

AYURVEDIC MANAGEMENT OF MUTRASHMARI – A CASE STUDY

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(Published Online: September 2022)

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Article Received: 20/08/2022 - Peer Reviewed: 09/09/2022 - Accepted for Publication: 15/09/2022



ABSTRACT

Ashmari was described as the God of death and is one among the *Ashta Mahagadas*. In modern science, it is generally correlated with Urolithiasis which is affecting about 12% of the population worldwide. Oral formulations and even surgical procedures are available for the treatment of Urolithiasis, but Ayurveda suggests *Shastra Chikitsa* be performed only in *Pravrddha avastha*. As *Basti* is said to be a *Marmasthan* it is advised mostly to avoid surgeries near to it. So, there is an immense need to work on effective oral medicine than surgical procedures. For that, we have conducted a study on *Mutrashmari* patients with a formulation, *Ashmaghnadi Kwatha Churna* taken from the *Bhava Prakasha* along with the suggestion of a specific diet.

Keywords: *Mutrashmari*, *Ashta Mahagadas*, *Sastra Chikitsa*, Urolithiasis, *Ashmaghnadi Kwatha Churna*.

INTRODUCTION

Due to present food habits and stressful environments, maintaining health is becoming a great challenge and is leading to so many health issues. *Ashmari* (*Calculus*) is one such condition that is now seen as more prevalent in society. *Mutrashmari* (Urolithiasis) is a disease of *Mutravaha srotas* (Urinary system) and is

one among the *Ashta Mahagadas* (8 Major disorders) and is even quoted as God of death. Due to its clinical features and bio-chemical action in stone formation, it can be correlated with Urolithiasis. Urolithiasis is affecting about 12% of the population worldwide¹ and it is more prevalent in the age group of 30-60 years and

men are more prone than women in the ratio of 3:1. Almost all the *acharyas* have mentioned the *Nidana* (Etiological factors), *Bheda* (Types), *Samprapti* (*Pathogenesis*) and *Chikitsa* (*Management*) of *Mutrashmari*. All of them have suggested *Shastra Chikitsa* (Surgical procedure) only in *Pravrddha* (chronic) stage and explained so many *Samana oushadhas* (*Palliative medicine*). Even Hippocrates, the father of medicine also quoted in his oath “to not cut” for the stone and leave it to the physicians. Hence the study was mainly focused on an effective oral medicine and so we have taken the formulation *Ashmaghnadi Kwatha Churna* from *Ashmari adhikara* of Bhava Prakasha which contains *Varuna* (*Crateva nurvala*), *Pashana bheda* (*Bergenia ligulata*), *Sunti* (*Zingiber officinale*), *Gokshura* (*Tribulus terrestris*) and *Yavakshara* (*Burnt ash of Hordeum vulgare*). As *Mutrashmari* is mainly *Kapha pradhana tridoshaja vyadhi*, the selected formulation possesses the *Tridosha hara* (*pacifying the three humours*) along with *Bhedana* (*Lithotriptic*) and *Mutrala* (*Diuretic*) properties. In this study, we have also observed the role of *Pathyapathya* (*Wholesome and unwholesome diet*) in avoiding the recurrence of stones.

CASE HISTORY:

A 31-year-old male patient presented with complaints of abdominal pain radiating from loin to groin associated with burning micturition, haematuria, and fever with chills on and off for two weeks. The patient was asymptomatic two weeks ago. Gradually he developed

abdominal pain which later got severe, radiating from loin to groin. Burning micturition, haematuria, and fever with chills on and off were also present in it. He underwent ultrasonography on 14-07-2021 where he was diagnosed with 8.8mm calculus in the left kidney and got temporary relief from the prescribed allopathic medicines. Later he observed the recurrence of symptoms and came to our hospital for effective treatment on 26-08-21 with registration number 11540. It was found that the pain is severe on the left side of the abdomen along with burning micturition and intermittent haematuria. He had no other systemic disorders. Their Diet history reveals that he consumes high animal protein and less water. On examination of the abdomen, there was not organomegaly, but tenderness elicited in the left side lumbar region at a renal angle. Serological tests revealed the raised WBC and ESR levels. As per classics, the majority of clinical features of *Mutrashmari* such as *Nabhi basti sira vedana* (Groin to loin pain and vice versa) *Mutrakrucchra* (Dysuria), *Rudhira mutra* (Haematuria), and *Mutradaha* (Burning micturition) were observed.

MATERIALS AND METHODS:

Ashmaghnadi kwatha churna, a formulation mentioned in Bhava prakasha was prescribed to him in the dosage of 10 grams of kwatha churna in the form of decoction, twice a day on empty stomach for a period of 45 days. A special diet was explained to the patient in detail.

RESULT:



The patient came to the hospital on the 22nd day of starting the drug saying that he had a stone fallen along with urine early in the morning. By then the patient was relieved from all the symptoms except burning micturition and WBC & ESR levels were normalized. So, the patient was advised to continue the treatment till the completion of the course. Before the time of completion, of course, he was relieved from burning micturition also.

The patient again underwent ultra-solography on 28-12-2021 and found no renal calculi. After the treatment also the patient was advised to continue the *pathyapathya* for the next 6 months to observe the recurrence of calculi. As expected, we didn't find any complaints regarding stone formation or other clinical features from the patient till now.

USG report

Sl.no	Scanning date	Impression
1.	14-07-2021	Left proximal ureteric calculus measuring 8.8mm causing left moderate hydronephrosis
2.	28-12-21	No calculus in the left kidney and no hydronephrosis

PATHYAPATHYA:

PATHYA	APATHYA
Ahara	Ahara
<ul style="list-style-type: none"> ✓ Cereals - <i>Purana Shali</i> (old rice), <i>Raktha shali</i> (red variety of rice), <i>Godhuma</i> (wheat), <i>Yava</i> (barley) ✓ Pulses–<i>Kulatha</i> (horse gram), <i>Mudga</i> (green gram) ✓ Drinks - Excessive water, Buttermilk ✓ Vegetables–<i>Kushmanda</i> (pumpkin), <i>Tumbi</i> (scarlet gourd), <i>Pashana bheda</i> (mountain knot-leaf) etc... 	<ul style="list-style-type: none"> ⊗ Less intake of Water ⊗ High intake of Salt ⊗ Excess intake of Chocolates ⊗ Excess intake of Spinach ⊗ Excess intake of sweet potato ⊗ Excess intake of Almond and Cashews ⊗ Excess intake of Animal protein ⊗ Excess intake of Dairy products ⊗ Excess intake of Vitamin C contents
Vihara	Vihara
<ul style="list-style-type: none"> ✓ Regular voiding of urine ✓ Regular physical activity 	<ul style="list-style-type: none"> ⊗ <i>Ati vyayama</i>, (excessive exercise) ⊗ <i>Vega dharana</i>, (holding natural urges) ⊗ <i>Nityadhrtha prsta yaanat</i> (excessive bike riding)

DRUGS ACTION:³

INGREDIENT	PART USED	VIRYA	KARMA	ROLE IN MUTRASHMARI
<i>Varuna</i>	Bark	<i>Ushna</i> (hot)	<i>Kapha vata hara</i> <i>Krimighna</i> (Anti- microbial) <i>Deepana</i> (Appetizer)	Anti-inflammatory Antiseptic Litholytic agent
<i>Pashana Bheda</i>	Root Leaf	<i>Seeta</i> (cold)	<i>Mutra virechaniya</i> (Promotes urine flow) <i>Tridosha hara</i>	Anti- Urolithic effect Diuretic Antipyretic Cardio tonic
<i>Sunti</i>	Rhizome	<i>Ushna</i>	<i>Vata kapha hara</i> <i>Deepana</i> <i>Bhedhana</i>	Anti-inflammatory Anti - cholinergic Antihistamine

				Antioxidant
Gokshura	Fruit	<i>Seeta</i>	<i>Vata pitta hara</i> <i>Mutrala</i> <i>Vrishya</i> (Aphrodisiac) <i>Rasayana</i> (Rejuvenative)	Diuretic Aphrodisiac Anti-Urolithic
Yava Kshara	Husk	<i>Ushna</i>	<i>Kaphahara</i> <i>Deepana</i> <i>Mutrala</i>	Litholytic agent, Neutralizing agent

DISCUSSION

It can be observed from the properties of the drugs mentioned in Table No.3 that the given yoga can show anti-inflammatory, anti-urolithic, diuretic, and *Tridosha hara* properties. Especially *Gokshura* is a clinically proven drug for its diuretic as well as anti-urolithic properties which help in the dissolution of the stone. *Yava kshara* is the best neutralising agent which maintains the pH of urine. Overall *Ashmaghnadi Kwatha Churna* acts on the dissolution of the stone and effectively minimises the clinical features. *Pathyathya* also played a key role in stopping further recurrence of stone and other clinical features.

CONCLUSION

The formulation *Ashmaghnadi Kwatha Churna* worked effectively on a patient who had classical *Mutrashmari* symptoms. 8.8mm calculus in the left kidney which was present before the treatment completely expelled after the treatment. As this study was only conducted on a single *Mutrashmari* patient there is a need to conduct this study on a large population to

prove the efficacy of *Ashmaghnadi Kwatha Churna* and to establish statistical viability with the increase in sample size.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Devayani et al: Ayurvedic Management of Mutrashmari – A Case Study. International Ayurvedic Medical Journal {online} 2022 {cited September 2022} Available from: http://www.iamj.in/posts/images/upload/2642_2645.pdf