Mutrashmari*, Ureteric calculus, Urolithiasis.

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INTRODUCTION:

Ayurveda, the System of Indian drug deals with the good of humanity. The three great authors videlicet *Acharaya Charaka, Sushruta and Vagbhata* followed the scientific styles of study to enhance the perception of Ayurveda towards humanity. Renal calculus is known to humanity since time immemorial. Clinical features of the complaint (*Mutrashmari*) are described indeed in Vedas, the oldest depositories of mortal knowledge. Rigveda and Atharavaveda (2000 - 5000 BC) has also mentioned the gravestone and advise people not to ride a steed, *Acharya Charaka* has advised medical management and *Acharya Sushruta* advised both conservative and surgical junking of gravestone through perennial root cystolithotomy. *Sushruta*, the colonist in the art of surgery, during early civilization has described the problem of *Ashmari* extensively and exhaustively. The conception of *Ashmari*, symptomatology, etiological factors, pathology, complications and operation have been dealt with both medico surgical procedure. [1-2] *Ashmari* comprises of two words “*Ashma*” and “*Ari*”. *Ashma* means “a stone or gravel” and *Ari* means “an enemy”. *Ashmari* is a disease in which there is formation of stone, exerting severe pain as given by enemy.

Acharya Sushruta said that before going for surgical procedures one should try with oral medications like *Ghrita* (Medicated ghee), *Taila* (Medicated oil), *Paneeya Kshara* (Medicated Alkali preparation), etc. [3] which possesses the properties such as *Chedana* (Cutting/ Breaking), *Bhedana* (Splitting), *Lekhana* (Scarification) and *Mutrala* (Diuretic) for facilitating the disintegration of the Urinary stones.

The symptoms of *Ashmari* like excruciating pain over *Nabhi, Basti, At Sevani* or at *Medhra*

during micturition, sudden stoppage of urine flow, blood stained urine, aggravation of pain during running, jolting etc. [4] These above said signs and symptoms go on in accordance with symptoms of urolithiasis of modern science. Hence urolithiasis can be co-related with the *Ashmari* mentioned in Ayurveda.

Urolithiasis is a multi-factorial complaint performing from the concerted influence of epidemiological, biochemical and inheritable threat factors. The effect of terrain on the prevalence of gravestone confirmation may be through its effect on temperature as high temperature increases perspiration which by adding the attention of urine promotes increased urinary crystallization. The overall probability of forming monuments differ in colorful corridor of the world and is estimated about 1- 5% in Asia, 5- 9% in Europe, 13 % in North America and the rush rate of renal monuments about 75% in 20 years span. [5] The complaint affects all age groups but generally occurs in middle life during the most productive times (30- 50 times) with male to female 4:3. [6] Urinary metabolic abnormalities similar as low urine volume, hypercalciuria, hyperoxaluria, hyperuricosuria and hypocitraturia dispose a case to early rush. Male gender, multiple monuments, gravestone position, residual fractions and some anatomic or functional urinary tract abnormalities are known to be major threat factors for rush. Primary gravestone conformation and rush of gravestone conformation is one of the biggest challenges faced by urologists nowadays. Due to the complexity of this complaint and high chances of rush after surgical junking Frere Jacques (The famous lithotomist of middle Ages) used to say – “I have removed the stone, but God will cure the patient.” [7]

Ayurveda has mentioned different modes of treatment of this complaint by espousing the

principle of not only treating the complaint but also precluding the rush of complaint. Acharya Charaka has described medicinal operation whereas Acharya Susruta has described both conservative as well as surgical junking of *Ashmari*.

CASE REPORT:

A patient named XYZ, 44-year-old female, house wife from Varanasi reported in our Mutra roga OPD (mrd no-4245564) with the following complains-

- Abdominal pain radiating pain from loin to groin region since 3 months
- Difficulty in urination since 3 months
- Burning micturition since 3 months

On general physical examination her BP was 118/84 mm of Hg in right hand supine position, pulse rate of 76 beats per minute rhythmic adequate volume with respiration rate of 17 per min and afebrile on touch. The patient was assessed on day 15th, 30th and 60th on the basis of her symptoms with which she was presented in the OPD in table- 1. By analyzing the above pathogenesis of disease in this patient, the following treatment plan was prescribed, which can be categorized as *Shaman Chikitsa* shown in table-2. After the treatment given to the patient the ultrasound was repeated after approximately two months fig 1 and fig 2 which has been presented in the report below.

Table-1: Assessment of patient:

Days	0	15 th	30 th	60 th
Flank pain/radiating loin to groin	Severe	Moderate	Mild	Absent
Difficulty/pain in urination	Severe	Moderate	Mild	No any
Burning micturition	Severe	Moderate	Mild	Absent

Table-2: Treatment advised:

Drugs Dose	Time of administration	Duration
Tab <i>Yavakshara</i> 500 mg twice a day	After meal	2 months
<i>Varunadikshaya</i> 40 ml twice daily	After meal	2 months
Poly herbal tablet 250 mg 2 tablet twice daily	After meal	2 months

Table-3: Timeline:

Date	Clinical findings	USG findings
06/08/2021	Pain in flank (rt) side, radiating loin to groin, burning micturition, dysuria	Rt lower ureteric stone (8.3 mm) causing mild hydroureteronephrosis
08/09/2021	mild pain in flank	Not done
01/10/2021	no any symptoms	normal scan

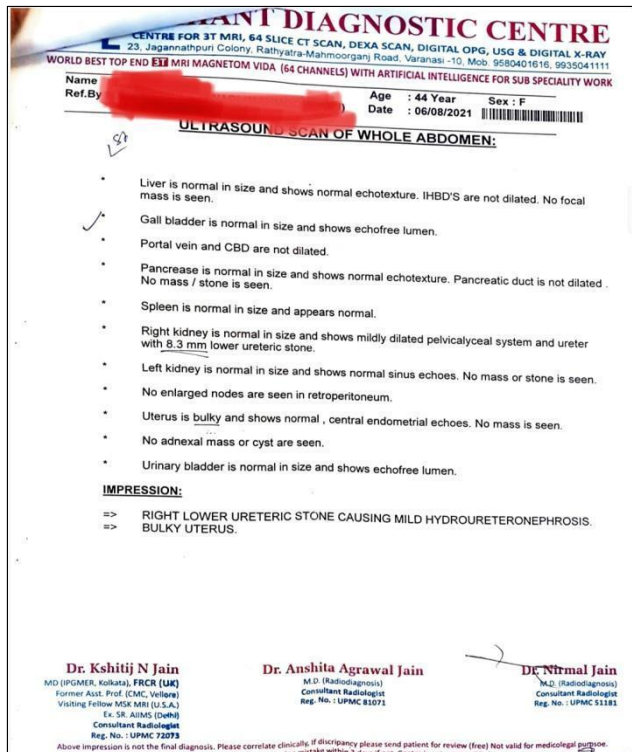


Fig-1: USG report Before Treatment

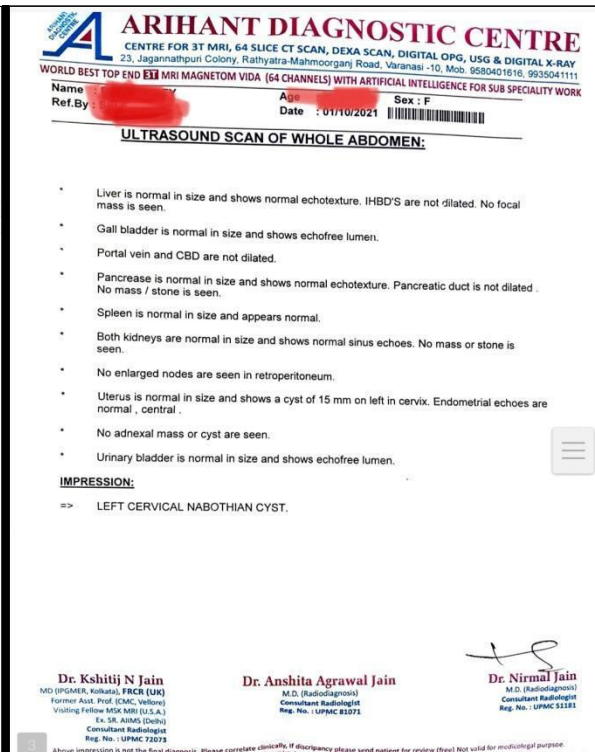


Fig-2: USG report After Treatment

RESULT AND DISCUSSION:

Kidney stones do not have a single, well-defined cause, but are the result of a combination of factors. A stone is created when the urine does not have the correct balance of fluid and a combination of minerals and acids. When the urine contains more crystal-forming substances than the fluid can dilute, crystals can form. Normally the urine contains components that prevent these crystals from attaching to each other. However, when these substances fall below their normal proportions, stones can form out of an accumulation of crystals. Generally stones are formed in calyces (parts of the kidney which pass urine into the ureter.) and then slowly migrate towards the ureter and produce symptoms like pain, nausea etc.

Yavakshara has properties such as *Shodhana*, *Lekhana*, *Bhedhan*, *Pachana*, and *Tridoshagna*.^[8] *Yava* is *Sheet Virya*, which acts as an

alkalizer. Further, as it is a *Kshar* it possesses alkalic properties. The synergetic action of alkalizer is enhanced and appreciating results in disintegration and elimination of urinary stones from the urinary tract. As *Yavakkshar* is having *Deepana* and *Pachana* properties, it may relieve the indigestion and it helps to break the pathogenesis of the urolithiasis. Because of its *Bhedana* (splitting) and *Lekhana* (scarification) properties, it breaks the urinary stones in small particles. *Yavakshar* is a potent urinary alkalizer with mild diuretic activity. Thus, it reduces burning micturition. *Yavakshar* is a potent urinary alkalizer with mild diuretic activity. Thus, it reduces burning micturition

Varunadi Kshaya pacifies *Kapha Dosha* by virtue of their *Ruksha Guna*, *Katu Vipak*, and *Ushna Virya*. Its *Vatanulomana* *Shothahara* and *Mutrala* properties help to relieve pain and *Shotha*.^[9] It is an effective remedy in

management of urinary problems, including diuretic, lithotriptic (remove calculi or stones), and antispasmodic (removes spasm and pain) properties. [10] Because of its lithotriptic property, it can break the urinary stones and its diuretic property helps to flush out small stones from the urinary tract. Its antispasmodic property may help to relieve pain and spasm. Thus, in total this formulation has the capacity to disintegrate the pathogenesis of the disease *Ashmari* and recurrence of urinary stone.

Tablet Polyherbal contains Giloy, *Punarnava*, *Gokshura*, *Chandana*, *Shweta Parpati*, and *Pashanbhed*, which is used in urinary retention, difficulty in urination, urinary calculi, hematuria, burning, and difficulty in urination due to acidic urine. [11] Medicine was given in tapering dose to overcome the severity of the symptoms.

CONCLUSION:

The result revealed that renal calculi (*Mutrashmari*) can be cured with Ayurvedic *Shaman Chikitsa*, without recurrence to less chance of recurrence. Till date there is no need for the patient to undergo any surgical intervention as well as there is no recurrence of symptoms and the patient is doing her day to day activity without any difficulty.

Limitation of Study:

This study is about the presentation of the single case study only on ureteric calculi. An attempt should be made for further exploration of the effect of this *Shaman* therapy in a large population for establishing standard treatment protocol for *Mutrashmari*. To combat the disease in minimum duration with symptomatic relief and very less to no

chance of recurrence, we have used a multi-treatment approach to get synergistic effect.

Consent of patient:

Written consent has been taken from patients for both treatment and publication without disclosing the identity of the patient.

REFERENCES:

1. Patwardhan B, Warude D, Pushpangadan P, Bhatt N. Evidence-Based Complementary and Alternative Medicine, Ayurveda and traditional Chinese medicine: a comparative overview. 2(4):2005, 465-473.
2. Barros ME, Lima R, Mercuri LP, Matos JR, Schor N, Boim MA. Effect of extract of *Phyllanthus niruri* on crystal deposition in experimental urolithiasis. Urological Research, 34(6): 2006,351-357.
3. Patwardhan BD, Vaidya AD. Natural products drug discovery: accelerating the clinical candidate development using reverse pharmacology approaches. Indian Journal of Experimental Biology, 48(3):2010. 220-227.
4. Deshpande AP, Jawalgekar RR, Ranade S. Dravyagunvigyan, Part vols. 1 and 2, Chapter 7 Anmol Prakashan, 2007 355-356 pp.
5. Deshpande AP, Jawalgekar RR, Ranade S. Dravyagunvigyan, Part vols. 1 and 2, Chapter 337, Anmol Prakashan, 2007, p-971-972
6. Deshpande, A.P., Jawalgekar, R.R. and Ranade, S. Chapter 17, Dravyagunvigyan, Part vols. 1 and 2, Anmol Prakashan, 2007, 616-618 pp.
7. Uribarri J, Oh, M.S., Carroll HJ. The first kidney stone. Annals of Internal Medicine, 1989, 111(12):p-1006-1009.

8. Sharma PV, Sushruta, Sushruta Samhita, Sutrasthana Ksharapakvidhi adhyaya. Verse 5. Chaukhambha Surbharati Prakashan, Varanasi, 2013. p. 78.
9. Mishra S. Bhavprakash, Madhya khanda, chikitsa sthana. Verse 70. Chaukhamba Surbharati Prakashan, Varanasi, 2012. p. 383.
10. Sharma PV, Sushruta, Sushruta Samhita, Nidan sthana Ashmarinidan adhyaya. Verse 1. Chaukhambha Surbharati Prakashan, Varanasi, 2013. p. 481.
11. Mishra S, Bhavprakash, Madhya khanda, chikitsa sthana. Verse 70. Chaukhamba

Surbharati Prakashan, Varanasi, 2012. p. 383.

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