



A COMPREHENSIVE REVIEW ON NIDAN OF MUTRASHMARI: AN AYURVEDIC PERSPECTIVE

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ABSTRACT

Urolithiasis is defined as the formation or occurrence of stone at any level of the urinary tract (kidney, ureter, bladder, and urethra). It is the third most common pathology affecting the urinary tract and it has been described since antiquity. The incidence and prevalence of a urinary stone vary with geographic location, race, age, occupational, and sex. Worldwide the prevalence is estimated to be 1-5% and higher in developed nations (2-13%) than in developing ones (0.5-1%). The lifetime prevalence of symptomatic urolithiasis is approx. 10 % in men and 5 % in women. Urolithiasis can be co-related to *Mutrashmari* as described in *Ayurvedic* texts. The disease is considered one of the '*Mahagadas*' by *Acharya Sushruta*. *Sushruta* described *Asmari* as a dreadful disease. In persons who do not undergo purification regularly and who indulge in unhealthy foods and activities, *Kapha* gets aggravated combined with urine, reaches the urinary bladder, and staying there produces *Asmari*. *Pathya – Apathya* is an important factor in *Mutrashmari*. So this article is intended to analyze the *Nidan* of *Mutrashmari* critically for the prevention and treatment of *Mutrashmari*.

Keywords: *Mutrashmari*, urolithiasis, *Mahagada*, *Nidan*, *Pathya-Apathya*

INTRODUCTION

In *Ayurveda*, it is described that pleasure is the comfort of health & pain is the discomfort of disease. Both of these solely rely on the balanced and imbalanced state of *Doshas* and *Dhatus* respectively¹. *Mutrashmari* (urolithiasis) is considered one of the most distressing diseases among the group of urinary disorders. Its incidences are shooting-up every day due to sedentary life- style, Intake of fast food, global warming, lack of exercise & stressful schedules. The disease is considered one of 'Mahagadas' by *Acharya Sushruta*². It is *Kapha* predominance *Tridoshaja vyadi*³. This vitiated *Kapha* after conjunction with *Mutra* reaching *Mutravaha-srotas* localizes in *Basti*, hence forms *Mutrashmari* that causes agonizing pain which varies in severity from person to person⁴.

Classification of Ashmari

Table 1: Types of *Ashmari* according to different Acharyas-

SN	<i>Ashmari</i>	SU ⁵	CH	AH	AS	MN	BP	YR
1.	<i>Kaphaja</i>	+	-	+	+	+	+	+
2.	<i>Pittaja</i>	+	-	+	+	+	+	+
3.	<i>Vataja</i>	+	-	+	+	+	+	+
4.	<i>Shukraja</i>	+	-	+	+	+	+	+

❖ *Kaphaja asmari*

One who consumes *Kapha* aggravating substances often leads to exacerbation of *Kapha* and forms a coating at the bottom of the bladder and reaches the orifice of the bladder. This causes the blockage in the urinary orifices as a result patient feels the bladder as being formed, punctured & pricked, heaviness & coldness. Calculus is white, unctuous, big like a hen egg & similar to *Madhuka* flower in colour (light yellow) are the characteristic features of *Shleshmaja Asmari*.

❖ *Pittaja asmari*

Kapha along with *pitta* inside the urinary bladder causes the development of a lump, which increases in size inside the bladder leading to obstruction in the urinary orifice as a result patient feels hotness inside the bladder, sucking pain, burning sensation, ripening (development of ulcer); there is *Usnavata* the stones are slightly red, yellowish or blackish, resembling the

Through this study, *Nidan* mentioned by different *Acharyas* in a contest of *Mutrashmari* is explained which helps to reduce the reoccurrence rate of the disease.

Etymology

The word *Ashmari* comprises two words '*Ashma*'-stone '*Ari*'-enemy. The word '*Ashmari*' has been derived from '*Ashman*' the Sanskrit word, which literally means 'a structure resembling stone.'

Definition

According to various classics *Ashmari* can be described as- '*Ashma*' means 'stone' '*Rati*' means 'to present' It means the formation and presence of a substance like stone.

seed of *Bhallataka* or honey in colour is a characteristic feature of *Pittaja Asmari*.

❖ *Vataja asmari*

Kapha along with *Vata* develops a stone-like structure that grows in size, reaches the orifice of the bladder & blocks the passage as a result patient feels severe pain, due to severe pain patient grinds his teeth, presses the umbilicus, squeezes the penis, touches the rectum often & makes sounds through it, burning sensation inside the urinary bladder; eliminates flatus, urine & stool with difficulty, calculus is blue, coarse, irregular, hard, covered with thorns similar to that of *Kadamba* flower are the characteristic features of *Vataja Asmari*.

❖ *Sukrasmari*

Sukrasmari generally develops in the aged persons (youth & old). It manifests due to interruption to sexual intercourse or indulging in too much copulation, *Shukra* getting dislodged from its seat becomes ob-

structed from going out, the Vata takes the wrong path withholds it between the penis & testicles; when squeezed by the hand, it breaks into small pieces in that place itself are the characteristic features of Sukrasmari.

Nidan-

Causative factors of Mutrashmari according to various Ayurvedic texts

➤ According to *Susruta Samhita*⁶

- *Ashamshodhanasheela*- Those who do not undergo *shodhana* therapy are called *Ashamshodhanasheela*.
- *Apathya sevana*- Due to *Apathya sevana* vitiation of *Doshas* and *Khavaigunya* in *Mutravaha Srotas* takes place which leads to the formation of *Ashmari*.

➤ According to *Acharya Charaka*⁷

Acharya Charak substantiates that besides the causative factors for *Ashmari* the etiology mentioned for *Mutrakrichra* should also be taken into consideration in the case of *Ashmari* also.

They are follows-

- *Ativyayama, Tikshna aushadhi, Rooksha ahara, Atimadyapana, Ashwadhiga -mana, Annopamamsa sevana, Adhyashana, and Ajeernabhajana*
- According to *Kashyapa*⁸
- *Bharavahana on Kati and Skandha*
- According to *Harita Samhita*⁹
- *Vegavarodha, Apathyasevana, and Matruja or Pitruja dosha.*
- ✓ For a better understanding of the disease, *Nidans* are classified into 3 varieties discussed in the form of a chart.

Table 2: A. Ahara Sambandhi

Nidana	CS	SS	AH	KS	HS	MN	BP	YR	GN
<i>Aanoopa matsya</i>	+	-	-	-	-	+	+	+	+
<i>Apathy aahara</i>	-	+	-	-	-	-	-	-	-
<i>Guru aahara</i>	-	+	-	-	-	-	-	-	-
<i>Madhura aahara</i>	-	+	-	-	-	-	-	-	-
<i>Ruksha aahara</i>	+	-	-	-	-	+	+	+	+
<i>Ruksha madyapana</i>	+	-	-	-	-	+	+	+	+
<i>Sheeta aahara</i>	-	+	-	-	-	-	-	-	-
<i>Snigdha aahara</i>	-	+	-	-	-	-	-	-	-
<i>Teekshna aushadha</i>	+	-	-	-	+	+	+	+	-
<i>Adhyashana</i>	-	+	-	-	-	-	-	-	-
<i>Ajeerna bhojana</i>	+	-	-	-	-	+	+	+	+
<i>Samashana</i>	-	+	-	-	-	-	-	-	-

Table 3: B. Vihara Sambandhi

<i>Asamshodhana sheela</i>	-	+	-	-	-	-	-	-	-
<i>Ashva-yana</i>	+	-	-	-	-	+	+	+	+
<i>Atimaithuna</i>	+	-	-	-	-	+	+	+	+
<i>Ativyayama</i>	+	-	-	-	-	+	+	+	+
<i>Mutravarodha</i>	-	-	+	-	-	-	-	-	-

Table 4: C. Beeja-Dosha Sambandhi

<i>Pitri-matrika dosha</i> ¹⁰	-	-	-	-	+	-	-	-	-
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As per modern textbooks, some causative factors are- Kidney stones often have no definite, single cause, although several factors may increase risk- kidney stones form when your urine contains more crystal-forming substances-such as calcium, oxalate, and uric acid-than the fluid in your urine can dilute. At the same time, urine may lack substances that prevent crystals from sticking together, creating an ideal environment for kidney stones to form.

Possible causes include-

- ❖ Drinking too little water
- ❖ Exercise (too much or too little)
- ❖ Eating food with too much salt or sugar
- ❖ Obesity
- ❖ Infections
- ❖ Family or personal history of kidney stones
- ❖ High rich protein diet
- ❖ Hard water and mineral content of water

Pathyaapathya

- ❖ *Pathya*¹¹ in *Mutrashmari*
 - Acc to Yogaratnakara- *Kulatha, mudga, jeerna-shaali, yava, dhanvamamsa, Tanduliya, ardraka, yavashooka,*
 - Acc to Bhaishajyaratnavali- *Madya, purana Kushmanda leaves, gokshura, nlraves of varuna, pashanabheda,*
 - Acc to Govind das sen- *Purana shaali, Yava, Kulthha, Kushmanda, Adraka*
 - ✓ *Pathya vihara*- *Langhana, Vamana, Virechana, Basti, Avagaha Sweda* are useful in *Ashmari*.
 - ❖ *Apathya*¹² in *Mutrashmari*
 - Acc to *Charak- Pishtanna, Kapittha, Jambu, Kharjura, Shaluka, Bisa, Kashaya ras.*
 - ✓ *Apathya vihara*- *Ativyayama, Adhyashana, Samashana, Sheeta, Snigdha, guru, Madhura aahara, Vegavarodha* are treated as *Apathya* for *Ashmari*. As per modern science- limit consumption of these foods generally to avoid the reoccurrence of urolithiasis-
1. Calcium oxalate stones- oxalate is naturally found in many foods some examples of food that have high levels of oxalate include peanuts, rhubarb, spinach, beets, Swiss chard, chocolate, and sweet potatoes. Limiting intake of these

foods may be beneficial for people who form calcium oxalate stones which is the leading type of kidney stone.

2. Uric acid stones- to prevent uric acid Stones, cut down on high-purine foods such as red meat, organ meats, beer/alcoholic beverages, meat-based gravies. Follow a healthy diet plan that has mostly vegetables and fruits, whole grains, and low-fat dairy products.
 - Diet recommendations for kidney stones
- ❖ Drink plenty of fluid: 2-3quarts/day
 - ❖ Limit foods with high oxalate content
 - ❖ Eat enough dietary calcium
 - ❖ Avoid extra calcium supplements
 - ❖ Eat a moderate amount of protein
 - ❖ Avoid high salt intake
 - ❖ Avoid high doses of vitamin c supplements

DISCUSSION

Kapha dosha is the main contributing factor in the pathogenesis of *Ashmari*. So here all the diet and daily regimen that increases *Kapha* can be considered as *Nidana* for *Ashmari* formation. Various earlier studies have proved that the formation of *Mutrashmari* can be controlled by avoiding etiological factors responsible for the manifestation of *Mutrashmari*.

CONCLUSION

Despite considerable improvements in the development of new therapies for the management of urinary stones, the incidence of urolithiasis is increasing worldwide. A proper understanding of etiological factors (*Nidan*) is important to prevent the occurrence of *Mutrashmari*. The altered food habits, busy life schedule, and less intake of water or consumption of salty and packed foods are the true reasons for kidney stones as well as worsening of the disease. Thus, *Nidan Parivarjan*, proper hydration, and healthy food habits should be adopted to prevent the recurrence of the disease. It is usually said that prevention is better than cure.

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