

ROLE OF *ERANDADI KALKA* IN THE MANAGEMENT OF *ASHMARI* (NEPHROLITHIASIS): A CASE REPORT

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ABSTRACT

Background: Nephrolithiasis is a common urological disorder characterized by the formation of renal calculi within the urinary tract. In *Ayurveda*, it is correlated with *Ashmari*, one of the *Ashta Mahagada*, which is managed through therapeutic interventions aimed at relieving symptoms, facilitating stone expulsion, and preventing recurrence. **Objective:** To evaluate the therapeutic efficacy of *Erandadi Kalka* in the conservative management of *Ashmari* (nephrolithiasis) through clinical and ultrasonographic assessment. **Methodology:** A 47-year-old male patient presented with complaints of right flank pain, back pain, burning micturition, nausea, headache, and abdominal heaviness. Ultrasonography revealed a 5.2 mm calculus in the mid calyx of the right kidney. The patient was treated with *Erandadi Kalka*, prepared by mixing 4 g of *Erandadi Churna*

with *Madhu* (honey) and administered orally three times daily for 30 days. The patient was also advised adequate hydration along with appropriate dietary and lifestyle modifications. Follow-up was carried out at 15-day intervals for a total duration of 60 days. Clinical response was assessed based on symptomatic improvement, while ultrasonography was used to evaluate changes in stone size. **Results:** Progressive clinical improvement was observed throughout the treatment period. Repeat ultrasonography performed after 30 days demonstrated a reduction in stone size from 5.2 mm to 4.0 mm. At the end of the 60-day

follow-up, ultrasonography revealed complete clearance of the renal calculus. No adverse drug reactions or treatment-related complications were observed during the study period.

Conclusion: The present case suggests that *Erandadi Kalka*, along with appropriate dietary and lifestyle modifications, may be an effective conservative *Ayurvedic* intervention in the management of *Ashmari* (nephrolithiasis). Further well-designed clinical studies with larger sample sizes are required to establish its efficacy and safety.

KEYWORDS: Nephrolithiasis, *Ashmari*, *Erandadi Kalka*, *Ayurveda*, Case Report.

INTRODUCTION

Nephrolithiasis, commonly known as renal stone disease, is one of the most frequently encountered disorders of the urinary tract. Evidence of urinary stones has been found in ancient civilizations, indicating that this disease has affected humans for centuries. In recent decades, the prevalence of nephrolithiasis has increased worldwide and is estimated to range from approximately 1% to 15%, depending on factors such as age, sex, ethnicity, dietary habits, climate, and geographical region.^[1]

Traditionally, renal stones were considered more common in males; however, recent epidemiological studies suggest that the gap between male and female incidence is gradually decreasing.^[2] The disease is uncommon in childhood and adolescence, while the highest incidence is generally observed during the fourth to sixth decades of life. In women, a second rise in incidence has been reported around the postmenopausal period, possibly due to hormonal changes and reduced estrogen levels.^[3]

Environmental factors play a major role in stone formation. Individuals living in hot and dry regions are more prone to dehydration, which leads to reduced urine volume and increased urinary concentration of stone-forming substances.^[4] Seasonal variation is also observed, with a higher incidence during summer months because of excessive perspiration and inadequate fluid replacement.^[5] Certain occupations involving prolonged exposure to heat, such as cooking and work in boiler or engine rooms, have been associated with an increased risk of stone formation.^[6]

Conventional management of nephrolithiasis includes increased fluid intake, dietary modification, urinary alkalization, analgesics, and minimally invasive procedures such as extracorporeal shock wave lithotripsy (ESWL), percutaneous nephrolithotomy (PCNL), ureteroscopy, and, in selected cases, laparoscopic or open surgery.

In *Ayurveda*, nephrolithiasis is correlated with *Ashmari*, one of the eight major diseases described in the classical texts. According to *Ayurvedic* principles, improper diet and lifestyle lead to vitiation of *Kapha dosha*, which combines with urine in the *Basti* (urinary system) and gradually forms a stone.^[7] Classical texts describe four varieties of *Ashmari*—*Vataja*, *Pittaja*, *Kaphaja*, and *Shukraja*—which may be correlated with different types of urinary calculi. *Ayurvedic* management includes both *Shamana* (conservative/oral therapy) and *Shastra Karma* (surgical intervention). Various formulations such as decoctions, powders, *bhasma* preparations, medicated ghee, and procedures like *Uttarbasti* are described for the management of *Ashmari*.

The present case study describes a young male patient diagnosed with right renal calculus who presented with recurrent flank pain and urinary symptoms and was managed with *Ayurvedic* treatment.

AIMS AND OBJECTIVES

To evaluate the therapeutic efficacy of *Erandadi Kalka* in the management of nephrolithiasis (*Ashmari*) and to assess its effect on the clinical symptoms associated with the disease.

MATERIALS AND METHODS

The present work is a single case study conducted in the Department of Shalya Tantra, Faculty of Ayurveda, Sanskriti Ayurvedic Medical College and Hospital, Sanskriti University, Chhata, Mathura, Uttar Pradesh.

A detailed clinical history of the patient was recorded, followed by a thorough physical examination. The diagnosis of nephrolithiasis was established on the basis of clinical features and ultrasonographic findings. Written informed consent was obtained from the patient before initiating the treatment, and all relevant clinical information was documented in a predesigned case record proforma.

The patient was treated with *Erandadi Kalka* as the primary *Ayurvedic* intervention and was advised appropriate dietary and lifestyle modifications. Clinical progress was assessed during follow-up by evaluating symptomatic improvement and relevant investigative findings.

CASE PRESENTATION

Chief Complaints

A 47-year-old male patient presented to the Outpatient Department (OPD) with the following complaints for the past 15 days:

- Pain in the right flank region
- Backache
- Burning micturition
- Nausea
- Headache
- Heaviness in the abdomen

History of Present Illness

The patient was apparently healthy 10 days prior to her visit. She initially developed mild backache, burning micturition, nausea, headache, and a feeling of heaviness in the abdomen. Over the following days, these symptoms gradually worsened, and she experienced an episode of sudden severe pain in the right flank region. An ultrasonographic examination was performed, which revealed a right renal calculus.

Following the diagnosis, she received allopathic treatment that provided temporary symptomatic relief. However, the pain recurred after a short duration. As the symptoms persisted despite conventional treatment, the patient attended the Ayurvedic Outpatient Department for further evaluation and management.

Past History

There was no history of diabetes mellitus, hypertension, bronchial asthma, tuberculosis, hypothyroidism, previous surgery, accidental trauma, or drug allergy.

Family History

The family history was not significant and did not reveal any relevant illness related to the present condition.

Personal History: (Table No. 1)

Appetite	Normal
Thirst	4-5 glasses per day
Micturition	Burning sensation with increased frequency(6–7 times during the day and 2–3 times at night)
Bowel	Regular

Sleep	Disturbed
Diet	Mixed
Addiction	Not Any
Occupation	Private Job

Clinical findings: General Examination (Table No. 2)

G.C- Fair	Pallor- Absent
Built- Average	Icterus- Absent
Nutritional status- Good	Pedal Oedema- Absent
B.P- 110/70 mmHg	Clubbing- Absent
Pulse Rate- 78bpm	Cyanosis- Absent
R.R- 16/min	Lymph Node- Not palpable
Temperature- 97.8° F	Thyroid gland- Not enlarged
Height- 5'8"	Neck Vein- Not prominent
Weight-70kg	SpO2- 99%

Physical Examination: Dashvidha Pariksha (Table No. 3)

<i>Prakriti</i>	<i>Sharirik- PK Mansika- Tamsika</i>
<i>Vikriti</i>	<i>Madhyama</i>
<i>Sara</i>	<i>Madhyama</i>
<i>Samhanana</i>	<i>Madhyama</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Mishra Rasa</i>
<i>Ahara Shakti</i>	<i>Madhyama</i>
<i>Vyayama Shakti</i>	<i>Avara</i>
<i>Vaya</i>	<i>Madhyama</i>

SYSTEMIC EXAMINATION

Central Nervous System (CNS): The patient was conscious, alert, and well oriented to time, place, and person. No neurological abnormality was detected on clinical examination.

Cardiovascular System (CVS): On cardiovascular examination, heart sounds (S1 and S2) were normal. No cardiac murmur or any additional heart sounds were heard.

Respiratory System (RS): The trachea was centrally placed. Bilateral chest movements were symmetrical with equal air entry on both sides. Normal vesicular breath sounds were heard, and no added sounds were present.

Per Abdomen

Inspection: The abdomen appeared normal on inspection. The umbilicus was centrally placed and inverted. There was no evidence of abdominal distension, dilated veins, or any previous surgical scar.

Palpation: The abdomen was soft on palpation. Mild tenderness was elicited over the right flank region during bimanual palpation. No organomegaly or palpable abdominal mass was detected.

Auscultation: Bowel sounds were present and normal.

ULTRASONOGRAPHY (USG) FINDINGS

Ultrasonography of the abdomen revealed mild splenomegaly and a small echogenic calculus measuring approximately 5.2 mm in the mid calyx of the right kidney, suggestive of right renal nephrolithiasis with splenomegaly.

Diagnosis: Nephrolithiasis (*Ashmari*)

Treatment Protocol

The patient was managed with *Erandadi Kalka* as the primary *Ayurvedic* intervention. *Erandadi Churna* (4 g) was prescribed three times daily (TDS) for a duration of 30 days. The medicine was administered orally after meals by mixing the prescribed quantity of *Erandadi Churna* with an appropriate amount of *Madhu* (honey) to prepare *Kalka*.

In addition to the medication, the patient was advised to maintain adequate hydration by increasing her daily fluid intake. Dietary modifications included restriction of excessive salt, oxalate-rich foods, and animal protein, while encouraging a balanced diet rich in fruits and vegetables. She was also instructed to avoid prolonged suppression of the urge to micturate and to adopt a physically active lifestyle to reduce the risk of urinary stasis and recurrence of renal calculi.

Follow-Up And Outcome

The patient was followed up at 15-day intervals for a total duration of 60 days to assess the clinical response to the treatment.

At the first follow-up (15th day), a noticeable reduction was observed in the intensity of right flank pain, burning micturition, nausea, headache, and abdominal heaviness. The patient reported significant symptomatic relief compared to the initial presentation.

At the second follow-up (30th day), corresponding to the completion of the treatment course, the patient's symptoms had improved markedly. Repeat ultrasonography demonstrated a reduction in the size of the right renal calculus from 5.2 mm to 4.0 mm (Fig. 2), indicating a favourable therapeutic response.

During the third follow-up (45th day), the patient remained clinically stable and did not report any recurrence of severe flank pain or urinary discomfort. The symptomatic improvement achieved after treatment was well maintained.

At the final follow-up (60th day), repeat ultrasonography revealed complete clearance of the right renal calculus (Fig. 3). No adverse drug reactions or treatment-related complications were observed throughout the treatment and follow-up period. After completion of therapy, the patient remained symptom-free and did not require any additional *Ayurvedic* or allopathic medication or surgical intervention. She was advised to continue adequate fluid intake and adhere to the prescribed dietary and lifestyle modifications to prevent recurrence of nephrolithiasis.

DISCUSSION

Ashmari is one of the *Ashta Mahagada* described in the *Ayurvedic* classics and is considered a serious disorder because of its painful presentation, recurrent nature, and potential complications if left untreated.^[8] The classical texts have emphasized the severity of this disease by describing it as "*Vyadhi Antakara Pratimo*", highlighting its grave clinical significance.

According to *Ayurvedic* principles, the development of *Ashmari* is initiated by *Agnimandya*, which leads to the formation of *Ama*. The accumulation of *Kapha Dosha* within the *Mutravaha Srotas*, along with the vitiation of other *Doshas*, results in the gradual solidification of urinary constituents, ultimately leading to the formation of *Ashmari*.

From the modern perspective, nephrolithiasis develops due to supersaturation of urine with stone-forming substances. This supersaturation promotes crystal nucleation, followed by crystal growth, aggregation, and retention within the renal collecting system. Factors such as

reduced urine volume, alterations in urinary pH, metabolic abnormalities, and urinary stasis further facilitate the enlargement of calculi and contribute to disease progression.^[9]

The management of nephrolithiasis aims not only to relieve symptoms but also to prevent further stone growth and facilitate stone clearance. In *Ayurveda*, therapeutic measures possessing *Ashmaribhedana* (lithotriptic), *Mutrala* (diuretic), *Shothahara* (anti-inflammatory), and *Basti Shodhana* (restoration of normal urinary tract function) properties are considered beneficial in breaking the pathogenesis of *Ashmari*. These actions help reduce pain and inflammation, improve urinary flow, promote the elimination of urinary calculi, and minimize the chances of recurrence.

In the present case, the patient demonstrated progressive symptomatic as well as ultrasonographic improvement following *Ayurvedic* management. These findings suggest that the adopted treatment protocol may be effective in the conservative management of nephrolithiasis. However, larger clinical studies are required to further establish its safety and therapeutic efficacy.

Probable Mode of Action of Erandadi Kalka

Erandadi Kalka is a classical *Ayurvedic* formulation indicated in the management of *Ashmari*. It contains *Eranda Beeja* (*Ricinus communis* Linn.), *Brihati Phala* (*Solanum indicum* Linn.), *Kantakari Panchanga* (*Solanum surattense* Burm. f.), *Gokshura Beeja* (*Tribulus terrestris* Linn.), and *Kokilaksha Panchanga* (*Asteracantha longifolia*). Collectively, these drugs exhibit *Mutrala* (diuretic), *Shothahara* (anti-inflammatory), *Vedanasthapana* (analgesic), and *Vata-Kaphahara* properties, which help relieve the symptoms associated with *Ashmari* and support normal urinary function.^[10,11,12,13]

Among the ingredients, *Gokshura* is one of the most extensively studied drugs for urinary disorders and is described in *Ayurvedic* classics for the management of *Mutrakrichra* and *Ashmari*. Experimental studies have demonstrated its antiurolithiatic activity by reducing calcium oxalate crystal deposition, inhibiting crystal aggregation, and promoting urinary excretion.^[14,15] *Kokilaksha* possesses diuretic activity, which helps increase urinary output and facilitates the elimination of stone-forming crystals.^[11,12,13] *Eranda Beeja*, *Brihati*, and *Kantakari* contribute through their anti-inflammatory and analgesic properties, thereby reducing flank pain, burning micturition, and urinary discomfort associated with nephrolithiasis.^[11,12,13]

The combined pharmacological actions of the ingredients may improve urinary flow, reduce inflammation, minimize crystal aggregation, and facilitate the natural passage of urinary calculi. These probable mechanisms correlate with the findings observed in the present case, where the stone size reduced from 5.2 mm to 4.0 mm after one month of treatment, followed by complete clearance of the calculus on ultrasonography at the end of the 60-day follow-up period.

CONCLUSION

Avoidance of etiological factors (*Nidana Parivarjana*) is considered the foremost principle in the management of any disease in *Ayurveda*. *Sushruta* has described four principal treatment modalities for *Ashmari*, namely *Bheshaja* (medicinal therapy), *Kshara Karma*, *Agni Karma*, and *Shastra Karma*.^[16] In the present case, the patient was managed successfully with *Bheshaja Chikitsa* in the form of *Erandadi Kalka*, resulting in significant symptomatic improvement and complete clearance of the renal calculus without any recurrence during the follow-up period. The patient did not require any additional allopathic medication or surgical intervention throughout the course of treatment, indicating that conservative *Ayurvedic* management may be beneficial in selected cases of nephrolithiasis.

Limitations of the study

The present report describes the outcome of a single case of nephrolithiasis managed with *Erandadi Kalka*. Therefore, the observations cannot be generalized. Further clinical studies involving a larger sample size and longer follow-up are required to evaluate the efficacy, safety, and recurrence rate of this treatment protocol before it can be recommended as a standard therapeutic approach.

Patient Consent

Prior to initiation of treatment, written informed consent was obtained from the patient. Separate consent for publication of this case report was also taken. The patient's identity has been kept confidential, and no personal information has been disclosed in this manuscript.

Strength of the Case

- Serial ultrasonographic assessment confirmed progressive reduction and complete clearance of the renal calculus.
- No adverse drug reactions were observed throughout the treatment and follow-up period.

- Surgical intervention was avoided, and satisfactory clinical improvement was achieved with conservative *Ayurvedic* management.

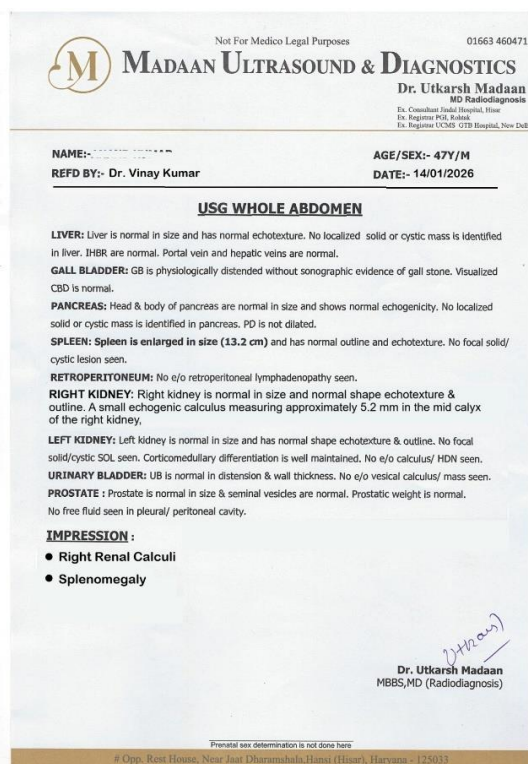


Fig. 1.

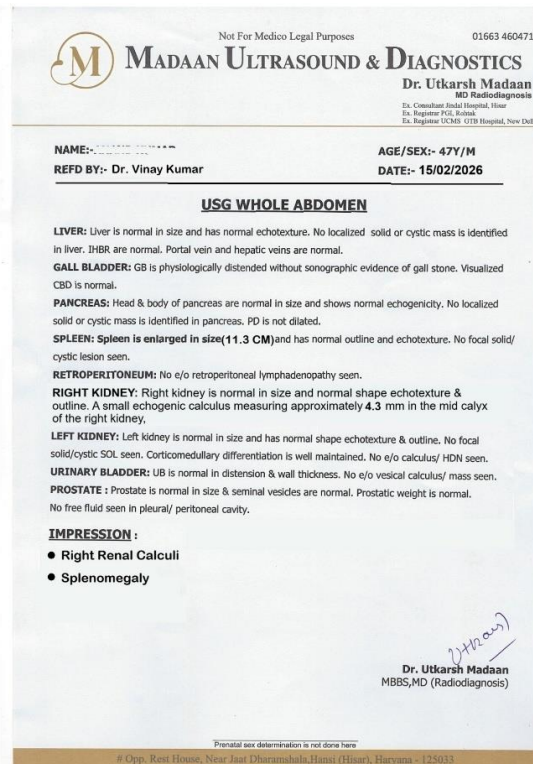


Fig. 2.

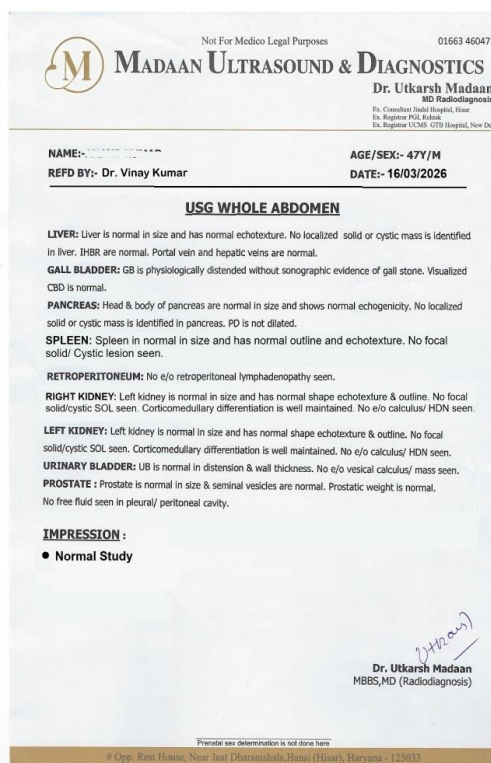


Fig. 3.

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