



**A STUDY OF EFFECT OF GOKSHURADI YOGA AND PASHANBHEDADI GHRITA IN
THE MANAGEMENT OF MOOTRASHMARI (UROLITHIASIS)**

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ABSTRACT

Mootrashmari is major health problem now a days commonly known as kidney stone or urinary calculi. Ayurveda described *Mootrashmari* as urinary calculus disease of *Mutravaha Srotas* and considered as *Asthamahagada*. Ayurveda offers various therapeutic approaches for the management of such problems, in this regards classical ayurveda texts mentioned different types of traditional formulation for the treatment of *Mootrashmari*. Considering these all aspects present study described comparative effect of *Gokshuradichurna* and *Pashanbhedaadi Ghrita* in management of *Mootraashmari*. The *Gokshuradichurna* and *Pashanbhedaadighrita* helped in dissolution and breaking of urinary stone, *Gokshuradichurna* was found to be more potent drug compare to the *Pashanbhedaadi Ghrita* in the management of renal stone.

KEYWORDS: *Ashmari, MutravahaSrotas, Mootrashmari, Calculus, Renal stone.*

INTRODUCTION

Ashmari is one of the common pathological conditions of *MootravahaSrotas*. The word '*Ashmari*' is derived from two wards '*Ashm*' and '*Ari*' which indicates that there is a stone which act like an enemy. *Acharyasushruta* is included *Ashmari (Mootrashmari)* in *Ashtaumahagadas* which is known as combination of eight major disease. *Ashmari* (stone) is a solid structure which is developed in *Mootravahasrotas* and produces clinical symptoms such as colic pain in *Basti*, penis and scrotum, difficulty in micturition and goat like odour of urine. *Ashmari* is basically formed for calcium (60%-80%) and so many reason's like as a lack of citrate in the kidneys to dissolve waste product, normally urine contains chemicals such as; citrate, magnesium and pyrophosphate that prevent the formation of crystals. Low levels of these chemicals lead to the formation of stone. According to Ayurveda *Kapha* or *Sleshma* are main factors for the formation of *Ashmari*. *Kapha* of a person who neglects *Samshodhan karma* and in the habit of taking unwholesome food and life style, these factors combines with *Mootra* and enters *Basti* where it causes *Ashmari*. Approximate 5% to 20% people are suffering from the disease due to the consumption of contaminated water, food, fast food and sedentary life style. *Acharya Charak* has described many

therapeutic medicines for *Mootrashmari* to avoid use of expensive surgical intervention.^[1-4]

AIM AND OBJECT

To evaluates efficacy of *Gokshuradiyoga* and *Pashanbhedaadighrita* in the management of *Mootrashmari* (urolithiasis).

MATERIAL AND METHODS

Total 120 were selected from the OPD/IPD department of Government Ayurveda College and Hospital Rewa. Patients were divided into two group (60 patients each group) group A and group B. Patients of group A were treated with *Gokshuradi Churna* (6 gm) twice in a day with honey and curd for 60 consecutive days and Group B treated with *Pashanbhedaadi Ghrita* (6 gm) twice a day orally with lukewarm water.

Inclusion Criteria

1. Patients of either sex or age group from 20 to 60 yrs.
2. Patients having pain and burning micturition due to urolith of size from 5 mm x 5mm to 12 mm x 12 mm.

Exclusion Criteria

1. Patients having urolith of size more than 20 mm x 20 mm.

2. Patients having similar symptoms in other urinary tract disorders such as severe renal function impairment, carcinoma within urinary tract, gross hydronephrosis, pyelonephritis and severe obstructive uropathy.
3. Female patients with pregnancy and lactation.
4. Patients suffering from HTN, DM, IHD, CCF, Koch's and Asthma etc.

Observation Parameters

1. Size & site of primary calculus.
2. Pain in abdomen.
3. Burring micturition
4. Haematuria.

Assessment Criteria

Based on several investigations such as urine routine and microscope, blood, biochemical examination, USG (KUB) and X-ray (KUB) were performed before and after the treatment.

OBSERVATION AND RESULT

Study observed statistically significant relief in parameters such as; abdominal pain, burning micturition, hematuria and size of renal stone. The effects of therapy on stone size depicted in **Table 1 & Figure 1**.

Table 1: Effect of therapy on the stone size (mm).

Group A	Mean	SD	Z value	P Value
Before treatment	4.65	1.75	12.19	<0.05
After treatment	1.15	1.37	-	-
Group B	-			
Before treatment	4.54	1.81	1.37	>0.05
After treatment	4.09	1.80	-	-

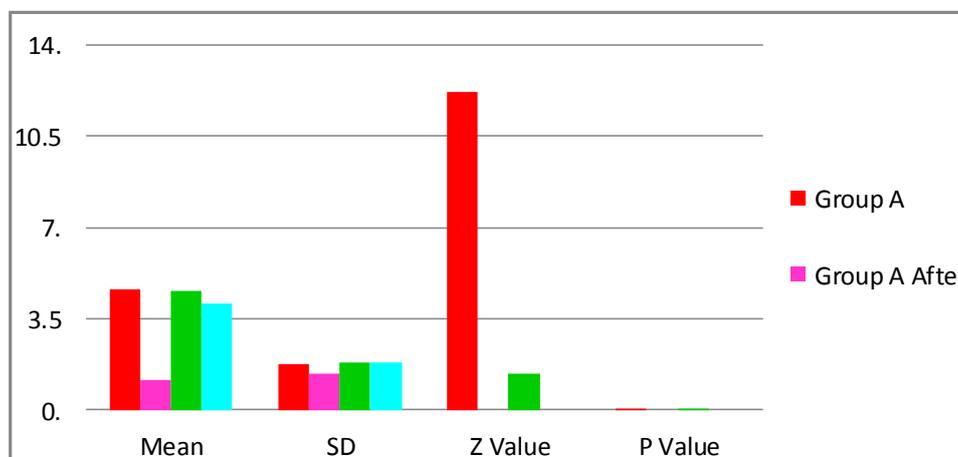


Figure 1: Effect of therapy.

The mean reduction in stone size after treatment was found to be significant (P-value < 0.05) for group A which indicated significant reduction in stone size for Group A. The mean reduction in stone size after

treatment was found not significant (P-value > 0.05) for group B which indicated that no significant reduction in stone size for Group B, comparison between groups presented in **Table 2**.

Table 2: Comparison between groups with Z test.

Before Treatment	Mean	SD	Z value	P Value
Group A	4.65	1.75	0.33	>0.05
Group B	4.54	1.81	-	-
After Treatment	-			
Group A	1.15	1.37	-10.12	<0.05
Group B	4.09	1.80	-	-

The difference in mean stone size is not significant in both groups (P-value > 0.05) at 5% level of significance i.e. it can be said that no significant difference was observed in stone size for before treatment in both groups.

The difference in mean stone size was found to be significant in both groups (P-value < 0.05) after treatment, mean has reduced more in Group A than group B after treatment, thus it can be said that there was significant reduction in stone size in group A.

DISCUSSION

Urination is normal when movement of *Vata (Anuloma Gati)* is normal in *Mutravaha Srotasa*, but when movement of *Vata (Pratiloma Gati)* becomes abnormal stagnation of urine in the system takes places. In *Asamshodhanasheela* i.e. persons, who do not undergo *Shodhana* treatment and who is *Apathyakarinah* (uses unwholesome items) the *Shleshma Dosha* gets aggravated, which saturate the urine in the system. This saturated urine (*Shleshma Adhithana*) is the material cause (cementing substance) for the stone formation.

According to *Acharya Charak* and *Sushruta* the *Samprapti* of *Ashmari* initiated after the aggravation of etiological factors discussed above. Vitiated *Vayu*, *Kapha* and *Pitta* are carried into the bladder and in combine with the retained urine, give rise to the formation of stone, on account of the sticky character of the deposit produced. In modern science, renal stones very common in all over the world, probably as an outcome of sedentary life style, dietary and environmental factors, but genetic factors may also contribute.

The mean reduction in stone size after treatment was found to be significant (P-value < 0.05) at 5% level of significance. There was significant reduction in stone size for Group A and Group B.

Difference in mean stone size was found to be significant in both groups (P-value < 0.05) at 5% level of significance. As Group A after treatment mean has reduced more than group B, there was significant reduction in stone size for group A.

Study suggested that drugs used in study offers lithotriptic properties but *Pashanbhedadighrita* offered more *Snigdha* property thus it works by softening action & help to breaking stone. However another drug also helps to expelled out stone by urinary system.

CONCLUSION

Acharaya Charak has mentioned the stone dissolution and stone breaking properties of both drugs. *Gokshuradi yoga* and *Pashanbhedadighrita* helped in dissolution and breaking of urinary stone, but *Gokshuradi Yoga* showed more potent response towards the dissolution and breaking of renal stone as compared to the *Pashanbhedadighrita*.

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