

## A CASE STUDY ON MUTRASHMARI (UROLITHIASIS) USING PANIYAKAMALNAL KSHAR

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### ABSTRACT

*Mutrashmari* – Urolithiasis is a consequence of complex physico-chemical processes which involves sequence of events in the formation of any Urinary stone (Urolithiasis) i.e. consequence of imbalance between stone promoters and inhibitors in the kidney. Increased incidence of Urolithiasis in this industrialized world is associated with improved standards of living and is strongly associated with race, ethnicity and region of residence. The identification of common, modifiable risk factors for Urolithiasis may result in new approach for treatment and prevention. With these objectives in this study, the drug *kamalnal kshar* a unique drug mentioned in *Ayurvedic* classics was selected. In Ayurveda, kamalnals are used widely as *Pathya* (wholesome diet) for the management of *Mutravaha srotas* diseases. As it is used in form of *kshar* it has *lekhan* (Reduces pain / spasm), *Mutrala* (Diuretic property) and *bhedana* (Lithotryptic) properties in it also *kshar* possess one special property of *tridoshghnata* as per ayurvedic texts *ashmari* is formed due to *tridoshaj samprapti*. In the present work we have tried to study the combined action of *kamalnal kshar*, diet and lifestyle changes with respect to disintegration / expulsion of the calculi.

### INTRODUCTION

The disease *Mutrashmari*<sup>1</sup> is one among the *Ashta- mahagadha* (Eight fatal conditions) formed in the urinary system.<sup>2,3</sup>

Based on its clinical features, it is compared to Urolithiasis. Urolithiasis is a consequence of multifaceted physico-chemical process which involves sequence of events in the formation of any Urinary stone. It is as follows

Urinary saturation    Super saturation  
Nucleation    Crystal growth    Crystal  
aggregation    Crystal retention    Stone  
formation.<sup>4</sup>

The lifetime prevalence of symptomatic Urolithiasis is approximately 10 % in men, 5 % in women and the probability of the second stone formation within 5 – 7 years is approximately 50 %.<sup>5</sup> Various risk factors have been identified and these includes a family history of Urinary stones, Insulin resistant states, history of Hypertension, Primary Hyperparathyroidism, history of Gout, Chronic Metabolic acidosis and Surgical Menopause.<sup>6</sup> In fact, *Pathyapathya* has been shown to be an important factor. A diet rich in cereals and pulses, fluoride rich water, intake of fruits such as oranges and grapes and

the presence of nano bacteria plays a vital role.<sup>7, 8</sup> Many treatment modalities have been adopted in modern medicine to combat the disease but it is quite expensive and also the pathogenesis behind recurrence of formation of stone persists. Therefore it is necessary to find out an economical, effective, easily available and acceptable medicine to treat *Mutrashmari*. In Ayurvedic literature all sorts of methodologies including surgical technique have been described. *Acharya Susrutha* said that before going for surgical procedures one should try with oral medications like *Ghrita* (Medicated ghee), *Taila* (Medicated oil), *Paneeeya Kshara* (medicated Alkali preparation) etc. which possesses the properties such as *Chhedana* (Cutting / Breaking), *Bhedana* (Splitting), *Lekhana* (Scarification) and *Mutrala* (Diuretic) for facilitating the disintegration of the Urinary stones.<sup>9</sup> Hence in this present clinical study, a *paneeya kamnal kshar*<sup>10</sup> is selected for the management of *Mutrashmari*.

### **Case History**

A 42 year male patient presented with complaints of abdomen pain associated with difficulty in Urination and reddish discoloration of urine since one month. Patient was asymptomatic one month ago. One day suddenly he noticed severe pain in the abdomen and associated with vomiting and fever got temporary relief from those complaints. Later he observed that pain in abdomen, dysuria and haematuria were persisting after few days and for which he approached our hospital in search of alternative remedy. It was found that the

pain was intermittent and colicky in nature and it was appreciated on either side of the abdomen. Dysuria felt by patient normally at the beginning of urination which is of pricking type and Haematuria which is intermittent in nature. There was no history of Diabetes mellitus or Hypertension. Diet history reveals that his food intake was irregular. His vitals were within normal limits. On examination of the abdomen, there was no organomegaly but tenderness elicited in the both side of the lumbar region and left side of renal angle. As advised, Patient underwent Ultrasonography of the Abdomeno-pelvic region on 15th September 2012, and the report revealed that 'Two calculi measuring 5mm and 3 mm each were noticed in right kidney along with 10 mm calculi in the left Kidney and confirmed that it was Bilateral renal calculi. His Blood and Urine reports were within normal limits. (Table 1) As per classics, majority of clinical features of *Mutrashmari* such as 'Vedana in Udara pradesha' (Pain abdomen), 'Sadaha mutrata' (Burningmicturation) and 'Sarakta mutrata' (Blood mixed urination) were observed. On the basis of Nidana (Aetiology) and Rupa (Clinical features) this clinical condition is diagnosed as *Vatajashmari*.<sup>11</sup> As *Sushruta* explains, the use of *Paneeeya kshara* as one<sup>12</sup> among the major tool to counteract *Ashmari*. 'PANIYA KAMALNAL KSHAR' a unique drug described in *ayurvedic* texts is administered to him for a period of 1 month. 500 mg of this *kshar* was given twice a day before food for 1 month. Subject was asked to adhere to the prescribed wholesome diet and activity

chart. (Table 2) During his first follow up, it was noticed that all the clinical features were absent except for pain abdomen, which was less in intensity. He was advised to repeat Ultrasonography abdomen and pelvis on 15 -10- 2012. Report reveals that, there was a single calculus measuring 5 mm in the lower calyx of Right Kidney. (Table 1) He was asked to stop all internal medications and continue only *Pathyapathya* chart. He was advised to review after 6 months with Scan report. Patient visited back on 18th march 2013 for the follow up, stating that he got

completely relieved from pain abdomen and has experienced neither Dysuria nor Haematuria till date. Impression of the 3rd scan report confirmed that, there is no absolute calculus in the urinary tract. This shows that, the right renal calculus was also expelled out. Later he was advised to adhere to *Pathyapathya* chart till his next follow-up. (Table 1) On 29th January 2014, the patient was sent for another Scan (4th ) and the report proved that, there was no recurrence (new stone formation) of the Mutrashmari in any part of the urinary tract. (Table 1)

**TABLE: 1 A USG REPORT**

Scanning Date	Clinical features	Impression
15-10-2012	Pain abdomen (Mild)	Calculus measuring 5 mm in the lower calyx of the Right kidney. (Right renal calculi)
18-06-2013	No any complaints	Essentially normal study
29-01-2014	No any complaints	Essentially normal study

**TABLE 2: PATHYAPATHYA CHART**

Ahara varga (Food habits)	Pathya	Apathya
Vegetables	Carrots, Karela (Bitter guard), Potatoes, Radish, Pumpkin.	Brinjal, Beans, Lady finger, Capsicum, Tomato, Cucumber, Palak.
Cereals	Barley, Moong dal, Horsegram	Fine wheat flour (Maida), Oat meal, Bran.
Fruits	Bananas, Lemon, Apricots, Plums, Apple, Almonds	Black Grapes, Amla, Kiwi, Strawberries, Chickoo.
Miscellaneous	Coconut water, Lemonade, Aloevera Juice, pineapple Juice, Butter milk	Coffee, Cashew nuts, Chocolates.
Healthyfood (Kidney)	Papaya, Garlic, Yoghurt	Rajmah, Mushroom, Cauliflower, Peas.
Vihara (Activities)	Regular exercises	Day sleep, Controlling natural urges, Sweating

**TABLE 3: PROBABLE MODE OF ACTION OR SAMPRAPTI VIGATANA**

Samprapthi gataka	Mutrashmari	Yavaksharadi Yoga and Takra Use
Dosha	Tridosha	Tridoshagna
Dushya	Mutra	Mutrala
Agni	Jataragni mandya	Deepana, Pachana
Ama	Jataragnimandya janya	Nirama
Srotas	Mutravaha srotas	Mutrala
Udbhava sthana	Amashaya and Pakvashaya	Shoolagna
Sanchara sthana	Siras, amapakvashayagat Mutravaha srotas	Mutrala
Adhistana	Mutravaha srotas and basthi	Mutrala
Vyaktha sthana	Mutravaha srotas and basthi	Mutrala
Dusti prakara	Sanga	Chedana, Bhedana and Lekhana
Rogamarga	Madhyama	Ashmari bedhana
Vyadhi swabhava	Mutra apravruttijanya vicar	Mutra pravruttkaraka
Sadyasadhya	Kruchhra, Sastrasadhya	Sadya

## DISCUSSION

*Kamalnal* is *sheetveerya*, which acts as an alkalizer. Further as it is a kshar it possess alkalizar properties synergetic action of alkalizer is enhanced and appreciating the results in disintegration and elimination of urinary stones from urinary tract. However the pharmacotherapeutic and pharmacokinetic effects of *ksharatatvam* from the *kamalnal*, is a known fact i.e. *ashmari chedana, mutrakrichrahara*.

## CONCLUSION

*Acharya Sushruta* says '*Nidana parivarjana*' (Avoidance of the causative factors) is a major treatment tool for any diseases. '*Gadanigraha*' another text of *Ayurveda* advocates - if one obeys the *pathyas*, no disease will occur and if one never mind them and continues *apathyas*, no treatment is needed, as it is not going to be cured. As

this is single case study the same intervention can be used on larger population to see the efficacy of *Yavaksharadi* yoga and role of *pathya* in the management of *Mutrashmari* (Urolithiasis).

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