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Case Study

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AYURVEDIC MANAGEMENT OF UROLITHIASIS (MUTRASHMARI) BY VIRTARADI KASHAY AND SHWETA PARPATI WITH HAJRUL YAHUD BHASMA: A CASE STUDY

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ABSTRACT

Urolithiasis is one of the most common clinical conditions worldwide, affecting more than 10% of the population in industrialized countries. Renal calculi produce severe renal angle pain, radiating abdominal pain, dysuria, cloudy urine, and nausea. Modern treatment modalities are effective but expensive, and recurrence remains a major concern. A 39-yearold female with symptoms of flank pain, burning micturition, and increased urinary frequency for 5 days was clinically and sonographically diagnosed with a 14.2 mm renal calculus. As per Ayurveda, the condition correlates with Mutrashmari. The patient was treated with Virtaradi Kashay, Shweta Parpati, and Hajrul Yahuda Bhasma. Significant improvement was noted in both subjective and objective parameters. USG after treatment revealed reduction of the stone from 14.2 mm to 6 mm. **Conclusion:** Ayurvedic management shows promising results Mutrashmari with reduced dependency on invasive procedures and minimal side effects.

KEYWORDS: Urolithiasis, Mutrashmari, Virtaradi Kashay, Shweta Parpati, Hajrul Yahuda Bhasma, Case Study.

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INTRODUCTION

Renal calculi (kidney stones) are a growing health concern due to lifestyle changes. Incidence is higher in males, commonly seen between ages 20–40 years and decreasing after 50 years. Contributing factors include:

- High salt diet
- Red meat
- Gout
- Excessive use of calcium/vitamin D
- Dehydration
- Hot, humid climate
- Low water intake

Types of renal stones include calcium oxalate, struvite, uric acid, and cystine, among which calcium oxalate accounts for 80%.

In Ayurveda, renal calculi correlate with Ashmari, one of the Ashtamahagada (eight difficult-to-treat diseases) involving the Mutravaha Srotas. Acharya Sushruta describes Ashmari as a Daruna Vyadhi (grave disease) due to the involvement of Basti, one of the Trimarma.

Ashmari is of four types

- 1. Vataj Ashmari
- 2. Pittaj Ashmari
- 3. Kaphaj Ashmari
- 4. Shukraja Ashmari

Clinical features resemble modern kidney stone types, where Kaphaj Ashmari commonly correlates with oxalate/phosphate stones.

NEED OF THE STUDY

Kidney stones have a worldwide prevalence of 12% and approximately the same in India, especially in north India where prevalence rises to 15%. Recurrence is common, and modern treatment is costly. Therefore, cost-effective, safe, non-invasive Ayurvedic alternatives are needed.

AIM

To study the effect of Virtaradi Kashay and Shweta Parpati with Hajrul Yahuda Bhasma in

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the management of Mutrashmari.

OBJECTIVES

- To evaluate the symptomatic improvement.
- To assess the reduction of renal calculi size by USG.
- To determine the efficacy of combined Ayurvedic therapy.

MATERIAL AND METHODS

Case Description

A 39-year-old female visited OPD with

- Loin-to-groin abdominal pain
- Burning micturition
- Nausea and vomiting
- Constipation

History of Present Illness

- Patient was asymptomatic 1 year prior.
- Intermittent abdominal pain, dysuria, nausea for 2 months.
- Previously diagnosed with kidney stone in modern medicine.
- Received analgesics and antiemetics for symptomatic relief.
- Advised lithotripsy but refused.

Clinical Findings

- General condition: Good, vitals stable
- Symptoms: Abdominal pain, burning micturition, nausea, vomiting, constipation

Personal History

- Age: 39 years
- Sex: Female
- Marital Status: Married
- Diet: Mixed
- Addiction: None
- Appetite: Decreased
- Sleep: Normal
- Bowel: Unsatisfactory

Ashtavidha Pariksha

• Nadi: Vata-pradhan Pitta

• Mala: Asamadhankarak

• Mutra: Asamadhankarak

• Jivha: Saama

• Agni: Manda

• Koshta: Mridu

• Aakruti: Madhyam

Prakruti: Vata

• Sparsha: Anushna-Sheeta

Diagnostic Criteria

- Clinical features
- USG abdomen and pelvis

Treatment Plan

- 1. Shweta Parpati + Hajrul Yahuda Bhasma
- Shweta Parpati 20 gm + Hajrul Yahuda Bhasma 20 gm
- Dose: 40 gm BID with lukewarm water

2. Virtaradi Kashaya

• Dose: 20 ml BID with lukewarm water

Duration

2 months

ASSESSMENT CRITERIA

Subjective Parameters

RESULT

Before Treatment and after treatment

| Sr. No. | Symptom | Before Treatment | After 15 Days | After 2 Months |
|---------|---------------------|-------------------------|---------------|----------------|
| 1. | Abdomen Pain | +++ | ++ | _ |
| 2. | Burning Micturition | +++ | _ | _ |
| 3. | Nausea | ++ | _ | _ |
| 4. | Vomiting | + | _ | _ |
| 5. | Constipation | ++ | _ | _ |

Objective Parameters

• USG Before Treatment: 14.2 mm renal calculus

• USG After Treatment: 6 mm calculus

RESULTS

Subjective Improvement

• Complete relief in abdominal pain, nausea, vomiting, and burning micturition.

• Bowel habits normalized.

• No recurrence of acute pain.

Objective Improvement

• Reduction of stone size from 14.2 mm \rightarrow 6 mm.

• No new stone formation.

DISCUSSION

The combination of Virtaradi Kashay, Shweta Parpati, and Hajrul Yahuda Bhasma offers

• Mutrala (diuretic) effect – promoting easy expulsion of the stone.

• Shoolahara – relieving flank pain.

• Ashmaribhedana – breaking and reducing stone size.

• Agnideepana – correcting impaired metabolism that leads to stone formation.

• Vata-Kapha Shamaka – addressing dominant doshas in Mutrashmari.

Shweta Parpati is well-known for its lithotriptic action, while Hajrul Yahuda Bhasma is traditionally used for dissolving renal calculi. Virtaradi Kashay enhances diuresis and supports stone disintegration.

This holistic approach reduced the stone size significantly without requiring lithotripsy.

CONCLUSION

The present case study demonstrates that Ayurvedic management is effective in Mutrashmari, providing symptomatic relief and notable reduction in stone size.

Cost-effective

Non-invasive

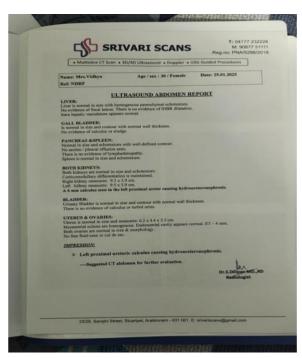
Minimal side effects

• Helps prevent recurrence

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Thus, this treatment can be considered a safe and potent alternative to modern surgical interventions.





BEFORE AFTER

REFERENCES

Classical Ayurvedic Texts

- 1. Sushruta Samhita, with Nibandha Sangraha commentary by Dalhanacharya. Edited by Yadavji Trikamji Acharya. Chaukhamba Sanskrit Sansthan, Varanasi; Reprint. Chapters on Mutrashmari Chikitsa.
- 2. Charaka Samhita, with Ayurveda Dipika commentary by Chakrapani Datta. Edited by Yadavji Trikamji Acharya. Chaukhamba Sanskrit Sansthan, Varanasi; Reprint. Chikitsa Sthana Mutraghata / Ashmari.
- 3. Ashtanga Hridaya of Vagbhata, translated by K. R. Srikanthamurthy. Chaukhamba Orientalia, Varanasi; Chapters on Mutravaha Srotas and Ashmari.

Modern Medicine & Nephrology References

- 4. Pearle MS, Calhoun EA, Curhan GC. Urolithiasis. In: Campbell-Walsh Urology. 10th Ed. Elsevier Saunders, 2012.
- 5. Stamatelou KK, Francis ME, Jones CA, Nyberg LM, Curhan GC. Time trends in reported prevalence of kidney stones in the United States: 1976–1994. Kidney Int., 2003; 63: 1817–23.
- 6. Romero V, Akpinar H, Assimos DG. Kidney stones: a global picture of prevalence,

- incidence, and associated risk factors. Rev Urol., 2010; 12(2): e86–e96.
- 7. Sorokin I, Mamoulakis C, Miyazawa K, Rodgers A, Talati J, Lotan Y. Epidemiology of stone disease across the world. World J Urol., 2017; 35(9): 1301–1320.

Research on Ayurvedic Formulations

- 8. Sharma P. Dravyaguna Vijnana. Vol. 2. Chaukhamba Bharati Academy; Chapters on Shweta Parpati & Mutrala Dravya.
- 9. Nadkarni KM. Indian Materia Medica. Bombay Popular Prakashan; Entries on Hajrul Yahuda & lithotriptic herbs.
- 10. Kumar R, Soni GC, Yadav SS. Clinical evaluation of Ayurvedic drugs in the management of Mutrashmari. AYU Journal, 2012; 33(3): 426–430.
- 11. Kshirsagar RD, Raut AA. Effect of Ayurvedic formulations on urinary calculi A systematic review. Int J Ayur Pharma Research, 2015; 3(7): 10–17.

Studies on Herbal Lithotriptics

- 12. Atmani F, et al. Extract from Herniaria hirsuta accelerates calcium oxalate crystal dissolution. BJU Int., 2003; 92: 356–359.
- 13. Grases F, et al. Role of medicinal plants in renal stone prevention. Fitoterapia, 1994; 65: 226–231.

Standard Public Health Reference

14. Global Burden of Disease Study 2019. Kidney and urinary tract diseases statistics. Lancet.

www.wjpr.net | Vol 14, Issue 23, 2025. | ISO 9001: 2015 Certified Journal