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A COMPARATIVE STUDY BETWEEN DOSHAJ TYPES OF MUTRASHMARI WITH MODERN TYPES OF UROLITHIASIS

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ABSTRACT

The urinary problems described in *Ayurvedic* texts, there is one variety where both the medicinal and the surgical treatments are advised and this entity is the *Mutrashmari*. The important factor i.e. the diagnostic part in case of a stone, the advice given by ancient *Acharyas* seems to be true even at present who were of the idea that before going for the treatment sure shot diagnosis is important both for the physician and the patient. According to modern the Urolithiasis is classified on the basis of their chemical composition as calcium oxalate, uric acid, phosphate etc. The crystals of stone are seen under microscope. Study of total 60 patients was carried out after appropriate counseling and with the informed consent for participation in the project. After diagnosis of the patients, the Urine examination was carried out which contained Urine routine and microscopic examination was done. Morphology of crystals was seen under microscope. The nature of crystals was observed under microscope and compare with the morphology of crystals given in various pathology texts. Considering the findings to compare the type of *mutrashmari* patients, for which types of crystal were present. Study suggests that in *Vataj Mutrashmari* Calcium Oxalate were Found, in *Pittaj Mutrashmari* Uric Acid were found and triple Phosphate were found in *Kaphaj Mutrashmari*.

Keywords: Mutrashmari, Pittaj, Vataj, calcium oxalate, uric acid, phosphate.

INTRODUCTION

From the study of ancient surgical text *Sushruta samhita*, it becomes evident that the urological problems form an important part of medical sciences. Among all the urinary problems de-

scribed in *Ayurvedic* texts, there is one variety where both the medicinal and the surgical treatments are advised and agreed upon by all the *Acharyas* and this entity is the *Mutrashmari*. Hence, so far as the diagnostic criteria is concerned we do find different types Ancient Acharva's were perfect in diagnosing a disease like Mutrashmari with their perfection in 'Nadi Pariksha' or with the help of Mutra Pariksha. The cause and mechanism of their formation is still uncertain. According to Avurved Srotovaigunya resulting from Dushit Kapha localized in Basti in conjunction with Pradushit Vata and Pitta is responsible for the formation cause of Ashmari. Initially vitiation of dosha occurs in the Mutravaha srotasa, may be catalysed by the presence of an incipient lesion and ultimately be held responsible in the pathogenesis of Mutrashmari. According to Avurved Srotovaigunya resulting from Dushit Kapha localized in Basti in conjunction with Pradushit Vata and Pitta is responsible for the formation of Ashmari. If we compare the Doshaj types of Mutrashmari and their symptoms and signs with the modern types of urolithiasis then it is useful for diagnostic purpose and management of urolithiasis. Furthermore renal calculus occurs in both the sexes at all the ages but commonly in the 3rd and 4th decades, stone in kidney or in ureter is probably little more frequent in men than women. Unfortunately none of these methods have proved to be the final solution for the problem. Similarly much work has already been carried out in most of the institutions all over the country.

MATERIALS AND METHODS

The patients visiting to college hospital surrounding were selected for the study.
Study of total 60 patients was carried out after appropriate counseling and with the informed consent for participation in the project.

- 2 Patients suffering from *mutrashmari* [Urolithiasis] were selected randomly for study. On the basis of signs and symptoms mentioned in text of *Vataj*, *Pittaj*, *Khapahaj Mutrashmari* patients were differentiate accordingly. *Vataj*: Those patients were examined & asked to give feedback of required information for filling observation forms.
- 3 The patients participating in the project were provided a questionnaire (attached in Annexure) to collect the informative data wherever necessary.

INCLUSION CRITERIA

1.Patients suffering from signs and symptoms of urolithiasis.

2.Patients from age 20 to 60 years will be selected irrespective of age, sex, caste, income and occupation.

3. The patients of urolithiasis with medication for urolithiasis will be selected.

EXCLUSION CRITERIA

- 1. Patients with severe complications like renal failure, malignancy, diabetes, hypertension.
- 2. The patients of *shukraj mutrashmari* will be excluded.
- 3. Pregnant women.
- 4. The patients with chronic disorders and of long term medication.

Methodology:-

The standard case paper was prepared with the routine clinical data. Outdoor patients regularly visiting to *Nidana & Chikitsa* Department of the Institute were studied and included for data collection. Patients from various clinical camps organized by Institute were also considered for the study.

The total data was analyzed for the conclusion.

OBSERVATIONS & RESULTS:

Table 1.Data according to Consumption of Ahara -

Sr.	Ahara	No. Of Patient
1.	Guru Ahara	34
2.	Ruksha Ahara	20
3.	UshnaTikshnaAhara	6

Table 2.Data according to Viharaj hetu-

Sr.	Vegavidharana	No. Of patient
1.	Present	35
2.	Absent	25

Table 3.Data according to Udarshul-

Sr.	UdarshulSwarupa	No. Of patient
1.	Mild	13
2.	Moderate	16
3.	Sever	31

Table 4. Data according Udarshul Kaal-

Sr.	Udarshul Kaal	No. Of patient
1.	Morning	8
2.	Afternoon	5
3.	Evening	18
4.	Early Night	8
5.	Midnight	5
6.	Late night	16

Table 5. Data according to Sakashta Mutrapravrutti-

Sr.	Sakashta Mutrapravrutti	No. Of patient
1.	Present	19
2.	Absent	41

Table 6. Data according to Sarakta Mutrapravrutti -

Sr.	Sarakta Mutrapravrutti	No. Of patient
1.	Present	5
2.	Absent	55

Table 7. Data according to Mutradaha-

1.	Present	9
2.	Absent	51

Table 8. Data according to Udargaurava -

Sr.	Udargaurava	No. Of patient
1.	Present	13
2.	Absent	47

Table 9. Data according to Apan Vayupravrutti -

Sr.	Apan Vayupravrutti	No. Of patient
1.	Present	35
2.	Absent	25

Table 10. Data according to Vepate-

Sr.	Vepate	No. Of patient
1.	Present	23
2.	Absent	37

Table 11. Data according to Hrullas/ Chhardi-

Sr.	Hrullas/ Chhardi	No. Of patient
1.	Present	16
2.	Absent	44

Table 12. Data according to Pravahana -

Sr.	Pravahana	No. Of patient
1.	Present	28
2.	Absent	32

Table 13. Data according to Malavshtambha -

Sr.	Malavshtambha	No. Of patient
1.	Present	26
2.	Absent	34

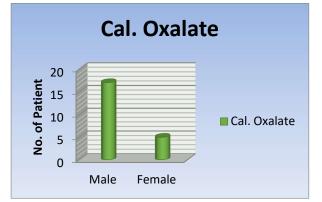
Table 14. Data according to Adhmana -

Sr.	Adhmana	No. Of patient
1.	Present	38
2.	Absent	22

Table 15. Data according to crystals present in Urine -

Sr.	Crystals present in Urine	No. Of patient	Male	Female
1.	Cal. Oxalate	22	17	5
2.	Uric Acid	4	3	1
3.	Triple Phosphate	2	1	1
4.	Nil	32	21	11

Comparative graph for distribution of crystals present in urine sample **Graph 1:** Data of Cal. Oxalate Crystals present in Urine in both sex:



Graph 2: Data of Uric Acid Crystals present in Urine in both sex:

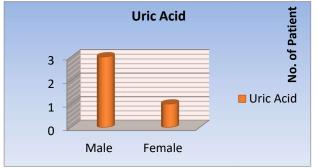


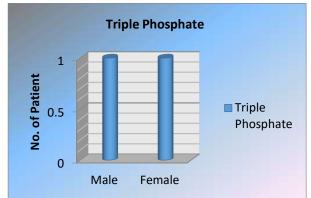
Table no.16. Data according to *doshaj* type:

	Vataj	Pittaj	Kaphaj
No. of Patient	38	9	13
Male	29	6	7
Female	9	3	6

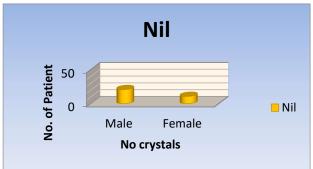
Table no.17.Distribution of Crystals in Mutrashmari:-A] Distribution of Calcium Oxalate crystals in Vataj Mutrashmari:-

	Vataj Mutrashmari	Cal. Oxalate Crystals present in Urine
No. of Patient	38	22
Male	29	17
Female	9	5

Graph 3: Data of Triple Phosphate Crystals present in Urine in both sex:



Graph 4: Data of Crystals absent in Urine in both sex:



	Pittaj Mutrashmari	Uric Acid Crystals present in Urine
No. of Patient	9	4
Male	6	3
Female	3	1

B] Distribution of Uric Acid crystals in Pittaj Mutrashmari:-

C] Distribution of Triple phosphate crystals in Kaphaj Mutrashmari:-

	Kaphaj Mutrashmari	Triple Phosphate Crystals present in Urine
No. of Patient	13	2
Male	7	1
Female	6	1

DISCUSSION

Discussion According To Age Demographic Data:

AGE:

20- 30years = 25	41.67%
30-40 years = 21	35%
40- 50 years = 6	10%
50-60 years = 8	13.33%

More number of the patients suffering from the *Mutrashmari* in the age 20yrs to 30yrs. In more deep observation it was found that it was almost 75-80% in the age 20yrs to40 yrs. i.e. from middle age group. Renal calculus occurs at all the ages but commonly in the 3rd and 4th decades. **SEX:**

Male: 42 = 70%

Female: 18 = 30%

Males were more affected by *mutrashmari* compared to females. In percentage study of patients it was observed that male patients were70% & female patients were 30%. Thus, we may say that this disease was more prevalent in male.

OCCUPATION:

On considering the nature of occupation of patients, it was found that maximum number of patient was from servicemen group i.e. 27 patients (45%). While 6 patients (10%) were from students group & 9 patients (15%) were from self employed group. Percentage of housewives was 30% i.e 18 patients.

Distribution of all 60 patients according to various Aaharaj hetu consumption: Excessive consumption of non-vegetarian and fast food, Chinese was found in 34 patients Guru Ahara. Rukshahara such as bakery products were found in 20 patients. Spicy food consumption were observed in 6 patients i.e. Ushna Tikshna Ahara. Mutrashmari was tridoshaj vyadhi but samvayi karana of mutrashmari was Kaphaprakopa. In 34 patients Aaharaj hetu were Guru Ahara i.e. Kaphaprakopak hetu.

Distribution of all 60 patients according to *Viharaj hetu:*-According to *charaka vegvidharana* was basic cause of *mutrakruccha*. In *mutrashmari* patients, 35 patients were having *vegvidharana* as a *viharaj hetu* and 25 were not having *vegavidharna*.

Distribution of all 60 patients according to various *Vyasana* (Addiction):-

In *Charak Chikitsasthanaadhya* 26 *madyapana* as a *hetu* of *mutrakruccha* was mentioned. Out of 60 patients 32 patients were consuming alcohol and 28 were not. So there were 53.33% patients of alcohol consumption and 46.67% were non alcoholic.

General signs and symptoms:-

1. Udarshul:-

- Swarupa:- According to Udarshula swarupa more number of patients having sever udarshula i.e. 31 patients. 16 patients were having moderate pain in abdomen, 13 patients having mild abdominal pain.
- *Kal:*-These results clearly indicate that, 16 patients were having abdominal pain at late night and 18 patients were having abdominal pain at evening. While 8 patients at morning and 8 at early night. And 5 patients had pain at afternoon and midnight each.34 patients having pain at *Vataj Kal*, 16 in *Kaphaj Kal* and 10 patients in *Pittaj kala* as far as the abdominal pain was concern.
- *Sthana:* 22 patients were having the abdominal pain at renal angle.19 patients were having pain around the umbilicus and 19 patients were having pain at lower abdomen.

The pain was usually confined to the renal region, particularly in renal angles generally radiates along the ureter. In men it may refer to testicle and make them tender. In women, it may radiate to the labia majora, round ligament and anterior surface of the thigh.

- 2. Sakashta Mutrapravrutti:-19 patients were having sakashta mutrapravrutti. Dribbling, sudden urethral pain, sudden stoppage of stream and few drops of blood stain urine flow occurs during micturition.
- 3. Sarakta Mutrapravrutti:-Sarakta Mutrapravrutti observed in 5 patients out of 60 patients. This may occur due to the injury to the urinary system by their projecting part at the time of movements.
- 4. *Mutradah:-Mutradah* were present in 9 patients while 51 patients did not complain of

mutradah. This may occur due to irritation to the urinary system.

- 5. *Udargaurava:*-The patients with renal stone experience discomfort or a dull pain in the renal region. *Udargaurava* presents in 13 patients, and 47 patients were no complaining of *udargaurava*.
- 6. Apan Vayupravrutti:-Apan Vayupravrutti presents in 35 patients and in 25 patients it was absent. The Mutranishkramana kriya carried out by Apan Vayu. Due to Mutrashmari the Apan Vayu dushti take place and vice versa.
- Vepate:-Vepate i.e shivering was present in 23 patients and was absent in 37 patients. This was due to Apan vayu dushti.
- 8. *Hrullas/ Chhardi:-*Present data suggests that 44 patients were not having either *hrullas* or *chhardi*, while 16 were having *hrullas* or *chhardi*.
- **9.** *Malavshtambha*:-28 patients were having *Malavshtambha*, while other 32 were not having it. It observed in most of *Vataj mutrashmari* patients.
- 10. *Pravahana:-*28 patients were having *pravahana*, while other 32 were not having it. The *malanishkramanakriya* carried out by *Apan Vayu*. Due to *pravahana Apan Vayu dushti* take place.
- 11. Adhmana:- Data distribution of adhmana which suggests that 38 patients have it and 22 didn't have it. Among all Vataj Mutrashmari patients adhmana were present.

Distribution of 60 patients according to Crystaluria:-

In Microscopic examination of Urine the crystals were found in 28 patients out of total 60 patients. In 22 patients Cal. Oxalate Crystals were present, in 4 patients Uric Acid crystals present and in 2 patients Triple Phosphate seen. 32 patients didn't have crystaluria.

Major patients with calcium oxalate i.e.22 patients. Out of which 17 were male and 5 were female respectively. Out of 4 patients of Uric Acid 3 were male and 1 was female. And 2 patients of Triple Phosphate one was male while other was female. In 32 patients crystaluria was not found out of which 21 male and 11 female.

Distribution of 60 Patients according to *doshaj* **type:-** In total number of patients *Vataj Mutrashmari* were more in no. i.e. about 38 out of which 29 were male and 9 were female. Followed by *vataj* there were 13 *Kaphaj Mutrashmari* patients, out of which 7 male and 6 female. The *pittaj Mutrashmari* patients were 9 in no. Out of which 6 were male and 3 were female.

Distribution of Calcium Oxalate crystals in *Vataj Mutrashmari*:-In 38 *Vataj Mutrashmari* patients 22 patients had Calcium Oxalate crystals. Out of which 17 male and 5 female. The percentage of Calcium Oxalate Crystaluria among the *Vataj mutrashmari* was 58%.

Distribution of Uric Acid crystals in *Pittaj Mutrashmari*:-In 9 *Pittaj Mutrashmari* patients 4 patients had Uric Acid crystals. Out of which 3 were male and 1 was female. The percentage of Uric Acid Crystalluria among the *Pittaj mutrashmari* was 44%.

Distribution of Triple phosphate crystals in *Kaphaj Mutrashmari:-* In 13 *Kaphaj Mutrashmari* patients 2 patients had Triple Phosphate crystals. Out of which 1 was male and 1 was female. The percentage of Uric Acid Crystalluria among the *Kaphaj mutrashmari* was 13%.

CONCLUSION

The study suggests that the *Mutrashmari* occurs at all the ages but commonly in the 3rd and 4th decades. Males are more affected by mutrashmari as compared to females. The prime cause of mutrashmari is Kaphaprakopak Ahar and vihar. Asanshodhana i.e. not undergoing regular sanshodhana is a prime cause for production of AshmarIn Mutrshmari patient having severe type of pain. The study suggests that in the no. of patients crystals were not found in urine. In which crystals were found commonly Calcium Oxalate. In minor quantity Uric acid and triple phosphate were found in Urine. Prevalence of Vataj Mutrashmari patients are more. Mutrashmari vyadhi presents in Vata sthana so more patients are of Vataj Mutrashmari. Most of hetu presents are Kapha Prakopak and Vata Prakopak. So no. of Vataj and Kaphaj Mutrashmari are more. In Urine of Vataj Mutrshmari patients commonly Calcium Oxalate are found. In Pittaj Mutrashmari Patients in which crystals were found was Uric Acid and in Kaphaj Mutrashmari Patients Phosphate crystals were found. So, the study suggests that in Vataj Mutrashmari Calcium Oxalate were Found, in Pittaj Mutrashmari Uric Acid were found and triple Phosphate were found in Kaphaj Mutrashmari.

REFERENCES

- Kaviraj Dr. Ambikadatta Shastri, Sushruta Samhita / Ayurvedatatva sandipika, Chaukhamba Sanskrit Sansthan, Varanasi Publication (Reprint 2011).
- Dr. Brahmanand Tripathi; Chaukhamba Surbharati Prakashana, Varanasi Publication (Reprint 2011), Charak Samhita / Charak chandrika Elaborated by Charak Drudhabala.

- 3. Shri Yadunandana Upadhyay, *Madhav Nidana*, Chaukhamba Sanskrit Sansthan, Varanasi. (Reprint, 2007).
- Prof. Harsha Mohan, Pathology Practical Book, Jaypee Brothers Medical Publishers, Delhi. (2ndedition, 2007).
- S. Das, Concise Text Book of Surgery, SD Publishers, Calcutta (5thedition, 2009).
- 6. Pandit Hari Paradkar, *Ashtanga Hridaya* With *Arundatta Tika*, Choukhamba publication (2002).
- 7. Sharangadhara Samita Choukhamba Orientalia (2005).
- 8. Vd Laxmipati Shastri, Yogaratnakara, Choukhamba publication (2005).
- 9. Willams/ Bnister, Grey's Anatomy
- 10. Gerard Tortora, Principles of anatomy and physiology, (8th edition)
- 11. C. C. Chatterji, Human physiology,
- Christopher Haslett, Edvin R. Chilvers, John A. A. Hunter, Nicholas A. Boon. Churchills Livingstone, Davidson's Principles & Practice of Medicine, 18th edition.
- Dr. Kasper, Dr. Hauser, Dr. Braunwald, Dr. Longo, Dr. Fauci, Dr. Jameson, McGraw-Hill, Harrison's Principles of Internal Medicine, Medical Publishing division, New York,17th edition.
- 14. Michael Swash, Hutchinson's Clinical methods, 20th edition, 1997.
- S.P. Mehta, Shashank Joshi, Nihar P. Mehta, P.J.Mehta's Practical Medicine17th edition.
- Dr. Vinay Kumar, Dr. Abdul K., Dr.Nelson, Fausto, Dr.Richard N. Mitchell, Robbins Basic Pathology, 8th Edition.

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