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A CASE STUDY ON *ASHMARI* MANAGEMENT W.S.R TO RENAL CALCULI

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ABSTRACT

According to *Ayurvedic samhitas,* the term *Ashmari* encompasses multiple meanings, including not only renal stones, gallbladder stones, and urinary bladder stones but also stones found in various parts of the body, such as the prostate gland, tonsils, nose, pancreas and so forth, as well as different types of stones. *Ashmari* falls under one of the *Ashtamahagada* and can be correlated with renal stones. The symptoms of *Ashmari* include *Basti pida, Arochaka, Mutrachriccha, Bastishiro vedana, Mushka vedana, Shepha vedana, Jwara, Avasada, and Bastgandhi mutra*. A 24-year-old female patient presented with symptoms of right flank pain, back pain, nausea, headache, a feeling of heaviness in the abdomen,and burning micturition, and visited the outpatient department (OPD). She was diagnosed with *Mutrashmari* based on her chief complaints, clinical examination and abdominal ultrasound. The ultrasound scan revealed a small calculus approximately 4.3mm in size in the mid-calyx of the right kidney. Four medicines *Trivikram ras, Hazaralyahud Bhasma, Sweta Parpati and Varunshigru Kwath* were prescribed for a duration of three months. This study aims to ascertain the significant impact of herbomineral drugs on *Mutrashmri* and to contribute to understanding the efficacy of Ayurvedic medication through regular follow-ups, dietary precautions and lifestyle changes in the management of urolithiasis, specifically the fragmentation and elimination of calculi.

Keywords: *Trivikram ras, Hazaralyahud Bhasma, Sweta parpati* and herbomineral drug

INTRODUCTION

Although renal stone disease is one of the most common afflictions of modern society, it has been described since antiquity. The rise in kidney stone prevalence is a global phenomenon and estimated at 1% to 15%, varying according to age, gender, race, and geographic location.[**1**] **Gender**- Historically, renal stone disease affected adult men more commonly than adult women. However, recent evidence suggests that the difference in incidence between men and women is narrowing.[**2**] Stone occurrence is relatively uncommon before age 20 but peaks in incidence in the fourth to sixth decades of life.It has been observed that women show a bimodal distribution of renal stone disease, demonstrating a second peak in incidence in the sixth decade of life, corresponding to the onset of menopause and a fall in estrogen levels.[**3**] **Geography**- A higher prevalence of renal stone disease is found in hot, arid, or dry climates such as the mountains, desert, or tropical areas.[**4**] **Climate**- Seasonal variation in renal stone disease is likely related to temperature by way of fluid losses from perspiration and perhaps by sunlight induced increases in vitamin D. It is noted that the highest incidence of renal stone disease in the summer months. [**5**] **Occupation**- Heat exposure and dehydration constitute occupational risk factors for renal stone disease as well. Cooks and engineering room personnel, both of whom are exposed to high temperatures, were found to have the highest rates of renal stone formation.[**6**] Allopathic treatment for urinary calculus includes alkalizers, minimally invasive modalities ie, ESWL, PCNL, ureteroscopy and laproscopic surgery and open surgery ie, pyelolithotomy, extended pyelolithotomy, nephrolithotomy, partial nephrectomy, nephrectomy etc. According to *Ayurvedic* literature, causes of formation of *Ashmari* are vitiation of *Kapha* by mainly without *Sanshodhan* of body and consuming unhealthy diet. This vitiated *Kapha* along with *Mutra* entered into *Basti* and form *Ashmari*. [**7**] There are four types of *Ashmari* described in *Samhitas*. *Vataj Ashmari*, *Pittaj Ashmari*, *Kahaj Ashmari* and *Shukraj Ashmari* and these are almost correlated with oxalic calculus, uric acid calculus, phosphatic calculus and seminal or spermatic concretion respectively. Two methods are described for *Ashmari* treatment ie; oral and surgical intervention. In oral method, numbers of formulation are given in which *Ekal dravyas, Kashaya, Bhasma, Rasa, Parpati, Kshar, Churna, Ghrita, Uttarbasti* etc. Anther, in the surgical method *Chhedankarma* is mentioned.

CASE STUDY:

Chief complaints with duration- A 24-year-old female patient came to out-patient department with chief complaints of the right-side flank pain, back pain, and burning micturition associated with nausea, headache, and heaviness in the abdomen for 15 days.

In the history of present illness- According to the patient, she was asymptomatic before 15 days. But she gradually developed back pain, nausea, headache, heaviness in the abdomen and burning micturition but sudden severe pain in the right flank region. She was advised for an ultrasound scan and found the right renal calculi. She took allopathic treatment and got symptomatic relief for some days but again suffered from severe pain. So, for better treatment, she came to OPD.

In the history of past illness- The patient had no history of Diabetes Mellitus, Hypertension, Asthma, TB, Hypothyroidism or any drug allergy and previous surgery and no history of accidental trauma.

In family history- Not related to what is being discussed.

In personal history-

Non-vegetarian diet with normal appetite

Burning micturition with increased frequency of urination (5-6 times in the day and 3-4 times at night)

2-3 times in 24 hours is the bowel habit.

Irregular sleep pattern.

No history of addiction.

General examination-

Table No-1

General condition	Fair		
Blood pressure	118/80 mmHg	Pallor	Absent
Pulse rate	78 beat/min	Icterus	Absent
Temp	98.6F	Cyanosis	Absent
Weight	64 kg	Clubbing	Absent
Spo2	98%	Lymph node	Not palpable

Systemic examination-

Central nervous system- The patient is well-oriented and conscious with the place, person and time.

Cardiovascular system- S1S2 Normal, no cardiac murmur sound heard.

Respiratory system- Trachea is centrally placed with bilateral equal air entry. Bilateral equal chest expansion and normal broncho vesicular sound heard.

Alimentary system- Per abdomen

On inspection- The umbilicus is centrally placed and inverted. There is no previous scar mark, vein engorgement, or abdominal distension.

On palpation- The abdomen is soft and non-tender; tenderness is present during bimanual palpation of the flank region, and no organomegaly was palpated.

On auscultation- A bowel sound was heard.

USG findings- A small echogenic focus size approx 4.3mm was seen in the mid-calyx of the right kidney. (**Fig.1**)

TREATMENT:

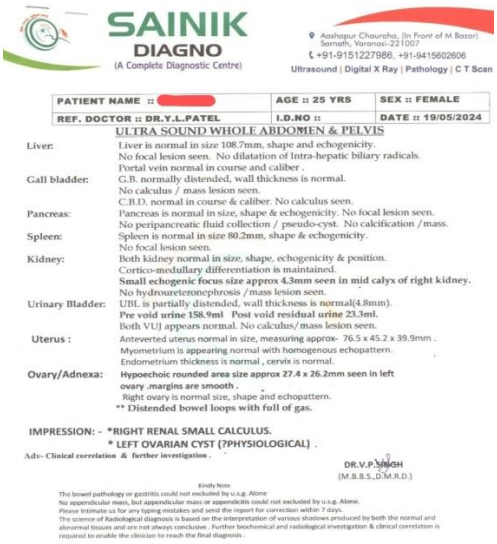
The treatment protocol includes medicine and diet to complete curing from *Ashmari*. **(a) *Ayurvedic* medicine (*Aausdadh*)-** *Trivikram ras* 250mg twice a day with *Madhu*, *Hazaralyahud* 250mg a day with *Madhu*, *Sweta parpati* 500mg twice a day with *Madhu* and *Varunshigru Kwath* 20ml twice in a day. Take all these medications after food. **(b) Dietary habit (*Aahar*)-** Take *Kulathi Dal* in powder form or make sprouts or *dal*. Patients should be strongly encouraged to consume enough fluids to produce 2 L/day because conservative management is the forced increase in fluid intake to achieve a daily urine output of at least 2 litres. Increased urine output may have two effects. First, mechanical diuresis prevents urinary stagnation and the formation of symptomatic calculi. The creation of dilute urination alters the supersaturation of stone components [**8**]. The patient is advised to avoid a protein, and calcium-rich diet (meat, egg, milk, paneer and other dairy products) and oxalate-rich food like tomato, spinach, ladyfinger, and capsicum. Salt restrictions have been widely recommended as an essential element of dietary prevention of recurrent nephrolithiasis. Carbonated water may also confer some protective benefits. Soda flavoured with citric acid may decrease risk, whereas those with phosphoric acid may increase stone risk. Citrus juices, particularly lemon and orange juices, may be a valuable adjunct to stone prevention.A diet high in fruits and vegetables imparts a reduced risk for stone formation over diets high in animal protein.

In lifestyle limitation (*Vihar*)- Stop long-time urine holding habit and avoid sedentary behaviour.

FOLLOW UP AND RESULT:

After giving a prescription of medicine to the patient and getting an investigation, the patient was advised to regularly follow up after 15- 15 days, later two times after 30-30 days. Complete relief in the right side of flank pain, nausea, headache, heaviness in the abdomen and mild to moderate relief in burning micturition after 15 days. Mild pain remained but was on and off in nature till the fourth week. The patient was advised to further repeat ultrasonography of the whole abdomen after the fourth week. A repeat USG scan showed a smaller decrease in the size of the renal calculus of the right kidney (**Fig.2**). After the scan, the patient was counselled to continue the same

treatment, diet and follow-up lifestyle confinement to complete improvement from renal calculus.



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(A Complete Diagnostic Centre)
Aashapur Chauraha, (In Front of M Bazar) Sarnath, Varanasi-221007
+91-9151227986, +91-9415602606
Ultrasound | Digital X Ray | Pathology | C T Scan

PATIENT NAME :: [redacted]	AGE :: 25 YRS	SEX :: FEMALE
REF. DOCTOR :: DR.Y.L.PATEL	I.D.NO ::	DATE :: 19/05/2024

ULTRA SOUND WHOLE ABDOMEN & PELVIS

Liver: Liver is normal in size 108.7mm, shape and echogenicity. No focal lesion seen. No dilatation of Intra-hepatic biliary radicals. Portal vein normal in course and caliber.

Gall bladder: G.B. normally distended, wall thickness is normal. No calculus / mass lesion seen. C.B.D. normal in course & caliber. No calculus seen.

Pancreas: Pancreas is normal in size, shape & echogenicity. No focal lesion seen. No peripancreatic fluid collection / pseudo-cyst. No calcification /mass.

Spleen: Spleen is normal in size 80.2mm, shape & echogenicity. No focal lesion seen.

Kidney: Both kidney normal in size, shape, echogenicity & position. Cortico-medullary differentiation is maintained. **Small echogenic focus size approx 4.3mm seen in mid calyx of right kidney.** No hydroureteronephrosis /mass lesion seen.

Urinary Bladder: UBL is partially distended, wall thickness is normal(4.8mm). **Pre void urine 158.9ml Post void residual urine 23.3ml.** Both VUJ appears normal. No calculus/mass lesion seen.

Uterus : Anteverted uterus normal in size, measuring approx- 76.5 x 45.2 x 39.9mm . Myometrium is appearing normal with homogenous echopattern. Endometrium thickness is normal , cervix is normal.

Ovary/Adnexa: **Hypoechoic rounded area size approx 27.4 x 26.2mm seen in left ovary ,margins are smooth .** Right ovary is normal size, shape and echopattern.

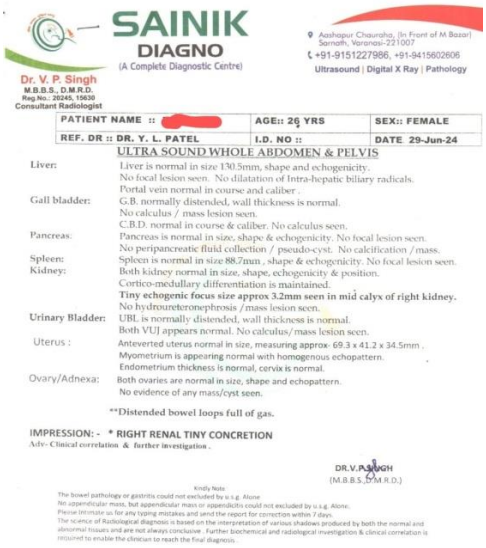
**** Distended bowel loops with full of gas.**

IMPRESSION: - ***RIGHT RENAL SMALL CALCULUS.**
*** LEFT OVARIAN CYST (?PHYSIOLOGICAL) .**
Adv- Clinical correlation & further investigation .

DR.V.P.SINGH
(M.B.B.S.,D.M.R.D.)

Kindly Note
The bowel pathology or gastritis could not excluded by u.s.g. Alone
No appendicular mass, but appendicular mass or appendicitis could not excluded by u.s.g. Alone.
Please intimate us for any typing mistakes and send the report for correction within 7 days.
The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive . Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis .

Fig 1. USG Report Before Treatment



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Dr. V. P. Singh
M.B.B.S., D.M.R.D.
Reg.No.: 20245, 15630
Consultant Radiologist

PATIENT NAME :: [redacted]	AGE:: 26 YRS	SEX:: FEMALE
REF. DR :: DR. Y. L. PATEL	I.D. NO ::	DATE 29-Jun-24

ULTRA SOUND WHOLE ABDOMEN & PELVIS

Liver: Liver is normal in size 130.5mm, shape and echogenicity. No focal lesion seen. No dilatation of Intra-hepatic biliary radicals. Portal vein normal in course and caliber.

Gall bladder: G.B. normally distended, wall thickness is normal. No calculus / mass lesion seen. C.B.D. normal in course & caliber. No calculus seen.

Pancreas: Pancreas is normal in size, shape & echogenicity. No focal lesion seen. No peripancreatic fluid collection / pseudo-cyst. No calcification /mass.

Spleen: Spleen is normal in size 88.7mm , shape & echogenicity. No focal lesion seen.

Kidney: Both kidney normal in size, shape, echogenicity & position. Cortico-medullary differentiation is maintained. **Tiny echogenic focus size approx 3.2mm seen in mid calyx of right kidney.** No hydroureteronephrosis /mass lesion seen.

Urinary Bladder: UBL is normally distended, wall thickness is normal. Both VUJ appears normal. No calculus/mass lesion seen.

Uterus : Anteverted uterus normal in size, measuring approx- 69.3 x 41.2 x 34.5mm . Myometrium is appearing normal with homogenous echopattern. Endometrium thickness is normal, cervix is normal.

Ovary/Adnexa: Both ovaries are normal in size, shape and echopattern. No evidence of any mass/cyst seen.

****Distended bowel loops full of gas.**

IMPRESSION: - *** RIGHT RENAL TINY CONCRETION**
Adv- Clinical correlation & further investigation .

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(M.B.B.S.,D.M.R.D.)

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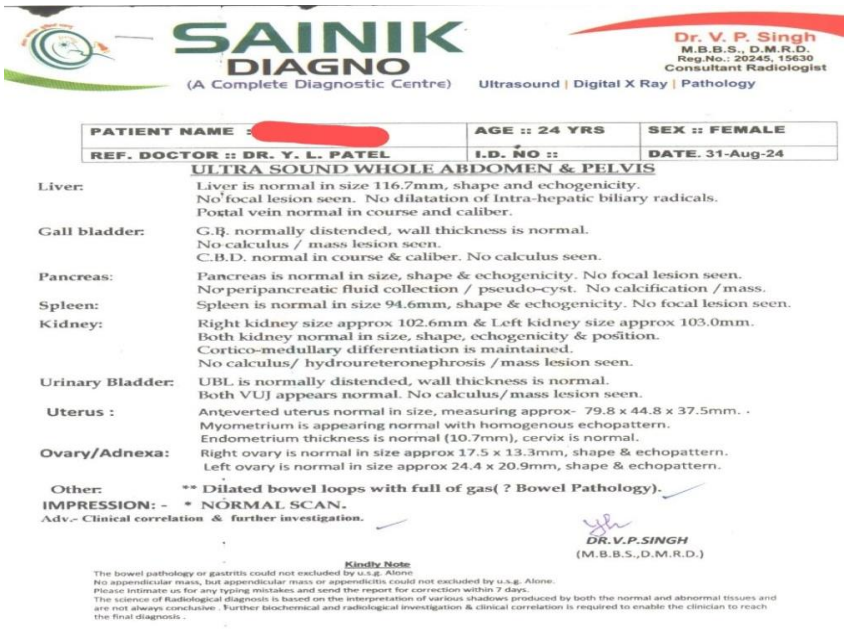
Fig 2. USG Report During Treatment

After the third visit, the patient did not complain of pain in the flank region. The patient continued with the same treatment, and another scan was performed. The last USG findings showed no renal calculus (**Fig.3**). The patient had no adverse effects during the whole treatment period. After stopping the medication, there was no need to take any ayurvedic or allopathic drugs or undergo surgical intervention.



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Ultrasound | Digital X Ray | Pathology

Dr. V. P. Singh
M.B.B.S., D.M.R.D.
Reg.No.: 20245, 15630
Consultant Radiologist

PATIENT NAME : [redacted]	AGE :: 24 YRS	SEX :: FEMALE
REF. DOCTOR :: DR. Y. L. PATEL	I.D. NO ::	DATE. 31-Aug-24

ULTRA SOUND WHOLE ABDOMEN & PELVIS

Liver: Liver is normal in size 116.7mm, shape and echogenicity. No focal lesion seen. No dilatation of Intra-hepatic biliary radicals. Portal vein normal in course and caliber.

Gall bladder: G.B. normally distended, wall thickness is normal. No calculus / mass lesion seen. C.B.D. normal in course & caliber. No calculus seen.

Pancreas: Pancreas is normal in size, shape & echogenicity. No focal lesion seen. No peripancreatic fluid collection / pseudo-cyst. No calcification /mass.

Spleen: Spleen is normal in size 94.6mm, shape & echogenicity. No focal lesion seen.

Kidney: Right kidney size approx 102.6mm & Left kidney size approx 103.0mm. Both kidney normal in size, shape, echogenicity & position. Cortico-medullary differentiation is maintained. No calculus/ hydroureteronephrosis /mass lesion seen.

Urinary Bladder: UBL is normally distended, wall thickness is normal. Both VUJ appears normal. No calculus/mass lesion seen.

Uterus : Anteverted uterus normal in size, measuring approx- 79.8 x 44.8 x 37.5mm. . Myometrium is appearing normal with homogenous echopattern. Endometrium thickness is normal (10.7mm), cervix is normal.

Ovary/Adnexa: Right ovary is normal in size approx 17.5 x 13.3mm, shape & echopattern. Left ovary is normal in size approx 24.4 x 20.9mm, shape & echopattern.

Other: **** Dilated bowel loops with full of gas(? Bowel Pathology).**

IMPRESSION: - *** NORMAL SCAN.**
Adv.- Clinical correlation & further investigation.

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Fig.3 USG report After Treatment

DISCUSSION

According to *Vrihatrayi* and *Laghutrayi*, *Ashmari* is a dangerous illness that is just as deadly as actual death [**9**]. It is also said that *Vyadhi Antakpratimo* for *Ashmari*. According to *Ayurveda*, *Agnimandya* and *Ama* production causes an accumulation of *Kapha Pradhana Dosha* in *Mutravahasrotas*, the primary cause of *Ashmari*. According to modern science, the mechanism of stone formation includes nucleation of stone constituent crystals, their growth or aggregation to a size that can interact with some intrarenal structure, their retention within the kidney and further aggregation and/or secondary nucleation to form clinical stone. The crystal forms either in renal tubular fluid or in the renal interstitial fluid that is supersaturated with these constituents, which may increasethe excretion of stones, reduce urine volume, alter pH, or a combination of these factors. [**10**] This treatment management consists of some therapeutic properties such as *Ashmari bhedana* (lithotripsic), *Basti shodhana* (improve kidney functions), *Mutrala* (diuretic), *Shothahara* (anti-inflammatory) which are pretty effective in the disintegration of the pathogenesis of *Ashmari*.

Mechanism of action Hazrulyaud Bhasma- This is described for its *Ashmari bhedana* (Litholytic) and *Mutrala* properties. In one in vitro study, the litholytic activity of *Hazrulyahud Bhasma* was evaluated in artificial urine. The findings of this study revealed that *Hazrulyahud Bhasma* significantly increased the crystal inhibition in Artificial Urine (AU). [**11**]

Mechanism of action of *Shweta Parpati*- This preparation is a combination of *Surya* share (1 part), *Spatik* (1/8 part) and *Navsadar* (1/16 part).This drug is used in *Ashmari*, *Mutraghata*, *Mutrakriccha* etc. It is one of the most potent Ayurvedic alkalizers. The alkaline nature of this formulation also prevents bacterial growth in the urinary tract.[**12**]

Mechanism of action of *Trivikram ras*-This drug is comprised of three main ingredients, ie; *Parad* (1part), *Gandhak* (1 part), and *Tamrabhasma* (1 part). Other ingredients are *Aja ksheer* and *Nirgundi*. This medicine is effective in *Mutraashmari*. [**13**]

Mechanism of action of *Varunshigru Kwath*- These two drugs, i.e., *Varuna* and *shigru*, have diuretic and lithontriptic (*Ashmari bhedana*) effects. The *Varun* bark and *Shigru* have anti-inflammatory properties and are frequently used to manage thickened urinary bladder walls, renal calculus, renal colic, dysuria and urinary tract infection etc.[**14**]

CONCLUSION

Nidana Parivarjna is the primary treatment for all diseases. In *Sushrut samhita*, four types of treatment are advised. *Bheshaj*, *Kshar*, *Agni* and *Shastra*.[**15**] In this case study of *Mutrashmari*, *Bheshaj* (oral medication) is only used to cure the signs and symptoms of the disease without recurrence, and there is no need for surgical intervention (*Shastra karma*). The patient did not need to take oral and IV allopathic medication during the prescribed *ayurvedic* medication.

LIMITATION OF STUDY:

This is a single case study presentation of *Mutrashmari*. Further detailed studies may be needed formany patients to prove these medicines as standard treatments. It is essential to relieve symptoms and reduce the likelihood of recurrence quickly, so keep this in mind. We used a combined treatment, ie; *Kashaya*, *Bhasma*, *Rasa*, and *Parpati* preparations to get an interdependent effect.

CONSENT OF PATIENT:

Without revealing the patient's identity, proper signed and written consent has been taken from the patient for treatment and publication.

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