

Rule of Ayurvedic Formation in Management of Ashmari: A Case Study

Dr. Kalpesh Jajoria¹, Dr. Bipin Chander², Dr. Sunil Kumar Yadav³,
Dr. Akanksha Rana⁴, Dr. Kumari Neelam⁵, Dr. Lovepreet⁶

^{1, 4, 5}PG Scholar, ²MO Ayush, ³Dean (Student's Welfare) Associate Professor, ⁶PhD Scholar,
^{1, 2, 3, 4, 5, 6}Department of Rachana Sharir, National Institute of Ayurveda,
Deemed to be University (de-novo), Jaipur, Rajasthan, India

ABSTRACT

Ashmari is one among the eight most difficult to cure diseases (Ashtamahagada) described in Ayurveda classical texts. The symptomatology of Ashmari resembles the clinical features of Urolithiasis mentioned in the contemporary medical science. Urolithiasis is third most common disease of the urinary tract. Conventional management of Urolithiasis does not have any effect on the pathogenesis of this disease and therefore, recurrence of disease occurs very commonly. Ayurveda has more radical approach and wide range of options in the management of urolithiasis. A 66-year old Indian male farmer presented with the complaints of pain in right side of abdomen, burning and difficulty in micturition since last 60 days. Per abdomen examination elicited tenderness on right lumbar region of abdomen and around right renal angle. No other abnormality detected during general and systemic examination. Ultrasonography (whole abdomen) revealed calculus in right Ureterovesical Junction (largest being 6 mm). And right kidney shows grade-1 hydronephrosis with dilated ureter. On Ayurvedic parlance, the present case was diagnosed as Ashmari based on the signs and symptoms. Patient was prescribed the Ayurvedic medicines, Vrikkashulantakvati, Pashanvajjaras, Yavakshar, shwetparpti, Gokshuradichurun, Gokshuradiguggul and sidhaarkon OPD basis. Patient was advised to follow-up initially after 15 days and later after 7 days. Improvement in clinical features was there within 07 days. Patient showed complete relief in his complaints on 2nd follow up visit. Repeat Ultrasonography scan did not revealed any calculus in right Ureterovesical Junction. Clinically also, Trinapanchamulakwath, Gokshuradiguggulu and Pashanvajjaras has provided complete relief in pain, burning micturition and dysuria. It can be concluded that Gokshuradiguggulu and Pashanvajjaras lead to disintegration and expulsion of calculus and thus provide relief in signs and symptoms of Ashmari. This case illustrates the effective conservative management of Ashmari with Ayurvedic medicines with no adverse events and no episode of recurrence.

KEYWORDS: Ashmari, Urolithiasis, Renal calculus, GokshuradiGuggulu, Pashanvajjaras

INTRODUCTION

Ashmari is one of the prevalent ailments of the mutravahasrotas (urinary system) alongside Mutrakrichra and Prameha. In Ayurveda, Acharya Susruta described eight most difficult to cure diseases (Ashtamahagada) and Ashmari is one among them owing to its potentiality to disturb the structure and functions of urinary system¹. The symptomatology of Ashmari explained in Ayurvedic texts resembles the clinical features of Urolithiasis mentioned in the contemporary medical science. Urolithiasis is third

most common disease of the urinary tract after urinary tract infections and prostatic disorders². Factors like irregular food habits, sedentary life style, occupation, hydration status, geography, nutritional deficiency, metabolic disorders etc. may be responsible for urolithiasis, however the causes and mechanism of their formation is still not clearly understood³. Urolithiasis is a complex process as a consequence of an imbalance between promoters and inhibitors of urinary crystallization in the kidneys⁴.

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Around 97% of the calculus are found in the kidneys and ureters while the other 3% in the urinary bladder and urethra⁵. Prevalence and incidence of urolithiasis has been increasing in present time; may be due to rapidly changing diet & lifestyle or better diagnostic tools for more accurate diagnosis. It occurs in approximately 12% of the global population and its re-occurrence rate in males is 70-81% and 47-60% in females⁶. In the current scenario, there are many treatment options available for the management of urolithiasis but the conventional management is quite expensive and the recurrence occurs commonly as it does not have any effect on the pathogenesis of this disease. It has the tendency to recur even after surgery. So, it is essential to find out an effective, easily available, acceptable and inexpensive treatment for urolithiasis. Ayurveda has more radical approach and wide range of options in the management of Ashmari. Ayurvedic drugs have potential to manage Ashmari (Urolithiasis) effectively due to their properties like ashmari-bhedana (lithotriptic), mutrala (diuretic), vednasthapana (analgesic), shothahara (anti-inflammatory), basti-shodhana (improve kidney functions), deepana-pachana (correct digestion and metabolism) and by maintaining urine pH. Acharya Susruta has described medical treatment for facilitating the disintegration of the Ashmari with ghrita (medicated ghee), kshara (medicated alkali preparation), kashaya (decoction), ksheera (medicated milk), basti (medicated enema) etc. before opting for surgical intervention⁷. A recent onset of Ashmari can be managed with oral medicines whereas large size and chronic calculi requires surgical treatment⁸.

Case Report:

A 66-year old Indian male farmer presented in the OPD of SSBH Jaipur in October 2021 with the complaints of pain in right side of abdomen, burning sensation and difficulty in micturition since last 60 days. Patient was asymptomatic before initiation of these complaints. He consulted the nearby Govt. Hospital where the doctor prescribed the Ultrasonography (whole abdomen) for the complaints in which calculus in right Ureterovesical Junction (largest being 6 mm) were shown. He was put on conservative medical management by the Govt. hospital consultant for seven weeks. But, the patient did not get any relief in his complaints even after seven weeks. Followed by this, patient visited the OPD of SSBH, Jaipur for the treatment. Patient had no history of Diabetes mellitus, Gout, Hyperparathyroidism or any other metabolic ailments. Per abdomen examination elicited tenderness on right lumbar region of abdomen and around right renal

angle. No other abnormality detected during general and systemic examination. His vitals were within the normal limits. Calculus in right UVJ (largest being 6 mm) seen in right kidney in Ultrasonography report (Image 1). Calcium oxalate crystals were found in urine examination report. All other urine examination and hemogram reports were normal. On Ayurvedic parlance, the present case was diagnosed as Ashmaribased on the signs and symptoms described in classical texts.

Therapeutic Intervention: Patient was prescribed the following Ayurvedic medicines on OPD basis: Vrikkashulantakvati 1-1 twice a day, Pashanvajras 250mg, Yavakshar 500mg, shwet parpti 250mg, Trinapanchamulakwath 40ml, Gokshuradi churun 5 gm, Gokshuradiguggul 2-2 twice a day and sidhaark 3 tsf with equal water. All medicines to be taken one hour after meals. The formulations administered were dispensed from the OPD of SSBH, Jaipur and procured from Nagarjun Pharmacy of national institute of Ayurveda, Jaipur, India. Ingredients of these formulations have been described at Table. Diet and lifestyle restrictions were also advised to the patient. Patient was advised to drink plenty of water, take less quantity of animal proteins like meat, egg, chicken, fish, dairy products, etc., oxalate-rich foods like spinach, beetroot, tomatoes, lady finger, apple juice, grapefruit, chocolate, cola drinks, etc., and avoid calcium supplements.

Follow-Up and Outcome:

Patient was advised to follow-up initially after 15 days and later after seven days. Burning micturition was relieved within 07 days. However, mild intensity pain in right side of abdomen was there on first follow-up visit (after 15 days of initiation of treatment). Pain was completely relieved on second follow-up visit (after 30 days of initiation of treatment) and no other complaints were told by the patient. Patient was advised to repeat Ultrasonography (whole abdomen) scan after second follow-up visit. Repeat Ultrasonography scan was done on 13th November, 2021 (Table 1 & Image 2) and did not reveal any calculus in right Ureterovesical Junction. He has complete relief in pain abdomen, burning micturition and dysuria. Patient was advised to strictly continue following diet and lifestyle restrictions to prevent re-occurrence of calculus and visit the OPD of the institute if any complaint recurs again. No adverse events occurred during the course of treatment and even after stopping the treatment. Also, no episode of recurrence occurs even after one year.

Table 1:- Ultrasonography-KUB, Report. 24/07/2021 Ultrasonography (Whole Abdomen) calculus in right Ureterovesical junction (largest being 6 mm).

B-5, Shiv Marg, Shiv Circle, Bani Park, Jaipur - 302 016
Registration No : 271 dated 17.12.68 ☎ 2201500, 4086118

NAME: MR, RAM BILAS
AGE/SEX: 66 YRS/M
DATE: 24-07-2021
REFERRED BY: GOVT. HOSPITAL

USG WHOLE ABDOMEN

LIVER
Is enlarged in size with bright echotexture. Intrahepatic tubular structures are normal. The porta is normal. No SOL seen in the liver parenchyma.

GALL BLADDER
Is normal in size and distensibility. The wall thickness is normal. No evidence of any peri-cholecystic collection is seen. No calculus is seen. The CBD is normal.

PANCREAS
Is normal in outline and configuration. The echotexture is well defined.

SPLEEN
Is normal in size and echotexture.

KIDNEYS
Right kidney shows grade-I hydronephrosis with dilated ureter. Calculus in right UVJ (6mm).
Right kidney measures (86mm).
Left kidney measures (91mm).
Left kidney is normal in size, shape, position, outline and echotexture. The pelvi-calyceal system is normal in configuration.

URINARY BLADDER
Is normal in size and capacity. No calculus is seen in its lumen. The wall thickness is within normal limits. Pre void volume-189ml, post void volume-nil.

PROSTATE
Is enlarged in size.(volume-24cc).

No retroperitoneal lymphadenopathy / ascites is seen

OPINION

- **Hepatomegaly with fatty infiltration.**
- **Right kidney shows grade-I hydronephrosis with dilated ureter.**
- **Calculus in right UVJ.**
- **Prostatomegaly grade-I.**

Dr. TAPESHWAR NATH, M.D.
Consultant Radiologist

e-mail : bdsinfo1pr@gmail.com • visit online : www.mndctai

REMARKS : PLEASE CHECK IT CLINICALLY AND VERIFY

◆ Reports are not valid for medicolegal purposes. ◆ Kindly correlate clinically. ◆ Investigations have their limitations. ◆ pathologcal/Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the dis correlation with clinical symptoms & other related tests. Please interpret accordingly. In case of doubtful, abnormal, contradictory reports & n clinical diagnosis, if possible the test can be performed without charges on written advise of referring doctor, on san



Image 1:- Ultrasonography report before treatment.

Reg. No. : 271
8-S, Shiv Marg, Shiv Circle, Bani Park, Jaipur - 302016 (Rajasthan) • Tel.
NAME: MR. RAM VILAS
AGE/SEX: 66 YRS/M
DATE: 13-11-2021
REFERRED BY: DR. _____
USG KUB

KIDNEYS
Right kidney measures (91mm).
Left kidney measures (93mm).
Both are normal in size, shape, position, outline and echotexture. The pelvi-calyceal system is normal in configuration. No cyst/calculus seen.

URINARY BLADDER
Is normal in size and capacity. No calculus is seen in its lumen. The wall thickness is within normal limits.
Pre void volume-180ml. post void volume-nil.

PROSTATE
Is enlarged in size (volume-24cc).
No retroperitoneal lymphadenopathy / ascites is seen

OPINION
• Prostatomegaly grade-I.

DR. TAPESHWAR NATH, M.D.
Consultant Radiologist

Reports are not valid for medico-legal purposes. Kindly correlate Clinically. Investigations have their limitations, solitary pathological/radiological and other investigations confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation with clinical symptoms & other related tests. Please Interpret according to clinical picture. In case of doubtful, abnormal, contradictory reports & not fitting to clinical diagnosis, if possible the test can be performed without charges on written advice of referring doctor.

REMARKS - PLEASE CHECK IT CLINICALLY AND VERIFY



Image 2:- Ultrasonography report after treatment. Date 13/11/2021

Table 2:- Composition of Prescribed formulations.

| Medicines | Ingredients |
|----------------------|---|
| 1.Gokshuradi Guggulu | Gokshur (Tribulusterrestris) Guggulu (Commiphoramukul) Shunthi (Zingiberofficinale) Marich (Piper nigrum) Pippali (Piper longum) Haritaki (Terminaliachebula) Vibhitak (Terminaliabellerica) Amalaki (Phyllanthusemblica) Musta (Cyperusrotundus) |
| 2.Pashan vajraras | Shuddhparad Shuddhgandhak |

14th october 2021 First visit to OPD of SSBHJaipur and diagnosed as Ashmari Prescribed Ayurvedic medicines, Vrikkashulantakvati 1-1 twice a day, Pashanvajraras 250mg, Yavakshar500mg, shwet parpti250mg, Trinapanchamulakwath 40ml, Gokshuradi churun5 gm, Gokshuradiguggul 2-2 twice a day and sidhaark 3 tsf with equal water. All medicines to be taken one hour after meals on OPD basis along with diet and lifestyle modifications 28th october 2021 1st Follow-up visit Burning micturition was relieved but the pain in right side of abdomen was not completely relieved Continued with the same oral medicines till second follow up visit 11th november 2021. Pain was completely relieved on second follow-up visit (after 30 days of initiation of treatment) and no other complaints and Advised to repeat Ultrasonography (whole abdomen) scan, 13th november2021 Ultrasonography scan did not revealed any calculus and No Fresh complaints Advised to continue following diet and lifestyle restrictions to prevent reoccurrence and visit the OPD of the institute if any complaint recurs again.

Discussion:-

AcharyaSusruta considered Ashmari as a grave disease and fatal as death itself. As per Ayurveda, the root cause of Ashmari is aggregation of Kaphapradhanadosha in Mutravahasrotas due to Agnimandya and Ama formation⁹. The process of Ashmari formation takes place by the stagnation and super saturation of the urine and by crystallization of the crystalloids in the urine¹⁰. The mechanism of renal calculus formation as per modern medical science is a complex process which results from various complex processes including super saturation, nucleation, growth, aggregation, and retention of urinary stone constituents within tubular cells. Despite wide range of conventional medicine intervention options, 50% of patients suffer at least one recurrence, and 10-20% experience three or more further episodes of recurrence^{11, 12}. If left untreated or poorly treated, urolithiasis could result in urinary tract

infection, urinary obstruction, chronic kidney diseases, end-stage renal failure and hypertension^{13, 14}. Ayurvedic drug management to disintegrate the pathogenesis of Ashmari include the drugs with following properties: Ashmari-bhedana, Disintegration, dissolution, expulsion, and to some extent prevention of urolithiasis like Gokshura (Tribulusterrestris Linn.), Varuna (CrataevanurvalaBuch-Ham.), Pashanbheda (BergeniaciliataSternb.), Kulatha (DolichosbiflorusLinn.), Punamava (Boerhaviadiffusa Linn.) etc.

Conclusion:-

Gokshuradiguggulu and Pashanvajraras effectively disintegrated the pathogenesis of Ashmari, provided complete relief in pain, burning micturition, dysuria and expulsion of Ashmarifrom the urinary tract in the present case. This case illustrates the effective conservative management of Ashmari with Ayurvedic medicines with no adverse events.

Clinical Significance:-

As all drugs are effective, easily available and inexpensive, they can be used in the management of Ashmari (Urolithiasis) in the initial stage when there are mild symptoms, small size of calculus with no high grade obstruction in the urinary tract.

Informed Consent:-

Informed written consent for reporting this case study was obtained from the patient.

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