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Ayurvedic treatment in *Ashmari Janya Mutrakruccha* - A Single Case Study

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ABSTRACT

Ayurveda gives guidelines to treat this confidently and increase quality of life of an individual. There are different modalities for management of *Mootrakruccha*. Nephrolithiasis or kidney disease is a global disease. It is a common painful and costly condition. A stone may form due to crystallization of lithogenic factors in the upper urinary tract, it can subsequently move into the ureter and cause renal colic. In ancient text of Ayurveda, Renal Calculi, Ureteric calculi, Vesical calculi have been mentioned categorically as under the topic *Mutrakruccha*, which has been classified 8 types according to their cause and symptoms and for each type separate ayurvedic drugs has been mentioned. In this case of *Ashmari Janya Mutrakruccha*, *Haritakyadi Kwath* was used for 15 days and the results were very satisfying and encouraging.

Key words: *Mootrakruccha*, *Nephrolithiasis*, *Renal Calculi*, *Ureteric calculi*, *Vesical calculi*, *Haritakyadi Kwath*, *Ashmari Janya Mutrakruccha*

INTRODUCTION

In *Siddhithana Charaka* has discussed 13 types of *Mootravaha Srotogata Roga* mainly affecting *Basti marma*,^[1] which are similar to *Mootrakruccha*. Middle Eastern literature and Egyptian literature has got extensive description of urogenital affliction. Anatomic interest in lower Urinary Tract and male genital system grew rapidly in the early Greece.

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Diagnostic evaluation of the lower Genito Urinary Tract involved with the endoscopic techniques and other imaging technologies.^[2]

Daha (Burning micturation): It is main symptom of *Pittraj Mootrakruccha* and *Ashamrijanya Mutrakruccha*.

It is purely *Paittika Lakshana*. Due to increase in the *Ushna*, *Tikshna*, *Ruksha*, *Guna* of *Pitta* patient feels burning sensation on urination *Sushruta* has used the term '*Agninadahyamanabhi*' which means *Atyanta Dahapravritti*.^[3]

Ruja (pain on urination): *Ruja* means pain during micturition is obviously produced by *Vata Vatadrute Nasti Ruja*. According to *Charaka* and *Sushruta*, patient feels pain at various sites while passing urine.^[4]

Epidemiology^[5]

Most patients tend to present between 30-60 years of age. The lifetime incidence of renal stones is high, seen in as many as 5% of women and 12% of males. By far

the most common stone is calcium oxalate, however, the exact distribution of stones depends on the population and associated metabolic abnormalities (e.g., struvite stones are more frequently encountered in women, like urinary tract infection as are common. The *Nidana Panchaka* is nothing but a full horoscope of disease, right from the indulgence in the causative factor up to the complete manifestation of the disease, including prognosis of disease. The perfect knowledge of disease which is very much essential for a proper diagnosis and line of treatment.

Sarakta Mootra Pravrutti (urine with blood)

Vruddhi in *Vidagdha Guna* of *Pitta* may vitiate the *Rakta* also and leads to *Sarakta Mootra Pravrutti*. Also, any injury to *Mootravaha Srotas*

CASE REPORT

A 30 yrs old female came with complaints of colicky pain which radiates from loin to groin to the tips of the genitalia. Hematuria on & off. While micturition dysuria frequency strangury. Tenderness in iliac fossa and renal angle,

History of Past Illness: No

Personal History

- Bowel - regular, sometimes constipated.
- Appetite - Good.
- Micturition -
 - Diurnal : 2-3times per day
 - Nocturnal: 1-2 times per night.
 - Hematuria -on and off
- Sleep - good
- Diet - mixed diet
- Addictions - No

General Examination

- Pulse - 74 /Mins
- Temperature - 98.6°F
- BP - 130/90 mmhg
- RR - 18/ Mins
- Height - 162 Cm

- Weight - 63 Kg
- Tenderness - Suprapubic tenderness is present.

Urine Examination

The urine may have an unpleasant odour and appears cloudy.

Atibaddham: Dribbling micturition / drop by drop or complete suppression of Urine.

Kupeetam: *Viguna Mootra*

Alpalpa: Less in quantity

Abhikshna: Painful maturation

Bahalam: Concentrated urine

Results of Pathological tests and other investigation

USG (17TH May 2021)

Left kidney shows mild hydronephrosis with hydroureter due to 4mm calculus in lower ureter, about 1.6 cm above the UV junction. There are calyceal calculi measuring 5mm, 3mm, 3mm, 3mm each.

Right Kidney shows moderate hydronephrosis with hydroureter due to a 1.9 x 0.7 cm calculus in upper ureter about 1.3 cms below the PU junction. There are calyceal calculi measuring 3mm 3mm each.

Treatment Plan

Haritakyadi Kwath^[7]

हरीतकीगोक्षुरराजवृक्ष पाषाणमिद्धन्वयवासकानाम् ।
क्वाथं पिबेन्माक्षिकसम्प्रयुक्तकृच्छ्रे सदाहे सरुजे विबन्धे
|| Bhaishajya Ratnavali 34/27

Ingredients: *Haritaki, Gokshura, Raja Vriksha, Pasanabheda, Yavasa, Water and Honey.*



Haritaki



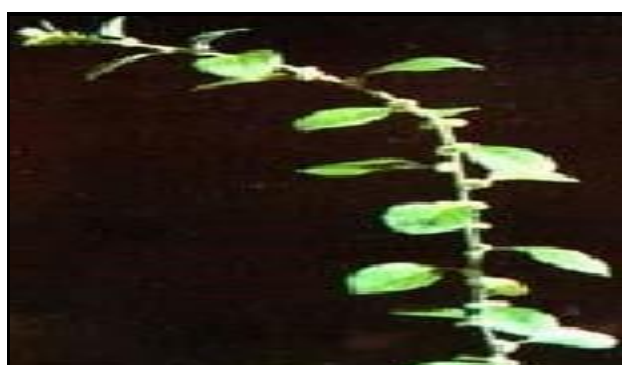
Gokshura



Araghwadha



Dhanwayas



Pashanabheda

Procedure

Dry drug has been taken; it was sent for authentication to laboratory and then final drug preparation has been done in our college pharmacy. *Haritakyadi Kwath* was prepared as mentioned method according to *Baishajya Ratnavali*. 25 gm [1 Part] of Dry coarse powder (5gm each of *Haritaki*, *Gokshura*, *Raja Vriksha*, *Pasanabheda*, *Yavasa*) and added 400 ml [16 Part] of water. Decoct the preparation till the original content is reduced to 1/8th part (50 ml). After cooling the decoction, add 20 gm of Honey. 50 ml of *Haritakyadi Kwath* with *Anupan Madhu* is given to patient before food twice a day for 15 days

a)	Route of administration	Oral
b)	Dose	50 ml
c)	<i>Anupan</i>	Honey
d)	Time of Administration	Twice daily, Before Food
e)	Duration	15 days

RESULT

The result was a bit surprising for us because on the 10th day of the treatment she had severe pain as her largest stone came out along with her urine which was the exact size mentioned her in USG she completed the course and on few follow-up she had no previous pain as she was completely relieved from her ailments. A repeat USG was done and the report says

USG REPORT (28/12/2021) B/L Renal Non obstructive Concentration / tiny calculi

Mild Hydronephrosis on right - likely residual after recent passage of Ureteric calculus.

Pathyapathya^[9]

Pathya is the food and regimen which maintains the health and at the same time help in the regression of the disease. On the contrary *Apathya* is that food and regimen which aggravates the diseased condition and diminishes the *Vyadhikshamatwa*. *Pathya* plays an important role in prevention and recurrence of the disease as well as in treatment.

Pathya**Ahara**

- Shooka Dhanya Varga: Purana Rakthashalee, Purana Yava
- Shami Dhanya Varga : Mudhga
- Mamsa Varga: Jangala Pashupakshi Mamsa
- Shaka Varga: Patola, Tanduleya, Trapusha
- Phala Varga: Narekela Phala, Kushmanda, Karjura, Ela, Amalaki, Haritaki
- Ikshu Varga: Madura Ikshu, Sita
- Gorasa Varga: Godughda, Dadhi, Takra, Gritha
- Anya Dravyas: Mahardraka, Gokshura, Kumari, Guvaka, Talastimajja, Sheetala Annapana, Nadijala, Karpura, Kshara

Vihara

Sheeta Vayu Sevena, Sheeta Graham

Apathya**Ahara**

- Rasa: Kashya, Lavana, Amla.
- Anna: Shushka, Rooksha, Pistanna, Viruddashana, Vishamashana, Grahahara, Vidahi.
- Shooka Dhanya: Tila, Sarshapa.
- Shami Dhanya: Masha.
- Kritanna Varga: Tilabrasta Peenyaka.
- Mamsa Varga: Mastya
- Madya Varga: Madya.
- Anya Dravyas: Hingu, Tambula, Atiteekshna Ahara, Shaluka, Kapitta, Jambu, Kamalamoola.

Vihara

- Vyayama
- Vegadharana
- Vyavaya
- Adika Shrama

- Gaja-Ashwayana

DISCUSSION

Daha: Is main symptom of Ashmarijanya Mootrakruccha. It is purely Paitika Lakshana. Due to increase in Ushna, Tikshna, Ruksha Guna of Pitta patients feels burning sensation at the time of urination.

Ruja: Pain at time of urination is by Vata. In present study patients giving history feeling pain at genital region, lower abdomen, sand pelvic region and sometimes due to infections pain can spreads up to kidneys and both lumbar regions is observed.

Peeta Mootrata: It is due to the vitiated Pitta which causes Vivarnata of Peeta.

Muhur Muhur Mootra Pravrutti: due to Ashmarijanya Mutrakrucchra Is due to vitiation of Apan Vayu, which becomes Pratiloma in Mootrakruccha and causes on and off micturition.

Sarakta Mootrata: Is due to vitiation of Rakta by Vidagdha Pitta and Ashmarijanya Mutrakruccha.

Mode of action of Kwatha

Kwatha is prepared by using the coarse powder form of a drug with water by using the theory of decoction. In this water soluble and thermostatic active principles of the drugs are extracted out. Hence water is used as the base for the formulation. Water is absorbed in the body faster than any other solvent. As the therapeutics active principles of the drugs are absorbs in the water in Kwatha form and hence when it is administered to the patient it acts very fast. Faster is the absorption of the drugs faster being the drug action. Radial absorption of the Kwatha in GIT facilitates the drug to reach its site of action. The drug theory suggests that every drug has the affinity towards their host organ to exhibit its action. The both Kwatha taken for clinical study are mainly formulated for Mootravaha Srotas and aimed for Mootravirechana and Ashmarinashak, the base used as water increases the urine output and cleans up the channels. Thus the mode of action of Kwatha makes easier for the therapeutic management

of the undertaken clinical trial on the *Ashmarijanya Mootrakruccha*.

Mode of action of *Haritakyadi Kwath*

- It contains the drugs *Haritaki*, *Gokshura*, *Pashanbheda*, *Aragvada* and *Dhanwya*s. Although drugs in *Haritakyadi Kwatha* are of different properties i.e., *Rasa*, *Veerya*, *Vipakaa* and *Gunas*, we found the common qualities - as the four *Dravyas* of them except *Haritaki* having *Sheeta Veerya* and except *Pashanbheda* all having *Madhura Vipakaa* and *Madhura Rasa* as a *Pradhan Rasa* or *Anurasa*.
- **Madhura Rasa:** It is of *Seeta*, *Snigdha*, *Guru Guna*, *Prithvi* and *Jala Mahabhoota Pradhan*. These *Mahabhootas* has *Guru Guna* which are responsible for natural downward movement. *Jala Mahabhoota* is of *Snigdha Guna* combined effects of this are *Vatanuloman* i.e., relieves *Vata*, facilitates excretion of urine and stool. Also gives strength to all *Dhatu*s and brings softness of *Srotasa*. *Seeta Guna* alleviates burning sensation reduce the symptoms produced by *Pitta*.
- **Madhura Vipaka:** It is *Vata Pitta Hara* and *Kapha Vardhak*. It gives strength to *Dhatu*s. It is *Sukral*. It increases quantity of stool and urine.
- **Seeta Veera:** It is *Pitta Hara*, *Vata Kapha Vardhak*. *Jivaniya Balya*, *Rakta Prasadana*.
- **Snigdha Guna:** It acts as *Vatashamak Pittashamak* and *Ashmarinashak*.
- *Haritaki* due to its *Madhura* and *Tikta Rasa* acts as *Pittaghna* and due to *Madhura Rasa* and *Ushna Veerya* it does *Vata Shamana* and *Prabhava* is *Tridosahara*, *Vedanasthapaka*, *Shothahara* etc. it is having *Anuloma* property. By these properties vitiated *Dosha* and *Malas* are excreted out of body. *Aragwadha* due to its *Madhura Rasa* and *Seeta Veerya* increase urine output acts *Mootral* and *Pittashamak*. *Dhanwayas* with *Snigdha* and *Laghu Guna* acts *Mootral* and *Pittashamak*. *Gokshur* with *Madhura Rasa* and *Snigdha Guna* increases *Kapha* and *Ultimately Kleda* increases "*Mootrasya*

- *Kledavahanama*" therefore due to increased *Kleda* the *Mootra* is increased. *Pashanbheda* due to its *Laghu* and *Teekshna Guna* helpful for action of *Ashmaribhedan* and *Kapha Pittashaman*. Thus *Haritkyadi Kwath* works in *Ashmarijanya Mutkruccha*.

CONCLUSION

From treatment aspect modern antibiotic acts on property of bacteriostatic, but may produce same effect on the tissue of body, as they kill invading bacteria, they may simultaneously kill friendly organism and may impair the normal function of renal tissue. So, they may again cause for recurrence of disease. On the Ayurvedic side *Prakruti Vighata* i.e., Ayurvedic medicine boost immunity against organism. Also nourishes and rejuvenate body tissue. The drug *Haritakyadi Kwath Dravyas* are *Mootravirechaniya* and *Pittavatashamak* and *Basti Shodaka*, and acts as *Ashmarinashak*. So, the drug does both *Karma* i.e., *Shodhana* and *Shaman* by their properties. *Shodhan* followed by *Shaman* is best line of treatment according to Ayurveda. The drugs of *Haritakyadi Kwatha* are *Seeta Veeryatmaka*, *Madhua Vipakaia*, they are *Tridosha Shamaka* and *Vatanulomaka*. The *Haritaki* is *Ushna Veeryatmaka* does the *Vata Shamana* and *Vatanulomana*. All together they play important role in *Samprapti Vighatana* of *Pittaja Mootrakruccha*. So, they contribute for pacification of *Doshas* which are vitiated in *Ashmarijanya Mootrakruccha*. *Ativyayam*, *Teekshna Aushadha*, *Atimadhayapana*, *Adhyashana* and *Ajirna* are main striking causes of *Ashmarijanya Mootrakruccha*. For *Ashmarijanya Mootrakruccha Vishesh* *Nidana* are elicited from *Mootrakruccha Vyadhi Nidana*, and on basis of *Kriyakala Vishesh* *Samprapti* can be drawn.

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