

**AYURVEDA MANAGEMENT OF ASHMARI (KIDNEY STONE): A CASE STUDY****Dr. Ravindra B. Ghaywate\***

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Article Received on 01/09/2020

Article Revised on 21/09/2020

Article Accepted on 11/10/2020

**ABSTRACT**

Ashmari (Renal Stone) is not a new Disease known to in today's scenario. It is already described in Ayurveda with symptoms, types, pathophysiology, palliative treatment and surgery also. Kidney stones are made up of Salt and mineral. It suffers 1 to out of 10 people of world population. Kidney stone resembles with Ashmari in Ayurveda. Ashmari the meaning is like a Stone and Ari means enemy. So it behaves like enemy for body. The Treatment of Kidney stone are painkillers, antispasmodic, antiemetic drug and hydration. If kidney stone size small then with proper hydration stone comes out with urine easily. Lithotripsy is the surgical invention done who have recurrence of Kidney stone. But chances of complication of surgery are there. Present case study of 48 year female patient having symptoms of pain in abdomen mostly loin to groin region, burning micturition, nausea, vomiting. Clinical Diagnosis made Kidney stone. Advised for lithotripsy, but unwilling to perform. Hence undergoes Ayurveda Treatment for 2 months. Patient was much relieved with symptoms and USG investigation. This case study aims to study Ashmari (Kidney stone) in Modern and Ayurvedic views, study the safe and effective Ayurvedic Medicine without going to surgical invention, avoid recurrence of Kidney stone with effective Ayurvedic Treatment.

**KEYWORDS:** Ayurveda, Ashmari, Kidney stone, Lithotripsy.**INTRODUCTION**

Renal calculi is the common problem due to changing life style. It is recurrent in nature and mostly occurs in male than female. The cases of renal calculi mostly seen at age of 20-40 years and decline with over 50 years. The causes of renal calculi are high salt intake in diet, red meat, gout, excessive intake of medicine like calcium, vitamin D, Dehydration, hot, humid climate. Who take less water intake mostly those suffer Kidney Stone. The type of renal stone are Calcium oxalate, struvite, Uric acid and Cystine. Mostly calcium oxalate stone occurs in 80% of population. Other cases found of 20% renal stone type. Renal stone resembles with Ashmari in Ayurveda. Ashmari is one among the Diseases come under Asthamahagad i.e. difficult to cure. Ashmari is vyadhi of Mutravaha Strotas. As Basti comes under Trimarma (three fold of Life) so Acharya Sushruta described Ashmari as darun (fatal) disease. There are 4 types of Ashmari described in Ayurved. Vatajashmari, Pittaj Ashmari, Kaphaj Ashmari and shukraj Ashmari. Structure and symptoms are different. Vataj Ashmari symptoms resembles with Calcium Oxalate type Stone, Pittaj Ashmari symptoms resembles with Uric Acid type stone, kaphaj Ashmari symptoms is resembles with Oxalate/Phosphate type stone. Mostly Kaphaj pradhanya dosh involved in Ashmari.

**1) Vataj Ashmari (Calcium Oxalate Stone)**

Vataj Ashmari is blackish, hard, irregular, rough structure and like Kadamb flower full of spike on it. Symptoms are intense pain on abdomen, gud (Anal) region. Burning at penis, difficult to excrete Vata, Mutra, and stool.

**2) Pittaj Ashmari (Uric Acid Stone)**

Pittaj Ashmari looks like bhallatak asthi. Symptoms are burning Micturition, yellow urine.

**3) Kaphaj Ashmari (Oxalate/ Phosphate stone)**

It is white, slimy, big size, looks like mahu colour. Symptoms are pain at basti region, shaitya. Acharya Sushruta, a world first surgeon, described various types of Treatment in Ashmari like Ghrit, Kashay, kshara, bhedan. Clearly mentioned before going to surgery we should try this shaman Treatment.

**CASE STUDY**

A 48 year old female Patient came in OPD with the symptoms of

- Abdomen pain loin to groin region
- Burning Micturition
- Nausea
- Vomiting
- Constipation

**History of Present Illness**

Patient was apparently alright 1 year before. Since 2 month she experienced spasmodic abdomen pain, burning Micturition, nausea, vomiting. she taken opinion

of Modern, diagnosed as Kidney stone. For that analgesic, antivomitic taken for symptomatic relief. Advised for lithotripsy but unwilling to do so.

<b>Past History</b> HTN-Known Case DM-NonDiabetic CVE-No History Stroke in Past IHD-No History of IHD TB-No History of TB BA-No History of Bronchial Asthma	<b>Personal History</b> Marital status-Married Smoker-NAD Tobacco-No History Alcohol-NAD <b>Family History</b> Father-HTN Mother-NAD
<b>O/E (On Examination)</b> GC -Fair Pulse-78/min Bp-140/90 mm/Hg Spo2-95 RR-20 Pallor-Absent Icterus-Absent	<b>Asthvidh Pariksha</b> Nadi-Vata-Pitta Mala-Mala Stambh Mutra-daha Jiva-Sam Shabd-Prakrut Sparsh-Ushna Druka-Prakrut Aakruti-Madhyam
<b>S/E (Systemic Examination)</b> RS-AE=BS CVS-S1S2 NORMAL CNS-Conscious Oriented GIT-Liver, Spleen, kidney Not Palpable	<b>USG report Shows(17/03/2019)</b> Right upper ureteric calculus (9×6mm approx.) causing hydrouroter with moderate hydronephrosis right kidney.

**MATERIAL AND METHODS**

Presenting Complaints of Patient Treatment Plan as

Sr. No	Name Of Drug	Dose of Drug	Kala	Frequency and Anupan
1	Gokshuradi Guggulu	2 Tab	After Food	Twice a day with Lukewarm water
2	Ashmarihar Churna	4 Gm.	After Food	Twice a day with Kulathi kadha
3	Varunadi kwath	15 ml	Before Food	Twice a day with Lukewarm water
4	Punarnavasav	15 ml	After Food	Twice a day with Lukewarm water

**RESULT**

Sr No	Symptoms Before Treatment	Before Treatment	After 15 days	After 2 month
1	Abdomen pain	+++	++	-
2	Burning Micturition	+++	-	-
3	Nausea	++	-	-
4	Vomiting	+	-	-
5	Constipation	++	-	+

**Result of Investigation**

Date	17/3/2019	7/05/2019
<b>Investigation</b>		
USG	Right upper Ureteric Calculus (9×6mm approx.) causing hydro ureter of right Kidney	No Calculus seen with no hydronephrosis of Right kidney
Red Blood cells	Occasional/hpf	Occasional
Pus cells	10/hpf	1-2/hpf
Epithelial cells	2-3/hpf	2-3/hpf
Cast	Absent	Absent
Crystal	CA++ Oxalate	Not seen
Yeast cells	Absent	Absent
Sugar	Absent	Absent
Protein	Absent	Absent

**DISCUSSION**

Ashmari is vyadhi of Mutravaha strotas. The description of Ashmari vyadhi described by Charaka, Sushrut, Vagbhata. In Asanshodhil (regular not doing Panchkarma) and apthykari (Unwholesome Diet) person Aggravated Kapha Dosha mix up with Mutra (urine) enter in Basti (Kidney, ureter, Bladder) obstruct the urinary tract create Ashmari. Sushrut has clearly mentioned who do not undergo Panchkarma Treatment regularly and who take Unwholesome Diet, follow faulty life style are prone for recurrent kidney stones.

Samprapti Ghatak

Dosha-Vata

Dushya-Mutra

Type-Sang

Adhishthan-Basti

Strotas-Mutravaha

Agni-Jathargnimandya

Marga-Abhyantar

Action of Medicine

**1) Ashmarihar Churna**

Hajralyahud bhasm (silicate of lime), Yavkshar, shwet parppati, Pashanbhed Churna. Ashmarihar Churna act as mutral (Diuretic), Ashmaribhedan. Anupan of this churna is kulthi kadha which has kaphahar, bhedan property.

**2) Gokshuradi Gugglu**

Nagarmotha (Root), Sounth (Rhizome), Kali Marich (Seed), Pippali (Fruit), Haritaki (Fruit), Bibhitaki (Fruit), Amla (Fruit), Shudh Guggul, Gokharu (Panchang) Gokshuradi Gugglu act as Antispasmodic, antibiotic. It has mutral property.

**3) Varunadi kwath**

Varun (Crataeva nurvala Bark), Pashanbheda (Bergenia ligulata Rhizome), Sunthi (Zingiber officinale), Gokshura (Tribulus terrestris). Varunadi kwath is Diuretic in action. It has bhedan activity, so stone disintegrate, dislodgement with this kwath.

**4) Punarnavasav**

Sonth (Zingiber Officinale) Pippali (Piper Longum) Kali Mirch (Black Pepper) (Piper Nigrum) Haritaki (Terminalia Chebula) Bibhitaki (Terminalia Bellirica), Amla (Emblica Officinalis), Daruhaldi (Berberis Aristata), Gokshura (Tribulus Terrestris), Brihati root (Solanum Indicum), Kantakari (Solanum Xanthocarpum), Vasaka roots (Adhatoda Vasica), Eranda (Castor Oil Plant) Ricinus Communis, Kutki (Picrorhiza Kurroa), Gajpippali (Scindapsus Officinalis), Punarnava (Boerhavia Diffusa), Neem (Azadirachta Indica), Guduchi (Tinospora Cordifolia), Muli (Raphanus Sativus), Dhamasa (Fagonia Cretica), Patol (Pointed gourd leaves), Trichosanthes Dioica, Dhataki (Woodfordia Fruticosa), Draksha (Vitis Vinifera) Misri (Crystallized Sugar), Saccharum Officinarum, Shahad (Honey).

Punarnavasav Ingredients have Antiinflammatory Properties, so it helps to reduce inflammation. Punarnava as Name Suggests it Regenerate the cells. It also has diuretic action, which helps to reduce edema and swelling of kidney.

**CONCLUSION**

From this study it is clear that Ashmari cases can be managed with Ayurved treatment if size is small. Although Acharya Sushruta has suggested surgery if Ashmari cases not relieved by shaman Treatment but before going to surgery Ayurved Shaman treatment should be try. This is single Case Study, large scale case study needed with this Ayurved treatment.

**REFERENCES**

1. Agnivesh Charak Samhita edited by Acharya Vidyadhara Shukla and Ravidatta tripathi Chaukhamba Sanskrit pratishtan, Delhi, Chikitsa Sthan, 630: 26-36.
2. Agnivesh Charak Samhita edited by Acharya Vidyadhara Shukla and Ravidatta tripathi Chaukhamba Sanskrit Pratishtan, Delhi, Chikitsa Sthan, 634: 26-60.
3. Sushruta, Sushruta Samhita edited by Anantram Sharma volume-1, Chaukhamba Sanskrit Samsthan Varanasi 12 th edition, Nidansthan, 2006; 481-483. 3/3-10.
4. Shrimad Vagbhat, AshtangHrudaya edited by Brahmanand Tripathi, Chaukhamba Sanskrit Pratishtan Delhi, Nidansthan, 2015; 14: 489-490.
5. A.P. I Text Book of Medicine, Edited by Dr. Sidharth Shah, 8 th edition, Published by Association of Physicians of India, 2009.
6. Ayurved Sara Sangraha edited by Baidynaath Ayurved Bhavan 20 th Edition, Baidynath Ayurved Bhavan limited Great Nag Road Nagpur, India, 2000; 515-516.
7. Dr. L. Mahadevan's Guide to Ayurvedic Clinical Practice, Vol.1 Dr Y. Mahadeva Iyer's, Sri Sarada Ayurvedic Hospital, Derisanamcope, Azhagiapandiapuram Post kanyakumari, Tamilnadu India, Third Edition February, 2012; 193-197.