



ISSN 2456-3110

Vol 9 · Issue 2

February 2024

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

A Case Study on Ayurvedic management of *Mutrashmari* (Urolithiasis)

Hardik¹, Apala Sengupta², Chinky³

¹Post Graduate Scholar, Dept. of Rog Nidan Evum Vikriti Vigyan, Institute of Post Graduate Ayurvedic Education and Research, Kolkata, West Bengal, India.

²Professor & Head, Dept. of Rog Nidan Evum Vikriti Vigyan, Institute of Post Graduate Ayurvedic Education and Research, Kolkata, West Bengal, India.

³Post Graduate Scholar, Dept. of Panchakarma, Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, New Delhi, India.

ABSTRACT

Background: *Mutrashmari* is disease classified as *Asthamahagada* which means "difficult to cure." It is *Kapha Pradhana Tridoshaja Vyadhi*. Due to resemblance in clinical manifestations, *Mutrashmari* is compared to urolithiasis. Urolithiasis, a pathological condition of the urinary system where aggregation of urinary crystalloids takes place anywhere in the urinary tract, i.e., from the kidney to urinary bladder showing male predominance (Male: female = 3:1) and currently becoming a medico-surgical and economical challenge for entire health-care systems. **Objectives:** The aim of this study was to evaluate the efficacy of *Vidhakarman* and *Shamana Chikitsa* in *Mutrashmari* (Urolithiasis). **Materials and Methods:** It is a single case study. A 52 years old male patient who was clinically diagnosed case of Urolithiasis before 3 years visited to OPD with complaints of *Vrikka Parshava Shoola* (Pain in bilateral kidney and b/l flanks region) which was radiating from loin to groin region in late night usually, *Mutrakriccha* (difficulty in maturation) and *Mutradaha* (Burning micturition) from last 2 months. The patient was treated with total 4 sittings of *Vidhakarman* were given at the lateral border of the thumb of the bilateral legs on same day of every week along with *Shamana Chikitsa*. **Results:** The patient was showed highly significant results before and after the completion of treatment. All sign and symptoms of patient resolved and there was no trace of calculi in the both kidneys, according to the USG report after 1 month. **Conclusion:** Highly significant relief in symptoms was seen in patient after 1 month of *Ayurvedic* treatment.

Key words: *Mutrashmari*, *Urolithiasis*, *Vidhakarman*, *Shamana Chikitsa*

INTRODUCTION

Mutrashmari is a condition in which there is formation of a substance like stone.^[1] It is one among the *Ashtamahagada* (eight fatal conditions).^[2] It is considered difficult to cure because of its *Marma*

Ashrayatwa due to involvement of *Basti*, which is one of the *Tri Marma* (three vital parts), being the *Vyakta Sthana*.^[3] It is *Kapha Pradhana Tridoshaja Vyadhi*.^[4] *Acharya Sushruta* have described symptoms of this condition, including *Jwara* (fever), *Basti Peeda* (discomfort and pain in the bladder), *Aruchi* (anorexia), *Mutrakriccha* (difficulty in micturition), *Bastishira Vedana* (pain in the urethra), *Mushka Vedana* (pain in the testicles) and *Shepha Vedana* (pain in the penis). Due to resemblance in clinical manifestations, *Mutrashmari* is compared to urolithiasis. Urolithiasis, a pathological condition of the urinary system where aggregation of urinary crystalloids takes place anywhere in the urinary tract, i.e., from the kidney to urinary bladder^[5] and major cause of morbidity in entire health-care systems. The rate of occurrence is three times higher in men than women, because of enhancing capacity of testosterone and inhibiting

Address for correspondence:

Dr. Hardik

Post Graduate Scholar, Dept. of Rog Nidan Evum Vikriti Vigyan, Institute of Post Graduate Ayurvedic Education and Research, Kolkata, West Bengal, India.

E-mail: hardiktaleja1203@gmail.com

Submission Date: 07/12/2023 Accepted Date: 16/01/2024

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: [10.21760/jaims.9.2.48](https://doi.org/10.21760/jaims.9.2.48)

capacity of oestrogen in stone formation.^[6] Due to changes in lifestyle, dietary habits, and treatment approaches, its incidence and prevailing have increased significantly over the past few decades. The main etiological factors for the formation of urolithiasis include dietary factors like low fluid intake and high dietary intake of animal protein, sodium, refined sugars, fructose and high fructose corn syrup,^[7] oxalate, grapefruit juice, apple juice, and aerated drinks. Stone formation commonly occur due to inadequate urinary drainage, foreign bodies in urinary tract, microbial infections, diet with excess oxalates and calcium, vitamin A deficiency, excess vitamin D, and metabolic diseases like hyperthyroidism, cystinuria, gout, intestinal dysfunction etc.^[8]

Many treatment procedures have been adopted in medical sciences to treat the disease but mainly surgery is described it is quite costly and also the prognosis behind recurrence of stone formation cannot be avoided. *Acharya Sushruta* mentioned the treatment of *Mutrashmari* is *Vidhakarman* and oral medications such as medicated alkali preparation, decoction, medicated ghee, and medicated oil, which possesses the properties such as diuretic, splitting, scarification, breaking, and cutting; it facilitates the dissolution of the urinary stones.^[9] Hence, it is necessary to find out an economical, easily available, cost-effective, and acceptable management to treat *Mutrashmari*.

AIM

The current study was planned to evaluate the efficacy of *Vidhakarman* and *Shamana Chikitsa* in *Mutrashmari* (Urolithiasis).

MATERIALS AND METHODS

It is single case study and the informed consent of the patient is taken in his own language.

The demographic details of the patient are tabulated in Table no.1.

Table 1: Demographic details.

SN	Demographic details	
1.	Name	XYZ

2.	Sex	Male
3.	Age	52 yrs
4.	Address	Behala, Kolkatta
5.	Occupation	Businessman
6.	Marital status	Married
7.	Education	Literate
8.	Socioeconomic status	Upper middle class
9.	OPD No.	08447

Chief complaints

Chief complaints of the patient are tabulated in Tables 2.

Table 2: Chief complaints

SN	Nature of symptoms	Duration
1.	<i>Vrikka Parshava Shoola</i>	2 months
2.	<i>Mutrakriccha</i>	
3.	<i>Mutadaha</i>	

History of present illness

A 52-years-old male patient was suffering from *Vrikka Parshava Shoola* (Pain in bilateral kidney and b/l flanks region) which was radiating from loin to groin region in late night usually, *Mutrakriccha* (difficulty in micturition) and *Mutradaha* (Burning micturition) from two months. He had complained of heaviness and pain in lower abdomen from last three years. He took modern medication for this and had significant relief for some days. He approached Kayachikitsa O.P.D. Shyamadas Vaidya Shastra Pith Hospital, Kolkatta for Ayurvedic treatment. After proper history taking and thorough examination, treatment was initiated.

Past History

The patient had a history of gaseous and distended abdomen from 3 years.

Medication History

Patient had taken allopathic medicine tab Omeprazole twice a day before meal for 3 years.

Personal History

- Food habits: Non-veg, spicy, and salty food; *Ruksha Ahar* (poha, bread, and toast).
- Lifestyle: Insufficient water intake, sedentary lifestyle, and suppression of natural urges.
- Sleep: Disturbed due to pain and family stress.
- Addiction: Alcohol occasionally once in a month.

Family History: Not significant.

Examination history:

These are briefly mentioned in Tables 3 & 4.

Table 3: General examination

SN	Head	Observations
1.	General condition	Moderate, afebrile, conscious and well oriented.
2.	P/A	Distended but non tender, absence of rebound tenderness Hepatomegaly/ Splenomegaly/Lymphadenopathy were absent.
3.	Other systemic examination	No puffiness over the face, No bipedal oedema, the rest of all systemic examination were normal.
4.	Pulse	78/mins
5.	Blood pressure	110/70 mm of Hg
6.	Weight	74kg
7.	Height	170 cm
8.	<i>Prakriti</i>	<i>Kapha Pradhana</i>

Table 4: Astavidha Pariksha

SN	Head	Observations
1.	<i>Nadi</i> (Pulse)	<i>Niyamita, Kapha Pradhana</i>
2.	<i>Mala</i> (Stool)	Unsatisfactory, <i>Aniyamit, Grathita</i> (occasionally with straining)
3.	<i>Mutra</i> (Urine)	<i>Asamyaka (Sadaha, Sakashta), Alpa Matra, Daha Yukta</i>

4.	<i>Jiwha</i> (Tongue)	<i>Sama</i>
5.	<i>Shabda</i> (Speech)	<i>Spashta</i> (Clear)
6.	<i>Sparsha</i> (Touch)	<i>Samashitoshna</i> (Normal)
7.	<i>Druka</i> (Vision)	<i>Prakrita</i>
8.	<i>Aakriti</i> (Posture)	<i>Madhyama</i>

Investigations

USG Report shows on 21/03/2023: The right kidney is normal in size and reported calculus measuring 16-17mm in right upper ureter 5 mm in lower calyx of right kidney and few tiny 3-4 mm in right kidney 5-4 mm in left kidney.

Treatment

By analysing the above pathogenesis of disease in this patient following treatment plan was prescribed, which can be categorized as *Shaman Chikitsa* shown in Table 4.

Table 5: Treatment given

SN	Type of <i>Chikitsa</i>	Material	Site	Duration
1.	<i>Vidhhakarma</i>	Needle no. 24	At the lateral border of the thumb of the both legs on same day of every week	Once a week (Total 4 sittings)
2.	Internal medication	Dose	Anupana	Duration
a.	<i>Mahatikta Ghrita</i>	20 ml BD ½ hour before meal	Warm water	1 month
b.	<i>Gokshura powder</i>	3 gm BD before meal	Luke water	1 month
c.	<i>Varunadi Kshaya</i>	30 ml BD before meal	Luke water	1 month

OBSERVATION AND RESULT

Assessment of the patient was done with both radiological findings as well as clinical features. The Radiological assessment (U.S.G. Abdomen & Pelvis) was given taken. The patient became symptom-free with all aforesaid prescribed treatment after one month. There was no event related to the patient's hospitalization for the emergency care in the modern hospital throughout the whole duration. No, calculi were observed & no other obvious abnormality was noted in the scan after one month.

Figure 1: Shows pictures of Mutrashmari which expelled out after one month



DISCUSSION

As per the evaluation of the detailed history of the patient, both faulty lifestyle (*Ayogya Ahara-Vihara*) and iatrogenic factors are responsible for the pathogenesis of the disease, i.e., *Mutrashmari*. Daily intake of *Katu & Amla Rasa Pradhan Dravya Sevan*, Mental stress leads to *Pitta Dosha's* provocation, which gets further aggravated by low Intake of water throughout the day. *Vishamashana*, i.e., Intake of food

at Irregular times & intervals, *Vegavrodha* (Suppression of urges due to workload & responsibilities in a joint family) leads to vitiation of *Vata Dosha*. Moreover, intake of calcium supplements and steroids for a prolonged time leads to more excretion of calcium through urine out of the body. However, due to *Vata* and *Pitta's* vitiation, urine formation gets reduced, which is produced, unable to excrete properly due to vitiation of *Apanavayu*. Ultimately it gets saturated in the bladder, becomes turbid, and turns into calculi.

Treatment with drugs exhibiting *Vatanulomaka, Vata-Pitta Shamana* but *Ashmari Bhedaka* and *Mootrala* properties is highly expected in the management of such clinical entity by considering all above said pathology of the disease. The probable mode of action of each procedure and drug prescribed can be justified based on all these principles as follows:

Viddhakarma increases the movement of the ureter and activates the smooth muscles of the urinary bladder that easily eliminates the crushed stone in a downwards direction. It is also an excellent pain relief tool exclusively elaborated by *Acharya Sushruta*. It helps to subside both intermittent colicky and constant dull pain in the left loin region & lower abdomen due to obstruction of the flow of urine & flatus. The secretion of endorphins may induce its analgesic action due to painful mechanical stimulus at the time of procedure.

Gokshura powder is diuretic, aphrodisiac, tonic and rejuvenates with the ability to build lean muscle and strength. It has possessed *Madhura Rasa, Madhura Vipaka* and *Sheeta Veerya* which causes diuresis by increasing *Kleda* in the body.

Varunadi Kashaya acts as an excellent remedy to crush the calculi into minute particles which gets easy to wash out through urine out of the body due to its *Kaphaghna* property.

CONCLUSION

This case showed the efficacy of a combination of *Viddhakarma* and *Shamana Chikitsa* to manage *Mutrashmari* in a very non-invasive manner within a

short duration without recurrence of any symptom. It can be concluded that *Shamana Chikitsa* added with *Vidhakarman*, can successfully treat surgical conditions like urolithiasis. *Vidhakarman* plays a crucial role in hastening the therapeutic outcome of *Shamana Chikitsa* in *Ayurveda*.

LIMITATION OF STUDY

The study may be carried out with this treatment protocol in large sample size for its scientific validation.

REFERENCES

1. Sushruta M, Shastri AD. Ashmarinidana Adhyaya In: Sushruta Samhita. Reprint-2014. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 311. (Kashi Sanskrit Series; vol. 1).
2. Sushruta M, Shastri AD. Avarniya Adhyaya In: Sushruta Samhita. Reprint-2014. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 163. (Kashi Sanskrit Series; vol. 1).
3. Agnivesha, M. Trimarmiyasiddhi Adhyaya. In: Shashtri, K.N (ed.) Charaka Samhita. Reprint-2015. Varanasi, India: Chaukhambha Sanskrit Sansthan; 2015. p. 1051.
4. Sharma A, editor. Ashmarinidanam. Verse 1. In: Text book of Madhavnidan. Vol 1. Pune, India: Chaukhamba Sanskrita Pratishtan; 2007. p. 506.
5. Available from: <http://www.en.wikipedia.org>. [Last accessed on 2023 Dec 12]
6. Kalpana Devi V, Baskar R, Varalakshmi P. Biochemical effects in normal and stone forming rats treated with the ripe kernel juice of Plantain (*Musa Paradisiaca*). *Ancient Science of Life*, 3 & 4, 1993, 451 – 461. 4.
7. Knight J, Assimos DG, Easter L, Holmes RP (2010). "Metabolism of fructose to oxalate and glycolate".
8. Suman Kumar Mekap, Satyaranjan Mishra, Sabuj Sahoo and Prasana Kumar Panda. Antiurolithiatic activity of *Crataeva magna* Lour. bark. *Indian journal of natural products and resources*, 1(2), 2011, 28-33.
9. Sushruta M, Shastri AD. Ashmarichikitsa Adhyaya In: Sushruta Samhita. Reprint-2014. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 315. (Kashi Sanskrit Series; vol. 1).

How to cite this article: Hardik, Apala Sengupta, Chinky. A Case Study on Ayurvedic management of Mutrashmari (Urolithiasis). *J Ayurveda Integr Med Sci* 2024;2:300-304. <http://dx.doi.org/10.21760/jaims.9.2.48>

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