

# A Case Study on Ayurvedic Management of *Mutrashmari*

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**Abstract:** *Sushrut's "Ashtamahagadas" includes Mutrashmari<sup>[1]</sup>. Ashtamahagada in Ayurveda includes Ashmari among these fatal illnesses<sup>[2]</sup>. Due to Basti, one of the Tri Marma, being the Vyakta Sthana, its Marma Ashrayatwa makes it tough to treat<sup>[3]</sup>. It is Kapha predominant Tridoshaja Vyadhi. The lifetime prevalence of symptomatic urolithiasis is approximately 10% in men and 5% in women.<sup>[4]</sup> The urinary stones have a peculiar tendency of recurrence; despite of their surgical removal it is necessary to find out an economical effective, easily available modality to treat Mutrashmari. Objectives: The aim of this study was to evaluate the efficacy of Shodhan and Shaman Chikitsa in Mutrashmari. r. t. to nephrolithiasis. Materials and Methods: Here we report a case of 32-year-old female patient from Walkeshwar with the complaint of pain in abdomen referred to back, burning micturition, dysuria, giddiness since 1 week. The treatment protocol was Shodhan and shaman chikitsa. The outcome was measured based on symptomatic relief in sign and symptoms and based on USG abdomen and pelvis reports. This case study reported significant improvement in sign and symptoms.*

**Keywords:** *Mutrashmari, Basti, Trunpanchmool, Hajaralyahud*

## 1. Introduction

Ashmari comes under *Mutravahasrotovikara* and *Ashtamahagada* as described in *Sushruta Samhita*.<sup>[5]</sup> Charak has explained the *samprapti* of *Mutrashmari* in *Trimarmiyadhyaya* of *chikitsasthan*. Along with *kapha dosha* in *mutravahastrotas* vitiated *vata dosha* lead to *ashmari* formation. There is reduction in volume of urine due to saturation of *kapha dosha* thus causing formation of *Ashmari*.<sup>[6]</sup> *Mutravegaavarodha* or *vegadharana* is another cause attributed to the formation of *Ashmari*.<sup>[7]</sup> Nephrolithiasis is typical and the second most common urinary tract disease with a high recurrence rate. The cause for the formation of stone is due to the factors like; concentrated urine, deficiency of stone inhibitor substance like mucopolysaccharides, citrate etc. geographical condition, dietary factors have their key role to play. This case was taken up to treat effectively through interventions of Ayurveda i.e. *Abhyang*, *Swedan*, *Basti* and *Shaman aaushadhi*. The patient reported significant improvement in signs and symptoms.

## 2. Case Report

A female patient of age 32 years residing at Walkeshwar visited M. A. Podar Hospital on Dec 22 was admitted in hospital with following chief complaints –

1. *Vam kukshishool*
2. *Sadahamutrpravritti* since 1 week
3. *Saruja Mutrapravritti*
4. *Aruchi*

- Family History- Nil
- Past medical history- H/o Jaundice, 1 yr ago.
- Past surgical history- Nil
- Drug Allergies- Not yet known.
- Addiction- Nil
- O/E- Blood pressure- 90/60 mmHg
- Pulse rate- 90/min

Temperature- 98.6 F

- Weight- 59 kg
- S/E-RS-AEBE Clear
- CVS-S1S2 Normal
- CNS-Conscious, oriented
- P/A-Tenderness at Right lumbar region with mild gaseous distension

### Ashtavidha Pariksha-

- 1) *Nadi*- 90 bpm
- 2) *Mala-Grathitmalpravritti*
- 3) *Mutra-Dysuria*, Burning micturition
- 4) *Jivha-Saam*
- 5) *Shabda-Spashta*
- 6) *Sparsha-Prakrit*
- 7) *Druka-Prakrit*
- 8) *Aakruti-Madhyam*

### Investigations

USG Abdomen and Pelvis- A 5.7 mm calculus noted at lower pole of left kidney.

### Samprapti Ghatak-

- *Dosha-Apan vayu, Shleshakapha*
- *Dushya-Shukra, Mutra*
- *Srotas-MutravahaSrotasa*
- *Srotodushti-Sanga*
- *Rogamarga-Abhyantar*
- *Agni-Jathargnimandya*
- *Adhishtana-Basti*
- *Vyaktasthana-Mutravahasasthan*

### Nidanpanchak-

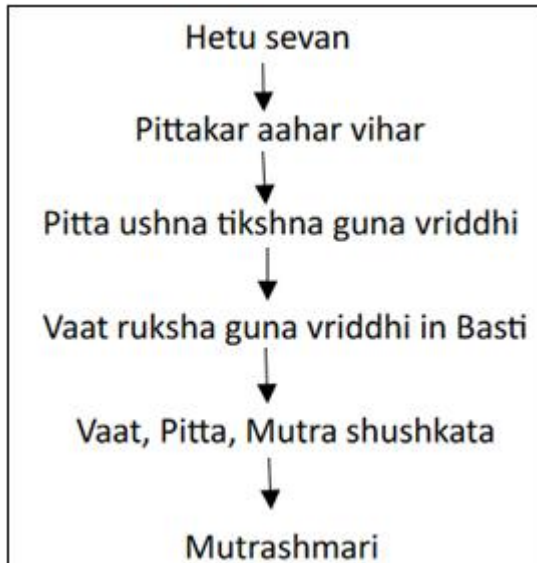
- *Hetu-Katu, amla, lavan rasa atisevan, Diwaswap, Krodh, Mutra vegvidharan*
- *Purvaroop-Aruchi, Jwara, Aadhman, Bhrama*
- *Roop-Vam kukshishool, Sadahamutrpravritti, Saruja Mutrapravritti*
- *Rog Vinishchay-Pittaj Mutrashmari*

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- *Samprapti-*



- *Rasavaha Srotas – Jwara, Aruchi*

**Diagnosis and Assessment**

Criteria of assessment were based on

- 1) VAS scale [8], USG abdomen and pelvis, Urine routine and microscopic examination
- 2) Severity of signs and symptoms

**Vikrit Srotoparikshan-**

- *Mutravaha Srotas-Vam kukshishool, Sadahamutrapravritti, Saruja Mutrapravritti*

**Table 1**

Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
<i>Kukshishool</i>	None	Mild (Occasionally Present but does not disturb day to day activities)	Moderate (Present and disturbs day to day activities)	Severe (Patient rolls over bed due to pain)
<i>Sadaha Mutrapravritti</i>	None	Mild (Rare burning in the morning or at starting micturition)	Moderate (Tolerable burning in the morning and at starting)	Severe (Intolerable burning in the morning at the starting of micturition and prolonged after micturition)
<i>Saruja Mutrapravritti</i>	None	Mild (Occasional pain during micturition)	Moderate (Tolerable pain at starting and during micturition)	Severe (Intolerable pain at starting and during micturition and prolonged after micturition)

Subjective criteria for the assessment of the disease were taken as follows:

**3. Result**

**Objective Criteria for Assessment**

**Symptomatic Relief**

**Table 2**

Parameters	Before Treatment	After Treatment
1. <i>Kukshi shool</i>	3	1
2. <i>Sadaha mutrapravritti</i>	3	0
3. <i>Saruja mutrapravritti</i>	3	0

**Table 3**

Assessment Criteria	Before Treatment	After Treatment
1. VAS Scale	9	2
2. USG abdomen and pelvis	5.7 mm calculus noted at lower pole of left kidney.	No calculus seen
3. Urine routine and microscopic		
a) Epithelial cells	4-5 /hpf	Nil
b) Pus cells	15-20	Nil

Therapeutic intervention is as follows-

**Table 4**

S No.	Date	Symptoms	Treatment				
1.	06/12/22	<i>Vam kukshishool, Sadahamutra pravritti, Saruja Mutrapravritti, Aruchi</i>	<i>Adhonabhisnehan</i>	<i>Tiltaila</i>			
			<i>Mrudu nadiswedan</i>	<i>Dashmool Eranda</i>			
			<i>Yogbasti krama</i>	<i>Anuvasanbasti</i>	<i>Shatavari taila</i>		1, 3, 5, 7, 8 <sup>th</sup> day
			<i>Shaman chikitsa</i>	<i>Niruhabasti</i>	<i>Trunpanchmooladibasti</i>		2, 4, 6 <sup>th</sup> day
				1. <i>Hajaralyahud bhasma- 250 mg</i> <i>Pashanbhed – 2 gm</i> <i>Gokshur – 2 gm</i>	2.25 gm BD	Before food	<i>Varunadi Kwath</i>
	2. <i>Chandraprabha vati</i>	500 mg BD	Before food	Warm water			

				3. Varunadi Kwath	30 ml BD	Before food	Warm water
				4. Shunthi siddha erandasneha	15 ml OD	Early morning	Warm water
				5. Ushir siddha jal		Muhurmuhu	
2.	15/12/22	Alpa Vam kukshishhol	Shaman chikitsa	1. Hajaralyahud bhasma- 250 mg Pashanbhed – 2 gm Gokshur – 2 gm	2.25 gm BD	Before food	Varunadi Kwath
				2. Chandraprabha vati	500 mg BD	Before food	Warm water
				3. Varunadi Kwath	30 ml BD	Before food	Warm water
				4. Shunthi siddha erandasneha	15 ml OD	Early morning	Warm water
				5. Dhanyak – Jeerak Phanta		Muhurmuhu	
3.	23/12/22	Upashayprapti	Apunarbhavchikitsa	Varunadi Kwath	30 ml BD	Before food	Warm water

#### 4. Discussion

Ayurvedic Management of *Mutrashmari* is based on the *Nidan Parivarjan Sanshodhan, Sanshaman* and *Shastra Karma*. Here patient is managed with *Abhyang, swedan, Basti* and *Shaman aashadhii. e. Ashmaribhedak* and *mutraladravyas* followed by *Apunarbhavchikitsa*. The treatment principles applied for the management of this disease condition are *Vedanasthapana, Ashmarinirharan*. The probable mode of action of these afore mentioned *Shodhan* and *Shaman Chikitsa* can be explored as follows:

##### Shaman Chikitsa Mode of Action –

- 1) **Hajaralyahudbhasma** <sup>[9]</sup>- Because of *madhur rasa* acts as a *mutrala* and dilutes the concentrated urine. The *sheeta, madhur* and *guru* properties reduces the *mutradaha*.
- 2) **Pashanbhed** <sup>[10]</sup>- Its *mula* is *snigdha, tikshnasheet* *Viryatmak* described as *Ashmaribhedak* and *Mutral*.
- 3) **Gokshur** <sup>[11]</sup>- It is described as *Bastishodhak* and *mutral*.
- 4) **Chandraprabha Vati** <sup>[12]</sup>- It is indicated in *Mutrakrichra, Ashmari*. It contains *Shilajithu* which is used for the management of *Bastigatavyadhi*. Its ingredient, Camphor acts as anti-inflammatory, antiseptic, diuretic and recommended in urinary tract infections. Other contents like *Yavakshara* and *Svarjikakshara* are alkaline substances which decrease the acidity of urine. It contains potassium sulphate, potassium bicarbonate and potassium carbonate, thus acts as an alkalizer and helps in the disintegration of renal calculi <sup>[13]</sup>.
- 5) **VarunadiKashay** <sup>[14]</sup>- The *Varundigana* formulation pacifies *Kapha Dosha* by virtue of their *Ruksha Guna, KatuVipak*, and *Ushna Virya*. It has properties of *chedana, bhedana, mutrala, anulomana*. Its *Vatanulomana* and *Mutrala* properties help to relieve pain. It is effective in management of urinary problems, including diuretic, lithotriptic and anti-spasmodic Properties <sup>[15]</sup>.
- 6) **Shunthi siddha eranda Sneha**- It is *aampachan* and *vatanuloman* and *rechak*. . It helps in normalising *apanvayu karma*.

7) **Ushir** <sup>[16]</sup>- Due to its *sheet virya* it is works as *mutrajanan*.

##### Shodhan Chikitsa Mode of Action-

**ABHYANG**-*Abhyanga* is done on the skin with *Taila* which is best among all the *Vata Kaphahara* drugs which alleviates *Vata*. It decreases stiffness, increases muscle blood flow, decreases pain, and decreases spasm.

**NADISWEDAN** <sup>[17]</sup>-*Vata Dosha* is *Sheeta, Ruksha* in nature and *Sweda* being *Ushna* and with prior *Snehan*, alleviates *vata dosha* and thereby reduces pain and stiffness. *Mutrashmari* is a *shoolapradhanavataavyadhi* and *shulavayuparama* is the sign of proper *swedan*.

**BASTI**-*Basti Chikitsa* has important role in *Ashmari*. As mentioned by our Acharyas that pain cannot occur without involvement of *Vata* and *Basti* is *Ardha Chikitsa* mentioned for *Vata Dosha*. In this case study *yogbasti karma* was chosen in which *Anuvasan* with *Shatavari taila* which pacifies *shool* and *daha* symptoms and *Niruh* with *Trunpanchmooladikashay* which pacifies *pitta* dominating symptoms and thereby brings out *sampraptibhanga*.

- 1) **Anuvasan Basti**-In *Anuvasana Basti Sneha* is used. Nothing is as superior as *Taila* in destroying *Vata* as *Taila* with its *Snigdha Guna* destroys *Rukshata*. **Shatavari Taila** <sup>[18]</sup>-*Shatavari taila* has *Madhura, Tikta rasa, Guru, Snigdha guna, Sheeta Virya* and *Madhura Vipaka*. Thus, it pacifies *Vata* and *Pitta Dosha* being antagonist to them. *Shatavari* has antioxidant, diuretic activities <sup>[19]</sup>.
- 2) **Niruh Basti**-In *Piitaj Mutrashmari* the main dosha involved is *Pitta*. Eliminating them from *pakvashaya* and attaining *apanavataanuloman*, *Agni deepan* and *pakvashaya* sthita dosha nirharan is the main purpose of administrating *niruhbasti*.

##### Trunpanchmooladi Niruh <sup>[20]</sup>-

Table 5

Basti	Content	Dravya
Makshik	50 ml	
Saindhav	5 gm	
Sneha	100 ml	Til Taila
Kwath	400 ml	Kush, Kash, Darbha, Nal, Kandekshu

*Trunpanchmooladibasti* acts as a *mutrala* also helps in *dahashaman* and pacifies *pitta vatadosha*.

- *Kusha*<sup>[21]</sup>: Due to *sheet* property it is *Mutral*
- *Kasa*<sup>[22]</sup>: Due to its *sheet* property it is *Mutral*.
- *Kasheru*<sup>[23]</sup>: It is madhurrasatmak, *sheet viryatmak*.
- *Kandekshu*<sup>[24]</sup>: Due to *sheetvirya* it is *Mutral*.

#### Basti Mode of Action-

Acharyas have mentioned about the process of *Mutra Uttapati*. After *Sara Kitta Vibhajana*, *Kitta* converts into *Purisha* and *Mutra*. The process starts in *Pakwashaya*, where complete digestion occurs and liquid portion of *Kitta* part is sent to *Basti* and expelled out as *Mutra*<sup>[25]</sup>. *Pakwashaya* is the *Pradhana Sthana* of *Vata Dosha* and *Basti* administered stays in *Pakwashaya* to show its action.

#### 5. Conclusion

*Ashmari* is a *Kapha Pradhana Tridoshaja Vyadhi* and *Basti Marmasritha Vyadhi*. Acharyas has specifically mentioned many treatment modalities for reducing the symptoms as well as eliminating the *Ashmari* from its root, in which *Basti* and *Virechanais* having prime importance. This therapeutic intervention i.e. *Shodhan and Shaman chikitsa* gives more than 85% relief of sign and symptoms of the disease followed by non-recurrence. This ayurvedic management proves to be effective in managing *Mutrashmari* with good results and considerable improvement in general well-being of the patient.

Source of Support- Nil

Conflict of Interest- Nil

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