

A CASE STUDY ON AYURVEDIC MANAGEMENT OF VRIKKASHMARI

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ABSTRACT

Since ancient times *Ashmari* is mentioned in *Ayurvedic* texts. *Ashmari* is a disease related to the urinary system (*Mutravahasrotas*). *Mutrashmari* is described under *Asthamahagad* (difficult to cure) in *Ayurveda*. It possesses symptoms such as *Jwara* (Fever), *Basti Pida* (Discomfort and pain in the bladder), *Aruchi* (Anorexia), *Mutrakriccha* (Difficulty in micturition), *Bastishira Vedana* (Pain in Urethra), *Mushka Vedana* (Pain in testicles) and *Shepha Vedana* (Pain in the penis) have been described in *Ayurvedic* classical texts. A 29-year-old female patient visited OPD, with complaints of pain in the right side of the Abdomen, Burning Micturition, Nausea and Vomiting. The USG reported calculus measuring 5.3mm in size seen in the right kidney with the normal functioning of vitals. The patient was treated with *Chandraprabha Vati* 2 BD, *Gokshuradi Guggulu* 2 BD, *Varunadi Kwath* 20ml BD on OPD basis. The patient was advised initially follow up after 7 days and later after every 15 days. Along with medication, the patient was also advised to follow diet and lifestyle restrictions. The patient got relief in signs and symptoms and the USG report showed no evidence of calculi in the right kidney.

Keywords: Vrikashmari, Chandraprabha Vati, Gokshuradi guggulu, Varunadi Kwath

INTRODUCTION

Renal calculi are a common problem due to changing lifestyles. It is recurrent in nature. The cases of renal calculi are mostly Seen at age of 20-40 years and decline with over 50 years. Modern science stresses various factors like genetics, age, sex, metabolic disorders, Sedentary lifestyle, dehydration, the mineral content of water, nutritional deficiency etc. for Urinary stone formation. Urolithiasis causes pain, loss of working time, medical expenses, need for hospitalization and an infrequent reason for renal failure. In modern science, the best possible management for urinary calculus is the use of drugs to correct the involved Pathologies and use of diuretics as well as surgical intervention including open surgery, percutaneous techniques etc.^[1] The type of renal stones is Calcium oxalate, Uric acid and Cystines. Most calcium oxalate stones occur in 80% of the population. Other cases found of 20 % renal stone type. Renal stone is resembling *Ashmari* in *Ayurveda*. *Ashmari* is the Disease that is coming under the *Asthamahagad* i: e difficult to cure. *Ashmari* is *vyadhi* which is considered under *Mutravaha Srotas*. As *Basti* come under *Trimarma* (threefold of Life) so *Acharya Sushruta* described *Ashmari* as *darun* (fatal) disease. *Acharya Sushruta* has been described as various medicines as well as surgical intervention for *Vrikkashmari*. Medicinal treatment is advised to be undertaken in the early stages of the disease. Indication of surgical management has been suggested along with a note of caution for complications.^[2] Surgical treatment must be accepted only on failure of conservative treatment and when death becomes inevitable.

In *Ayurveda*, there are various formulations like the use of various *Ghrita Kwatha*, *Churna*, *Kshara Dravyas* etc.^[3] Among those, *Kwatha* is used because they mostly have *Mutrala* and *Bhedana* properties.

In *Ayurveda*, 4 types of *Ashmari* are described by *acharyas*. *Vatajasmari*, *Pittaj Ashmari*, *Kaphaj Ashmari* and *shukraj Ashmari*. structure and symptoms are different. *Vataj Ashmari* symptoms resemble with Calcium Oxalate type Stone, *Pittaj Ashmari* symptoms resemble with Uric Acid type stone, *Kaphaj Ashmari* symptoms resemble with Oxalate/Phosphate type stone. Mostly *Kaphaj pradhanya* dosh is involved in *Ashmari*.

1) *Vataj Ashmari* (Calcium Oxalate Stone) *Vataj Ashmari* is blackish, hard, irregular, rough structure and like *Kadamb* flower full of the spike on it. Symptoms are intense pain in the abdomen, Guda (Anal) region. Burning at penis, difficult to excrete *Vata*, *Mutra*, and stool.

2) *Pittaj Ashmari* (Uric Acid Stone) *Pittaj Ashmari* looks like *bhallatak Asthi*. Symptoms are burning Micturition, yellow urine.

3) *Kaphaj Ashmari* (Oxalate/ Phosphate stone) It is white, slimy, big in size, look like *mahua* colour. Symptoms are a pain in *basti* region, *shaitya*.

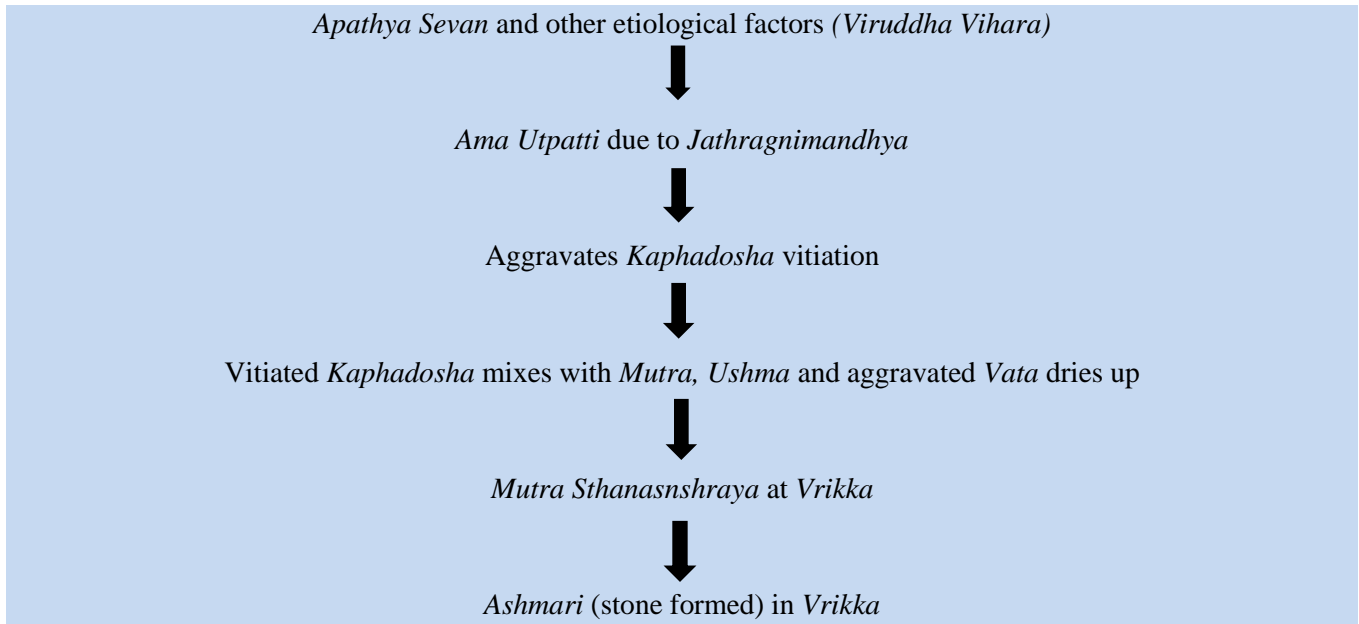
Nidana of Vrikkashmari

According to *Acharya Sushruta* –There are two main *Nidanas* of *Vrikkashmari*.

- *Asamshodhana*
- *Apathyasevana*.

Samprapti of Ashmari

According to *Sushruta* due to *Apathya sevana* and other etiological factors (*Viruddha Vihara*), having the vitiation of *Kaphadosha* of *mutra* leads to the formation of *am* and results in *mandagni*, *kapha* gets accumulated in *vrikka* and action of *Ushma* of *Pitta*, *Shoshana* by *Vata Dosh* leads to dries up the *Mutra*, the vitiated *Kapha Dosh* in the *Vrikka Bhaga* harden components lodged in. *Mutra Ashmari* is formed in the form of gravel and has become the obstruction in *Mutravaha Srotas*.



Samprapti Ghataka-

Dosha- Vata

Dushya- Mutra

Type of srotodushti- Sanga

Adhishthana- Basti

Strotas- Mutravaha

Agni- Jathragnimandhya

Marga- Abhyantara

CASE STUDY

A 29 -years old Female Patient came in OPD with symptoms of

- Pain in the right side of Abdomen
- Burning Micturition
- Nausea
- Vomiting

History of Present Illness –The patient was alright 3 months back, afterwards she is complaining of spasmodic pain on the right side of the Abdomen, Burning Micturition, Nausea, and vomiting. She had taken Opinion of Modern Diagnosed as Kidney stone. She took analgesics, antiemetic medicine but had Symptomatic Relief for some days. So, she comes here for further treatment.

Past History- She had no history of Diabetes Mellitus, Hypertension, Asthma, and Hypothyroidism or any type of Surgery.

Family History- Father –HTN, Mother-NAD

Clinical Examination-

Ashtavidh Prakisha

- **Nadi-** Vata pitta
- **Mala-** Samyaka
- **Mutra-** Daha
- **Jivha-** Sam
- **Shabda-** Prakrut
- **Sparsha-** Ushna
- **Druka-** Prakrut
- **Aakruti-** Madhyam

Per Abdomen Examination elicited tenderness on the right lumbar region of the Abdomen. No other Abnormality Detected during the general and systemic examination.

Vital Parameters- Vital Parameters were normal

USG Report Shows- (06/01/2021)

The right kidney is normal in size (10.9×4.8cm) and outline. Shows an echogenic focus measuring approx. 5.3mm with posterior acoustic shadow at upper pole calyx. cortical thickness and echogenicity are normal.

Table 1: Therapeutic Intervention

Sr No.	Name of Drug	Dose of Drug	Kala	Frequency and Anupana
1	<i>Chandraprabha Vati</i>	2 tabs	After food	Twice a Day with Lukewarm Water
2	<i>Gokshuradi Guggulu</i>	2 tabs	After food	Twice a Day with Lukewarm Water
3	<i>Varunadi Kwath</i>	20ml	Before food	Twice a Day with Lukewarm Water

Along with medication, diet and lifestyle restrictions were also advised to the patient. The patient was advised to drink plenty of water and avoid a protein-rich diet like egg, meat soybean, Dairy products etc,

and Oxalate rich food like Spinach, Tomatoes, Ladyfinger, Chocolates, cold drinks etc and avoid Calcium supplements.

Table 2: Composition of Prescribed Formulation

Medicines	Ingredients
Chandraprabha Vati	<i>Chandraprabha</i> (Cinnamomum camphora), <i>Vacha</i> (Acorus calamus) <i>Musta</i> , (Cyperus rotundus) <i>Bhunimba</i> , (Andrographis paniculata) <i>Daruka</i> , (Cedrus deodara) <i>Haridra</i> ,(Curcuma longa) <i>Ativisha</i> ,(Aconitum heterophyllum) <i>Darvi</i> ,(Berberis aristata) <i>Pippalimoola</i> , (Piper longum) <i>Chitraka</i> , (Plumbago Zeylanica) <i>Trivrit</i> , (Operculina turpethum) <i>Danti</i> , (Baliospermum montanum) <i>Patra</i> , (Cinnamomum tamala) <i>Twak</i> ,(Cinnamomum zeylanicum) <i>Ela</i> ,(Elettaria cardamomum) <i>Vamshalochana</i> , (bambusa bambos) <i>Dhanyaka</i> ,(Coriandrum sativum) <i>Haritaki</i> , (Terminalia Chebula) <i>Vibhitaki</i> , (Terminalia bellirica) <i>Amalaki</i> , (Embllica officinalis) <i>Chavya</i> , (Piper chaba) <i>Vidanga</i> , (Embelia ribes) <i>Gajapipali</i> , (Piper chaba) <i>Swarna makshika bhasma</i> , <i>Shunti</i> , (Zingiber officinalis) <i>Marich</i> , (Piper nigrum) <i>Pippali</i> , (Piper longum) <i>Yava kshara</i> , <i>Swarjik kshara</i> , <i>Saindhava lavana</i> , (Rock salt) <i>Sauvarchala lavana</i> , <i>Vida lavana</i> , <i>Loha Bhasma</i> , <i>Sita</i> , (Sugar) <i>Shilajatu</i> (Asphaltum) <i>Guggulu</i> , (Commiphora mukul)
Gokshuradi Guggulu	<i>Gokshur</i> , (Terribulus Terrestris) <i>Guggulu</i> , (Comiphora mukul) <i>Shunthi</i> , (Zingiber officinale) <i>Maricha</i> , (Piper nigrum) <i>Pippali</i> , (Piper longum) <i>Haritaki</i> , (Terminalia Chebula) <i>Vibhitaki</i> (Terminalia bellirica) <i>Amalaki</i> , (Embllica officinalis) <i>Musta</i> (Cyperus rotundus)
Varunadi Kwatha	<i>Varuna</i> (Crataevanurvala) <i>Pashanbheda</i> , (Berginialigulata) <i>Shunti</i> , (Zingiber Officinale) <i>Gokshur</i> (Terribulus Terrestris)

FOLLOW UP & OUTCOME: -

The patient was advised to follow up initially after 7 days and later after every 15th day. Nausea and vomiting were Relieved and Mild relief in Burning Micturition within 7 days. However, mild intensity pain in the right side of the abdomen was there on the second follow-up visit, burning micturition was completely relieved. The pain was completely gone on the third follow-up and no other complaints were told by the patient. The patient was advised to repeat Ultrasonography (whole abdomen) scan after the fourth follow-

up visit. A repeat Ultrasonography scan was done on the 19th of March 2021 and did not reveal any renal calculus. Her urine examination reports were within normal limits. Clinically also. She has complete relief in pain abdomen, burning micturition, nausea, and vomiting. The patient was advised to carefully continue following diet and lifestyle restrictions to prevent the re-occurrence of calculus. No adverse events occurred during treatment and even after stopping the treatment. Details of follow-up have been given in Table 4.

Table3: Ultrasonography and Urine examination Report

Date	06/01/2021	19/03/2021
Ultrasonography (whole abdomen)		
	The right kidney is normal in size (10.9×4.8cm) and outline. Shows an echogenic focus measuring approx. 5.3mm with posterior acoustic shadow at upper pole calyx. cortical thickness and echogenicity are normal.	No Calculus seen
Urine (Routine & Microscopic Examination)		
Albumin	Absent	Absent
Sugar	Absent	Absent
Ketone bodies	Absent	Absent
Pus cells	10/hpf	1-2/hpf
R.B. C's	Nil	Nil
Epithelial cells	2-3/hpf	2-3/hpf
Crystals	Calcium oxalate (+)	Nil
Casts	Nil	Nil
Bacteria	Nil	Nil

Table 4: TIMELINE

Date	Details
06/01/2021	The right kidney Shows an echogenic focus measuring approx. 5.3mm with posterior acoustic shadow at upper pole calyx (Right Renal Calculus)
10/01/2021	First visit to OPD Prescribed Ayurvedic Medicines <i>Chandraprabha Vati</i> , <i>Gokshuradi Guggulu</i> and <i>Varunadi Kwath</i> along with Diet and Lifestyle Modifications
18/01/2021	1 st Follow- up visit Nausea and vomiting were Relieved, Mild relief in Burning Micturition, Right side Abdomen Pain was not relieved. Continue with the same medication.
02/02/2021	2 nd Follow-up visit Right side Abdomen Pain got mild in intensity, burning micturition was completely relieved. Continue with the same medication.
17/02/2021	3 rd Follow-up visit Pain in the right side of the abdomen is completely gone with no other symptoms. Continue with the same medication.
04/03/2021	4 th Follow –up visit No fresh complaints Advised to do repeat Ultrasonography Scan Continue with medications
19/03/2021	5 th Follow–up Visit No fresh Complaints Ultrasonography Scan Revealed no Renal Calculus Advised to continue Diet and Lifestyle restrictions to avoid reoccurrence

DISCUSSION

Acharya *Susruta* considered *Ashmari* as a grave disease and fatal as death itself.^[4] As per *Ayurveda*, the

main reason for *Ashmari* is an aggregation of *Kapha pradhana dosha* in *Mutravahasrotas* due to *Agnimandya* and *Ama* formation.^[5] The process of *Ash-*

mari formation takes place by the stagnation and supersaturation of the urine and by crystallization of the crystalloids within the urine.^[6] The mechanism of renal calculus formation as per modern medical science is a complex process that ends up from various complex processes including supersaturation, nucleation, growth aggregation, and retention of urinary stone constituents within tubular cells.^[7] Despite a big selection of conventional medical intervention options, 50% of patients suffer a minimum of one recurrence, and 10-20% experience three or more further episodes of recurrence.^{[8][9]} If left untreated or poorly treated, it could result in urinary tract infection, urinary obstruction, chronic kidney diseases, nephropathy, and hypertension.^{[10][11][12]}

Ayurvedic drug management to disintegrate the pathogenesis of *Ashmari* includes the drugs with the following properties:

Ashmari-Bhedana: -

Disintegration, dissolution, expulsion, and to some extent prevention of urolithiasis like *Gokshura* (*Tribulusterrestris* Linn.), *Varuna* (*Crataevamurvala* Buch-Ham.), *Pashanbheda* (*Bergeniaciliata* Sternb.), *Kulatha* (*Dolichosbiflorus* Linn.), *Punarnava* (*Boerhaviadiffusa* Linn.) etc.^[13-19]

Muttrala: -

Drugs that increase the urine production and are thus helpful in the expulsion of the calculus like *Gokshura*, *Punarnava*, *Shvetaparpati*, *Trinapanchamula* etc.^[20-23]

Deepana-Pachana: -

Drugs to correct abnormalities in the digestion and metabolism (as the intermediary metabolites (*ama*) being excreted through the urinary tract could precipitate and give rise to urolithiasis) like *Trikatu* [Combination of *Shunthi* (*Zingiberofficinale*), *Pippali* (*Piper longum*), *Maricha* (*Piper nigrum*)], *Triphala* [Combination of *Haritaki* (*Terminaliachebula*), *Vibhitak* (*Terminaliabellerica*), *Amalaki* (*Phyllanthusemblica*)], *Musta* (*Cyperusrotundus*) etc.

Vedanasthapana & Shothahara

Anti-inflammatory and analgesic drugs like *Chandraprabha*, *Guggulu*, *Gokshura*, *Punarnava* etc.^[24-26]

The constituents of the prescribed medicines, *Chandraprabha Vati Gokshuradi guggulu* and *Varunadi Kashaya* have *Ashmari Bhedana* (lithotriptic), *Muttrala* (diuretic), *vedanasthapana* (analgesic), *Shothahara* (anti-inflammatory), *basti-shodhana* (improve kidney functions), *Daha shamaka* and *deepanapachana* (correct digestion and metabolism) properties as mentioned above. By means of these medicinal properties, the administered drugs have effectively disintegrated the pathogenesis of *Ashmari* and lead to expulsion of the *Ashmari* from the urinary tract in the present case.

CONCLUSION

Chandraprabha Vati, Gokshuradi Guggulu and *Varunadi Kwath* effectively disintegrated the pathogenesis of *Ashmari*, providing complete relief in burning micturition, dysuria, and expulsion of *Ashmari* from the urinary tract in the present case. This case shows the effective conservative management of *Ashmari* with *Ayurvedic* medicines with no adverse events.

REFERENCES

1. Role of imaging techniques in the diagnosis of *Vrikkashmari* (urolithiasis) and *Shikhadi* compound its management - Sharma Anilkumar-2001
2. *Sushruta Samhita – Nibandha Sangraha*, commentary by *Dalhana*.
3. *Sushruta Samhita- Ayurveda Tattava-Sandipika* Hindi commentary by Kavi Raj Ambika Dutt Shastri.
4. Patil VC. Rajeshwar NM editors *Sushrut samhita of Susruta Chikitsasthana Ashmari chikitsa adhyaya*: Chapter 07 Verse 03. First ed New Delhi *Chaukhamba Publications* 2018;348
5. Patil VC. Rajeshwar NM editors *Sushrut samhita of Susruta Nidanasthana Ashmarichikitsadhyaya*: Chapter 03 Verse 03. First ed New Delhi *Chaukhamba Publications* 2018; 26
6. Patil VC. Rajeshwar NM editors *Sushrut Samhita of Susruta Nidanasthana Ashmarichikitsadhyaya*: Chapter 03 Verse 25-26. First ed New Delhi *Chaukhamba Publications* 2018; 30
7. Alelign T. Petros B. Kinney Stone Disease: An Update on Current concepts. *Adv. Urol* 2018 Feb 4; 2018:3068365

8. Hesse A. Brandle E. Wilbert D. Kohrmann KU, Alken P. Study on the prevalence and incidence of urolithiasis in Germany comparing the years 1979 vs 2000. *EurUrol* 2003; 44:709-713.
9. Strohmaier WL. Course of calcium stone disease without treatment. What can we expect? *EurUrol* 2000; 37: 339
10. Sigurjonsdottir VK. Runolfsdottir HL. Indridason OS, Palssson R. Edvardsson VO. Impact of nephrolithiasis on kidney function. *BMC Nephrol.* 2015 Aug 28; 16(1):149.
11. El-Zoghby ZM, Lieske JC. Foley RN, Bergstralh EJ, Li X, Melton LJ et al. Urolithiasis and the risk of ESRD. *Clin J Am Soc Nephrol.* 2012 Sep; 7(9):1409-15.
12. Taylor EN, Stampfer MJ. Curhan GC. Obesity, weight gain, and the risk of kidney stones. *JAMA* 2005 Jan 26; 293 (4):455-62
13. Pramod K. Despande PS. Singh CM. Studies on urolithiatic action of Indigenous drugs. *Bull. Med. Ethnobot* 1981; 2: 277-84
14. Varalakshmi P. Shamila Y. Latha E. Effect of Crataevanuruala in experimental urolithiasis. *J. Ethnopharmacol.* 1990, 28: 313-21
15. Agarwal S. Gupta SJ. Saxena AK. Gupta N. Agarwal S. Urolithic property of Varuna (Crataevanurvala); An experimental study. *AYU* 2010 Jul-Sep. 31 (3): 361-66
16. Havagiray RC. Shashi A. Jain SK, Sabharwal M. Herbal treatment for urinary stones. *International Journal of Pharmaceutical Sciences and Research* 2010; 1: 24-31
17. Sangeeta D. Sidhu H. Thind SK. Nath R. Effect of Tribulusterrestris on oxalate metabolism in rats. *J Ethnopharmacol* 1994 Oct 44(2):61-66.
18. Yas F. Waqar MA. Effect of indigenous plant extracts on calcium oxalate crystallization having a role in urolithiasis. *Urol Res.* 2011 Oct, 39(5):345-50.
19. Balap LG Evaluation of Anturolithiatic Activity of the Aqueous and Alcoholic Extracts of Roots of Boerhaavia Diffusa *LAJPR* 2015, 5(1): 525-30.
20. Chhatre S. Nesari T. Somani G. Kenjale R. Sathaye S. Comparative Evaluation of Diuretic Activity of Different Extracts of Tribulusterrestris Fruits in Experimental Animals. *Int J Res Phytochem Pharmacol.* 2012; 3:129-33.
21. Singh RP. Shukla KP. Pandey BL, Singh RG, Usha, Singh RH. Recent approach in clinical and experimental evaluation of diuretic action of Punarnava (B. diffusa) with special reference to nephrotic syndrome. *J. Res Educ. Indian Med.* 1992. 11. 29-36.
22. Balakrishnan G. Vineeth PK. Ramesh NV. Effect of ShwethaParpati in Mutrakrichra: An Article Review. *Journal of Medical Pharmaceutical and Allied Sciences* 2017; 1(1): 588-95.
23. Chuneekar KC. editor BhavaprakashaNighantu of Bhavaprakasha, Reprint ed. Varanasi: *Chaukhambha Visvabharati* 2006; p32
24. Baburao B. Rajalakshmi G. Venkatesham A. Kiran G. Shyamsunder A. Gangarao B. Anti-inflammatory and antimicrobial activities of methanolic extract of Tribulusterrestris Linn. *Plant. Int J Chem Sci.* 2009; 7: 1867-72.
25. Asadulla S. Anti-inflammatory activities of Boerhaavia diffusa roots in Albino rats. *Archive of Pharmaceutical Science & Research* 2010, 2:267-70.
26. Francis JA. Raja SN, Nair MG. Bioactive terpenoids and guggulu steroids from Commiphora mukul gum resin of potential anti-inflammatory interest. *Chembi-odivers* 2004 Nov;1(11):1842-53.

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