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AYURVEDIC MANAGEMENT OF MUTRASHMARI W.S.R TO UROLITHIASIS: A CASE STUDY

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ABSTRACT:

Mutrashmari is one of the diseases among Ahthamahagad¹ (8 fatal disease), comes under Mutravaha Stotasa. It is Kapha Pradhan Tridoshaj Vyadhi. In Modern Medical Science Mutrashmari is correlated with Urolithiasis due to resemblance in sign and symptoms. Renal Calculi are common affecting 1% of the population and recurrence in more than half of the patients². In Contemporary medicine a no of medical treatment have been mentioned but it is quite expensive and the pathogenesis behind the recurrence of formation of stone cannot be avoided. Hence it is necessary to find affordable and effective medicine to treat Mutrashmari. A 18 year old girl, came to OPD of Kayachikitsa, with complaints of abdominal and back pain radiating from loin to groin region, burning micturition came to OPD of Kayachikitsa. USG report showed three Renal Calculi. Patient was treated with Shaman Aushadhi, regular follow up was taken. These medicines had shown amazing results the stones were expelled out through urine within 3 months. All signs and symptoms of patient resolved and there was no trace of calculi in USG report after treatment.

KEYWORDS: Mutrashmari, Ahthamahagad, kapha Pradhan, tridhosha, Shaman Aushadhi

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INTRODUCTION:

Ashmari (urinary stones) is the condition in which there is formation of a substance like stone. Charaka mentioned Ashmari as one of Bashtimarmashritha Vyadhi³. It is considered difficult to cure because involvement one of the Tri Marma (three vital parts) .i.e basti . Acharya Sushruta stated that intake of food in the form of Samashana (combining both compatible and non-compatible foods), Adhyashana (eating food too frequently), Viruddha Ahara (Non compatible foods), over indulgence in Vyayama (physical exercise), excessive intake of Ruksha Madya (consuming alcoholic beverages). Anupa Mamsa (eating flesh of animals of marshy places) and Ajeerna (indigestion) are all considered to be causative factors of Ashmari. They are not only responsible for aggravation of Dosha but also predispose abnormality in Mutravaha Srotas and thereby produce Ashmari. In Ashtanga Hridaya Mutravaharodha (suppression of urge of micturition) mentioned as important etiology of Ashmari⁴. Tridoshas are involved in formation of Ashmari but Kapha plays important role as it is Samavayi karana. The vitiated Vata dries up the urine in Mutravaha Srotas along with Pitta by its Ushna Guna, so that Kapha present in the urine attains the form of Ashmari (super saturation of urine takes place).⁵ In Modern Medical Science Mutrashmari is correlated with Urolithiasis. Stones in the urinary tract occur when urinary chemistry results in concentrations of stone salts that exceeds the limit of metastability for that salt in solution⁶. This most often reflects excessive excretion of one or more stone constituents, deficient inhibitory activity in urine, or simply a low urine volume resulting in excessively concentrated urine. Globally, its incidence is increasing; an analysis from India shows an increase from 0.9% to 9.0% over 20 years. Risk Factors include low urinary volumes, high

protein, sodium intake, low calcium intake. Genetic factors, systemic diseases like primary hyperparathyroidism and in 60% of gout, patients of Crohn's disease, diabetes mellitus, hypertension are at increased risk. Infection, caused by urease producing organisms (Proteus, Klebsiella, Pseudomonas, Ureaplasma⁷. Symptoms include - Cramping, sharp, often excruciating pain, fluctuating in intensity but not completely remitting. Associated vomiting and sweating Pain extends from loin down the line of ureter to groin with radiation to testes in men and labia majora or ovaries in women. Loin pain – independent of ureteric colic or infection. Haematuria – accompanying the colic or even frank, pyuria, hydronephrosis.⁸

Case Report – A 18 yrs female came to OPD dep Of Kayachikitsa with chief complaints of severe pain in flank region, pain radiating to groin region and burning micturition, intermittently. USG abdomen was advised.

History of Present illness: Before 2 -3 months pt was in good state then she started complaining of colicky pain in both side of abdomen radiating to groin region, burning micturition. Her symptoms worsened so she came to L K Ayurved Rugnalaya Yavatmal.

Past History: No H/O HTN, DM, Thyroid, Asthama and Urolithiasis.

Family History: no significant history

Personal History -

Bowel: Regular

Appetite: Good

Micturition: 9-11 times/day, 1 time/night

Sleep: Disturbed

Water intake: 1 to 2 L/24 hours

Physical Examination: Patient was well built

B.P: 130/80 mm of Hg

P.R: 76 bpm

Temp-98.3°F

R.R – 18 / min

Height: 178 cm

Weight: 102 Kg

Rugnaparikshan: -

Nadi-76/min

Mal. Samyak (Stool Unsatisfactory bowel habits)

Mutra-Asamyak (Burning Micturition)

Jivha - alpsam

Shabda Prakrut

Sparsha-samshitoshn

Prakruti-vat-kaphaj

Nidra. Anidra

Systemic Examination:

CVS: S1, S2 heard, No added sounds

RS – Clear

CNS – concious, Orient

P/A - No organanomegally & tenderness elicited in both side of lumbar region & side of renal angle.

Investigation

Right Kidney Measures 9.7 × 3.6 cm, normal in size and echotexture.

Elo Non obstructing calculus of size 4.5 mm at upper pole calyx of the right kidney.

RT PCS and ureter not dilated.

Left Kidney: Measures 9.3 × 4.8 cm, mild dilatation of collecting system and the proximal left ureter. Elo calculus of size 7.4 × 4.5mm length x width) at proximal left ureter

with posterior acoustic shadowing. The calculus is 3.1 cm away from the left PUJ. Elo Non obstructing calculi of size 5.7 mm and 4.5 mm at lower pole calyx of the left kidney.

Samprapti Ghatak: -

Dosha- Tridosha

Dushya -Mutra

Agni – jatarangi mandya

Ama - Jataragni mandya janya

Strotas-Mutravaha strotas

Udbhava sthan - Amashaya & Pakvashaya

Sanchara sthan - Siras, Amapakvashayagat

Mutravaha strotas Adhisthan-Mutravaha strotas & basti

Vyakta sthan - Mutravaha strotas & basti

Dusri Prakara-sanga

Rogmarga – Madhyamarg Vyadhi

Swabhava - Mutra

Kruchhasadhya, Sadhyasadyatha

Apravruttijanya vicar

Shastrasadhya

Material & Methods:

Method: -

1) A Case study

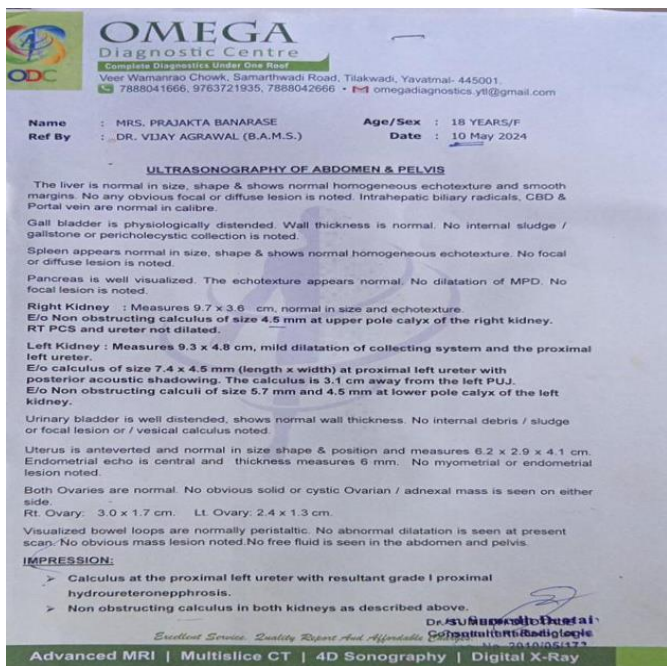
2) Centre PG Dept of Kaychikitsa LK. Ayurved Hospital Yavatamal affiliated to DMM Ayurved college Yavatmal.

Material: -

Dravya	Dose	Anupan	Duration
1. Hazrul Yahud Bhasma +	20 gm	Koshnajal	Twice a day
Punarnava Mandur +	10 gm		
Punarnava Gugulu +	10 gm		
Pashanbhed churna +	50 gm		
punarnava churna	50 gm		
Cap. Uclean		Koshnajal	Thrice a day
Cap. Diastone		Koshnajal	Thrice a day
Syp Unclean + Syp . Panastone	5 ml	Koshnajal	Thrice a day

Before Treatment Report dated – 10 May 2024

After Treatment -1 August 2024



Result: -

Regular follow up was taken of this patient. A USG was advised after 2.5 months which reveals no urinary calluli. When the stone was expelled through urine, she experienced extreme pain and disturbance in the urine. The patient got complete relief from pain in the abdomen & didn't experience burning micturition. The result revealed that renal calculi can be treated with ayurvedic Shaman Chikitsa.

DISCUSSION:

Ayurvedic Management of Mutrashmari is based on the Nidan Parivarjan (avoidance of disease- causing and aggravating factors), Sanshodhan (body purification), Sanshamana (a pacificatory form of Treatment) and Sastra Karma (surgical interventions). Acharya Sushruta, Charka and Vagbhata mentioned several types of approaches for the management of disease such as Ashmari Bhedana, Mutrala Dravyas (diuretics drugs), Kshara, etc.⁴ In this case a combination of Hazrul Yahud Bhasma, Punarnava Mandur, Punarnava Gugulu, Punarnava churna, Pashanbhed churna was used as these drugs acts as Mutrashmari, bastishula Nashak ,Mutra virechaniya,

mutrasangrahaniya & mutrashodhaka.⁹ Distone capsule in ayurvedic formulation enriched with Pashanbhed, manjistha, Nagar musta, Apamarkhar, Elaichi, Revanchini, Gojiha, sahadevi, Hazrul yahud bhasma, Shudha shilajit. That is a unique ayurvedic blend of herbs & minerals meant for overall kidney, urogenital system wellness & also reduce stone forming substance. In Uclean capsule, chandrprabha (50mg, Hazral Yahud Bhasma (50 mg), Tankan bhasma (25 mg), Pashanbhed (100mg) which is used in urinary retention, dysuria, renal calculi & burning micturition due to acidic urine. Syp. Uclen contains yavakshar, Mulakshar, Tankan khar, Sajikhar, Citrus acida (Nimbu ka phool), Colesus aromaticus (Pashanbheda) root, Boerhavia diffusa (Punarnava) root, Tribulus terrestris (Goukharu) fruit relieves crystalluria, burning micturition and acute urinary tract infection, Corrects the crystalloid colloid balance, Relieves the spasm of the muscles of the urinary tract. Relieves the associated pain and calic. Acts as a urinary antiseptic. Panastone syp Chhota Gokhru, Pashan Bhed, Varuna twaka, Javasa, Gular twaka ,punarnava, Baheda,

Haritaki, Amaltas ka Guda, shwet Paperty, Shuddha Shilajeet has potent anti-lithiatic (prevents the formation of kidney stones) and lithotriptic (dissolves kidney stones) properties. It prevents the accumulation, deposition and supersaturation of calculogenic chemicals like oxalic acid and calcium hydroxyproline in urine. This action inhibits the formation of kidney stones.

Probable Mode of Action: All the medicine are given in the treatment are ushna & tikshna guna has kaphvataghna properties. It acts antagonist to kaphvataj sanghat It helps in breaking the sanghat of Mutrashmari & helps in dissolution & disintegration of stone Ashmarighna properties.⁹

CONCLUSION:

After observation of this case study, it can be concluded that the Ayurveda gives better relief to the patient of Mutrashmari. Study also reveals that Mutrashmari can be cured with Ayurved Shaman chikitsa and lithotripsy and other surgical process can be avoided. The ayurvedic formulation of churna, tablets & kashaya can be safely & effectively carried out in pts of Mutrashmari with good results.

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