



## CONCEPTUAL STUDY ON MANAGEMENT OF MUTRASHMARI

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<https://doi.org/10.46607/iamj2210122022>

(Published Online: December 2022)

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Article Received: 22/11/2022 - Peer Reviewed: 05/12/2022 - Accepted for Publication: 18/12/2022



### ABSTRACT

Mutrashmari is the commonest disorder of mutravaha srotas and one among the Ashtamahagada (eight fatal conditions) and it is kapha pradhana tridoshaja vyadhi. The word Ashmari in Sanskrit denotes the stone or calculi and Mutra means urine which is carried by Mutravaha srotas. The incidence of Mutrashmari is increasing in the present era due to various reasons like altered food habits, changing lifestyle, stress, strain, environmental pollution, etc. Bad dietary habits and wrong lifestyles contribute to the formation of Mutrashmari. Due to nidana sevana, doshas get aggravated along with dushya they cause srotodusti, and then the disease manifests. The majority of signs and symptoms of the Mutrashmari resemble that of Urolithiasis (formation of stone). The present review deals with a glimpse of an important aspect of Mutrashmari extending from the etymology of Mutrashmari with its nidana, samprapti, purva rupa, rupa, Sadhyaasadhyata, upadrava, chikitsa, and pathya apathya.

**Keywords:** Mutrashmari, Mutravaha srotas, Ashtamahagada, Trisutra, Urolithiasis.

## INTRODUCTION

Mutrashmari has been described in all the Ayurvedic literatures. Ashmari is considered as Mahagada being difficult to cure, Marmashrayee, and involvement of bahu dosha (tridoshaja vyadhi). Basti is vyaktha sthana of ashmari and basti is also pranayathana<sup>1</sup>. It is one of the common diseases due to the present life-style and food habits, which occurs commonly in various socio-economic classes of people.

The lifetime prevalence of symptomatic urolithiasis is 10% in men and 5% in women and the chance of a second stone formation within 5-7 years is approximately 50% of the population due to the daily life-style and dietary pattern of the peoples<sup>2</sup>.

### AIMS AND OBJECTIVES

To study in detail about Mutrashmari.

### MATERIAL AND METHODS:

Source of Data:

- Classical textbooks of Ayurveda
- Textbook of Modern Science
- Published articles from periodic journals and other magazines.

### REVIEW OF MUTRASHMARI:

#### Uttpatti:

The term Ashmari is derived from the root “Ashu” (sanghata) as dhatu and manin as “krit” prathyaya. When said as strilinga it becomes “Ashmari”.

Ashmanam rati dadati iti Ashmari (Amarkosha)<sup>3</sup>

‘Asma’ means stone and ‘Rati’ means to present i.e the formation and presentation of a substance like stone.

#### Nirukti:

Asmarititi Ashmari I

Which resembles to stone is called as Ashmari.

#### Nidana:

The knowledge of nidana plays an important role because the first principle of Ayurvedic treatment is to avoid Nidana and then treat it according to the disease.

The improper purificatory procedure results in residual accumulation of kapha and pitta prakopa in

mutravaha srotas. Hence all the doshas collectively result in the formation of Ashmari<sup>4</sup>.

Kashyapa has considered Matru and Pitru Bija dosha as one of the causative factors for the Ashmari.

Children are more susceptible from ashmari because in Balyavastha both body and prakriti are similar, and also, they are in the habits of Divaswapna, Mithya ahara, Adhyashana, Abhishyandi ahara, Madhura ahara, Guru ahara in excess quantity<sup>5</sup>.

#### Samprapti:

**Samanya samprapti:** According to Sushruta, tridosha or kapha gets aggravated in persons who do not undergo sodhana procedures and uses asatymahara ahara, it then mixes with mootra, enters into basti Pradesh, and takes the shape of an Ashmari<sup>6</sup>. Sushruta states examples of the mechanism of stone formation. A new pitcher filled with clear water can show the settling down of sediments in due course of time. In the same way, calculi are formed in Basti<sup>7</sup>.

#### Vishista samprapti:

**Vataja Ashmari:** The prakupita Kapha inordinately saturated with vata dosha acquires sanghata and parivridhi and these lie at Basti shira and obstructs the Mutramarga.

**Pittaja Ashmari:** The prakupita Kapha inordinately saturated with pitta dosha acquires sanghata and parivridhi and these lie at Basti shira and obstructs the Mutravaha srotas.

**Kaphaja Ashmari:** aggravation of Kapha due to the regular intake of Kaphakara ahara causes saturation of kapha along with Mutra these lie at basti Shira and obstruct Mutramarga.

**Shukraja Ashmari:** Shukrashmari is usually formed in adults. Due to the not displacing of Shukra from its place the vayu collects the Shukra, deposits it at a place between the medra and vrishana and dries up with pitta dosha, and obstructs Mutravaha srotas.<sup>2</sup>

#### Samprapti Ghatakas:

Dosha: Tridosha (Kapha Pradhan)

Dushya: Mutra

Agni: Jataragnimandya

Srotas: Mutravaha srotas

Udbhava sthana: Amashaya and Pakvashaya

Sanchara sthana: Siras, Amashayapakvashaya agatha  
 Mutravaha srotas  
 Adhista: Mutravaha srotas and Basti  
 Vyakthasthana: Mutravaha srotas and Basti  
 Dustiprakara: Sanga

Rogamarga: Madhyama  
 Vyadhi swabhava: Chirakari  
 Sadhyasadhyata: krucchrasadhya, shastrasadhya.

**Table 01: Showing Purvarupa of Mutrashmari**

SI No:	PURVARUPA	Su.S	A.H	A.S	M.N	B.P	Y.R
1	Basti pida	+	+	+	+	+	+
2	Aruchi	+	+	+	+	+	+
3	Mutrakrichra	+	+	+	+	+	+
4	Bastisirovedana	+	-	+	-	-	-
5	Mushkavedana	+	-	+	-	-	-
6	Sepha vedana	+	-	-	-	-	-
7	Jvara	+	+	+	+	+	+
8	Avasada	+	-	-	-	-	-
9	Bastigandhatwa	+	+	+	+	+	+
10	Sandramutra	+	-	-	-	-	-
11	Avila mutra	+	-	-	-	-	-
12	Bastiadhmana	-	+	+	+	-	-

**Table 02: showing rupa of Mutrashmari**

SI No:	RUPA	Su.S <sup>8</sup>	C.S	A.H	A.S	K.S	M.N	B.P	Y.R
1	Nabhivedana	+	-	+	+	-	+	+	+
2	Bastivedana	+	+	+	+	+	-	+	+
3	Sevani vedana	+	+	+	+	+	-	+	+
4	Mehana vedana	+	+	-	-	-	-	-	-
5	Mutra dhara sanga	+	-	-	+	-	-	-	-
6	Sarudhira mutratha	+	+	+	+		+	+	+
7	Mutra vikirana	+	-	-	-	-	-	-	-
8	Gomedka prakasha	+	-	+	+		+	+	+
9	Atyavilam	+	-	-	+	-	-	-	-
10	Sasikatham	+	-	-	+	+	+	+	+
11	Vishirna dhara	-	+	+	-	-	-	-	-
12	Mrudhanti medra	-	+	-	-	-	-	-	-
13	Mutra rodha	-	-	+	-	+	-	+	+
14	Atimutratha	-	-	-	-	-	+	+	-

**Table 03: Showing types and laxanas of Mutrashmari<sup>9 & 10</sup>**

Vathajashmari	Pittajashmari	Khaphajashmari	Shukrajashmari
Moothra prathigathath Thirva vedana	Chooshyathe	Biddyathe	Mutra krichrum

Danthan Khadayathi	Dhahyathe	Nisthyudyathe	Basti Vedana
Nabim peedyathi	Dhooshyathe	Bastir gurutha	Vrushanayor Shvayathu
Medrum Mrudhanathi	Pachyate	Basthir shithata	Not found in the children
Payum sparshayathi	Basthir Ushnavathascha Bhavathi		
Vishardhati			
Vidhahati			
Vatha, purisha mootra kri- chrena nisarathi			
Shyava in colour	Raktha varna	Shwetha	
Parusha	Peethabha	Snigha	
Vishama	Krishna	Mahathi	
Khara	Madhuvarna	Madhuka pushpavarna	
Kadamba pushpavath	Ballathakashti Prathima	Kukkutanda prathima	

**UPADRAVA<sup>11</sup>:**

- Sharkara
- Bhasmakya
- Sikatameha
- Mutraghata and Bhadda Mutrata
- Prashoonatha of Nabhi and Vrishana
- Dourbalya, Angasada, Aruchi and Trishna
- Karshya, Kukshishoola, and Panduta
- Vamana

**SADHYA-ASADHYATA<sup>12</sup>:**

Sadhya – Daruna and taruna mutrashmari.

Shastra sadhya- Pravruddha mutrashmari.

Asadhya- Ashmari associated with upadravas like Nabishotha, vrishana shotha, baddha

Mutra, presence of sikata and sharkara in Mutra.

**CHIKITSA:**

Asmari is said to be fatal as death. So, it is necessary to diagnose and treat the disease as the earliest. Srothosodhana, vatanulomana (giving importance to apana vayu), proper maintenance of agni, removal of excess waste materials, and salyanirharana are the important aims of Asmarichikitsa. The line of treatment is as follows:

1. Nidana parivarjana
2. Sodhana chikitsa
3. Samana chikitsa

**4. Shastra karma****Nidana parivarjana**

In the management of any disease, the factors or food items responsible for the aetiopathogenesis are to be strictly avoided to get better results from the treatment and to prevent the recurrence. As Asmari is a kapha predominant disease, hence the measures aggravating kapha are to be avoided and the treatment to control kapha is to be followed. Also, vishtambhi, rooksha, guru, and viruddha ahara should be avoided whereas the intake of kulatha, mudga, godhuma, etc are considered to be good.

**Sodhana chikitsa<sup>13</sup>**

Snehana, swedana, virechana, vasthi, uttaravasti, etc can be advocated for treatment. Avapeedaka snehapanana indicated in mootra vega dharana rogas and avagaha sweda will be effective in the management of Asmari.

**Samana chikitsa**

In Asmari, vta-pitta-kaphahara and mootrakrichrahara drugs are advised. Different ghrita, yavagu, yusha, kashaya, ksheera prayoga, and ksharas are mentioned.

Kashya – Pashanabhedhi, Punamavastaka, Varanadi, Veerataradi, Punamavadi.

Grita – Trikantaka, Vyastyamayantaka, Mahakushmanda.

Guggulu – Gokshuradi, Punarnavadi, Trikantakadi.

Vati – Chandraprabha, Shilajatu, Trivikrama, Chandabaskara.

Yoga – Karpasamuladi, Shatavaryadi, Shrungeradi, Haridra guda, Yavaksharadi.

#### **Sastrakarma<sup>14</sup>**

Surgery has to be the ultimate treatment because even with an expert surgeon, success is uncertain. In these cases, the operation should be considered last, when death is inevitable with non-operative treatment. It should be carried out by well-renowned persons after taking the consent of authorities (king).

#### **Purvakarma :**

The patient should be given mild oleation and his doshas eliminated by purificatory therapies. Then anointed with oil, sedated, prevented from taking food, and allowed to perform auspicious rites. The surgeon should collect all the necessary surgical accessories. Then the patient, who is strong enough and is not nervous, should lie, with the upper part of his body resting on the lap of another person sitting on a knee-high plank facing east. The patient's waist should be raised by cushions and his knees and ankles fixed and tied together by ropes or straps.

#### **Pradhankarma:**

Then after massaging the left side of the well-oiled umbilical region, pressure should be applied by a fist below the navel until the stone comes down. The lubricated index and middle fingers should be introduced into the rectum and brought between the rectum and the penis. Keeping the bladder tense and distended so as to obliterate the folds, the stone should be pressed hard by fingers so that they become prominent like a tumour. Then an incision of about the size of the stone should be made one yava width away from the perineal raphae on the left side. Some prefer the incision on the right side for technical convenience. Precautions should be taken so that the stone does not get broken or crushed. Even if a small particle is left behind it again increases its size, hence it should be removed completely. In females, as the uterus is situated very near to the urinary bladder posteriorly, the incision should be directed upwards, if this rule is violated,

Mutrasravi vrana will occur. In males, an injury to mutrapraseka also causes leakage of urine.

Paschatkarma:

After the removal of the stone, the patient should be put in a tub of warm water and sedated. Thus, the bladder does not get filled with blood. However, if it does get filled up, uttaravasti should be done with nalpamara kashaya. Next, he should be taken out of the tub, and madhu and ghrita applied to the wound. To purify the urinary tract (after the operation) the patient should be given sufficient mental support. Yavagu processed with Mutravirechaniya drugs should be administered with ghrita twice daily for three days. After three days, small quantities of well-cooked rice with milk and jaggery should be eaten for 10 days (so that the urine and blood may be purified and the wound remain moist), followed by food prepared with Jangala mamsa rasa and Amlaphala. Thereafter for 10 days, the patient should carefully be given sudation therapy. Then this wound should be washed by a decoction of latex trees. The pastes of lodhra, madhuka, manjishta, and Prapaundarika should be applied to the wound. Taila or ghrita from the same substance along with haridra should be anointed over the wound. If urine starts to pass through natural passage, uttaravasti should be done with madhura dravya Kashayas.

#### **Pathya and Apathya<sup>15-17</sup>**

Ahara- Cereals- puran shali, rakta shali, Syamaka, Kodrava, Trina-dhanya, godhuma, yava

Pulses- kulatha, moonga, Adhaki

Vegetables- old fruit and leaves of Kushmand plant, etc.

Vihara- basti karma, virechana, vamana, langhana, swedana etc.

#### **Apathya**

Ahara- shushka, rooksha Pistana sevana, viruddha bhojana

Vihara- ativyayama, divaswapna, avoid vegadharana of mutra and shukra.

## **CONCLUSION**

Knowledge of nidana panchaka is essential for diagnosis, prognosis, treatment, differential diagnosis,

etc. if all these factors are well known then it becomes easier to plan treatment for the disease.

Mutrashmari can be correlated with urolithiasis. Ashmari can grow in any part of Mutravaha srotas. Based on the variation in the characteristic features of pain it is concluded that the nature of pain is dependent on the location of the stone where it is lodged.

Ayurveda acharyas mentioned detailed descriptions of the nidana, bheda, and chikitsa of Ashmari. Mainly three types of medicine are given by the acharyas for the management of Ashmari, i.e. Mutra virechaniya, Ashmarighna dravya, and Kshara Karma.

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**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Savita Hangargi et al: Conceptual Study on Management of Mutrashmari. International Ayurvedic Medical Journal {online} 2022 {cited December 2022} Available from: [http://www.iamj.in/posts/images/upload/3396\\_3401.pdf](http://www.iamj.in/posts/images/upload/3396_3401.pdf)