

**THE MANAGEMENT OF MOOTRASHMARI WITH SHWETPARPATI**

**\*<sup>1</sup>Dr. B. K. Timmewar, <sup>2</sup>Dr. Surekha Sase, <sup>3</sup>Dr. Manjushree Patil, <sup>4</sup>Dr. Kavitaaurhe,  
<sup>5</sup>Dr. Vishranti Khandekar**

<sup>1</sup>Associate Professor PG Guide, Shalyatantra Department Csmss Ayurved Mahavidyalaya  
Kanchanwadi Aurangabad.

<sup>2,3,4,5</sup>PG Scholar, Shalyatantra Department Csmss Ayurved Mahavidyalaya Kanchanwadi  
Aurangabad.

Article Received on  
23 Jan. 2020,

Revised on 13 Feb. 2020,  
Accepted on 04 March 2020

DOI: 10.20959/wjpr20204-16914

**\*Corresponding Author****Dr. B. K. Timmewar**

Associate Professor PG  
Guide, Shalyatantra  
Department Csmss Ayurved  
Mahavidyalaya  
Kanchanwadi Aurangabad.

**ABSTRACTS**

Ashmari (urolithiasis) is a frequent clinical problem with an incidence of 0.1% to 6% in general population. The disease is prevalent irrespective of their socio-economic and cultural background. It is estimated that about 5-7 million patients are suffering from urinary calculus in India with male to female ratio of 2:1. The peak incidence is observed in 2<sup>nd</sup> to 3<sup>rd</sup> decades of life. There are different treatment lines for the management of Ashmari in modern system. In spite of all these techniques, surgical management remains as a treatment of choice. Recurrence is inevitable in 60% of cases. But these techniques can develop complications and are not affordable to an average Indian patient. So there is a need to find out an alternative management.

Management of urinary disease occupies an important place in Ayurveda. Even though a lot of research has been done in Ashmari management, there is still a vast scope to explore new avenues. Hence the proper, cost effective, simple, safe, conservative i.e. Swetaparpati is advised.

**KEYWORDS:** Mutrashmari, Shwet Parpati, Ayurveda, Urolithiasis.

**INTRODUCTION**

Many causes can be attributed to the formation of renal calculi. Current opinion about the etiology is varied viz. dietic, altered urinary solutes, colloids, decreased urinary output of citrate, recurrent urinary tract infection and immobilization and parathyroid tumoure. According to sushruta dietary factors are responsible for formation of calculi. He has

described that when kapha dosha is vitiated due to improper ahara and vihara, it reaches urinary system and gets dried up by vitiated Vayu to form the calculus. Mootravarodha is another cause attributed to the formation of Ashmari. Obstruction uropathy may be due to any cause, can precipitate the calculus formation, because during the obstruction of urine, there is delayed excretion of urinary salts and if it is habitual in any individual it results in crystallization. It is clearly described under the chapter of suppression of urges that suppressing the urge to pass urine can result in calculus formation. This fact olds true till today when most of the urologists and biochemists considered these as the basic factors in the formation of stone. This fact is further stressed upon by acharya sushruta when he says that even pure water kept in a pitcher for sometime results in formation of slush in the same way habitual obstructive pathology in the formation of calculus in the urinary tract. While defining shalya it has been postulated by sushruta that any condition which gives pricking pain, like that caused by throne, may it be physical, psychological, physiological or pathological comes under the scope of shalya. It means to say that any foreign body in our biological system acts as a shalya. In this way urolithiasis comes under this category, unless they are expelled out of the body either medically or surgically, they continue to act as foreign body and in response produce burning micturition, haematuria, anuria, episodic attacks of acute pain which requires hospitalization and sometimes emergent surgical intervention.

Since ancient times many of the drugs therapies are being used as lithotripter and diuretic to reduce the sufferers of the excruciating misery. Researchers are relentlessly pursuing their quest to identify the drugs having lithotripter action.

A drug which can correct crystalloid- colloid imbalance and relive the binding mucin of calculi and is antiseptic, anti spasmodic and diuretic can relax the detruser muscle of urinary bladder and prevent super saturation of urine and possess anti- inflammatory properties can have a possible role in the management of urolithiasis.

Swetha parpati is a mineral compound, discretion of which is available in Siddhaya sangraha of 20<sup>th</sup> century. It is the credit of Sri. Yadavji Trikamji Acharya who adopted its conceptual basics and a particular pharmaceutical process i.e., parpati kalpana. Swetaparpati is a combination of three mineral kshara namely Navasagara Spatika and Suryakshara in the ratio of 1:2:16 respectively. It is a known drug having the properties of (diuretic) ashmaribhedaka (lithotriptic). Shoolagni (anti- spasmodic).

## MATERIAL AND METHODS

### Material

Shwet parpati in powder form.

### Methods

The most important requirement in the clinical study is a well defined protocol. So, in the present study following protocol was followed.

### Source of data

The present clinical study on the management of mutrashmari was carried out at N.K.J.A.M.C. Bidar. This study was carried out at O. P. D. level and the work was limited according to the facilities available in the P. G. Dept. of shalya Tantra. The data was also collected by conducting camps for the purpose of clinical study during the year 2008-09.

### Selection criteria

The selection of cases was done on the bases of clinical presentation and the diagnosis was established accordingly. The patients were registered according to the proforma prepared for the study irrespective of their sex, occupation and socio – economic status.

### Inclusive criteria

- Age group between 16-65 years
- Chronicity of the disease less than one year
- Size of the calculi up to 10 mm.
- Irrespective of site logging the urinary tract
- Mild and moderate Hydronephrosis can be included for the study.
- Established cases of stone and recurrent stone history.

### Esclusive Criteria

- Age group below 16 and above 65 years.
- Calculus with severe hydronephrosis.
- Obstructive calculi with severe infection.
- Calculi with severe systemic disorder.
- Calculi in pregnant women.

## DISCUSSION AND RESULT

The effectiveness of the treatment in respect to each parameter is tabulated on the basis of the difference between the scores before treatment and after treatment.

**Pain:** The effectiveness is 81.25% with t-value 14.66 and the level of significance of p-value is  $<0.01$ , which is highly significant.

**Haematuria:** The effectiveness is 78.12% with t-value 13.22 and the level of significance of p-value is  $<0.01$ , which is highly significant.

**Dysuria:** The effectiveness is 83.87% with t-value 11.30 and the level of significance of p-value is  $<0.01$ , which is highly significant.

**Size of stone:** The effectiveness is 71.05% with t-value 11.22 and the level of significance of p-value is  $<0.01$ , which is highly significant.

**Site of stone:** The effectiveness 83.87% with t-value 11.30 and the level of significance of p-value is  $<0.01$ , which is highly significant

**Dislodgement:** The effectiveness is 81.25% with t-value 4.30 and the level of significance of p-value is  $<0.01$ , which is highly significant.

### Overall clinical assessment of result

Finally the clinically assessment was carried out on overall results of the effect of Swetaparpati on each individual sign and symptoms and collectively presented in the form of cured maximum improvement, moderate improvement, mild improvement no improvement.

However it was evident that after 21 days 4 patients were cured, 5 had maximum improvement, 5 had moderate improvement, 1 had mild improvement and 0 patients with no improvement.

Swetaparpati has a significant role in the management of Mootrashmari as a majority of patients showed a highly significant response through relief of symptoms, reduction in size of stone and elimination of stone as it is having lithotriptic action, can correct crystalloid colloid imbalance, antiseptic, antispasmodic and diuretic in action.

## CONCLUSION

Following conclusion were drawn after analysis of review (Ayurvedic, Modern and Drug), clinical observation and interpretations on the parameters.

Urinary disorders have specific identity in both Modern and Ayurvedic systems.

Diseases of urinary systems are classified on the basis of Mootra athipravruyhi and Mootra apravruthi. Ashmari is mentioned under Mootraghata, which is stone formation in urinary system. Ashmari is considered as maharoga being it is 'Sudusthara' and 'Dusschikitsya' i.e. difficult to cure. Swetaparpati was capable of reducing Pain intensity Swetaparpati was capable of reducing Haematuria Swetaparpati was capable of reducing Dysuria Swetaparpati was capable of reducing Size of stone Swetaparpati was capable of reducing Site of stone Swetaparpati was capable of reducing Dislodgement of stone.

## REFERENCES

1. Shastri kaviraj Ambika Dutta, Sushruta samhitha, pub. by Chowkambha Orientalia, Varanasi, 1993.
2. Punyashlok Shri Pandit Vaidya Lalchandra Shastri, Astanga Hridaya (Sarvangasundari Vyakhyasahit), Delhi, Motilal Banarsidas Publishers, Private Limited, 1990.
3. Prof. Murthy Srikanth, Astanga Sangraha, pub. by Chowkambha Orientalia, Varanasi, 1993.
4. Acharya Sharma P.V. and Guruprasad Sharma, Khaideva Nighantu, Pathapathya Bhodaka, pub. by Chowkambha Orientalia, Varanasi 1<sup>st</sup> Ed., 1979.
5. Agnivesh, Charaka samhitha, Ayurveda dipika commentary of Chakrapanidutta, edited by Yadavji Trikamji Acharya, Chowkambha Orientalia, Varanasi, 5<sup>th</sup> Ed., 2001.
6. Bapala and Vaidya, Nighantu Adarsha, pub. by Chowkambha Bharati Academy, Varanasi, 2<sup>th</sup> Ed., 1998.
7. Chakrapanidutta, text with English translation by Acharya Sharma P.V. –A Literature on Principle and practice of Medicine, Ed. by Christopher Haslett et. al. Pub. by Elsevier Science Limited, 19<sup>th</sup> Ed., 2002.
8. Donal Dr. Smith M.D. General Urology, Ling's Medical Publication, California, 9<sup>th</sup> Ed., 1998; 275-281.
9. George Williams, Netter p. Malleck, Colour Atlas of Renal Diseases, Pub by Wolf Publishing, 2<sup>nd</sup> Ed., 1970.