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CASE STUDY

A Case Study: Ayurvedic Management of Ashmari (Urinary Calculi)

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ABSTRACT
Ashmari (urinary calculi) may be a common and painful disorder of the urinary system, classified among Ashta Mahagada (eight grave diseases) in Ayurveda due to its serious effect on wellbeing. The formation of stones is affected by dietary habits, climate, metabolic imbalances, and obstruction in Mutravaha Srotas. Whereas advanced medication depends on surgical interventions like lithotripsy, Ayurveda offers a holistic and non-invasive approach through herbal formulations, Panchakarma treatments, and lifestyle modifications. This study evaluates the efficacy of Ayurvedic management in treating urinary calculi. A 55-year-old male patient presented with left loin-to-groin pain, burning Micturation, nausea, vomiting, and constipation for 15 days. CT KUB findings confirmed a 6.5 mm calculus in the left kidney, and based on Ayurvedic standards, it was analyzed as Pittaja Ashmari. The treatment included oral administration of Varunadi Kwath, Gokshuradi Guggulu, Hajrul Yahood Bhasma, Punarnava Mandoor, and Yavakshara, And Syp Neeri along with dietary and lifestyle modifications such as increased liquid intake and avoidance of Pitta-aggravating foods. After 15 days of treatment, the patient experienced significant relief from symptoms, with a follow-up X-RAY showing a reduction of stone compound. Continued use of Gokshuradi Guggulu and adherence to dietary modifications were prompted to prevent recurrence. This case highlights the effectiveness of Ayurvedic management in dissolving and removing urinary calculi while preventing recurrence. A holistic approach incorporating herbal formulations, Panchakarma treatments, and lifestyle changes presents a promising elective to surgical interventions. Further clinical studies are required to establish Ayurveda as an essential or complementary treatment for urinary stone management.
Key words: *Ashmari (Urinary Calculi), Ashta Mahagada, Mutravaha Srotas, Panchakarma, Lithotripsy, Hajrul Yahood Bhasma, Yavakshara, Ayurveda*

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INTRODUCTION

Renal calculus is the foremost common oldest known and most widespread disease within the urinary tract system. It is repetitive in nature and 3rd most common disorder among urinary diseases.[13] It is caused due to different components such as diet, climate, citrate level in urine, contamination within the kidney, hyperthyroidism, renal tubular acidosis, etc. Calcium oxalate stone is more common at 60%, followed by calcium phosphate at 15%, uric acid at 10%, struvite at 15%, and cystine & other at 1%.[16][26] Kidney stone resembles the description of ashmari. Ashmari may be a grave disease, that simulates death. It is manageable with drugs when it is of recent onset but when incredibly developed, it requires surgical intervention.

The term Ashmari includes two words Ashma + Ari. Ashma means stone/gravel and Ari is enemy. The formation of stone in Ashmari Vyadhi, applies great suffering to human beings like an enemy. Acharya Sushruta has described the pathology of Ashmari by taking the example of new earthen pot in a very

fascinating way. He has included Ashmari in Ashta Mahagada i.e., the eight most troublesome diseases. This Mutrashmari (nephrolithiasis) can lead to defects in the formation of urine and Micturation. In Ayurveda, Basti (urinary bladder) is the most location of Vata Dosha where urine formation and regulation take place, in Mutrashmari SrotoSanga i.e., obstruction in Mutravaha Srotas is there due to stones. Here, Shodhana Basti will normalize the function of vitiated Vata Dosha and promote natural elimination of kidney stones.[4][6]
Ashmari is classified into Vataj, Pittaj, and Kaphaj types based on Dosha predominance. Vataj Ashmari is hard and rough with severe pain and obstructed urination; Pittaj Ashmari presents with burning micturition and yellow urine; while Kaphaj Ashmari is large, smooth, and whitish with mild pain and a feeling of coldness.[6]

CASE STUDY

A 55-year-old male presented to the Shalyatantra Department OPD with complaints of Left flank pain radiating loin to groin region, Burning Micturation, Nausea and vomiting (2 episodes), No any H/O fever and voiding LUTS, Constipation On/Off. The condition was diagnosed as renal calculi based on the patient's investigation reports. Prior to seeking Ayurvedic management, the patient had been undergoing allopathic treatment. The patient's condition was assessed through a combination of clinical symptoms, radiological investigation results and Ayurvedic diagnostic parameters, leading to the diagnosis of Mutrashmari (nephrolithiasis) for Ayurvedic treatment.

Chief Complaints:

- A 55-year-old male Patient came in OPD with the symptoms of
    - -Left flank pain radiating loin to groin region since 15days
    - -Burning Micturation
    - -Nausea and vomiting (2 episodes)
    - -No any H/O fever and voiding LUTS
    - -Constipation On/Off

History of past illness: Recurrent episodes of urinary calculi for the past five years.

Examination:

Aashtavidha Pariksha: (Eight-Fold Examination of patient)

Nadi:	Vata-Pitta Prakriti
Mutra Pariksha	Turbid urine, occasional presence of red blood cells, slightly reddish, burning sensation
Mala	Normal
Jihva	Coated
Shabda	Normal
Sparsha	Mild tenderness in the renal region
Drik	Slight pallor
Akruti	Medium-built

Table 1 Aasthavidha pariksha

Dashavidha Pariksha: (Ten-Fold Examination of patient)

Prakriti	Vata-Pitta P
Vikriti	Kapha-Pitta
Sara	Mamsa
Samhanana	Madhyam
Pramanam	Madhyam
Satmyam	Sarvarasa
Satvam	Madhyam
Vaya	Madhyam
Ahara Shakti	Avaram
Vyayama Shakti	Madhyam

Table 2 Dashavidha Pariksha

General physical examination:

General condition:	Medium
Pulse rate:	90/min
Respiratory rate:	19/min
Blood pressure:	130/80 mmHg
Pallor:	Not Present
Icterus:	Not Present
Cyanosis	Absent
Lymph Nodes:	No any lymphadenopathy
Clubbing:	Absent

Table 3 General physical examination

Investigations:

Study Date **Reported Date**	21-Jan-2025 03:15:15 PM 21-Jan-2025 08:14:38 PM	**Age & Sex**	55 Years & M
Patient Name	[redacted] 55Y/M IPD	**Patient ID**	PSH-5313149

MDCT UROGRAPHY

MDCT imaging was performed using sub millimetre thin contiguous axial scan from supra renal region to pubic symphysis with I.V. NON IONIC contrast.

FINDINGS:

Right Kidney: 83 x 47 mm
- Right kidney appears normal in size and density.
- No evidence of focal lesion.
- Normal nephrogram is seen.
- No calculus/hydronephrosis seen.

Left Kidney: 98 x 42 mm
- **Partially obstructing calculus of size approx 6.5 x 5.1 x 3.7 mm (AP x TR x CC) (mean density 500 HU) noted in left renal pelvis causing upstream minimal fullness of pelvicalyceal system.**
- Left kidney appears normal in size and density.
- No evidence of focal lesion.
- Normal nephrogram is seen.

On delayed scan, both ureters are well opacified with contrast with normal in caliber and course.

Urinary bladder appears minimally full. No calculus, mass or diverticulum is seen.

Prostate: **33 cc, enlarged in size.**
No evidence of free fluid in peritoneal cavity.
Note made of Appendix in RIF measures 6.3 mm, no surrounding free fluid, no surrounding inflammatory changes.
Note made of few well-defined hypodense cystic lesions noted in both lobes of liver, largest measures 13 x 13 mm in right lobe of liver. - Possibility of simple hepatic cysts.
Degenerative changes noted involving spine.
Approx 12 x 12 mm sized splenunculus noted adjacent to lower pole of spleen.
Few atelectatic opacity is noted involving visualised basal segment of left lower lobe.
Atherosclerotic changes noted involving bilateral iliac vessels.

Figure 1 MDCT UROGRAPHY REPORT

Study Date **Reported Date**	21-Jan-2025 03:15:15 PM 21-Jan-2025 08:14:38 PM	**Age & Sex**	55 Years & M
Patient Name	[redacted] 55Y/M IPD	**Patient ID**	PSH-5313149

IMPRESSION:

- **Partially obstructing left renal pelvis calculus as described.**
- **Mild Prostatomegaly.**
- **Normally functioning and excreting both kidneys.**

ADVICE: Clinico-pathological correlation is recommended.

Figure 2 MDCT UROGRAPHY REPORT

Study Date **Reported Date**	04-Feb-2025 04:12:39 PM 04-Feb-2025 04:14:17 PM	**Age & Sex**	55 Years & M
Patient Name	[redacted]	**Patient ID**	PSH-5313149

X-RAY KUB

NO E/O ABNORMAL RADIO-OPACITY NOTED INVOLVING VISUALIZED KUB REGION.

BILATERAL RENAL SHADOW APPEARS NORMAL.

BILATERAL PSOAS MUSCLES APPEARS NORMAL

Figure 3 X-RAY KUB POST TREATMENT

Figure 4 X-RAY IMAGE POST TREATMENT

Ayurvedic Diagnosis:
Pittaja Ashmari (Urinary stone associated with Pittaj predominance)
Treatment Plan:
Shamana Chikitsa (Conservative Management):

SR NO	NAME OF DRUGS	DOSE	DURATION/TIME
1	Varunadi Kwath	40 ml	Before meals/ twice daily
2	Gokshuradi Guggulu	2 tablets	After meals/ twice daily
3	Hajrul Yahood Bhasma	125 mg	After meals/ twice daily with honey
4	Punarnava Mandoor	250 mg	After meals/ twice daily
5	Yavakshara	250 mg	After meals/ once daily
6	Syp Neeri	10 ml	After meals/ twice daily

Table 4 TREATMENT PLAN

Pathya-Apathya (Dietary & Lifestyle Modifications):
Dietary modifications are an important portion of managing and preventing kidney stones, as what you eat can impact the formation of different types of stones.

Calcium Oxalate Stones (Most Common Type):

- Increase fluid intake: Drink plenty of water to help dilute urine and decrease stone formation. Aim for around 2-3 liters of water per day.
- Limit oxalate-rich foods: Oxalates can combine with calcium within the urine to form calcium oxalate stones. Foods high in oxalates include spinach, beets, nuts, chocolate, sweet potatoes, and tea. In any case, moderate amounts are ordinarily fine for most people.
- Adequate calcium intake: Low calcium diets can increase the risk of calcium oxalate stones. Aim to consume an adequate amount of calcium through food sources like dairy products, tofu, and leafy greens veg. but avoid excessive calcium supplementation without medical advice.
- Limit sodium: High salt intake can increase calcium excretion in urine, promoting stone formation. Avoid processed nourishments and high-sodium snacks.
- Limit animal protein: Excessive animal protein (especially red meat) can increase calcium oxalate stone formation by increasing urine acidic. Prefer plant-based proteins like beans, lentils, or tofu when possible.

Uric Acid Stones:

- Reduce purine-rich foods: Uric acid stones are shaped from high levels of uric acid. Foods high in purines (which break down into uric acid) include organ meats, red meats, shellfish, and alcohol (especially beer). Avoiding or restricting these foods can help.
- Increase liquid intake: Hydration helps dilute urine and decrease the concentration of uric acid.
- Limit fructose: High fructose consumption (from sugary drinks or foods) can contribute to higher uric acid levels, so it's advantageous to limit sugary foods and beverages.
- Increase alkaline foods: Eating more fruits and vegetables can help to alkalize urine, which reduces the chance of uric acid stones. Foods such as berries, citrus fruits, and vegetables like leafy greens are helpful.

Struvite Stones:

- Increase liquid intake: As with other stone types, staying hydrated helps in preventing struvite stones.
- Dietary alterations for infection prevention: Struvite stones are often associated with urinary tract infections. It is important to follow a healthcare provider's instructions regarding anti-microbial treatment to avoid infections, which can decrease the formation of struvite stones.
- Limit high-protein foods: Although protein intake generally isn't as critical for struvite stones as for other types, excessive protein intake may increase the chance of disease and stone formation.

4. **Cystine Stones**:

- Increase liquid intake: Hydration is especially important to help dilute cystine in the urine and avoid stones from forming.
- Decrease sodium intake: High sodium levels can increase cystine excretion, contributing to stone formation.
- Limit animal protein: This can be suggested to decrease the formation of cystine stones, as high animal protein intake can increase the excretion of cystine in urine.

General Guidelines for All Types of Stones:

- Stay hydrated: The most important dietary alteration is drinking sufficient liquids, especially water, to prevent stones from forming.
- Limit sugary drinks: Sugary beverages (particularly soft drinks) can increase the hazard of kidney stones, so choose water or unsweetened drinks.
- Monitor calcium supplementation: If you're taking calcium supplements, discuss with your doctor whether they are necessary or if dietary calcium is sufficient.
- Avoid excessive vitamin D: While vitamin D is important for calcium absorption, excess vitamin D can increase calcium levels within the urine. Ensure you're getting the correct amount, based on medical advice.

What You Should Eat More of:

- Fruits and vegetables: They can help alkalize urine and provide essential supplements.
- Whole grains: Brown rice, quinoa, and oats are great alternatives to refined grains and can help reduce stone formation.
- Potassium-rich foods: Bananas, oranges, and potatoes help in managing urine acidity and support overall kidney function.

RESULT

After 15 days of treatment, the patient experienced significant relief from pain, burning micturition, nausea and vomiting. A repeat X-RAY showed a removed stone after 15 days proper Ayurvedic treatment protocol. The patient was advised to continue Gokshuradi Guggulu and dietary modifications to prevent recurrence.

Sr no.	Symptoms Before Treatment	Before Treatment	After 15days
1	Flank pain	+++	-
2	Burning Micturition	++++	-
3	Nausea	++	-
4	Vomiting	+	-
5	Constipation	Hard stool	Normal

Table 5 COMPARISION OF SYMPTOMS BEFORE AND AFTER TREATMENT

DISCUSSION

Ashmari, described as a serious and difficult urinary disorder in Ayurveda, is analogous to nephrolithiasis in advanced medicine. The primary cause is the accumulation of Kapha and Pitta Dosha, leading to the crystallization of minerals within the urinary tract. Acharya Sushruta has emphasized the role of Vata in obstructing urine stream, which further aggravates the condition.[6]

In this case, the patient exhibited classic symptoms of Pittaja Ashmari, including burning micturition, nausea, and left loin-to-groin pain. The treatment plan aimed at pacifying Pitta Dosha while facilitating stone dissolution and removal. The herbal formulations used within the treatment played a crucial role:

Varunadi Kwath: Varunadi Kwath is a classical Ayurvedic formulation essentially utilized within the treatment of urinary disorders, particularly kidney stones (nephrolithiasis) and related conditions like urinary tract diseases (UTIs), dysuria, and renal failure. It is combination of a few herbs, with the key ones being Varuna, Gokshura, Punarvana, Shallaki, and others. Act as a Diuretic Action**,** Stone-Disintegrating and Anti-Lithiasis Effect**,** Anti-Inflammatory Action**,** Antioxidant and Detoxification**,** Antimicrobial Action, Rejuvenating and Tonic Effect.[19][21]

Gokshuradi Guggulu: Gokshuradi Guggulu is a comprehensive Ayurvedic remedy with different mechanisms of action. It is especially successful in promoting healthy kidney and urinary tract function by increasing urine stream, preventing stone formation, reducing inflammation, and supporting overall detoxification. By adjusting the doshas and using diuretic, anti-inflammatory, and rejuvenating properties, Gokshuradi Guggulu serves as an important formulation for treating kidney stones, UTIs, and other urinary tract disorders. The key ingredients in this formulation include Gokshura**,** Guggulu**,** Mustaka, Shatavari and other herbs.[20][24]

Hajrul Yahood Bhasma: Hajrul Yahood Bhasma is a strong Ayurvedic remedy with a variety of actions that help within the treatment of kidney stones, urinary tract disorders, and overall renal wellbeing. Its primary modes of action include its stone-dissolving effects, diuretic properties, anti-inflammatory and antioxidant impacts, which together help reduce kidney stone formation, promote the removal of stones, decrease pain and inflammation, and support kidney function.[21]

Punarnava Mandoor: Punarnava Mandoor may be a profoundly beneficial Ayurvedic formulation that works through different mechanisms to support kidney wellbeing, improve renal function, treat edema, and address iron deficiency. Its diuretic, anti-inflammatory, blood-purifying, and iron-boosting properties make it a valuable remedy for a variety of conditions, especially those related to kidney and urinary health, as well as iron-deficiency anemia.[19]

Yavakshara: Yavakshara may be a versatile Ayurvedic formulation with multiple benefits. Its essential activity is to alkalize the body, especially the urine, making it effective in managing conditions like kidney stones, acid reflux, and gastritis. The diuretic, anti-inflammatory, and detoxifying properties of Yavakshara also support kidney function, promote healthy urine flow, and help decrease fluid retention. It is a valuable remedy for those managing with urinary tract disorders, stomach related issues, and acid-base imbalances within the body.[20]

Syp Neeri: Neeri Syrup is a comprehensive Ayurvedic remedy designed to address a wide range of urinary and kidney-related disorders. Its antibacterial, diuretic, anti-inflammatory, and stone-dissolving properties make it an effective treatment for urinary tract infections, kidney stones, and edema. The formulation also supports renal wellbeing, promotes detoxification, and helps maintain a healthy urinary environment by alkalizing the urine. It is a valuable tool in preventing kidney damage and improving overall urinary system health.[21]

Dietary modifications, including increased hydration and alkaline foods, contributed to urine pH balance and stone reduction. The progressive improvement in symptoms, along with X-RAY for evidence of stone removal and demonstrates the efficacy of Ayurvedic management.[15][25]

This case supports the integration of Ayurveda in the management of urinary calculi, offering a non-invasive alternative to modern surgical interventions such as lithotripsy. Further clinical studies can validate these findings, enhancing the scope of Ayurveda in urological disorders.

CONCLUSION

This case study demonstrates the effective management of renal calculi (nephrolithiasis) using Ayurvedic treatment, highlighting the potential of Ayurveda as a non-invasive alternative to modern surgical interventions. The patient, diagnosed with Pittaj Ashmari (Pittaj kidney stones), showed significant improvement after 15 days of Ayurvedic management, including herbal formulations and dietary modifications. The treatment approach focused on balancing the doshas, especially Pitta, using a combination of herbal remedies like Varunadi Kwath, Gokshuradi Guggulu, Hajrul Yahood Bhasma, Punarnava Mandoor, Yavakshara, and Syp Neeri, which addressed stone dissolution, improved renal function, and reduced inflammation. Along with the treatment, way of life alterations such as increased hydration and avoidance of stone-forming diets played a significant role in preventing recurrence. The patient's symptoms of flank pain, burning micturition, nausea, and vomiting were significantly relieved, and the radiological evidence confirmed the evacuation of the stone. This case reinforces the efficacy of Ayurveda in managing kidney stones and supports its integration into the comprehensive treatment of urinary disorders. Further clinical studies are recommended to validate these findings and expand the role of Ayurvedic treatments in urological care.

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