



A CASE STUDY OF MUTRASHMARI- AYURVEDIC MANAGEMENT

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ABSTRACT

Renal Calculus is a frequent occurrence disease in the urinary system. It mainly affects daily activity due to causing severe pain in the loin to the groin region. In modern science, it has medicinal and surgical treatments. But due to systemic side effects of medicinal treatment and anatomical changes due to surgery, it refuses nowadays by the patient. According to Ayurveda, it is correlated with *Mutrashmari*. In Ayurveda, different kinds of formulations are mentioned in this treatment. In a case study of 36 years, a male patient complained of severe renal pain along with bleeding per urethrally. Diagnosed as right renal calculus at pelvi ureteric junction by using ultrasonography. This condition was managed with *Badarashma Pishthi*, which is *Ashmaribhedana* and *Mutrala* along with *Shweta Parpati*. Other internal medicines were given. Patients got satisfactory results within the first 4-5 days and were completely cured within 15 days. No side effects and recurrence were found after 3 months of duration.

Keywords: Renal Calculus, *Mutrashmari*, *Badarashma Pishthi*, *Shweta Parpati*

INTRODUCTION

Renal calculus is hard deposits made of minerals and salt that form inside the kidneys. It is also called nephrolithiasis, Urolithiasis¹ and the most common disease of the urinary track (*Mutravaha Strotasa*) after

Urinary tract infection and Benign Prostatic Hyperplasia.² Its prevalence is about 12% in India. Out of which 50% of cases are severely affected by renal damage.³ In India, it is mostly observed in Jammu and

Kashmir, Punjab, Haryana, Delhi, Rajasthan, Madhya Pradesh, Gujarat (Stone belt of India), and the Marathwada region in Maharashtra. In the first year, recurrence of this condition is about 15%, 30- 40% in 5 years, and almost 50% in 10 years.⁴ The pathogenesis of stone formation is ruled by the physical chemistry characteristics of urine in the upper collecting system. Mostly they are formed by minerals or stone-forming salt that begins to crystallize when their concentration is supersaturated in the urine.⁶ These are developed due to diet, hot climate, stasis of urine, infection, decreased urinary output of citrate, hypersecretion of relatively insoluble urinary constituents like oxalates, calcium, uric acid, cystines, hyperparathyroidism, etc. Clinical features include pain, Haematuria, burning micturition, tenderness at a renal angle, and signs of urinary tract infection. It is more common in males at the ratio of 2:1 and white than in blacks.⁷ Treatment modalities include both medicinal and surgical procedures. It includes fluid therapy, diuretics, ESWL, PCNL, laser lithotripsy, Nephropyelolithotomy, Nephrectomy, etc.⁸ Both have their limitations, side effects, and surgical management disturb the anatomy.

Renal calculus correlated with *Mutrashmari* or *Vrukkashamari* in Ayurveda. Acharya Charaka contemplated *Ashmari* as *Ashtamahagada* (difficult to cure).⁹ The vitiated vata dosha along with Kapha, Pitta, and Shukra in *Mutravaha Strotasa* proceeds to *Ashmari* formation. *Kapha dosha* is *Samavayi Karana* (factor) in the formation of *Ashmari*.¹⁰ According to *Yogaratanakara*, Vitiated *Vata Dosha* settled down in *Basti* (Bladder), Due to its *Ruksha Guna*, it absorbed the *Mutra* (Urine), *Shukra* (Semen). Vitiated *Pitta Dosha* along with *Vata-Kapha* then leads to *Mutrasharkara* i.e., granules or calculus. Due to Snigdha, Sandra, and Guru gunas it binds those granules to form sizeable stone-like material.¹¹ It causes pain in the *Nabhi* (Umbilicus), *Basti* (Bladder), *Medhra* (penis), and *Sevani*. It also creates pain during walking, running, jumping, and riding. *Kapha-Vata Dosha* is incorporated with *Pitta Dosha* and attends hardness, increases surrounding, and reaches to the bladder. It causes *Mutrardharasanga* (Obstruction of

urine flow) and *Mutravikirana* (Scattering of the urine). Sometimes patients urinate with tiny calculus, turbid and blood-stained urine.¹² Specific clinical features may vary according to the types of calculus. According to Ayurveda, *Dravya* (Drug) or *Ahara* (Diet) that corrects or demolishes the *Samprapti* without producing any hazardous effect has been looked upon as ideal *Dravya* or *ahara*.

This case study highlights 36 years of male patients, diagnosed with right-sided renal calculus on USG. So, considering the *Samprapti*, we used *Badarashma Pishthi* and *Shweta Parpati Bhasma* with *Gokshurmoola kwath*. We got significant results within a short duration.

Case report

A 36-year male patient Farmer has complaints of pain in the loin region in the last 4 days, Haematuria from the last 2 days, and burning micturition from 2 days. At first, he had met with colicky pain then he took an antispasmodic tablet for that for 2 days. He obtained relief for a temporary period. Again, he got symptoms, and hence for proper treatment he comes to our OPD.

Past History:

No history of HTN, DM, Koch's, surgical illness, and drug allergy. Recently, he had gone through typhoid fever 1 month before. Received treatment for that and cured.

Personal History

Appetite- Good

Diet- Mixed type

Sleep- Reduced since, 4-5 days

Micturition- Burning micturition

Bowel- Normal

Addiction- Chronic alcoholic

Family History:

Maternal – HTN

Paternal– not specific

Self- Married; 1 son 2 daughter– not specific

General Examination:

G.C.- Good

Pulse- 78/min

B.P.-120/84 mm of hg

Icterus- Not found

Pallor- Not found

Lymphadenopathy- Not found

Systemic Examination:

RS: AE=BE, Clear

CVS: S1S2 normal, no abnormal sound added

CNS- Conscious & Oriented

P/A- Soft and mild tenderness present in the right lumbar region.

Local Examination:

Tenderness over right renal angle

Palpable mass over right loin region which is soft and smooth

Investigation

Hb- 14.7gm%

WBC- 9800/cu mm

RBC- 4500 millions/mm³

Blood sugar level (random)-105 mg/dl

Urine routine- Nil

Urine Microscopic- pus cells 2-3/hpf; Epithelial cells few/hpf

Sr. Creatinine – 1.1 mg%

HbsAg- Non- Reactive

HIV- Non-Reactive

RTPCR- Negative

USG (Abdomen & Pelvis): Approx. 10.3 mm calculi seen at right pelvi- ureteric junction with Moderate Hydronephrosis

Diagnosis: Right-sided Renal Calculi with Hydronephrosis

Management

1. A combination of *Badarashma Pishthi* 250 and *Shweta Parpati* 500 mg is administered with *Gokshurmoola kwath* 40 ml, twice a day before meal.
2. *Chndraprabha vati* 500 mg tablet given twice a day before meal.
3. *Dhanyaka Hima (Coriandrum sativum)* 20 ml was given twice a day before meal.

This treatment was given for 15 days along with Strict dietary measures.

Pathyaapathya ^[13]

Pathya: Coconut water, Bananas, lemon apple, Carrots, Bitter ground, Pumpkin, regular exercise

Apathya: Tomato, Spinach, Cucumber, Oatmeal, bran, coffee, Chickoo, curd, Day sleep, and *Adhara-niya vega*

Observation and Results:

Sr. No	Clinical features	Before Treatment (0 days)	7 th day	After Treatment (15 th day)
1	Pain (<i>Vedana in Udarpradesh</i>)	Severe	Moderate	No pain
2	Burning Micturition (<i>Mutradaha</i>)	Moderate	Mild	Not present
3	Haematuria (<i>Sarakta Mutrapravritti</i>)	Mild	Not Present	Not Present

USG (Abdomen & Pelvis) -

Before treatment	After Treatment
Approx. 10.3 mm calculi seen at right pelvi- ureteric junction with Moderate Hydronephrosis	No Evidence of calculi and any abnormalities

DISCUSSION

Badarashma Pishthi

The details of *Badarashma* are not present in Ayurvedic Samhitas. It is Unani medicine and was described by Yadavaji for the first time in his *Rasamruta* Book. The name is given because it resembles the fruit of *Badara* well known in Ayurveda. *Badara* means *Phalawat* and *Ashma* means Stone. It is a combination of

Calcium and Silica, called Silicate of lime (*Rasamruta*) & Calcium silicate.¹⁴ It has *Madhur rasa* and *Kashaya anurasa* and *Guru, sheet, Sukshma, Shlakshna gunas*. It is *Sheet Viryatmaka* and *Madhur Vipaki Dravya*. It has *Mutrala, Pittashamaka, Ashmarishoolahara, Ashmari-Sarkara Rechaka, Anti-spasmodic, Lithotriptic (Ashmaribhedana), and Analgesic*.¹⁵

Due to *Ashmaribhedana* property, it causes the destruction of calculi and turns hard ones into fragmented small particles. *Ashmari Sarkara Rechaka's*

quality removes the tiny particle from the body. Anti-spasmodic and *Vedanahara* function managed the renal pain.

Shweta Parpati^{16, 17}

Contents of *Shweta Parpati*

Sr. No	Drugs	Name	Proportion	Rasa	Virya	Guna	Properties
1	<i>Surya Kshar</i>	Salt Petre	40 parts	<i>Katu, Lavana</i>	<i>Ushna</i>	<i>Tikshna</i>	<i>Bhedana, Bastishodhana, Ashmarighna, Mutravirechaniya</i>
2	<i>Sphatika</i>	Alum	10 parts	<i>Kashaya, Amla</i>	<i>Ushna</i>	<i>Guru, Snigdha, Grahi</i>	<i>Mutrala, Pachana</i>
3	<i>Navsadar</i>	Ammonium Chloride	2.5 parts	<i>Lavana, amla</i>	<i>Ushna</i>	<i>Snigdha, Sukshma</i>	<i>Balya, Rasayana, Shukrala</i>

Acharya Charaka mentioned in *Sutrasthana* that a potent poison becomes the best drug if used in the proper condition and at the proper dose. Contrary, even the best drug becomes poison if used incorrectly. Taking this into consideration, *Shweta Parpati* is used in this condition as it has *Mutrala, Bastishoshana, and Ashmaribhedana* properties. It *Mutraghanashaka Kalpa* (Formulation). Hence, we got the results. A strict diet was given along with this formulation.

Gokshur^{18, 19, 20}

Latin Name- *Tribulus terrestris*, it has *Madhura rasa, Madhura Vipaka, and Sheet Virya*. It has *Bastishodhana* (cures bladder ailments), *Mutravirechaniya, and Shothaghna* properties. Due to the presence of *aap* and *Jala Panchamahabhuta*, it acts as a *Mutrala* (Diuretic). It is an immunomodulator, Antiuro lithic, Hepatoprotective, Anti-inflammatory, and Analgesic.

Chandraprabhava Vati^{[21][22]}

It consists of *Shilajeet, Guggulu, Yavakshara, Swarnamakshika Bhasma, Karchura, Loha Bhasma, Trivrutta*, etc. It is a potent anti-inflammatory ayurvedic formulation used in the management of the Urinary tract, Kidney, and Pancreas. It is a urinary antibiotic. It has *Balya, Vrushhya* and *Rasayana* properties. It is useful in the *Mutrakrrichra, Mutraghata, Ashmari, Vibandha*, etc. These qualities help to reduce burning micturition, and pus cells in the urine. It also lowers the vitiation of *Doshas*.

Dhanyaka Hima²³

Fresh *Dhanyaka* has *Madhur, Tikta, Kashaya rasa* and *sheet Virya*. It acts as a *Vitunaka* (helps to minimize the agony and pain), *Mutrala*, and *Deepana- Pachana*. Above all drugs are useful in the management of *Mutrashmari*. Results were obtained due to the properties mentioned above.

CONCLUSION

A case study revealed that it is a cost-effective, safe treatment for renal calculi. Both *Nidanparivarjana* and medicines are required for the success of any treatment. No adverse effects were found.

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