



A REVIEW ARTICLE OF MUTRASHMARI-UROLITHIASIS

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Article Received on 26/01/2019

Article Revised on 17/02/2019

Article Accepted on 08/03/2019

ABSTRACT

Ashmari is a disease related to Mutravaha Strotas in which an 'Ashma' meaning stone is formed in urinary system. It is a Tridosaj Vydahi with predominant Kapha Dosha. This disease is classified on the basis of sign and symptoms as well as morphology of stone that are formed in different part of Mutravaha Strotas. Pathya Apathya is an important factor in Mutrasmari. Description of Mutrashmari is available in almost all samhita. In Ayurveda both Saman and Sodhan Chikitsa is described for the treatment of Mutrashmari. Acharya Sushruta has mentioned Shaman Chikitsa like use of Ghrita, Taila, Paneeeya Kshara etc which possess properties like Chedana, Bhedana, Lekhana and Mutral before opting for surgical intervention.

KEYWORDS: Ghrita, Taila, Paneeeya Kshara etc.

INTRODUCTION

Ayurveda is our Ancient heritage. Now a days, peoples are running with the time and fail to perform their routine and natural urges of body such as Expulsion of urine, defecation and timely diet, intake of water etc. Due to suppressing such natural urges and tremendous change in lifestyle, people suffers from various diseases. Mutrashmari (Urolithiasis) is one of them. It is described in the Ayurveda among 8 serious disorders (Ashtamahagada). Surgical removal of stone can't be ideal because recurrence is very common.

In Ayurveda, We found lot of description about the disease, & in early stage, Mutrashmari can be treated with medicine alone.

Mutrashmari is known to mankind since times immemorial. Clinical features of the disease are "Acharya Sushruta" the father of surgery explained Mutrashmari under the heading of Ashmari in details including etiological factors, classification, symptomatology, pathology, complications and its management in a most scientific manner. This disease is dreadful and hence considered one of the 'Mahagadas' by Acharya Sushruta, may be owing to its potentiality to disturb the anatomy and physiology of urinary system. Acharya Sushruta, the pioneer in the art of surgery has practiced extensive operative surgery on all the system of the body.

Rigveda and Atharavaveda (2000 – 5000 BC) also mentioned the stone and advise people not to ride a horse, Acharya Charaka has advised medical management and Acharya Sushruta advised both conservative and surgical removal of stone.

Modern science has emphasized on various factors like hereditary, age, sex, metabolic disease, sedentary life style, hydration status, mineral contents of water, nutritional deficiency along with different theories like supersaturated solution, hyper-parathyroidism, vitamin A deficiency etc. in relation to urinary stone formation.

Classification of Mutrashmari

All Acharyas except Charaka have classified the disease mutrashmari in to four types.

1. Sleshmaja Ashmari
2. Pittaj Ashmari
3. Vataj Ashmari
4. Shukraja Ashmari

(1) Shlesmaj Ashmari: is produced by excessive intake of kapha increasing food as sediment below and growing around reaches the opening of bladder and thus obstructs the passage by obstruction of urine there occurs grinding tearing and pricking type of pain and bladder become heavy and cold calculus here is white unctuous large simulating hens egg or having colour of mudhuka flower. Kaphaj Ashmari is related to Triple Phosphate stone.

(2) **Pittaj Ashmari:** Kapha combined with pitta attains hardness grows grounds and having reached the opening of the bladder obstructs the passage obstructing of urine gives rise to heating, sucking, burning and cooking pain in the bladder along with usnavata calculus. Here is reddish, yellowish, black like is kernel of bhallataka or honey coloured. This pittaj Ashmari is related to uric-acid-stone.

(3) **Vataja Ashmari:** Kapha associated with vata having hardness and grow ground reaches the opening of bladder and obstructs the urethral passage thus due to obstruction in the urine. Excruciating pain occurs during which the patient severely afflicted bite his teeth, presses umbilicus frequently rubs penis touch anus passes flatus feel burning sensation(in penis) and while passing urine with difficulty. Calculus is blackish, hard, uneven, rough and thorny like kadamba flower, Vataja Ashmari is Realed to calcium oxalate stone.

(4) **Sukraja Ashmari:** Due to interrupted or excessive sexual intercourse. Semen is dislodge but not discharged and take a wrong. Course vata collects and solidifies in the space between penis and scrotum and them deirs it up. This creates obstruction in the urinary passage and causes dysuria pain in bladder and swelling in testicles on more pressing it gets dissolved in that very rare. Sukraja Ashmari is related to spermolith concretions.

Purvarupa- There premonitory symptoms are fever pain in urinary bladder, Anorexia, dysuria, pain in head of urinary bladder scrotum and penis pain full. Malaise and goats smell in urine.

In prodromal stage of calculus the person passes vitiated viscid and turbid urine with difficulty along with respective pain and colours. When calculi are produced there is pain during micturation in are of the following part Umblicus, Baldder, Perineal raphe and Penis obstruction in flow of urine. Hameaturia, scattering of urine, passing of urine like Gomeda, turbid and with gravels and occurrence of pain during running jumping swimming riding travleing in heat and on foot.

Types of Urinary Calculus

There are four main Type of urinary calculi.

- (1) Calcium Oxalate Stone
- (2) Mixed Stone
- (3) Uric acid
- (4) Cystine stone.

(1) **Calcium oxalate Stone:** This are common type of stone called as a mulberry calculi. It is irregular having sharp projections. Oxalate stone is hard and single. Produce haematuria very early resulting in deposition of blood over the stone giving a dark colour to the stone. It is visualized in plan X-ray KUB.

(2) **Mixed Stone:** They form in infected urine. Consists of triple phoshphate of calcium, magnesium and

ammonium. They stone dirty white to yellow in colour smooth and round and slowly form staghorn calculus. This calculus produces recurrent urinary tract infection and haematuria and slowly damage the renal parenchyma.

(3) **Uric-Acid Stone:** Pure uric acid are rare. Usually there is a combination of uric acid, urates and calcium oxalate. Which makes them opaque. Pure uric acid stones are radiolucent. common in who consume red meat. The stones from in healthy acid urine. stones are small multiple faceted yellow in colour.

(4) **Cystine Stone:** This rare variety of stone follows cystinuria. Cystine is an aminoacid rich in cystine from the renal tubules. Stones are hard radio-opaque due to sulphur content.

Clinical Features

1. Renal Pain-dull aching to pricking type pain posteriorly in renal angle.
2. Ureteric Colic-The stone is in the pelviureteric junction or anywhere in the ureter, it results in severe colicky pain originating at the loin and radiating to the groin testicles, vulva and medial side of the thigh.
3. Haematuria- Is common with renal stone because the majority of the oxalate stone because the majority of the stone are oxalate stones.
4. Recurrent U.T.I.- Fever with chills and rigors burning micturation, pyuria may occurs along with frequency of micturiton.
5. Guarding and rigidity-of the back and abdominal muscle during severe attack of pain.

Investigatin

1. Blood urea and creatinine.
2. Plain X-ray KUB.
3. USG, IVP
4. Urine for culture and sensitivity.

Treatment

1. Non-Operative
2. Operative
 1. Non-operative-Small stones less than 5mm in size pass off with intake of copious amount of fluids and at time forced diuresis. Extracorporeal shock wave lithotripsy (ESWL).
 2. Operative -Endoscopic procedures- Percutaneous nephrolithotomy (PCNL)
 - Open procedure- Depnding upon the location of the stone.
 - a) Pyelolithotomy-Extra renal pelvis.
 - b) Nephrolithotomy-Intrarenal pelvis.
 - c) Extended pyelolithotomy.
 - d) Pyelonephrolithotomy.
 - e) Partial nephrectomy.
 - d) Nephrectomy.

Treatment: Ashmari is severe disease. It can be cured with drugs when newly arise but in advanced stage it requires surgical operation. Regimen is applicable by which the root causes of the disease get eliminated.

Mainly two types of Chikitsa are described in our Shashtra for every disease.

- (1) Samanya Chikitsa- (General)
- (2) Vishesha chikitsa- (Specific)

Here the Samanya Chikitsa does not cure the disease. Completely but given a little relief. Where as the vishesha chikitsa is advanced after knowing about the type of disease. Nidian parivarjana is the main method of keeping me self free from the disease.

Newly formed Ashmari can be treated with medicins.

Chronic- Surgical Removal

Vishesha Chikitsa- Rare

(1) Vataja Ashmari- Pashanbheda, Vasuka, Gokshura, Brahati, Satavari, Kantakar, Varuna, Syonaka, Kulatha, Yava etc. drugs should be used in form of kshaar, yavagu, kwatha, food etc. This immediately breaks the calculus caused by Pitta.

(2) Pittaja Ashmari- Kusha, Kasha, Sara, Itkata, Pashanbheda, Satavari, Vidari, Goksura, Patala, Punarnava, Syonaka, Patha, Trapusa, one should prepare kshara, yavagu, kwatha, food etc.

(3) Kaphaj Ashmari- Varunadi Gana, Guggulu, Ela, Kustha, Devdaru, Haridra, Chitrak, breaks immediately the calculus caused by Kapha.

Powder of Gokshura seeds mixed with honey and taken with ewe milk breaks calculus in a week. kshara prepared form tila, apamarga, kadali, palasha and yava kalka should be taken with sheeps urine prevents sarkara formation.

Pathya Apathya- Pathya meaning is that Aahara and Vihara which is always suitable to patient and aids in relief or cure of a disease without initiating other disease. And those Aahara and Vihara, Which cause complication and aggravate the same disease is known as Apathya.

Pathya – Basti, Vamana, Virechana, Langhana, Awagaha Sweda are usefull in case of Mutrashmari. Dietetic items advocated are Yava, Kulath, Puranashali, Mudgha, Ginger, Yavakshara and all Vatanashaka Aahara.

Apathya- Ativyayam, Suppression of micturation, ejaculation, incompatible constipation and heavy diets, Dietetic items non advocated are Shuska Aahara, kapitha, Jamun, dry Dates Kshaya Ras Sevana etc.

DISCUSSION

Mutravaha Shrotas have close relation with the urinary system in Ashmari the Kapha Dosha is the main factors, which contribute the nucleus for the pathogenesis. It is

also a known fact that when the urine becomes stagnated in the urinary system for long time. It gets concentrated and infected. Thus there is more chance yielding for stone formation for that the main emphasis on the Kaphahara Lekhana and Mutral (Diuretic) chikitsa. Patients should develop the habit of drinking plenty of water which will help to cleanse the urinary system and will help prevent the formation of stone.

According to Ayurveda Ashmari (renal calculus) is a disease of Vata Kapha origin Sanga (obstruction) in Mutravaha Srotas (urinary system) is the main pathology of the disease urinary stones are classified on basis of Doshas as Vata, Pitta, Kapha etc and treatment is mentioned accordingly. In this case based on the symptoms like teevra vednam. It was diagnosed as Vataja Ashmari Vatakapha shamaka chikitsa Mutravirechana chikitsa along with apana vayu anuloman chikitsa specific to Mutravaha Srotas was followed hence in this condition poly herbal formulation were advised.

Urolithiasis is a potential emergency often resulting in acute abdominal low back flank or groin pain while pediatric urinary stone disease was once considered rare. The incidence of this disease is increasing how, particularly is females pediatric. Urolithiasis is associated with significant morbidity particularly since stones tend to recure and thus should not be underestimated.

The most important line of treatment of all kind of kidney stone is to increase urine volume thereby decreasing solute concentration and super saturation. Studies from different geographical areas wide extracorporeal shock wave lithotripsy (ESWL) in the preferred treatment in pediatric patients with calculi.

CONCLUSION

According to Ayurveda in Ashmari the Kapha Dosha is the main factor contributes the nucleus for the pathogenesis. It is also a known fact that when the urine becomes stagnated in the urinary system for long time its gets concentrated and infected. Thus there is more chance yielding for stone formation for that the main emphasis on the Kaphahara Lekhana and Mutrala (Diuretic) chikitsa. Patient should develop the habit of drinking plenty of water which will help to cleanse the urinary system and will help prevent the formation of stone.

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