

AYURVEDIC MANAGEMENT OF ASHMARI (RENAL CALCULI) BY TRIKANTAKADI CHURNA- A CASE STUDY

Dr. Upendar Katta^{1*} and Dr. Siddalinga Murthy²

¹PG Scholar, Department of PG Studies in Shalya Tantra, Svmamc, Ilkal.

²Professor & HOD of Department of PG studies in Shalya Tantra, Svmamc, Ilkal.

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***Corresponding Author**

Dr. Upendar Katta

PG Scholar, Department of
PG Studies in Shalya Tantra,
Svmamc, Ilkal.

ABSTRACT

The medicines available in modern medicine today all have one or more disadvantages. As a result, satisfactory outcomes cannot be attained. Modern treatment seeks to expel existing calculi and has no cure for continued recurrence control. Ayurveda aims not only at the removal of existing calculi (apakarshana), but also at the prevention of recurrence (prakrithivighata). Renal calculi mainly affects daily activity due to causing severe pain in the loin to the groin region. In modern science, it has medicinal and surgical treatments but chances of recurrences are more. In Ayurveda, many kalpas invariably under the action of Ashmaribhedakahave been mentioned by various

authors. However, the ultimate treatment mentioned by Sushruta is Shastrakarmawhich is not in practice since more than 2000yrs, because of the surgical complications. Therefore, Nagaradi kwatha which is cost effective and has satisfactory outcomes in expulsion of calculi and in avoidance of reoccurrence thus relieves the symptoms of Ashmari.

KEYWORDS: Trikantakadi churna, Renal calculi, Apakarshana.

INTRODUCTION

Renal calculus is a type of mineral and salt deposit that forms inside the kidneys. These are developed due to diet, hot climate, stasis of urine, infection, decreased urinary output of citrate, hypersecretion of relatively insoluble urinary constituents like oxalates, calcium, uric acid, cystines, hyperparathyroidism^[1], etc. It is also known as nephrolithiasis, Renal calculi is one of the most common disease of urinary tract. In India, it affects roughly 12% of the population.^[2] Half of the cases are seriously affected by renal injury.

The treatment principle of Renal stones in modern science is flush therapy in case of calculus, up to 5mm. In larger stones, the advanced techniques like PCNL, ESWL, Ureteroscopy, Pyelolithotomy, Nephrolithotomy, Partial Nephrectomy, Nephrectomy, Nephrostomy, etc. are done.^[3] But these procedures have the following disadvantages as they may lead to complications, they are expensive, have limitations in various aspects and many times cannot be met by common man. Therefore a simple formulation has been selected which is mentioned in Vagbhata ashtanga hrudaya mutraghata nidanam^[4] as Ashmarinashaka which is taken for case study.

CASE REPORT

Since one month, a 55-year-old male patient has complained of abdominal pain, trouble urinating, and Blood stained urine. One month ago, the patient was asymptomatic. One day, he awoke to severe abdominal pain, which was accompanied by Nausea. He went to a local doctor and took an antispasmodic tablet for that for 2 days. Later, he noticed that the pain in his belly, dysuria, and haematuria persisted for few days, so he came to our hospital in quest of an alternate treatment.

According to his account, the discomfort was intermittent and colicky in character, and it could be felt on either side of the belly. Pricking type of pain is felt by the patient at the commencement of urinating.

Past History: No history of HTN, DM, Surgical illness and drug allergy. but due to stressful schedules, there was qualitative and quantitative irregularity in water intake. He used to occasionally consume alcohol for the past 5 years.

Personal History

Appetite- Good

Diet- Mixed type

Sleep- Reduced since, 4-5 days.

Micturition- Burning micturition

Bowel- Normal

Addiction- Chronic alcoholic

Family History

Maternal – HTN

Paternal– not specific

Asthavidha Pariksha

Nadi - Vata-kapha

Mala - Samyak

Mutra - Daha

Jivha - Alpasama

Shabda - Prakrutha

Sparsha - Ushna

Druka - Prakrutha

Akruti - Madhyam

Treatment given

Formulation used for the study – Trikantakadi churna.

Method of preparation of Trikantakadi Churna: The drugs are Gokshura, is taken made into coarse powder (Yavakuta). For each administration the compound was prepared fresh.

Trikantakadi churna 2gms twice a day before food with Milk of sheep (Avi Dugdha) was administrated with a period of 2 month. Patient was also advised to follow strict Pathya Ahara Vihara during the treatment.

RESULT

During his follow-up after 15 days, his complaints of intermittent pain and burning micturition were gradually reducing & patient was improving symptomatically. He was advised to repeat the USG after 2 months. USG report showed no evidence of renal calculi. There were no clinical symptoms also.

Sl.no	Symptoms	Before treatment	After 15 days	After 2 months
1.	Pain	++++	++	—
2.	Burning micturition	+++	+	—
3.	Nausea	+	—	—
4.	Difficulty in Micturition	+++	+	—

USG REPORTS

Date	Clinical features	Impression
19/9/2022	Pain, Burning micturition, Haematuria.	calculi measuring 5mm in Right kidney
03/10/2022	Reduced Symptoms	Essentially normal study.

DISCUSSION

This compound is the combination of 6 drugs which having synergetic action.

Trikantakadi has Madhura rasa, Guru & singdha guna, Madhura vipaka, Sheeta Veerya, It balance all tridoshas, properties by this it act as Mutrala, Ashmaribhedana.

Trikantakadi due to Ashmarihara & Bastivatagna, Shulaghana property by this it act as Ashmaribhedaka. Due to Ashmaribhedana property, it causes the destruction of calculi and turns hard ones into fragmented small particles. Ashmarihara, Rechaka's quality removes the tiny particle from the body.^[5] Antispasmodic and Vedanahara function managed the renal pain.

CONCLUSION

After observation of all data, it is clear that Trikantakadi gives better relief to the patient of Ashmari if size is small. It can be concluded that Trikantakadi markedly reducing pain, dysuria, difficulty micturition, reduction of size and expulsion of calculus. Trikantakadi has Madhura, Sheeta, Krchraghna Tridoshashamaka properties by this it act as Mutrala, Ashmaribhedana. This is single case study, large scale case study needed with this Ayurveda treatment. The conclusion can be drawn that this case study revealed that it is a cost-effective, safe treatment for renal calculi. No adverse effects were found.

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