



AYUSH: International Research Journal of Ayurveda Teachers Association

Journal Home Page: www.airjata.org



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Case Report

Title of Article: An Ayurvedic Approach in the Management of Ashmari (Kidney Stone)

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Article Info:

Article History:

Received: 9 June 2023
Accepted: 1 August 2023
Published: 14 July 2023

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ISSN No.: 2583-5971

ABSTRACT

Nephrolithiasis also known as kidney stones or renal calculi is a common disorder characterized by the formation of aggregates of microscopic crystals into solid objects i.e. stones. Kidney stones resemble the description of *ashmari* in Ayurveda and they behave like an enemy for the body. In modern science, the treatment of kidney stones is PCNL (Percutaneous Nephrolithotomy) and ESWL (Extra Corporeal Shock Wave Lithotripsy). On the other hand, conservative management is also done i.e. Flush therapy, iv fluid, anti-inflammatory, anti-spasmodic, analgesic, anti-emetic, and hydration. The present case study is of a 60-year-old male patient having symptoms of abdominal pain from the loin to the groin region, burning micturition, pain during micturition, nausea, and abdominal distention. The clinical diagnosis made on the basis of the symptoms was *ashmari* (kidney stone). He was on allopathic medications for the past 6 months but not relieved with symptoms. Hence he was taking ayurvedic medications for 1 month. The patient was much relieved with symptoms and investigations after the ayurvedic medication. This case study aims to a: study *ashmari* (kidney stone) from a modern and ayurvedic point of view, b: study the safe and effective ayurvedic medication to avoid surgical intervention and also to avoid the recurrence of kidney stones.

Keywords: *Ashmari*, Kidney stone, Treatment, Ayurveda.

INTRODUCTION

Renal calculus is the most common oldest known and most widespread disease in the urinary tract system. It is recurrent in nature and 3rd most common disorder among urinary diseases.^[1] It is more common in males; 90% are radio-opaque (gallstones are more common in females;

90% are radiolucent).^[2] It is caused due to various factors such as diet, climate, citrate level in urine, infection in the kidney, hyperthyroidism, renal tubular acidosis, etc.^[3] Calcium oxalate stone is more

common at 60%, followed by calcium phosphate at 15%, uric acid at 10%, struvite at 15%, and cystine & other at 1%.^[4] Kidney stone resembles the description of *ashmari*. *Ashmari* is a grave disease, that simulates death. It is manageable with drugs when it is of recent onset but when greatly developed, it requires surgical intervention.^[5] *Ashmari* comes under ashtamahagada i.e. eight difficult to cure diseases. In Ayurveda, four kinds of *ashmari* are described – these are caused by 1-salesman, 2-vata, 3-pitta & 4-shukra.^[6] Etiopathogenesis, clinical features, types, and prognosis of *ashmari* are well described in *Charaka Samhita* and *Sushruta Samhita*. Causative factors like ayogya ahara-vihara, and not observing proper cleansing procedures aggravate the shleshma, which mixes with the urine, enters the bladder, and thereon produces calculi.^[7]

According to *charak acharya*, the aggravated vata dries the *shukra* (semen) and *mutra* (urine) along with the *pitta* and *kapha* which are located in the *Basti* (urinary bladder), and *ashmari* (calculus) is formed gradually like gallstone in the cow.^[8] *Acharya Vagbhata* says that suppression of the urge of micturition results in crystallization and precipitates into calculus formation.^[9] *Ashmari* can be morbid if it is associated with severe swelling in the scrotum (testes) and umbilicus, total obstruction of urine, severe pain, and the presence of gravel in it (because such *ashmari* is incurable).^[10]

Case study

A 60-year-old male patient came in OPD with symptoms of pain in the abdomen (from loin to groin region), burning micturition, pain during micturition, nausea, and distension of the abdomen.

History of present illness

The patient was apparently all right 8 months back. Then he started complaining of abdominal pain from the loin to the groin region on both sides. The pain was gradual in onset and progressively increased with time. One day he experienced severe pain in the abdomen, nausea, and abdominal distention.

The patient consulted a physician and got temporary symptomatic relief but in a few days, he again experienced severe pain and nausea. As per the patient, the pain was severe, radiating in nature from the loin to the groin up to the thigh on both sides. The physician advised him of CT urography. CT urography showed 6 calculi, 3 in the right kidney and 3 in the left kidney. The condition was diagnosed as *ashmari* (kidney stone). He took allopathy medicine for 6 months but the complaints

did not relieve. So he shifted to ayurvedic medication for 1 month.

Past history

There was no history of HTN, DM, BA, TB, IHD, CVE, Thyroid, or any other symptomatic ailment, but due to his lifestyle and routine schedule, there was a qualitative and quantitative disturbance in water intake.

Personal history

Marital status - Married
Smoker - Yes
Tobacco - No
Alcohol - No
Sleep - Adequate
Bowel & Bladder - Not Adequate
Appetite - Normal

Family history

Father - HTN, Mother - NAD

On Examination (O/E)

CNS – the patient is conscious, cooperative, and well-oriented to time, place, and person.
CVS - Pulse: 76/min, BP:120/80mmHg, SPO2: 99%, S1S2: Heard no cardiac murmur,
RS: AE= BE, RR: 20/min,
GIS - Liver, Spleen, and Kidney not palpable
GC - Fair
Pallor/Icterus/Cyanosis/Edema/Lymphadenopathy - Absent

Asthavidh pariksha

All the parameters in *asthavidha pariksha* are within the normal range.

Report

(CT urography)

Date: 14-01-2019
Impression: B/L renal calculi
(Right kidney) - VU junction - 6mm
Lower pole calyx - 3mm (two calculi)
Mild HN and HU present
(Left kidney)- Lower ureter - 14*7mm & 4mm
Lower pole - 5mm
(LT >RT) - HN and HU present.

Management and outcome

The patient was given a course of medication for 1month.

Treatment Plan

Sr.no	Medicines	Dose	Duration	Anupan
1.	<i>Varunadi kwath</i>	4TSF	BD	Luke warm water
2	<i>Gokshuradi guggul</i>	2Tab	BD	Water
3	<i>Arogyavardhini vati</i>	2Tab	BD	Water
4	<i>Chandraprabha vati</i>	2Tab	BD (Before food)	Water
5	<i>Pashanbheda+gokshur +varun+punarnava+kutki +harjal yahud bhasma</i>	1TSF	BD (Before food)	Luke warm water

Along with these medications, diet, and lifestyle restrictions were also advised to the patient. The patient was advised to drink plenty of water and avoid a protein-rich diet that excluded eggs, meat, soybean, dairy products, etc, and oxalate-rich foods like spinach, tomatoes, lady finger, chocolate, cold, drinks, etc, and also avoid calcium and Vit. D supplements

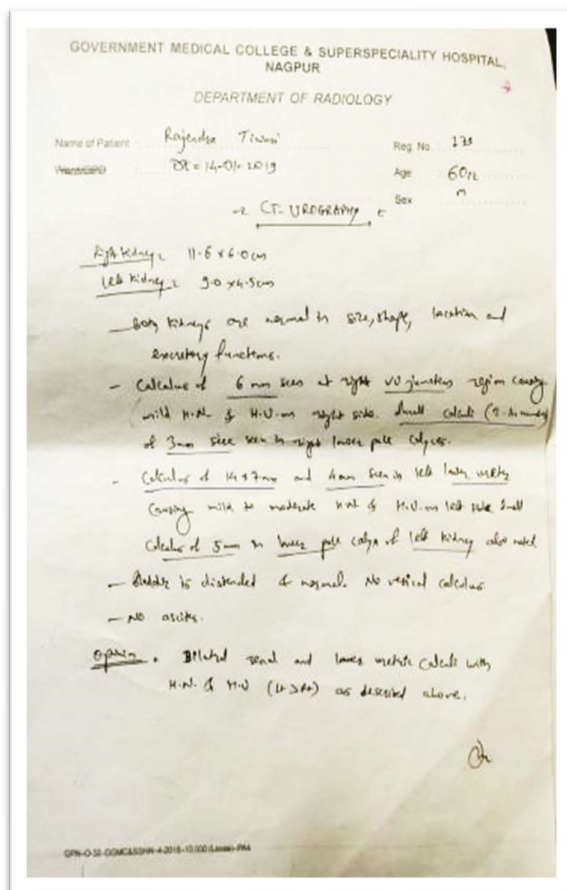
Result

Sr. No.	Symptoms	Before treatment	After 15 days	After 1 month
1.	Abdominal pain(loin to groin)	+++	++	-
2.	Nausea	++	+	-
3.	Burning micturition	++	+	-
4.	Pain during micturition	+++	+	-
5.	Abdominal distention	++	+	+

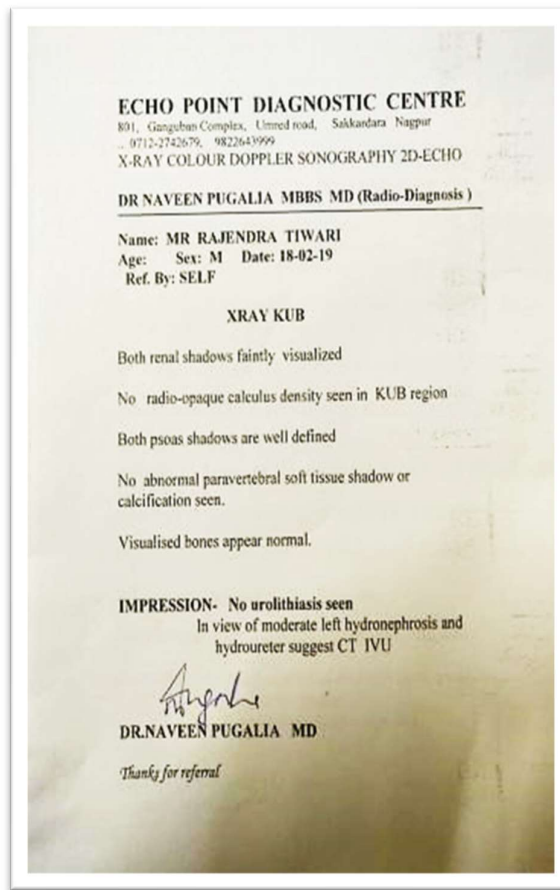
Result of investigation

Sr. No.	Investigation	Date	Impression
1.	CT urography	14-01-019	(Right kidney) - VU junction - 6mm Lower pole calyx- 3mm (2 calculi) Mild HN and HU present (Left kidney) - Lower ureter - 14*7mm & 4mm Lower pole - 5mm (LT >RT) - HN and HU present.
2.	USG abdomen	18-02-019	Moderate left HN & HU Ureteric calculus?
3.	X-ray KUB	18-02-019	No urolithiasis seen

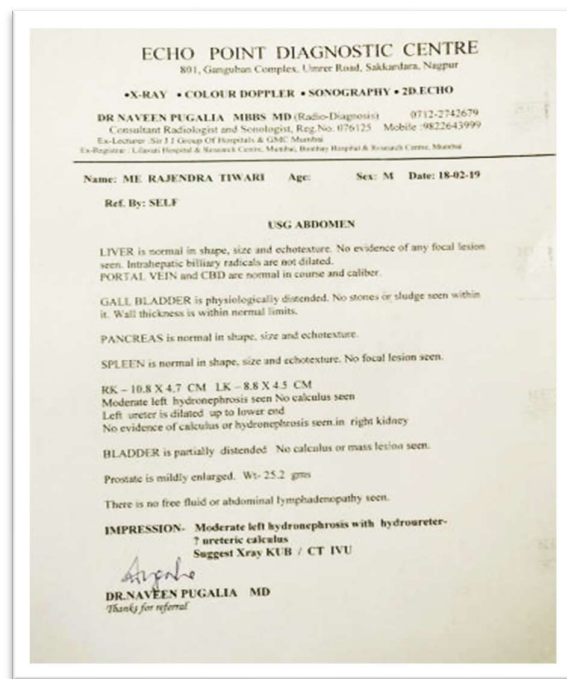
Before and after investigation reports



1. CT urography



3. x-ray KUB



2. USG Abdomen

DISCUSSION

Ashmari (kidney stone) is one of the most common diseases of the urinary system. In the prodromal stage of *ashmari*, oleation etc is advisable by which the disease may be totally eradicated.^[11] In the modern view, the process of calculi formation takes place in various stages i.e. the stage of supersaturation, the stage of nucleus formation, the stage of crystallization, the stage of aggregation, the stage of matrix formation, and the stage of stone.^[12] *Acharya Sushruta* has described *ashmari* under *ashtamahagada* i.e. incurable diseases.^[13] The ayurvedic drug has the potential to act as an antilithogenic by various actions like *mutral* (diuretic), *shothahar* (anti-inflammatory), *vedanasthapana* (analgesic), *deepan-pachana* (digestive & metabolism adjuvant), *ashmari bhedana* (lithotriptic) and *basti shodhan* (improves bladder function). By means of these medicinal properties, the administered drugs have effectively disintegrated the pathogenesis of *ashmari* & lead to the expulsion of *ashmari* from the urinary tract in the present case.

Ashmari can be managed with ayurvedic treatment if the size is small. Although *acharya sushrut* has suggested

surgery if the *ashmari* case is not relieved by *shaman chikitsa* Conclusion Small kidney stones with a diameter of less than 5mm can be flushed out in the urine with the above-mentioned ayurvedic medications. These medications are easily available and cost-effective. Ayurveda mentions that *nidanparivarjan* (prevention of cause) is the first line of treatment. Here, along with medication diet therapy is also advised to the patient. it also prevents the recurrence of the disease. This case shows the effective conservative management of *ashmari* with ayurvedic medicines with no adverse effects. Further clinical trials can be conducted on a large scale. This is a single case study, large-scale study is needed with this ayurvedic management.

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