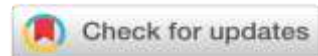


**AYURVEDA MANAGEMENT OF MUTRASMARI WITH SPECIAL RESPECT TO UROLITHIASIS: A CASE STUDY****Vijaykumar Chakrasali**

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Article Received: 29/04/2023 - **Peer Reviewed:** 13/05/2023 - **Accepted for Publication:** 14/05/2023.**ABSTRACT**

Mutrashmari (urinary stones) is one among the Ashtamahagada (eight fatal conditions) mentioned by sushruta.^[1] mutrashmari is kapha pradhan Tridosaja vyadhi that occurs due to disequilibrium between stone-promoting and inhibiting factors in the urinary system. It is the major cause of morbidity. The lifetime prevalence of symptomatic urolithiasis is approximately 10% in men and 5% in women^[2]. Many treatment modalities have been adopted in medical sciences, but it is quite expensive and also the pathogenesis behind the recurrence of the formation of stone cannot be avoided. Hence it is necessary to find an economical effective, easily available medicine to treat mutrashmari. Approximately 50% of patients present between the age of 30 & 50 years with a male-female ratio of 4:3^[3] Urolithiasis is a global problem spanning all geographic regions with an estimated annual incidence of 1%, a prevalence of 3-5%, and a life-time risk of 15-25%^[4]. The incidences of Urolithiasis are very high i.e. more than 30 people out of 10,000 in northern India^[5] The lifetime preponderance of symptomatic urolithiasis is around 10% in men and 5% in women whereas the probability of recurrence within 5-7 years in around 50% cases^[6] Urolithiasis is an entity that has high morbidity and socio-economic impact and low mortality. Urinary calculi are the third most common affliction of the urinary tract which is exceeded by Urinary tract infections and prostate disease.^[7] Even after surgery, the chances of recurrence are 70-80% in males and 47-60% in females.^[8] After their initial stone episode, the recurrence rate of stone is approximately 10% within 1year, 35% within 5years, and 50% within 10years.^[9] So there is a need for clinical research in suitable designs to prevent recurrence

and to evaluate the safety, efficacy; cost-effectiveness of the formulations described in Ayurvedic treatise for the treatment of Mutrashmari **OBJECTIVES:** The aim of this study was to evaluate the efficacy of shaman chikitsa in mutrashmari w.r.t urolithiasis.

MATERIAL AND METHOD: It is a single case study. A 26yrs old man who was already diagnosed before 1years approached the outpatient department of panchkarma with complaints of pain in the abdomen and back, which was radiating from the loin to the groin region, burning micturition, and dysuria. The patient was administered shaman ausadhi. **RESULTS:** The patient got 80% results in chief and associated complaints, and during and after the completion of therapy was an improvement in the quality of life of the patient.

CONCLUSION: Satisfactory relief in symptoms was seen in a patient after 1month of shaman chikitsa.

Keywords: Mutrashmari, Shaman Chikitsa, Urolithiasis

INTRODUCTION

Ashmari (urinary stones) is the condition in which there is the formation of a substance like stone. mutrashmari is one among the Ashtamahagada (eight fatal conditions) it is considered difficult to cure because of its marma ashrayatva due to the involvement of basti, which is one of the tris marma (the vital parts), being the vyakta sthana, it is kapha predominance Tridosaja vyadhi. As per clinical features, it is compared to urolithiasis. It is the formation of stony connections in the bladder and urinary system. It is the common disease of mutravaha srotas that occurs due to disequilibrium between stone-inhibiting and promoting factors in the urinary system. Urolithiasis is an effect of a complex physical- chemical process, which involves a sequence of events in the formation of any urinary stone, including urinary saturation, nucleation and the growth of crystals, aggregation, and retention of crystals, and finally formation of stone.

The lifetime prevalence of symptomatic urolithiasis is 10% in men and 5% in women, and the chance of a second stone formation within 5-7years is approximately 50% of the population due to daily lifestyle and the dietary pattern of the people. An increased percentage of urolithiasis in this world is associated with improved standard of living. The urinary stone is the major cause of morbidity and is strongly associated with race, ethnicity, and region of residence. A diet that is rich in cereals and pulses, intake of fruits such as grapes and oranges, and fluoride-rich water, and intake of fruits such as oranges and grapes plays

a vital role in the occurrence of urinary stones, Many treatment procedures have been adopted in medical sciences to treat the disease but it is quite costly and also the prognosis behind recurrence of stone formation cannot be avoided. In alternative medicines, mainly surgery is described but Acharya sushruta⁽¹¹⁾, said that before going for surgical procedures one should try oral medications such as medicated alkali preparation, decoction, medicated ghee, and medicated oil, which possesses the properties such as diuretics, splitting, scarification, breaking, and cutting. it facilitates the dissolution of urinary stones. Hence it is necessary to find an economical, easily available, cost-effective, and acceptable medicine to treat mutrashmari. hence in this clinical study kutaja choorna with dadhi mastu as aanupana was selected for the management of mutrashmari.

Aims and objectives :

The aim of this study was to evaluate the efficacy of shaman chikitsa in the management of mutrashmari with special respect to urolithiasis.

History of present illness

A 26year old man was in a healthy condition before 3 months then he started complaining of abdominal pain it was found that the pain was intermittent and colicky in nature and it was present on either side of the abdomen, which was radiating from loin to the groin region, difficulty in urination normally at the beginning of urination which is of pricking type, burning micturition sometimes, and occasionally smoky urine since 3months.

Scanning date	Clinical features	Impression
25 TH JULY 2022	<ul style="list-style-type: none"> ➤ Dysuria ➤ Pain in right iliac fossa ➤ Dribbling of urine 	<ul style="list-style-type: none"> ➤ Right renal calculus ➤ Right proximal ureteric calculus with moderate hydro-nephrosis.

Urine report	Report
VOLUME	25ML
COLOUR	PALE YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
PUS CELLS	2-3
EPI CELLS	2-4
RBCS	8-10

Samprapti ghataka	Mutrashmari	Kutaja choorna
Dosha	Tridosha	Tridoshaghna
Dushya	Mutra	Mutrala
Agni	Jataragni mandya	Deepana, pachana
Ama	Jatharagnimandya janya	Nirama
Srotas	Mutravaha srotas	Mutrala
Udbhava sthana	Amashaya and pakwasaya	Shoolaghna
Sanchara sthana	Siras, Amapakvashaya mutravaha srotas	Mutrala
Adhithana	Mutravaha srotas and basthi	Mutrala
Vyakta sthana	Mutravaha srotas and basthi	Mutrala
Dusti kara	Sanga	Chedana, Bhedana and Lekhana
Rogamarga	Madhyama	Ashmari bheda
Vyaadhi sambhava	Mutra Apravritti janya vicar	Mutra Pravrutti karaka
Sadhyasadhya	Kruchchha, sastrasadhya	Sadya

Past history

Not significant

Medication history

Food habits: nonveg .spicy and salty food, ruksha ahar

Lifestyle: insufficient water intake, sedentary life-style, and suppression of natural urges.

Sleep; disturbed due to pain and family stress

Addiction; alcohol occasionally once a month

Family history

Not significant

Examination history

These are briefly mentioned in the above tables.

Hetu (etiology or causative factors): excess exercise, spicy food, urinary retention, and emaciation.

Purvaroop (prodromal symptoms): abdominal distension, indigestion, and burning micturition.

Roop (manifestation): abdominal pain, burning micturition, and saruja-mutrapravruti (pain while urination).

Samprapti (patho-physiology of the disease) in the present case, the above causative factors provoked vata and pitta dosha and also urinary retention, which causes kha-vaigunya at basti (urinary bladder) and mutravaha srotas leading to basti shoth and mutravahasrotas dusti (cystitis) with dysuria at the same time due to mandagni (happening of digestive power). It disturbs the function of pachak pitta (digestive power proper separation of dosha, mutra (urine), and purisha (feces). Because of apana vayu, dusti mala is not excreted completely from the body, which leads to the accumulation of these mala in the body so there is initiation of disease.

DISCUSSION

PROBABLE MODE OF ACTIONS OF KUTAJA CHOORNA :

Ayurveda uses the bark of *Holarrhena antidysentrica* Linn as an antimicrobial, anti-inflammatory, and an-

Ayurvedic properties

Rasa	Tikta, Kashaya	Taste	Bitter, astringent
Guna	Laghu, Rooksha	Physical property	Light, Dryness
Virya	Sheeta	Potency	Cold
Vipaka	Katu	Metabolic property	Pungent

Classical categorization

<p>Charak Samhita</p> <ul style="list-style-type: none"> ➤ Arshoghna ➤ Kandughna ➤ Stanyashodhana ➤ Asthapanopaga 	<p>Sushrut Samhita</p> <ul style="list-style-type: none"> ➤ Aragvadhadi ➤ Pipallyadi ➤ Haridradi ➤ Lakshadi
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Benefits of kutaja in controlling kidney stones:

It has properties such as shodhana, lekhana, bhedan, pachan, and Trishghna. Kutaja shrinks calcium oxalate crystals that cause kidney stones. Kutaja has deepana and pachana properties, so it may relieve indigestion and it helps to break the pathogenesis of urolithiasis. Because of its bhedan and lekhan properties, it breaks the urinary stones into small particles. Kutaja is a potent urinary alkalizer with mild diuretic activity. Thus, it reduces burning micturition. The extract reduces cell toxicity and lactate dehydrogenase synthesis. As an anupana, I chose Dadhi mastu because it prevents the occurrence of kidney stones. and helps in Mutravikara. However, the pharmacotherapeutic and pharmacokinetic effects of kutaj are a known fact i.e ashmari chedaka, Mutrakruhracara.

CONCLUSION

Acharya sushruta says Nidana parivarjana is a major treatment tool for any disease. Gadanigraha another text of Ayurveda – if one obeys the pathyas, no disease will occur and if one never minds them and continues apathya, no treatment is needed, as it is not going to be cured. As this is a single case study the same intervention can be used on larger populations

algescic. The plant has also documented astringent and anti-helminthics activities.

to see the efficacy of kutaja choorna and the role of pathya in the management of mutrashmari (Urolithiasis).

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