



A SUCCESSFUL TREATMENT OF MUTRASHMARI (RENAL CALCULUS) BY AYURVEDA SHAMAN THERAPY- SINGLE CASE STUDY

Dr. Sanjeev M. Khuje¹ and Dr. Pawan Garg^{2*}

¹Associate Professor & Head Dept. of Rognidan Evam Vikrati Vigyana, Govt. Ayurvedic College Rewa M.P.

²Assistant Professor & PhD Scholar Dept. of Kayachikitsa Govt. Ayurvedic College Rewa M.P.



*Corresponding Author: Dr. Pawan Garg

Assistant Professor & PhD Scholar Dept. of Kayachikitsa Govt. Ayurvedic College Rewa M.P.

Article Received on 12/01/2024

Article Revised on 15/02/2024

Article Accepted on 27/02/2024

ABSTRACT

Ashmari is one among the eight most difficult to cure diseases (Ashtamahagada) described in Ayurveda classical texts. The symptomatology of Ashmari resembles the clinical features of Urolithiasis mentioned in the contemporary medical science. Urolithiasis is third most common disease of the urinary tract. Conventional management of Urolithiasis does not have any effect on the pathogenesis of this disease and therefore, recurrence of disease occurs very commonly. Ashmari is the third most common and distressing affliction of the urinary tract. It possesses symptoms such as Jwara (Fever), Basti Pida (Discomfort and pain in the bladder), Aruchi (Anorexia), Mutrakriccha (Difficulty in micturition), Bastishira Vedana (Pain in Urethra), Mushka Vedana (Pain in testicles) and Shepha Vedana (Pain in the penis) have been described in Ayurvedic classical texts. A 27-year-old Male patient visited OPD of Department of Kayachikitsa, Govt Ayurveda college Rewa in 28/06/2023 with complaints of pain in the right side of the Abdomen, Burning Micturition, Nausea and Vomiting. The USG reported Two calculus measuring 9.8 mm & 4 mm in right lower ureter with the normal functioning of vitals. The patient was treated with Veertarvadi Kashaya, Gokshuradi Guggulu 2 BD, Chandraprabha Vati 2 BD & Changeri Ghrita for One month on the OPD basis. Along with medication, the patient was also advised to follow diet and lifestyle restrictions. The patient got relief in signs and symptoms and the USG report did not show any Calculus After the treatment.

KEYWORD: Ayurvedic Shaman therapy, Ashmari, Renal calculus.

INTRODUCTION

Ashmari is one of the ubiquitous ailments of the mutravahasrotas (urinary system) beside Mutrakriccha and Prameha. In Ayurveda, Acharya Susruta described eight most tricky to cure diseases (Ashtamahagada) and Ashmari is one among them owing to its potentiality to concern the structure and functions of urinary system.^[1] The symptomatology of Ashmari explained in Ayurvedic texts resembles the clinical features of Urolithiasis mentioned in the contemporary medical science. Urolithiasis is third most general disease of the urinary tract after urinary tract infections and prostatic disorders.^[2] Factors like uneven food habits, sedentary life style, occupation, hydration status, geography, nutritional deficiency, metabolic disorders etc. may be responsible for urolithiasis, however the causes and mechanism of their formation is still not clearly understood.^[3] Urolithiasis is a complex process as a consequence of an imbalance between promoters and inhibitors of urinary crystallization in the kidneys.^[4] Around 97% of the calculi are found in the kidneys and

ureters while the other 3% in the urinary bladder and urethra.^[5] Prevalence and incidence of urolithiasis has been increasing in present time; may be due to rapidly changing diet & lifestyle or better diagnostic tools for more accurate diagnosis. It occur in approximately 12% of the global population and its re-occurrence rate in males is 70-81% and 47-60% in females.^[6] In the current scenario, there are many treatment options available for the management of urolithiasis but the conventional management is quite expensive and the recurrence occurs commonly as it does not have any effect on the pathogenesis of this disease. It has the propensity to recur even after surgery. So, it is necessary to find out an effective, simply available, acceptable and economical treatment for urolithiasis. Ayurveda has more essential move toward and wide range of options in the management of Ashmari. So, I have selected Some Ayurvedic medicines as like Veertarvadi Kashaya, Gokshuradi Guggulu, Chandraprabha Vati & Changeri Ghritam.

CASE REPORT

A patient ABC, Aged 27 years, male had come to OPD of Kayachikitsa Govt Ayurveda college Rewa, OPD nu KC/2253 was complaining of blackish brown, rough and whitish scaly multiple lesions associated with itching over Scalp since 6 months. History Patient was said to be normal 1 years back. Took symptomatic treatment with the Allopathic treatment medications, Patient did not get relief during treatment So Patient visited Govt Ayurveda College Rewa at 28/06/2023.

Past History

Not known case of HTN or DM or any other pathological conditions. No any family history found regarding Psoriasis or any other dermatological conditions. All the blood investigation reports were within normal limits.

Personal history

- Appetite – Slight low
- Bowel – Regular
- Micturition - regular (5-6times /day)
- Sleep - disturbed due to Pain
- Addiction – No
- Diet - Mixed (takes non veg food thrice a week).

General examination

- Pallor: Absent
- Icterus: Absent
- Cyanosis: Absent
- Clubbing: Absent
- Lymph node: Not palpable
- Oedema: Absent
- BP: 120/84mmhg
- Pulse: 78bpm
- Respiratory rate: 20/min
- Temperature : 98°F.

Ashtasthana Pariksha

- Nadi – Vata Kapha
- Mala - Prakruta
- Mutra – Burning sensation
- Jihva - Alipta
- Drik - Prakruta
- Shabdha - Prakruta
- Sparsha - Khara sparsha
- Aakriti - Madhyama

Dashavidha Pariksha

- Prakriti - Pitta vata
- Vikriti - Kapha vata
- Satva - Madhyama
- Sathmya - Madura, Katu
- Ahara Shakti – Madhyama
- Vyayama Shakti – Madhyama
- Sara - Asthi
- Samhanana – Madhyama
- Agni Shakthi - Madyama
- Vaya – Madhyama.

Samprapti Ghataka

- Dosha: Vata (Vyana Vayu), Kapha (Kledaka)
- Dhatu: Rasa (Toda, Vaivarnya), Rakta (Sweda), Mamsa
- Upadhatu: Tvacha
- Agni: Jataragni Mandya
- Srotas: Rasa, Asthi, Mutra
- Sroto Dusti Prakara: Sanga
- Udbhava Sthana: Pakwasaya
- Adhistana: Twak, Rakta, Mamsa, Lasika
- Vyakta Sthana: Basti
- Roga Marga: Madhyam
- Swabhava: Chirakari
- Sadhyasadhyata: Krichrasadhy.

Anga Pratyanga Pareeksha

Per Abdomen Examination Inspection: Shape of abdomen – distended Umbilicus - normal,

Palpation: Soft, no tenderness, no organomegaly.

Percussion: Tympanic sounds heard except the area of liver dullness.

Auscultation: Sound – absent.

Central Nervous System

Patient is conscious, well oriented to time, place and person.

Respiratory System

Inspection: Shape of chest - bilaterally symmetrical

Palpation: Trachea – centrally placed

Tactile vocal fremitus - Normal

Percussion: Resonant sounds heard except the cardiac dullness

Auscultation: Normal Vesicular breath sounds heard.

Cardiovascular System

Inspection: No scar, no swelling

Palpation: Non tender

Percussion: Defined area of cardiac dullness

Auscultation: Apex beat felt at 5th intercostal space S1 and S2 heard, No added sounds or murmurs heard.

Integumentary System Examination

Tenderness- Grade 3

Redness- +

Palpation

Temperature – felt.

Assessment of Patient

Overall assessment of the therapy was made based on the subjective and objective parameters improvement in Signs and symptoms Grade 0 Grade 1 Grade 2 Grade 3 Pain No pain Mild pain Moderate pain Severe pain, Burning Micturition Absence of burning Micturition Occasional burning Micturition Burning Micturition in half of urination Severe burning Micturition at every urination and USG of whole abdomen - Size of renal stone/ removal and assessed by grading method.^[7]

A. SUBJECTIVE PARAMETER**Table 1.**

| | | |
|-------------------------------------|--------------------------------------------------------------------------------|---|
| 1. Pain | | |
| | No pain | 0 |
| | Occasional pain did not require treatment | 1 |
| | Occasional pain but, required treatment | 2 |
| | Constant dull ache pain, required treatment | 3 |
| 2. Burning Micturition | | |
| | No burning micturition, Clear, easy micturition | 0 |
| | Occasional Burning but Clear urine | 1 |
| | Occasional burningmicturition, mild pain after displacement required treatment | 2 |
| | Constant burning micturition | 3 |
| 3. Dysuria | | |
| | No dysuria | 0 |
| | Occasional dysuria | 1 |
| | Occasional dysuria which require treatment | 2 |
| | Constant dysuria which require treatment | 3 |
| 4. Tenderness in Renal Angle | | |
| | No tenderness | 0 |
| | Mild tenderness | 1 |
| | Moderate tenderness | 2 |
| | Severe tenderness | 3 |

B. OBJECTIVE PARAMETER: USG**Table 2: Shaman Ausadhi 28/06/2023 (For 1 Month).**

| Sr. Nu. | Medicine Name | Dose | Time & Precaution | Anupana |
|---------|---------------------|---------|---------------------------------|-----------------|
| 1. | Veertarvadi Kashaya | 20 ml | Morning & Evening Empty stomach | Water |
| 2. | Gokshuradi Gugulu | 1000 mg | After noon & Night After food | Luke warm water |
| 3. | Chandraprabha Vati | 1000 mg | After noon & Night After food | Luke warm water |
| 4. | Changeri Ghrit | 10 ml | Evening | Luke warm milk |

RESULTS**Table 3.**

| Sr. Nu. | Parameter | Before Treatment | After treatment |
|---------|---------------------------|------------------------------------------------------------|-----------------|
| 1. | Pain | 2 | 0 |
| 2. | Burning Micturition | 3 | 0 |
| 3. | Dysuria | 2 | 0 |
| 4. | Tenderness in Renal Angle | 3 | 0 |
| 5. | USG Finding | Two calculus measuring 9.8 mm & 4 mm in right lower Ureter | No finding |

DISCUSSION

Acharya Susruta considered Ashmari as a grave disease and fatal as death itself.^[7] As per Ayurveda, the main reason for Ashmari is an aggregation of Kaphapradhana dosha in Mutravahasrotas due to Agnimandya and Ama formation.^[8] The process of Ashmari formation takes place by the stagnation and supersaturation of the urine and by crystallization of the crystalloids within the urine.^[9] The mechanism of renal calculus formation as per modern medical science is a complex process that ends up from various complex processes including supersaturation, nucleation, growth aggregation, and retention of urinary stone constituents within tubular cells.^[10] Despite a big selection of conventional medical intervention options, 50% of patients suffer a minimum

of one recurrence, and 10-20% experience three or more further episodes of recurrence.^[11,12] If left untreated or poorly treated, it could result in urinary tract infection, urinary obstruction, chronic kidney diseases, nephropathy, and hypertension.^[13,14,15] Ayurvedic drug management to disintegrate the pathogenesis of Ashmari includes the drugs with the following properties: Ashmari-Bhedana: - Disintegration, dissolution, expulsion, and to some extent prevention of urolithiasis like Gokshura (*Tribulusterrestris* Linn.), Varuna (*Crataevamurvala* BuchHam.), Pashanbheda (*Bergeniaciliata* Sternb.), Kulatha (*Dolichosbiflorus*Linn.). Punarnava (*Boerhaviadiffusa* Linn.) etc.^[16,17] Mutrala - Drugs that increase the urine production and are thus helpful in the expulsion of the

calculas like Gokshura, Punarnava, Shvetaparpati, Trinapanchamula etc.^[18,19] Deepana-Pachana- Drugs to correct abnormalities in the digestion and metabolism (as the intermediary metabolites (ama) being excreted through the urinary tract could precipitate and give rise to urolithiasis) like Trikatu [Combination of Shunthi (Zingiberofficinale), Pippali (Piper longum). Maricha (Piper nigrum)]. Triphala [Combination of Haritaki (Terminaliachebula). Bibhitak (Terminaliabellerica). Amalaki (Phyllanthusemblica)]. Musta (Cyperusrotundus) etc. Vedanasthapanā & Shothahara Anti-inflammatory and analgesic drugs like Chandraprabha, Guggulu, Gokshura, Punarnava etc.^[20]

ChandraprabhaVati A wonderful medicine and is suitable for all Santarpana Janya vyadhis have Properties like tikta, katu, kashya, Lavana Kshar rasa pradhan, laghu, ruksha, vishada, sukshma, sitoshna and prabhava karma aushadha, Kaphahara, Jantughna, puyahara, Shula hara, Mutral. Act on different types of diseases of urinary system with different Anupanas. For example in Asmarighna with Trinapanchamula Kashaya, in UTI or renal calculi takes with Purarnavasava, in DM with Katakahadiradi Kashay etc. It has multi-dimensional action and effective for acute and chronic cases. Broad spectrum antibiotic, tonic (Strengthen nerves) for urogenital system, anti-inflammatory, immunomodulator etc.^[21]

Gokshuradi guggulu It has action on Mutravaha Srotas indicated in Mutrakrichhra, Mutraghata, Ashmari, Prameha etc. having the properties Tridosahara, Madhura, Tikta, KatuRasa Pradhana, Sitoshna viryaaushadha, Mutral, Kledanashaka, Shophahara, Srotoshodhana. It gives best result in Niramaja/ Jirnarogavastha with combination of Chandraprabhavati. It can reduce pain during micturition, improve in scanty urination, UTI, generalized & Localized Oedema, Oedema due to renal diseases, BPH, urinary retention, haematuria, chronic renal failure. Broad spectrum anti-inflammatory, nephron Protective, support prostate health, detoxifies lymphatic system and Urogenital System, strengthen kidneys and Prostate, increase Vigor and Vitality.^[22]

Veertarvadi Gana explained by Sushrut Samahita, it is made from 16 herbs, Maximum Herbs are Ashmaribhedak (Lithotriptic), Mutral (Diuretic), Mutrakrucchahar and useful in diseases of Bladder Kidney & Mutraasmari.^[23]

The Ayurvedic texts have an abundant literature regarding the use of Changeri Ghrita. The anti-inflammatory, antiseptic, carminative, digestive, liver tonic, diuretic, venotonic property of Changeri Ghrita is a well evidenced observation. Fresh plant juice has property of curing dyspepsia, piles, Anemia & Mutrakracchata Bhaisajya ratnawali mentioned Changeri Ghrita has a property of appetizer (Agnivardhaka) and Vedanashamak (Relieves Pain) so pain during defecation

will be relieved. It also relieves Mutrakrichhra (Dysuria) so straining due to BPH will be relieved. Since Agnimandya is responsible for all types of the diseases, this Ghrita through its Agnivardhaka effect relieves the Agnimandya. Changeri Ghrita has bhedan property so it is helpful in Mutraashmari.^[24]

CONCLUSION

In Mutraashmari Case: Veertarvadi Kashaya, Gokshuradi Guggulu, Chandraprabha Vati & Changeri Ghrita plays important role in Mutraashmari. Patient was also advised to follow diet and lifestyle restrictions. The patient got relief in signs and symptoms and the USG report did not show any Calculus after the treatment.

REFERENCES

1. Shastri AD, editor. Ayurveda TattvaSandipika Hindi commentary on SusrutaSamhita of Susruta, SootraSthana; Avarniyamadhyaya: Chapter 33, Verse 04, Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan, 2017; 163.
2. <http://www.imop.gr/en/uroinfo-urolithiasis> (Accessed on October 10, 2019)
3. Alelign T, Petros B. Kidney Stone Disease: An Update on Current Concepts. Adv Urol. Feb 4, 2018; 2018: 3068365.
4. Asplin JR, Coe FL, Favus MJ. Nephrolithiasis. In: Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL, editors. Harrison's Principles of Internal Medicine. 16th ed. New Delhi: McGraw-Hill, 2005; 1710-1714.
5. Bichler K, Strohmaier WL, Eipper E, Lahme S. Bichler K, editors. Epidemiologie: Das Harnsteinleiden. GEKEdition. Lehmanns Media - LOB. de., 2007; 52: 31-44.
6. Smith CL, Guay DRP. Nephrolithiasis. In: Piro JTD, Talbert RL, Hayes PE, Yee GC, Matzke GR, Posey LM, editors. Pharmacotherapy and Pathophysiologic Approach. 2nd ed. New York: Elsevier, 1992; 720-736.
7. Sushruta Samhita- Ayurveda Tattava-Sandipika Hindi commentary by Kavi Raj Ambika Dutt Shastri. Patil VC. Rajeshwar NM editors Sushrut samhita of Susruta Chikitsasthana Ashmarichikitsaadhyaya: Chapter 07 Verse 03. First ed New Delhi Chaukhamba Publications, 2018; 348.
8. Patil VC. Rajeshwar NM editors Sushrut samhita of Susruta Nidanasthana Ashmarichikitsadhyaya: Chapter 03 Verse 03. First ed New Delhi Chaukhamba Publications, 2018; 26.
9. Patil VC. Rajeshwar NM editors Sushrut Samhita of Susruta Nidanasthana Ashmarichikitsadhyaya: Chapter 03 Verse 25-26. First ed New Delhi Chaukhamba Publications, 2018; 30.
10. Alelign T. Petros B. Kinney Stone Disease: An Update on Current concepts. Adv. Urol, 2018 Feb 4; 2018: 306836
11. Hesse A. Brandle E. Wilbert D. Kohrman KU, Alken P. Study on the prevalence and incidence of

- urolithiasis in Germany comparing the years 1979 vs 2000. *Eur Urol*, 2003; 44: 709-713.
12. Strohmaier WL. Course of calcium stone disease without treatment. What can we expect? *Eur Urol*, 2000; 37: 339.
 13. Sigurjonsdottir VK. Runolfsdottir HL. Indridason OS, Palsson R. Edvardsson VO. Impact of nephrolithiasis on kidney function. *BMC Nephrol*, Aug 28, 2015; 16(1): 149.
 14. El-Zoghby ZM, Lieske JC. Foley RN, Bergstralh EJ, Li X, Melton LJ et al. Urolithiasis and the risk of ESRD. *Clin J Am Soc Nephrol*. Sep., 2012; 7(9): 1409- 15.
 15. Taylor EN, Stampfer MJ. Curhan GC. Obesity, weight gain, and the risk of kidney stones. *JAMA* Jan 26, 2005; 293(4): 455-62.
 16. Pramod K. Despande PS. Singh CM. Studies on urolithiatic action of Indigenous drugs. *Bull. Med. Ethnobot*, 1981; 2: 277-84.
 17. Balap LG Evaluation of Anturolithiatic Activity of the Aqueous and Alcoholic Extracts of Roots of *Boerhaavia Diffusa* LAJPR, 2015; 5(1): 525-30.
 18. Singh RP. Shukla KP. Pandey BL, Singh RG, Usha, Singh RH. Recent approach in clinical and experimental evaluation of diuretic action of *Punarnava* (*B. diffusa*) with special reference to nephrotic syndrome. *J. Res Educ. Indian Med.*, 1992; 11: 29-36.
 19. Chunekar KC. editor *Bhavaprakasha Nighantu* of *Bhavaprakasha*, Reprint ed. Varanasi: *Chaukhambha Visvabharati*, 2006; 32.
 20. Baburao B. Rajalakshmi G. Venkatesham A. Kiran G. Shyamsunder A. Gangarao B. Anti-inflammatory and antimicrobial activities of methanolic extract of *Tribulusterrestris* Linn. *Plant. Int J Chem Sci.*, 2009; 7: 1867-72.
 21. Muhammed S.V., SAMS, urinary system diseases, *prameha* chapter 2 Volume 1 third edition, 405.
 22. Muhammed S.V., SAMS, urinary system diseases, *mutrakrakra & mutraghata* chapter 1 Volume 1 third edition, 393.
 23. B. N. Gadve & Sheetal M. Balkunde, Role of *Veertarvadi Gana* in *Mutrashmari* : A Review Study, *Ayurlog*, June, 2019; 7.
 24. Amulya Dahal, Clinical Evaluation of *Changeri Ghrita* in the Management of *Arsha* (Hemorrhoids), *Rasamruta* – December, 2016; 8: 26.