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Effect of Haridradi Yoga, Narikel Kusum Yoga, and Yavakshara in the Management of *Mutrashmari* (~left ureteric calculus): A Case Report

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ABSTRACT:

Nephrolithiasis, known as *Vrikkashmari* in Ayurveda under the *Mutravaha Srotas* disorder, affects approximately 12% of the global population and 12% of the population in India. Acharya Sushruta classified *Ashtamahagada* (conditions that are challenging to manage) as stemming from the vitiation of Vata, Pitta, and Kapha doshas, leading to calculus formation within the urinary tract. While contemporary modalities include diuretics, lithotripsy, and surgical interventions, conservative Ayurvedic interventions are recommended in the early stages. A 44-year-old male presented to the outpatient department (OPD) with left flank pain radiating to the suprapubic region, accompanied by dysuria. Non-contrast computed tomography (NCCT) of the kidneys, ureters, and bladder (KUB) confirmed a ~7 mm left mid-ureteric calculus causing mild upstream hydroureteronephrosis. Systemic examination and baseline vital signs were normal. The patient was treated with oral administration of *Haridradi yoga* 24 g twice daily with kanji [~fermented rice gruel water] alongside *Narikel Kusum* Yoga 48 g combined with *Yavakshara* (500 mg) once daily, supplemented by dietary and lifestyle modifications. Patient reported complete resolution of dysuria and significant pain reduction. Treatment was continued, and a follow-up ultrasonography (USG) performed at 22 days revealed complete clearance of the mid-ureteric calculus and resolution of hydroureteronephrosis. This case highlights the efficacy of classical Ayurvedic formulations (*Haridradi yoga, Narikel Kusum Yoga, and Yavakshara*) in achieving non-surgical calculus clearance and symptomatic relief in mid-ureteric nephrolithiasis.

KEYWORDS: *Ashtamahagad, Ashmari,* Dysuria, Nephrolithiasis, Ultrasonography.

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INTRODUCTION:

Nephrolithiasis is a common problem with a prevalence of 12% in India.[1] It is typified by the accumulation of minerals and acid salts that cling to one another in concentrated urine. Modern science stresses various factors like age, sex, genetics, metabolic disorder, sedentary lifestyle, Mineral content of water, nutritional deficiency, etc. Patient complaints of Pain during micturition, pain in the abdomen or loin region radiating towards the suprapubic region, burning sensation, presence of blood in urine occasionally, aggravation of pain during activities like running, swimming, jumping, riding, jerky movement etc.[2] Diagnosis is clinical and supported by laboratory investigations and imaging modalities such as ultrasonography (USG), non-contrast computed tomography (NCCT) and plain radiography where feasible. Management by conventional means depends on the size, location, and composition of the calculus. Small calculi are usually managed conservatively with hydration, analgesics, and medical expulsive therapy. At the same time, larger or obstructive stones may require extracorporeal shock wave lithotripsy (ESWL), ureteroscopy, percutaneous nephrolithotomy (PCNL), or open surgery.[3] Despite improvements in minimally invasive techniques, recurrence is a significant clinical problem, emphasising the importance of preventive and supportive therapeutic approaches.

In Ayurveda, nephrolithiasis is correlated with *Vrikkashmari,* one of the *Ashtamahagada* (eight grave diseases) described by Acharya Sushruta, due to its severe pain and potential complications.[4] *Vrikkashmari* is mainly caused by vitiation of *Kapha* and *Vata Dosha,* which leads to aggregation and solidification of urinary constituents in *Mutravaha Srotas,* as explained by Ayurvedic principles. The clinical features described in classical texts such as *Basti Shoola* (~pain in the urinary bladder region), *Mutrakrichra* (~dysuria*), Mutraghata (*~difficulty in urination), and *Rakta Mutrata* (~hematuria) are very similar to those of nephrolithiasis. The Ayurvedic management of *Ashmari* includes the fragmentation of the calculus (~*Ashmari Bhedana*), promotion of diuresis (~*Mutrala),* pain relief *(~Shoolahara*), purification of the urinary channels (~*Srotoshodhana*) and prevention of recurrence by dietary and lifestyle modifications.[5] The present case report describes the successful Ayurvedic management of nephrolithiasis (~*Vrikkashmari)* using individualised Ayurvedic drug intervention, with clinical improvement and objective assessment through serial ultrasonography (USG), thereby providing radiological evidence of therapeutic outcome.

CASE REPORT:

A 44-year-old male Patient visited *Kayachikitsa* OPD in CBPACS with the complaint of pain in the left flank region radiating to the suprapubic region associated with dysuria. According to the patient, he started feeling mild pain in the flank region around 2 months back. The onset was sudden; over time, it gradually increased. With the course

of time, he was treated symptomatically by his family doctor, but symptoms were on and off. Then, by their doctor, he was advised an NCCT KUB, in which he was diagnosed with nephrolithiasis.

Case details

The patient was clinically diagnosed with Vrikkashmari (Nephrolithiasis / Renal Calculi). Nidana (~Etiological factors) identified included inadequate fluid intake , chronic low hydration, excessive dietary sodium consumption, and a sedentary lifestyle. The disease pathogenesis exhibited a predominance of *Kapha* and Vata *Doshas*. Pathologically, the *Dushya*(~primary affected tissues) were *Mutra* (urine) and Meda (adipose tissue), localized within the *Mutravaha Srotas* (urinary tract). The *Samprapti* was initiated by Kapha aggravation leading to increased urinary concentration, crystal nucleation, and stone matrix formation. Concurrent Vata vitiation facilitated urinary stasis, luminal obstruction within the renal collecting system, and acute flank/ureteric pain, ultimately culminating in the manifestation of *Ashmari* (~calculosis).

Physical Examination and Baseline Clinical Findings

Upon presentation, the patient's vital signs were stable: blood pressure was 130/90 mmHg, pulse rate was 86 beats per minute, and body temperature was within normal limits (afebrile). Systemic review revealed a normal appetite, regular bowel habits, and a micturition frequency of 5–6 times during the day and 2–3 times nocturnally. The patient had no prior documented history of hypertension, diabetes mellitus, thyroid disorders, or previous surgical interventions. Physical examination demonstrated localized tenderness in the left flank region upon palpation, while the remainder of the systemic and abdominal examinations yielded unremarkable findings.

Timeline of event and intervention:

On Initial OPD Presentation A 44-year-old male presented to the Kayachikitsa Outpatient Department (OPD No. 6) at Ch. Brahm Prakash Ayurved Charak Sansthan (CBPACS) complaining of left flank pain radiating to the suprapubic region, accompanied by dysuria. A non-contrast ultrasonography (USG) of the Kidneys, Ureters, and Bladder (KUB) was advised for diagnostic evaluation. USG KUB Findings: Demonstrated a ~7 mm calculus in the left mid-ureter causing upstream mild hydroureteronephrosis. Intervention Initiated with Conservative Ayurvedic therapy was prescribed Haridradi Yoga 24 g twice daily administered with kanji (fermented rice water). Narikel Kusum Yoga: 48 g combined with Yavakshara (500 mg) once daily.[6],[7] Dietary and lifestyle modifications were advised, with a follow-up scheduled after 7 days. Then First Follow-Up (Day 9 of Therapy) , The patient reported significant symptomatic relief. Left flank pain was substantially reduced, and dysuria had completely subsided. Vital signs remained stable, and physical examination showed minimal residual left flank tenderness. In. Continue the prescribed treatment regimen without modification. In Second Follow-Up (Day

14 of Therapy), The patient reported complete clinical symptomatic recovery. Prescribed treatment was maintained, and follow-up USG KUB imaging was advised at the next visit to evaluate radiological clearance. [Figure 1-3]Complete spontaneous expulsion/dissolution of the calculus. Pharmacotherapy was discontinued, and the patient was advised to maintain the dietary regime for an additional 1 month.[Table-1]

Diet Regime

Patient asked to prefer the take the *Kulatha dala (Macrotyloma unfloral)* once twice a week, , take the *Takra (~ butturemilk)* with *Piipli Churna* mixture,, juice of mung beans, , and old white pumpkin, pointed gourd, cucumber,, coconut, leafy greens, ghee..

Patient advised to restrict the consumption alcohol, hard work, sexual activity, sugar , butter, Curd, all kinds of forbidden foods, betel nut, fish, salt, ginger, fried foods in oil, Tillkut (sweet made from sesame), extremely spicy substances, dry substances.[8]

Diagnosis Assessment:

The clinical diagnosis of a left mid-ureteric calculus was established based on the pathognomonic clinical presentation of acute left flank pain radiating to the suprapubic area, accompanied by lower urinary tract symptoms, specifically dysuria. On physical examination, localized costovertebral angle tenderness was noted on the left side.

The diagnosis was confirmed radiologically via ultrasonography of the kidneys, ureters, and bladder (USG-KUB). Imaging revealed a solitary hyperechoic calculus measuring approximately 7 mm within the left mid-ureter, associated with strong posterior acoustic shadowing. Obstructive secondary changes were evident as mild upstream hydroureteronephrosis.

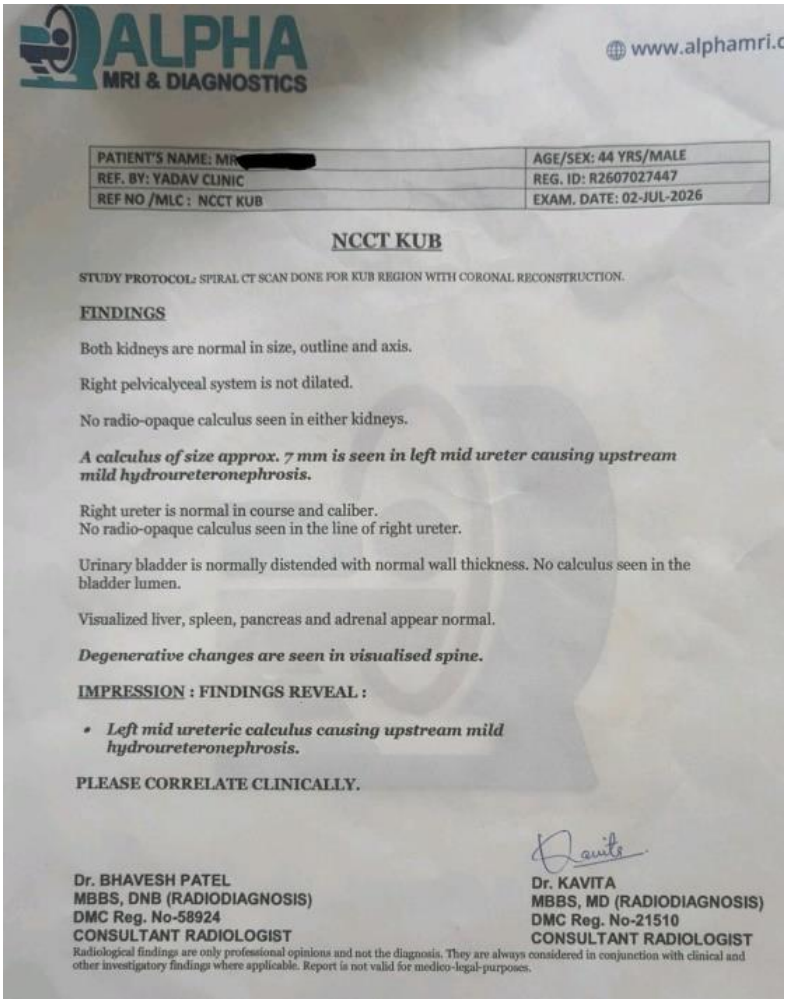
Result and outcome

The Above treatment was given to the patient for 1 month. Ultrasonography abdomen was done before the treatment shows USG KUB Findings: Demonstrated a ~7 mm calculus in the left mid-ureter causing upstream mild hydroureteronephrosis. [Figure.-1] After the treatment to follow up USG was done and it revealed no ureteric calculus and complete clearance of ureteric calculus. [figure.-2,3]

Table-1 : Timeline of Event

Duration	Particulars and intervention
29th May 2026	Patient visited *Kayachikitsa* OPD no 6 in CBPACS on 06/07/2026 with the complaint of pain in the left flank region radiating to the suprapubic region associated with dysuria. The physical suggested for the Ultrasound of KUB for the details diagnosis .
July 6th 2026	Patient came to OPD with the USG of KUB and it show she calculus The same day Where was advised *Haridradi yoga* 24 gm with *kanji* twice a day and *Narikel Kusum Yoga* 48 gm with 500mg *Yavak Kshar*

	once a day and asked to follow up after 7 days.
July 15th 2026	The patient was relieved of the complaints; pain had decreased, and dysuria had subsided. We asked to continue the same treatment
July 20 2026	The patient reported further relief and was advised to undergo Ultrasonography in next follow up .
July 25th 2026	The Complete clearance of ureteric calculus and hydronephrosis is resolved in USG.



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PATIENT'S NAME: MR[redacted]	AGE/SEX: 44 YRS/MALE
REF. BY: YADAV CLINIC	REG. ID: R2607027447
REF NO /MLC : NCCT KUB	EXAM. DATE: 02-JUL-2026

NCCT KUB

STUDY PROTOCOL: SPIRAL CT SCAN DONE FOR KUB REGION WITH CORONAL RECONSTRUCTION.

FINDINGS

Both kidneys are normal in size, outline and axis.

Right pelvicalyceal system is not dilated.

No radio-opaque calculus seen in either kidneys.

A calculus of size approx. 7 mm is seen in left mid ureter causing upstream mild hydroureteronephrosis.

Right ureter is normal in course and caliber.
No radio-opaque calculus seen in the line of right ureter.

Urinary bladder is normally distended with normal wall thickness. No calculus seen in the bladder lumen.

Visualized liver, spleen, pancreas and adrenal appear normal.

Degenerative changes are seen in visualised spine.

IMPRESSION : FINDINGS REVEAL :

- ***Left mid ureteric calculus causing upstream mild hydroureteronephrosis.***

PLEASE CORRELATE CLINICALLY.

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Radiological findings are only professional opinions and not the diagnosis. They are always considered in conjunction with clinical and other investigatory findings where applicable. Report is not valid for medico-legal-purposes.

Figure -1: Before treatment Ultrasound



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9953060078, 8368238623

FACILITY: DIGITAL X-RAY, E.C.G. CLINICAL LAB E.E.G

Date 24/07/2026 Srl No. 5 Patient Id 2607240005
Name Mr. [redacted] Age 44 Yrs. Gender Male
Ref. By SELF

ULTRASOUND SCAN OF ABDOMEN

Liver is mildly enlarged in size (157 mm) and shows diffusely raised echogenicity s/o grade II fatty changes. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated.

Gall bladder is normally distended with echofree lumen. Wall is not thickened.
Proximal Common bile duct is normal.
Pancreas proximal head & body appears normal, tail is obscured by gases.
Spleen is normal in size (79 mm)and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.
Right Kidney : measures 100mm x 52mm .
Left Kidney : measures 103mm x 54mm . *At the time of scan no echogenic foci is seen , however no previous reports are available to compare.*

Urinary bladder is **over distended** & does not show any calculus or mass lesion.

Prostate is normal in size (20.8cc) and echo-texture.
No evidence of ascites .

IMPRESSION : Mild hepatomegaly with grade-II fatty liver.

ADVICE: CLINICAL CORRELATION.

**** End Of Report ****

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Figure-2: After treatment ultrasound



Figure -3: After treatment ultrasonography

DISCUSSION:

In the present case, an Ayurvedic therapeutic intervention consisting of *Haridradi Yoga* and *Narikelakusuma* with *Yavakshara* was given for one month. Follow-up ultrasonography demonstrated complete clearance of the ureteric calculus, along with resolution of the patient's symptoms. The favourable outcome suggests that this formulation may possess Ashmaribhedana (lithotriptic), Mutrala (diuretic), Shoolahara (analgesic), and Shothahara (anti-inflammatory) properties, facilitating spontaneous stone expulsion without surgical intervention**.** The possible mechanism of action of this formulation can be explained by the pharmacological properties of the ingredients*. Haridra* (Curcuma longa) possesses anti-inflammatory, antioxidant, wound-healing, and nephroprotective properties, which help reduce ureteric inflammation and oedema, thereby facilitating stone passage.[9]

Yavakshara is described in Ayurvedic classics as having *Ksharana, Lekhana*, and *Ashmaribhedana* properties, making it useful in dissolving or fragmenting urinary calculi and promoting their elimination. *Narikelakusuma* (Cocos nucifera flower) has been described in *Bhavaprakasha Nighantu* as having *Mutrala(~Diuretic)* and *Pittashamaka* properties and has traditionally been used in urinary disorders, suggesting a role in improving urinary flow and reducing irritation of the urinary tract.[10] The combined action of these ingredients may have produced a synergistic therapeutic effect resulting in complete stone expulsion. The present intervention was able to accomplish complete stone clearance by a conservative Ayurvedic approach, whereas in conventional management, medical expulsive therapy or surgical intervention is often required depending on the size and location of the stone. The treatment is cost-effective, minimally invasive, and corrects the underlying *doshic* imbalance simultaneously, so apart from stone expulsion, there is a potential for benefit in preventing recurrence.

While this report is a single clinical observation, the complete clearance of the calculus as recorded by ultrasonography after 1 month suggests that this new Ayurvedic formulation can be a promising therapeutic option for uncomplicated nephrolithiasis. Larger observational studies and randomised controlled clinical trials are required to establish efficacy, safety, mechanism of action and long-term recurrence prevention

CONCLUSION:

This case demonstrates the successful non-surgical management of mid-ureteric calculus accompanied by mild upstream hydroureteronephrosis using Ayurvedic intervention. Conservative Ayurvedic pharmacotherapy presents a viable, cost-effective, and minimally invasive alternative to surgical or procedural modalities for uncomplicated ureteric calculi of moderate size.

Patient consent:
Before the treatment, patients were informed about the therapy and written consent was also taken.

Author Contribution: All clinical assessments, data collection, and manuscript preparation were performed by the primary author.
Secondary authors play a role to edit, data presentation and review the article.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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