Ayurvedic Management of Ashmari – A Single Case Study

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A B S T R A C T

Since ancient times Ashmari is mentioned in Ayurvedic texts. Ashmari is a disease related to the urinary system (Mutravahasrotas). Mutrashmari is described under Asthamahagad (difficult to cure) in Ayurveda. It possesses symptoms such as Juara (Fever), Basti Pida (Discomfort and pain in the bladder), Aruchi (Anorexia), MutrakrIrcha (Difficulty in micturition), Bastishira Vedana (Pain in Urethra), Mushka Vedana (Pain in testicles) and Shepha Vedana (Pain in the penis) have been described in Ayurvedic classical texts.

A 34-year-old female patient visited OPD, with complaints of pain in the right side of the Abdomen, Burning Micturition, Nausea and Vomiting. The USG reported calculus measuring 16-17mm in right upper ureter 5mm in lower calyx of right kidney and few tiny 3-4 mm in right kidney 5-4 mm in Left kidney with the normal functioning of vitals. The patient was treated with Chandraprabha Vati 2 BD, GokshuradiGuggulu 2 BD, Gokshurchurna + Panamava churna and Hajnalyahoodbhasma BD on OPD basis. The patient was advised initially follow up after 7 days and later after every 15 days. Along with medication, the patient was also advised to follow diet and lifestyle restrictions. The patient got relief in signs and symptoms and the USG report showed size of calculus decrease and some small calculi expelled.

Keyword: Asthamahagad, Mushka Vedana, Ashmari, Chandraprabha Vati

A R T I C L E I N F O: Received 12 April 2023; Review Complete 23 June 2023; Accepted 16 July 2023; Available online 15 Aug 2023

Cite this article as: Parmar D, Patel J, Padadharia D, Ninama D, Ayurvedic Management of Ashmari – A Single Case Study, Asian Journal of Pharmaceutical Research and Development. 2023; 11(4):56-60. DOI: http://dx.doi.org/10.22270/ajprd.v11i4.1308

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INTRODUCTION

Renal calculi are a common problem due to changing lifestyles. It is recurrent in nature. The cases of renal calculi are mostly Seen at age of 20-40 years and decline with over 50 years. Modern science stresses various factors like genetics, age, sex, metabolic disorders, Sedentary lifestyle, dehydration, the mineral content of water, nutritional deficiency etc. for Urinary stone formation. Urolithiasis causes pain, loss of working time, medical expenses, need for hospitalization and an infrequent reason for renal failure. In modern science, the best possible management for urinary calculus is the use of drugs to correct the involved Pathologies and use of diuretics as well as surgical intervention including open surgery, percutaneous techniques etc.

Renal stone is resembling Ashmari in Ayurveda. Ashmari is the Disease that is coming under the Asthamahagad (difficult to cure). Ashmari is vyadhi which is considered under Mutravaha Srotas. As Basti come under Trimarma (threelfold of Life) so Acharya Sushruta described Ashmari as darun (fatal) disease. Acharya Sushruta has been described as various medicines as well as surgical intervention for Vrikkashmari. Medicinal treatment is advised to be undertaken in the early stages of the disease. Indication of surgical management has been suggested along with a note of caution for complications. Surgical treatment must be accepted only on failure of conservative treatment and when death becomes inevitable. In Ayurveda, there are various formulations like the use of various Ghrita Kwatha, Churna, Kshara Dravyasetc. in Ayurveda, 4 types of Ashmari are described by Acharyas. Vatajasmari, Pittaj Ashmari, Kaphaj Ashmari and shukraj Ashmari. structure and symptoms are different. Vataj Ashmari symptoms resemble with Calcium Oxalate type Stone, Pittaj Ashmari symptoms resemble with Uric Acid type stone, Kaphaj Ashmari symptoms resemble with...
Oxalate/Phosphate type stone. Mostly Kaphajpradhnya dosh is involved in Ashmari.

1. VatajAshmari (Calcium Oxalate Stone)

VatajAshmari is blackish, hard, irregular, rough structure and like Kadamb flower full of the stone on it. Symptoms are intense pain in the abdomen, Guda (Anal) region. Burning at penis, difficult to excrete Vata, Mutra, and stool.

2. Pittaj Ashmari (Uric Acid Stone)

PittajAshmari looks like BhallatakAsthi. Symptoms are burning Micturition, yellow urine.

3. Kaphaj Ashmari (Oxalate/Phosphate stone)

It is white, slimy, big in size, look like mahua colour. Symptoms are a pain in basti region, shaitya.

4. Nidana of Vrikashmari

According to Acharya Sushruta – There are two main Nidanas of Vrikakashmari.

- Asamshodhana
- Apathyasevana.

Samprapti of Ashmari

According to Sushruta due to Apathyasevana and other etiological factors (Viruddha Vihara), having the vitiation of Kaphadosha mutra leads to the formation of Aama results in mandagni, kapha gets accumulated in vrikka and action of Ushma of Pitta, Shoshana by Vata Dosh leads to dries up the Mutra, the vitiated Kapha Dosha in the Vrikka Bhaga harden components lodged in.

Apathya Sevan and other etiological factors (Viruddha Vihara) Ama Utpatti due to Jathragnimandhya Aggravates Kaphadosha vitiation Vitiated Kaphadosha mixes with Mutra, Ushma and aggravated Vata dries up Mutra Sihananshshraya at VrikkaAshmari (stone formed) in Vrkkka.

CASE STUDY

A 34 -years old Female Patient came in OPD with symptoms of

- Pain in the right and left side of Abdomen
- Burning Micturition
- Nausea
- Vomiting

History of Present Illness – The patient was normal before 9-10 months, afterwards she is complaining of spasmodic pain on the right side of the Abdomen, Burning Micturition, Nausea, and vomiting. She had taken Opinion of Modern Diagnosed as Kidney stone. She took analgesics, antiemetic medicine but had Symptomatic Relief for some days. So, she came to govt.akhandanand hospital for ayurvedic treatment.

Past History- She had no history of Diabetes Mellitus, Hypertension, Asthma, and Hypothyroidism or any type of Surgery.

Family History- NAD

Clinical Examination

Per Abdomen Examination- elicited tenderness on the right and left lumbar region of the Abdomen.

No other Abnormality Detected during the general and systemic examination.

Vital Parameters- Vital Parameters were normal

USG Report Shows- (07/09/2022) The right kidney is normal in size and reported calculus measuring 16-17mm in right upper ureter 5mm in lower calyx of right kidney and few tiny 3-4 mm in right kidney 5-4 mm in Left kidney.
Before treatment

Material and Method

Table 1:

<table>
<thead>
<tr>
<th>Sr No.</th>
<th>Name of Drug</th>
<th>Dose of Drug</th>
<th>Kala</th>
<th>Frequency</th>
<th>Anupan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chandraprabha Vati</td>
<td>2 tablet</td>
<td>After food</td>
<td>2 times</td>
<td>Jala</td>
</tr>
<tr>
<td>2</td>
<td>Gokshuradi Guggulu</td>
<td>2 tablet</td>
<td>After food</td>
<td>2 times</td>
<td>Jala</td>
</tr>
<tr>
<td>3</td>
<td>Gokshurchurna Punarnava churna</td>
<td>Each 1 gm</td>
<td>After food</td>
<td>2 times</td>
<td>Jala</td>
</tr>
<tr>
<td>4</td>
<td>Hajmul yahood bhasma</td>
<td>1 pinch</td>
<td>After food</td>
<td>2 times</td>
<td>Jala</td>
</tr>
</tbody>
</table>

The patient was advised to drink plenty of water and avoid a protein-rich diet like egg, meat soybean, Dairy products etc., and Oxalate rich food like Spinach, Tomatoes, Ladyfinger, Chocolates, cold drinks etc and avoid Calcium supplements.

Composition of Prescribed Formulation Medicines

1. Chandraprabhavati


2. Gokshuradi Guggulu


3. Gokshurchurnaand Punarnava churna

4. Hajmul Yahood (Badarashma) Bhasma contains hajarulyahood (badarashma) bhasma prepared using shuddhahajarulyahood (badarashma) and moolakwarasa as active ingredients that help maintain your overall well-being and act as asharibhedan
After treatment

**FOLLOW UP & OUTCOME:**

The patient was advised to follow up initially after 7 days and later after every 15th day. Nausea and vomiting were relieved and mild relief in burning micturition within 7 days. However, mild intensity pain in the right side of the abdomen was there on the second follow-up visit, burning micturition was moderately relieved. The pain was completely gone on the third follow-up and no other follow-up details.

<table>
<thead>
<tr>
<th>Date</th>
<th>Follow-up Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/03/23</td>
<td>First visit to OPD prescribed Ayurvedic medicines Chandraprabha Vati, Gokshuradi Guggulu and Punarnavachurna along with Hajrulayodhbasmaand Diet and lifestyle modifications</td>
</tr>
<tr>
<td>18/03/23</td>
<td>1st Follow-up visit Nausea and vomiting were relieved. Mild relief in burning micturition, right side Abdominal Pain was not relieved. Continue with the same medication.</td>
</tr>
<tr>
<td>01/04/23</td>
<td>2nd Follow-up visit Right side Abdominal Pain got mild in intensity, burning micturition 50% relieved. Continue with the same medication.</td>
</tr>
<tr>
<td>15/04/23</td>
<td>3rd Follow-up visit 70% got relief in all symptoms. Continue with the same medication. Advised to repeat ultrasonography on 5th follow up.</td>
</tr>
<tr>
<td>06/05/23</td>
<td>4th Follow – moderately relief in all symptoms. No fresh complaints.</td>
</tr>
</tbody>
</table>

**DISCUSSION**

*Acharya Susruta* considered *Ashmari* as a grave disease and fatal as death itself. As per Ayurveda, the main reason for *Ashmari* is an aggregation of *Kaphapradhanada dosha* in *Mutravahasrotas* due to *Agnimandya* and *Ama* formation.

The process of *Ashmari* formation takes place by the stagnation and supersaturation of the urine and by crystallization of the crystalloids within the urine. The mechanism of renal calculus formation as per modern medical science is a complex process that ends up from various complex processes including supersaturation, nucleation, growth aggregation, and retention of urinary stone constituents within tubular cells. Despite a big selection of conventional medical intervention options, 50-70% of patients suffer a minimum of one recurrence, and 10-20% experience three or more further episodes of recurrence. If left untreated or poorly treated, it could result in urinary tract infection, urinary obstruction, chronic kidney diseases, nephropathy, and hypertension.

Ayurvedic drug management to disintegrate the pathogenesis of *Ashmari* includes the drugs with the following properties: *Ashmari-Bhedana:* Disintegration, dissolution, expulsion, and to some extent prevention of urolithiasis like *Gokshura* (Trubulusterestris Linn.), *Varuna* (Crataeavigumvalva Buch-Ham.), *Pashanbhedha* (Bergeniaclilata Sternb.), *Kulatha* (DolichobiflorusLinn.). *Punarnava* (Boerhavadiiffusa Linn.) etc 12 13 Further - Drugs that increase the urine production and are thus helpful in the expansion of the calculi like *Gokshura, Punarnava, Shvetaparpati, Trinapanachamula* etc. 14 15 *Deepana-Pachana* - Drugs to correct abnormalities in the digestion and metabolism (as the intermediary metabolites (ama) being excreted through the urinary tract could precipitate and give rise to urolithiasis) like *Trinaku* [Combination of *Shunthi* (Zingiberofficinale), *Pippali* (Piper longum). *Maricha* (Piper nigrum)]. *Triphala* [Combination of *Haritaki* (Terminaliachebula). *Bibhitak* (Terminaliabellerica). *Amalaki* (Phyllanthusemblica)]. *Musta* (Cyperusrotundus) etc. *Vedanasthapana & Shothahara* Anti-inflammatory and analgesic drugs like Chandraprabha, Guggulu, Gokshura, Punarnava etc. 16 17

The constituents of the prescribed medicines, Chandraprabha Vati, Gokshuradi guggulu and Gokshur churna and Punarnava churna have *Ashmari Bhedana* (lithotripsic), *Mutrala* (diuretic), *Vedanasthapana* (analgesic), *Shothahara* (anti-inflammatory), *Basti-shodhana* (improve kidney functions), *Daha shakama* and *Deepnapachana* (correct digestion and metabolism) properties as mentioned above. By means of these medicinal properties, the administered drugs have effectively disintegrated the pathogenesis of *Ashmari* and lead to expulsion of the *Ashmari* from the urinary tract in the present case.

**CONCLUSION**

Chandraprabha Vati, Gokshuradi Guggulu and Gokshur and Punarnava churna and hajrulayodhbasma are effectively disintegrated the pathogenesis of *Ashmari*, providing complete relief in burning micturition, dysuria, and expulsion of *Ashmari* from the urinary tract in the present case. This case shows the effective conservative management of *Ashmari* with Ayurvedic medicines with no adverse events.


**REFERENCES**

1. Role of imaging techniques in the diagnosis of Vrakkashmari (urolithiasis) and Shikhadi compound its management - Sharma Anilkumar-2001
Chapter 07 Verse 03. First ed New Delhi Chaukhamba Publications 2018:348

4. Patil VC. Rajeshwar NM editors Sushrut samhita of Susruta Nidanasthana Ashmarichikitsadhya: Chapter 03 Verse 03. First ed New Delhi Chaukhamba Publications 2018; 26


