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MANAGEMENT OF MUTRASHMARI THROUGH AYURVEDIC SHAMANA CHIKITSA: CASE SERIES

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ABSTRACT

Background: Mutrashmari (urolithiasis) is one of the most prevalent disorders of the urinary tract and is classified as an *Ashta Mahagada* (eight fatal diseases) in Ayurveda due to its severity and tendency for recurrence. Although modern management includes pharmacotherapy and surgical interventions, recurrence remains common, highlighting the need for effective conservative treatment. *Varuna–Shigru Kwatha* (decoction) with *Yavakshara Prakshepa* possesses *Mutrala* (diuretic), *Ashmari Bhedana* (lithotripsic), *Shoolahara* (analgesic), *and Srotoshodhaka* properties that may be beneficial in the management of Mutrashmari (urolithiasis). **Aims and Objective:** To evaluate the clinical efficacy of *Varuna–Shigru Kwatha* with *Yavakshara Prakshepa* in the management of *Mutrashmari* through a case series of five patients. **Methodology:** A prospective case series was conducted on five clinically diagnosed patients of *Mutrashmari* (3 males and 2 females) aged 27–58 years. Patients received *Varuna–Shigru Kwatha* (40 mL twice daily after meals) with *Yavakshara Prakshepa* for 30 days. Clinical assessment included subjective parameters such as pain (VAS), dysuria, burning micturition, haematuria, and fever, while objective evaluation was performed using ultrasonographic measurement of calculus size before and after treatment. **Results:** All five patients showed marked clinical improvement following treatment. Significant reduction in pain, dysuria, burning micturition, haematuria, and fever was observed. Ultrasonography demonstrated reduction in calculus size in all cases, with complete clearance in one patient (5.22 mm to 0 mm). Stone size decreased from 6.44 to 3.43 mm, 7.22 to 4.25 mm, 5.00 to 2.56 mm, 5.50 to 2.00 mm, and 5.22 to 0 mm, respectively. No adverse drug reactions or recurrence were reported during the observation period. **Conclusion:** This case series suggests that *Varuna–Shigru Kwatha with Yavakshara Prakshepa* is a safe and effective *Ayurvedic* conservative therapy for *Mutrashmari.* The formulation provided substantial symptomatic relief and reduced calculus size, indicating its potential as a non-invasive treatment option. Larger randomized controlled studies are warranted to validate these preliminary findings.

KEYWORDS: *Mutrashmari, Urolithiasis, Varuna, Shigru, Yavakshara, Ayurveda, Case Series, Renal Calculus.*

INTRODUCTION

Mutrashmari description is the specific contribution of *Acharya Sushruta* and he included it in the "*Ashta-Mahagada*" (Su. Su. 33/4)[1] may be owing to its potentiality to disturb the anatomy and physiology of urinary system. *Acharya Charaka*[2] has advised medical management and *Acharya Sushruta* advised both conservative and surgical removal of stone.

Mutraashmari is the third most common affliction of the urinary tract. As per classics, *Ashmari* is included in *Ashtamahagada* (eight fatal diseases) due to its fatal nature.

The process of urinary stone formation as described by *Sushruta* is as follows.

तत्रासंशोधनशीलस्यापथ्यकारिणः प्रकुपितः श्लेष्मा मूत्रसंपृक्तोऽणुपरिस्थैरश्मरीं जनयत्यर्तिम्॥[3]

In *Asamshodhanasheela* persons, one who does not follow *Shodhana* (purification) treatment and who is *Apathyakari* (uses unwholesome items), *Shleshma Dosha* gets aggravated, and saturates the urine in system. This saturated urine (*Shleshma Yukta Mutra*) is the material (cementing substance) which causes urinary stone formation. Through urine different stone forming *Doshas - like Vata, Pitta & Kapha* come from the system and along with the cementing substances they form urinary stone of particular *Dosha* involved.

Mutrashmari typically occurs in middle age which is the most productive years of life. In modern medicine, the best possible treatment for urinary calculus is use of certain medicines including various diuretics as well as surgical intervention which includes open surgery, per cutaneous techniques, ESWL etc.[4] However, all these methods have high chances of recurrence due to its peculiar tendency & it is also an expensive affair. Even after surgery patients have to take medicines to check its further recurrence. In this way the need of medicinal treatment is always required. As per *Ayurveda*, medicinal treatment includes use of various *Grita* (medicated ghee), *Kwatha* (decoction), *Churna* (powder), *Kshara* (alkali) *Dravyas* (drugs) etc.[5] Among these medicines predominantly *Varuna- Shigru Kwatha with Yavakshara prakshepa* is taken due to their *Mutrala* (diuretic) *and Bhedana* (triptic) properties.[6] To avoid the incidence of recurrence after surgical removal of stone and in search of an effective conservative treatment the present work was designed and has been undertaken.

Hypothesis

- **Null Hypothesis (H_0):** There will be no significant effect of *Varuna-Shigru Kwatha with Yavakshara prakshepa* in the management of *Mutrashmari.*
- **Alternate Hypothesis (H_A):** There will be significant effect of *Varuna-Shigru Kwatha with Yavakshara prakshepa* in the management of *Mutrashmari.*

AIMS AND OBJECTIVES

1. To evaluate the efficacy of ***Varuna-Shigru Kwatha with Yavakshara Prakshepa*** in the management *of Mutrashmari.*
2. To assess the effect of the trial drug on subjective parameters such as pain, dysuria, burning micturition, haematuria and urinary symptoms.
3. To evaluate the effect of therapy on objective parameters including stone size and ultrasonographic findings (USG KUB).

MATERIALS AND METHODS

This study was designed as a case series observational clinical analysis conducted on 5 patients (3 males and 2 females) presenting with classical symptoms of *Mutrashmari.* Prior to commencement of treatment, informed consent was obtained from the patient in his native language to ensure complete understanding of the therapeutic plan and study purpose. A detailed clinical history was recorded, including dietary habits, hydration status, occupation, family history of urinary disorders, and prior medical conditions. Physical examination and symptom evaluation were conducted along with routine investigations relevant to *Mutrashmari*/urolithiasis, such as ultrasonography, urine analysis, and assessment of prostate status. The therapeutic intervention consisted of *Shaman Aushadhi* (conservative drugs) formulated on Ayurvedic principles, emphasizing *Kapha-Vata* pacification, diuresis, and stone disintegration. The selected medications were administered orally in prescribed dose over 30 days. Follow-up examinations were conducted at regular intervals to document symptomatic changes, treatment response, and any adverse events. This methodical approach enabled a structured assessment of the clinical outcomes attributable to *Shaman Chikitsa* (conservative treatment) *in Mutrashmari.*[7,8,9,10]

This case series includes participants who visited the Shalya tantra OPD of Jammu Institute of Ayurveda and Research and Shri Sain Charitable Trust and Hospital urban wing. Pre- and post-assessment were done on the basis of both subjective and objective criteria. All demographic data that include age, gender, occupation, affected site of face, and durations of all patients are described below.

Table no 1: Demographic details of all patients.

	CASE 1	CASE 2	CASE 3	CASE 4	CASE 5
Age in years	32	58	54	27	33
Gender	Male	Male	Male	Female	Female
Occupation	Shopkeeper	Farmer	Retired	Student	Engineer
Religion	Hindu	Hindu	Hindu	Hindu	Sikh
Marital-status	Married	Married	Married	Unmarried	Married
Socio-economic status	Lower	Lower	Middle	Middle	Upper
Habitat	Rural	Sub-urban	Sub-urban	Urban	Urban
Duration since onset	2 months	1month	1 month	2 weeks	2 months

CASE PRESENTATION

CASE 01: A 32-year-old male patient reported with complaints of severe pain in flank region radiating to groin region on right side for 2 months along with burning micturition for 2 weeks and fever for 3 days. No significant previous illness history and family history

found. Patient is having good appetite and bowel but disturbed sleep due to pain. With dashavidha pareeksha revealing kapha pita prakriti, with Madhyama sara, samhanana, satva, satmya, ahara shakthi, vyayama shakti, Vaya and Pramana. No abnormalities in the respiratory, CNS, GIT, CVS, Genitourinary tract and locomotor systems were found. All lab investigations were done along with urine routine which reveals presence of 6-7 pus cells and USG reports revealed a calculus of size 6.44mm in right kidney.

CASE 02: A 58-year-old male patient reported with complaints of pain in flank region radiating to groin region on right side for 1 month along with burning micturition for 2 weeks and fever for 4 days. No significant previous illness history and family history found. Patient is having good appetite and bowel but disturbed sleep due to pain. With dashavidha pareeksha revealing vata kapha prakriti, with Madhyama sara, samhanana, satva, satmya, ahara shakthi, vyayama shakti, Vaya and Pramana. No abnormalities in the respiratory, CNS, GIT, CVS, Genitourinary tract and locomotor systems were found. All lab investigations were done along with urine routine which reveals presence of 10-12 pus cells and USG reports revealed a calculus of size 7.22mm in right kidney.

CASE 03: A 54-year-old male patient reported with complaints of pain in flank region on right side for 1 month along with painful micturition for 7 days. No significant previous illness history and family history found. Patient is having good appetite and bowel but disturbed sleep due to pain. With dashavidha pareeksha revealing Vata pitaja prakriti, with Madhyama sara, samhanana, satva, satmya, ahara shakthi, vyayama shakti, Vaya and Pramana. No abnormalities in the respiratory, CNS, GIT, CVS, Genitourinary tract and locomotor systems were found. All lab investigations were done along with urine routine which reveals presence of 4-5 pus cells and USG reports revealed a calculus of size 5mm in right kidney.

CASE 04: A 27-year-old female patient reported with complaints of pain in flank region on left side radiating to groin region for 2 weeks along with burning micturition for 5 days. No significant previous illness history and family history found. Patient is having good appetite and bowel but disturbed sleep due to pain. With dashavidha pareeksha revealing Vata pitaja prakriti, with Madhyama sara, samhanana, satva, satmya, ahara shakthi, vyayama shakti, Vaya and Pramana. No abnormalities in the respiratory, CNS, GIT, CVS, Genitourinary tract and locomotor systems were found. All lab investigations were done along with urine routine which reveals presence of 4-5 pus cells and USG reports revealed a calculus of size 5.5mm in left kidney.

CASE 05: A 33-year-old female patient reported with complaints of pain in flank region on right side for 2 months along with burning micturition for 15 days. No significant previous illness history and family history found. Patient is having good appetite, bowel and sleep. With dashavidha pareeksha revealing Vata-pita prakriti, with Madhyama sara, samhanana, satva, satmya, ahara shakthi, vyayama shakti, Vaya and Pramana. No abnormalities in the respiratory, CNS, GIT, CVS, Genitourinary tract and locomotor systems were found. All lab investigations were done along with urine routine which reveals presence of 4-5 pus cells and USG reports revealed a calculus of size 5.22mm in right kidney.

TEATMENT GIVEN

Table no.2.

DRUG	*Varuna-Shigru Kwatha with Yavakshara Prakshepa*
DOSE	40ML BD After meals
ROUTE	Oral
DURATION	30 Days

ASSESMENT CRITERIA

Subjective Criteria

- *Shoola* (Pain- based on Visual analog scale)
- *Sarakta Mutrapravruti* (Hematuria).
- *Sashoola Mutrata* (Dysuria).
- *Sadaha Mutrapravruti* (Burning micturition).
- *Jwara* (Fever).

OBJECTIVE CRITERIA

- Size of the calculus.
- Site of the calculus.

The details of the scores adopted for the chief signs and symptoms in the present study were as follows-

Table no. 3.

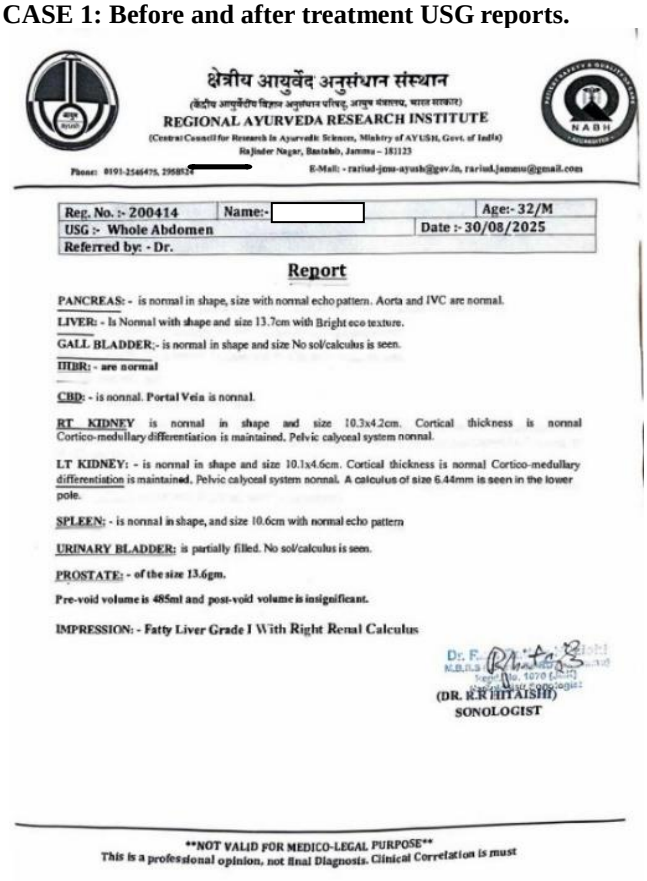
S. No.	Assessment Parameter	Grade	Criteria
1	*Shoola (Pain)*	0	No pain (VAS Score 0)
		1	Mild pain (VAS Score 1–3)
		2	Moderate pain (VAS Score 4–7)
		3	Severe pain (VAS Score 8–10)
2	*Sarakta Mutrapravruti (Hematuria)*	0	Absence of RBCs in urine
		1	Microscopic hematuria
		2	Gross hematuria
3	*Sashoola Mutrata (Dysuria)*	0	Absence of pain during micturition
		1	Mild pain during micturition

		2	Moderate pain during micturition
		3	Severe pain during micturition
4	*Sadaha Mutrapravruti (Burning Micturition)*	0	Absence of burning micturition
		1	Presence of burning micturition
5	*Jwara (Fever)*	0	Absence of fever
		1	Presence of fever

Table no. 4: Assessment Between Before and After Treatment.

Parameters	CASE 1		CASE 2		CASE 3		CASE 4		CASE 5	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
Shoola	3	1	3	1	2	0	2	0	2	0
Sarakta mutrapravriti	0	0	1	0	1	0	0	0	1	0
Sashoola mutrata	1	0	1	0	2	0	1	0	1	0
Sadaha mutrapravruti	1	0	1	0	0	0	1	0	1	0
Jwara	1	0	1	0	1	0	0	0	0	0
Size of calculus (in mm)	6.44	3.43	7.22	4.25	5	2.56	5.5	2	5.22	0

CASE 1: Before and after treatment USG reports.



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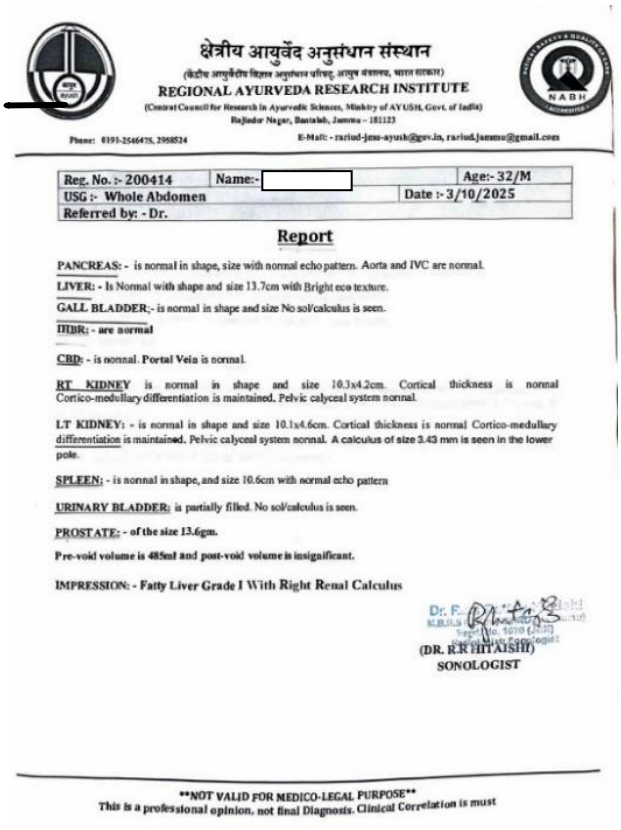
Reg. No. :- 200414 Name:- Age:- 32/M
USG :- Whole Abdomen Date :- 30/08/2025
Referred by: - Dr.

Report

PANCREAS: - is normal in shape, size with normal echo pattern. Aorta and IVC are normal.
LIVER: - Is Normal with shape and size 13.7cm with Bright eco texture.
GALL BLADDER:- is normal in shape and size No sol/calculus is seen.
IHBR: - are normal
CBD: - is normal. Portal Vein is normal.
RT KIDNEY is normal in shape and size 10.3x4.2cm. Cortical thickness is normal Cortico-medullary differentiation is maintained. Pelvic calyceal system normal.
LT KIDNEY: - is normal in shape and size 10.1x4.6cm. Cortical thickness is normal Cortico-medullary differentiation is maintained. Pelvic calyceal system normal. A calculus of size 6.44mm is seen in the lower pole.
SPLEEN: - is normal in shape, and size 10.6cm with normal echo pattern
URINARY BLADDER: is partially filled. No sol/calculus is seen.
PROSTATE: - of the size 13.6gm.
Pre-void volume is 485ml and post-void volume is insignificant.
IMPRESSION: - Fatty Liver Grade I With Right Renal Calculus

(DR. R.R HITAISHI)
SONOLOGIST

NOT VALID FOR MEDICO-LEGAL PURPOSE
This is a professional opinion, not final Diagnosis. Clinical Correlation is must



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Reg. No. :- 200414 Name:- Age:- 32/M
USG :- Whole Abdomen Date :- 3/10/2025
Referred by: - Dr.

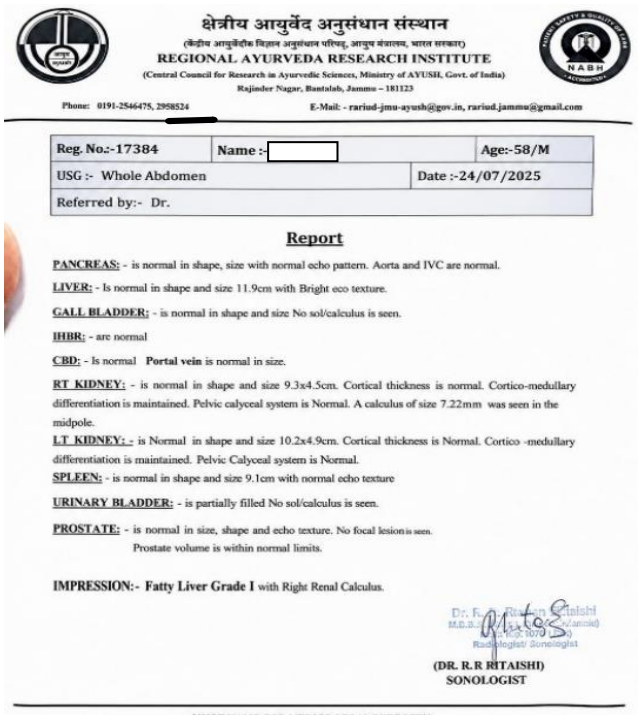
Report

PANCREAS: - is normal in shape, size with normal echo pattern. Aorta and IVC are normal.
LIVER: - Is Normal with shape and size 13.7cm with Bright eco texture.
GALL BLADDER:- is normal in shape and size No sol/calculus is seen.
IHBR: - are normal
CBD: - is normal. Portal Vein is normal.
RT KIDNEY is normal in shape and size 10.3x4.2cm. Cortical thickness is normal Cortico-medullary differentiation is maintained. Pelvic calyceal system normal.
LT KIDNEY: - is normal in shape and size 10.1x4.6cm. Cortical thickness is normal Cortico-medullary differentiation is maintained. Pelvic calyceal system normal. A calculus of size 3.43 mm is seen in the lower pole.
SPLEEN: - is normal in shape, and size 10.6cm with normal echo pattern
URINARY BLADDER: is partially filled. No sol/calculus is seen.
PROSTATE: - of the size 13.6gm.
Pre-void volume is 485ml and post-void volume is insignificant.
IMPRESSION: - Fatty Liver Grade I With Right Renal Calculus

(DR. R.R HITAISHI)
SONOLOGIST

NOT VALID FOR MEDICO-LEGAL PURPOSE
This is a professional opinion, not final Diagnosis. Clinical Correlation is must

CASE 2: Before and after treatment USG reports



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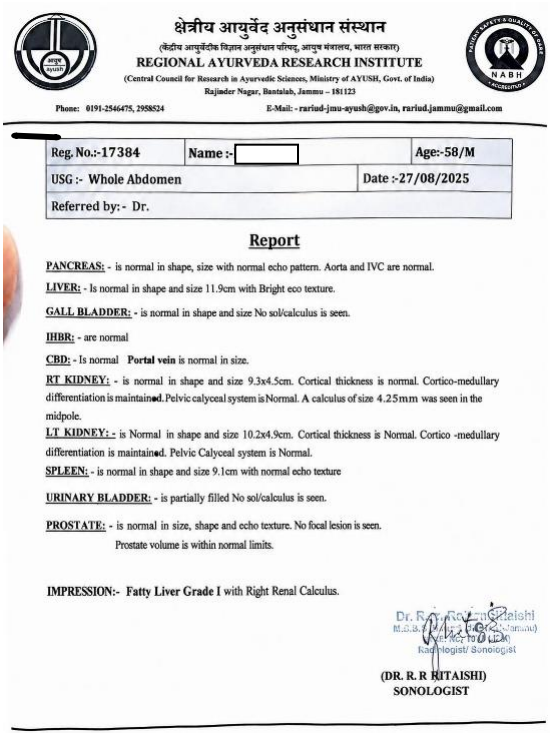
Reg. No.:-17384	Name :-	Age:-58/M
USG :- Whole Abdomen		Date :-24/07/2025
Referred by:- Dr.		

Report

PANCREAS: - is normal in shape, size with normal echo pattern. Aorta and IVC are normal.
LIVER: - Is normal in shape and size 11.9cm with Bright eco texture.
GALL BLADDER: - is normal in shape and size No sol/calculus is seen.
IHBR: - are normal
CBD: - Is normal **Portal vein** is normal in size.
RT KIDNEY: - is normal in shape and size 9.3x4.5cm. Cortical thickness is normal. Cortico-medullary differentiation is maintained. Pelvic calyceal system is Normal. A calculus of size 7.22mm was seen in the midpole.
LT KIDNEY: - is Normal in shape and size 10.2x4.9cm. Cortical thickness is Normal. Cortico -medullary differentiation is maintained. Pelvic Calyceal system is Normal.
SPLEEN: - is normal in shape and size 9.1cm with normal echo texture
URINARY BLADDER: - is partially filled No sol/calculus is seen.
PROSTATE: - is normal in size, shape and echo texture. No focal lesion is seen.
Prostate volume is within normal limits.

IMPRESSION:- Fatty Liver Grade I with Right Renal Calculus.

(DR. R. R RITAISHI)
SONOLOGIST



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Reg. No.:-17384	Name :-	Age:-58/M
USG :- Whole Abdomen		Date :-27/08/2025
Referred by:- Dr.		

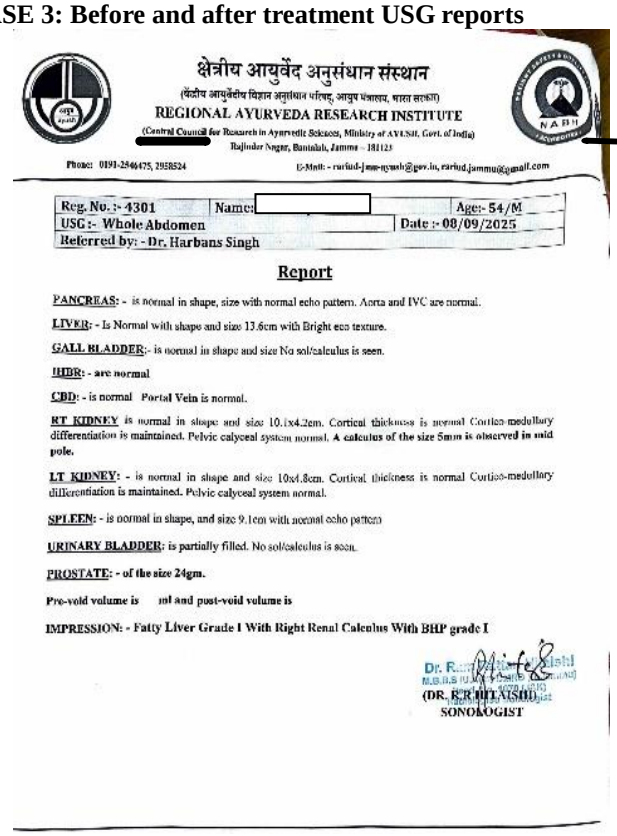
Report

PANCREAS: - is normal in shape, size with normal echo pattern. Aorta and IVC are normal.
LIVER: - Is normal in shape and size 11.9cm with Bright eco texture.
GALL BLADDER: - is normal in shape and size No sol/calculus is seen.
IHBR: - are normal
CBD: - Is normal **Portal vein** is normal in size.
RT KIDNEY: - is normal in shape and size 9.3x4.5cm. Cortical thickness is normal. Cortico-medullary differentiation is maintained. Pelvic calyceal system is Normal. A calculus of size 4.25mm was seen in the midpole.
LT KIDNEY: - is Normal in shape and size 10.2x4.9cm. Cortical thickness is Normal. Cortico -medullary differentiation is maintained. Pelvic Calyceal system is Normal.
SPLEEN: - is normal in shape and size 9.1cm with normal echo texture
URINARY BLADDER: - is partially filled No sol/calculus is seen.
PROSTATE: - is normal in size, shape and echo texture. No focal lesion is seen.
Prostate volume is within normal limits.

IMPRESSION:- Fatty Liver Grade I with Right Renal Calculus.

(DR. R. R RITAISHI)
SONOLOGIST

CASE 3: Before and after treatment USG reports



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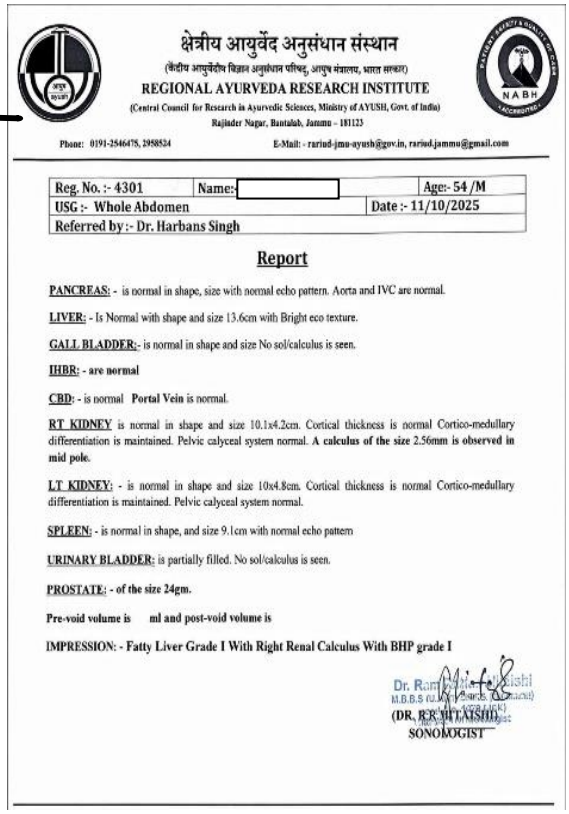
Reg. No. :- 4301	Name:	Age:- 54/M
USG :- Whole Abdomen		Date :- 08/09/2025
Referred by: - Dr. Harbans Singh		

Report

PANCREAS: - is normal in shape, size with normal echo pattern. Aorta and IVC are normal.
LIVER: - Is Normal with shape and size 13.6cm with Bright eco texture.
GALL BLADDER:- is normal in shape and size No sol/calculus is seen.
IHBR: - are normal
CBD: - is normal Portal Vein is normal.
RT KIDNEY is normal in shape and size 10.1x4.2cm. Cortical thickness is normal Cortico-medullary differentiation is maintained. Pelvic calyceal system normal. **A calculus of the size 5mm is observed in mid pole.**
LT KIDNEY: - is normal in shape and size 10x4.8cm. Cortical thickness is normal Cortico-medullary differentiation is maintained. Pelvic calyceal system normal.
SPLEEN: - is normal in shape, and size 9.1cm with normal echo pattern
URINARY BLADDER: is partially filled. No sol/calculus is seen.
PROSTATE: - of the size 24gm.
Pre-void volume is ml and post-void volume is
IMPRESSION: - Fatty Liver Grade I With Right Renal Calculus With BHP grade I

(DR. R.R RITAISHI)
SONOLOGIST



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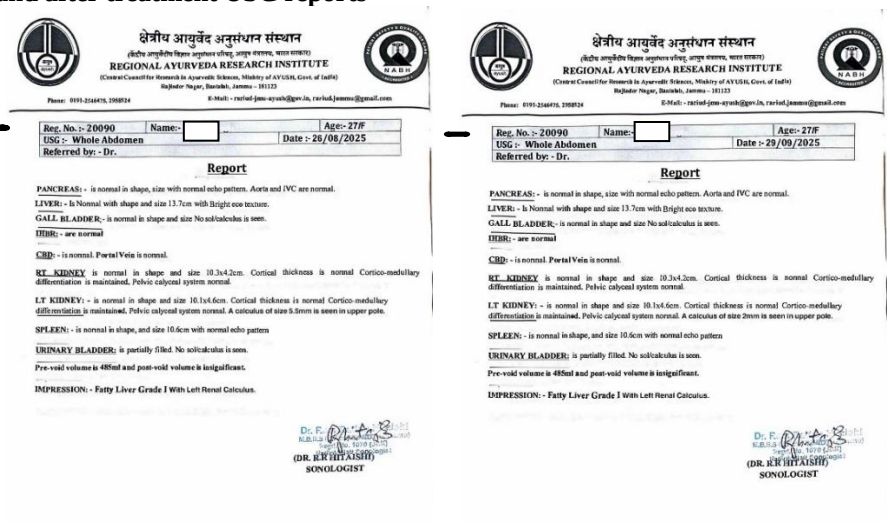
Reg. No. :- 4301	Name:	Age:- 54/M
USG :- Whole Abdomen		Date :- 11/10/2025
Referred by :- Dr. Harbans Singh		

Report

PANCREAS: - is normal in shape, size with normal echo pattern. Aorta and IVC are normal.
LIVER: - Is Normal with shape and size 13.6cm with Bright eco texture.
GALL BLADDER:- is normal in shape and size No sol/calculus is seen.
IHBR: - are normal
CBD: - is normal Portal Vein is normal.
RT KIDNEY is normal in shape and size 10.1x4.2cm. Cortical thickness is normal Cortico-medullary differentiation is maintained. Pelvic calyceal system normal. **A calculus of the size 2.56mm is observed in mid pole.**
LT KIDNEY: - is normal in shape and size 10x4.8cm. Cortical thickness is normal Cortico-medullary differentiation is maintained. Pelvic calyceal system normal.
SPLEEN: - is normal in shape, and size 9.1cm with normal echo pattern
URINARY BLADDER: is partially filled. No sol/calculus is seen.
PROSTATE: - of the size 24gm.
Pre-void volume is ml and post-void volume is
IMPRESSION: - Fatty Liver Grade I With Right Renal Calculus With BHP grade I

(DR. R.R RITAISHI)
SONOLOGIST

CASE 4: Before and after treatment USG reports



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Reg. No.:- 20090	Name:-	Age:- 27/F
USG :- Whole Abdomen		Date :- 26/08/2025
Referred by: - Dr.		

Report

PANCREAS: - is normal in shape, size with normal echo pattern. Aorta and IVC are normal.
LIVER: - Is Nonnal with shape and size 13.7cm with Bright eco texture.
GALL BLADDER:- is normal in shape and size No sol/calculus is seen.
IHBR: - are normal
CBD: - is nonnal. Portal Vein is nonnal.
RT. KIDNEY is normal in shape and size 10.3x4.2cm. Cortical thickness is nonnal Cortico-medullary differentiation is maintained. Pelvic calycal system nonnal.
LT KIDNEY: - is normal in shape and size 10.1x4.6cm. Cortical thickness is normal Cortico-medullary differentiation is maintained. Pelvic calycal system normal. A calculus of size 5.5mm is seen in upper pole.
SPLEEN: - is normal in shape, and size 10.6cm with normal echo pattern
URINARY BLADDER: is partially filled. No sol/calculus is seen.
Pre-void volume is 485ml and post-void volume is insignificant.
IMPRESSION: - Fatty Liver Grade I With Left Renal Calculus.

(DR. R.R HTAISHI)
SONOLOGIST

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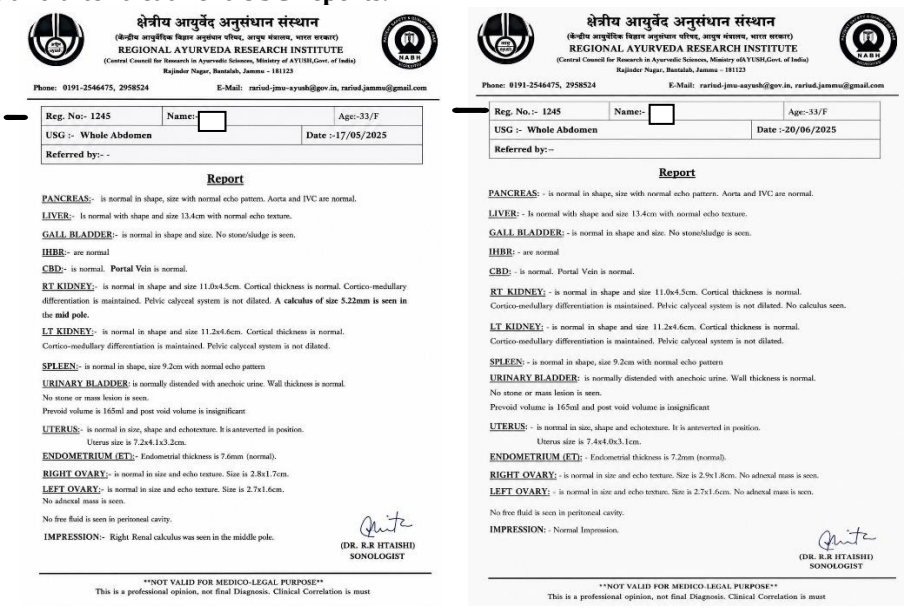
Reg. No.:- 20090	Name:-	Age:- 27/F
USG :- Whole Abdomen		Date :- 29/09/2025
Referred by: - Dr.		

Report

PANCREAS: - is normal in shape, size with normal echo pattern. Aorta and IVC are normal.
LIVER: - Is Nonnal with shape and size 13.7cm with Bright eco texture.
GALL BLADDER:- is normal in shape and size No sol/calculus is seen.
IHBR: - are normal
CBD: - is nonnal. Portal Vein is nonnal.
RT. KIDNEY is normal in shape and size 10.3x4.2cm. Cortical thickness is nonnal Cortico-medullary differentiation is maintained. Pelvic calycal system nonnal.
LT KIDNEY: - is normal in shape and size 10.1x4.6cm. Cortical thickness is normal Cortico-medullary differentiation is maintained. Pelvic calycal system normal. A calculus of size 2mm is seen in upper pole.
SPLEEN: - is normal in shape, and size 10.6cm with normal echo pattern
URINARY BLADDER: is partially filled. No sol/calculus is seen.
Pre-void volume is 485ml and post-void volume is insignificant.
IMPRESSION: - Fatty Liver Grade I With Left Renal Calculus.

(DR. R.R HTAISHI)
SONOLOGIST

CASE 5: Before and after treatment USG reports.



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Reg. No:- 1245	Name:-	Age:-33/F
USG :- Whole Abdomen		Date :-17/05/2025
Referred by:- -		

Report

PANCREAS:- is normal in shape, size with normal echo pattern. Aorta and IVC are normal.
LIVER:- Is normal with shape and size 13.4cm with normal echo texture.
GALL BLADDER:- is normal in shape and size. No stone/sludge is seen.
IHBR:- are normal
CBD:- is normal. Portal Vein is normal.
RT KIDNEY:- is normal in shape and size 11.0x4.5cm. Cortical thickness is normal. Cortico-medullary differentiation is maintained. Pelvic calyceal system is not dilated. A calculus of size 5.22mm is seen in the mid pole.
LT KIDNEY:- is normal in shape and size 11.2x4.6cm. Cortical thickness is normal. Cortico-medullary differentiation is maintained. Pelvic calycal system is not dilated.
SPLEEN:- is normal in shape, size 9.2cm with normal echo pattern
URINARY BLADDER: is normally distended with anechoic urine. Wall thickness is normal. No stone or mass lesion is seen. Prevoid volume is 165ml and post void volume is insignificant
UTERUS:- is normal in size, shape and echotexture. It is anteverted in position. Uterus size is 7.2x4.1x3.2cm.
ENDOMETRIUM (ET):- Endometrial thickness is 7.6mm (normal).
RIGHT OVARY:- is normal in size and echo texture. Size is 2.8x1.7cm.
LEFT OVARY:- is normal in size and echo texture. Size is 2.7x1.6cm. No adnexal mass is seen.
No free fluid is seen in peritoneal cavity.
IMPRESSION:- Right Renal calculus was seen in the middle pole.

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SONOLOGIST

NOT VALID FOR MEDICO-LEGAL PURPOSE
This is a professional opinion, not final Diagnosis. Clinical Correlation is must

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Reg. No.:- 1245	Name:-	Age:-33/F
USG :- Whole Abdomen		Date :-20/06/2025
Referred by:--		

Report

PANCREAS: - is normal in shape, size with normal echo pattern. Aorta and IVC are normal.
LIVER: - Is normal with shape and size 13.4cm with normal echo texture.
GALL BLADDER: - is normal in shape and size. No stone/sludge is seen.
IHBR: - are normal
CBD: - is normal. Portal Vein is normal.
RT KIDNEY: - is normal in shape and size 11.0x4.5cm. Cortical thickness is normal. Cortico-medullary differentiation is maintained. Pelvic calyceal system is not dilated. No calculus seen.
LT KIDNEY: - is normal in shape and size 11.2x4.6cm. Cortical thickness is normal. Cortico-medullary differentiation is maintained. Pelvic calycal system is not dilated.
SPLEEN: - is normal in shape, size 9.2cm with normal echo pattern
URINARY BLADDER: is normally distended with anechoic urine. Wall thickness is normal. No stone or mass lesion is seen. Prevoid volume is 165ml and post void volume is insignificant
UTERUS: - is normal in size, shape and echotexture. It is anteverted in position. Uterus size is 7.4x4.0x3.1cm.
ENDOMETRIUM (ET): - Endometrial thickness is 7.2mm (normal).
RIGHT OVARY: - is normal in size and echo texture. Size is 2.9x1.8cm. No adnexal mass is seen.
LEFT OVARY: - is normal in size and echo texture. Size is 2.7x1.6cm. No adnexal mass is seen.
No free fluid is seen in peritoneal cavity.
IMPRESSION: - Normal Impression.

(DR. R.R HTAISHI)
SONOLOGIST

NOT VALID FOR MEDICO-LEGAL PURPOSE
This is a professional opinion, not final Diagnosis. Clinical Correlation is must

DISCUSSION: PROBABLE MODE OF ACTION

According to *Ayurvedic* principles, *Mutrashmari* develops due to the consumption of *Guru, Snigdha, and Abhishyandi Ahara*, inadequate water intake, suppression of natural urges *(Vegadharana), and Kapha–Vata*-provoking dietary and lifestyle factors, leading to *Kapha–Vata Prakopa and Agnimandya*. Impaired digestive fire results in *Ama* formation, which, along with aggravated *Kapha and Vata*, localizes in the *Mutravaha Srotas and Basti*, causing *Srotorodha* and accumulation of urinary constituents. This obstruction further vitiates *Apana Vayu, promoting Dosha–Dushya Sammurchana* and ultimately the formation of *Ashmari* (urinary calculus). In the present study, *Varuna–Shigru Kwatha with Yavakshara Prakshepa* is presumed to interrupt this pathogenesis at multiple levels. *Varuna* possesses *Mutravirechaniya, Mutrala, Srotoshodhaka, Vatahara, Shoolahara, and Ashmaribhedana* properties, which facilitate urinary flow, reduce pain, cleanse the urinary channels, and aid in fragmentation of the calculus. *Shigru, owing to its Ushna, Tikshna, Deepana, Pachana, Lekhana, Kaphavatahara, Shothahara, and Srotoshodhana* properties, helps digest Ama, removes obstruction, normalizes *Apana Vayu*, and inhibits further stone growth. *Yavakshara, with its Ushna, Tikshna, Ksharana, Chedana, Bhedana, Lekhana, and Kaphahara* actions, clears obstruction in the urinary tract, facilitates disintegration of the calculus, and promotes the expulsion of stone fragments through increased urinary flow. Collectively, these actions produce *Samprapti Vighatana* by relieving *Shoola (pain), Mutrakrichra (dysuria), Daha (burning micturition), Sarakta Mutra (hematuria),* and urinary obstruction while reducing stone size and facilitateing the passage of calculi.

CONCLUSION

This case series demonstrates that *Ayurvedic Shamana Chikitsa*, when strategically designed according to doshik pathology and supported by appropriately selected formulations, can effectively manage renal and

ureteric calculi without recourse to lithotripsy or surgical procedures. The patient achieved significant symptomatic relief, expulsion of calculi, and normalization of urinary function, with no recurrence reported to date. The therapeutic success can be attributed to the synergistic actions of *Mutrala, Ashmari-Bhedaka, Mutravirechaniya, Srotoshodhaka, Vatahara, Shoolahara, Deepana, Pachana, Lekhana and Kaphavatahara* interventions. The formulation used showed effect by enhancing diuresis, reducing urinary supersaturation, correcting metabolic imbalances, mitigating local inflammation, and promoting dissolution or fragmentation of the calculus. Additionally, correction of lifestyle factors and dietary modifications supported restoration of urinary homeostasis. Although the results are promising, the findings are derived from a case series of 5 patient observation, which limits generalizability. Larger-scale clinical studies and controlled trials are essential to validate efficacy, optimize dosage regimens, and establish standardized therapeutic protocols. Nevertheless, this case highlights the potential of *Ayurveda-based* conservative management as a viable alternative for patients seeking non-invasive treatment options or those unfit for surgical intervention. The Ayurvedic treatment approach adopted in these cases demonstrates that appropriately tailored *Ayurvedic* medication can combat the disease in minimal duration, offering both symptomatic relief and definitive cure. Further research will strengthen the evidence base and clarify the scope of *Shamana* therapy in urolithiasis management.

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