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# Management strategies of *Mootrashmari* through *Panchakarma*

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## ABSTRACT

*Ashmari* is a word termed for those objects resembling stone. *Acharya Sushruta* described it as one of the *Ashta-Mahagadas*. He also termed it as 'Yama' because it gives intolerable pain. *Charaka* mentioned *Ashmari* as one of *Bastimarmashritha Vyadhi*. In modern science, it is correlated with Urolithiasis. Urolithiasis is the condition where urinary stones are formed or located anywhere in the urinary system. In the modern arena, for *Mootrashmari* (Urolithiasis) surgical procedures are the only treatment of choice which are not conducive enough as they have the disadvantages of high expenditure, side effects and disease recurrence. present era have highly appreciated the importance and therapeutic efficacy of *Panchakarma* and has become the integral part of Ayurvedic treatment. Therefore, the *Panchakarma* modalities are the conservative line of treatments to overcome *Mootrashmari*.

**Key words:** *Ashmari, Mootrashmari, Panchakarma Urolithiasis.*

## INTRODUCTION

Ayurveda is a vast and unique science of its kind, evolved as an answer to the quest for the suffering of the human race. From the study of ancient texts, it is evident that urological problems form an important part of medical science. The disease *Mootrashmari* is explained in all classical literatures and included under *Ashtamahagada*.<sup>[1,2]</sup>

In modern science, it is correlated with Urolithiasis. Renal calculus or lithiasis is one of the most common diseases of urinary tract. It occurs in men than

women, it shows familial predisposition. Urinary calculus is stone like body composed of urinary salts bound together by colloid matrix of organic materials. It consists of a nucleus around which concentric layer of urinary salts are deposited.<sup>[3]</sup> In India, approximately 5-7 million patients suffer from stone disease and at least 1/1000 of Indian population needs hospitalization due to kidney stone disease. Thus, the disease is as widespread as it is old, particularly in countries with dry, hot climate. The incidence of calculi varies as per geographical distribution, sex and age group. The recurrence rate is 50 to 80%. Males are more frequently affected than the female and their ratio is 4:3. The incidence is still higher in the age group between 30-45 years and incidence declines after age of 50.

The word *Panchakarma* is composed of two words, '*Pancha*' and '*Karma*'. *Pancha* means five and *Karma* means 'action'. In this context *Karma* represents therapeutic procedure or treatment given by a physician. Thus, *Panchakarma* means the five kinds of therapeutic procedures or treatments. This includes therapeutic emesis (*Vamana*), therapeutic purgation (*Virechana*), therapeutic enema with decoction

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(*Niruha*), therapeutic enema with unctuous substances (*Anuvasana*) and trans-nasal drug administration (*Nasya*). These procedures are intended to maintain equilibrium in body by expelling the excessively aggravated *Dosha* outside through nearest external route. These are indicated as seasonal regimen for preservation of health and prevention of diseases.

Surgical procedures indicated for *Mootrashmari* is not efficient to control the disease. It shows side effects and recurrence. So, *Panchakarma* and Ayurvedic *Shamana Aushadhis* are conservative line of treatments for *Mootrashmari*. It has fewer side effects. In our classics a lot of references regarding *Mootrashmari Chikitsa* is available. The article focusses on the scope of *Panchakarma* strategies in *Mootrashmari Chikitsa*.

### AIMS AND OBJECTIVES

1. To study general principles of treatment of *Mootrashmari* in *Ayurveda*.
2. To study general principles of treatment of Urolithiasis in modern medicine.

### MATERIALS AND METHODS

For this conceptual study various Ayurveda Samhitas - Charaka Samhita, Susruta Samhita, Astanga Hridaya etc. literature and article have been reviewed.

### REVIEW OF LITERATURE

Samhitas	Prakarana	Chikitsa Tatvas
Charaka	Udavarta Chikitsa <sup>[4]</sup>	Mutrakrichra Chikitsa mainly Kaphaanilahara Chikitsa.
	Navegandharaneyya Adhyaya.	Sweda, Avagaha, Abhyanga, Sarpishca Avapeedaka and Trividha Basti Karma.
Susruta	Udavarta Pratisheda <sup>[5]</sup>	Mutrakrichra, Mutraghatha, Ashmaribheda Vata Chikitsa, Avapeedaka Sneha (Acharya Dallhana), Shukraudavarta Chikitsa.

	Mutrakrichra Pratisheda.	Mutrakrichra, Mutraghata Chikitsitam.
Vagbhata	Roganutpadaniya Adhyaya <sup>[6]</sup> Mutraghata Chikitsa	Mutrarodhaja Vyadhi Chikitsa. Mutrakrichra Chikitsa
Chakradatta	Ashmari Prakarana <sup>[7]</sup>	Ashmarivat Chikitsa

Based on above concepts we can conclude *Panchakarmas* explained in *Mootrashmari* are;

1. *Abhyantara Snehana*
  - a) Shodhanapurva Snehapana
  - b) Shamananga Snehapana as Avapeedaka Snehapana
2. *Swedana - Avagahasweda*
3. *Virechana*
4. *Basti - Anuvasana, Niruha.*
5. *Uttarabasti*

### Indirect reference for Mootrashmari Chikitsa

1. *Chikitsa* explained for *Mootravega Dharaniya Roga Chikitsa, Avapeedaka Snehapana* and *Uttarabasthi*.<sup>[8]</sup>
2. *Mootravrutha Vayu Chikitsa - Mootrala Kashaya Yogas* along with *Uttarabasti*.<sup>[9]</sup>
3. *Vyanavrutha Apana Chikitsa - Snigdha Anulomana*.<sup>[10]</sup>

### Lakshanika Chikitsa

*Vatapradhana Ashmari* with symptoms of *Teevavedana, Vatamootra Purisha Sanga* etc.

- *Abyanga* with *Vatagnataila*
- *Pinda, Seka, or Avagaha.*
- For *Abyanga, Eranda Taila* and for *Seka Dashamooladi* or *Erandamooladi* *Kashaya* can use.

### Pithaja Ashmari

- *Sheethala Aushadha Lepa Prayoga, Kashaya Seka, Avagaha*

- *Virechana* by using juice of *Draksha*, *Vidari* and *Ikshu Rasa*.

#### **Kaphaja Ashmari**

- *Tiktaushadhayukta Taila Abyanga*, and *Sweda*.

#### **Importance of Snehana in Vataja Ashmari**

- According to *Bhaishajya Ratnavali – Vataashmari Poorvaroope Snehanam Prashasyathe... |*
- In context of *Mootra Udavartha Chikitsa*, *Avapeeda Sneha* is indicated.

#### **Avapeedaka Snehapana**

*Avapeedaka Snehapana* is a unique and special method of internal administration of *Snehadravya* (unctuous medicine) mentioned in Ayurvedic texts. The word *Avapeedaka* implies the meaning of either *Peedana* (pushing down) of *Dosha* (bodily humor) or the *Peedana* of *Ahara* (food).<sup>[6]</sup> *Avapeedaka snehapana* is considered as *Pittanilamayagna* (pacifies *Pitta* humor and *Vata* humor).

It has a special affinity toward bladder, thighs, and low back, It is also *Vrishya* (aphrodisiac in action). *Avapeedaka snehapana* is a special pattern of oral administration of *Sneha*. Here *Sneha* is administered in 2 *Kala* (period) at a stretch, that is, *Pragbhakta* (before food) and in *Jeernanthaavastha* (after the digestion of food) in *Hrusvamatra* (minimal).

#### **Indications**

- *Avapeedaka Snehapana* is indicated in specific conditions like *Mutra Vegavarodha Janya Vikara Chikitsa* (management of diseases due to the suppression of micturition reflex) *Mutraudavarta Chikitsa* (management of the obstruction of urine).
- *Adhonabhogata Vata Chikitsa* (neurological conditions below the umbilicus), *Arshachikitsa* (management of hemorrhoids).

In *Mutravega Avarodhajanya Vikara* and *Mutravahasroto- Dushti* (vitiation of channels of urine), we can find the *Apanavayu* (1 among the 5 types of *Vata* humor), *Vaigunya* (abnormality). *Avapeedaka Snehapana* brings *Kledana* (to bring of

lubrication) to the *Mutravaha Srotas* (channels of urine) and *Anulomana* (appropriate direction, generally downwards) of *Apanavata*. In *Adhonabhogata Vata*,<sup>[9]</sup> *Avapeedaka Snehapana* is administered as *Pragbhakta*, that is, the food has to be taken after consuming the *Ghrita*.

In *Arsha Chikitsa*,<sup>[10]</sup> *Avapeedaka Snehapana* is administered as a last resort. In *Raktajaarsha* (bleeding hemorrhoids), when the bleeding does not stop even after conservative management, ghee with *Mamsa Rasa* (meat soup) is advised, which is a type of *Bhrumhana Snehapana* and is a *Santarpana Chikitsa* (nourishing treatment).

#### **Grithas indicated in Mootrashmari**

##### **1. Varunadi Gritha**

Ingredients

*Kwatham* - *Varuna*, *Satavari*, *Chitraka*, *Bilva*, *Karanja*, *Darbha* etc.

*Kalka* - *Varuna*, *Satavari*, *Chitraka*, *Vilva*, *Bruhathi*, *Darbha* etc.

*Sneha* - *Gritham*

##### **2. Vasthamayanthaka Gritham**

Ingredients

*Swarasa* - *Vari*, *Dhatri*, *Bimbi*, *Kushmanda*, *Urvaru*.

*Kwatha* - *Darvi*, *Madhooka*, *Matsyakshi*, *Padma*, *Pashanabheda*, *Bruhathi*, *Padma*, *Sarivadvayam*, *Ikshu*, *Sigru*, *Draksha*, *Badra*, *Yasti* etc.

*Kalka* - *Parushaka*, *Darutripala*, *Sringavera*, *Apamarga*, *Hastipipali*, *Padmakesara*, *Musta*, *Lodra*, *Aswaganda*, *Sringi*.

*Sneha* - *Gritham*.

##### **3. Satavaryadi Gritha**

Ingredients - *Shatavari*, *Kasha*, *Kusha*, *Gokshura*, *Vidari*, *Ikshurasa*, *Amlaki*, *Ksheera*, *Gritha*, *Sitha*.

##### **4. Veeratharadi Gritha**

Ingredients - *Vellantara*, *Katuki*, *Ashmabheda*, *Gokantaka*, *Sahachara*, *Kasha*, *Nala*, *Vrikshadani*, *Partha*, *Gritha*.

*Kshara Kalpanas* mentioned in *Ashmari*

- *Kshara* prepared from *Varunadi Gana Dravyas* is useful in *Ashmari*.
- *Tilakalk, Apamarga, Kadali, Palasha* and *Yavakshar* should be used with *Avimutra*.
- *Patola* and *Karaveera Kshara* is also useful in *Ashmari*.
- *Kadalikandadi Kshara Yoga* in *Vataja Ashmari*.

#### **Virechana in Mootrashmari**

- *Gandarva Hastadi Eranda Taila* can use as *Nitya Virechana* with small dosage with *Ksheera*. Dose fixation after accessing *Kosta* of patient. After *Shodhanartha Snehapana Virechana* with *Tilvala Gritha* is indicated in *Mootrashmari*.
- *Grithas* like *Varunadi, Shatavari, Trikantakadi* etc. indicated in *Mootrashmari* can use for *Shodhanartha Snehapana* purpose. After assessment of *Kosta*, *Virechana* dose should fix.
- *Abhayadi Modaka* is another *Yoga* which is indicated in *Mootrakricha*.

#### **Ingredients of Abhayadi Modaka**

*Abhaya, Mareecha, Shunti, Vidanga, Amlaki, Pippali, Pippli Moola, Tvak, Musta*, each one part, *Danthi* - 2 part, *Trivruth* - 8 part, *Sharkara, Madhu*.

Dosage - *Karshapramana* (12g)

#### **Basthi Prayoga in Mootrashmari**

*Basthi Chikitsa* has important role in *Ashmari*

*Ashmariharayukta Nirooha* or *Snehika Basti* is indicated in this condition.

According to *Astanga Hridaya* for *Uthara Basthi Kevala Sneha* can use.

#### **Uthara Basthi with Varunadi Taila**

There is a reference of *Uttara Basthi* in classics for *Mootrashmari*. In *Astanga Hridaya* there is a direct use of *Varunadya Tailam* in the form of *Anuvasna Basthi* for *Mootrashmari Chikitsa*. So, in clinical practice after *Kosta Shodhana Varunadyam Taila* can be given through *Mootra Marga* as *Uthara Basthi*.

Other *Ashmagna Taila* and *Grithas* also can be used in *Uttarabasthi*.

#### **Ksharabasthi**

In *Chakradutta* we will get the reference of *Ksharabasthi*, the main ingredients used in this *Basti* having *Tikshna, Ushna* and *Lekhana* property will helps to disintegrate the *Ashmari* and it will prevent the reoccurrence.

#### **Ingredients**

*Guda* - 2 *Pala* (96g)

*Saindava Lavana* - 1 *Aksha* (12g)

*Amlika* - 2 *Pala* (96ml)

*Shatapushpa* - 1 *Aksha* (12g)

*Gomutra* - 8 *Pala* - 380ml (Diluted)

#### **Eranda Moola Niroohabasthi**

*Eranda Moola Kashaya Basthi* along with *Anuvasna* with *Varunadi Tailam / Varunadi Gritham / Pashanabhedadi Gritham / Shatavari Gritham* in *Kala Basthi* pattern can given to patient.

#### **Kashaya Yogas for Ashmari**

##### **Vatapradhana Ashmari**

1. *Veerataruvadi Kashayam*
2. *Vellantharadigana Kashayam*
3. *Varunashunyadi Kashayam*
4. *Gokshuraerandadi Kashayam*
5. *Eladi Kashaya*
6. *Svadamstrsdi Kashaya*

##### **Kapha Pradhana Ashmari**

1. *Varunadi Kashayam*
2. *Saptasaram Kashayam*
3. *Sukumaram Kashayam*
4. *Pashanabhedadi Kashayam*
5. *Shigruvadi Kashayam*

##### **Pitta Pradhana Ashmari**

1. *Brihatyadi Kashayam*
2. *Trunapanchamoola Kashayam*

**Kashaya Yogas for hematuria condition**

1. *Vasa Guduchyadi Kashayam*
2. *Chandana Ushiradi Kashayam*
3. *Guduchyadi Kashayam*
4. *Mahatiktaka Kashayam*
5. *Satavari Kashayam*
6. *Drakshadi Kashayam*

Patients with hematuria - *Adhogatha Raktapitha Chikitsa* should be adopted. *Pithashamana, Raktaprasadana, and Tikta Kashaya, Madhura Rasa Sheeta Veerya* drugs should adopt.

**Pathya and Apathya**

Patient should drink at least 2-3 liters of water every day.

- Consuming *Kullatha*, green gram, old rice and wheat, *Yavakshara*, juice of *Kushmanda*.
- Vegetables prepared from the leaves of *Varuna, Pashanabheda, Sahijana, Gokshura, Shalparni* etc.
- Avoid *Amla, Vistambhi, Guru, Ruksha* in excess and also avoid *Viruddhaahara* and *Vidahi Annapana Sevana*.

**CONCLUSION**

*Ashmari* is a *Kapha Pradhana Tridoshaja Vyadhi* and a *Basti Marmasritha Vyadhi*. *Ashmari* in *Tharunaavastha* can treated by *Snehadikrama* along with *Shamanoushdhis*. *Avapeedaka Snehapana* has major importance in *Ashmari Chikitsa*. *Avapeedaka Snehapana*, a popular therapy practically adopted in *Mutra Vegavarodhajanya Vikara*, is also indicated in *Arsha, Adhonabhogata Vatavikara, and Mutra Udavarta Chikitsa*. Most of the individuals around us have one or other issue related to *Apanavayu* due to the suppression of natural urges as a part of their unhealthy life styles. *Avapeedaka Snehapana* can be practiced in conditions where *Apanavayu Vigunatha* is seen considering the *Agnibala* of the patient. Till date, there are no studies conducted on the dose fixation of *Avapeedaka Snehapana*; hence it is a big challenge to determine an optimum dosage. *Avapeedaka*

*Snehapana* is relatively untouched and requires further clinical trials and discussions to understand its wide range of utility.

*Ashmari Roga* is considered as one of the *Ashta Maha Gada* - considered difficult to cure because of its *Marma Ashrayatwa*, due to the involvement of *Bahu Dosha* and *Basti*, which is one of the *Tri Marma*, *Acharyas* has specifically mentioned many treatment modalities for reducing the symptoms as well as eliminating the *Ashmari* from its root, in which *Basti* and *Virechana* is having prime importance. There is a reference of giving *Nitya Virechana* by using *Gandarvahastadi Eranda Taila* along with *Ksheera* for *Mutrashmari*, and *Abhayadi Modaka* also indicated in *Mootrashmari*. *Uttarabasti* with *Sneha Dravyas* processed with *Ashmagnahara* drugs can also use in *Ashmari Chikitsa*. There is a direct reference of *Varunadya Taila* for *Anuvasana Basti* in case of *Mootrashmari*. the *Asmagnahara Sneha Yogas* like *Vastamayantaka Gritha, Veeratharuvadi Gritha, Shatavaryadi Gritha* etc. also can use in the form of *Anuvasana Basti*. *Niruhabasthi* like *Ksharabasti* and *Eranda Moola Niroohabasti* also have important role in *Ashmari Chikitsa*. These treatments help in the *Sapmraprathi Vighatana* of the disease and it will prevent reoccurrence. There are a lot of *Panchakarma* modalities and *Shamana Aushadhi Prayogas* in Ayurveda for the management of *Ashmari*. It requires further clinical trials and researches and discussions to understand its wide range of utility and benefits.

**REFERENCES**

1. Priyavrat Sharma, trans, ed. *Chikitsa Sthana*. In: Sushruta, ed. *Sushruta Samhita*. Varanasi, India: Chaukhamba Visvabharati; 2013:552-683.
2. Vagbhata. *Ashtanga Hridayam*, with commentaries sarvangasundara of Arunadatta and Ayurveda rasayana of Hemadri. Murthy KRS, trans. Varanasi, India: Chowkhamba Krishnadas Academy; 2001:243.
3. Vagbhata. *Ashtanga Hridayam*, sutrasthana with commentaries sarvanga sundara of Arunadatta and Ayurveda rasayana of Hemadri. Murthy KRS, trans.

- Varanasi, India: Chowkhamba Krishnadas Academy; 2001:248.
4. Agnivesa, Caraka, Drdhabala, Kasinatha Sastri, Pandeya G. Caraka Samhita Revised by Caraka and Drdhabala. with commentary Ayurveda dipika by cakrapanidatta, Varanasi, India: Chaukhambha Krishnadas Academy; 1969:621.
  5. Kaviraj Ambikadutt Shastri (2001) Sushrut Samhita with Ayurvedatva Sandipika Hindi commentary, Nidaanstan 3/7. (12<sup>th</sup> edn), Choukhambha Sanskrit Sansthan, Varanasi.
  6. Chakrapanidutta, ChakraDutta (2010) Reprint edition, Choukhambha Sanskrit Bhavan; Varanasi.
  7. Vagbhata. Ashtanga Hridayam, with commentaries sarvangasundara of Arunadatta and Ayurveda rasayana of Hemadri. Murthy KRS, trans. Varanasi, India: Chowkhamba Krishnadas Academy; 2001:243
  8. Agnivesa Caraka, Drdhabala Kasinatha Sastri, Pandeya G. Caraka Samhita Revised by Caraka and Drdhabala. With commentary Ayurveda dipika by cakrapanidatta, Varanasi, India: Chaukhambha Krishnadas Academy.; 1969:621
  9. Vagbhata. Ashtanga Hridayam, sutrasthana with commentaries sarvanga sundara of Arunadatta and Ayurveda rasayana of Hemadri. Murthy KRS, trans. Varanasi, India: Chowkhamba Krishnadas Academy; 2001:248.
  10. Kaviraj Ambikadutt Shastri (2001) Sushrut Samhita with Ayurvedatva Sandipika Hindi commentary, Nidaanstan, (Reprint edition), Choukhambha Sanskrit Sansthan, Varanasi.

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