



ISSN 2456-3110

Vol 2 · Issue 4

July - Aug. 2017

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

Varunamula Twak Kwatha in Mootrashmari as ideal Ashmarighna - A Case Study

Jyoti P. Rajole,¹ Panchal Vinayak J,² Chandrakanth Halli.³

¹Assistant Professor, Post Graduate Scholar, Professor & HOD, Department of Post Graduate Studies in Shalya Tantra, N. K. Jabshetty Ayurvedic Medical College & Post Graduate Centre, Bidar, Karnataka, India.

ABSTRACT

Urinary disorders have a specific identity both in modern and Ayurvedic system of medicine. The improper purificatory procedure results in residual accumulation of *Kapha* and *Pitta Prakopa* in *Mootravaha Srotas*. Hence all the *Doshas* collectively result in formation of *Ashmari*. The information regarding *Ashmari* is available in almost all *Samhitas*. The disease is prevalent irrespective of their socio-economic and cultural background. The process of stone formation is called Urolithiasis. Most calculi arise in kidney when urine becomes supersaturated with a salt that is capable of forming solid crystals. There are different treatment lines for the management of *Ashmari* in modern system. Management of urinary disease occupies an important place in Ayurveda. *Varunamula Twak Kwatha* administered in *Paneeya* form, which is having *Vedana Shamaka*, *Ashmrighna* properties which leads to disintegration, dissolution, dislodgement and expulsion of stone. A 36 yrs young male presenting with history of symptoms of *Mootrashmari* like *Teevravedana* over *Nabhi*, *Vasti*, *Sevani* and *Medra* during micturition, aggravation of pain during running, jumping, walking long distance etc. since 3 days has presented here.

Key words: *Ashmari*, *Urolithiasis*, *Varunmula Twak Kwatha*, *Ashmarighna*.

INTRODUCTION

Mootrashmari is one of most burning and distressing disease a mankind can suffer because pain due to kidney stones is known as worse than that of labour pain. *Mootrashmari* is a disease of *Mootravaha Srotas* i.e. Urinary track System and one among the *Ashtamaha Gada*.^[1] *Acharya Sushruta* has dealt separate chapter for this disease.^[2] *Acharya Sushruta* has classified the *Mootrashmari* on the basis of etiological factors which is very important in planning

of treatment. According to etiological factors it has been divided into four types as *Vaataja*, *Pittaja*, *Kaphaja* and *Shukraja*.^[3]

According to Modern Science, Stones are an age old anguish of the human body and occur at several sites particularly in Kidney, Urinary bladder and Ureter. It is very common metabolic disorder in all the afflictions. It is a fatal disease as it needs surgical intervention. The management of *Mootrashmari* was explained by all *Samhitas*, *Varunmula Twak Kashaya* is one among them explained by *Chakradatta*.^[4] *Varunmula Twak Kwatha* administered in *Paaniya* form.

Which is economical and easy to administer, which are having other properties like *Vedana Shamaka*, *Ashmarighna*, *Mutral*, *Basta Vishodhaka* etc. because of its *Rasa*, *Guna*, *Veerya*, *Vipaka* and *Prabhava*.

CASE REPORT

A 36 yr young male presented with complaints of Right side Abdominal pain, which is referring to suprapubic region, burning micturition, Dysuria, nausea with vomiting since 3 days, with history of

Address for correspondence:

Dr. Jyoti P. Rajole

Assistant Professor, Department of Post Graduate Studies in Shalya Tantra, N. K. Jabshetty Ayurvedic Medical College & Post Graduate Centre, Bidar, Karnataka, India.

E-mail: jrajole2@gmail.com

Submission Date : 11/07/2017 Accepted Date: 27/07/2017

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.v2i4.9378

long journey on bike on rough road. There is no history of DM/HTN, the previous history of illness, family history, personal history is no specific. On Clinical Examination there was susceptibility of renal calculi.

1. The classical *Lakshanas* of *Mootrashmari* like *Teevra Vedana* over *Nabhi, Vasti, Sevani* and *Medra* during micturition, aggravation of pain during running, jumping, walking long distance etc. are noted.
2. Routine hematology investigations (TC, DC, Hb%, ESR, RBS) were within normal limits.
3. Routine urine investigations shows presence of mild pyuria, haematuria and oxalate crystals.
4. Ultrasound study reveals the 8mm calculi in midpole of Right Kidney and 6.4mm calculi in UVJ. on the same side, whereas left side kidney is in normal condition.
5. 45ml of *Varunmula Twak Kwatha* administered orally two times in a day after meals for 45 days.

Patient was advised to have normal diet and habits. Clinical assessment were noted on every 15th day of treatment up to 45 days. In biweekly assessment, Right side abdominal pain, which is referring to suprapubic region, burning micturation, Dysuria, nausea with vomiting were subsided gradually and Routine Urine examination as a objective parameters done after completion of 45 days treatment found totally normal. In Ultra sound study previously presented 8 mm calculi in midpole of Right Kidney reduces in size to 2.4 mm and the 6.2 mm calculi presented previously in UVJ was flushed out.

Table 1: Subjective parameters before treatment and after treatment.

Symptoms	Before Treatment	After Treatment
Pain abdomen	++++	+
Haematuria	+++	-

Dysuria	+++	-
---------	-----	---

Table 2: Laboratory investigations before treatment and after treatment.

Symptoms	Before Treatment	After Treatment
Pain abdomen	++++	+
Haematuria	+++	-
Crystalluria	+++	-
Ultra Sound Findings		
Midpole of Rt. Kidney	8mm	2.4mm
Rt. UVJ	6.2mm	Flushed out

DISCUSSION

Mode of action of *Varunmula Twak Kashaya* in *Mootrashmari*

Paaniya Kashaya administration with *Varunmula Twak Kashaya* abdominal pain, Burning micturation, dysuria, was significantly reduced because of its mutral and *Ashmarighna* properties. *Varunmula Twak Kashaya* contains ingredients like *Varunamula Twak* and *Shigru*, in which *Varunamula Twak* contains, lupeol which is used to treat hypercrystalluria, hyperoxaluria and hypercalciuria and also decreases elevated concentration of oxalate, phosphorous and magnesium in renal tissue. Lupeol also possesses antipyretic, analgesic, antiinflammatory activity. Another contain *Shigru* possesses *Rasa - Katu* (*Kshara - Alakaline*), *Guna - Laghu*, *Ruksha, Tikshna, Veerya - Ushna, Vipaka - Katu, Dosha Karma - Kaphavata Shamaka*, due to all these properties, it is helpful to achieve the successful process of *Samprati Vighatana* of *Mootrashmari*.

CONCLUSION

Varunamula Twak Kashaya shown very encouraging result with fast relive in the symptoms like pain,

burning micturation, dysuria, and also show significant result in reducing the size of calculi. *Varunmula Twak Kashaya* can be effectively used in urolithiasis management. *Panniya Kashaya* of *Varunmula Twak Kashaya* concept is lead down by *Maharishi Chakradatta* in context to *Ashmari Chikitsa* is proven to be an effective in context to modern lithotriptic agents. It is easily available in abundant supply round the year and is economical. It is easy to prepare the *Kashaya* since it does not require any special skill. *Varunmula Twak Kashaya* is a good option available with properties close to an ideal lithotriptic agent.

REFERENCES

1. Shastri Kaviraj Ambika Dutta, Sushruta Samhita, Varanasi: Chaukhambha Sanskrit Sansthan Publishers, 2014, Sutrashtan, 12/37,38, 2014;p.56

2. Shastri Kaviraj Ambika Dutta, Sushruta Samhita, Varanasi: Chaukhambha Sanskrit Sansthan Publishers, 2014, Sutra sthan,12/16, 2014;p.53
3. Shastri Kaviraj Ambika Dutta, Sushruta Samhita, Varanasi: Chaukhambha Sanskrit Sansthan Publishers, 2014, Chikitsasthana, 1/8, 2014;p.05
4. Shree. Jagdishprasaad Tripathi, Chakradatta, chapt. 34/25,5th edition, Varanasi: Chowkhambha Sanskrit Series Office, 1983;p.285

How to cite this article: Jyoti P. Rajole, Panchal Vinayak J, Chandrakanth Halli. Varunamula Twak Kwatha in Mootrashmari as ideal Ashmarighna - A Case Study. J Ayurveda Integr Med Sci 2017;4:329-331. <http://dx.doi.org/10.21760/jaims.v2i4.9378>

Source of Support: Nil, **Conflict of Interest:** None declared.
