

Management Of Ashmari (~Renal Calculi) Through Ayurveda

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Abstract

Renal stone or Kidney stone is correlated to Ashmari in Ayurveda, and it has a comprehensive approach with effective oral medications for treatment. A 29-year-old male patient had come to the OPD of CARI Guwahati for 10 days complaining of vomiting, lower back pain and dysuria. Patient had also brought the report of their ultrasonography done on 31.07.2021. No other abnormality was detected during the general and systemic examination. The report mentioned about three renal calculi measuring 4.2 mm and 4.8 mm in Right Kidney and 4.2 mm in Left Kidney. The patient was prescribed Gokshuradi Guggulu, Chandraprabha Vati, Pashanabhedadi Kwatha and Shwet Parpati on OPD basis. There was improvement in clinical features like pain and dysuria after taking ayurvedic medicine. Ultrasonography scan did not reveal any renal calculus dated on 22.10.2021. So, it can be concluded that Gokshuradi Guggulu, Chandraprabha Vati, Pashanbhedi Kwatha and Shwet Parapati have given relief in the symptoms. This case shows that traditional Ayurvedic medicines are effective in the management of Ashmari (~renal stone).

Keywords: Ashmari, Renal Stone, Ayurvedic Management.

Introduction:

Ashmari means a structure resembling stone and Renal Stone is also known as Urolithiasis. The common symptoms of Urolithiasis are Intermittent dull or colicky flank pain, frequent and obstructed urination, painful or burning urination, cloudy or foul-smelling urine, blood in the urine and nausea/vomiting. The incidence of kidney stones is globally increasing with an estimated prevalence ranging up to 15%. And approximately 7% of women and 13% of men will develop kidney stone.¹ Etiopathogenesis, clinical features, type and prognosis of Ashmari are well described in Sushruta Samhitha.² Pashanbhedi Kwatha, Gokshuradi Guggulu, Chandraprabha Vati and Shweta Parpati are medicines used to treat Ashmari in Ayurveda. So, these medicines were selected for the present case.

Case History: A 29-year-old male presented in OPD of Central Ayurveda Research Institute (CARI), Guwahati with OPD no. 2149 on 17/08/2021 for the following complaints.

Chief Complaints: the patient is a known case of Ashmari with having the complaints of vomiting, lower back pain and dysuria for 10 days.

History of Present Illness: The patient was healthy before 10 days. After that, he had symptoms like vomiting, lower back pain and dysuria. The patient had taken treatment from a local doctor. But when no improvement was noticed, he patient visited CARI OPD for further management. Again, patients were evaluated for Urine analysis, complete blood count, blood urea and Serum Creatinine.

Investigations: Ultrasonography (KUB), routine blood investigation (complete blood count, blood urea, Serum Creatinine) and Urine analysis was carried out before and after treatment.

Discussion:

Acharya Susruta considered Ashmari as a grave disease and fatal as death itself. As per Ayurveda, the root cause of Ashmari is the aggregation of Kapha in Mutravahasrotas (~Urinary System) due to loss of appetite and Ama (~undigested metabolic waste) formation. Despite the wide range of conservative treatment options, untreated or poorly treated, urolithiasis could result in urinary tract infection, urinary obstruction, chronic kidney diseases, end-stage renal failure and hypertension. Gokshuradi guggulu is multi-herbal formulation consisting of nine ingredients which are used in Ayurvedic medicine to promote urinary outflow. Gokshuradi Gugulu is diuretic, stimulant and Ashmari Bhedana (~Crushing) and supports the removal of calculus.³ Chandraprabhavati is indicated in Mutrakrichha (dysuria), Ashmari (Renal calculi) and is found to be safe for renal function.⁴ Pashanabhedadi Kwatha is a herbal decoction that contains six ingredients and it is mostly used in Ayurveda for dysuria and Renal stone.⁵ Shweta Parpati is used in urinary retention, dysuria and renal calculi.⁶ All four medicines are collectively effective on dysuria and renal calculi.

CONCLUSION

Small kidney stones with a diameter of less than 5 millimetres can be flushed out in the urine with Ayurvedic treatment easily and it is also cost-effective. Further clinical trials can be conducted on a larger scale.

Table No.1: Therapeutic Intervention

Sr. No	Drug	Dose	Time	Aushadh Sevan Kal	Anupana	Route
1.	Gokshuradi Guggulu	500 mg	3 time	1 hour after food	Water	Oral
2.	Chandraprabha Vati	250 mg	2 time	1 hour after food	Water	Oral
3.	Pashanabhedadi Kwatha	40 ml	2 time	Empty stomach	-	Oral
4.	Shwet Parpati	125 mg	2 time	Empty stomach	Mixed with Kwatha	Oral

Table No: 2 Timeline events

Date	Clinical Finding	Intervention
17.08.2021	Vomiting -1-2 time/day - 10 days Lower back pain- 10 days Dysuria- 10 days Pulse-78/min Temp- 98.6 F Blood Pressure 120/80 mm of Hg USG finding-31.07.2021 Bilateral small renal calculi	Advice 1. Complete blood count 2. Blood urea 3. Serum creatinine 4. Serum uric acid 5. Urine analysis

	Right Kidney- Two number of small calculi measuring 4.2mm and 4.8 mm in the middle of calyces. Left Kidney- small calculi measuring 4.2mm in the lower calyx. Grade I fatty infiltration of liver.	
18.08.2021	No any other fresh complain. Complete blood count, Blood urea, Serum creatinine, Serum uric acid and Urine analysis are normal in range.	Treatment- 1. Pashanbhedadi Kwath 40 ml empty stomach two time 2. Shwet Parpati 125 mg empty stomach two time mixed with kwath 3. Chandraprabhavati 250 mg two time with water 1 hour after food 4. Gokshuradi Guggulu 500 mg, two time with water 1 hour after food
21.08.2021	No any other fresh complain.	Treatment- Same as above for 5 days
25.08.2021	Sometimes burning micturition	Treatment- Same as above for 1 month
29.09.2021	No any other fresh complain	Treatment- Same as above for 5 days
4.10.2021	No any other fresh complain	Same as above for 15 days
20.10.2021	No any other fresh complain	Stop all medication Advice 1. USG-KUB 2. Complete blood count 3. Blood urea 4. Serum creatinine 5. Serum uric acid 6. Urine analysis
22.10.2021	Complete blood count, Blood urea, Serum creatinine, Serum uric acid and Urine analysis are normal in range. USG finding-22.10.2021 No evidence of calculus or hydro nephrosis is seen in both kidneys Grade I fatty liver. Fatty pancreases.	Follow up for 15 day

Table No: 3: Time line for investigation

Test	Before treatment 17.08.2021	After Treatment 20.10.2021
Complete blood count		
Haemoglobin (in gm%)	14.7	15.4
T.L.C. (per mm ³)	6900	8700
D.L.C.		
Neutrophils	70	76
Lymphocytes	22	16

Eosinophils	4	7
Monocytes	4	1
Basophils	0	0
E.S.R. (mm/1 st hr)	5	5
Renal function test		
Urea (mg/dl)	18.2	17.1
Sr. creatinine (mg/dl)	1.2	1.2
Other		
Uric acid (mg/dl)	6	5.5
Urine Analysis		
Albumin	+	Nil
Sugar	Nil	Nil
Ketone bodies	Negative	Negative
Pus cells	1-2/hpf	0-1/hpf
R.B.C.	Nil	Nil
Epithelial cells	1-2/hpf	0-1/hpf
Crystals	Nil	Nil
Casts	Nil	Nil
Bacteria	Nil	Nil

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