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TO STUDY THE EFFICACY OF PALASHA PUSHPA PANIYA KSHARA IN THE MANAGEMENT OF MUTRASMARI

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ABSTRACT

Among the Astamahagadas described in the classical texts Ashmari is one among them. It can be compared with Nephrolithiasis. Among the diseases pertaining to mutravaha srotas Ashmari is one of the most prevalent one and its incidence is increasing day by day. If neglected in treating the disease it may leads to cessation of life. Its prevalence is seen mostly in second and third decade with men affected more than women. Kshara therapy especially paniya kshara has direct indication in the management of Ashmari according to sushruta. The present article describes the efficacy of Palasha pushpa paniya kshara in management of mutrashmari.

KEYWORDS: Ashmari, Paniya Kshara.

INTRODUCTON

Shalya Tantra is a branch of Ayurveda which deals with surgical as well as Para surgical procedures like Ksharakarma, Agnikarma & Raktamokshana, but gives equal emphasis on Bhaishajya Chikitsa also.

Mutrasmari or urinary stone is a most painful & common disease of the urinary system. It is the third most common affliction of the urinary tract, exceeded only by UTI and BPH. As per classics Ashmari is included in Ashtamahagada due to its fatal nature. Description of Ashmari is found in almost all Samhitas of Ayurveda as well as in Vedas, either as a type of Mootraghata(as per Charaka)or as a separate disease (as per Sushruta) Acharya Sushruta the father of surgery has described Mutrasmari first time in details including etiological factors,

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classifications, symptomatology, pathology, complications & its management in a most scientific manner. As per *Ayurveda*, medicinal treatment includes use of various Ghrita, Kwatha, Choorna, Kshara *Dravyas* etc. Among these medicines predominantly *Kshara Dravyas* are prescribed due to their Lekhana and Bhedana properties. To avoid the incidence of recurrence after surgical removal of stone and in search of an effective conservative treatment the present work was designed and has been undertaken.

A kidney stone usually will not cause symptoms until it moves around with in your kidney or passes into your ureters.

Chikitsa is of two types. Samanya Chikitsa and viseşa Chikitsa Under viseşa Chikitsa, Kshara Cikitsa was given. Among all the Yantras, Upayantras, sastras and Anu Sastras, Kshara is supreme because it is most effective and does function like Excision, Cutting and Scraping alleviates all three dosas and acts immediately.

According to the mode of administration Kshara is broadly classified into Pratisaraniya and Paniya Kshara.

Dalhana explains that Paniya Kshara can be used in the form of Ksharodaka Or it can be used in formulations like Churna, vataka, avalehyas according to the respective diseases Acarya Susrutha indicated Paniya Kshara in gara, gulma, udara, agnisada, Ajirṇa, arochaka, anaha, Sarkara, **Ashmari**, Abhyantara vidhradi, krimi, visa, arsas. In Rasa Tarargani chapter 14 Ksharavisesadi vignaniya described Palasa pushpa Paniya Kshara for treatment of Ashmari.

AIM OF THE STUDY

To Evaluate the Efficacy of **Palasa pushpa Paniya kshara** in Management of Mutrashmari.

MATERIALS AND METHODS

SOURCE OF PATIENTS

The present study was carried with 20 patients with renal calculi having stone size upto 10 mm between age group 20 to 60 years of either gender were included in this group and this study was conducted at Shalya OPD level at S.V. Ayurvedic hospital, Tirupati.

INCLUSION CRITERIA

- Patients irrespective of gender.
- ❖ Patients from age group 20-60 years.
- * Radiological evidence of stone (up to 10 mm) in kidney.

EXCLUSION CRITERIA

- Patients with age below 20 years and above 60 years.
- Stone size more than 10 mm.
- Accelerated Hypertension and Diabetic Ketoacidosis
- Pyelonephritis
- Malignancy
- Chronic kidney diseases
- Poorly functioning kidney.

Patients who were contraindicated for Paniya Kshara (Bleeding diseases, fevers, persons of pitta predominant constitution, children, the aged, debilitated, those suffering from giddiness, fainting, blindness.

DIAGNOSTIC CRITERIA

SPECIFIC

- USG of Abdomen KUB
- X ray KUB.

NON SPECIFIC

- Complete blood picture
- Blood sugar
- Renal parameters
- Urine analysis.
- a) Sugar and albumins
- b) Microscopic Examination for pus cells, crystals, RBC and casts.

If Pus cells are present, Then the urine sample will be sent for the culture and sensitivity.

After taking the complete history of the patient a special proforma was designed to record all details of the patient.

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MATERIALS

Materials: Palasha pushpa (Rasatantrasara va siddhaprayoga sangraha)

Palasha: Botanical name: Butea monosperma Lan-Kutz Family: Fabaceae

Principle: Kṣhara Nirmaṇavidhi

Apparatus: Gas stove, Iron mesh, Spatula, Vessels, Measuring jar, Khalva Yantra.

METHOD OF PREPARATION

Palasha pushpa was collected and completely dried.

• Then it was placed over the hearth and subjected to fire till it gets converted in to ash.

• The ash was collected in a stainless steel vessel and allowed for self-cooling. Six parts of water will be added to the ash obtained.

• It was kept undisturbed overnight then the supernatant water will be collected in another steel vessel carefully without allowing the sediments to enter (ksharajala)

• It was filtered 21 times to get clean and clear solution like

Gomutravarna

• The collected supernatant water is heated under medium flame on a gas stove till the water content is completely evaporated.

• After the complete evaporation of water content, white coloured flakes (kshara) will be obtained at the bottom of the vessel.

They will be pounded in clean khalva yantra and made into fine powder. It will be collected and preserved in air tight glass container.

Mode of drug administration

Palasha Pushpa kshara with the dosage of 125 mg twice in a day in empty stomach along with luke warm water for duration of 30 days and observations were recorded properly.

PARAMETERS FOR ASSESSMENT: SUBJECTIVE PARAMETERS

Assessment of the therapy is done according to the relief observed in the signs and symptoms with the help of scoring pattern which is prepared according to classical Ayurveda and modern texts.

- Pain abdomen which was radiating from loin to groin.
- Burning micturition.
- Dysuria.

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• Hematuria.

OBJECTIVE PARAMETERS

Based on various investigations like urine, blood, biochemical examination, X- Ray (KUB), USG (KUB) are carried before and after treatment.

- Size of the stone.
- Number of stones. Pain
- No pain -0
- Occasional pain did not require treatment 1
- Occasional pain but, required treatment 2
- Constant dull ache pain, required treatment − 3

Burning Micturition

- No burning micturition 0
- Occasional burning micturition 1
- Occasional burning micturition, required treatment 2
- Constant burning micturition required treatment 3

Dysuria

- No dysuria 0
- Occasional dysuria 1
- Occasional dysuria which requires treatment 2
- Constant dysuria which requires treatment − 3

Hematuria: On the basis of microscopic urine analysis

- No RBC/Hpf 0
- 0-5 RBC/Hpf -1
- 6 10 RBC/Hpf 2
- 11 15 RBC/Hpf 3
- >16 RBC/Hpf 4

OBSERVATIONS

Table – 1: Age.

Age	Group	%		
21-30 years	02	10		
31-40 years	06	30		
41-50 years	09	45		
51-60 years	03	15		
Total	20	100		

2. GENDER INCIDENCE

Table – 2 Gender.

Gender	Group	%
Male	14	70
Female	06	30
Total	20	100

DIET

Table − 3: Diet.

Diet	Group	%		
Vegetarian	07	35		
Mixed	13	65		
Total	20	100		

3. SUBJECTIVE PARAMETERS

Modern parameters	Group I	%
Pain	20	100%
Burning micturition	18	90%
Dysuria	18	90%
Hematuria	18	90%

4. SIZE OF THE STONE

Table 5

Size of stone	Group I	%		
Upto 5 mm	14	70		
6-10 mm	06	30		
11-15mm	00	00		
Total	20	100		

5. BILATERAL-UNILATERAL

	Group I	%
Bilateral	10	50
Unilateral	10	50
Total	20	100

Showing Statistical Analysis of Subjective Parameters

Effect of therapy on clinical features (acc. to modern) in 20 patients of Renal calculi

Table-7: Effect of therapy on Stone Size in 20 patients of Renal calculi.

Clinical features	Mean B.T.	Mean A.T.	Mean difference	%	S.D. B.T	S.D. A.T	S.E.	t	P	SIGNIFICANCE
Pain	2.40	0.65	1.75	72.91	0.60	0.67	0.190	9.19	< 0.0001	YES
Burning micturition	1.70	0.55	1.15	67.74	0.73	0.69	0.150	7.766	< 0.0001	YES
Dysuria	1.45	0.35	1.10	75.86	0.76	0.49	0.143	7.6778	< 0.0001	YES
Hematuria	1.70	0.35	1.35	79.41	0.86	0.49	0.196	6.899	< 0.0001	YES

Table 7 shows that statistically significant results were found in action of therapy on stone size (60.2%).

ACTION ON STONE SIZE		Mean A.T.	Mean D	% of Relief	S.D B.T	S.D A.T	S.E.	t	P	SIGNIFICANCE
	4.90	1.95	2.95	60.2	1.86	1.67	0.444	6.6424	< 0.0001	YES

DISCUSSION

- Age: Table 1 indicates the Age wise distribution of the patients. It shows that maximum number of patients i.e. 45% belongs to age group of 41-50 years and, 30% belongs to age group 31-50 years, 15 % belongs to age group between 51-60 years. Very minimal of 10 % belong to age group of 21-30. However Age has no role in the formation of renal stone, majority of cases are seen in the 4th and 5th decade of life in this study.
- Gender: Table 2 indicates in this series, the maximum numbers of patients i.e., 70% were male while rests of the patients i.e. 30 % were female. Gender plays a role in the development of kidney stones. This ratio almost correlates with the male-female ratio mentioned in the text. In 1974, Findayson and Richardson postulated that lower serum testosterone level may play some role. Females are naturally having less testosterone level and are in less risk group.
- **Diet:** Table 3 indicates that 65% patients were having Mixed type of diet and 35% patients were having Vegetarian diet. A high intake of animal protein (egg, chicken, meat) also increase the risk of kidney stone formation. When more animal proteins are consumed, it creates an amino acid load leading to high excretion of uric acid and calcium in turn. Failure to excrete acids into urine leads to the acidification of the blood and this condition can also increase the risk of kidney stones. In *Ayurveda*, it has been described that the persons who consume more of *Seeta*, *Snigdha* and *Guru Ahara* are more prone to

Ashmari formation.

• **Bilateral-unilateral wise distribution of stones:** Table 6 indicates that maximum 50% of patients were having Bilateral stones and remaining 50% Unilateral distribution of stones. Bilateral - Unilateral wise distribution of stones were estimated with the help of X-ray KUB and USG.

• SUBJECTIVE PARAMETERS

According to the results of study, in case of Pain, the mean before treatment was 2.40 and was reduced to 0.65 after treatment. Relief obtained was 72.91%. This may be due to the *Shulahara* property of *Palasha Pushpa Kṣhara*, it helps to relieve pain.

- ➤ **Burning micturition:** Burning sensation while urinating is the sign of UTI due to presence of kidney stone. According to the results of study, in case of Burning micturition, the mean before treatment was 1.70 and was reduced to 0.55 after treatment. Relief obtained was 67.64%. Pitta shamaka and Kledana property of *Kshara* helps in relieving the burning micturition also *Palasha Pushpa* possess *Tikta* and *Madhura* rasa which has daha prasamana properties.
- ➤ **Dysuria:** According to the results of study, in case of Dysuria, the mean before treatment was 1.45 and was reduced to 0.35 after treatment. Relief obtained was 75.86%. *Lekhana* property of *Kshara* helps to scrapes the abnormal tissue from its location and destroys it after dissolving it, because of if its corrosive nature.
- ➤ **Hematuria:** According to the results of study, in case of Hematuria, the mean before treatment was 1.70 and was reduced to 0.35 after treatment. Relief obtained was 79.41%.

OBJECTIVE PARAMETER

Size of the stone: The statistical analysis in table 7 shows that in case of Size of kidney stone, in this study the mean before treatment was 4.90 and was reduced to 1.95 after treatment. Relief obtained was 60.2%. Reduction in size of stone is due to the *Bedhana* property of the drug, which helps in disintegration of stones.

Role of Palasha pushpa kshara

• **Bhasma of Palasha Pushpa** contain Kashaya Tiktha and Madhura rasa, Ushna virya so it acts as Kapha-pitta shamaka thus its acts on Ashmari as it is kapha pradhana Tridoshaja

vyadhi.

- Whenever there is obstruction in hollow tubular structure in either of kidney, bladder or ureter due to stone there will be spasmodic pain, this type of pain will be relieved by the shulahara and Vata anulonama property of kshara.
- Properties of Kshara mentioned in classics are Katu and Lavana Rasa, Ushna Virya Teekshna guna. As katu rasa has property of Srotranam bhinanthi and Lavana has visravi, Sukshma and ushnaguna. The main pathogenesis in the formation of Ashmari according to classics are Sanga and Srotrovaradhona, katu rasa which has property of Srtororonam bhinanti helps in clearing of channels and results in expulsion of the stone.
- Palasha Pushpa Kshara which had both properties of Palsha Pushpa+Kshara properties, having pH 10.6. Thus, it helps in Breaking & Dissolving the stones, (maybe by acting on Stone by altering the pH) and prevents stone formation.
- Urinary PH plays an important role in the formation of renal stone. An alkaline PH results
 in formation of calcium and phosphate containing stones whereas acidic urine PH
 promotes uric acid and cystine stones. Potassium carbonate present in Palasha Pushpa
 Kshara prevents and treats high acid levels in your body. So it acts by reducing the acid in
 the body.
- Potassium Carbonate in Palasha kshara also helps in de crystallisation and prevents the further formation of stone.
- Katu rasa of kshara has srotro vilayana and also possess Bhedana karma which helps in disintegration of the stone.

CONCLUSION

- So, hence it can be concluded that Palasha Pushpa Kshara possesses the properties
 regarding the breaking and removal of stones from the Bladder or kidney or ureter
 thereby producing relief in signs and symptoms of Mutrasmari and it is an ideal drug
 preparation in the management of Mutrasmari.
- Palasha Pushpa paniya kshara is not only useful in reduction of the size of stone but also

- helps in the complete expulsion of stone from the urinary tract along with the reduction in symptoms like Burning micturition, Dysuria and Hematuria.
- There is no re occurrence of calculi during the process of treatment
- As the preparation of kshara is easy and it is safe to administer to the patient, it is considered as an eminent weapon by the physician.

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