A Case Study on Ayurvedic Management of Mutrashmari

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Abstract: Sushruta’s “Ashtamahagadas” includes Mutrashmari³. Ashtamahagada in Ayurveda includes Ashmari among these fatal illnesses³. Due to Basti, one of the Tri Marma, being the Vyakta Sithana, its Marma Ashrayata makes it tough to treat⁵. It is Kapha predominant Tridoshaj Vyadhi. The lifetime prevalence of symptomatic urolithiasis is approximately 10% in men and 5% in women.⁴ 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 Mutrashmariw, 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, Tranpanchmool, Hajaraalyahud

1. Introduction

Ashmari comes under Mutravahasrotvikara and Ashtamahagada as described in Sushruta Samhita.⁶ Charak has explained the samprapti of Mutrashmari in Trimarmiyadhyaya of chikitsasthan. Along with kapha dosha in mutravahasrotas vitiated vata dosha lead to ashamari formation. There is reduction in volume of urine due to saturation of kapha dosha thus causing formation of Ashmari.⁶ Mutraveguavardhodha or vegadharana is another cause attributed to the formation of Ashmari.⁷ 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 aushadhi. 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. Sadahammutrapravritti 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-Grahitimalpravritti
3) Mutra-Dysuria, Burning micturition
4) Jivha-Suam
5) Shabda-Spashta
6) Sparsha-Prakrit
7) Druka-Prakrit
8) Akruti-Madhyam

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

Samprapti Ghatak-
- Dosha-Apan vayu, Shleshakkapha
- Dushya-Shukra, Mutra
- Srotas-MutravahaSrotasa
- Srotadveshti-Sanga
- Rogamarga-Abhyantar
- Agni-Jathargnimandya
- Adhishtana-Basti
- Vyaktasthana-Mutravahasanshan

Nidanpanchak-
- Hettu-Katu, ama, lavan rasa atisevan, Diwaswap, Krodh, Mutra vegyanharan
- Purvaroop-Aruchi, Jwara, Aadhman, Bhrama
- Roop-Vam kukshishool, Sadahammutrapravritti, Saruja Mutrapravritti
- Rog Vinishchay-Pittaj Mutrashmari

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Samprapti

- Vikrit Srotaparikshan
  - Mutravaha Srotas - Vam kukshishool, Sadhamutrapravritti, Saruja Mutrapravritti

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

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

3. Result

Symptomatic Relief

Table 1

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

Objective Criteria for Assessment

Table 2

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Kukshi shool</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>2. Sadaha mutrapravritti</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>3. Saruja mutrapravritti</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 3

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

Therapeutic intervention is as follows-

Table 4

<table>
<thead>
<tr>
<th>S No.</th>
<th>Date</th>
<th>Symptoms</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>06/12/22</td>
<td>Vam kukshishool, Sadhamutra pravritti, Saruja Mutrapravritti, Aruchi</td>
<td>Adhonabhisnehan Mruda nadiswedan Yogbasti krama Anuvasanbasti Nirababasti Sharan chikitsa 1. Hajaralyahud bhasma- 250 mg Pashanbhed – 2 gm Gokshur – 2 gm 2. Chandraprabha vati 500 mg BD</td>
</tr>
</tbody>
</table>
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 aausadhhi. e. Ashmaribhedak and mutraladravyas followed by Apunarbhavchikitsa. The treatment principles applied for the management of this disease condition are Vedanasthapana, Ashmarintirhanr. 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** [9]. Because of madhur rasa acts as a murala and dilutes the concentrated urine. The sheeta, madhur and guru properties reduces the mutradaha.

2) **Pashanbhed** [10]. Its mula is snigdha, tikshnasheet Viryatmak described as Ashmaribhedak and Mutral.

3) **Gokshur** [11]. It is described as Bastishodhak and mutral.

4) **Chandraprabha Vati** [12]. It is indicated in Mutrakrichra, Ashmari. It contains Shilajitru which is used for the management of Bastigatavatydhi. 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 alkaliizer and helps in the disintegration of renal calculi [13].

5) **VarunadiKashay** [14]. The Varundigana formulation pacifies Kapha Dosha by virtue of their Raksha Guna, KatuVipak, and Ushna Virya. It has properties of chedana, bhedana, mutrala, anulomana. Its VatanaGahana and Mutrala properties help to relieve pain. It is effective in management of urinary problems, including diuretic, lithotriptic and anti-spasmodic Properties [15].

6) **Shunthi siddha eranda Sneha**. It is aamapachan and vatamuloman and rechak. It helps in normalising apanvayu karma.

7) **Ushir** [16]. 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 Kaphaphara drugs which alleviates Vata. It decreases stiffness, increases muscle blood flow, decreases pain, and decreases spasm.

**NADISWEDAN** [17]-Vata Dosha is Sheeta, Ruksa in nature and Sweda being Ushna and with prior Snehan, alleviates vata dosha and thereby reduces pain and stiffness. Mutrashmari is a shoolapradhanavatavidya and shalavayuparama 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 choosen in which Anuvasan with Shatavari taila which pacifies shool and daha symptoms and Niruh with TrupanchmoooladiKashay which pacifies pitta dominating symptoms and thereby brings out sampraptiihanga.

1) **Anuvasan Basti**-In Anuvasan Basti Sneha is used. Nothing is as superior as Taila in destroying Vata as Taila with its Snigdha Guna destroys Rukshata. **Shatavari Taila** [18].Shatavari taila has Madhura, Tikta rasa, Guru, Snigdhaguna, Sheeta Virya and Madhura Vipaka. Thus, it pacifies Vata and Pitta Dosha being antagonist to them. Shatavari has antioxidant, diuretic activities [19].

2) **Niruh Basti**-In Pittaj Mutrashmari the main dosha involved is Pitta. Eliminating them from pakvashaya and attaining apanavatamulomana, Agni deepan and pakvashaya shtita dosha nirhan is the main purpose of administrating nirubbasti.

**Trupanchmoooladi Niruh** [20].

<table>
<thead>
<tr>
<th>Basti</th>
<th>Content</th>
<th>Dravya</th>
<th>Table 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makshik</td>
<td>50 ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saindhav</td>
<td>5 gm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sneha</td>
<td>100 ml</td>
<td>Til Taila</td>
<td></td>
</tr>
<tr>
<td>Kwath</td>
<td>400 ml</td>
<td>Kush, Kash, Darbha, Nal, Kandekshu</td>
<td></td>
</tr>
</tbody>
</table>

Trupanchmoooladibasti acts as a mutrala also helps in dahashamnan and pacifies pitta vatadosha.
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. Pakwashaya is the Pradhana Shhana of Vata Dosha and Basti administered stays in Pakwashaya to show its action.

5. Conclusion

Ashmi is a Kaptha Pradhana Tridoshaya Vyadhi and Basti Marmasritha Vyadhi. Acharyas has specifically mentioned many treatment modalities for reducing the symptoms as well as eliminating the Ashmi from its root, in which Basti and Virechanais having prime importance. This therapeutic intervention i.e. Shedhan 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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