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Case Study

## Ayurvedic Management of Ashmari – A Single Case Study

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## ABSTRACT

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 *Jwara* (Fever), *Basti Pida* (Discomfort and pain in the bladder), *Aruchi* (Anorexia), *Mutrakriccha* (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* + *Punarnava churna* and *Hajrulyahoodbhasma* 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*

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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 Strotas*. As Basti come under *Trimarma* (threefold 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.<sup>1</sup> 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 *Ghritha Kwatha*, *Churna*, *Kshara Dravyas* etc.<sup>2</sup> In *Ayurveda*, 4 types of *Ashmari* are described by *Acharyas*. *Vatajashmari*, *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 *Kaphajpradhyanya* dosh is involved in *Ashmari*.

### 1. *VatajAshmari* (Calcium Oxalate Stone)

*VatajAshmari* is blackish, hard, irregular, rough structure and like Kadamb flower full of the spike 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 Vrikkashmari*

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

- *Asamshodhana*
- *Apathyasevana*.

### Samprapti of Ashmari

According to *Sushruta* due to *Apathyasevana* and other etiological factors (*Viruddha Vihara*), having the vitiation of *Kaphadosha* of *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 Sthanasnshraya* at *VrikkaAshmari* (stone formed) in *Vrikka*.

### 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

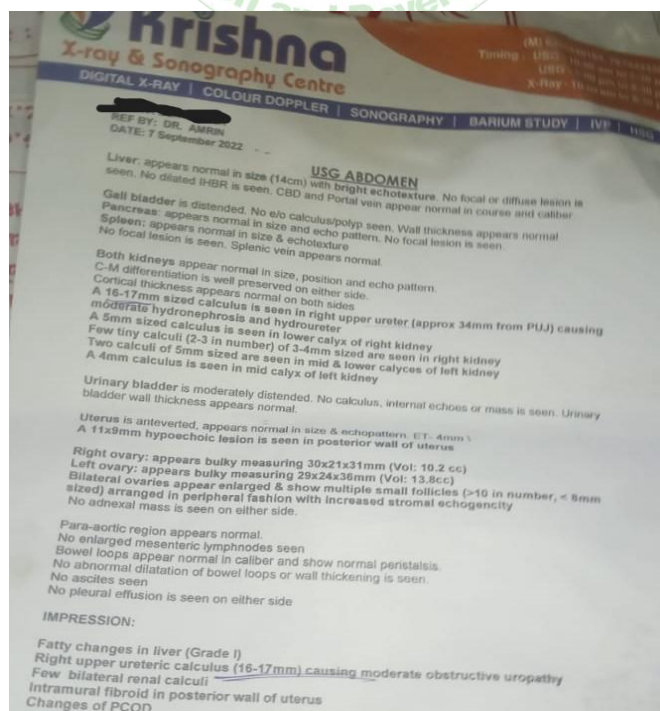
### Clinical Examination

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:

Sr No.	Name of Drug	Dose of Drug	Kala	Frequency	Anupan
1	Chandraprabha Vati	2 tablet	After food	2 times	Jala
2	Gokshuradi Guggulu	2 tablet	After food	2 times	Jala
3	Gokshurchurna Punarnava churna	Each 1 gm	After food	2 times	Jala
4	Hajnul yahood bhasma	1 pinch	After food	2 times	Jala

The patient was advised to drink plenty of water and avoid a proteinrich 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

Ingredients: *Chandraprabha* (Cinnamomum camphora), *Vacha* (Acorus calamus) *Musta*, (Cyperus rotundus) *Bhunimba*, (Andrographis paniculata) *Daruka*, (Cedrus deodara) *Haridra*, (Curcuma longa) *Ativisha*, (Aconitum heterophyllum) *Darvi*, (Berberis aristata) *Pippalimoola*, (Piper longum) *Chitraka*, (Plumbago Zeylanica) *Trivrit*, (Operculinaturpethum) *Danti*, (Baliospermum montanum) *Patra*, (Cinnamomum tamala) *Twak*, (Cinnamomum zeylanicum) *Ela*, (Elettaria cardamomum) *Vamshalochana*, (bambusabambos) *Dhanyaka*, (Coriandrum sativum) *Haritaki*, (Terminalia Chebula) *Vibhitaki*, (Terminalia bellirica) *Amalaki*, (Emblica officinalis) *Chavya*, (Piper chaba) *Vidanga*, (Embeliaribes) *Gajapippali*, (Piper chaba) *Swarna makshikabhasma*, *Shunti*, (Zingiber officinalis)

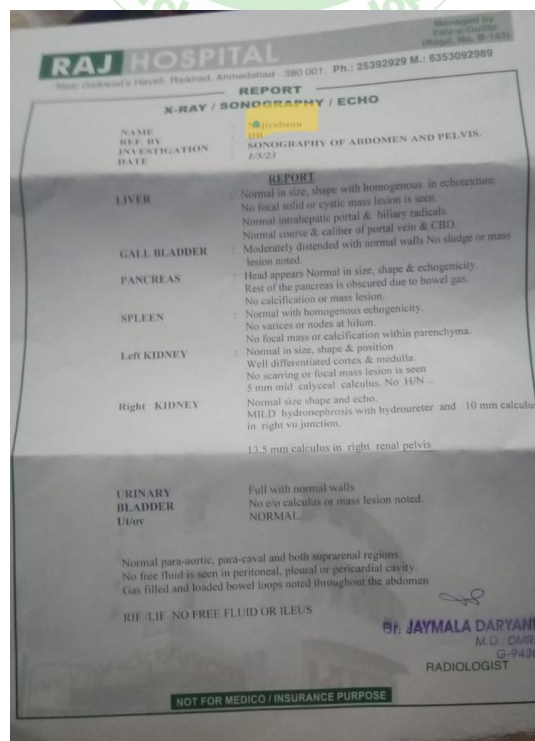
*Marich*, (Piper nigrum) *Pippali*, (Piper longum) *Yava kshara*, *Swarjikkshara*, *Saindhava lavana*, (Rock salt) *Sauvarchalalavana*, *Vida lavana*, *Loha Bhasma*, *Sita*, (Sugar) *Shilajatu* (Asphaltum Guggulu, (Commiphoramukul)

### 2. Gokshuradi Guggulu

*Gokshur*, (Terribulus Terrestris) *Guggulu*, (Comiphoramukul) *Shunthi*, (Zingiber officinale) *Maricha*, (Piper nigrum) *Pippali*, (Piper longum) *Haritaki*, (Terminalia Chebula) *Vibhitaki* (Terminalia bellirica) *Amalaki*, (Emblica officinalis) *Musta* (Cyperus rotundus) *Varunadi Kwatha Varuna* (Crataevanurvala) *Pashanbheda*, (Berginialigulata) *Shunti*, (Zingiber Officinale) *Gokshur* (Terribulus Terrestris)

### 3. Gokshurchurnaand Punarnava churna

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





## 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

complaints were told by the patient. The patient was advised to repeat Ultrasonography (whole abdomen) scan after the 2 month of treatment.

A repeat Ultrasonography scan was done on the 01/05/ 2023 and did decrease the size of calculus and small calculus were expelled out. She has moderately relief in pain abdomen, burning micturition, nausea, and vomiting. The patient was advised to carefully continue following diet and lifestyle restrictions to prevent the re-occurrence of calculus.

Table: 2

11/03/23	First visit to OPD Prescribed Ayurvedic Medicines <i>Chandraprabha Vati</i> , <i>Gokshuradi Guggulu</i> and <i>Gokshur</i> and <i>punarnavachurna</i> along with <i>Hajrulyahoodbhasma</i> and Diet and Lifestyle Modifications
18/03/23	1st Follow- up visit Nausea and vomiting were Relieved, Mild relief in Burning Micturition, Right side Abdomen Pain was not relieved. Continue with the same medication.
01/04/23	2nd Follow-up visit Right side Abdomen Pain got mild in intensity, burning micturition 50% relieved. Continue with the same medication
15/04/23	3rd Follow-up visit 70% got relief in all symptoms. Continue with the same medication. Advised to repeat ultrasonography on 5 <sup>th</sup> follow up.
06/05/23	4th Follow – moderately relief in all symptoms.No fresh complaints.

## DISCUSSION

Acharya Susruta considered *Ashmari* as a grave disease and fatal as death itself.<sup>3</sup> As per Ayurveda, the main reason for *Ashmari* is an aggregation of *Kaphapradhana dosha* in *Mutravahasrotas* due to *Agnimandya* and *Ama* formation.<sup>4</sup> The process of *Ashmari* formation takes place by the stagnation and supersaturation of the urine and by crystallization of the crystalloids within the urine.<sup>5</sup> 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.<sup>6</sup> Despite a big selection of conventional medical intervention options, 50% of patients suffer a minimum of one recurrence, and 10-20% experience three or more further episodes of recurrence.<sup>7,8</sup> If left untreated or poorly treated, it could result in urinary tract infection, urinary obstruction, chronic kidney diseases, nephropathy, and hypertension.<sup>9,10,11</sup>

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* (*Tribulusterrestris* Linn.), *Varuna* (*Crataevamurvala* Buch-Ham.), *Pashanbheda* (*Bergeniaciliata* Sternb.), *Kulatha* (*Dolichosbiflorus* Linn.), *Punarnava* (*Boerhaviadiffusa* Linn.) etc.<sup>12,13</sup> *Mutrala* - Drugs that increase the urine production and are thus helpful in the expulsion of the calculus like *Gokshura*, *Punarnava*, *Shvetaparpati*, *Trinapanchamula* etc.<sup>14,15</sup> *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 *Trikatu* [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.<sup>16,17</sup>

The constituents of the prescribed medicines, *Chandraprabha Vati*, *Gokshuradi guggulu* and *Gokshur churna* and *Punarnava churna* and *Hajrat yahood bhasma* have *Ashmari Bhedana* (lithotriptic), *Mutrala* (diuretic), *Vedanasthapana* (analgesic), *Shothahara* (anti-inflammatory), *Basti-shodhana* (improve kidney functions), *Daha shamaka* and *Deepanapachana* (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 *hajrulyahoodbhasma* 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

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