



CASE REPORT ON URETERAL STONE: A QUICK AYURVEDIC MANAGEMENT

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Article Received on 04/09/2016

Article Revised on 25/09/2016

Article Accepted on 15/10/2016

ABSTRACT

The incidence and prevalence rate of Kidney stones and stuck ureteral stones are growing by leaps and bounds. Generally ureteral stone, causing extremely severe pain, become more worrisome and need emergent attention. As they obstruct the flow of urine and developed back pressure to kidney which may cause hydronephrosis in kidney and hydroureter. Individual whose diet is rich in animal proteins and low in fibers & fluids, working under high stress, bed ridden, suffering from high blood pressure, are generally at higher risk for developing the kidney stones. Today most admired treatment of ureteral stone is extra shock corporeal lithotripsy and ureteroscopy which although have good success rate, limited morbidity but complex and costly. This paper shows an attempt to use the herbo-mineral drug combination of ashmarihar capsule and ashmarihar kasaya in the treatment of ureteral stone by disintegrating it into smaller size to expel with urine in effective and very shorter period considering size of stone. This treatment may also prevent their further formation.

KEYWORDS: Kidney stone, Ashmari, Lithotripsy, Ashmarihar capsule, Ashmarihar kasaya.

INTRODUCTION

In today's contemporary world, one of the very frequent health issues is kidney stone. A kidney stone can move from the kidney and become stuck inside the ureter^[1], which can block the flow of urine, as well as cause a sharp cramp in the back, side, or lower abdomen. This type of pain starting from loin region and radiate down ward & anteriorly toward the groin. The affected kidney could then develop hydronephrosis, should a part of the kidney become swollen due to blocked flow of urine. The kidney stone will commonly become stuck at three different locations:

- At the ureteric junction of renal pelvis;
- As the ureter passes over the iliac vessels;
- Where the ureter enters into the urinary bladder (vesicoureteric junction).

If condition of patient remains asymptomatic^[2], the patient may be put under observation with ultrasound follow-up become an attractive and effective approach for ureteral stones with a diameter less than 7 mm. The ureteral stones of less than 4 mm in diameter have a chance of over 80% to pass spontaneously^[3]. Some of the studies show the expel rate of ureter stone for size greater than 4 mm is more than 20 days^[4]. Generally 75-85% kidney stones are made up either calcium oxalate or calcium phosphate or both may be admix in the same stone. Only 5-10% stones are of uric acid whereas cystine, struvite stone are rarely found. Kidney stones are

developed because of imbalance between solubility & precipitation of salt. When urine becomes super saturated with insoluble material, crystals start forming and collectively grow to form stone. A stone grow on the surface of renal papilla or within the collecting system. The disease is well dealt in Ayurveda as Ashmari^[5]. Acharya Sushruta has mentioned mutrashmari among astmahagada. In Ayurveda various curative & preventive modalities are well described. People whose diet is rich in animal protein and low in fiber and fluid working under high pressure are more prone to ashmari. In the classical texts of Ayurveda there is mentioning of four types of Ashmari. They are vataja (calculus of calcium oxalate), pittaja (calculus of uric acid), kaphaja (calculus of calcium phosphate) and shukraja (spermolith) Ashmari.

CASE HISTORY

A 34 year old male patient presented with severe colicky pain in loin region with increased frequency of urination with burning micturition and dysuria. But he was not able to void the all urine and feeling incomplete urination with pain in groin & testes also. He was also feeling defecation pressure and unable to walk properly due to severe pain. According to his statement, he was asymptomatic before two days. From last one day he gradually developed the lower backache. And from last 2-3 hour, he felt intense pain which radiated from loin to groin region as approached to my OPD. On examination his vitals are within normal limit. There was no

organomegally tenderness elicited in right lumbar region. Immediate analgesic (NSAIDs) was given to patient and advice urgent USG of abdomino-pelvic region. The report revealed that right kidney was hydronephrotic and right ureter was dilated, a calculus of 0.6 cm was seen in

ureter which is shown in refer figure 1 & 2. After that he was also advice to go for urine routine and microscopic examination which showed no evidence of sugar, bacteria, blood cell, pus cell and other crystals & cast etc.

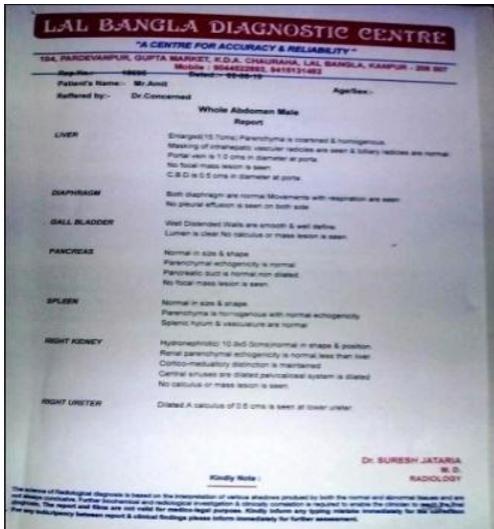


Fig 1: USG report, first page, showing results

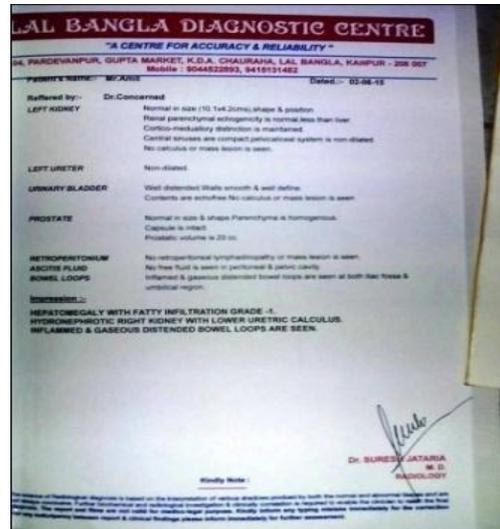


Fig 2: USG report, second page, kidney stone

Then he was given self-prepared ashmarihar capsule and ashmarihar kasaya^[6]. No further analgesic needed and patient was symptomatically relieved with very first dose of medicine. Patient was also advised to drink minimum three liter of water per day and avoid curd, butter, chocolate, carrots, beans, tomato, spinach, and sour taste materials i.e. vitamin C rich foods

Dose Schedule

Ashmarihar capsule: 2 Cap. TDS before meal
 Ashmarihar kasaya: 30 ml TDS before meal

Ingredients of Drug

Ashmarihar capsule (950 mg): Hajrul yahood bhasma^[7], Yavkshar^[7], Swet parpati^[7], Chandra prabha vati

powder^[8], Gokshuradi Guggulu powder^[9], Trivikram ras^[10]

Ashmarihar Kasaya (25gm): Pasanbhed, Varun, Punarnava, Shigru, Gokshur, Kusha and Kulathi seed (all drug in yavkut form for preparation of 90 ml of liquid kasaya)

RESULT

After undergone with suggested drug and its schedule the patients appeared with approx. 4-5 mm stone on fourth day which is shown in figure 3. He was further suggested for USG of KUB region. The report revealed normal sonographic study for KUB region which is shown in figure 4.



Fig 3: Kidney stone expelled during urination

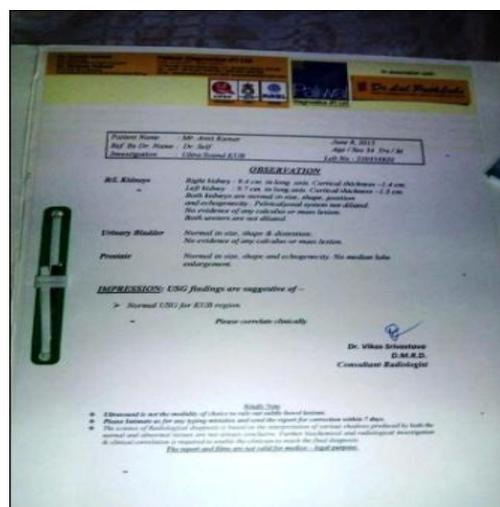


Fig 4: USG report showing no kidney

DISCUSSION

All human urinary calculi are composed of an organic matrix with varying amounts of the crystalloids deposited onto or within the matrix. The matrix forms approximately 2% of the calculus by weight and is composed of mucoproteins and sulphated mucopolysaccharides held together by covalent linkages. Since calculi are crystalline in nature, so the drugs which control calculogenesis will be able to reduce the calcium and phosphate contents by inhibiting their deposition, subsequent growth and stimulating the dissolution of the minerals salt. In ayurveda, the Ashmari is a mutravah srotas vikar and the drugs used for the treatment is prepared from many ingredient drug. Each ingredient has their effects on mutravah srotas (genito urinary system). The Gokshuradi yugghu powder, Swet parpati, Yavkshar Hajrul yahood bhasma, Chandra prabha vati powder mainly have diuretic, anodyne, anti-inflammatory, antimicrobial activities and reduces burning micturition whereas Trivikram ras & Hajrul yahood bhasma mainly has lithotriptic effect. The drugs Swet parpati & Yavkshar change the pH within the collecting duct of nephrons and in urinary track also. Varun contain active principle bergener is an effective antimicrobial agent & also effectively prevent the growth of urinary crystal by action on crystalloid colloid balance. Pashanbhed & Kush is diuretic in nature but Pashanbhed is also very efficient lithotriptic drug. The Punarnava has healing power and curative effect on nephrons by showing therapeutic effect on kidney and urinary tract disorders (stones, nephritis, urethritis, infections, and renal insufficiency/injury). It also has anti lymphoproliferative, analgesic and anti-inflammatory activity. The Shigru has excellent anti-inflammatory, analgesic and antioxidant properties. The aqueous extracts of seeds of kulathi are antinephrotoxic and antioxidant, inhibited homogenous precipitation of calcium hydrogen phosphate dihydrate crystals. Thus synergistic effect of entire ingredient of ashmarihar capsule & ashmarihar kasaya, in classical dosing with diet control regime is very effectively treat the ashmari in very shorter period.

CONCLUSION

The use of herbo mineral preparation for ashmarihar capsule & ashmarihar kasaya demonstrated the significant and effective results in the treatment for ureteral stone by expelling it in considerably very shorter period. Therefore patients may avoid the costly and complex lithotripsy which occasionally left few stone particles in kidney or urinary track.

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