

# Management of *Mutrashmari* (Urolithiasis)- A Case Report

Anju G. Das<sup>1</sup>, Syeda Ather Fathima<sup>2</sup>, Shivalingappa J Arakeri<sup>3</sup>,  
Mohasin Kadegaon<sup>4</sup>, Geethanjali Hiremath<sup>5</sup>

<sup>1</sup>PG Scholar, <sup>3</sup>Professor & HOD, <sup>4,5</sup>Assistant Professor, Department of Shalya Tantra, Taranath Government Ayurvedic Medical College, Ballari (Karnataka, India)

<sup>2</sup>Principal, Taranath Government Ayurvedic Medical College, Ballari (Karnataka, India)

Corresponding Author: Anju G. Das

## ABSTRACT

Ashmari comes under *Mutravaha srotovikara* and *Ashtamahagada* as described in *Susruta Samhita*. The prevalence of urinary stone is approximately 3 to 5% in general population and is increasing across the world mainly due to metabolic derangement, global climatic changes. Acharya *Susruta* said, before attempting surgical procedures one should try with oral medications like *ghrita*, *paneeyakshara*, *taila* etc. which possesses properties like *chedana*, *lekhana*, *bhedana* and *mutrala* for facilitating the disintegration of urinary stones.

A 39 years old male patient came to OPD at Taranath Govt. Ayurveda Medical College, Ballari on 20 May 2021 presented with complaints of pain in right flank region, pain in right loin radiating to groin, burning micturition, orange coloured urine for 2 days, diagnosed as *Urolithiasis* and advised for surgery. He visited our hospital to avoid the surgery and for the treatment of the same. *Kokilaksha Paneeya Kshara* and *Punarnavadi Kashaya* given to patient for 28 days and got relief from symptoms.

**Keywords:** Ashmari, *Ashtamahagada*, *Paneeya kshara*, *Punarnavadi Kashaya*

## INTRODUCTION

Urolithiasis is typical as one of the most common disease of the urinary tract. It is the condition where urinary stones are formed or located anywhere in the urinary system. These stones are intensely painful as they pass through the ureters and out through the urethra also. Incidence of calculi varies as per geographical distribution, sex and age group. The highest incidence of calculi occurs between the ages of 30 to 50 years, male and female ratio is 3:1<sup>1</sup>.

The treatment of urinary stones has undergone a remarkable evolution in the last 15 years. Open surgeries have given way to minimal invasive procedure which have considerably decreased patient morbidity and mortality. With the advent of various endourological and percutaneous technique

the management of urolithiasis has become much easier. However, urinary stone is notorious for high recurrence rate even with modern medicine and surgery.

Ashmari comes under *Mutravaha srotovikara* and *Ashtamahagada*<sup>2</sup> as described in *Susruta Samhita*. In *Susruta Samhita* it is explained that, the formation of *Mutrashmari* is due to drying up of *Kapha* because of the action of *Vata* and *Pitta*. *Mutravega avarodha* or *vegadharana* is another cause attributed to the formation of *Ashmari*<sup>3</sup>. While dealing with the management *Susrutha* stressed on usage of *Ghritha*, *Kshara*, *Kashaya*, *Ksheera*, *Uttarabasti* and finally Surgery as the last option<sup>4</sup>.

## CASE REPORT

A 39 years old male patient came to OPD at Taranath Govt. Ayurveda Medical College, Ballari on 20 May 2021 presented with complaints of pain in right flank region, pain in right loin radiating to groin, burning micturition, orange coloured urine for 2 days, diagnosed as Urolithiasis and advised for surgery. There was no previous history of Urolithiasis or any other significant medical illness. Patient had no history of Diabetes Mellitus, Hypertension or Thyroid problems. He was not under any medication for any ailments.

**Family History:** No relevant history

**Personal History:**

**Bowel:** Regular

**Appetite:** Good

**Micturition:** 9-11 times/day, 1 time/night

**Sleep:** Disturbed

**Water intake:** 1 ½ L/24 hours

**Physical Examination:** Patient was well built

**B.P:** 130/80 mm of Hg

**P.R:** 76 bpm

**Height:** 178 cm

**Weight:** 102 Kg

**Systemic Examination:**

**CVS:** S1, S2 heard, No added sounds

**CNS:** NAD

**RS:** NAD

**GIT:** No scars, soft, no organomegaly,

**Tenderness:** present at right hypochondriac region

**Specific Examination:**

**Inspection:** No scars

**Palpation:** Renal angle tenderness: Present

**Investigation:**

Routine blood was normal, HIV & HBsAg was non-reactive

Urine routine was normal, Cast & Crystals was nil

Ultrasonography of abdomen & pelvis was suggestive of:

Right renal calculus measuring 4mm.

Right ureteric calculus measuring 6.5mm

Right mild hydronephrosis/ hydroureterosis due to lower ureteric calculus.

**Clinical Diagnosis:** Mutrashmari (Urolithiasis)

**Management:** Conservative management done

**Kokilaksha Paneeya Kshara-** 500mg BD

**Punarnavadi Kashaya-** as anupana - 20 ml

**Administration:** Before food, twice a day, for a period of 28 days.

Pathya and apathya advised to the patient.

## RESULTS

ARADHANA HOSPITAL [SUPER SPECIALTY CENTRE] No.7, Opp.MHSL School, Moka Road, Gandhi Nagar, BALLARI-57 PH:08392-25588/54466	
Patient Name: ANJANEYA REDDY	Date of Report: 20/05/2021
Sex: Male Age: 39 Yrs	Date of billing: 20/05/2021
Address: BALLARI	Patient's ID: No:9646
REF. By: DR. VEDAMURTHY S MD	
<b>ULTRASOUND OF ABDOMEN</b>	
<b>LIVER:</b> Normal in size and Mild increase in echotexture. No e/o focal lesion seen. Intrahepatic biliary radicles are not dilated. Portal vein and CBD are normal.	
<b>GALL BLADDER:</b> Well distended. Wall is normal. No e/o calculi / cholecystitis.	
<b>No e/o calculi / cholecystitis.</b>	
<b>PANCREAS:</b> Normal in size and echotexture. No mass lesion / calcification. Pancreatic duct is not dilated.	
<b>SPLEEN:</b> Normal in size and normal in echotexture. No focal lesion is seen. Splenic vein is normal.	
<b>KIDNEYS:</b> Rt. kidney: Normal in size and echotexture. Mild hydronephrosis / hydroureterosis. Rt. kidney measures: 100x58x15mm. Renal calculus measuring 4mm. Uretric calculus measuring 6.5mm. Lt. kidney: Normal in size and echotexture. No e/o hydronephrosis / hydroureterosis. Lt. kidney measures: 108x50x12mm. Well filled. Wall is normal. No e/o growth / calculi. No e/o significant residual urine.	
<b>URINARY BLADDER:</b> Well filled. Wall is normal. No e/o growth / calculi. No e/o significant residual urine.	
<b>PROSTATE:</b> Normal in size and echotexture. No e/o lymphadenopathy. No e/o free fluid.	
<b>REF:</b> Normal. No obvious e/o thickened appendix.	
<b>IMPRESSION:</b> 1. FATTY LIVER 2. RT MILD HYDRONEPHROSIS / HYDROURETEROSIS DUE TO LOWER URETRIC CALCULUS. 3. RT RENAL CALCULUS MEASURING 4mm.	
Sug: Clinico biochemical correlation.	
DR. SHIVU ARAKTERI CONSULTANT RADIOLOGIST	

Before Treatment

ANJANA DIAGNOSTIC CENTRE 51 Club of ANJANA Diagnostic & Scanning Centre Kannur-Govindapada Junction, Moka Road, Ballari - 571 001 PH: 08392 25588 / 54466	
Patient Name: ANJANEYA REDDY	Date of Report: 18/06/2021
Sex: Male Age: 39 Yrs	Date of billing: 18/06/2021
Address:	Patient's ID: No:
REF. By: DR. SHIVU ARAKTERI	
<b>ULTRASOUND OF ABDOMEN</b>	
<b>LIVER:</b> Is mildly enlarged and shows fatty changes. No e/o focal lesion seen. Intrahepatic biliary radicles are not dilated. Portal vein and CBD are normal.	
<b>GALL BLADDER:</b> Well distended. Wall is normal. No e/o calculi / cholecystitis.	
<b>PANCREAS:</b> Normal in size and echotexture. No mass lesion / calcification. Pancreatic duct is not dilated.	
<b>SPLEEN:</b> Normal in size and normal in echotexture. No focal lesion is seen. Splenic vein is normal.	
<b>KIDNEYS:</b> Rt. kidney: Normal in size and echotexture. A calculus of 4mm size is seen in the lower pole. No e/o hydronephrosis / hydroureterosis. Lt. kidney measures: 112x51x12mm. Lt. kidney: Normal in size and echotexture. No e/o hydronephrosis / calculi. Lt. kidney measures: 102 * 49 * 16mm.	
<b>URINARY BLADDER:</b> Well filled. Wall is normal. No e/o growth / calculi. No e/o significant residual urine.	
<b>PROSTATE:</b> Normal in size and echotexture. Measures: 29 * 35 * 37mm. weight: 20gms. No e/o lymphadenopathy. No e/o free fluid.	
<b>REF:</b> Normal. No obvious e/o thickened appendix.	
<b>IMPRESSION:</b> - Small Rt. renal calculus Fatty liver No e/o Rt. lower ureteric calculus. Sug: Clinico biochemical correlation.	
DR. ANANTA REDDY, M.D. CONSULTANT RADIOLOGIST	

After Treatment

Patient was reviewed 28 days later. USG of abdomen and pelvis suggestive of 'A calculus of 4 mm size in lower pole of Right Kidney. But calculus in right ureter passed. No e/o hydronephrosis / hydronephrosis.'

## DISCUSSION

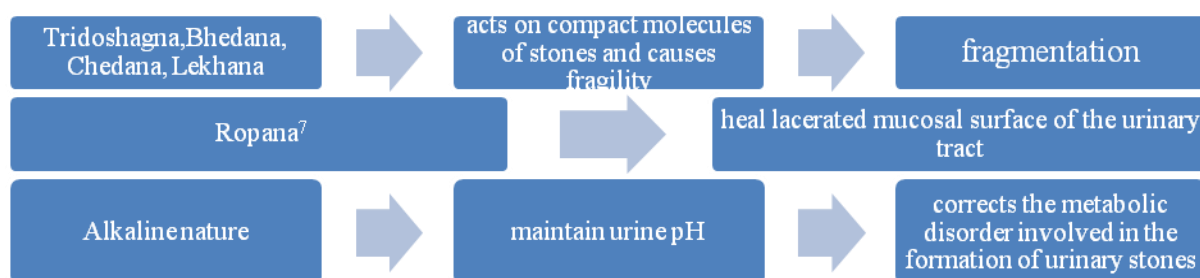
Urinary calculus is a stone-like body composed of urinary salts bound together by a colloid matrix of organic materials. It consists of a nucleus around which concentric layers of urinary salts are deposited. Ureteric stones usually originate in the kidney. Gravity and peristalsis both contribute the spontaneous passage into and down the ureter. The probable pathological

changes are obstruction (partial/complete), impaction, infection, ulceration<sup>5</sup>.

Patients usually present with pain abdomen, burning micturition, haematuria, increased frequency of micturition, nausea, vomiting.

Diagnosis of Urolithiasis is mainly based on Urine analysis, Straight X-Ray of KUB region at least 90% of renal stones are radio-opaque and are easily visible unless they are very small or overlies bones. USG of abdomen & Pelvis is helpful to distinguish between opaque and non-opaque stones. Computed Tomography is particularly helpful in diagnosis of non-opaque stones<sup>6</sup>.

## Probable mode of action



## CONCLUSION

Kokilaksha kshara is an unexplored drug in the management of Ashmari having Ashmarighna, Anulomana and Mutrala property. Even though it is difficult to treat the disease Ashmari, the Kokilaksha paneeya kshara along with Punarnavadi Kashaya shown significant result in Ureteric stone and definitely be simple to use and cost-effective management.

**Acknowledgement:** None

**Conflict of Interest:** None

**Source of Funding:** None

## REFERENCES

1. Medical Definition of Urolithiasis. <https://www.medicinenet.com/urolithiasis/definition.htm>

2. Acharya Sushruta. Sushruta Samhitha. (Nibandhasangra commentary of Dalhanacharya and Nyayapanjika commentary of Gayadasa), Edited by Yadavjirikamji. Reprint edition; Chaukamba Sanskrit Sansthan, Varanasi. 2013. Sutrasthana, Chapter 33, verse 4, 144pp
3. Acharya Sushruta. Sushruta Samhitha. (Nibandhasangra commentary of Dalhanacharya and Nyayapanjika commentary of Gayadasa), Edited by Yadavjirikamji. Reprint edition; Chaukamba Sanskrit samsthana, Varanasi. 2013. Nidanasthana, Chapter 3, verse 4, 144pp
4. Acharya Sushruta. Sushruta Samhitha. (Nibandhasangra commentary of Dalhanacharya and Nyayapanjika commentary of Gayadasa), Edited by Yadavjirikamji. Reprint edition; Chaukamba Sanskrit Sansthan, Varanasi. 2013. Chikitsasthana, Chapter 7, verse 27, 436pp

5. S. Das, A Concise Text book of Surgery, published by Dr. S. Das 1, Old Mayor's Court, Kolkata-700005. March 2020, Chapter 48, 1203 pp. commentary of Gayadasa), Edited by Yadavjitrkamji. Reprint edition; Chaukamba Sanskrit Sansthan, Varanasi. 2013. Sutrasthana, Chapter 11, verse 5,45pp
6. Sriram Bhat M, SRB's Manual of Surgery, published by Jaypee Brothers Medical Publishers. 2019, Chapter 26 A, 1005 pp.
7. Acharya Sushrutha. Sushrutha Samhitha. (Nibandhasangra commentary of Dalhanacharya and Nyayapanjika

How to cite this article: Das AG, Fathima SA, Arakeri SJ et.al. Management of mutrashmari (urolithiasis)- a case report. *Int J Health Sci Res.* 2021; 11(10): 332-335. DOI: <https://doi.org/10.52403/ijhsr.20211043>

\*\*\*\*\*