

**ROLE OF AYURVEDIC FORMULATIONS IN THE MANAGEMENT OF  
MUTRASHMARI -A CASE STUDY****\*Dr. Meghna Devnath, Prof. Dr. Anup Baishya**

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**ABSTRACT**

In Ayurveda, Mutrashmari (Urinary Calculi) is described as a disorder caused by the vitiation of Kapha, Vata & Pitta doshas leading to formation of Stone like structures in the urinary tract. It is considered one of the Ashtamahagada due to its Painful nature & tendency to recur. Classical Ayurvedic management focuses on Ashmari Bhedana, Mutrala & Sothahara therapies. This case highlights the Ayurvedic management of Ureteric calculus with associated metabolic findings. A 35 year old male presented with Ureteric calculus confirmed by Ultrasonography (USG) of the whole abdomen. Ayurvedic treatment was initiated at the outpatient department of Govt. Ayurvedic College & Hospital, Guwahati. The therapeutic regimen included Ashmarighna, mutrala drugs such as Pathar choora swaras (Pashanbheda), Hajrool Yasood Bhasma which supports

Urinary Tract health and wellness was administered for four weeks along with follow up advice. USG was useful to evaluate the treatment Progress. The reduction in stone size indicated therapeutic response to Ayurvedic regimen. According to Ayurveda Mutrashmari develops due to the accumulation and crystallization of Kapha along with Vata causes obstruction in the Mutravaha Srotas. The observed reduction in stone size and improvement in obstruction suggest the effectiveness of the Ayurvedic approach in the conservative management of ureteric calculi. The present case is totally treated through Ayurvedic approach and it seems to be effective and safe.

**KEYWORDS:** Mutrashmari, Mutrala, Sothahara, Mutravaha srota.

## INTRODUCTION

Urolithiasis is formation of urinary calculi at any level of the urinary tract. The passage of stones into the ureter is associated with classic renal colic because of subsequent acute obstruction, proximal urinary tract dilation and ureteral spasm.

It has high lifetime prevalence estimated around 12% in men and 7% in women. Peak incidence occurs in adults aged 30-60 years with male female ratio 2:1.

In Ayurveda, Mutrashmari (Urinary Calculi) is described as a disorder caused by the vitiation of Kapha, Vata & Pitta doshas leading to formation of stone like structures in the urinary tract. It is considered one of the Ashtamahagada due to its painful nature and tendency to recur. In its early stages, it often presents symptoms like Basti adhmaana, Mutrakriccha etc. Gradually the patient may begin to experience symptoms such as Nabhi-Basti shoola, Mutra dhara sanga, Sarudhira mutra etc.

Classical Ayurvedic management focuses on Ashmari Bhedana, Mutrala & Sothahara therapies. This case highlights the Ayurvedic management of ureteric calculus with associated metabolic findings.

## CASE REPORT

A 35 year old male patient named XYZ reported first time in Roga Nidan department OPD of Government Ayurvedic College & Hospital, Guwahati, Assam in december 2025 as diagnosed case of Ureteric Calculi with chief complaints of.

SI No.	Chief Complaints	Durations
1.	Pain in lower abdomen	6 months
2.	Burning micturition	3 months
3.	Nausea	3 months

On general examination his weight is 70 kg, BP-120/80 mm of Hg, P/R-76bpm, R/R-18/min, Temp-98.6 F. Pallor, Clubbing, cyanosis, pedal edema were absent.

His USG report shows Left upper mid Ureteric Calculus of size 6.1mm causing Moderate Proximal Hydroureteronephrosis.

## TREATMENT PROTOCOL

After a detailed clinical examination the patient was diagnosed as Mutrashmari.

As the patient presented with complaints of pain in lower abdomen, burning micturition and nausea over a period of time which can be considered as Mutravaha Srotas Vikar.

In this study, the treatment for Mutrashmari is based on the use of Mutrala and Mutrasodhaka Ausadhis.

### Treatment details

SI No	Name of the medicine	Dose	Frequency & Time	Main ingredients	Karma	Anupana
1.	Patharsur juice	20ml	BD-After meal	Pashan Bheda, Goksur	Ashmarighna, Mutrala	water
2.	Hajrul Yasood Bhasma	125 mg	BD-After meal	Yasood	Mutra dosha hara, Pittavata hara	water

### RESULTS

The patients USG showed significant improvement with two months of treatment. A decline in size of the calculus was observed along with improvement of the associated symptoms. These improvements were achieved through the administration of appropriate medications.

#### Before Treatment

Date	Size of the calculus
8/12/25	6.1 mm

#### After Treatment

Date	Size of the calculus
13/02/26	4.4 mm

### USG REPORT BEFORE TREATMENT

UHD : 97048      Bill No. : 2025L08/035  
 Name : MR. BUBUL DEKA      Age/Sex : 35 Years 1 Month / Male  
 Ref Doctor : DR. ANUP BAISHYA  
 Reporting Time : 09-12-2025 12:50 PM

**USG OF WHOLE ABDOMEN**

**LIVER** : Liver is normal in size and bright in echotexture. A cyst of size 15.6 mm is seen in left lobe of liver. Intrahepatic biliary tree is not dilated. Portal vein is normal in calibre.

**GALL BLADDER** : GB is normally distended. GB wall is normal in thickness. GB lumen is anechoic. GB-hepatic interface is maintained.

**COMMON BILE DUCT** : CBD is normal in diameter. CBD measures 4 mm in diameter. No calculus is noted.

**SPLEEN** : Spleen is normal in size, shape and echotexture. No focal lesion is noted.

**PANCREAS** : Pancreas is normal in size and echotexture. No focal lesion is noted. MPD is not dilated.

**KIDNEYS** : Both the kidneys are normal in size, shape, contour, position and echotexture. CMD is maintained. Sinus echoes are normal. No calculus is noted.

RK: 105 mm & LK: 94 mm in length.

A calculus of size 6.1 mm is noted in left upper-mid ureter with moderate proximal hydroureteronephrosis.

**URINARY BLADDER** : UB is normally distended and shows normal wall thickness. No intra-luminal pathology seen.

**PROSTATE & SEMINAL VESICLE** : Prostate is normal in size and normal in echotexture. No focal lesion is noted. Prostate measures 31 x 18 x 26 mm. Weight: 7 gm. Both the seminal vesicles are normal.

No free peritoneal fluid seen. No adenopathy is noted.  
 No abnormal mass lesion or collection seen in right iliac fossa.

**IMPRESSION:**

1. GRADE - I FATTY LIVER.
2. SIMPLE HEPATIC CYST.
3. LEFT UPPER-MID URETERIC CALCULUS CAUSING MODERATE PROXIMAL HYDROURETERONEPHROSIS.

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 Consultant Radiologist  
 Reg. No.: 12823(AM)  
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(In case of any machine/typing error, please report immediately for necessary rectification)

## USG REPORT AFTER TREATMENT

UHID	: 107834	Bill No.	: 2026B13/052
Name	: MR. BUBUL DEKA	Age/Sex	: 35 Years / Male
Ref Doctor	: DR.A.BAISHYA		
Reporting Time	: 13-02-2026 12:45 PM		

**USG OF WHOLE ABDOMEN**

**LIVER** : Liver is normal in size and bright in echotexture. Few cysts are seen in both the lobes of the liver (segment II/ IVa/ IVb), largest one measures 22 x 18 mm in segment IVa. Intrahepatic biliary tree is not dilated. Portal vein is normal in calibre.

**GALL BLADDER** : GB is normally distended. GB wall is normal in thickness. GB lumen is anechoic. GB-hepatic interface is maintained.

**COMMON BILE DUCT** : CBD is normal in diameter. CBD measures 3.4 mm in diameter. No calculus is noted.

**SPLEEN** : Spleen is normal in size, shape and echotexture. No focal lesion is noted.

**PANCREAS** : Pancreas is normal in size and bright in echotexture. No focal lesion is noted. MPD is not dilated.

**KIDNEYS** : Both the kidneys are normal in size, shape, contour, position and echotexture. CMD is maintained. Sinus echoes are normal. No calculus is noted. RK : 111 mm & LK : 105 mm in length.

An echoreflective calculus measuring 4.4 mm seen in left mid ureter with mild to moderate dilatation of proximal ureter and pelvicalyceal system.

**URINARY BLADDER** : UB is normally distended and shows normal wall thickness. No intra-luminal pathology seen.

**PROSTATE & SEMINAL VESICLE** : Prostate is normal in size and normal in echotexture. No focal lesion is noted. Prostate measures 25 x 32 x 30 mm. Weight: 13 gm. Both the seminal vesicles are normal.

No free peritoneal fluid seen. No adenopathy is noted.  
No abnormal mass lesion or collection seen in right iliac fossa.

**IMPRESSION:**

1. Grade-I fatty liver.
2. Simple hepatic cysts in both lobes of the liver.
3. Fatty pancreas.
4. Left mid-ureteric calculus with mild to moderate hydronephrosis.

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TANMOY B DAS, MD

## DISCUSSION

According to Ayurveda, Mutrashmari develops due to the accumulation & crystallisation of Kapha along with Vata obstruction in the Mutravaha srotas. While urinary stones are considered a Tridoshaja vyadhi (a disease involving all three doshas), the formation process—known as *Samprapti* (pathogenesis)—is highly complex and relies on the specific actions of Vata, Pitta, and Kapha interacting within the urinary tract.

Vitiated Kapha creates a heavy, sticky, mucinous fluid in the bladder. It acts as the "glue" or binding agent that traps impurities. Aggravated Vata uses its drying and rough qualities to dry out this sticky mass, condensing it into sand-like gravel (*Sharkara*). Pitta provides thermal heat (*ushma*) that "bakes" and crystallizes the gravel, finalizing its transformation into a hard, solid stone.

For that Ashmarighna, Mutrajanan and Mutrala drugs were chosen for the patients for Ashmari Bhedana and for less formation of urine due to continuous dhatukshay.

Patharchur swaras is a classical polyherbal formulation contents are Pashan Bheda(Bergenia ligulate), Gokshur (Tribulus terrestris), Punarnava moola (Boerhavia diffusa), Kulathi (Macrotyloma uniflorum), Daru haridra(Berberis aristata), Patha(Cissampelos pareira), Kutaki(Picrorhiza kurroa), Palash(Butea monosperma). It has a combination of Madhur, Tikta, Kashaya rasa with Sheeta virya. It acts as Ashmarighna and Mutrala. It mainly acts as Kapha-

vata shamak. Promotes flow of urine which helps in flushing out stone fragments, toxins etc. Hajrool Yasood Bhasma is a proprietary Ayurvedic medicine. It is a natural mineral rock with purported medicinal and therapeutic benefits primarily composed of Calcium, Magnesium and Iron. It has Tikta, Kashaya rasa with Sheeta virya. It mainly acts as Pitta-Vata shamak. It is used for renal stones, dysuria and renal colic.

## CONCLUSION

The Ayurvedic approach to treating a patient with mutrashmari begins with addressing the Ashmarighna, Mutravirechaniya, Mutravirajaniya drugs described under the Dashemani Gana in the Charaka Samhita, are employed in managing disorders of the Mutravaha Srotas. The treatment administered to the patient resulted in notable clinical improvement within two months marked by a reduction in the size of ureteric calculi. Moreover the patient experienced considerable symptomatic relief in each follow up. The judicious use of such Ayurvedic formulations can be effective in managing Mutrashmari. Given the rising prevalence of such disorders, this case study offers a ray of hope for patients facing similar conditions.

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