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Ayurvedic Management of Mutrashmari (Renal Calculus) With Pashanbheda Churna and Bruhat Varunadi Kwath: A Case Report

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ABSTRACT:

Background: In Ayurvedic medicine, the condition known as Mutrashmari refers to the development of stones within the urinary tract. This ailment involves the formation of hard, mineralized structures that obstruct the flow of urine, typically resulting in intense physical discomfort and various functional disruptions of the renal system. **Aim:** To evaluate the therapeutic effect of Pashanbheda Churna administered with Bruhat Varunadi Kwath in a case of renal calculus. **Methods:** A patient diagnosed with renal calculus measuring approximately 18 × 11 mm on ultrasonography was managed with Pashanbheda Churna 100 mg twice daily with Bruhat Varunadi Kwath 15 ml twice daily as anupana. **Results:** Follow-up ultrasonography showed significant reduction in the stone size from 18 × 11 mm to 6 mm along with symptomatic improvement. **Conclusion:** The case indicates that Ayurvedic management using lithotriptic and diuretic herbal formulations may help reduce the size of renal calculi and provide symptomatic relief.

KEYWORDS:

Mutrashmari, Renal Calculus, Pashanbheda, Varunadi Kwath, Urolithiasis

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INTRODUCTION:

Mutrashmari is a *daruna vyadhi* and mentioned as one among the *Ashtamahagada*, this shows how difficult to treat a disease. Urolithiasis remains a prevalent urological challenge globally, stemming from the crystallization of urinary minerals that aggregate into stones within the renal tract. Clinically, patients often present with debilitating flank pain, painful urination (dysuria), blood in the urine (hematuria), and chronic urinary distress.

Ayurvedic Pathophysiology

In the classical tradition of Ayurveda, this ailment is identified as *Mutrashmari*. Key texts, most notably the *Sushruta Samhita*, attribute its onset to a complex imbalance of the *Vata*, *Pitta*, and *Kapha* doshas. This systemic vitiation, often exacerbated by poor dietary choices, leads to the formation of stony masses within the *Mutravaha Srotas* (the urinary channels).

- Classification: Sushruta categorized the condition into four distinct types based on the dominant dosha.
- Intervention: Historical protocols advocate for a dual approach involving both surgical procedures and specialized internal medicine.

Pharmacological Strategy: Lithotriptic and Diuretic Actions

Ancient literature highlights several botanical agents possessing *Ashmaribhedana* (stone-dissolving) and *Mutrala* (diuretic) properties.

- *Pashanbheda*: Regarded as a premier herbal remedy for its "lithotriptic" ability to physically break down stones and facilitate their passage.
- *Bruhat Varunadi Kwath*: A potent classical decoction frequently utilized to manage various urinary obstructions and inflammatory conditions.

Case Study Objective

This report explores the clinical efficacy of a combined Ayurvedic regimen—utilizing *Pashanbheda Churna* alongside *Bruhat Varunadi Kwath*—in treating a patient confirmed to have renal calculi. The study focuses on evaluating how these traditional formulations influence stone size, symptom relief, and overall renal health.

Terminology	Clinical Meaning
<i>Ashmaribhedana</i>	Lithotriptic (Breaking down stones)
<i>Mutrala</i>	Diuretic (Increasing urine output)
<i>Mutravaha Srotas</i>	The urinary system/channels

The present case report aims to evaluate the clinical outcome of Ayurvedic management using *Pashanbheda Churna* with *Bruhat Varunadi Kwath* in a patient diagnosed with renal calculus.

Materials And Methods

A 45-year-old female sought consultation at our outpatient department, reporting persistent burning during urination and recurring pain in the flank region. A pre-existing ultrasonography (USG) report confirmed the presence of a significant renal stone, measuring approximately 18 × 11 mm. Although she had been recommended for surgical extraction at a previous medical facility, the patient opted against an invasive procedure and turned to Ayurveda for a non-surgical alternative.

Past History: No any specific history for renal calculi, or any other known co-morbidities.

Family History: No relevant history noted

Personal History:

Appetite - Good

Bowel - Regular

Micturition - Regular 6-7times/day, dysuria, burning micturition

Sleep - Sound

Water Intake - 1.5 to 2L per 24hours

Physical Examination

Built - Moderate

Height - 155cm

Weight – 75kg

Blood pressure - 130/80 mm of Hg

Pulse rate – 86bpm

Systemic examination

CVS – S1 and S2 heard

CNS – Conscious and Oriented

RS – AE Equally Bilateral heard

GIT – No scars, No visible mass or Ulcers

PA – Soft, Renal angle tenderness noted at right side

INVESTIGATIONS

Routine blood test was normal.

HIV and HBsAg was non-reactive

Urine routine was normal, cast and crystals was nil.

USG ABDOMEN AND PELVIS: A large obstructive calculus of size 18.3 x 8.7cm is noted involving the lower pole region, focal changes of calectasis are noted.

Clinical diagnosis: *Mutrashmari* [Urolithiasis]

Diagnosis and Therapeutic Strategy

Following a thorough clinical and Ayurvedic evaluation, the patient's condition was diagnosed as *Mutrashmari*. The treatment plan was designed to leverage lithotriptic (stone-breaking) and diuretic actions to facilitate natural stone passage.

Prescribed Regimen:

- *Pashanbheda Churna*: 100 mg administered twice per day.
- *Anupana* (Vehicle): 15 ml of *Bruhat Varunadi Kwath*, taken twice daily.

Supportive Management

In addition to the medicinal protocol, the patient was placed on a strict regimen of increased fluid intake and specific dietary adjustments (*Pathya*) aimed at alkalizing the urine and preventing further mineral crystallization. The patient remained under close clinical observation with scheduled follow-ups to monitor progress and symptom resolution.

Patient Overview at a Glance

Age / Gender – 45yrs / Female

Chief Complaints - Flank pain (*Ruja*), burning micturition (*Sadaha mutrapravrutti*), Dysuria (*Mutrakrucchta*)

Stone Dimensions - 18 x 11 mm

Ayurvedic Correlation - *Mutrashmari*

Management Goal - Conservative/Medicinal removal

Timeline Of Treatment

Timeline	Clinical Findings
Day 0 (1 st reporting)	Ultrasonography: Renal calculus measuring 18 × 11 mm
Day 7 (Follow-up)	Gradual reduction in flank pain and burning micturition
Day 20 (Final USG)	Stone size reduced to approximately 6 mm

Results

The patient reported symptomatic relief during the course of treatment including reduction in flank pain and burning micturition. Follow-up ultrasonography demonstrated significant reduction in the size of the renal calculus from 18 × 11 mm to approximately 6 mm.

Throughout the intervention period, the patient exhibited a marked improvement in her clinical profile. Subjectively, she reported a significant decrease in the intensity and frequency of flank pain (*Ruja*), alongside a notable resolution of burning micturition (*Daha*). These symptomatic improvements suggest that the lithotriptic action of the prescribed herbs effectively reduced the obstructive nature of the calculus and alleviated the associated inflammatory response in the urinary tract.

Radiological Findings and Stone Regression

The most compelling evidence of the treatment's efficacy was captured during the follow-up diagnostic imaging. A repeat ultrasonography (USG) revealed a dramatic reduction in the dimensions of the renal stone:

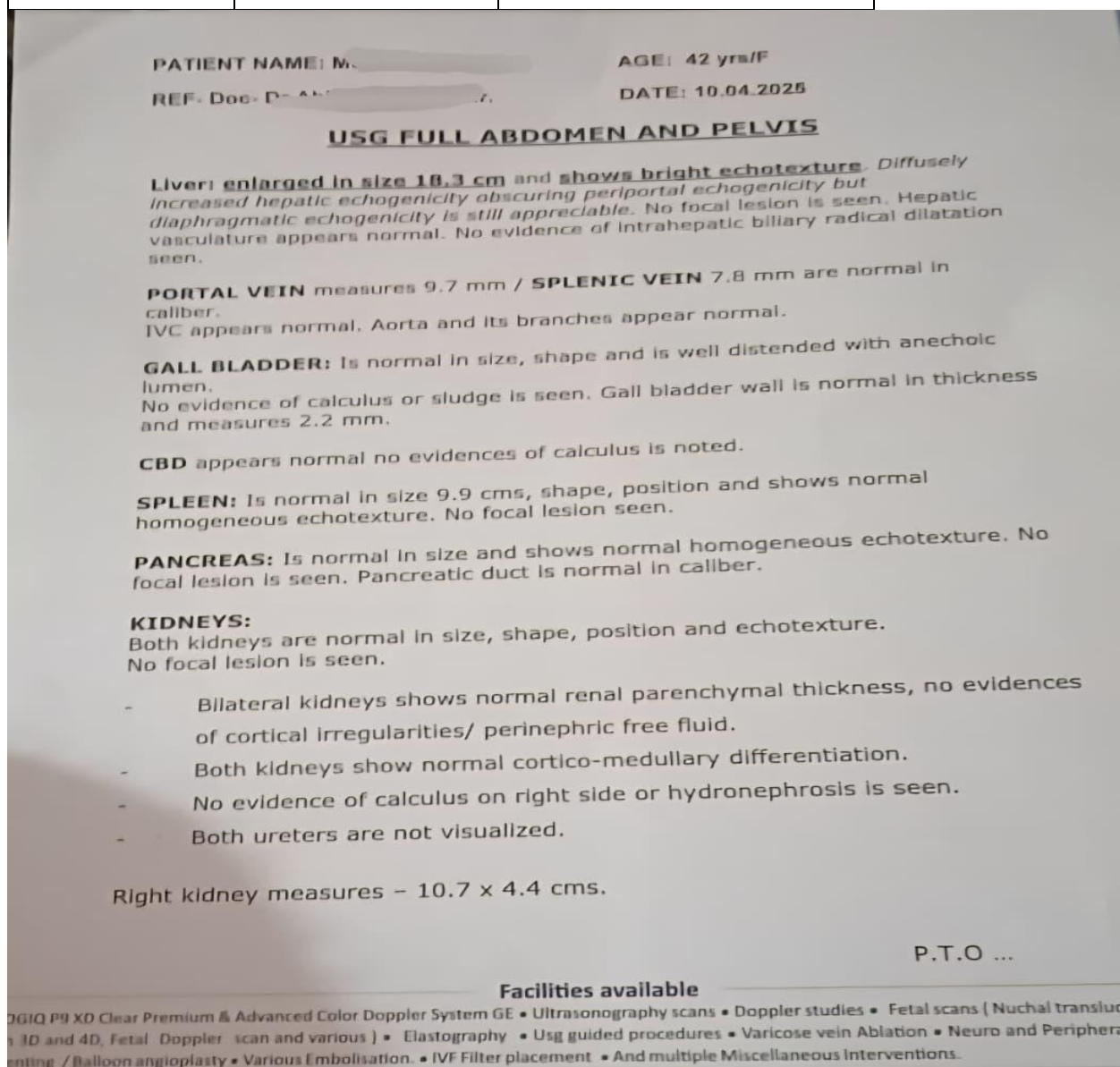
- Initial Size: 18 x 11 mm

• Follow-up Size: Approximately 6 mm
 This substantial regression—a reduction of over 60% in its largest diameter—indicates that the synergistic combination of *Pashanbheda Churna* and *Bruhat Varunadi Kwath* successfully facilitated the

disintegration of the stony mass. By breaking the stone into smaller, manageable fragments, the treatment significantly lowered the risk of urinary tract obstruction and prepared the calculus for natural expulsion through the *Mutravaha Srotas*.

Summary of Treatment Efficacy

Parameter	Baseline (Initial)	Follow-up (Post Treatment)
Pain Intensity	Severe/Intermittent	Resolved
Dysuria	Moderate	Resolved
Urinary Irritation	High (Burning)	Normalization
Calculus Size	Large (18 x 11mm)	Significantly Reduced (6 mm)



(Fig.1)

Left kidney measures – 10.9 x 5.9 cms.

- A large 18.3 x 8.7 mm sized **obstructive calculus** (posterior acoustic shadowing and twinkling artifact) is noted involving the lower pole region. Focal **changes of caliectasis** are noted.

URINARY BLADDER:

- Is well distended and shows normal wall thickness, No evidences of calculus is noted.

Pre-void- 180 cc

Post-void- 44 cc significant

Uterus:

- Is post-operative status

PERITONEAL CAVITY:

No evidences of free fluid is noted involving the abdomen and pelvis region.

No evidences of lymph nodes are noted.

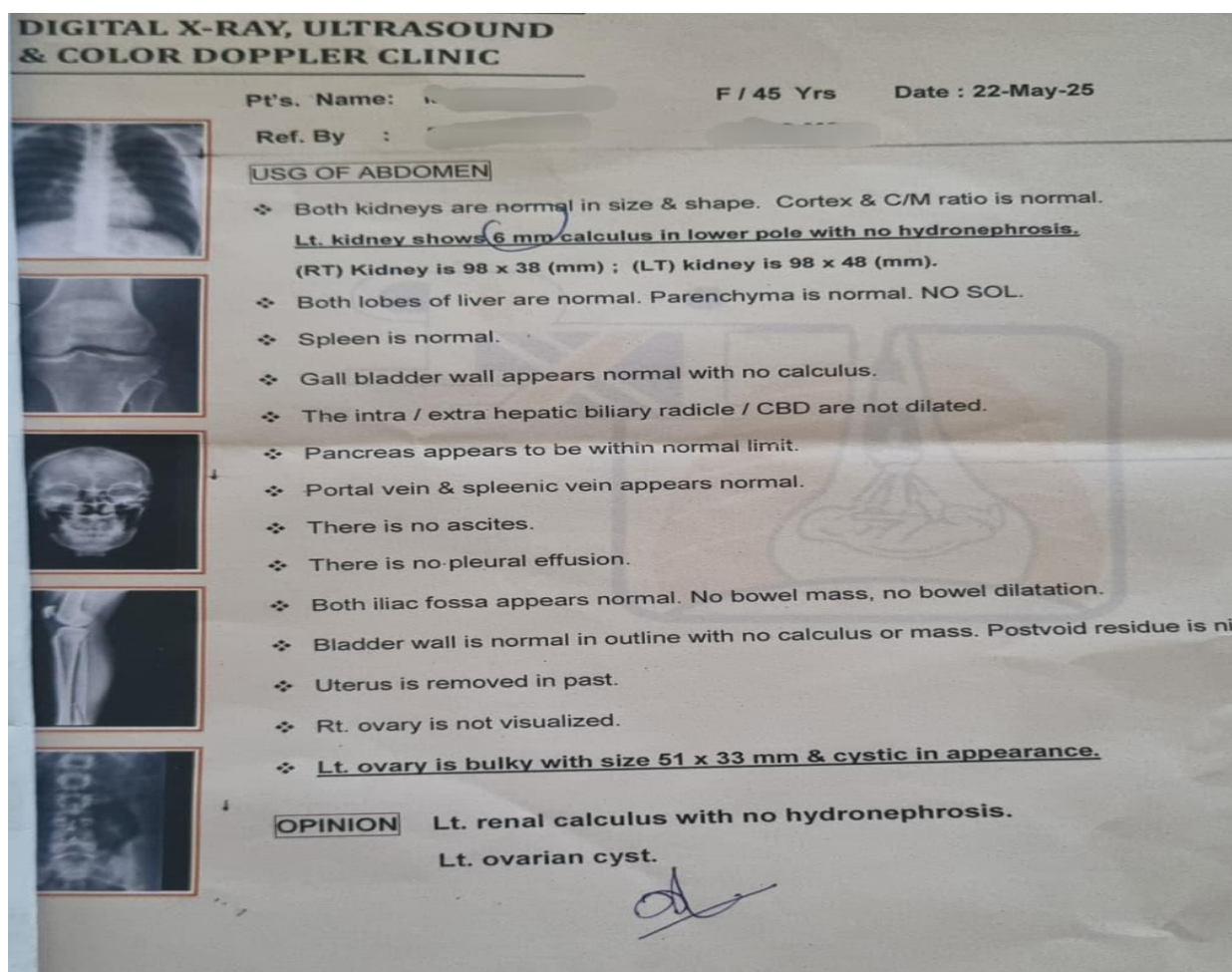
The visualised abdominal aorta appears to be normal.

The visualised bowel loops appears to be normal and shows normal peristaltic movements.

OPINION:

1. A large left renal obstructive calculus with focal changes of caliectasis (18.3 x 8.7 mm, lower pole region).
2. Hepatomegaly (18.3 cm)
3. Significant post void residue of 44 cc
4. Fatty liver. Grade-II

(Fig.2)



(Fig.3)

DISCUSSION:

Pashanbheda is widely known in Ayurvedic pharmacology for its *Ashmaribhedana* (stone breaking) and *Mutrala* (diuretic) properties. According to classical Ayurvedic texts, the drug helps in disintegrating the calculi and facilitating their expulsion through increased urinary flow.

Pharmacological attributes of *Pashanbheda*:

Rasa – Tikta, Kashaya

Guna – Laghu

Virya – Sheeta

Vipaka – Katu

These properties contribute to reduction of crystallization and cleansing of *Mutravaha Srotas*.

Bruhat Varunadi Kwath contains ingredients known to reduce inflammation and improve

urinary flow. The formulation supports the lithotriptic effect and helps in flushing out fragmented stone particles. From a modern perspective, many herbs used in these formulations demonstrate diuretic, anti-inflammatory and anti-urolithiatic activity, which may contribute to reduction in stone size.

CONCLUSION:

The outcomes of this case study highlight a remarkable decrease in the dimensions of the renal calculus following a targeted Ayurvedic intervention. By utilizing the synergistic properties of *Pashanbheda Churna* and *Bruhat Varunadi Kwath*, the treatment successfully facilitated the disintegration of a substantial 18 x 11 mm stone. These results underscore the potential of traditional polyherbal formulations to serve as an

effective, conservative, and non-invasive alternative to surgical lithotripsy.

Final Summary of Observations

- **Therapeutic Efficacy:** The treatment demonstrated both lithotriptic (stone-breaking) and diuretic (flushing) actions, leading to significant symptomatic relief and objective radiological improvement.
- **Patient Compliance:** The non-surgical nature of the therapy provided a high level of patient satisfaction, particularly for an individual initially hesitant toward invasive procedures.
- **Patho-mechanism:** The clinical success suggests that these formulations effectively address the underlying *Vata-Kapha* imbalance while physically eroding the mineral matrix of the *Ashmari* (stone).

While the regression of the calculus from 18 x 11 mm is clinically significant, this single-case success serves as a preliminary indicator. To establish standardized protocols and confirm the long-term reproducibility of these results, expansive clinical trials and controlled longitudinal studies are essential. Such research will further validate the role of Ayurveda in the modern management of *Mutrashmari* and integrated urological care.

Study Final Parameters

Evaluation Metric	Conclusion
Primary Outcome	Stone size reduction (18 mm to 6 mm)
Secondary Outcome	Total resolution of burning micturition and flank pain
Treatment Modality	Conservative / Oral Ayurvedic Medicine
Recommendation	Larger-scale clinical validation required

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Conflict Of Interest

The author declares that there is no conflict of interest related to this study.

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