



AYURVEDIC MANAGEMENT OF MUTRASHMARI W.R.T. IMPACTED URETERIC CALCULUS – A CASE REPORT

[Shevde Pareexit Sacchidanand¹](#), [Barve Sayali Uday²](#)

MD (Ayu), Director – Shree Vyankatesh Ayurved¹, MD (Rachana Sharira), Assistant doctor – Shree Vyankatesh Ayurved²

Corresponding Author: svaayurved@gmail.com

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ABSTRACT

Mutrashmari is the formation of a stone-like substance in *Mutravaha Srotas*. Ureteric are those which are located in either or both ureters extending from the pelviureteric junction to the vesicoureteric junction. They are often impacted in the ureteric mucosa and thus cause severe pain and hydronephrosis of the concerned kidney. Such a condition is distressing to the patient as the intensity of pain is severe. Here we are presenting a case of a 38-year-old male patient diagnosed with impacted ureteric calculus and was suggested to undergo operative for the same. He was having severe abdominal pain and vomiting with pain during urination and decreased urine output. Our treatment comprised of the Administration of *Avapeedaka Sneha* followed by internal medications. After treatment, the patient had no complaints, and impacted ureteric calculus was also excreted. This case shows how *Ayurvedic* treatment works in the management of Impacted ureteric calculus. This treatment helped the patient to avoid operative for the same.

Keywords: *Mutrashmari*, *Avapeedaka Sneha*, *Mutravaha Srotasa Vishista Dravyas*

INTRODUCTION

Ashmari is a condition in which there is the formation of a substance like stone. *Mutrashmari* is nothing but

the formation of a stone-like substance in *Mutravaha Srotas*¹. It is considered as difficult to cure because of

its *Marma ashrayatva*. As per clinical features, it is compared to urolithiasis. One among them is Ureterolithiasis or ureteric calculus which is nothing but the presence or formation of stones within the ureters. The stones are either formed in the kidney and travel down in the ureter or formed within the ureter itself. They can be lying within the ureter at any point extending from the pelviureteric junction to the vesicoureteric junction. There is a lot of literature given in *Ayurvedic Samhitas* regarding *Mutrashmari* and its management. In this case, we made an effort to evaluate the efficacy of *Avapeedaka Sneha* followed by the administration of *Dravya's* acting of *Mutravaha Srotasa*. *Avapeedaka Sneha* was made by processing *Goghritam* with *Gokshur, Punarnava, Varun, and Pashanabheda* as these *Dravyas* act on *Mutrashmari*². There is a reference to *Avapeedaka Sneha* to be used in *Mutravaha Srotas Vyadhi* like *Mutraghata*^{3,4}. *Kwatha* made with *Gokshur, Punarnava, Varun, and Pashanabheda* was the next part of the treatment.

CASE REPORT

PATIENT'S INFORMATION

A 38-year-old male patient diagnosed with impacted ureteric calculus with bilateral renal calculi visited our OPD of *Shree Vyankatesh Ayurved*. He was complaining of severe abdomen pain for 4 days. The pain was radiating in nature from the left flank to the groin. Along with the pain, he was also vomiting once followed by a continuous feeling of nausea,

bloating, and pain during urination with decreased urine output. The pain was decreased temporarily with the consumption of painkillers. His sleep was also disturbed because of the pain.

HISTORY OF PRESENT ILLNESS

The patient had a sudden onset of the above-mentioned complaints 4 days back. He consulted a family doctor and was administered some painkillers and antacids. As the symptoms were persistent, the doctor advised him to undergo an ultrasound of – the abdomen and pelvis. The findings of impacted left ureteric calculus of size 11 X 5 mm approximately 2.6 cm distal to left pelviureteric junction along with bilateral small renal calculi were obtained from the same. There was mild left hydronephrosis and dilatation of the left upper ureter also. The patient was suggested operative for the same. But he was not willing for that and thus approached us for *Ayurvedic* management of the same.

CLINICAL FINDINGS

General examination – All the vitals of the patient were normal. General condition was ok. The patient was experiencing severe radiating pain. Sleep was disturbed because of the pain.

Abdominal examination – Per abdominal examination was carried out to locate the concerned pain. There was severe tenderness in the left lumbar, left iliac, and epigastric region. Bloating was also persistent.

TIMELINE

Table No. 01 – Timeline of the case

Date	Relevant medical history
02/06/2022	Sudden onset severe abdominal pain
	Pain radiating in nature from left flank to groin
	vomiting once followed by a continuous feeling of nausea, bloating
	Consulted family doctor, took medicine for the same
04/06/2022	Complaints were persistent
	pain during urination with decreased urine output started
	The family doctor advised for USG abdomen and pelvis
	Findings of impacted left ureteric calculus of size 11 X 5 mm approximately 2.6 cm distal to left pelviureteric junction along with bilateral small renal calculi were obtained
	Advised operative
06/06/2022	The patient was not willing to operative. Thus, approached us for <i>Ayurvedic</i> management of the same.

DIAGNOSTIC ASSESSMENT

Investigations

USG whole abdomen and pelvis dated 04/06/2022 – Mild left hydronephrosis and dilatation of upper ureter is noted due to an 11 X 5 mm sized calculus impacted in the upper ureter approximately 2.6 cm distal to the left pelviureteric junction. The right kidney

reveals two calculi measuring 3.8 mm and 2.5 mm in the lower pole calyx. The left kidney reveals 4 mm-sized calculus in the upper pole calyx and two 3 mm-sized calculi in the mid-pole calyx.

USG KUB dated 07/10/2022 – Right kidney reveals two calculi measuring 3.6 mm and 3 mm in the lower pole calyx. The left kidney reveals a 3 mm-sized calculus in the lower pole calyx. No evidence of hydro-nephrosis.

THERAPEUTIC INTERVENTION

Table No. 02 – Intervention

Date	Medications	Dose
06/06/2022	1. <i>Avapeedaka Sneha</i> with <i>Goghritam</i> processed with <i>Gokshur, Punarnava, Varun, Pashanabheda</i>	Day 1 - Before lunch 30 ml, 5 PM 30 ml Day 2 - Before lunch 30 ml, 5 PM 30 ml Day 3 - Before lunch 30 ml, 5 PM 30 ml Day 4 - Before lunch 30 ml, 5 PM 30 ml Day 5 - Before lunch 30 ml, 5 PM 30 ml Day 6 - Before lunch 30 ml, 5 PM 30 ml Day 7 - Before lunch 30 ml, 5 PM 30 ml
14/06/2022	2. <i>Gokshur, Punarnava, Varun, and Pashanabheda</i> in form of <i>Kwatha</i>	40 ml two times before food
29/06/2022	2	
14/07/2022	2	
13/08/2022	2	
12/09/2022	2	
27/09/2022	2	
07/10/2022	No further intervention was given as the remaining calculi are smaller in size. The patient is advised to follow up with USG after 3 months or in between if any complaint occurs.	

Apathya – Excess exercise, withholding of natural urges, consumption of dry or astringent food items, Gram flour, Refined wheat flour, continuous exposure to wind or sunlight, excess sexual indulgence.

FOLLOW-UPS AND OUTCOME

Table No. 03

Physician as- sessed out- come	Patient assessed outcome	Before treatment	After treatment
Abdominal examination		severe tenderness in the left lumbar left the iliac and epigastric region. Bloating was also persistent.	No abdominal tenderness or bloating
	Abdominal pain	Severe abdomen pain radiating in nature from left flank to groin.	The severe pain was relieved completely on the 6th day from the start of treatment.

			Occasional pain was felt 2-3 times during treatment, but the severity and duration was negligible.
	Vomiting and Nausea	One episode of vomiting followed by a continuous feeling of nausea	No such complaints
	Bloating	Continuous	Occasional
	Pain during urination with decreased urine output.	Persistent	Not present now.

No adverse or unanticipated event occurred during the course of treatment.

DISCUSSION

The patient approached us as he was not willing for an operative to be done. But he was very anxious because of pain and decreased urine flow. Thus, the main intention at the start of treatment was to mitigate the pain felt by the patient and to improve the urine output, followed by the excretion of calculus. The initial symptoms of the patient were similar to that of *Mutraghata*. Thus, we started with *Avapeedaka Sneha* in the form of *Goghritam* processed with *Gokshur, Punarnava, Varun, and Pashanabheda*. *Avapeedaka Sneha* was stopped on the 07th day as the pain was completely relieved and normal urine flow was restored on the 06th day. The next course of treatment consisted of *Gokshur, Punarnava, Varun, and Pashanabheda* in form of *Kwatha*. Specifically, *Kwatha Kalpana* was selected for administration considering the dominance of *Aapa Mahabhuta* and its applicability in treating *Mutrashmari*. The *Draavyas* selected to have properties such as *Mutral, Vatanulomana, Shoolahara, Shothahara, Ashmaribhedana*, etc. The total duration of treatment was 04 months.

CONCLUSION

Based on the single case study, it can be concluded that *Avapeedaka Sneha* along with *Gokshur, Punarnava, Varun, and Pashanabheda* in the form of *Kwatha* are effective in the management of impacted ureteric calculus. This study is based on a single case. So, a further large sample size study is required to know the better results.

REFERENCES

1. Acharya Yadavji Trikamaji, Shi Dalhanacharya, commentator, Sushruta Samhita chapter 3 Nidanasthana Ashmari nidanopakrama, Chaukhamba Surbharati Prakashana, page no. 276
2. Acharya Yadavji Trikamaji, Shi Dalhanacharya, commentator, Sushruta Samhita chapter 7 Chikitsasthana Ashmari chikitsitam, Chaukhamba Surbharati Prakashana, page no. 435
3. Acharya Yadavji Trikamaji, Shi Chakrapanidatta, commentator, Charaka Samhita Chapter 7 Sutrasthana Na vegan dharaneeya, Chaukhamba Surbharati Prakashana, page no. 49
4. Acharya Yadavji Trikamaji, Shi Chakrapanidatta, commentator, Charaka Samhita Chapter 28 Chikitsasthana Vatavyadhi Chikitsitam, Chaukhamba Surbharati Prakashana, page no. 621

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