

**CLINICAL EVALUATION OF KATAKA BEEJA CHURNA IN
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ABSTRACT

Mutrashmari denotes the development of calculi within the Mutravaha Srotas and is comparable to urolithiasis or urinary tract stone disease in contemporary medicine. It is classified under disorders of the Mutravaha Srotas and is listed among the Ashtamahagada (eight severe diseases) in Ayurveda. Renal calculi represent one of the most prevalent and intensely painful conditions of the urinary system. From an Ayurvedic perspective, Ashmari is a Tridoshaja Vyadhi with predominance of Kapha Dosha. Kataka possesses Tridoshaghna properties and is indicated in the management of Mutrashmari. Kataka Beeja Churna, described in the Dhanwantari Nighantu under Chandanadi Varga, is recognized for its Ashmarighna (anti-urolithic) action. In this case, a 34-year-old male

presented with right-sided flank pain along with periumbilical abdominal discomfort persisting for 15 days and was diagnosed with right renal calculi. The observations from this case indicate that Kataka Beeja Churna demonstrates notable efficacy in the management of Mutrashmari. Its therapeutic action can be attributed to its Ashmari Bhedana (stone-breaking) and Mutrala (diuretic) properties.

KEYWORDS: Mutrashmari, Urolithiasis, Diuretic, Kataka Beeja Churna.

INTRODUCTION

Ayurveda, an ancient medical science, emphasizes both the preservation of health in individuals and the management of diseases. As per Ayurvedic concepts, the human body is structured around three fundamental components—Tridosha, Saptadhatu, and Trimala. Trimala are the waste products generated during digestion and metabolic processes, which are expelled from the body through specific Srotas. Mutra (urine) is one of these essential waste products. Diseases related to the Mutravaha Srotas, including Ashmari, Mutrakrichchra, Mutraghata, and Prameha, have been recognized since ancient times as significant sources of human suffering. Among these conditions, Acharya Sushruta identified Mutrashmari as one of the Ashtamahagada,^[1] indicating its severity and clinical importance.

The occurrence of renal calculi is notably high worldwide and is influenced by multiple factors such as environmental conditions, dietary habits, lifestyle patterns, and the mineral composition of water and soil.^[2] These calculi are commonly seen in individuals within the age group of 30 to 60 years and show a higher prevalence in males compared to females.^[3] Epidemiological data suggest that renal colic affects approximately 10–20% of men and 3–5% of women. In the Indian context, nearly 12% of the population is prone to developing urinary stones, and around half of these cases may progress to renal complications if not managed appropriately.^[4]

As described by Acharya Sushruta, the management of Ashmari depends on the stage of the disease. In its early phase, it can be effectively treated with medicinal interventions, while advanced stages may necessitate surgical procedures.^[5] However, he strongly advocates attempting conservative treatment with oral medications before considering surgery. Ayurveda offers a distinctive therapeutic approach through the use of Ashmari-bhedana (lithotriptic) and Mutrala (diuretic) drugs, which help in the disintegration and expulsion of stones.

This study highlights the therapeutic potential of Kataka Beeja Churna, a classical formulation mentioned by Acharya Mahendra Bhaughiki in the Dhanvantari Nighantu under the Chandanadi Vargas and is eliminated via the Mutravaha Srotas.^[6]

Mutrashmari is considered one of the most frequently encountered disorders affecting the urinary system.

CASE HISTORY

A 34-year-old male patient reported with right-sided flank pain and discomfort around the umbilical region persisting for 15 days, along with difficulty during urination for the past 10 days. He was in a normal state of health prior to the onset of these symptoms. Initially, he experienced intense pain in the flank region accompanied by vomiting, for which he sought medical advice locally and received temporary symptomatic relief. Subsequently, the pain recurred after a few days, this time involving the umbilical region of the abdomen along with painful urination, leading him to visit our hospital for further management.

The pain was intermittent, colicky in character, and originated in the right flank with radiation towards the umbilical region. The patient reported a burning sensation at the initiation of micturition. There was no known history of chronic illnesses such as diabetes mellitus or hypertension. His dietary pattern was regular in both quantity and quality; however, he admitted to consuming insufficient amounts of water.

On clinical evaluation, the patient's vital signs were stable and within normal physiological limits. Abdominal examination revealed a soft abdomen with localized tenderness over the right renal angle and lumbar region, whereas the left side was non-tender.

Ultrasound imaging of the abdomen and pelvis confirmed the presence of calculi in right kidney, with a stone measuring 6.6 mm located in the lower calyx of the right kidney.

MATERIALS AND METHODS

Diagnostic Criteria

The diagnosis was made based on characteristic clinical manifestations of Mutrashmari (renal calculi), including Vedana (pain), Sarudhira Mutrata (hematuria), and dysuria. Ultrasonography (USG) of the abdomen and pelvis was performed to assess the presence, location, and size of the calculi.

Treatment protocol

Acharya Sushruta has mentioned Kataka as an important drug under the Parushakadi Gana, useful in the management of Mutradoshahara Chikitsa.^[7] In this study, Kataka Beeja Churna, a classical Ayurvedic formulation described in the Dhanvantari Nighantu under the Chandanadi Varga, was administered to the patient.

1. Drug – Kataka Beeja Churna

2. Route: Oral
3. Dosage: 3gm
4. Timing: Twice a day before food
5. Anupana: Sukoshna jala (lukewarm water)
6. Duration: 30 days

Patient was asked to follow prescribed pathyapathya.

OBSERVATIONS

The patient was monitored periodically and instructed to attend follow-up visits on the 15th and 30th day of treatment. Clinical manifestations described in classical texts, such as Vedana in the Nabhi Pradesha (pain in the umbilical region) and Sadaha Mutrata (burning micturition), were assessed during these visits. All observations were systematically recorded using a structured case proforma at baseline, throughout the treatment period, and during follow-up. A repeat ultrasonographic examination after 30 days demonstrated a tiny, non-obstructing calculus in the right kidney.

Follow-Up

The patient was reviewed again on the 45th day. At this stage, complete resolution of symptoms was observed, and the patient expressed satisfaction with the therapeutic outcome.

Assessment criteria

The result of treatment was evaluated as per grading given to subjective and objective parameters.^[8]

Assessment chart

		BT	DT	AT	FU
Subjective Parameter	Day Parameter	0th Day	15th Day	31 st Day	45th Day
	Renal pain	4 (100%)	2 (50%)	1 (25%)	0 (00%)
	Renalangle tenderness	3(100%)	1 (33.33%)	0 (00%)	0 (00%)
	Dysuria	4 (100%)	2 (50%)	0 (00%)	0 (00%)
		BT - 0 th Day		AT - 31 st Day	
Objective Parameter	Haematuria	0		0	
	Pyuria	0		0	
	USG	Site	Right	Left Kidney	Right

	Findings		Kidney Lower pole	Mid pole	Kidney Lower pole	Kidney -
		Number	1	1	1	-
		Size	6.6mm	0.0mm	0.0mm	-
		Grade	3	0	0	-

The effect of Kataka Beeja Churna on symptoms such as abdominal pain and dysuria was assessed during the treatment period. By the 15th day, approximately 50% reduction in symptoms was observed. Further improvement was noted with continued therapy, and by the 30th day, maximum relief in both pain and dysuria was achieved.

Ultrasonographic findings before treatment showed the presence of non-obstructive bilateral renal calculi, with a stone measuring 6.6 mm in the lower pole of the right kidney. After completion of treatment, follow-up imaging revealed significant reduction in stone size, with only a tiny non-obstructive calculus remaining in the right kidney.

Mode of Action

Kataka, described in *Dhanvantari Nighantu* under the Chandanadi Varga, was selected for the present study based on its therapeutic significance. Classical references highlight its properties such as *Vaariprasadana* (purifying body fluids), *Chedaniya* (fragmenting action), *Vishaghna* (detoxifying effect), and *Mutrashmarihara* (useful in urinary calculi).

Pharmacological studies on the methanolic extract of *Strychnos potatorum* Linn. seeds (SPSE) have demonstrated notable diuretic activity in Wistar albino rats.^[11] In vitro investigations further reveal that the extract shows increased inhibition of turbidity with rising concentrations, indicating its potential role in dissolving urinary stones.^[9] It has also been observed to restrict the formation and growth of calculi, possibly due to its diuretic action, protective effect on renal tissue, and reduction in urinary stone-forming constituents.^[10]

According to its *Guna* and *Karma*, Kataka is known to alleviate *Kapha* and *Vata dosha*.^[8] It possesses attributes such as *Ashmarichedhaka* (stone-breaking), *Mutrala* (diuretic), and *Ashmarighna* (anti-urolithiatic). These combined effects facilitate the disintegration and expulsion of calculi and help in preventing their recurrence.

DISCUSSION AND CONCLUSION

In the present case, the patient was found to have bilateral renal calculi involving the mid

pole of the left kidney and the upper pole of the right kidney. Kataka Beeja Churna was administered for a period of one month, which resulted in significant clinical improvement following the course of treatment.

According to its *Rasapanchaka*, the formulation demonstrates its effect on Mutrashmari through properties such as *Ashmarichedhaka* (lithotriptic) and *Mutrala* (diuretic). Since Ashmari is predominantly a *Kapha Pradhana Vyadhi*, the *Kaphavata hara* nature of Kataka contributes to the disruption of disease pathogenesis (*Samprapti Vighatana*).

The lithotriptic property supports the breakdown of calculi, while the diuretic action promotes their expulsion through urine. Furthermore, the *Ashmarighna* property of Kataka Beeja Churna aids in reducing the chances of recurrence of renal stones. In this way, the formulation addresses both preventive and curative aspects as described in Ayurveda, namely *Swasthasya Swasthya Rakshanam* (preservation of health) and *Aturasya Vikara Prashamanam* (alleviation of disease).

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