

## EFFECT OF GAVAKSHI CHURNA IN THE MANAGEMENT OF MUTRASHMARI – A SINGLE CASE STUDY

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### ABSTRACT

**Background:** Mutrashmari is one of the important diseases of Mutravaha Srotas described in Ayurveda and is included among the Astamahagada due to its severe nature and tendency for recurrence. It can be correlated with urolithiasis (renal calculi) in modern medicine. The condition is characterized by symptoms such as flank pain, dysuria, haematuria, burning micturition, and difficulty in urination. Urolithiasis is one of the most common diseases of the urinary tract. Kidney stones are common across the world, with a prevalence of about 12% worldwide. It occurs more frequently in men than in women in a ratio of 2:1, peak incidence is observed between 30-50 years of age. **Case Presentation:** A 35-year-old male patient presented to the OPD of Shri Siddharoodh Charitable Hospital, Bidar, on 17 March 2026 with complaints of pain in the right flank region, pain radiating from the right loin to the groin, burning micturiti on, and orange-colored urine for two days.

After clinical and radiological evaluation, the patient was diagnosed with urolithiasis and was advised surgical intervention. However, the patient sought Ayurvedic treatment to avoid surgery. **Intervention:** The patient was treated with Gavakshi Churna for 10 days along with appropriate dietary and lifestyle modifications. **Results:** Significant improvement was observed in the clinical symptoms, 3<sup>rd</sup> day reduction in flank pain, burning micturition, and

urinary discomfort and on the 5<sup>th</sup> days stone also passout. Follow-up assessment demonstrated satisfactory clinical recovery and improvement in the patient's overall condition. **Conclusion:** Gavakshi Churna showed promising results in the management of Mutrashmari (urolithiasis) in this case. The treatment was found to be safe, effective, and may offer a non-surgical approach for selected patients. Further clinical studies with larger sample sizes are required to validate these findings.

**KEYWORDS:** Mutrashmari, Urolithiasis, Renal Calculi, Mutravaha Srotas, Astamahagada, Gavakshi Churna, Ayurveda, Case Study.

## INTRODUCTION

Ayurveda is ancient system of medicine which aims at to maintain the health of the healthy individual and cure the disease of a diseased person.<sup>[1]</sup>

Mutrashmari is one of the most common disorders of Mutravaha Srotas described in Ayurvedic classics and is included among the Astamahagada owing to its painful nature and difficulty in management. The term Mutrashmari refers to the formation of calculi within the urinary system. Based on its clinical presentation and pathology, Mutrashmari can be correlated with urolithiasis or renal calculi in modern medicine.<sup>[2]</sup>

Urolithiasis is one of the most common diseases of the urinary tract. Kidney stones are common across the world, with a prevalence of about 12% worldwide.<sup>[3]</sup> It occurs more frequently in men than in women in a ratio of 2:1, peak incidence is observed between 30-50 years of age. The process of formation of stone is called "urolithiasis". A calculus is nothing but the composition of spiky, crystalline substance resulting by urinary salts and colloidal matrix of organic material.<sup>[4]</sup>

In Ayurveda, the pathogenesis of Mutrashmari involves the vitiation of Kapha Dosha along with Vata, leading to the accumulation and solidification of urinary constituents within the Mutravaha Srotas. Various Ayurvedic formulations possessing Ashmaribhedana (lithotriptic), Mutrala (diuretic), and Shoolahara (analgesic) properties have been advocated for its management.<sup>[5]</sup>

Gavakshi (*Onosma bracteatum* Wall.) is a medicinal plant traditionally used in Ayurvedic practice for urinary disorders. Owing to its Mutrala and Ashmaribhedana properties, it may help in the dissolution and expulsion of urinary calculi while alleviating associated

symptoms. The present case study was undertaken to evaluate the effect of Gavakshi Churna in the management of Mutrashmari (urolithiasis).

### **CASE REPORT**

A 35-year-old male patient, Mr. Prakash, presented to the OPD of Shri Siddharoodh Charitable Hospital and Research Centre, Bidar, on 17 March 2026 with complaints of severe pain in the right flank region, pain in the right loin radiating to the groin, burning micturition, and orange-coloured urine for 2 days. The patient had undergone ultrasonographic evaluation elsewhere and was diagnosed with right ureteric calculus. Surgical intervention was advised; however, the patient approached our hospital seeking Ayurvedic management to avoid surgery.

There was no previous history of urolithiasis or any other significant medical illness. The patient had no history of Diabetes Mellitus, Hypertension, Thyroid disorders, or any chronic systemic disease. He was not on any regular medication.

### **Family History**

No significant family history was reported.

### **Personal History**

- Appetite: Good
- Bowel: Regular
- Micturition: Burning sensation during micturition
- Sleep: Disturbed due to pain
- Diet: Mixed
- Addiction: Nil

### **Physical Examination**

The patient was moderately built and nourished.

- Blood Pressure: 130/80 mmHg
- Pulse Rate: 76 beats/minute
- Temperature: Afebrile
- Respiratory Rate: 18/min

**Systemic Examination****Cardiovascular System (CVS)**

S1 and S2 heard normally, no added sounds.

**Central Nervous System (CNS)**

No abnormality detected.

**Respiratory System (RS)**

Bilateral air entry equal, no added sounds.

**Gastrointestinal System (GIT)**

Abdomen soft, non-distended, no organomegaly. Tenderness was present in the right flank region.

**Specific Examination****Inspection**

No visible swelling or scars.

**Palpation**

Renal angle tenderness was present on the right side.

**Investigations****Complete Blood Count (17/03/2026)**

- Haemoglobin: 13.6 g%
- Total WBC Count: 9,700 cells/cumm
- Differential Count: Within normal limits
- ESR: 08 mm/hr
- Platelet Count: 2.82 lakhs/cumm

**Urine Analysis (17/03/2026)**

- Colour: Pale yellow
- Appearance: Clear
- pH: 6.5
- Albumin: Nil
- Sugar: Nil
- Pus Cells: 7–9 cells/hpf

- Epithelial Cells: 5–6 cells/hpf
- RBCs: Nil
- Casts: Nil
- Crystals: Nil

#### **Ultrasonography of Abdomen and Pelvis (16/03/2026)**

- Right mild dilatation of pelvicalyceal system (PCS)
- Mild proximal hydroureteronephrosis on the right side
- Right ureteric calculus measuring 4 mm
- No calculi in the left kidney or ureter
- Urinary bladder normal

#### **Impression**

- Right mild hydroureteronephrosis secondary to a 4 mm right ureteric calculus.
- Grade I fatty liver.

#### **Clinical Diagnosis**

Mutrashmari (Urolithiasis)

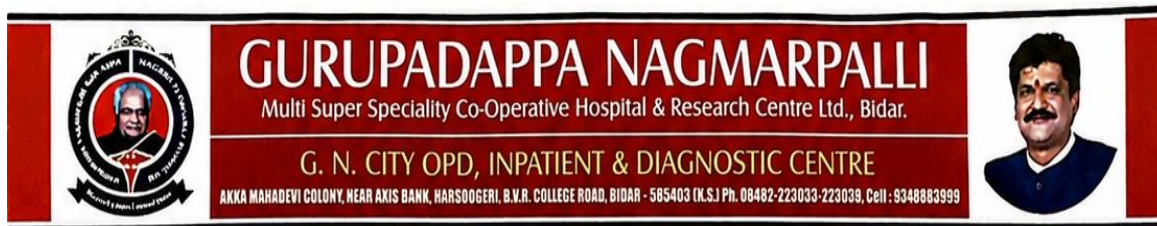
#### **Management**

The patient was managed conservatively with Ayurvedic treatment.

**Gavakshi Churna** was administered orally for a period of 30 days along with appropriate Pathya-Apathya (dietary and lifestyle modifications).

#### **Outcome**

By the 3rd day of treatment, significant reduction in right flank pain, burning micturition, and urinary discomfort was observed. On the 5th day, spontaneous expulsion of the ureteric calculus occurred. The patient experienced complete relief from acute symptoms thereafter. Follow-up assessment revealed satisfactory clinical recovery with no recurrence of pain, burning micturition, or urinary discomfort, and surgical intervention was successfully avoided.



PT NAME: MR.PRAKASH	AGE: 35 YRS	SEX: MALE
REF BY DR: SELF		DATE: 16.03.2026

### ULTRA SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Normal in size, shape and **increased echotexture**. No obvious focal lesion noted. The intrahepatic biliary radicals are normal. Portal vein and common bile duct are normal.

**GALL BLADDER:** Well distended. Normal in size, shape and does not show any intraluminal echogenic content. Wall thickness appears normal. No evidence of calculi.

**PANCREAS:** Normal in size, shape and echotexture. Pancreatic duct is normal.

**SPLEEN:** Spleen is normal in size, shape, position and echotexture.

**KIDNEYS:** Both kidneys are normal in shape, size, position and axis. The cortico-medullary differentiation is maintained.

**Right mild dilated PCS and mild proximal hydroureteronephrosis noted.**

**A 4 mm calculus is seen in the right ureter.**

No evidence of renal calculi seen on left side.

**URINARY BLADDER:** Well distended and free of any intra-luminal contents. Bladder wall thickness appears normal. There are no intrinsic mass / calculi seen.

**PROSTATE GLAND:** The visualized part of prostate appears normal. No obvious mass lesion seen.

There is no evidence of Lymphadenopathy /Ascites / Pleural effusion seen.

#### IMPRESSION:

- **RIGHT MILD HYDROURETERONEPHROSIS SECONDARY TO A 4 MM RIGHT URETERIC CALCULUS.**
- **GRADE I FATTY LIVER** (if increased echotexture of liver is intended to indicate fatty infiltration).

FOR CLINICAL CORRELATION.

  
**Dr. B.S. Prabha**  
MD Radiologist

Note: This report is only a professional opinion based on the image finding and not a diagnosis itself. It has to be correlated clinically and interpreted along with other investigation findings. This report is not for medico legal purpose.

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S.T.D:-08482 Hospital :- 234111, College :- 234422  
 Hospital E-mail: sschospital1991@gmail.com, College E-mail : nkjamc\_bidar@yahoo.co.in



**Service Available**

**REPORT**

**Sri Siddharoodh Math, GUMPA Bidar**

SSCH LD NO : 2486/26	DATE : 17-03-2026
PATIENT'S NAME : MR. PRAKASH	AGE/SEX : 35 Yrs / M
REF BY : DR. ASHOK.N	

**COMPLETE BLOOD COUNT**

TEST	PATIENT VALUE	NORMAL VALUE
HAEMOGLOBIN	13.6 gms %	M => 13-18 gms % F => 12-16 gms %
W.B.C COUNT	9,700 cells/cumm	4,000-11,000/cumm
<b>DIFFERENTIAL COUNT :</b>		
NEUTROPHILS	58%	40 - 70 %
LYMPOCYTES	30%	22 - 45 %
MONOCYTES	07 %	00 - 05 %
EOSINOPHILS	03 %	00 - 04 %
BASOPHILS	02 %	00 - 02 %
<b>E.S.R. ( WESTER GREN METHOD )</b>	<b>08 mm at the end of first hour</b>	M => 0-15 mm at the end of first hour F => 0-20 mm at the end of first hour
R.B.C. COUNT	4.85 Millions/cumm	4.5 - 6.5 Millions/cumm
P.C.V.	41.5 %	42 - 52 %
M.C.V.	85.6 fL	82 - 92 fL
M.C.H.	28.0 Pg	27 - 32 Pg
M.C.H.C.	32.8 %	32 - 36 %
PLATELET COUNT	2.82 Lacs/cumm	1.5 - 4.0 Lacs/cumm
BLEEDING TIME	2 min 50 sec	1 - 05 min
CLOTING TIME	6 min 30 sec	5 -12 min

PATHOLOGIST

LAB INCHARGE 

**Facilities Available :**

X-RAY, ECG, HEMATOLOGY, CLINICAL PATHOLOGY, BIO CHEMISTRY SEROLOGY TEST, HARMON TEST

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**Service Available**

**REPORT**

**Sri Siddharoodh Math, GUMPA Bidar**

SSCH LD NO : 2486/26	DATE : 17-03-2026
PATIENT'S NAME : MR. PRAKASH	AGE/SEX : 35 Yrs / M
REF BY : DR. ASHOK.N	

**URINE ANALYSIS**

**PHYSICAL EXAMINATION:-**

SAMPLE QUANTITY	: 15 ml
APPEARANCE	: CLEAR
COLOUR	: PALE YELLOW
PH	: 6.5

**CHEMICAL EXAMINATION:-**

ALBUMIN	: NIL
SUGAR	: NIL
BILE SALT	: NEGATIVE
( HAY'S METHOD )	
BILE PIGMENT	: NEGATIVE
( FOUCHEST'S METHOD )	

**MICROSCOPIC EXAMINATION:-**

PUS CELLS	: 7 - 9 cells / hpf
EPITHELIAL CELLS	: 5 - 6 cells / hpf
R.B.C.s	: NIL
CASTS	: NIL
CRYSTALS	: NIL

## RESULTS



PT NAME: MR.PRAKASH	AGE: 35 YRS	SEX: MALE
REF BY DR: SELF		DATE: 25.03.2026

**ULTRA SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER:** Normal in size, shape and **increased echotexture**. No obvious focal lesion noted. The intrahepatic biliary radicals are normal. Portal vein and common bile duct are normal.

**GALL BLADDER:** Well distended. Normal in size, shape and does not show any intraluminal echogenic content. Wall thickness appears normal. No evidence of calculi.

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**SPLEEN:** Spleen is normal in size, shape, position and echotexture.

**KIDNEYS:** Both kidneys are normal in shape, size, position and axis.

The cortico-medullary differentiation is maintained.

**No evidence of calculi or hydronephrosis in right kidney.**

**No evidence of calculi or hydronephrosis in left kidney.**

No calculus seen in **right ureter**.

**Previously noted right ureteric calculus has passed.**

**URINARY BLADDER:** Well distended and free of any intra-luminal contents.

Bladder wall thickness appears normal. There are no intrinsic mass / calculi seen.

**PROSTATE GLAND:** The visualized part of prostate appears normal.

No obvious mass lesion seen.

There is no evidence of Lymphadenopathy /Ascites / Pleural effusion seen.

**IMPRESSION:**

- **No evidence of calculi or hydronephrosis in both kidneys.**
- **No calculus seen in right ureter.**
- **Previously noted right ureteric calculus has passed.**
- **Grade I fatty liver** (if increased echotexture of liver is intended to indicate fatty infiltration).

**FOR CLINICAL CORRELATION.**

  
**Dr. B.S. Prabha**  
MD Radiologist

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Significant improvement was observed in the patient's clinical symptoms following treatment with Gavakshi Churna. By the 3rd day of treatment, there was marked reduction in right flank pain, burning micturition, and urinary discomfort. The patient reported improved urinary flow and relief from pain radiating from the loin to the groin. On the 5th day of treatment, spontaneous expulsion of the urinary stone was observed, accompanied by complete relief of

acute symptoms. Follow-up assessment revealed satisfactory clinical recovery with no recurrence of pain, dysuria, or burning micturition. The patient's overall condition improved significantly, and surgical intervention was avoided.

## DISCUSSION

Mutrashmari is one of the diseases of Mutravaha Srotas and is included among the Astamahagada due to its painful nature, recurrence, and difficulty in management. It can be correlated with urolithiasis in modern medicine. The formation of urinary calculi is attributed to the vitiation of Kapha Dosha along with Vata Dosha, leading to crystallization and stone formation within the urinary tract.

In the present case, the patient presented with classical features of Mutrashmari, namely severe pain in the right flank region radiating to the groin, burning micturition, and urinary discomfort. Ultrasonography revealed a 4 mm right ureteric calculus with mild hydroureteronephrosis. Surgical intervention was advised; however, the patient opted for Ayurvedic management.

Gavakshi Churna was administered for 30 days. Significant symptomatic relief was observed by the third day of treatment, with reduction in pain, burning micturition, and urinary discomfort. On the fifth day, spontaneous expulsion of the 4 mm ureteric calculus was noted, followed by complete relief of symptoms. No adverse effects were reported during the treatment period.

The probable mode of action of Gavakshi Churna may be attributed to its Mutrala (diuretic), Ashmaribhedana (lithotriptic), and Shoolahara (analgesic) properties described in Ayurvedic literature. Increased urine output may facilitate the passage of small calculi, while its Ashmaribhedana action may help in breaking down or dislodging the stone. The reduction in pain and burning micturition may be due to its ability to alleviate Vata and reduce irritation within the urinary tract.

The successful expulsion of the ureteric calculus and complete symptomatic relief observed in this case suggest that Gavakshi Churna may serve as an effective conservative management option for selected cases of Mutrashmari (urolithiasis), especially in patients with small ureteric calculi who wish to avoid surgical intervention.

However, as this is a single case study, the findings cannot be generalized. Further clinical

studies with larger sample sizes and longer follow-up periods are required to establish the efficacy and safety of Gavakshi Churna in the management of Mutrashmari.

## CONCLUSION

"Gavakshi Churna demonstrated significant clinical benefit in the management of Mutrashmari (urolithiasis). The treatment resulted in early symptomatic relief and spontaneous expulsion of a 4 mm ureteric calculus within 5 days, thereby avoiding surgical intervention. This case suggests that Gavakshi Churna may be a safe and effective conservative treatment option for selected patients with urolithiasis."

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