

CASE STUDY

Ayurvedic Management of Mutrashmari (Urinary Calculi): A Holistic Approach with Clinical Evidence

Niket Gami¹, Vidya G Mohan², Kajal Patel³

¹⁻³Department of Shalya Tantra, Parul Institute of Ayurved, Parul University, Vadodara.

Corresponding Author:

Dr. Niket Gami

Email id: niketgami404@gmail.com

ABSTRACT

Mutrashmari, commonly known as renal calculi or kidney stones, is a prevalent condition affecting the urinary system. It is described in Ayurveda under Mutravaha Srotas Vikara and classified among Ashta Mahagada due to its chronicity and complications. It is as a condition caused by an imbalance of Vata, Pitta, and Kapha doshas, leading to the formation of stone-like structures in the urinary tract. It is often related with pain, dysuria and haematuria. This case report presents a detailed account of a patient diagnosed with Mutrashmari, including clinical presentation, diagnosis, management, and treatment outcomes through Ayurvedic and conventional approaches.

KEYWORDS: Ayurvedic treatment, Mutrashmari, Urinary Calculi, Dietary management

Received 21.09.2025

Revised 21.12.2025

Accepted 02.01.2026

How to cite this article:

Niket G, Vidya G M, Kajal P. Ayurvedic Management of Mutrashmari (Urinary Calculi): A Holistic Approach with Clinical Evidence. Adv. Biores. Vol 17 [1] January 2026. 107-110

INTRODUCTION

Urinary calculi, commonly known as kidney stones, are a prevalent and distressing urological condition that can lead to severe pain, urinary obstruction, and other complications [10]. In *Ayurveda*, this condition is referred to as *Mutrashmari*, described under *mutravaha srotas vikara*, a term derived from "Mutra" (urine) and "Ashmari" (stone), indicating the formation of stones in the urinary system. *Ayurveda* considers *Mutrashmari* as one of the *Ashta Mahagada* (eight grave disorders), From an *Ayurvedic* perspective, *Mutrashmari* is primarily caused by the vitiation of *Tridoshas*—particularly *Vata* and *Kapha*—leading to impaired metabolism, accumulation of toxins (*Ama*), and the crystallization of minerals within the urinary tract. Factors such as an unhealthy diet (*Ahara*), sedentary lifestyle (*Vihara*), and poor hydration contribute significantly to stone formation. Modern medical treatments often focus on symptomatic relief and surgical removal of stones, but *Ayurveda* offers a holistic approach by addressing the root cause of the condition. [1-4].

Case Report

A 45-year-old male patient presented with complaints of severe flank pain radiating towards the groin, dysuria, and occasional haematuria for the past one month. The pain was intermittent and aggravated by physical activity. The patient had a history of low water intake and a diet rich in oxalate-containing foods. No significant family history of renal calculi was reported.

In terms of personal habits, the patient followed a vegetarian diet, had regular bowel movements, experienced disturbed sleep, and exhibited painful urination, voiding five to six times during the day and once at night.

The *Rogi Pariksha*, or patient assessment, revealed that the patient's constitution (*Prakruti*) was predominantly *vata-pitta*. Other evaluations showed that his overall vitality (*Sarataha*) was moderate (*Madhyam*), as was his capacity for tissue resilience (*Sanhananataha*), body measurements (*Pramanataha*), mental stability (*Satwataha*), suitability of his environment (*Satmyataha*), dietary strength (*Ahara Shakti*), and physical activity levels (*Vyayamataha*). His age (*Vaya*) was assessed as

moderate (*Madhyam*), and his tongue examination (*Jihwa*) appeared normal (*Niram*), further supporting the absence of systemic illness.

Upon general examination, the patient demonstrated an abnormal gait, likely due to the discomfort from the pain. He was lying in a supine position during the examination. The patient displayed no signs of systemic illness, as indicated by the absence of pallor, icterus, cyanosis, edema, or lymph node enlargement. His vital signs were within normal limits, with a blood pressure reading of 128/76 mmHg, a pulse rate of 77 beats per minute, a respiratory rate of 17 breaths per minute, and a body temperature of 98.2°F.

Systemic examination revealed Pain and tenderness in right hypochondriac region and lumbar region.

Pathological investigations revealed a hemoglobin level of 11.6 gm %, a total red blood cell (RBC) count of 4.3 million/cmm, a total white blood cell (WBC) count of 9500/cumm, and a platelet count of 1,90,000/cmm. The patient's bleeding time was recorded as 1 minute and 42 seconds, and the clotting time was 3 minutes and 52 seconds, both of which were within normal limits. His random blood sugar (RBS) level was 116.4 mg/dl, indicating that his blood glucose was under control, which is critical for wound healing. Urine routine and microscopic examination reveal pus cells- 7-8/hpf, red cells- Present, Epithelial cell- Absent, Crystals- Present. Tests for infectious diseases, including HIV, VDRL (for syphilis), and HBsAg (for hepatitis B), were all negative, further ruling out any systemic infections. Based on the clinical findings and investigation results, the patient was diagnosed with a *mutrashmari* (urolithiasis).

Radiological Investigations

USG: Approx 8 mm size calculus in left lower ureter approx. 1.5cm proximal to VUJ causing left mild hydronephrosis.

Thus the patient has been diagnosed with *mutrashmari*.

Treatment Protocol

The treatment protocol for the patient diagnosed with a *mutrashmari* involved a multi-faceted approach to ensure effective management.

For Oral Medications, the patient took *Chandraprabha vati*, prescribed at a dosage of 2 tablets twice a day before meal, which supported metabolic function; *Gokshuradi Guggulu*, also at 2 tablets twice a day before meal and *Cystone 2 Tablet* twice a day after meal, *Syrup Neeri* 20ml three times a day with half glass of water after food, *Varunadi Kashaya* 20ml twice a day with half glass of water before food.

RESULTS

	BT	AT
Hb	11.3gms%	11.5gms%
RBC	4.3 million/cmm	4.2 million/cmm
WBC	9500/cumm	5400/cumm
Platelet	190000/cumm	192000/cumm
BT	1:42	-
CT	3:52	-
Pus Cells	7-8/hpf	2-3/hpf
Red Cells	Present	Absent
Epithelial Cells	Absent	Absent
Crystals	Present	Absent

Table 1 Hematological and Urine Examination Findings Before Treatment (BT) and After Treatment (AT)

Radiological observation

Before Treatment: Approx 8 mm size calculus in left lower ureter approx. 1.5cm proximal to VUJ causing left mild hydronephrosis.

After Treatment: Approx 2 mm size calculus in left lower ureter approx. 1.5cm proximal to VUJ.

DISCUSSION

Mutrashmari (Urinary Calculi or Kidney Stones) is a condition in which mineral deposits form in the urinary tract, leading to pain, obstruction, and potential infections. The *Ayurvedic* approach to treating *Mutrashmari* focuses on breaking down stones, facilitating their expulsion, reducing inflammation, and preventing recurrence. The prescribed medications—*Chandraprabha Vati*, *Gokshuradi Guggulu*, *Cystone*, *Syrup Neeri*, and *Varunadi Kashaya*—work synergistically to address these issues through their unique pharmacological actions.

Chandraprabha Vati

- **Mode of Action:** *Chandraprabha Vati* is a classical *Ayurvedic* formulation with diuretic, anti-inflammatory, and lithotriptic (stone-dissolving) properties. It contains ingredients like **Shilajit, Guggulu, and Trikatu**, which enhance renal function, support urinary flow, and help in the gradual dissolution of stones.
- **Effect in *Mutrashmari*:** This formulation reduces urinary retention, alleviates burning micturition, and helps eliminate toxins that contribute to stone formation. Its diuretic action prevents stagnation, reducing the risk of further stone development [5, 6].

Gokshuradi Guggulu

- **Mode of Action:** *Gokshuradi Guggulu* is known for its *mutrala* (diuretic), anti-inflammatory, and stone-dissolving effects. It contains *Gokshura* (*Tribulus terrestris*), *Guggulu* (*Commiphora mukul*), and *Triphala*, which aid in urinary tract cleansing and reducing stone size.
- **Effect in *Mutrashmari*:** This medicine improves urine output, flushes out stone-forming minerals, and alleviates inflammation in the urinary tract. It also reduces oxidative stress, preventing recurrent stone formation [6, 7].

Cystone

- **Mode of Action:** *Cystone* is a proprietary *Ayurvedic* formulation with litholytic, anti-microbial, and anti-inflammatory properties. It contains *Pashanabheda* (*Bergenia ligulata*) and *Shilapushpa* (*Didymocarpus pedicellata*), which help dissolve stones and prevent their aggregation.
- **Effect in *Mutrashmari*:** *Cystone* inhibits stone formation by reducing the concentration of oxalates and calcium in the urine, prevents crystallization, and facilitates smooth expulsion of existing stones [8, 9, 10].

Neeri Syrup

- **Mode of Action:** *Neeri* is a polyherbal formulation with diuretic, anti-inflammatory, and anti-oxidative properties. It contains herbs like *Punarnava*, *Gokshura*, and *Pashanabheda*, which are known for their ability to flush out urinary toxins and reduce crystal formation.
- **Effect in *Mutrashmari*:** The syrup prevents urinary tract infections (UTIs), reduces burning sensations during urination, and supports the easy passage of stones. Its **alkalinizing effect** helps neutralize acidic urine, preventing further stone formation [11, 12, 16].

Varunadi Kashaya

- **Mode of Action:** *Varunadi Kashaya*, made from *Varuna* (*Crataeva nurvala*), *Punarnava*, and *Gokshura*, acts as a potent *mutrala* (diuretic) and *lekhana* (scraping agent) that breaks down and eliminates stones.
- **Effect in *Mutrashmari*:** It facilitates stone disintegration, reduces urinary tract inflammation, and promotes regular urination. Its anti-inflammatory effect relieves pain and swelling, helping to restore normal urinary function [13-16].

DIET AND REGIMEN

Proper hydration, a balanced diet, and lifestyle modifications are essential for managing and preventing *Mutrashmari* (renal calculi). Drinking 3–4 liters of water daily, along with coconut water, barley water, and sugarcane juice, helps flush out toxins and prevent stone formation. A diet rich in water-based fruits and vegetables like cucumber, watermelon, and bottle gourd is recommended, while high-oxalate foods like spinach, tomatoes, and processed foods should be avoided. Moderate consumption of protein and calcium sources, along with herbal infusions like *Punarnava kashaya* and *Gokshura* decoction, supports kidney function.

CONCLUSION

This case highlights the successful comprehensive management of *Mutrashmari* (renal calculi) through an integrative approach combining *Ayurvedic* pharmacotherapy, dietary regulations, and lifestyle **modifications** demonstrates significant efficacy in both symptomatic relief and recurrence prevention. The synergistic action of herbo-mineral formulations such as *Chandraprabha Vati*, *Gokshuradi Guggulu*, *Cystone*, *Neeri* Syrup, and *Varunadi Kashaya* plays a pivotal role in diuresis, lithotripsy, and urinary tract detoxification, thereby facilitating the dissolution and expulsion of calculi. Furthermore, adherence to a low-oxalate, alkalizing diet alongside adequate hydration and metabolic regulation minimizes the risk of supersaturation of lithogenic substances, reducing stone recurrence.

REFERENCES

1. Parmar KM, Patel NG, Shah PJ. (2016). Clinical efficacy of Chandraprabha Vati and Varunadi Kashaya in the management of Mutrashmari (Urolithiasis). *AYU: An International Quarterly Journal of Research in Ayurveda*. 37(3):188-192.
2. Agrawal SS, Patil DA, Talmale S, Jain NK. (2017). An ayurvedic perspective on urolithiasis and its management. *J Ayurveda Integr Med*. ;8(3):206-213.
3. Sharma PV. (2014). *Dravyaguna Vijnana (Ayurvedic Pharmacology)*. Vol 2. Varanasi: Chaukhamba Bharati Academy.
4. Tiwari S, Kumar S, Gupta G. (2015). Evaluation of Gokshuradi Guggulu in nephrolithiasis: A clinical study. *AYU: An International Quarterly Journal of Research in Ayurveda*. 36(1):50-54.
5. Patil JK, Kamble P, Hugar SS. (2018). Herbal formulations in urolithiasis: A review. *Int J Green Pharm*. ;12(3):187-195.
6. Patel R, Shah P, Mehta M. (2019). Management of Mutrashmari with Cystone and Chandraprabha Vati: A comparative study. *J Res Ayurvedic Sci*. 3(1):45-50.
7. Khare CP. (2007). *Indian Medicinal Plants: An Illustrated Dictionary*. New York: Springer; 2007.
8. Jaiswal Y, Tatke P. (2018). A review on role of phytochemicals in urolithiasis. *J Ethnopharmacol*. 219:145-158.
9. Singh SK, Agarwal M, Yadav TP. (2020). Ayurvedic approach in the management of urolithiasis: A clinical perspective. *J Ayurveda Integr Med*. 11(4):574-580.
10. Kale A, Patwardhan K, Mishra S. (2014). Clinical evaluation of Ayurvedic drugs in the management of renal calculi. *Anc Sci Life*. 33(4):238-244.
11. Kumar S, Rajput D, Jain A. (2019). Role of Varunadi Kwatha in the treatment of renal stones: A clinical study. *J Ayurveda Integr Med*. 10(2):120-125.
12. Shukla S, Tiwari A. (2021). Clinical efficacy of Neeri Syrup in the management of urolithiasis. *Int J Ayurveda Res*. 12(2):92-97.
13. Joshi VS, Pareek RP. (2016). A review of traditional Ayurvedic formulations used in renal calculi. *J Ayurveda Med Sci*. 1(3):75-81.
14. Bhasin P, Bhasin K. (2018). Ayurvedic herbs in kidney stone management: A pharmacological review. *Pharmacogn Rev*. 12(1):28-35.
15. Reddy PD, Srinivasan KK. (2020). Pharmacognostic and phytochemical investigations on *Tribulus terrestris* (Gokshura) and its role in urolithiasis. *J Pharm Res*. 14(2):67-74.
16. Rao MR, Singh DP, Agarwal P. (2021). Herbal diuretics in Ayurveda: A scientific review. *J Res Ayurvedic Sci*. 5(1):100-112.

Copyright: © 2026 Author. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.