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Avapeedaka Snehapana: A Novel Therapeutic Protocol in the management of Mutrashmari (Urolithiasis) - A Case Report

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ABSTRACT

Mutrashmari (~renal stone) is characterized by formation of *Ashma* (~stone-like substance) in *Mutravaha Srotas* (~urinary system). Due to similarities in clinical manifestations *Mutrashmari* can be correlated to Urolithiasis. Urolithiasis is characterized by the formation of solid masses or calculi within the urinary system. Increasingly prevalent worldwide, its prevalence in India mirrors global trends, at around 12%. Men are affected more than women with male to female ratio of 3:1. Chronic and recurrent nature underscores its significant impact on healthcare emphasizing the need for effective management strategies. *Avapeedaka Snehapana* is one such novel therapeutic protocol, where *Sneha* (~medicated ghee) is administered before and after digestion of meal, commonly indicated in *Adhonabhighata Vikaras* (~diseases manifesting below umbilicus) specific to *Mutravaha Sroto Dushti* (~Urinary system disorders). In this case report, a male patient of age 65 years diagnosed with Urolithiasis since 1 year visited Out Patient Department (OPD) with symptoms of pain in left flank region, associated with burning micturition. Ultrasonography report revealed a 7 mm calculus located at upper pole of left kidney. Patient was administered *Avapeedaka Snehapana* with *Vastyamayantaka Grutha*. Patient exhibited remarkably positive outcomes, with symptoms completely resolved and Ultrasonography report confirming absence of calculi post-treatment.

Key words: *Avapeedaka Snehapana, Mutrashmari, Renal Calculi, Urolithiasis, Vastyamayantaka Grutha.*

INTRODUCTION

Avapeedaka Snehapana is a unique form of *Snehapana* (~drinking medicated ghee), administered in *Yojana Dwaya* pattern at *Hrisva Matra* (~minimal dose) before and *Uttama Matra* (~higher dose) after digestion of

food respectively.^[1] This treatment modality is specifically indicated in *Adhonabhighata Vikaras*, predominantly in *Mutravahasroto Dushti*.^[2] In *Sushruta Samhitha*, *Mutrashmari* is classified among the *Ashtamahagada* and is mentioned as *Atanka Pratima* as it causes intolerable pain.^[3] *Lakshanas* (~symptoms) being *Mahati Vedana* (~renal colicky pain), *Sarudhira Mutrata* (~haematuria), *Vedana in Nabhi* and *Basti Pradesha* (~abdominal pain), *Mutradhara Sanga* (~obstruction in urine flow), *Mutradaha* (~burning micturition) and *Mutrakrichra* (~difficulty in urination).^[4] Due to Similarities in clinical manifestations *Mutrashmari* can be correlated to Urolithiasis. Urolithiasis is the condition where urinary stones are formed and located anywhere in the urinary system having symptoms like dull aching pain in the loins accompanied with or without haematuria, altered frequency of micturition, difficulty in passing urine.

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Urinary stones frequently occur worldwide with prevalence rate of 1-5% in Asia, 12% in India.^[5] Demographic statistics also underline increasing prevalence of urolithiasis in geriatric patients with 19.1% in men aged 65 years and above.^[6] Contemporary treatment for urolithiasis typically begins with flush therapy for stones up to 5mm, while larger stones often necessitate advanced procedures such as ESWL (Extracorporeal Shock Wave Lithotripsy), or operative interventions like PCNL (Percutaneous Nephrolithotomy), Pyelolithotomy, Nephrolithotomy, or Nephrectomy.^[7] Operative procedures for renal calculi are not cost-effective and carry inherent risks. Additionally, surgical interventions may not be recommended for patients in the geriatric age group due to increased vulnerability to potential complications. According to *Sushruta Samhitha*, *Snehapana* is the first choice of treatment protocol for *Mutrashmari*.^[8] Here *Avapeedaka Snehapana* does *Peedana* of the *Dosha*,^[9] and with property of *Srutha Vinmutrata* it helps pushing down the calculi.

CASE HISTORY

It is a single case study and the informed consent of the patient is taken in his own language. The demographic details and complaints of the patient are tabulated in Table no.1 & 2 respectively.

Table 1: Demographic details

1.	Name	XYZ
2.	Sex	Male
3.	Age	65 years
4.	Occupation	Farmer
5.	Address	Nanjungudu taluk, Mysuru.
6.	Marital status	Married
7.	Education	No formal education received
8.	Socioeconomic status	Lower
9.	OPD registration number	3331

10.	IPD registration number	132
OPD – Out Patient Department		
IPD – In Patient Department		

Table 2: Chief complaints with duration

SN	Complaints	Duration
1.	Abdominal pain radiating from left loin to groin region.	1 year Aggravated since 2 months
2.	Burning micturition	2 months
3.	Difficulty in urination	2 months

History of Present Illness

A 65 year old male patient, with no known comorbidities was relatively healthy 1 year ago, then he experienced mild intermittent pricking pain at the left flank region for 3 months, followed by two months of colicky abdominal pain radiating from the left loin to the groin. Upon consulting at regional hospital, he was diagnosed with a stone in the left kidney and was prescribed oral medications, which provided mild relief for around 6 months, after which symptoms aggravated, associated with difficulty in urination (intermittent urinary stream often with pain) and burning micturition since past 2 months; following it he consulted district hospital and was advised for surgical intervention, which patient denied. Hence, seeking relief he approached the Outpatient department of *Kayachikitsa* at Government *Ayurveda* medical college and hospital, Mysore.

Past history

Not known of comorbidities. Known case of recurrent renal calculi since 1 year.

Medication history

Had taken medications for renal calculi previously – details not known.

Personal history

Diet - Vegetarian, spicy and salty food, *Ruksha Ahara Sevana*.

Lifestyle - Inadequate water intake.

Sleep - Disturbed due to pain.

Habits - Chronic cigarette smoking since 30 years, have stopped since 1 year.

Family History: Not significant.

Examination History / Clinical Findings

Briefly mentioned in Table 3 and Table 4.

Table 3: General physical and systemic examination.

1.	General appearance and condition	<ul style="list-style-type: none"> Conscious and well oriented Moderately distressed due to pain
2.	Body built and nutritional status	<ul style="list-style-type: none"> Ectomorphic and Asthenic body type. Height – 178cm Weight – 65kg BMI – 20.1 kg/m² (Normal)
3.	Per Abdomen	<ul style="list-style-type: none"> Tender at Left lumbar quadrant on palpation. Left Renal angle - tenderness ++ upon percussion. No distension & organomegaly.
4.	Other systemic examination	Normal
Vitals -		
1.	Pulse	76 bpm
2.	Blood pressure	120/80 mm of Hg
3.	Temperature	Afebrile

Table 4: Ashta Vidha Pariksha

1.	Nadi	Vatakapha Pradhana, Niyamita
2.	Mala	Vibandha (Hard stools once in 1 or 2 days)
3.	Mutra	Sadaha, Mutrakrichrata.

		Prakruta Varna & Gandha
4.	Jihwa	Aliptata
5.	Shabda	Spashta
6.	Sparsha	Samasheetoshna
7.	Drik	Prakrutha
8.	Aakruti	Leena

TIMELINE

Table 5: Time line of the case.

Date	Clinical Finding	Intervention
January 2023	Intermittent mild pricking pain at left flank region.	No intervention sought.
April 2023	Colicky abdominal pain radiating from loin to groin.	Consulted regional hospital – prescribed oral medications (details not known).
October 2023	Above symptoms aggravated associated with intermittent urinary stream with pain and burning micturition	Consulted regional hospital – prescribed oral medications (details not known). Symptoms reduced considerably.
25 th January 2024	<ul style="list-style-type: none"> Abdominal pain radiating from loin to groin. Intermittent urinary stream with pain. Burning micturition. USG Abdomen – Left kidney calculus measuring 7 mm in upper pole. 	<ul style="list-style-type: none"> Approached Kayachikitsa OPD. Advised <i>Deepana Pachana</i> with <i>Chitrakadi Vati</i> 250mg 1-1-1 before food for 6 days. Advised for admission on 1st February 2024.
1 st February 2024	Earlier symptoms of pain, burning micturition and difficulty persists.	<i>Avapeedaka Snehapana</i> with <i>Vastyamayantaka Grutha</i> for 4 days

		under admission. Followed by <i>Pathya</i> .
8 th February 2024	First Follow up <ul style="list-style-type: none"> ▪ No Abdominal pain radiating from loin to groin. ▪ Burning micturition reduced considerably. ▪ Slow initiation of micturition persists. ▪ USG Abdomen - No evidence of Kidney stone. 	<i>Pathya Sevana</i> .

DIAGNOSTIC ASSESSMENT

At the first visit, routine investigations including complete blood count, random blood sugar, liver function tests and renal function tests were done which were within normal limits. The clinical findings (including burning, increased frequency of micturition and intermittent urine stream with pain) and Ultrasonography (USG) abdomen & pelvis confirmed the diagnosis of *Mutrashmari* (~Urolithiasis).

THERAPEUTIC INTERVENTION

Poorva Karma (~preparatory procedure) -

Deepana Pachana with *Chitrakadi Vati* 250mg 1-1-1 before food for 6 days.

Pradhana Karma (~main therapeutic procedure) -

After attaining *Jeerna Ahara Lakshana* on Day 0 - *Hrisva Matra* (~minimal dose) (30ml) of *Vastyamayantaka Grutha*^[10] was given in *Kshudhita Avastha* (~hunger) and *Ananna Kala* (~empty stomach with hunger), *Grutha Jeerna Kala* (time taken for digestion of ghee) was observed, depending on this *Uttama Matra* (~high dose) for Day 1 was calculated. As per *Vakhyā Pradeepika Teeka* of *Astanga Hrudaya*, the obtained dose was divided into 1/3rd and 2/3rd. 1/3rd is *Prakbhakta Sneha* (~intake of *Grutha* morning in empty stomach) i.e., *Hrisva Matra* and 2/3rd is *Ahara Jeernantika Sneha* (~intake of *Grutha* after digestion of

meal) i.e., *Uttama Matra*.^[11] Intake of *Ushna Jala* was advised. This protocol was continued till *Vyadhi Shaman Lakshanas* were attained and *Lakshanas* like *Snehodhwaga* and *Adhastasnehadarshana* were observed. The above protocol has been illustrated in Table 6.

Table 6: Avapeedaka Snehapana protocol - Yojanadwaya pattern

	Day 0 01/02/20 24	Day 1 02/02/ 24	Day 3 03/02/20 24	Day 4 04/02/20 24
<i>Pragbhaktika Snehamatra</i> / time of administration	30mL @ 8 am (<i>Hrusiyasi Matra</i>)	50mL@ 8 am	60mL @ 8am	60mL@ 8am
<i>Sneha Jirnakala</i>	12:30 am	2:30 pm	3:30pm	3:30pm
<i>Ahara Sevan Kala</i>	12:45pm	3:00pm	4:00pm	4:00pm
<i>Ahara Jirna Kala</i>	5:00pm	9:00pm	8:00pm	8:30pm
<i>Jeernantika Snehamatra</i> /time of administration	-	100mL @ 9:30pm	100mL@ 9:00pm	100mL@ 9:00pm
<i>Sneha Jirna Kala</i>	-	4:30am	5:00am	5:30am

Paschat Karma (~post therapy procedure)

Patient was advised for *Pathya Sevana* (~diet) and follow up was done.

OBSERVATIONS AND RESULTS

Assessment was done based on USG findings and clinical symptoms and signs. USG findings revealed no stone during the first follow up. Patient showed absence of pain and significant relief in symptoms of *Mutra Daha*, *Mutra Krichrata*. These observations infer that *Avapeedaka Snehapana* with *Vastyamayantaka Grutha*, successfully managed the condition of *Mutrashmari* (urolithiasis).

Figure 1: USG Report - Before Treatment (Avapeedaka Snehapana).

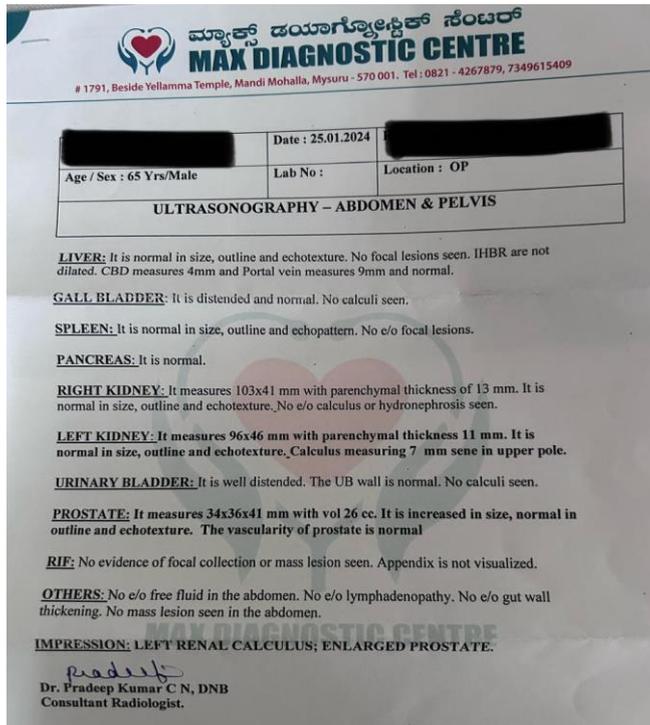
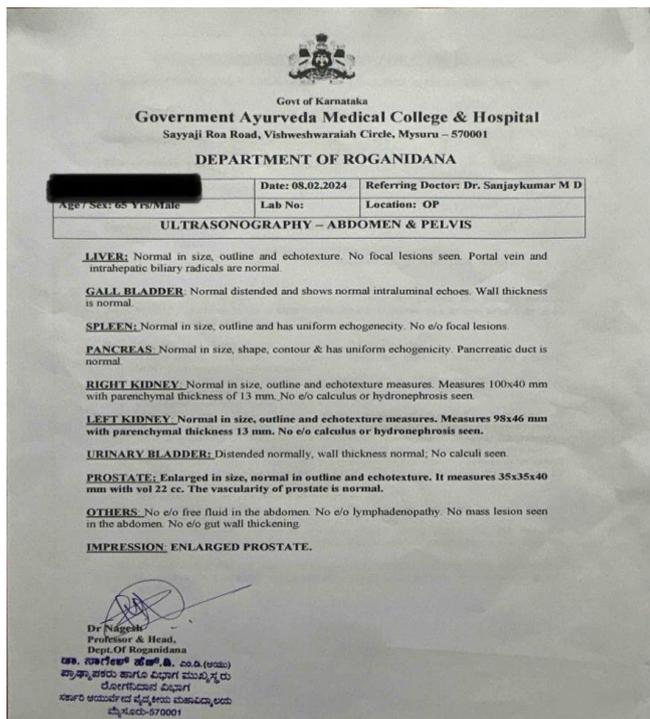


Figure 2 - USG Report - After Treatment. (First Follow-up).



DISCUSSION

Snehapana always stood as the mainstay therapeutic approach in the management of various diseases.

Therapeutically, lipids are used in various forms and modes, the lipids when used in the form of oral ingestion is termed as Snehapana and it is the most effective of all other modes of application of Sneha (lipids).^[12] Avapeedaka Snehapana is considered as Pittanilamayagna. It is not aimed for Dosha Utkleshana or Shodhana rather it is classified under Shamana Snehapana, also being classified under Uttama Matra Snehapana, it helps in Sheeghra Shamana of Vikaras, and it is Sarvamarganusari acting on all the Rogamargas viz. Shakha, Sandhi, Marma and Koshta. It also acts as Punarnavakari - which refers to renewal or restoration. It is Balya to Shareera, Indriya and Chetas.^[13] Ashmari is one among Mutravegavarodhajanya Vikara and is a Kaphaja Vikara associated with Apana and Vyana Vata Dushti. Yojanadwaya pattern of Avapeedaka Snehapana is intended to correct this Dushti. Kaala plays a crucial role in this situation, the Sneha which is administered as Pragbhakta does Anulomana and Shamana of Apana Vata and the Sneha which is administered as Aharajeernanathika avastha acts on Vyana vayu, which is Sarva Dehachari, thus doing the Shamana of Vyadhi. Hence, Avapeedaka Snehapana brings Kledana to the Mutravahasrotas and does Anulomana of Vata. Though Taila is considered as the best medicine for Vata Shamana, using Taila is not appropriate because of it is Badda Shakrt (~constipated bowels) and Alpa Mutrata properties interferes with the Anulomana of Vata. Thus, Grutha having the property of Srushta Vinmutra (increased urine output),^[14] and as also mentioned by Acharya Charaka and Sushruta in Chikitsa of Mutravahasroto Vikara, it can be an appropriate Sneha for performing Avapeedaka Snehapana.

Discussion on Vastyamayantaka Grutha

The main Doshas involved in the formation of Ashmari are Vata and Kapha. The Tridosha Shamana properties of Vastyamayantaka Grutha is found to be effective in Samprapthi Vighatana of Ashmari. Vastyamayantaka Grutha mentioned in Sahasrayogam Grutha Prakarana has direct indication in Sarva Mutrakrichra Vikara, Sharkara, Ashmari and Vatapittasamutpanna Sarva Bastigata Gada.^[10] In Mutrashamri, herbs which are

Mutravirechaniya (~diuretic), Ashmarighna (~Chedana, Bhedana and Lekhana properties - lithotriptic), Shophaghna (~anti-inflammatory) are need of the hour.^[15] Abundance of ingredients and above said properties in Vastyamayantaka Grutha made it appropriate for Snehapana, among which major ingredients are listed in Table 7.

Table 7: Vastyamayantaka Grutha - Dravyakarma, Phytoconstituents and its action.

Drug	Karma	Phytoconstituent	Action
Gokshura <i>Tribulus terrestris</i>	Bastihodhana, Mutrala, Deepana, Ashmarighna	Furosemide, Campesterol, Beta-sitosterol, Stigmasterol	Diuretic, Anti-urolithic activity, Analgesic, Anti-inflammatory, Antispasmodic
Pashanabedha <i>Bergenia ligulate</i>	Ashmari Bhedana by Prabhava, Mutrakrichra hara	Bergenin, β-sitosterol, Catechin-3 gallate Paashanolactone	Diuretic, Anti-urolithic activity, Analgesic, Anti-inflammatory.
Varuna <i>Crateva nurvala</i>	Ashmari Bhedana by Prabhava, Mutrala	Lupeol, Rutin, Varunol, Quercetin, β-sitosterol	Lithotriptic, Anti-inflammatory Anti-pyretic, Analgesic.
Kushmanda <i>Benincasa hispida</i>	Mutraghatahara, Mutrakrichra hara, Ashmarichedana, Vinmutra Glapanam, Bastishuddikara	Flavonoids Alkaloids Tannins	Lipid lowering Hypoglycemic Diuretic
Ikshu <i>Saccharum officinarum</i> Linn.	Mutrala Dahaprashamana Trishna nigrahana	Sucrose Glutamine Riboflavin	Diuretic, Analgesic Anti-inflammatory

Narikela jala <i>Cocus nucifera</i>	Basti shodhana Mutrala	Flavonoids Phenolic acids Amino acid	Diuretic
Shatavari <i>Asparagus racemosus</i>	Sarana Vatanulomana Shophajit	Saponins like Shatavarin I,II,III,IV Steroidal saponins Isoflavones	Diuretic
Punarnava <i>Boerhavia diffusa</i> Linn	Shophahara mutrala	Punarnavoside, Borhaavone, Quercetin, Eupalitin, Punarnavine	Diuretic Anti-inflammatory Antioxidant

Due to Samskarasya Anuvarthana and Snigdha Guna of Grutha, along with Tridoshahara properties of the ingredients helps in the Peedana of Dosha and Ashmari. Vrana Shodhana and Ropana properties will reduce the Sarakta Mutrata and Mutradaha.

CONCLUSION

Avapeedaka Snehapana stands as a Shreshta Chikitsa in Mutrashmari, by alleviating Vata Kapha Dushti and correcting Ashmari Janya Lakshanas like Shula, Mutradaha, Sarakta Mutarta, and Mutrakrichra by Peedana of Dosha and Ashmari. Vastyamayantaka Grutha has a pivotal role in disintegrating and eliminating kidney stones. This line of Ayurvedic intervention along with Pathya helps limiting the progression, recurrence and further complications of disease condition.

Declaration of patient consent

Authors certify that they have obtained patient consent, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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