



**ORIGINAL RESEARCH PAPER**

**Ayurveda**

**MUTRASHMARI – AN AYURVEDIC REVIEW**

**KEY WORDS:** Mutrashmari, Ashmari, Renal Calculi.

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**ABSTRACT**

Mutrashmari is a very common disease which includes a complex physiochemical process that involves a series of events in formation of ashmari i.e. stone. Incidence of mutrashmari has raised due to changed standard of living and is strongly associated with race, ethnicity and region of residence. Pathya-apathya is an important factor in mutrashmari. Description of mutrashmari is available in almost all samhita. In Ayurveda, both shaman and shodhan chikitsa is described for the treatment of mutrashmari. Acharya sushrut has mentioned shaman chikitsa like use of ghrita (medicated ghee), taila (medicated oil), paneeya kshara etc. which possess properties like chedana, bhedana, lekhana and mutala before opting for surgical intervention.

**1. INTRODUCTION**

Diseases are destroyers of health, wellbeing and life. This has manifested itself as a great obstacle in the way of human life. Mutrashmari is one among many diseases, which were prevalent during ancient times and continues to be seen even today. Mutrashmari is a stone like structure anywhere in the mutravaha srotas. ASHMA=stone, ARI=enemy. The formation of a stone, which causes great suffering to the body like an enemy is called as 'Ashmari'. Ashmari is considered as one of the Ashtamahagada due to its severity, chronicity and fatality.

Mutrashmari can be co-related with Urolithiasis according to modern medicine. Sometimes the stones may persist in Urinary system without presenting any symptoms. They are only detected by X-ray or scanning of abdomen. Early detection is necessary to avoid complications. Number of drugs, kshara, ghrita are proved to be useful in ashmari. They act as bhedan, patan (crushing and flushing out the stones), vednashamak, bastishodhak (diuretic). If the stones are grown bigger size, surgical intervention is necessary. There are possibilities of reoccurrence of stone therefore care should be taken to prevent ashmari. Mutrashmari is classified on the basis of signs and symptoms as well as morphology of stones that are formed in different part of mutravaha srotas.

**2. Classification**

- a. Vataj Mutrashmari
- b. Pittaj Mutrashmari
- c. Kaphaj Mutrashmari
- d. Shukrashmari

**3. Nidan (1)**

- Ushnagaman-walking in hot sun.
- Gharmagaman-working in hot climate.
- Adhvagaman/deerghagaman-walking longer distance regularly.
- Asanshodhan sheelasya-an individual who needs samshodhan but not undergone the therapy.
- Adhyashan/samashan-consuming the food before digestion of previously ingested food/over eating.
- Apathya-karinha-not following the diet and regimen recommended in ashmari.
- Divaswap-day sleep.
- Mutravegavrodha-suppression of urge of urine.

Excessive intake of madhura, guru, snigdha food which aggravates kapha dosha. Also food rich in calcium, purine, phosphate etc. causes ashmari.

**4. Poorvarupa (2)**

The poorvarupa mentioned in the classics are also observed in the rupavasta of ashmari.

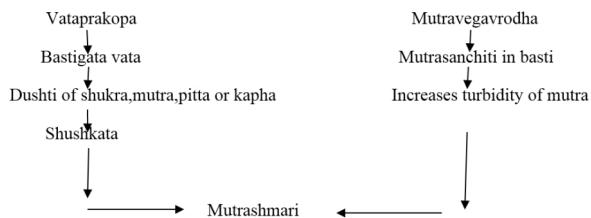
- Bastyadhmanam-Distention of bladder due to retention of urine.
- Aasanna deshe ruja- Severe pain at the site of ashmari.
- Bastishirovedana- Pain in the suprapubic region.
- Shephamushkavedana- Pain in penis and scrotum.
- Bastipeeda-Pain in the hypogastric region.
- Mutrakriccha-Difficulty in micturation.
- Dushta sandramutrata-Sedimentation of urine.
- Aavilmutrata-Turbidity of urine.
- Basta gandhatvam- Urine smells like goat's urine.
- Jwara- Fever due to urinary tract infection.

**5. Samanya Lakshan**

- Pain in the nabhi, basti, sevani ( perianal region), mehana (genitalia).
- Radiating pain from loin to groin, perineal region & genitalia.
- Bleeding with urine- Hematuria or turbidity.
- Double stream of urine with sudden stoppage, suggests the stone is present in the mouth of bladder or urethra.
- Pain is relieved after expulsion of stone.
- Pain aggravates on unusual position like ridding, travelling, jumping etc.

**6. Samprapti (3)**

The process by which a particular disease is manifested is known as Samprapti. Acharya Sushruta who has emphasized Ashmari as a separate disease entity has mentioned Samprapti of Ashmari in two contexts. In Asamshodhanasheela and Apathyakari persons, Kapha Dosha get Prakopa and mixes with Mutra and forms Ashmari. In other context Acharya Sushruta described that due to Nidana Sevana the Prakupita Tridoshas enters into Basti and mixes with Mutra and forms Ashmari by the process of Upasnehana. Acharya Dalhana opines that this process of Upasnehana is facilitated by Sameeda Kledana. The process of formation of Ashmari is further explained and cleared by giving following examples. As the clear water when placed in a new earthen vessel, after sometime mud appears at the bottom of the vessel. In the same manner when Mutra stays in Basti for sometime the Ashmari formation is initiated. As rain water solidifies in the sky by the action of Maruta (wind), Agni (fire) and Vidyuta (electricity), similarly the Anil (Vata) along with Agni (Pitta) solidifies the Balasa (Kapha) present in the Basti and forms Ashmari.



**• Comparison of features of Vataja ashmari with ureteric stone.**

Vataja ashmari	Ureteric Stone
<ul style="list-style-type: none"> <li>• Pain in the nabhi, basti,sevani ( perianal region),mehana (genitalia).Due to severe pain patient grinds the teeth with trembling and tosses over the bed.</li> <li>• Bindu-bindu mutrapravritti.</li> <li>• Stones are reddish black like kadamba pushpa.</li> <li>• Morphological structure of stone- Kantkachitam(spiky),parusham(rough), visham (irregular),khar-kathina(hard).</li> </ul>	<ul style="list-style-type: none"> <li>• The Ureteric Colic- The agonizing pain occurs typically at loin &amp; radiates to groin due to irritation of genitofemoral nerve.</li> <li>• Stangury-Means passing of urine drop by drop with painful straining.</li> <li>• Calcium oxalate stones-produce hematuria resulting in deposition of blood over stone, giving dark brown colour.</li> <li>• Calcium oxalate stones have sharp projections,hard,irregular with rough surface and usually single,visualized in plain x-ray.</li> </ul>

**• Comparison of features of Pittaj ashmari with Vesicular stone**

Pittaj ashmari	Vesicular stone
<ul style="list-style-type: none"> <li>• Burning and sucking type of pain occurs in basti region.</li> <li>• 10.Morphological structure of stone- Colour of stone is sarakta, peeta, madhuvarna or black and it appears like Bhallatak asthi pratima.</li> </ul>	<ul style="list-style-type: none"> <li>• A stone impacting very near to the bladder can exactly mimic an acute cystitis therefore scalding pain occurs.This is caused by abrasion of vesicular trigone.</li> <li>• Yellowish,reddish brown,radiolucent.</li> <li>• Small multiple hexagonal shape.</li> </ul>

**• Comparison of features of Kaphaj ashmari with Phosphate stone**

Kaphaj ashmari	Phosphate stone
<ul style="list-style-type: none"> <li>• Pricking,pulling type of dull pain. Basti guru.</li> <li>• Morphological structure of stone- Colour of stone is like flower ofmadhuka, sitavarna, shweta, madhuvarna. Stones are big, smooth, round like hen's Egg.</li> </ul>	<ul style="list-style-type: none"> <li>• A fixed (not radiating) pain,dull and constant ache. Heaviness felt in region of kidney.</li> <li>• Dirty white or yellow white in colour.</li> <li>• Bigger in size, smooth, round like hen's egg. They grow in alkaline urine.</li> </ul>

**Shukrashmari-**

The stone developed in seminal vesicle is called as Shukrashmari. It occurs only in adult male not in female. Suppression of shukra vega is the main cause of formation of Shukrashmari.Prakupita vata dries up the shukra and stone is formed.

There is pain in basti region, difficulty in micturation and swelling in scrotum. Shukrashmari is compared to spermolith or seminal concretion.

**• Ashmari in Children**

As the children are fond of sweets,milk products,heavy food,day sleep and habit of eating before previous meal is digested,they are more susceptible to ashmari.

In children sudden screaming during micturation and pulling at the prepuce often indicate the presence of stone in the bladder. Pain at the end of micturation referred to the tip of the penis in young boys indicates stone in the bladder.

In children,mixed stones of ammonium and sodium urate are often found.They are yellow in colour,soft and friable.

**• Asadhya lakshana of ashmari**

- Prashun nabhi vrushan- Swelling in scrotum and umbilical region.
- Baddhamutra- Obstruction in the channel of urinary system.
- Ruja- If renal stone is descending from the ureter, severe pain is observed.
- Ashmari sikta sharkaranvita-The patient of ashmari passes gravels with the urine.

**• Arishta lakshana of ashmari-(A.Hri.Sha.5/84)**

Swelling in scrotum, severe pain, obstruction of urine.

**7. Upadrava (4) If Ashmari get struck up in the Mutramarga then produces following Upadrasvas as follows:**

1. Durbalata (Debility)
2. Sadana (Lethergy)
3. Karshya (Emaciation)
4. Kukshisula (pain in flanks)
5. Arochaka (Lack of Appetite)
6. Pandutva (Anaemia)
7. Ushnavata (Cysto-Urethritis)
8. Trishna (Thirst) Hritapeeda (Pain in the Heart)
9. Vamana (Vomitting)

**8. Chikitsa**

Chikitsa Medical management consists of diet and drugs designed to reduce the risk factors of ashmari formation. The most vital modification in diet is adequate fluid intake throughout the day to produce a minimum of 2 litres of urine. Reduction of salt intake to less than 4 g/day is recommended.

Samshodhana Therapy Snehana, swedana, virechana, basti and uttarbasti are recommended measures with use of suitable drugs.

Ashmari chikitsa can be divided into

- 1) purva rupavastha
- 2) rupavastha
- 3) prevention of relapse/ recurrence

During purvarupa In ashtang hridaya chikitsasthan and yogaratnakara, following measures are recommended during prodromal state of ashmari. Snehana, swedana, vamana, adhika ambupana, avagaha sweda.

Rupavastha virechana, utara basti with ashmari bhedana. By these measures mutramarga shodhana takes place and apana vayu movements are stimulated.

Aushadhi yojana Drugs acting with following properties should be used.

Ashmari bhedana – promotes crushing of ashmari

Ashmari paatana – helps in flushing out of ashmari of small size

Mutrala /bastishodhak – promotes diuretic action

Mutra shulaghna/ basti shulaghna – relieves pain (spasmolytic action)

Mutrakrichrahara – soothing and antimicrobial action against urinary pathogens

Mutranulomak/ mutravibandhaghna – helps in relieving the barrier caused by ashmari

Pittashamak – soothing action

Kshiprameva bhinnati – promotes crushing of stone quickly

Chirakari ashmari/ praghadha ashmarihara – helps in flushing chronic and dormant stones located in kidney

**External Snehan**

With Castor Oil.

**Samanya Shodhan Chikitsa**

Vaman, Virechan, Basti, Uttarbasti

**Vataj Ashmari** - Ghritapan, Basti

**Pittaj Ashmari** - Pashanbhedadi gana, Virechan

**Kaphaj Ashmari** - Kshara, Vaman

**9. pathya - Apathya**

**Table No 1 - Pathya (5)**

Aushada	Ahara	Vihar
Gokshur	Yava	Bastikarma
Yavakshar	Kulattha	Virechana
Varuna	Puransali	Vaman
Renuka	Purana Kushmanda Phala	Laghana
Aardraka	Mudga	Swedana
Pashanabheda	Godhuma	Avagaha
Shalaparni	Pransathi	Removing Ashmari with the help of yantra
Punarnava	Syamaka, kodrava, Markati Trinadhanya, Aadaki, Dhanvamisha, Ghrita, Tanduliya	Shastra Vidhi

**Table No 2 - Apathya (6)**

Ahara	Vihar
Amla	Ativyayama
Vistambi	Mutravegavardhan
Ruksha Annapan	Shukra Vegavrodha
Guru Annapana	
Virudha Bhojan	

**10. DISCUSSION**

Mutrashmari is one among the Astamahagada because it is Tridoshaja, Marmashrayee and Vyaktasthana of Ashmari is Basti which is one among Dasha Vidhapranayathana. Also when it is fatal it needs surgical intervention. The disease Ashmari is caused due to Apathyakara Ahara Vihara like Samashana, Adhyasana, Vishamashana and indulging in food rich in Madhura, Snigdha Guna. Animal protein, dairy products are highly fat diet which can be considered as Guru, Snigdha Ahara producing acidic urine. Most of the solutes are insoluble in highly acidic urine and thereby results in precipitation of Salts and crystallization. On the basis of Vishista Purvaroopo we can analyze the involvement of predominant Dosha and can be treated in Purvarupa stage itself. The Nidana Sevana leads to Prakopa of Vata, Pitta, Kapha, which then enters into Basti, act upon the Kledatwa of urine and get solidified by the action of Shoshana Guna of vitiated Vayu. Kapha forms nidus for the formation of Ashmari which has adhesive characters and forms the ground substance for the formation of Ashmari. Acharya Sushruta described the Lakshanas of Ashmari and mentioned the site of pain, character of pain, severity of pain, aggravating and relieving factors. This pain pattern mentioned in classics mimic renal colic and acute Ureteric colic. Based on the clinical features

the disease can be co-related with Urolithiasis. Vataja Mutrashmari is having characteristics such as Shyavavarna, Parusha, Khara and Vishama and hard studded with thorns like Kadambapushpa on the basis of Varna (colour) and Aakrati (structure) it can be correlated with Calcium oxalate stone. Calcium oxalate stones are irregular in shape and covered with sharp projections which tend to cause bleeding. It is single and extremely hard, dark in colour due to staining with blood.. Acharya Sushruta explained regarding aggravating factors of Mutrashmari are Langhana, Plavana, Prustayana, Adhwagamana these are Vihara Rupi Anupashayas. Even the food habits like Guru, Snigdha etc. are included in Ahararupi Anupashaya. Nidana Parivarjana is first step to treat any disease. In Mutrashmari also avoid causative factors which are responsible for causation of disease, it is primary step to prevent further pathogenesis. Pathya-Apathya Palana is also very important in case of Mutrashmari disease. The only way to stop the recurrence of Ashmari is to follow Pathyapalana continuously for long time.

**11. CONCLUSION**

Knowledge of Nidana Panchaka is essential for diagnosis, prognosis, treatment, differential diagnosis etc. If all these factors are well known then it becomes easier to plan treatment for disease. Looking about the Nidanans of Mutrashmari it is important to note that severe or recurrent cases of Kidney stones should be looked for better development of a custom treatment plan such as finding the most appropriate diet for Urolithiasis and Calcium Oxalate stones as well as learning about particular foods to avoid.

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