



ISSN 2456-3110

Vol 3 · Issue 4

July-Aug 2018

# Journal of **Ayurveda and Integrated Medical Sciences**

*[www.jaims.in](http://www.jaims.in)*

# JAIMS



**Charaka**  
Publications

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# Clinical study to evaluate the efficacy of *Yavakshara* with *Varunaadi Kwatha Churna* in *Mutrashmari* w.s.r to Urolithiasis - A Case Study

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## ABSTRACT

*Mutrashmari* is one of the commonest diseases of *Mutravaha Srotas*, *Acharya Sushruta* described it as one of the *Ashta-Mahagadas* and considered as "Yama" because it gives intolerable pain. *Charaka* mentioned *Ashmari* as one of *Bastimarmashritha Vyadhi*. In modern science it is correlated with Urolithiasis. The incidence rate of Calculi varies as per geographical distribution, sex and age. Generally, men are more affected than women in the ratio of 3:1. The highest incidence of Urolithiasis occurs between the ages of 30-50 years. In Ayurveda various conservative medicine are mentioned for the management *Mutrashmari* with less side effect, easily available, cost effective and minimum recurrences of stone formation. In this case report 40 years male patient visited OPD of Shalya Tantra with complaint of abdominal pain (radiating pain from loin to groin), nausea and burning micturation. The USG report showed two calculi measuring 6mm and 4mm seen in the left kidney, no evidence of hydronephrosis, 3 calculi measuring 6mm, 5mm and 4mm are seen in the right kidney, and right kidney shows mild HUN due to calculus measuring 5mm in the VUJ. The patient was treated with *Yavakshara 3 Gunja Pramana* twice a day with 2 *Phala* of prepared *Varunaadi Kashaya* for a period of 1 month. At the end of treatment and also in follow up period after 15 days patient got relief in signs and symptoms and USG report showed no evidence calculi in both the kidneys.

**Key words:** *Mutrashmari*, *Yavakshara*, *Varunaadi Kwatha Churna*, *Urolithiasis*, *Hydronephrosis*.

## INTRODUCTION

The disease *Mutrashmari*<sup>[1]</sup> is one among the *Asta-mahagadha* (eight fatal conditions) formed in the urinary system,<sup>[2],[3]</sup> and considered as "Yama" because it gives intolerable pain.<sup>[4]</sup> *Charaka*

mentioned *Ashmari* as one of *Bastimarmashritha Vyadhi*.<sup>[5]</sup>

Process of urinary stone formation as described in *Sushruta Samhita* is as given below, Urination is normal, when movement of *Vata* is normal in "*Mutravaha Srotasa*" but when the abnormal movement of *Vikrut Vata* is present, stagnation of urine in the system takes place. In person, who do not undergo *Shodhana* treatment and who is *Apathyakarinaha* the *Shleshma Dosha* gets aggravated, which saturate the urine in the system. This saturated urine is the material cause for the stone formation. Urinary calculus is the third most common affliction of urinary tract.

The symptoms of *Mutrashmari* are excruciating pain over *Nabhi*, *Basti*, *Sevani* and *Medra*.<sup>[6]</sup>

Based on its clinical features, in Bio-medicine it is compared to Urolithiasis. Urolithiasis is a

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Submission Date : 21/07/2018 Accepted Date: 24/08/2018

### Access this article online

#### Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.v3i4.13352

consequence of complex physico-chemical processes which involves sequence of events in the formation of any Urinary stone.

Urinary Calculus is a stone like body composed of urinary salts bound together by a colloid matrix of organic materials. It consists of a nucleus around which concentric layers of urinary salts are deposited.<sup>[7]</sup>

The incidence rate of Calculi varies as per geographical distribution, sex and age. Generally, men are more affected than women in the ratio of 3:1. The highest incidence of Urolithiasis occurs between the ages of 30-50 years. In 50% of cases reoccurrence of Urolithiasis occurs within 5-10 years. In India approximately 5-7 million people suffer from Urinary calculus. 12% of people have stone in their lifetime, 12% of men and 5% of women will suffer from kidney stone by the age of 70.

Excess work in sunlight, less consumption of liquids, doing heavy exercises more than one's capacity, excessive intake of dairy products, alcohol, highly pungent and salty foods<sup>[5]</sup> cause several problems like hypertension, diabetes mellitus, UTI, renal calculi. Among these *Mutrashmari* (urinary calculi) appears to be the most commonly found acute disease.

The treatment principle of Urinary calculus in modern science is flush therapy in case of stones up to 5mm. In larger stones the advanced techniques like, Extra corporeal Shock Wave Lithotripsy (ESWL), Nephrolithotomy, Uteroscopy and Percutaneous nephrolithotomy (PCNL) are done, but these treatments have their own limitations which may lead to complications and are very expensive and cannot be met by common man.<sup>[8]</sup>

To overcome the above said complications and before going for surgical procedure, one should try to manage with oral medications like medicated *Kashaya, Choorna, Kshara, Ghrita, Taila*.<sup>[9]</sup>

Hence in the present clinical study a *Paneeya Kshara* i.e., *Yavakshara*<sup>[10]</sup> and *Varunaadi Kwatha Churna*<sup>[11]</sup> is selected for the management of *Mutrashmari*.

## CASE HISTORY

A 40 year male patient presented with complaints abdominal pain associated with difficulty in urination and reddish discoloration of urine since two months, patient was asymptomatic 2 months ago, one day suddenly he noticed severe pain in the abdomen associated with fever and vomiting. He consulted a near by physician and got temporary relief from those complaints. Later he observed the pain in the abdomen, dysuria and haematuria were persisting after few days and for which he approached our hospital in search of alternative remedy.

According to his statement, it was found that pain was intermittent and colicky in nature and it was appreciated on either side of the abdomen. Dysuria felt by patient normally at the beginning of urination which is of pricking type and haematuria which is intermittent in nature.

There was no history of Diabetes mellites or Hypertension. Diet history revealed that his food intake was irregular in terms of quality and quantity due to his stressful occupation.

His vitals were within normal limits on examination of the abdomen, there was no organomegaly but tenderness elicited in both sides of the lumbar region and left side of the renal angle.

As advised, patient underwent Ultrasonography of the abdomeno-pelvic region on 09-04-2018 and the report revealed that two calculi measuring 6mm and 4mm are seen in the left kidney, no evidence of hydronephrosis, 3 calculi measuring 6mm, 5mm and 4mm are seen in the right kidney, and right kidney shows mild HUN due to calculus measuring 5mm in the VUJ and confirmed that it was Bilateral renal calculi. His blood and urine reports were within normal limits. (Table 1a and 1b)

As per classics majority of clinical features of *Mutrashmari* such as *Vedana* in *Udarapradesha* (pain in the abdomen), *Sadaha Mutrata* (burning micturation) and *Sarakta Mutrata* (blood mixed urination) were observed. On the basis of *Nidana* and *Rupa* (Aetiology

and clinical features) this clinical condition is diagnosed as *Vatajashmari*.<sup>[12]</sup>

As *Sushruta* explains, the use of *Paneeya Kshara* as one among the major tool to counteract *Ashmari*.<sup>[13]</sup> *Yavakshara* a unique combination described in *Rasatarangini* is administered to him before food for a period of one month. This *Kshara* three *Gunja Pramana* was given twice a day with 2 *Phala* prepared *Varunaadi Kashaya*, described in *Ashtanga Hrudaya Shodanadi Gana Sangraha*. The patient was asked to adhere to the standard prescribed wholesome diet and activity chart.

During his 1<sup>st</sup> follow-up, it was noticed that all clinical feature were absent except for mild pain in abdomen. He was advised to repeat Ultrasonography of abdomen and pelvis 20-05-2018. Report reveals, there was a single calculi measuring 5mm in the lower calyx of right kidney.

He was asked to stop all internal medications and continue only *Pathyapathya*. He was advised next follow-up after one month with scan report.

Patient visited back on 02-07-2018 for the follow up, stating that he got completely relieved from pain abdomen and has experienced neither Dysuria nor Haematuria till date.

Impression of the 3<sup>rd</sup> scan report confirmed that, there is no absolute calculus in the urinary tract. This shows that, the right renal calculus was also expelled out.

**Table 1a: USG Reports**

Scanning Date	Clinical features	Impression
09-04-2018	Pain abdomen, Dysuria and haematuria	Two calculi measuring 6mm and 4mm are seen in the left kidney, no evidence of hydronephrosis, 3 calculi measuring 6mm, 5mm and 4mm are seen in the right kidney, and right kidney shows mild HUN

20-05-2018	Mild abdominal pain	A single calculi measuring 5mm in the lower calyx of right kidney.
02-07-2018	No any complaints	Normal study

**Table 1b: Blood and Urine test report**

Blood report	Result	Urine report	Result
Haemoglobin	12.5%	Volume	50ml
Total count	8000cells/cumm	Colour	Pale Yellow
<b>Differential count</b>		Appearance	Clear
Neutrophill	60%	Odour	-
Lymphocytes	30%	pH/reaction	6.5
Eosinophil	3.00%	Specific gravity	1.00
Monocytes	1.00%	Albumin	-
Basophil	0.00%	Glucose	-
ESR	20	Ketone bodies	-
		Bile salts	-
		Bile pigments	-
		Epithelial cells	-
		Pus cells	10-12
		Erythrocytes	5-6
		Bacteria	-
		Cast	--
		Crystals	-

**Table 2: Probable mode of action or Samprapti Vigatana**

Samprapthi Gataka	Mutrashmari	Yavakshara with Varunadi Kwatha Churna
Dosha	Tridosha	Tridoshagna
Dusha	Mutra	Mutrala
Agni	Jataragni Mandya	Deepana, Pachana
Ama	Jataragni Mandya Janya	Nirama
Srotas	Mutravaha Srotas	Mutrala
Udbhava Sthana	Amashaya and Pakwashaya	Shoolagna
Sanchara Sthana	Siras, Ama Pakvashayagata Mutravaha Srotas	Mutrala
Adhithana	Mutravaha Srotas and Basti	Mutrala
Vyakthasthana	Mutravaha Srotas and Basti	Mutrala
Dusti Prakara	Sanga	Chedana, Bhedana and Lekhana
Roga Marga	Madhyama	Ashmari Bedhana
Vyadhi Swabhava	Mutra Apravrutti Janya	Mutra Pravruttkaraka
Sadyasadyatha	Kruchra Sadhya, Shastra Sadhya	Sadhya

**Table 3: Composition of formulation of drug**

Name of the plant	Latin Name	Part used	Composition in parts
Varuna	<i>Crataeva nurvala</i>	Bark	1
Pashanbheda	<i>Bergenia ligulata</i>	Rhizome	1
Sunthi	<i>Zingiber</i>	Rhizome	1

	<i>officinale</i>		
Gokshura	<i>Tribulus terrestris</i>	Flower.	1

**DISCUSSION**

Varunaadi Kwatha Churna has urolithic property which acts as a Crystalluria and as a alkaliser further when it is combined with Yavakshara, synergetic action of alkaliser is enhanced and appreciating the results in disintergration and elimination of urinary stones for urinary tract.<sup>[14]</sup>

However the pharmaco-therapeutic and pharmaco kinetic effects of *Ksharatva* from the *Varuna* and *Yavakshara* is a known fact i.e., *Ashmari Chedaka*, *Mutra Krichrahara*. (Table 2)

**CONCLUSION**

Correct use of prophylactic and therapeutic medications decreases the morbidity by its diuretic and lithotriptic action concerned with expulsion of stone. To decrease the risk of further stone formation, a patient is strictly advised to follow certain rules of conduct, diet and lifestyle regime (*Pathyapathya*) during the course of Ayurvedic treatment and there after to prevent reoccurrence. *Acharya Sushruta* says *Nidana Parivarjna* is as a major treatment tool for any disese. As this is single case study, the same intervention can be used on larger population to see the efficacy of *Varunadi Kwatha Churna* and role of *Pathya* in the management of *Mutrashmari*.

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**How to cite this article:** Dr. Mamatha TS, Dr. Shankar S. Swamy, Dr. S. V. Shailaja. Clinical study to evaluate the efficacy of Yavakshara with Varunaadi Kwatha Churna in Mutrashmari w.s.r to Urolithiasis - A Case Study. J Ayurveda Integr Med Sci 2018;4:257-261. <http://dx.doi.org/10.21760/jaims.v3i4.13352>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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