



A CASE STUDY ON MUTRASHMARI (UROLITHIASIS) BY USING KADALI KSHARA AND VIRATARWADI KWATHA

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ABSTRACT

Mutrashmari is one of the most common disorder of mutravaha srotas (Urinary system) In India contemporary medical sciences, it is correlated with urolithiasis. It is estimated that about 5-7 million patients are suffering from urinary calculus. In India with comparative ratio of male to female is 2:1. In Urolithiasis, there is tendency of fluctuating pain and abdominal pain always drags not only patients attention, but also the curiosity of the surgeon for surgery. But these techniques can develop complications as well as recurrence also and too much expensive. Management of mutrashmari with ayurvedic medication (*Kadali Kshara* and *Viratarwadi kwatha*) is safe cost effective and conservative.

KEYWORDS: *Ayurveda, Kadali Kshara, Mutrashmari, Urolithiasis, Viratarwadi kwatha.*

INTRODUCTION

Mutrashmari is one of the commonest diseases of *Mutravahasrothos*, Acharya Sushruta described it as one of the *Ashta-Mahagadas* and considered as “*Yama*” because it gives intolerable pain.^[1] Charaka mentioned *ashmari* as one of *Bastimarmashritha Vyadhi*.^[2] In modern science it is correlated with Urolithiasis. Urinary Calculus is a stone like body composed of urinary salts bound together by a colloid matrix of organic materials. It consists of a nucleus around which concentric layers of urinary salts are deposited.^[3] The incidence rate of Calculi varies as per geographical distribution, sex and age. Generally, men are more affected than women in the ratio of 2:1. The highest incidence of Urolithiasis occurs between the ages of 30-50 years. In 50% of cases reoccurrence of Urolithiasis occurs within 5-10 years. In India approximately 5-7 million people suffer from Urinary calculus. 12% of people have stone in their lifetime, 12% of men and 5% of women will suffer from kidney stone by the age of 70.^[4] Excess work in sunlight, less consumption of liquids, doing heavy exercises more than one’s capacity, excessive intake of dairy products, alcohol, highly pungent and salty foods.^[5] cause several problems like hypertension, diabetes mellitus, UTI, renal calculi. Among these *Mutrashmari* (urinary calculi) appears to be the most commonly found acute disease.^[6] *Ashmari* is a disease pertaining to mutravaha srothas which comes under *Basti marma*. *Ashmari* (calculi) gets formed when *vata* dries up the *mutra*, *sukra*, *pitta* or *kapha* stored in the urinary bladder^[7] leading to distention of bladder, severe pain in and around it, difficulty in micturation.^[8] The treatment

principle of Urinary calculus in modern science is flush therapy in case of stones up to 5mm. In larger stones the advanced techniques like, Extra corporeal Shock Wave Lithotripsy (ESWL), Nephrolithotomy, Ureterscopy and Percutaneous nephrolithotomy (PCNL) are done, but these treatments have their own limitations which may lead to complications and are very expensive and cannot be met by common man.^[9] To overcome the above said complications and before going for surgical procedure, one should try to manage with oral medications like medicated *Kashaya*, *Choorna*, *Kshara*, *Ghrita*, *Taila*.^[10] which possesses the properties such as *chedana* (cutting or breaking), *bhedana* (splitting), *lekhana* (scarification), and *mutral* (diuretic) for facilitating the disintegration of urinary stones.^[11]

Hence in this present clinical study a *Kadali Kshara* and *Viratarwadi Kwatha* are selected for the management of *Mutrashmari*.

CASE STUDY

A 24 yrs/Female patient presented with complaints of abdominal pain associated with difficulty in urination since 1 month. Patient was asymptomatic 1 month before. One day severe abdominal pain was started, then she went to nearby physician, took a symptomatic treatment, that time she got relief. But after some days again having severe abdominal pain with difficulty in urination then she went to hospital doctor advice her to do USG. Then in USG there were bilateral few calculi about 2 to 3mm in both kidney shown, then surgeon advice for surgery. Patient didn’t want to do surgery. so

she came to us for further management, and started proper medication and within a week she started getting relieved from symptoms.

Within 30 days, all symptoms relieved. Reports were also normal. It was found that the pain was intermittent and colicky in nature and it was appreciated on either side of the abdomen. Dysuria felt by patient normally at the beginning of urination which is of pricking type. There was no history of Diabetes mellitus or Hypertension. Diet history reveals that her food intake was irregular. Her menstruation cycle was regular. Her vitals were within normal limits. On examination of the abdomen, there was no organomegaly but tenderness elicited in the both side of the lumbar region. As advised, Patient underwent Ultrasonography of the Abdomen-pelvic region on 26th May 2021, and the report revealed that 'bilateral few 2 to 3 mm calculi noted in both kidney. Her Blood and Urine reports were within normal limits. (Table 1) As per classics, majority of clinical features of *Mutrashmari* such as 'Vedana in Udana

pradesha' (Pain abdomen), '*Sadaha mutrata*' (Burning micturation) and '*Sarakta mutrata*' (Blood mixed urination) were observed. On the basis of *Nidana* (Aetiology) and *Rupa* (Clinical features) this clinical condition is diagnosed as *Vatajashmari*.^[12] As *Sushruta* explains, the use of *Paneeya kshara* as one^[13] among the major tool to counteract *Ashmari*. '*Kadali kshara* and *Viratarwadi kwatha*' are unique drugs described in ayurvedic texts is administered to her for a period of 1 month. 500 mg of this *Kshara* and 20 ml of *Viratarwadi kwatha* was given twice a day before food for 1 month. Subject was asked to adhere to the prescribed wholesome diet and activity chart. (Table 2) During her first follow up, it was noticed that all the clinical features were absent. she was advised to repeat Ultrasonography abdomen and pelvis on 30 June 2021. Report reveals that, there was a no calculi noted in both kidney. (Table 1) she was asked to stop all internal medications and continue only *Pathyapathya* chart. Patient visited back on 7 July 2021 for the follow up, stating that she got completely relieved from all clinical feature.

Table 1: A Usg Report.

Scanning Date	Clinical features	Impression
26 May 2021	Pain abdomen (Mild)	Bilateral few 2 to 3mm calculi noted in both kidney
30 June 2021	No any complaints	Essential normal study

Table 2: Pathyapathya Chart

Ahara varga (Food habits)	Pathya	Apathya
Vegetables	Carrots, Karela (Bitter guard), Potatoes, Radish, Pumpkin.	Brinjal, Beans, Lady finger, Capsicum, Tomato, Cucumber, Palak.
Cereals	Barley, Moong dal, Horsegram	Fine wheat flour (Maida), Oat meal, Bran.
Fruits	Bananas, Lemon, Apricots, Plums, Apple, Almonds	Black Grapes, Amla, Kiwi, Strawberries, Chickoo.
Miscellaneous	Coconut water, Lemonade, Aloe vera Juice, pineapple Juice, Butter milk	Coffee, Cashew nuts, Chocolates.
Healthy food (Kidney)	Papaya, Garlic, Yoghurt	Rajmah, Mushroom, Cauliflower, Peas.
Vihara (Activities)	Regular exercises	Day sleep, Controlling natural urges, Sweating

Table 3: Probable Mode of Action or Samprapti Vigatana.

Samprapthi gataka	Mutrashmari	Kadali Kshara and viratarwadi kwatha
Dosha	Tridosha	Tridoshagna
Dushya	Mutra	Mutrala
Agni	Jataragni mandya	Deepana, Pachana
Ama	Jataragnimandya janya	Nirama
Srotas	Mutravaha srotas	Mutrala
Udbhava sthana	Amashaya and Pakvashaya	Shoolagna
Sanchara sthana	Siras, amapakvashayagat Mutravaha srotas	Mutrala
Adhistana	Mutravaha srotas and basthi	Mutrala
Vyaktha sthana	Mutravaha srotas and basthi	Mutrala
Dusti prakara	Sanga	Chedana, Bhedana and Lekhana
Rogamarga	Madhyama	Ashmari bhedana
Vyadhi swabhava	Mutra apravruttijanya vicar	Mutra pravruttkaraka
Sadyasadyathya	Kruchchra, Shastrasadhya	Sadya

DISCUSSION

- 1) *Kadali* has *madhura rasa*, *Guru and Snigdha guna*, *madhura vipaka* and *sita veerya*. *pittavata shamaka*, *karma as mutrala* and *mutrakrucchrahara* properties.
- 2) In *Paneeeya kshara*, *Kadali kshara* is indicated in various disorders and *Ashmari* is one among them. *Kadali* in *Kshara* form has property of *Ksharana*, hence it gradually decreases vitiated *Kapha*, thus helps in dissolving the stone. *Kshara* is more effective against *Kaphadosha*.
- 3) *Kadali Kshara* was selected as it is also having *Bhedana*, *Mutrala*, *Mutrakrucchrahara* and *Anulomana* action which help significantly in dissolving *Mutra Ashmari*. *Kapha* is responsible for formation of *Ashmari* and *Kshara* due to its properties like *chedana*, *bhedana*, *lekhana* and *tridoshagna* may help in reducing the chances of *nidus* formation as well as it reduces the growth of the stone by inhibiting the binding property of *Kapha Dosha*.^[14]
- 4) *Kshara* acts as diuretics, lithotriptic, alkalizer, anti spasmodic agents and are effective in the management of *Urolithiasis*.
- 5) *Kadali kshara* neutralize the acidic media, there by prevents hyper concentration of urine and formation of calculi and also it helps in dissolution of the calculi as it changes the urinary pH.
- 6) *viratarwadi kwatha* has *tikta* and *kashaya rasa*, *ruksha* and *laghu guna*, *katu vipaka* and *ushna veerya*. *vatakapha doshahara*. *ashmarighna*, *bhedana* properties helps in breaking down the stones and acts as *mutrala*.^[15]
- 7) The *Vatanulomana*, *Shothahara* and *Mutrala* properties of ingredients like *Virataru*, *Agnimantha*, *Vasa*, *Pasanbheda*, *Gokshura*, *Saireyaka* acts as antispasmodic, analgesic and anti-inflammatory.

CONCLUSION

- 1) *Acharya Sushruta* says '*Nidana parivarjana*' (*Avoidance of the causative factors*) is a major treatment tool for any diseases. '*Gadanigraha*' another text of *Ayurveda*. advocates - if one obeys the *pathyas*, no disease will occur and if one never mind them and continues *apathyas*, no treatment is needed, as it is not going to be cured.
- 2) As this is single case study the same intervention can be used on larger population to see the efficacy of *kadali kshara* and *viratarwadi kwatha* and role of *pathya* in the management of *Mutrashmari* (*Urolithiasis*).

REFERENCES

1. *Agnivesha charaka samhita*, elaborated by *Charaka* and *Drudhbala* with *ayurveda dipika* commentary by *Chakradatta* edited by *Vaidya Yadavji Trikamji Acharya*, *Choukhambha Surabharati Prakashana* Varanasi 2009, *Chikitsa Sthana*, 26/04, Pg no 597, pp 738.
2. *Somen Das* text book of surgery 6th edition July

- 2010 published by *Dr. S. Das* 13, Old Mayor's Court, *Kolkata* chapter 57, Pg no 1189, pp1324.
3. *Bailey and Love's Short practice of Surgery* edition 24th, 2004 chapter 75. pp1348.
4. *Agnivesha, Charakasamhitha* edited by *Vidyadhar Shukla* and *Ravidatta Tripadi*. IInd edition *New Delhi Chaukhamba Sanskrit Prakashana* 2001 *Chikitsasthana* chapter 26th *Sholka* 36 Pg no630, pp 738.
5. *Vagbata, Ashtangahridaya* edited by *Dr. Indradev Tripadi* and *Dr. Srikanda Tripadi*, published by *Krishnadas Academy, Varanasi*. 1st edition 1994 *Nidhana Sthana, Shloka* 6, 7, 8 Pg no 117- 118, pp 956.
6. *Vagbata, Ashtangahridaya* edited by *Dr. Indradev Tripadi* and *Dr. Srikanda Tripadi*, published by *Krishnadas Academy, Varanasi*. 1st edition 1994 *Nidhana Sthana, Shloka* 9, 10 Pg no118, pp 956.
7. *Madhavakara Madhava Nidhanam* edited by *K. R. Srikant Moorhty*, English translation, 3rd edition *Varanasi, Chaukhamba orientalia* 2000, 32 chapter, 1-4 *shloka*, Pg no-553, pp 568.
8. *Bailey and Love's Short practice of Surgery* edition 24th, 2004 chapter 75. pp1348.
9. *Acharya JT*, (ed). *Sushruta Samhita* with *Nibandha sangraha* commentary by *Dalhanacharya*, Reprint edition. *Varanasi: Chaukhambha Sanskrit Sansthan*; 2010, Pg no 435, pp824.
10. *Vaidya yadavji trikamji acharya* commentary on *dalhancharya nibandh sangrah* ch7.
11. *Vaidya yadavji trikamji acharyas* commentary *nibhand sangrah*.
12. *Vaidya yadavji trikamji acharyas* commentary *nibhand sangrah ch 3, ch7*.
13. *Ashtanga Hridayam* : Edited by *Brahmanand Tripathi*, *Chaukhambha sanskrit sansthan Varanasi* reprint 2014 edition, *Sutra Sthana*, chapter-15, Verse-24,25, pg-200, pp-1295.
14. *Sushruta*: Edited by *Vaidya Jadvji Trikamji Acharya* and *Narayan Ram Acharya*. *Sushruta Samhita Nibandha Sangraha* commentary by *Dalhanacharya*, *Chaukhambha sanskrit sansthan Varanasi* reprint 2014 edition, *Sutra sthana*, chapter-11, Verse-11, pg-48, pp-824.