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Ayurvedic management of Urolithiasis (*Mutrashmari*) by *Kulatha Kwatha* - A Case Study

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ABSTRACT

Background: Urolithiasis is a most common clinical condition observed in clinical practice, affecting more than 10% of population in industrialized countries. Renal calculi cause symptoms severe pain in the renal angle, pain that radiates to lower abdomen, pain on urination, cloudy or foul-smelling urine, nausea etc. Many treatment modalities have been introduced in medical sciences, but it is very costly and even the recurrence of production of stone cannot be prevented. **Aim:** To evaluate the effect of *Kulatha Kwatha* in the management of Urolithiasis (*Mutrashmari*). **Objectives:** To find out cheap, easily available and cost effective *Ahariya Dravya* to treat *Mutrashmari*. **Result & Discussion:** *Kulatha* has property of *Dipana, Mutrala, Bhedan, Lekhan, Shothahar*. Renal calculi possess *Tridoshaja* mainly *Kaphavataj Samprapti* and the *Kulatha* has the property of *Vatakaphahara*, which breaks down the *Samprapti* of *Mutrashmari*. **Conclusion:** Our present findings suggest that *Kulatha Kwatha* markedly reduces pain, dysuria, and increased frequency of micturition, reduction of size and expulsion of calculus.

Key words: Urolithiasis, *Mutrashmari*, *Kulatha Kwatha*, Case Study

INTRODUCTION

Renal calculi are the most common oldest known and widespread disease in urinary tract system. It is recurrent in nature and 3rd most common disorder among urinary disease.^[1] It has been reported that more than 10% of population in industrialized parts of

the world is affected by urinary stone tract disease.^[2,3] About 12% of the population of India is reported to have urinary stones.^[4]

Epidemiological studies revealed that, it is more common in men (12%) than in women (6%) and the peak incidence is around 20-40 years of ages in both sexes & incidence diminishes after age of 50 years. It is caused due to various factors such as hot climate, diet, metabolic disorders, increased urinary citrate, immobilization, inadequate urinary drainage etc.^[5] Calcium containing stones are the most common kidney stones (75-90%) followed by magnesium ammonium phosphate (struvite) (10-15%), uric acid (3-10%) and cystine (0.5-1%).^[6]

Mutrashmri^[7] is a most painful and common disease of urinary system. Renal stone is resembled with *Ashmari*. In Ayurveda, *Ashmari* is one among the disease come under *Astamahagada*^[8,9] i.e., difficult to cure. The renal calculi may cause various symptoms including pain,

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obstruction, infection and hemorrhage through the passage of stones in urinary tract system.^[10] Treatment and management of renal stones relies on surgical techniques such as extracorporeal shock wave lithotripsy, percutaneous lithotripsy & transurethral lithotripsy.^[11] These surgeries are complex and expensive and do not affect the recurrence of stones.^[12] Various medicines including thiazide as diuretic and alkali-citrate are applied to prevent the frequency of hypercalciuria and hyperoxaluria which cause calculi formation but they are not promising enough due to their limited effectiveness & low tolerability.^[11]

Because of disadvantages of surgical techniques & limited choice in pharmacotherapy, exploring new pharmacological therapies for the management of kidney stone is worthwhile. It is necessary to find out an economical, effective and acceptable medicine to treat renal calculi. In Ayurveda, there are several *Ghrita*, *Kashaya*, *Ksheera* has been described by Acharyas, and among that *Kulatha Kwatha* is cheap, easily available and cost-effective remedy. Acharya Sushruta highlights its anti-lithiatic activity. (Su su 46/37)

Hence, this present study is done for management of *Mutrashmari* & to prevent its recurrence.

CASE STUDY

A 46years old male patient was suffering from *Mutrashmari* (renal calculi) with symptoms of pain in flank associated with difficulty in urination and increased frequency of urination since last 5 days (Patient was suffering from mild pain in flank region since last one month). One day suddenly he noticed severe pain in the abdomen associated with nausea. He consulted to a physician and got temporary symptomatic relief but within few days he noticed severe pain along with nausea.

As per patient, the pain was severe, intermittent in nature, radiating upto the thigh & was appreciated in both sides gradually. We advised him USG of abdomen and pelvis. USG report showed 2 calculi of size 3mm & 3.6mm in diameter in left renal calculus. According to

Ayurveda the condition was diagnosed as *Mutrashmari*.

Past History

There was no history of DM, HTN, thyroid or any other systemic ailment, but due to stressful schedules, there was qualitative and quantitative irregularity in water intake. He used to occasionally consume alcohol for the past 5years. His diet was mixed type. He did not have any family history of major illness.

Personal History

Marital status - Married

Smoker - NAD

Tobacco - No History

Alcohol - Occasionally

Family History

Father - HTN

Mother - NAD

On Examination

GC - Fair

Pulse - 78/min

BP - 130/90mmHg

SPO₂ - 96%

R.R - 20/min

Pallor - Absent

Icterus - Absent

Asthavidh Pariksha

Nadi - Vata-pitta

Mala - Samyak

Mutra - Daha

Jivha - Alpasama

Shabda - Prakrut

Sparsha - Ushna

Druka - Prakrut

Akruti - Madhyam

Treatment given

Formulation used for the study - *Kulatha Kwatha*

Kulatha Kwatha 15ml twice a day was administered with a period of 2 month. Patient was also advised to follow strict *Pathya Ahara Vihara* during the treatment.

RESULT

During his follow-up after 3 weeks, his complaints of intermittent pain and burning micturition were gradually reducing & patient was improving symptomatically. He was advised to repeat the USG after 2 months. USG report showed no evidence of renal calculi. There were no clinical symptoms also.

SN	Symptoms Before Treatment	Before Treatment	After 3 Weeks	After 2 Months
1.	Pain in Flank	++	+	-
2.	Burning Micturition	++	-	-
3.	Nausea	+	-	-
4.	Increased frequency of micturition	+	-	-

DISCUSSION

Renal calculi are assumed in this study to be *Mutrashmari*. It is caused due to vitiation of specifically of *Vata* and *Kapha Doshas*. *Kulatha* having actions like *Mutrajanan*, *Bhedan*, *Lekhan*, *Shothahar*. Mainly *Kapha dosha* of *Ashmari* is pacify by the *Katu Rasa*, *Ruksha* & *Tiksha Guna* of drug. *Katu Rasa* & *Tiksha Guna* of *Kulatha* increases *Agni* which leads to *Amapachana*. *Ruksha Guna*, *Ushna Virya* of *Kulatha* possess *Lekhana* property and *Tiksha Guna*, *Katu Rasa* helps in *Srotoshodhana*. *Vatanuloman* property helps in reducing the pain.

By consuming horse gram, the kidney stones dilute in urine and come out through urination. *Mutrala* property of *Kulatha* helps to reduce increase frequency of micturition by frequent flow of urine, that's why it creates pressure on the deposited stone. Due to this

pressure the stones come downside and come through urination.

The *Kulatha Daal* is also enriched with carbohydrate and protein so it's also complete food ingredient which provides the sufficient energy to the body.

CONCLUSION

After observation of all data, it is clear that *Kulatha Kwatha* gives better relief to the patient of *Mutrashmari* in this case study. *Mutrashmari* cases can be managed with *Ayurvedic Ahariya Dravya*, if size is small. It can be concluded that *Kulatha* markedly reducing pain, dysuria, increased frequency of micturition, reduction of size and expulsion of calculus. The *Kulatha* is being *Ahariya Dravya* so, it does not have any systemic toxicity. This is single case study, large scale case study needed with this Ayurveda treatment.

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