PATHYAAHARAS IN MUTRAASHMARI-A CLASSICAL REVIEW

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ABSTRACT

The disease Mutraashmari is a Darunavyadhi as explained by our ancient Acharyas. It is a dreadful disease similar to god of death and is considered as one among Ashtamahagadas which are not easy to treat and not having good prognosis. Also Basti being SadyapranaharaMarmam and one among DasavidhaPranayatana, the disease Mutraashmari is a Krichrasadyavyadhi. Acharya Sushruta has explained management including both Shastrakarma and BheshajaPrayoga like Ghrita, Taila, and Ksharaprayoga etc. for Mutraashmari. In the management of all diseases, Nidanaparivarjana should be the first step to get better results from the treatment and to prevent recurrence. As the recurrence rate of Mutraashmari is high, Pathyaaharavihara have important role in its control. Pathyapathyaa for Ashmari are explained by various Acharyas while explaining its management. Modern science also advises to avoid particular food items that increase the chance of formation of urinary stone according to the content.

Keywords: Mutraashmari, Nidana, Samprapthi, Chikitsa, Pathyahara.

INTRODUCTION

In Ayurvedic classics Mutraashmari is a disease of MutravahaSrotas, having the symptoms like pain in any of the organs of urinary system like Basti, Mehana, Sevani during micturition, obstruction in flow of urine, haematuria and urine resembling Gotemedaka is described, which goes in accordance with the symptoms of Urolithiasis. Its prevalence rate is estimated as greater than 10%. The average life time risk is 5-10%. It is commonly seen between the age of 30 to 60 yrs and the male and female ratio is said to be 1.82:1.1 Changes in dietary practices and global warming may be a key driving force for the incidence and prevalence of Urolithiasis increasing globally. Acharya Susruta describes multifocal treat-
ment modalities including Shastrakarma and BheshajaPrayoga like Ghritta, Taila, and KsharaPrayoga etc for Mutraashmari2. The treatment of urinary calculus in modern science includes conservative treatment like flush therapy, medical expulsive therapy using alpha-antagonists or calcium-channel blockers, Non-surgical management includes ESWL and Dormia basket procedure and operative treatment includes advanced techniques like PCNL, Ureteroscopy, Pyelolithotomy, Nephrolithotomy etc.3,4 The life time recurrence rate after the first urolithiasis episode is 60-80%, even though there is significant geographic and seasonal variations in rates of stone formation.5 So even after the surgical removal, there is a chance of second attack of urinary stone in a man’s life time. In order to prevent the recurrence strict diet control is necessary which is well explained by various Acharyas and also in modern science. Through this study Pathyaaharas mentioned by different Acharyas in contest of Mutraashmar iare explained which helps to reduce the recurrence rate of the disease.

**NIDANA**

Various causative factors that lead to the formation of the Mutraashmari have been discussed in various Ayurvedic texts.

- According to Susruta Samhitha causative factors of Ashmari are
  - Asamshodhanasheela (those who neglect the Shodhana of internal channels)
  - Apathyasevana (those who are engaged in unwholesome dietary habits) 6
- Acharya Charaka substantiates that besides the causative factors for Ashmari, the aetiology mentioned for Mutrakrichra should also be taken into consideration in the case of Ashmari also7. They are as follows.
  - Ativyayama, Tikshnaashadhi, Rookshaahara, Atimadyapana, Ashwadhigama, Anoopamamsasevana, Adhyashana and Ajeernabhojana
- According to Kashyapa Nidana is Bharavahana on Kati and Skandha8
- Harita Samhitha has given some slightly different causes for the formation of Ashmari. According to this text, Ashmari can occur due to Vegavarodha (when intercourse is done along with suppressing the urge of urine), Apathyasevana, and Matruja Or PitrujaDosha (hereditary).9
- The predominant Dosha of Ashmari is Kapha. So here all the diet and daily regimen that increases Kapha can be considered as Nidana for Ashmari formation. As per modern text books also the role of diet in the formation of Urolithiasis is very much explained. Some causative factors are
  - High rich protein diet
  - Deficiency of vitamin A- causes desquamation of epithelium and these cells form a nidus for stone formation
  - Excessive administration of vitamin D- It may lead to calculi formation due to calcification within the kidney substance and the condition is nephrocalcinosis
  - Inadequate water intake - Less water intake leads to urine concentration and urine stone becomes acidic, which is the good media formation of stones
  - Hard water and mineral content of water- Hard water contains calcium sulphate and absence of zinc in water pre-
disposes to calcium crystallization that leads to stone formation

- Food that contains oxalate, calcium, purine etc. lead to stone formation

**SAMPRAPTHI**

According to the *Susruta Samhitha*, in Asamshodana Sheela & Apathyakari persons, the vitiated Doshas mainly Kapha and Mutra combines and enter to Basti to form the Ashmari.\(^{10}\)

- Charaka explains that due to action of RookshaGuna of Vata, Shukra or Pitta or Kapha along with Mutra, dries up in the Basti and lead to Ashmari formation

- He also adds that it is same as bile hardens in the gallbladder of the cow to form the ‘gorochana’\(^{11}\)

- Vagbhata accepts the view of Charaka.\(^{12}\)

**Table 1: SAMPRAPTHI GHATAKA**

<table>
<thead>
<tr>
<th>Dosha</th>
<th>Tridosha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dushya</td>
<td>Mutra</td>
</tr>
<tr>
<td>Agni</td>
<td>Jataragnimandya</td>
</tr>
<tr>
<td>Srotas</td>
<td>MutravahaSrotas</td>
</tr>
<tr>
<td>Dushiprakara</td>
<td>Sanga</td>
</tr>
<tr>
<td>Rogamarga</td>
<td>Madhyama</td>
</tr>
<tr>
<td>Udhabhavasthana</td>
<td>Amashaya and Pakvashaya</td>
</tr>
<tr>
<td>Adhishtana</td>
<td>MutravahaSrotas and Basti</td>
</tr>
<tr>
<td>Sadhyasadhyyata</td>
<td>Krchrasadya, Shasthrasadhyya</td>
</tr>
</tbody>
</table>

**PURVARUPA**

Suggest the probable disease of the future. It is the stage where the disease is reversible with very little residual damage. According to Susrutha Purvarupa of Mutraashmari are BastiPida, Aruchi, Jwara, Mutrak cchra, BastiSirovedana, MushkaVedana, SephaVedana, Avasada, BastaGandhitva, Sandramutra, Avilamutra\(^{13}\)

**RUPA/LAKSHANA**

According to SusruthaSamanyaLakshanas include NabhiVedana, BastiVedana, SevaniVedana, MehanaVedana, Mutradharasanga, SarudhiraMutra, MutraVikirana, Gomeda Prakasham, Atiyavilam, Sasiktam, Dhanvana Plavana Langhana Prsthayana AdhvasgamanaVedana\(^{14}\)

**CHIKITSA**

As per Susruta the recent formed stones (Taruna) can be managed by conservative or palliative method where in the well-developed (Pravrudda) Ashmari, which has already progressed, can be treated by surgical intervention\(^{15}\). So it is necessary to diagnose and treat the disease at the earliest. But after getting relief if indulging in improper Aharavihara again, it will leads to the recurrence of the disease. So one who is prone to disease should follow proper Pathya throughout their life.

**PATHYAAHARA**

Pathyaahara can be explained as the diet that one should follow to prevent the recurrence of the disease. Charaka has used the term ‘Pathya’ as a synonym of chikitsa also. Specific Pathyaaharas for Mutraashmari are explained by Yogaratnakara as Kulatha (horsegram) Mudga (green gram), Jeernashaali (type of rice), Yava (barley), Dhanvamamsa (meat of animals or birds in desert area), Tanduleeya (prickly amaranth), Jeernakushmandaphala (ashgourd), Ardaraka (ginger), Yavashooka (ash of barley)\(^{16}\)

In addition to this Madya (alcohol), Purana Kushmanda leaves (ash gourd leaves), Gokshura (puncture wine), Leaves of Varuna (crataeva), Pashanabheda (begonia), Shiira (viscid pseudoarthria) are also mentioned as pathya in BhaishajyaRatnavali. Over con-
consumption of *guru* (heavy), *vistambi* (constipating) and *rooksha* (dry) *annapanas* should be avoided.

### Table 2: PATHYAAHARA

<table>
<thead>
<tr>
<th>Drug</th>
<th>Rasa</th>
<th>Guna</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kulatha</td>
<td>Kashaya</td>
<td>Laghu, teeksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphavatahara, Asmarighna</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rooksha</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mudga</td>
<td>Madhura</td>
<td>Laghu, ruksha</td>
<td>Sita</td>
<td>Madhura</td>
<td>Tridosahara</td>
</tr>
<tr>
<td>Shaali</td>
<td>Madhura, kashaya</td>
<td>Laghu, snigdha</td>
<td>Sita</td>
<td>Madhura</td>
<td>Tridosaghna, Mutrala</td>
</tr>
<tr>
<td>Yava</td>
<td>Kashaya, Madhura</td>
<td>Snigdha</td>
<td>Sita</td>
<td>Katu</td>
<td>Kaphapittahara Mutrala</td>
</tr>
<tr>
<td>Thandaliya</td>
<td>Madhura, Kashaya</td>
<td>Laghu, sara</td>
<td>Sita</td>
<td>Madhura</td>
<td>Kaphapittahara</td>
</tr>
<tr>
<td>Kushmanda</td>
<td>Madhura</td>
<td>Laghu, Snigdha</td>
<td>Sita</td>
<td>Madhura</td>
<td>Vataipittahara, Asmarighna</td>
</tr>
<tr>
<td>Yavasooka</td>
<td>Katu, Madhura</td>
<td>Laghu, Snigdha, Tikshna</td>
<td>Ushna</td>
<td>Katu</td>
<td>Chedana, Bhedana, Lekhana</td>
</tr>
<tr>
<td>Gokshura</td>
<td>Madhura</td>
<td>Guru, Snigdha</td>
<td>Sita</td>
<td>Madhura</td>
<td>Vataipittahara, Mutrala, Asmarighna</td>
</tr>
<tr>
<td>Pashanabheda</td>
<td>Kashaya, Tikta</td>
<td>Laghu, Snigdha</td>
<td>Sita</td>
<td>Katu</td>
<td>Tridosahara, Muttravirechaniya</td>
</tr>
<tr>
<td>Ardraka</td>
<td>Katu</td>
<td>Guru, Tikshna</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Vatakaphahara Bhedana</td>
</tr>
<tr>
<td>Varuna</td>
<td>Tikta, Kashaya</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphavatahara Asmarighna</td>
</tr>
<tr>
<td>Sthira</td>
<td>Madhura, Tikta</td>
<td>Guru, Snigdha</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Tridosahara</td>
</tr>
</tbody>
</table>

**AS PER MODERN SCIENCE**

Limit consumption of these foods generally to avoid recurrence.

Milks derivatives, meat (fried), milk (not more than 500 ml per day), cottage cheese, eggs radish, legumes, onion, garlic, coffee, cocoa, strong tea brewed, chocolate, fish eggs and canned fish, vanaspati ghee, green vegetables, non-veg having bones, crabs, etc. Do not take more than the recommended dose of vitamins C and D.

**In Calcium stones**

Eat less salt and salty foods, avoid canned or commercially processed food, fast foods, pickles, milk. Milk and dietary proteins cause increased absorption of calcium from the gut.

**In Oxalate stones**

Avoid peanuts, spinach, beets, chocolates, sweet potato, dark green vegetables, beer, coffee, tea, grapes, cabbage, tomato, strawberry, orange juice, soy products.

**Uric acid stone**

Diet rich in purine lead to formation of uric acid. So avoid red meat, shell fish, egg and alcohol.

**Cystine stones**

Restriction of methionine containing foods like peanuts, popcrons, broccoli, mushroom, cauliflower, avocado, potatoes, spinach, green peas, kidney beans and black beans.
CONCLUSION
The altered food habits, busy life schedules and less intake of water or consumption of salty and packed foods are the true reasons for the kidney stones as well as worsening of the disease. In Ayurvedic classics BastiShodhaka (cleanses the bladder) property of warm water is explained and hence it is worth to take luke warm water in case of Urinary calculi. Patients should consume plenty of fluids (2.5-3 liters/day), have a balanced nutrition with vegetable fibres, avoid consuming large amounts of salt, animal albumen and fat and consume a moderate amount of dairy products.
Drink lemonade made from real lemons as citrate in it helps to prevent kidney stones. In the case of obese patients, reduce body weight
Thus, Nidanaparivarjana, Proper hydration and healthy food habits should be adopted to prevent the recurrence of the disease. It is usually said that prevention is better than cure.

REFERENCES
3. Acharya Charaka, CharakasamhithaChiktasasthana, Vaidya Yadavji Trikamji Acharya Published by Chaukamba Krishnadasa academy Varanasi 2006 sloka 26/32 page no 599
4. Acharya Kashyapa, Kashyapasamhitha /VridhaJivaka Tantra commentary by P V Tiwari, Published by Chaukamba Krishnadas Academy Varanasi; 2013 sloka 10/24 page no 205
7. Acharya Charaka, CharakasamhithaChiktasasthana, Vaidya Yadavji Trikamji Acharya Published by Chaukamba Krishnadasa academy Varanasi 2006 sloka 26/32 page no 599
8. Acharya Vagbhata, Astangahridayam Nidanasthanam Bhishagacharya HarishastriParadkar Vaidya published by Chaukamba-


