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Clinical success story of *Paneeya Kshara* in the management of Renal Calculi - A Case Report

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ABSTRACT

Kidney stones the urological disorder, with higher incidence attributed to modern lifestyle. The sharp excruciating pain, burning micturition, hematuria are the symptoms that disturbs the normal routine of the individual. Radiological investigations such as USG, KUB findings are necessary for diagnosis and to decide the therapeutic intervention. Challenges encountered in management are multifactorial etiology, the agonizing symptoms, lack of satisfactory curative measures and recurrence. Many individuals reluctant to undergo surgery or other invasive techniques and they approach Ayurveda for the better results. In Ayurveda, renal stones are diagnosed as *Mutra Ashmari* and a wide range of medicine and detailed treatment principles are advocated. Usage of *Kshara* is widely recommended by many scholars and treatise. Here a young man having symptomatic pelvi-ureteric junction stone, was treated using these principles and appreciated reduction in stone size radiologically and become clinically asymptomatic.

Key words: *Ashmari, Mahagada, Yava Kshara, Urolithiasis, Hydronephrosis*

INTRODUCTION

Renal calculi, known for its agonizing pain and obstructive pathology. The symptoms such as pain, strangury, burning micturition, hematuria and fever experienced by the patient are not only affect his quality of life but also burden financially in terms of radiological investigations and expensive therapeutic interventions. Often the associated symptoms such as anorexia, nausea, vomiting, tachycardia may mask the diagnosis. In spite of accurate treatment, the stones

may recur and challenge the physician. Further, the complications associated with calculi such as infection, hydronephrosis carry their own risk factors and even may end up in nephrectomy.^[1] Thus many patients are looking for alternative approach as the remedial measure for renal stones.

Ayurveda, since many centuries is trying to address the sorrows of the human being in both preventive and curative way. Its principles of treatment are intended to remove the pathology along with its root cause. The renal calculi symptoms can be correlated to *Mutrashmari* in *Ayurvedic* parlance. Irregular diet habits, consumptions of food which is *Sheeta, Snigdha, Guru* and *Madhura Rasa* are the common etiology of *Ashmari*. They vitiate the *Kapha* and other *Doshas* and reach *Basti Desha* to produce *Ashmari*. There is striking similarities noticed in terms of symptoms such as *Nabhi Basti Vedana, Mutradhara Sanga, Sarudhiramutrata, Aavila Mutrata* and *Arochaka*.^[2] In treatment perspective, in-order to highlight the severity, *Acharya Sushruta* called it as '*Antaka Pratima*' i.e., the God of death. He cautioned about eradicating the disease in early stage, or else end up in high risky surgical

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procedures.^[3] He advised extensive use of *Kshara* as internal medication. There is a list of medicinal preparations which are meant to reduce the *Dosha* vitiation and repair the damages to kidney caused by stones.

Considering these guidelines, a case of renal calculi was treated using *Yava Paneeya Kshara* along with other medicines. The patient got improvement clinically, and follow up radiological showed significant reduction in the size of the kidney stones which is promising.

Clinical presentations

A 29-year-old unmarried male subject, visited OPD on 31st October complained of pain in right flank region for 3 days, associated with burning micturition and vomiting. The pain was excruciating and disturbing his daily routine. Burning micturition was gradual in onset and had 6-8 times frequency per day. Vomiting was only once. There was no fever or hematuria noticed. He had similar history 1 year back and was then diagnosed with renal stones and took symptomatic treatment, details of which were not known to subject. His familial and psychosocial history were non-significant. Physical examinations were within normal limits except mild tenderness over right flank.

Investigations

USG abdomen and pelvis dated 28/10/22 showed a calculus of 8.7mm, in right proximal ureter, about 4 cm from the pelvi-ureteric junction causing back pressure changes in right kidney. The liver had incidental Grade 1 fatty changes. The renal function study was normal. Microscopically urine had Ph :6.5, Specific gravity: 1.025, RBC: Numerous, Pus cells:8-10 cells/HPF, Epithelial cells: 2-4 cells/HPF.

Therapeutic Intervention

Considering the symptoms and radiological findings, following treatment plan was adopted for initial 1 week.

Table 1: Showing initial prescription

SN	Medicine	Form	Dose	Route of administration
1.	<i>Chandraprabha Vati</i>	Tablet	1-1-1/After food	Orally with water

2.	<i>Chandanasava + Usheerasava</i>	Liquid	15ml-0-15ml/After food	Orally with equal water
3.	<i>Renali</i>	Capsule	1-0-1/After food	Orally with water
4.	<i>Yava Kshara</i>	Powder	1/4 tsp-0-1/4tsp/before food	Orally with honey
5.	<i>Vrikka Sanjeevini Vati</i>	Tablet	1-0-1/After food	Orally with water

Diet

1. Increase fluid intake including tender coconut water, sugar cane juice.
2. Include horse gram, Barley and banana stem in diet
3. Avoid spicy, oily and Maida products
4. To have meals on digestion of previous food

In first follow up after a week, patient was asymptomatic except slight discomfort at right flanks. Hence, same treatment was continued with repeat urine micro test on 16/11 which had following changes:

- a) Pus cells : 2-4cells/HPF
- b) Epithelial cells : 2-3 cell/HPF.

Hence *T. Chandraprabha Vati* was stopped. He was advised to continue rest of the oral medicines for 1 month along with diet as advised.

Table 2: Showing modified prescription

SN	Medicine	Form	Dose	Route of administration
1.	<i>Chandanasava + Usheerasava</i>	Liquid	15ml-0-15ml / After food	Orally with equal water
2.	<i>Renali</i>	Capsule	1-0-1 /After food	Orally with water
3.	<i>Yava Kshara</i>	Powder	1/4tsp-0-1/4tsp before food	Orally with honey
4.	<i>Vrikka Sanjeevini Vati</i>	Tablet	After food	Orally with water

The Intervention adherence and tolerability was ensured by supervising the prescription, personal narration of dose and mode of administration of each medicine and regular calls to the subject. No Adverse and unanticipated events reported by the patient during this period.

Follow-up & outcome

Throughout 1 month patient was clinically asymptomatic. The check CT- KUB taken after a month revealed absence of the stone at right proximal ureter causing back pressure changes. Bilateral kidneys were normal size and cortical outline with no evidence of hydronephrosis. There were few 1-2 mm calculi seen in left kidney and right middle ureter. Patient was allowed to continue only *Vrikka Sanjeevini Vati* for a month along with diet to prevent the recurrence of calculi.

DISCUSSION

Renal calculi with its agonizing symptoms, expensive investigations, and complications not only disturbs the quality of life of the patient but also bring potential financial burden. For a consultant, high recurrence rate and rendering long term relief are the challenges. Though there are advanced modalities such as ESWL and PCNL, many time patients reach out *Ayurvedic Vaidya* just to avoid these procedures. It is the skill of the *Vaidya* to provide simple yet effective therapy with the back ground of *ayurvedic* principles.

Mutrashmari, the Ayurvedic parlance for renal calculi, is counted among the *Ashta Mahagada* (eight severe diseases) owing to its troublesome nature to patient and challenges faced by physician.^[4] The treatment protocol suggested by *Acharya Sushruta* can be understood in two phases:

- A. The initial phase - conservative mode. These can be further categorized into:
 1. Medicines that are meant for *Bhedana* (breaking) of the *Ashmari* and expel it out.
 2. Those which will repair renal parenchyma and render symptomatic relief.
 3. Avoiding causative factors.

- B. The second phase - surgical approach, where in urinary stones are manually extracted. *Acharya Sushruta* cautioned us to take informed consent from patient and permission from governing body, in order to be on safer side as success of this treatment is doubtful.^[5]

The initial phase

Here, *Acharya* suggested different sets of medicines.

- i. **Bhedhana:** drugs such as *Pashana Bheda*, *Gokshura*, *Yava*, *Kulattha*, *Shilajathu*, *Varunadi Gana*, *Chitraka* etc. by virtue of *Ushna*, *Teekshna Guna* pacifies *Kapha* and thus acts upon *Ashmari*. Along with these herbs, *Kshara* of *Tila*, *Apamarga*, *Kadali*, *Palasha* and *Yava*, are advised for internal usage. *Kshara* does extensively *Chedana*, *Bhedana*, *Darana* actions and thus breaks the *Ashmari*. Here, *Acharya* has specified the dose of *Paneeya Kshara* as *Karsha Matra* (12gm) and *Anupana* as 2 *Phala* of *Avi Mutra*.^[6]
- ii. **Shothahara:** The formulations with *Brihati*, *Kantakari*, *Trina Pancha Moola*, *Punarnava*, and *Guggulu*, that acts on *Shotha* produced by *Ashmari* and reduces pain, burning sensation and other symptoms. These medicines also aid in healing the injury to renal parenchyma.
- iii. **Avoiding causative factors:**

A diet and regimen which inhibits the formation of *Ashmari* will ideally prevent the recurrence. Some general causative factors of *Ashmari* to be avoided as told by *Acharya* are, *Divaswapna* (day sleep), *Samashana* (eating both wholesome and unwholesome food together), *Adhyashana* (eating before digestion of previous meal), *Snigdha* (unctuous), *Sheeta Veerya*, *Guru* (heavy to digest) and *Madhura* (sweet) taste.^[7] One can modify the dietary habits of the patient, and adopt regimens of opposite quality to causative factors to create unfavorable environment for kidney stones.

In current study, the probable mode of action of treatment adopted can be understood based on same principles.

Bhedana of *Ashmari* was achieved using following *Yogas*:

1. *Yava Kshara* being easily available and targeted action on kidney stone was considered here. But by considering the *Bala* of the subject, the dose is reduced to 4gms /day in divided dose. The classical *Anupana* for *Kshara* is *Avi Mutra*. But procuring fresh *Avi Mutra* in urban set up for prolonged duration was a challenge. Also, its acceptance for oral administration by the patient was doubtful and thus may end up in discontinuing the therapy. Hence it was replaced by honey based on its *Kaphahara*, *Lekhana*, and *Sukshma Marganusari* properties.^[8] It was making the *Kshara* palatable too, ensuring the adherence to the therapy.
2. Tablet *Chandra Prabha Vati*, with its chief ingredients - *Ksharadwaya*, *Shilajatu* and *Guggulu* is a well-known *Ayurvedic* formulation indicated in *Ashmari*, *Mutrakrichra*. It also reduced the pus cell count and infection. It was paused once normal urine microscopy results were achieved.^[9] Capsule *Renali*, another preparation in the prescription, with *Gokshuradi Guggulu*^[10] as its chief ingredient also aided in breaking the stone.
3. Sugar cane juice by virtue of diuretic property,^[11] helped in expelling the calculi out of the body. Tender coconut water with its *Snigda*, *Madhura* and *Sheeta Guna*, gave the symptomatic relief. Its *Basthi Shodhana*^[12] property aided in reducing *Shotha*. *Kadali* (banana stem) is advised by *Acharya* along with *Kshara* is also recommended to subject.

The next set of *Yoga*, probably rendered symptomatic relief and renal repair:

4. *Chandanasava* and *Usheerasava* helped in reliving burning micturition, a primary concern of the subject as they contain *Chandana*, *Usheera*, *Priyangu*, *Padmaka*, *Manjistha*, *Parpata*^[13] which pacifies *Pitta*.
5. *Vrikka Sanjeevini Vati* a composition of *Gokshura*, *Guggulu*, *Pashanabheda*, *Varuna* and *Punarnava*,^[14] is acting on *Shotha* and there by repair the renal parenchyma.

As a measure to avoid recurrence,

A diet containing Barley and horse gram which are *Ruksha*, and *Ushna Veerya*^[15] will act opposite to causative factors. This creates the renal environment unfavorable to formation of stones. Further, counselling about avoiding *Adhyashana*, *Snigdha*, *Sheeta Veerya*, *Guru* and *Madhura Rasa* act as preventive measure that is *Nidana Parivarjana*.

It is noteworthy that, the treatment went up to 45 days to establish a clinical and radiological resolution. From subject behalf, patience and adherence to the treatment and adopting to change in diet and regimen played a vital role. For a treating *Vaidya*, *Yukthi* in selecting formulations, modifying according to current need without compromising with basic principles turned as key to success. The efficacy of *Kshara*, even in minimal dose, when used with proper adjuvant is also noteworthy. It is evident by the asymptomatic phase during the treatment period and the CT KUB, picking the decreased size of the renal stone.

Thus, it can be recommended as useful guideline for OPD practice. There is a scope to reduce the duration of the treatment by increasing dose of *Kshara*, changing *Anupana* and by combining with different formulations. Academicians may consider to take clinical trial with larger sample size to create sufficient data in this regard. Hence adhering to ayurvedic principle of- '*Swasthasya Swasthya Rakshanam Athurasya Vikara Prashamanam*'.

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