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AYURVEDIC MANAGEMENT OF *MUTRASHMARI* W.S.R TO UROLITHIASIS: A CASE STUDY

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ABSTRACT

Mutrashmari (urinary stones) is one among the *Ashtamahagada* (eight fatal conditions) and is *Kapha pradhan Tridoshaja Vyadhi*, which is correlated with urolithiasis. It is the major cause of morbidity. The prevalence rate of urolithiasis is approximately 12% in world. Many treatment modalities have been mentioned in medical sciences, but it is quite expensive and also the pathogenesis behind recurrence of formation of stone cannot be avoided. Hence, it is necessary to find out an economical, effective, easily available medicine to treat *Mutrashmari*. *Kulattha* may help prevent recurrence of urinary tract calculi by promoting urinary flow, facilitating clearance of urinary crystals and reducing their aggregation and retention. Its traditional *Mutrala* and *Ashmari-bhedana* properties, along with reported pharmacological activities, may contribute to its potential role in preventing recurrent *Mutrashmari*. So in search to get better result in urolithiasis, the study is carried out by taking *Kulattha Hima* having both lithotripsic and diuretic effect. We hereby report a case of 23-year old male with complaints of pain in right flank region, burning micturation. He was treated with *Kulattha Hima* during treatment all the signs and symptoms of *Mutrashmari* reduced to a very high extent.

KEYWORDS: *Mutrashmari*, urolithiasis, *Kulattha Hima.*

INTRODUCTION

Ashmari (urinary stones) is the condition in which there is formation of a substance like stone.[1] *Mutrashmari* (urinary stone) is one among the *Ashtamahagada* (eight fatal conditions).[2] It is considered difficult to cure. According to *Sushrut*, *Mutrashmari* is formed due to *Asanshodhan* and *Apathyasevan*. Because of this *Kapha dosha* gets aggrevated and reaches *basti* and forms stones.[3]

Urinary calculus is a stone like body consist of salts each are bound together by a colloid matrix of organic materials. It consist of nucleus around which concentric layers of urinary salts are deposited.[4] It is having clinical features of renal pain located over renal angle, ureteric colic, haematuria, fever, urinary tract infections.[5]

The lifetime prevalence of symptomatic urolithiasis is 12% in men. Increased percentage of urolithiasis in this world is associated with improved standard of living. A diet that is rich in cereals and pulses, intake of fruits such as grapes and oranges and fluoride-rich water, and intake of fruits such as oranges and grapes plays a vital role in the occurrence of urinary stone.

Many treatment procedures have been adopted in medical sciences to treat the disease but it is quite costly and also the prognosis behind recurrence of stone formation cannot be avoided. *Acharya Sushruta* has described medicinal treatment as well as surgical management according to the condition of patient. Hence, it is necessary to find out an economical, easily available, cost-effective, and acceptable medicine to treat *Mutrashmari*. Hence, in this clinical study, *Kulattha Hima* was selected for the management of *Mutrashamri*.

MATERIALS AND METHODS

23-year old male visited to the OPD of Govt. Ayurvedic College and Hospital, Osmanabad He presented with complains of.

- Pain radiating from right loin to groin.
- Burning micturition.

HISTORY OF PRESENT ILLNESS

A 23-year-old male was in a healthy condition before 1 month, then he started complaining of abdominal pain and it was found that the pain was intermittent and colicky in nature and it was

present on right side of the abdomen, which was radiating from loin to groin region; difficulty in urination normally at the beginning of urination which is of pricking type; burning micturition sometimes.

Past history HTN – No history in past DM – Non Diabetic CVE – No History of IHD TB – No History of TB BA – No History of Bronchial Asthma	**Personal History** Marital status – Unmarried Tobacco – No History Alcohol – NAD Family History Father – HTN Mother – NAD
O/E (On Examination) GC – Fair Pulse – 78/min BP – 120/90 mm/Hg Spo2 – 96% RR – 20/min Pallor – Absent Icterus – Absent	***Asthvidh Pariksha*** *Nadi – Pitta kaphaj Mala – Mala Stambh Mutra – Daha* *Jiva – Niram Shabd – Prakrut* *Sparsh – Samshitoshna Druka – Prakrut* *Aakruti – Madhyam*
S/E (Systemic Examination) RS – AEBE Clear CVS – S1S2 NORMAL CNS – Conscious Oriented GIT – Liver, Spleen, Kidney Not Palpable	**P/A :** Soft, tenderness over right lumbar and iliac region

EXAMINATION HISTORY

P/A : Soft, tenderness over right lumbar and iliac region.

Ultrasonography finding : Mild right sided hydronephrosis and hydroureter noted secondary to calculus measuring 8mm lower ureteric calculus located approx. 4cm proximal to vesico ureteric junction.

LINE OF TREATMENT

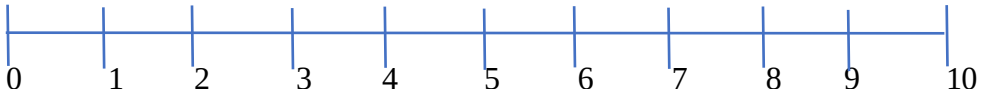
Kulattha Hima 40ml BD for 30 days.

ASSESMENT CRITERIA

A. SUBJECTIVE CRITERIA

1. PAIN IN ABDOMEN

VAS SCALE (VISUAL ANALOGUE SCALE)



No Pain Severe Pain

0	1	2	3	4	5	6	7	8	9	10
No	Doesn't disturb routine		Disturbs routine				Patient rolls on the bed			
No	Mild		Moderate				Severe			

Pain in abdomen grade

Sr. No.	GRADE	SYMPTOMS
1	0	Absence of pain VAS Score - 0
2	I	Pain present but does not disturb routine VAS Score – upto 3
3	II	Pain present which disturb routine VAS Score – upto 6
4	III	Patients rolls on bed due to pain VAS Score – more than 6 to 10

2. Dysuria

Dysuria Grades

Sr. No.	GRADE	SYMPTOMS
1	0	No dysuria
2	I	Occasional dysuria
3	II	Dysuria relieved after medications
4	III	Constant dysuria

3. BURNING MICTURATION

Burning Micturition Grades

Sr. No.	GRADE	SYMPTOMS
1	0	Absent
2	I	Present

4. HAEMATURIA

Haematuria Grades

Sr. No.	GRADE	SYMPTOMS
1	0	No RBC in urine
2	1	Microscopic RBC seen
3	2	Trace blood in urine
4	3	Gross haematuria

OBJECTIVE CRITERIA

1) Number of Renal Calculi
2) Size of Renal Calculi

- The changes in the calculi assessed by ultrasonological findings.

OBSERVATIONS AND RESULT

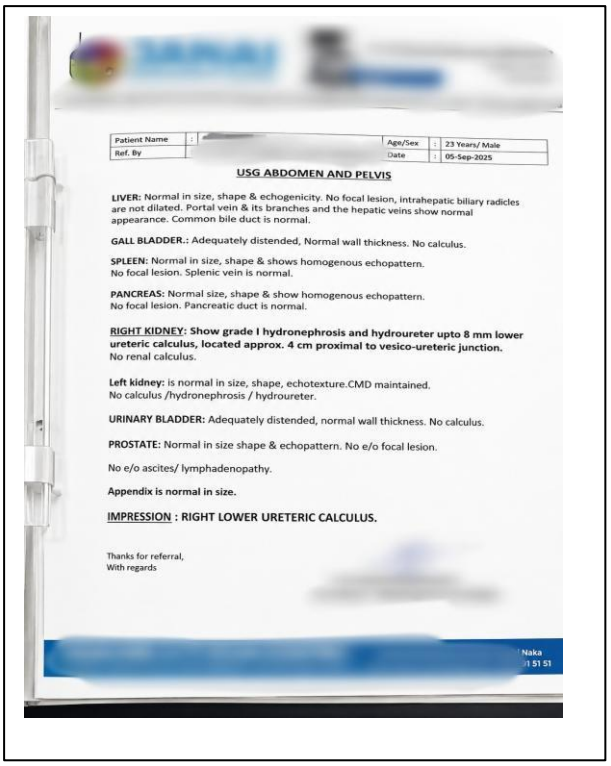
SYMPTOMS/DAYS	0	7^{th}	15^{th}	21^{st}	30^{th}
Pain in abdomen	III	II	0	-	-
Burning micturation	I	I	0	-	-
Dysuria	II	I	0	-	-
Haematuria	0	0	0	-	-

In the first follow-up, the patient informed that symptoms of *mutrashmari* decreased.

In the third follow up, the patient informed that, single stone of irregular size expelled out at the time of urination. When the stone was expelled through urine, he experienced extreme pain and disturbance in the urine flow.

Repeated USG showed that there was a no calculus right kidney or ureter. No evidence of hydronephrosis and hydroureter. The clinical features were absent except pain in abdomen, which was mild in intensity.

In the fourth follow-up, the patient got completely relief from pain in abdomen and did not experience dysuria.



Patient Name : [redacted] Age/Sex : 23 Years/ Male
Ref. By : Date : 05-Sep-2025

USG ABDOMEN AND PELVIS

LIVER: Normal in size, shape & echogenicity. No focal lesion, intrahepatic biliary radicles are not dilated. Portal vein & its branches and the hepatic veins show normal appearance. Common bile duct is normal.

GALL BLADDER.: Adequately distended, Normal wall thickness. No calculus.

SPLEEN: Normal in size, shape & shows homogenous echopattern. No focal lesion. Splenic vein is normal.

PANCREAS: Normal size, shape & show homogenous echopattern. No focal lesion. Pancreatic duct is normal.

RIGHT KIDNEY: Show grade I hydronephrosis and hydroureter upto 8 mm lower ureteric calculus, located approx. 4 cm proximal to vesico-ureteric junction. No renal calculus.

Left kidney: is normal in size, shape, echotexture.CMD maintained. No calculus /hydronephrosis / hydroureter.

URINARY BLADDER: Adequately distended, normal wall thickness. No calculus.

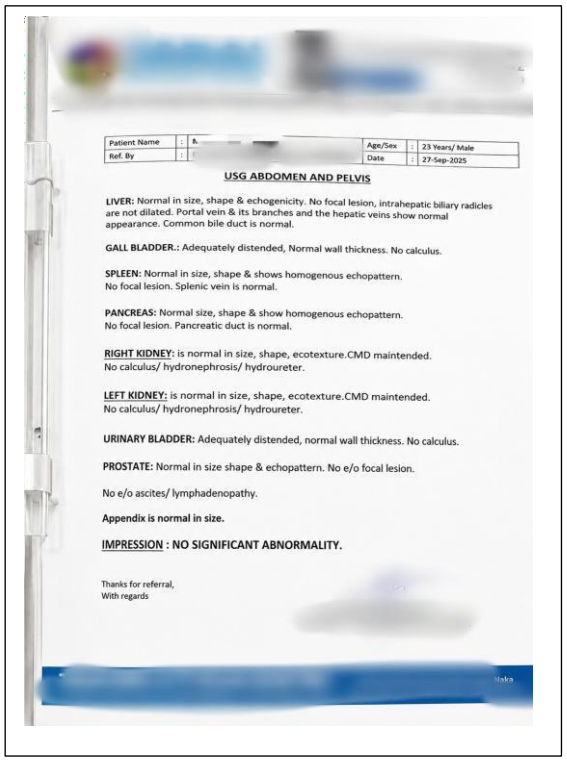
PROSTATE: Normal in size shape & echopattern. No e/o focal lesion.

No e/o ascites/ lymphadenopathy.

Appendix is normal in size.

IMPRESSION : RIGHT LOWER URETERIC CALCULUS.

Thanks for referral,
With regards



Patient Name : [redacted] Age/Sex : 23 Years/ Male
Ref. By : Date : 27-Sep-2025

USG ABDOMEN AND PELVIS

LIVER: Normal in size, shape & echogenicity. No focal lesion, intrahepatic biliary radicles are not dilated. Portal vein & its branches and the hepatic veins show normal appearance. Common bile duct is normal.

GALL BLADDER.: Adequately distended, Normal wall thickness. No calculus.

SPLEEN: Normal in size, shape & shows homogenous echopattern. No focal lesion. Splenic vein is normal.

PANCREAS: Normal size, shape & show homogenous echopattern. No focal lesion. Pancreatic duct is normal.

RIGHT KIDNEY: is normal in size, shape, ecotexture.CMD maintended. No calculus/ hydronephrosis/ hydroureter.

LEFT KIDNEY: is normal in size, shape, ecotexture.CMD maintended. No calculus/ hydronephrosis/ hydroureter.

URINARY BLADDER: Adequately distended, normal wall thickness. No calculus.

PROSTATE: Normal in size shape & echopattern. No e/o focal lesion.

No e/o ascites/ lymphadenopathy.

Appendix is normal in size.

IMPRESSION : NO SIGNIFICANT ABNORMALITY.

Thanks for referral,
With regards

USG – BEFORE TREATMENT **USG – AFTER TREATMENT**

DISCUSSION

Many treatment modalities have been adopted in medical sciences to treat the urolithiasis which include non-operative and operative procedures. The general treatment of *mutrashmari* in *ayurveda* is *aushadhi chikitsa* in *tarun avastha* and in the *pravrudha avastha chhedan karma* (surgery) should be done. *Acharya Sushrut* said that before going for surgical procedures one should try with oral medications. Hence as per *Priyavata Sharma* in this clinical study *Kulattha Hima* was used for treatment of *mutrashmari*.

Kulattha having *prabhav* of *ashmaribhedan.*[6] *Kulattha* having properties of *Kashaya rasa*, *ushna virya* and *laghu*, *ruksha*, *tikshhna guna*[7] due to which it reduces *kapha dosha* which is the main cause of *mutrashmari*.

Kulattha Hima demonstrated comparatively better gastrointestinal tolerability *than Kulattha Kwatha*, with a lower incidence of *Amlapitta* and its associated symptoms. This may be attributed to the relatively milder thermal and *Pitta*-aggravating effect of *Hima* preparation compared with the *Ushna* and *Tikshna* properties enhanced during *Kwatha* preparation.

CONCLUSION

The result revealed that renal calculi can be cured with *ayurvedic chikitsa* and lithotripsy and other surgical interventions can be avoided. Now till date there is no need to patient to undergo any surgical intervention as well as there is no recurrence of symptoms. This study is about the presentation of the single case study only. An attempt must be made for further exploration of effect of this *Shaman* therapy in large population for establishing standard treatment protocol.

It was found that *Kulattha Hima* shows significant reduction of symptoms of *mutrashmari* by *ashmari bhedan prabhav* and causes less *amlapitta* as compared to *kulattha kwatha* due to *shita* properties of *Hima.* The treatment is simple, cost effective and devoid of harmful side effects making it a valuable addition to the contemporary management of the disease.

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