Management of *Mutrashmari* (Urolithiasis)- A Case Report

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**ABSTRACT**

Ashmari comes under Mutravaha srotovikara and Ashtamahagada as described in Susruta Samhita. The prevalence of urinary stone is approximately 3 to 5% in general population and is increasing across the world mainly due to metabolic derangement, global climatic changes. Acharya Susruta said, before attempting surgical procedures one should try with oral medications like ghrita, paneeyakshara, taila etc. which possesses properties like chedana, lekhana, bhedana and mutrala for facilitating the disintegration of urinary stones.

A 39 years old male patient came to OPD at Taranath Govt. Ayurveda Medical College, Ballari on 20 May 2021 presented with complaints of pain in right flank region, pain in right loin radiating to groin, burning micturition, orange coloured urine for 2 days, diagnosed as Urolithiasis and advised for surgery. He visited our hospital to avoid the surgery and for the treatment of the same. Kokilaksha Paneeya Kshara and Punarnavadi Kashaya given to patient for 28 days and got relief from symptoms.

**Keywords**: Ashmari, Ashtamahagada, Paneeya kshara, Punarnavadi Kashaya

**INTRODUCTION**

Urolithiasis is typical as one of the most common disease of the urinary tract. It is the condition where urinary stones are formed or located anywhere in the urinary system. These stones are intensely painful as they pass through the ureters and out through the urethra also. Incidence of calculi varies as per geographical distribution, sex and age group. The highest incidence of calculi occurs between the ages of 30 to 50 years, male and female ratio is 3:1¹.

The treatment of urinary stones has undergone a remarkable evolution in the last 15 years. Open surgeries have given way to minimal invasive procedure which have considerably decreased patient morbidity and mortality. With the advent of various endourological and percutaneous technique the management of urolithiasis has become much easier. However, urinary stone is notorious for high recurrence rate even with modern medicine and surgery.

Ashmari comes under Mutravaha srotovikara and Ashtamahagada² as described in Susruta Samhita. In Sushruta Samhita it is explained that, the formation of Mutrashmari is due to drying up of Kapha because of the action of Vata and Pitta. Mutravega avarodha or vegadharana is another cause attributed to the formation of Ashmari³. While dealing with the management Sushrutha stressed on usage of Ghritha, Kshara, Kashaya, Ksheera, Uttarabasti and finally Surgery as the last option⁴.
CASE REPORT
A 39 years old male patient came to OPD at Taranath Govt. Ayurveda Medical College, Ballari on 20 May 2021 presented with complaints of pain in right flank region, pain in right loin radiating to groin, burning micturition, orange coloured urine for 2 days, diagnosed as Urolithiasis and advised for surgery. There was no previous history of Urolithiasis or any other significant medical illness. Patient had no history of Diabetes Mellitus, Hypertension or Thyroid problems. He was not under any medication for any ailments.

Family History: No relevant history

Personal History:
Bowel: Regular
Appetite: Good
Micturition: 9-11 times/day, 1 time/night
Sleep: Disturbed
Water intake: 1 ½ L/24 hours

Physical Examination: Patient was well built
B.P: 130/80 mm of Hg
P.R: 76 bpm
Height: 178 cm
Weight: 102 Kg

Systemic Examination:
CVS: S1, S2 heard, No added sounds
CNS: NAD
RS: NAD
GIT: No scars, soft, no organomegaly,
Tenderness: present at right hypochondriac region
Specific Examination:
Inspection: No scars
Palpation: Renal angle tenderness: Present
Investigation:
Routine blood was normal, HIV & HBsAg was non-reactive
Urinary routine was normal, Cast & Crystals was nil
Ultrasonography of abdomen & pelvis was suggestive of:
Right renal calculus measuring 4 mm.
Right ureteric calculus measuring 6.5 mm
Right mild hydronephrosis/ hydroureterosis due to lower ureteric calculus.

Clinical Diagnosis: Mutrashmari (Urolithiasis)
Management: Conservative management done
Kokilaksha Paneeya Kshara- 500mg BD
Purnarnavadi Kashaya- as anupana - 20 ml

Administration: Before food, twice a day, for a period of 28 days.
Pathya and apathya advised to the patient.

RESULTS
Patient was reviewed 28 days later. USG of abdomen and pelvis suggestive of ‘A calculus of 4 mm size in lower pole of Right Kidney. But calculus in right ureter passed. No e/o hydronephrosis / hydronephrosis.’

DISCUSSION

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. Ureteric stones usually originate in the kidney. Gravity and peristalsis both contribute the spontaneous passage into and down the ureter. The probable pathological changes are obstruction (partial/complete), impaction, infection, ulceration.

Patients usually present with pain abdomen, burning micturition, haematuria, increased frequency of micturition, nausea, vomiting.

Diagnosis of Urolithiasis is mainly based on Urine analysis, Straight X-Ray of KUB region at least 90% of renal stones are radio-opaque and are easily visible unless they are very small or overlie bones. USG of abdomen & Pelvis is helpful to distinguish between opaque and non-opaque stones. Computed Tomography is particularly helpful in diagnosis of non-opaque stones.

Probable mode of action

CONCLUSION

Kokilaksha kshara is an unexplored drug in the management of Ashmari having Ashmarighna, Anulomana and Mutrala property. Even though it is difficult to treat the disease Ashmari, the Kokilaksha paneeya kshara along with Punarnavadi Kashaya shown significant result in Ureteric stone and definitely be simple to use and cost-effective management.

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REFERENCES

2. Acharya Sushrut. Sushrut Samhith. (Nibandhasangra commentary of Dalhanacharya and Nyayapanjika commentary of Gayadasa), Edited by Yadavjitrikamji, Reprint edition; Chaukamba Sanskrit Sansthan, Varanasi. 2013,Sutrashtana,Chapter 33, verse 4,144pp


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