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Management of Mutrashmari by Ayurveda – A Case Study Sunil D. Tagalpallewar

Professor, Kayachikitsa Department,
Dr. R. N. Lahoti Ayurvedic College, Hospital And Research Institute,
Sultanpur, Dist. -Buldhana (MS.

*Corresponding Author: Email: drsuniltagalpallewar@gmail.com

ABSTRACT

In the present study an effort was made to evaluate the efficacy of Veertaradi kashayam, brihatyadi kashayam, Brihatyadi kashayam, Hajaral Yahud Bhasma, and Rasayana Churna. The main aim of this particular study was to report the fast acting and cheapest Ayurvedic medicines on single renal calculi (Mutrashmari). A 66 years old male patient was treated with Veertaradi Kashayam 15ml, Brihatyadi Kashayam 15ml, Hajaral Yahud bhasma 500mg, with warm water along with Rasayana Churna 2 tsf twice a day with warm water till expulsion of renal calculus. The patient was assessed on the basis of subjective parameters i.e. Pain in flank region, burning micturition etc. and objective parameters (USG of KUB region). After completion of the study with above medicine the results were encouraging. This case highlights the fact that it is possible to treat a case of single renal calculus up to 8mm size with Hydronephrosis safely by above medicines within a week only.

KEYWORDS: Ayurveda, single renal calculi, Hydronephrosis, Veertaradi kashayam, brihatyadi kashayam, Hajaral Yahud bhasma, rasayana churna.

INTRODUCTION

Urinary calculi is one of the commonest diseases in our country. In India with an expectancy of 12% in a total population reported to be prone to urinary **stones**, of this 12% of the population are severely affected by **renal** damage, which even leads to a loss of kidneys. The information regarding Ashmari is available in almost all samhita (Ancient treatise) of Ayurveda.

approximately In India, million patients suffer from stone disease and at least 1/1000 of Indian population needs hospitalization due to kidney stone disease. The incidence of calculi varies as per geographical distribution, sex and age group. The recurrence rate is 50 to 80%. Males are more frequently affected than the female and their ratio is 4:3. The incidence is still higher in the age group between 30-45 vears and Incidence declines after age of 50.1

The therapies available in different systems of medicine are not able to prevent its pathogenesis, even the surgical methods available for the management of calculi like extracorporeal shock wave lithotripsy, cystolithotomy etc. also fail to prevent the recurrences and have even got many side effects such as sepsis, strictures, splenic rupture, renal haematoma, hydrothorax etc. So, the

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recurrences even after removal of the calculi is becoming a great problem and efforts are being made constantly to find out an effective treatment of urolithiasis as well as prevention of its recurrence. Hence, alternative treatment modalities have gained importance.

A number of Ayurvedic single medicinal herbs or formulations have been used since past for managing disorders including urinary calculi. They have been claimed to have litholytic and litho preventive properties. In Ayurveda numbers of drugs are mentioned to treat mutrashmari. Among them the Veertaradi kashayam and brihatyadi kashayam, Hajaral Yahud bhasma and rasayana churna were selected as ashmarihar regimen. This combination have properties like utkleshan and patan which are important for Ashmari chikitsa These drugs can be given on O.P.D basis and administered without requiring hospitalization. These drugs are easily available, economical and are easy to administer.

Aims & Objectives -

evaluate clinical To efficacy of Ashamarihara Regimen with reference to Utkleshana, Bhedan and patana of renal stones (Ashamari).

Case History.

A 66 year male patient came in OPD with complaints of burning micturition, mild pain both flank region. He had also report of USG (KUB region). In this report left kidney shows 8 mm size stone in right Upper pole calyx with mild hydronephrosis and proximal hydrouretor . After reporting of USG, urologist had given advice to go for surgery.

Table 1:

Sr. No.	Sanskrit name	Quantity
1	Vella (Virataru)	1 Part

Contents of veertaradi kashayam²

No.	Sanskrit name	Quantity
1	Vella (Virataru)	1 Part
2	Agnimanta	1 Part
3	Buka	1 Part
4	Vrasha(Vasa)	1 Part
5	Ashmabeda(Pashanabeda)	1 Part
6	Gokanta(Gokshura)	1 Part
7	Ithkata	1 Part
8	Sahachara	1 Part
9	Bana	1 Part
10	Kasa	1 Part
11	Vrikshadani	1 Part
12	Nala	1 Part
13	Kusha	1 Part
14	Darba	1 Part
15	Gunda	1 Part
16	Gundra	1 Part
17	Bhalluka	1 Part
18	Morata	1 Part
19	Kurantaka	1 Part
20	Rambha	1 Part

Method of preparation of Kashayam:

1 Part

Herbal ingredients (coarse powder) 1 part boiled in 16 parts of water and reduced to 4 part.

Table 2. Contents of brihatyadi kashayam³

Ingredients	Quantity
Solanum Indicum – Brihati (Indian Nightshade)	1 Part
Solanum Xanthocarpum –	1 Part

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Partha

Kantakari

Uraria Picta – 1 Part Prishnaparni 1 Part

Desmodium
Gangeticum – 1 Part
Shalaparni

Tribulus Terrestris – 1 Part Gokshura

Method of preparation of Kashayam:

Herbal ingredients (coarse powder) 1 part boiled in 16 parts of water and reduced to 4 part.

Table 3. Contents of rasayan churnam⁴

Sanskrit Name	Scientific Name	Part used	Quantity
Guduchi	Tinospara cordifolia (Wild.) Miers.	Dried stem	1 Part
Gokshur	Tribulus terrestris Linn.	Dried fruit	1Part
Arralaki	Embleo officinals Gaertn.	Pericarp of dried fruit	17at

Investigations:

The blood investigations like Serum Creatinine, Random Blood Sugar, Urine routine

microscopic examination, Ultrasonography (USG) of KUB region were carried out before

and after the treatment to assess the effect of therapy.

Table 4:

Urine routine microscopic investigation findings.

Investigati	Before	After
ons	treatment	treatment
Pus Cells	11-12/h.p.f	1-2/h.p.f
Albumin	Present (+)	Absent
Transpare ncy	Turbid	Clear

Table 5:

Biochemical investigation findings.

Investigations	Before	After
	treatment	treatment
Serum	0.9	0.7
creatinine	mg/dl	mg/dl
Random	157	94 mg/dl
Blood Sugar	mg/dl	

Table 6:

Images-Image 1- USG report before treatment

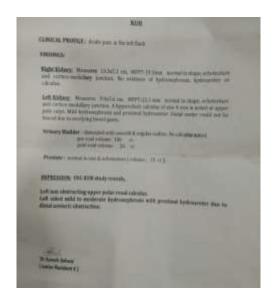


Image 2- Image of renal calculi brought by patient



RESULTS AND DISCUSSION

From the present study it becomes evident that Mutrashmari (Urolithiasis) in our Ayurvedic texts gives a clear idea of the disease⁵ that it has come into existence from the very beginning. In Ayurveda madhura (sweets) and guru (heavy for digestion) diets and hot climate are the

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main cause for the formation of Ashmari (stones).⁶ As this can be understood hypothetically with the present contemporary science that these types of food may reduce the solubility of crystals in the urine, this may lead into precipitations and formation of the stone.

Where as in Modern Science they have considered many causative factors for the stone formation, but stone has been seen even in those patients also, where these factors are absent. So in total, the etiology of the disease is still unknown.

In this case the prognosis of the disease was explained to the patient and consent has been taken that if condition becomes bad or any emergency occurs then he will be shifted to civil hospital. The medicine was started and observed weekly for improvement in size of calculus, pain, burning micturition, and hematuria.

On the 1st consultation day, left kidney shows 8 mm size stone in right upper calyx while right kidney shows normal echo texture (image 1)

After 15 days calculus of 8 mm from left kidney was expelled out (Image 2) and patient bought that stone in OPD in a intact condition with complete relief in signs and symptoms within just 15 days without any complications

In this regimen given, most of the ingredient have Tikta- Kashaya pradhana rasa, Laghu Ruksha Guna, Shita Virya, Katu Vipaka and Vata kapha Shamak and Mutrala. properties have Vedanasthapana, Anuloman and Bastishodhana Karma. It causes relief in symptoms of Ashmari by virtue of Vata kapha shamak, Vedanasthapana, Shothahara, Mutrala, Rasayana and properties.⁷ It also corrects Anuloman Pachana and Anulomanan Agni by properties, therefore it prevents formation of Ama as well as Pachana of Ama dosha and breaks the pathogenesis of Ashmari and helps to prevent further Ashmari formation. Thus brihatyadi kashay and Veertaradi kashayam both together do Ashmari patana. Hajaral Yahud bhasma has also sheet veerya. It acts as mutral, shamak on mutravaha srotas. Rasayana churna also have mutral properties as well as rasayana for mutravaha srotas. Thus this combination has been proven drug in treatment of Mutrashmari which helps in removal of stone and its related signs and symptoms by correcting the Agni and overall metabolism.

REFERENCES

- Nephrolithiasis, Author J Stuart, Walf Jr MD, FACS, Chief Editor; Bradly Fields Schwartz DO, FACS http://emedicine.medscape.com/article/437096-overview.
- 2. Ashtang Hridayam with commentary of Arun Datta and edited by sutra sthana chapter 15, sutra 24- 25
- 3. Sushrut samhita with commentary of Dalhan edited by Vaidya Yadavaji Trikamaji Acharya, sutra sthana chapter 3, sutra 31-32, Chaukhamba Surbharati Prakashan, Varanasi, reprint 2010 page
- 4. The Ayurvedic Formulary of India; part 3, 1stedition. Govt. of India, Ministry of Health and Family Welfare, New Delhi, 2011.
- 5. Sushrut samhita with commentary of Dalhan edited by Vaidya Yadavaji Trikamaji Acharya, nidan sthana chapter 3, sutra 8 Chaukhamba Surbharati Prakashan, Varanasi, reprint 2010 page 277

E- ISSN: 2320-7329

- 6. Charak samhita with commentary of Chakrapani Datta edited by Y.G. Joshi, chikitsa sthana chapter 26, sutra36, Vaidyamitra Prakashan, Pune, first edition, page
- 7. Ashtang Hridayam with commentary of Arun Datta and Hemadri edited by Vd Kunte, sutra sthana chapter 15, sutra 24-25 and Sushrut samhita with commentary of Dalhan edited by Vaidya Trikamaji Yadavaji Acharya, sutra sthana chapter 3, 31-32, Chaukhamba sutra
- Surbharati Prakashan, Varanasi, reprint 2010 page
- 8. Rasatantrasara and siddhayoga sangraha published by Krishna Gopal Ayurved Bhavan, Rajsthan, 15 th edition 2001, page-217.
- 9. Vagbhata, Astanga Hridaya, Uttara Sthana. Rasayana Adhyaya 39/160. Hindi Commentary by Kashinath Shastriand. In: Tripathi I, Tripathi S, editors. 1st ed. Varanasi: Krishnadas Academy; 1994. p. 637.4.

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