

A Case Study on Ayurvedic Management of Ashmari (Renal Calculi)

Rubi Rani, ^{1*} Shashank Singh, ² A K Dwivedi³

¹MS Scholar, ² PG Diploma in Ksharsutra, ³Assistant Professor, Department of Shalya Tantra, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, UP, India

ABSTRACT:

Calculi has been mentioned in ayurvedic writings for a very long time as *Ashmari* a condition known as *Ashmari* affects the urine system (*Mutravahasrotas*). In Ayurveda, *mutrashmari* is classified as *Asthamahagad*, which means "difficult to cure." Ayurvedic classical texts have described symptoms of this condition, including *Jwara* (fever), *Basti Pida* (discomfort and pain in the bladder), *Aruchi* (anorexia), *Mutrakriccha* (difficulty in micturition), *Bastishira Vedana* (pain in the urethra), *Mushka Vedana* (pain in the testicles), and *Shepha Vedana* (pain in the penis). A male patient 46 year old who was complaining of pain in bilateral flank region, burning urination went to the OPD. Multiple calculi was seen in bilateral kidney (3 on right and 2 on left side, largest measuring 8.0 mm in right kidney and 8.0 mm seen in left upper ureter) discovered by the USG along with normal vital signs. Treatment was given to the patient was *Chandraprabha Vati* - 1000mg two times a day, *Gokshuradi Guggulu* 1000mg three times a day, *Yavkshara* 500mg two times a day, *Varun Shigru kashaya* 50ml two times a day on OPD basis. The patient was instructed to follow up initially after 15 days and then every 20 days. The patient was counselled to adhere to dietary and lifestyle limitations in addition to taking medicine. The patient's signs and symptoms improved, and there was no trace of calculi in the both kidney, according to the USG report after 5 months.

Keywords: *Chandraprabha vati, Gokshuradi guggulu, Mutrashmari, Renal calculi, Varun shigru kwath, Yavkshara.*

Received: 09.08.2023 Revised: 14.09.2023 Accepted: 24.09.2023 Published: 02.10.2023

Quick Response code



*Corresponding Author:

Dr. Rubi Rani

MS Scholar, Department of Shalya Tantra,
Institute of medical sciences, Banaras Hindu
University, Varanasi, UP, India.

E-mail : rubiavadavv08@gmail.com

INTRODUCTION

Renal calculi are a frequent issue as a result of changing lifestyles. It is cyclical in nature. Most renal calculi instances are discovered in patients between the ages of 20 and 40, and they start to decline after age 50. Various factors, including genetics, age, sex, metabolic disorders, sedentary lifestyle, dehydration, the mineral content of water,

nutritional deficiency, etc. are highlighted by modern science as contributing to the formation of urinary stones. In addition to causing pain and lost productivity, urolithiasis very frequently results in renal failure and necessitates hospitalisation and associated costs. According to modern science, the best treatment for urinary calculus includes surgical intervention,

including open surgery, percutaneous procedures, etc., as well as the use of medications to treat the underlying pathologies and diuretics^[1]. kidney stones come in the form of Uric acid with calcium oxalate Cystines and urate. 80% of people have calcium oxalate stones at some point in their lives.

Other cases of 20% renal stone type were discovered. In Ayurveda, renal stone is comparable to *Ashmari*. *Ashmari* is a disease that falls under the category of *Asthamahagad*, meaning it is challenging to treat. *Ashmari* is *vyadhi* and is categorised as belonging to *Mutravaha Strotas*. As *Ashmari* is a *darun* (death) sickness, according to *Acharya Sushruta*, just as *Basti* falls within *Trimarma* (the threefold of Life). For *Vrikkashmari*, *Acharya Sushruta* has been compared to a variety of medications and surgical procedures. Early in the course of the condition, medical intervention is indicated. A surgical management recommendation has been made, coupled with a warning about potential consequences^[2]. Only after other forms of treatment have failed conservatively may surgery be considered.

There are many other Ayurvedic formulations, such as the usage of different *Ghrita*(butter), *Kwatha*(decoction), *Churna*(fine powder), *Kshara Dravya*(alkaline drug), etc^[3]. *Kwatha* is chosen from among them since it mostly possesses *Mutrala* and *Bhedana* characteristics.

In Ayurveda, acharyas mention four different varieties of *Ashmari*. *Pittaj Ashmari*, *Kaphaj Ashmari*, *Shukraj Ashmari*, and *Vataj ashmari*. Structure and symptoms are two distinct things. The symptoms of *Vataj Ashmari* are similar to those of a calcium oxalate type stone, *Pittaj Ashmari's* are similar to those of a uric acid type stone, and *Kaphaj Ashmari's* are similar to those of an

oxalate/phosphate type stone. In *Ashmari*, *Kaphaj Pradhyanya Dosh* is primarily at play.

CASE STUDY:

A 46 -years old Male Patient came in OPD with symptoms of pain in bilateral flank region along with burning urination. Patient was asymptomatic before 1.5 years back after that he was complaining of mild pain in both side of abdomen gradually he also complaint about burning micturition. After that he got consulted to nearby urologist , modern diagnosed as bilateral renal stone. He took modern medicine and had symptomatic relief for some days. So he came to our OPD for better management In past history, patient had no history of Diabetes Mellitus, Hypertension, Asthma, and Hypothyroidism or any type of previous surgery.

Ashtavidh Prakisha: On examination patient's had *vatajpittaj* type *nadi*, *samyak mala*, *mutra* with *daha*, *sam jihva*, *prakrut shabda*, *ushna sparsha*, *prakrut druka*, and *madhyam akriti*

General physical examination: All general examinations of patient's within normal limit.

USG Report Shows- (14/10/2022)

The right kidney and left kidney both are normal in size and outline. Multiple calculi was seen in bilateral kidney (3 on right and 2 on left side, largest measuring 8.0 mm in right kidney and 8.0 mm seen in left upper ureter Fig-1)

THERAPEUTIC INTERVENTION:

- *Chandraprabha Vati* 500 mg 2 tabs Twice a Day with Lukewarm Water after food
- *Gokshuradi Guggulu* 500 mg 2 tabs thrice a day with lukewarm water after food
- *Yavkshara* 500mg twice a day with lukewarm water after food

- *Varun Shigru kashaya* 50ml twice a day on empty stomach

Instruction given to the patient:

Along with ayurvedic medication diet and lifestyle restrictions were also advised to the patient.

He was advised to drink plenty of water avoid protein rich diet like meat, egg, milk and other dairy products. Also avoid calcium supplements and oxalate rich food like tomato, spinach, ladyfinger, capsicum etc.

Table-1: Prescribed ayurvedic formulations

| Drug | Rasa | Guna | Virya | Properties |
|------------------------------------|-------------------------------|----------------|------------|---|
| Chandraprabha vati ^[4] | Katu, tikta, madhura, Kashaya | Laghu | Ushna | Tridoshaghna, mutrala, agnideepan, rasayan |
| Gokshuradi guggulu ^[5] | Madhura, tikta | laghu | Sheetoshna | Vatapitta shamak, mutravirechaniya, ama pachana |
| Varuna shigru kwath ^[6] | Katu, tikta, Kashaya | Laghu, ruksha | Ushna | Kaphamednashak, mutrala |
| Yavkshara ^[7] | Amla, katu | Laghu, tikshna | Ushna | Chedan, bhedan, asmashodhan |

Table-2: Details of follow-up

| Date | Details |
|----------|--|
| 14/10/22 | The right kidney and left kidney both are normal in size and outline. Multiple calculi was seen in bilateral kidney (3 on right and 2 on left side, largest measuring 8.0 mm in right kidney and 8.0 mm seen in left upper ureter) |
| 25/10/22 | First visit to OPD Prescribed Ayurvedic Medicines <i>Chandraprabha Vati</i> , <i>Gokshuradi Guggulu</i> and <i>Varun shigru Kwath</i> and <i>Yavkshara</i> along with Diet and Lifestyle restrictions |
| 10/11/22 | 1 st Follow-up visit, Mild relief in Burning urination, bilateral side Abdomen Pain was not relieved. Continue with the same medication. |
| 30/11/22 | 2 nd Follow-up visit, Abdomen Pain got mild in intensity, burning urination was completely relieved. Continue with the same medication. |
| 22/12/22 | 3 rd Follow-up visit Pain in the bilateral side of the abdomen is completely gone with no other symptoms. Continue with the same medication. |
| 12/01/23 | 4 th Follow-up visit No fresh complaints Advised to do repeat Ultrasonography Scan showed markedly decrease in size of calculus, Continue with medications |
| 6/03/23 | 5 th Follow-up Visit No fresh Complaints Ultrasonography Scan showed no Renal Calculus Advised to continue Diet and Lifestyle restrictions to prevent from recurrence |

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Name: [REDACTED] Age/Gender: 47Y/ Male
Referred By: DR. S D VERMA MS Date/UHD: 26-Nov-2022/ P1042394

ABDOMINAL ULTRASOUND

REPORT:
LIVER: Normal in size, shape and echotexture. Intrahepatic biliary radicals are not dilated. No focal lesion present.
GALL BLADDER: Normal in size & shape. No calculus present. Walls are normal.
CBD & PORTAL VEIN: CBD & Portal vein are normal in calibre.
PANCREAS: Normal in size & echopattern.
SPLEEN: Normal in size & echopattern.
KIDNEYS:
Right Kidney: Normal in size and shape. Mild dilatation of pelvicalyceal system and ureter with evidence of calculus measuring ~ 11.4mm in the mid ureter. CMD maintained.
Left Kidney: Normal in size and shape. A calculus is seen in upper calyx measuring ~ 3.4mm. No hydronephrosis changes are present. CMD maintained.
No ascites or lymphadenopathy seen.
HIGH RESOLUTION: Shows no evidence of bowel wall thickening or any collection in right iliac fossa. Appendix not visualized.
URINARY BLADDER: Distended with urine. No calculus or debris present.
PROSTATE: Normal in size, shape & echopattern. Capsule intact.

IMPRESSION:- Right renal mid ureteric calculus causing mild hydronephrosis.
Left renal calculus.
Advise: Kindly correlate clinically.

----- End of report ----- Page 1

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Dr. Kushagra Agrawal MD Dr. Seema Pandey MD Dr. Bhumiika Singh MD Dr. V. K. Agarwal MD

Fig-1: USG report Before treatment

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Name: [REDACTED] Age/Gender: 46Y/ Male
Referred By: DR. SELF Date/UHD: 06-Mar-2023/ P1095461

ABDOMINAL ULTRASOUND

REPORT:
LIVER: Normal in size, shape and echotexture. Intrahepatic biliary radicals are not dilated. No focal lesion present.
GALL BLADDER: Normal in size & shape. No calculus present. Walls are normal.
CBD & PORTAL VEIN: CBD & Portal vein are normal in calibre.
PANCREAS: Normal in size & echopattern.
SPLEEN: Normal in size & echopattern.
KIDNEYS:
Right Kidney: Normal in size and shape. No hydronephrosis changes are present. A hyperechoic calculus (1.26 cm dia) is present in middle ureter.
Left Kidney: Normal in size and shape. No calculus or hydronephrosis changes are present. CMD maintained.
No ascites or lymphadenopathy seen.
HIGH RESOLUTION: Shows no evidence of bowel wall thickening or any collection in right iliac fossa. Appendix not visualized.
URINARY BLADDER: Distended with urine. No calculus or debris present.
PROSTATE:

IMPRESSION:- 9 CALCULUS IN MIDDLE URETER RIGHT SIDE.
Advise: Kindly correlate clinically. 10/10/2023

----- End of report ----- Page 1

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Dr. Kushagra Agrawal MD Dr. Seema Pandey MD Dr. Bhumiika Singh MD Dr. V. K. Agarwal MD
Dr. Saurabh Pandey MD

Fig-2: USG report after treatment

Follow up and outcome:

The patient was advised to follow up initially after 15 days and later after every 20 days. Mild relief in burning urination within 7 days.

Pain in the right side of the abdomen was there on the first follow-up visit but of mild intensity, burning micturition was completely relieved. The pain was completely gone on the fourth follow up and no other complaints were noted by the patients. The patient was advised to repeat ultrasonography of whole abdomen after fourth follow up visit.

A repeat USG scans was done and showed markedly decrease in size of renal calculus of both side (Fig-2). His urine examinations parameters were also in normal limits. The patient was asked to continue the following diet and lifestyle restrictions carefully to avoid the recurrence of calculus. No any adverse effects occurred during the treatment period and even after stopping the treatment.

DISCUSSION:

According to *Acharya Susruta*, *ashmari* is a serious illness that is as fatal as death itself^[8]. According to *Ayurveda*, *Agnimandya* and *Ama* production cause an accumulation of *Kapha pradhana dosha* in *Mutravahasrotas*, which is the primary cause of *Ashmari*^[9]. The crystallisation of the crystalloids inside the urine and the stagnation and supersaturation of the urine are both factors in the creation of *ashmari*^[10]. According to modern medical science, the mechanism of renal calculus development is a complex process that results from a number of complex events, including supersaturation, nucleation, growth aggregation, and retention of urinary stone ingredients within tubular cells^[11]. Despite a wide range of traditional medical intervention choices, 50% of patients endure at least one recurrence, and 10% to 20% go on to have three or more recurrence episodes.

It could lead to nephropathy, chronic renal disorders, urinary blockage, hypertension, and urinary tract infections if neglected or improperly treated.

Mode of action of Chandraprabha Vati

This is very effective against urinary calculi, urinary tract infection and painful urination. It facilitates the healthy functioning of kidneys by aiding in the excretion of excess uric acid and maintains the uric acid level in kidney. It is also effective in chronic kidney disease, kidney stones and cystitis. Indication of *chandraprabha vati* in all types of *mutrakrichra*. The drugs like *vacha*, *guduchi*, *haridra*, *pippali*, etc act as a diuretic, anti-inflammatory, antibacterial, as a *rasayana* improve bladder tone^[12].

Mode of action of Gokshuradi Guggulu

It increases urine production and thus provides relief from painful micturition because of its *Tridosha* balancing and *Mutral*(diuretic) properties. It also helps in manage the urolithiasis due to its *Mutral* property which then increase urine flow and reduce the formation of stones^[13].

Mode of action of Varun shigru Kwath

The drug *varuna* and *shigru* is an effective diuretic and lithontriptic(*ashmari bhedana*). The bark of *varuna* is frequently given in the management of U.T.I(urinary tract infection), renal calculus, renal colic, dysuria..etc^[13].

Mode of action of Yavkshara

Yavkshara is a formulation which is alkaline and is prepared from *yava*(barley) which comprises potassium carbonate. This formulation act as a diuretic and also helps in balancing *vata* and *kapha doshas*^[14].

As previously mentioned, these qualities include *deepanapachana* (good digestion and metabolism), *Daha shamaka*, and improve the function of kidneys

In the present case, the *Ashmari* was successfully expelled out from the kidneys by the use of authentic ayurvedic drugs which effectively worked on the pathophysiology of *Ashmari*.

CONCLUSION:

In the current case, *Chandraprabha Vati*, *Gokshuradi Guggulu*, *yavkshara* and *Varunashigru Kwath* successfully deconstructed the pathogenesis of *Ashmari* and completely alleviated burning micturition, dysuria, and *Ashmari* ejection from the urinary system. This case demonstrates the safe and effective conservative treatment of *Ashmari* using Ayurvedic drugs.

Patient consent:

A proper informed consent about the given treatment was taken from the patient before undergo the treatment.

Limitation of study:

The stud may be carried out with this treatment protocol in more patients for its scientific validation.

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Conflict of interest: Author declares that there is no conflict of interest.

Guarantor: Corresponding author is guarantor of this article and its contents.

Source of support: None

How to cite this article:

Rubi R, Singh S, Dwivedi AK. A Case Study on Ayurvedic Management of Ashmari (Renal Calculi). Int. J. AYUSH CaRe. 2023;7(3):262-267.