

CASE STUDY

Ayurvedic Approach in the Management of *Mutrashmari* through *Shodhana* and *Shamana Chikitsa*: A Single Case Study

Dhanashri Khandebharad¹ and Swati Barve².

^{1,2}Department of Panchakarma, Parul Institute of Ayurved, Parul University, Vadodara, Gujarat, India.

Corresponding author

Dr. Swati Barve

E-Mail: swatibarve38010@paruluniversity.ac.in

ABSTRACT

Mutrashmari, described in Ayurveda, is a urinary disorder comparable to urolithiasis in contemporary medicine. It is characterized by the formation of calculi within the urinary tract, resulting in pain, burning micturition, and urinary disturbances. It results through the imbalance of Vata, Pitta, and Kapha doshas, leading to crystallization and obstruction in the urinary system. A 38-year-old male presented with complaints of sharp, radiating pain in the back and flank region along with burning micturition for one month. Ultrasonography (USG) revealed a 3.5 mm calculus in the right kidney. The patient was treated with Ayurvedic oral medications — Gokshuradi Guggul, Chandraprabha Vati, and Varunadi Kashaya — along with Dashmoola Kwatha Niruha Basti and Dhanvantara Taila Anuvasana Basti. After 21 days of treatment, symptoms such as pain and burning micturition subsided completely, and follow-up USG showed no evidence of calculus. This case demonstrates the effectiveness of Ayurvedic management in the conservative treatment of renal calculi through combined Shamana and Panchakarma therapy. It highlights the potential of Ayurveda as an effective treatment option for management of urolithiasis. Opting ayurvedic treatment protocols with lifestyle and dietary modifications, effectively managed urolithiasis in the patient.

Keywords: *Mutrashmari*, Renal calculus, Shaman, Shodhana, Basti, Panchakarma

Received 29.04.2026

Revised 04.06.2026

Accepted 28.07.2026

How to cite this article:

Dhanashri K and Swati B. Ayurvedic Approach in the Management of *Mutrashmari* through *Shodhana* and *Shamana Chikitsa*: A Single Case Study. Adv. Biores. Vol 17 [7] July 2026. 170-173

INTRODUCTION

Mutrashmari [1] (Renal calculi) is one of the *Ashta Mahagada* [2] (eight major diseases) described in Ayurveda due to its severe pain and recurrence potential. It correlates closely with renal calculus or urolithiasis in modern medicine. The formation of *Ashmari* occurs due to vitiation of Vata, Pitta, and Kapha doshas, leading to crystallization of urinary components [3].

Modern management primarily includes analgesics, hydration, and surgical interventions like lithotripsy or ureteroscopy, which often have recurrence risks. Ayurveda offers a holistic approach through *Shamana chikitsa* (internal medication) and *Panchakarma* (bio-purificatory procedures), aimed at *Ashmari Bhedana* (dissolution of calculi), *Mutrala* (diuretic), and *Shoolahara* (analgesic) effects.

This case report highlights the successful management of renal calculus using Ayurvedic interventions.

CASE STUDY

Patient profile – A 38-year-old, male patient came with the complaints of sharp, radiating pain in right flank and back – on and off for 1 month and burning micturition for 1 month.

Medical history - No significant past medical history reported.

Family history - No significant past medical history reported.

Asthavidha Pariksha⁴ (Eight Diagnostic Tools of Ayurveda): A thorough assessment using the *Asthavidha Pariksha* was conducted, including:

- **Nadi (Pulse):** 80/min, Pitta-Kaphaja
- **Mutra (Urine):** 7-8 times/day, 1-2 times/night (burning Micturition)

- **Mala (Stool):** 1-2 times/day, *Sama* (Irregular bowel movements)
- **Jivha (Tongue):** *Sama* (Coated tongue, indicative of *Ama*)
- **Shabda (Voice):** *Prakrut*
- **Sparsha (Touch):** *Anushnashita*
- **Drika (Eyes):** *Prakrut*
- **Akruti (Built):** *Madhyam*

USG Findings: 3.5 mm calculus in Right kidney.

Therapeutic Intervention:

In *Ayurveda*, the first line of management for all diseases has been defined as '*Samprapti Vighatana Chikitsa*.' So, the first step of management of *Mutrashmari* is "*Nidana Parivarjana*"⁵ i.e. to avoid the known disease-causing factors in diet & lifestyle of the patient. Along with this, the treatment was designed to balance the aggravated *doshas*, eliminate *Ama*, and restore the *Agni* and along with this treatment we also focused on diabetic condition which not to be get disturbed.

1. **Shamana Chikitsa (Internal Medication):** Medicines were selected for their *Mutrala*, *Ashmari Bhedana*, and *Shoolahara* actions. (Table No. 1)

Table No. 1- *Shamana Chikitsa* (Internal Medication)

Sr. No.	MEDICINE	DOSAGE	ANUPANA
1.	<i>Vaishwanar Churna</i>	2gm BDS- B/F	Lukewarm water
2.	<i>Kutaki+Pashanbheda+Gokshura+Kanchnar</i>	2gm BDS-A/F	Lukewarm water
3.	<i>Gokshuradi Guggul</i>	1Tab TDS-B/F	Water
4.	<i>Chandraprabha Vati</i>	1Tab TDS-B/F	Water
5.	<i>Varunadi Kashaya</i>	10ml BDS-B/F	Water

2. **Panchakarma Therapy (Basti):**

- Alternate *Anuvasana* and *Niruha Basti* (Table No. 2)
- **Duration:** 7 days
- **Niruha Basti:** *Dashmoola Kwatha* (300 ml)
- **Anuvasana Basti:** *Dhanvantara Taila* (100 ml)

The *Basti* therapy aimed to pacify *Vata dosha*, relieve pain, and aid in expulsion of small calculi.

The treatment was extended for another 21 days to reinforce the benefits and minimize recurrence. (Table No. 3)

Table No. 2- *Panchakarma Therapy (Basti)*

Sr. No.	Ingredients	Quantity
1.	<i>Madhu</i> (Honey)	80ml
2.	<i>Saindhav Lavana</i>	6gms
3.	<i>Murchita tila taila</i>	60ml
4.	<i>Putiyavani Kalka</i>	30gms
5.	<i>Dashamool Kashaya</i>	300ml

Table No. 3- Treatment was extended for another 21 days

Sr. No.	MEDICINE	DOSAGE	ANUPANA
1.	<i>Kutaki+Pashanbheda+Gokshura+Kanchnar churna</i>	2gm BDS A/F	Lukewarm water
2.	<i>Gokshuradi Guggul</i>	1Tab TDS-B/F	Water
3.	<i>Chandraprabha Vati</i>	1Tab TDS-B/F	Water
4.	<i>Varunadi Kashaya</i>	10ml BDS-B/F	Water

Pathya-Apathya (Diet & Lifestyle) [6-8]:

Pathya

- **Ahara-**

Cereals- *Puran Shali*, *Rakta Shali*, *Syamaka*, *Kodrava*, *Trina-Dhanya*, *Godhuma*, *Yava*

Pulses- *Kulatha*, *Moonga*, *Adhaki*

Vegetables- Old fruit and leaves of *Kushmand* plant, etc.

- **Vihara-** *Basti karma*, *Virechana*, *Vamana*, *Langhana*, *Swedana*, etc.

Apathya

- **Ahara-** *Shushka*, *Rooksha Pistana Sevana*, *Viruddha Bhojana*

- **Vihara-** *Ativayayama, Diva Swapna, avoid Vegadharana of Mutra and Shukra.*

RESULT

After 40 days of treatment, including *Shamana chikitsa* and *Basti* treatment, the patient showed significant clinical improvement. The radiating flank pain resolved completely, and burning sensation during urination gradually diminished and was absent by the completion of therapy. Urinary stream became smooth and comfortable, with normal frequency and urgency. *Agni* improved, and no signs of *ama* were observed. The Patient reported enhanced overall comfort and quality of life. Follow up ultrasonography revealed complete clearance of the calculus, with no signs of obstruction, reflecting effectiveness of *Ayurvedic* management in *Mutrashmari* and its role in preventing recurrence.

USG Report Finding

Ultrasonographic evaluation demonstrated a 3.5-mm calculus in the upper pole of the right kidney before treatment (19 July 2021), without pelvicalyceal dilatation. On follow-up examination after approximately seven weeks (7 September 2021), the previously detected renal calculus was no longer visualized. Both kidneys showed no sonographic evidence of calculus, cyst, mass, or collecting-system dilatation. The urinary bladder and prostate were unremarkable, with the prostate volume approximately **19 cc**. Overall, the follow-up ultrasonography was reported as “no significant abnormality detected.” [Table 4].

Table 4. Comparative ultrasonographic findings before and after treatment

Parameter	Before treatment (19/07/2021)	After treatment (07/09/2021)
Right kidney	99 × 37 mm	91 × 38 mm
Left kidney	94 × 39 mm	104 × 49 mm
Right renal calculus	3.5 mm, upper pole	Not visualized
Pelvicalyceal system	Not dilated	Not dilated
Renal cyst/mass	Not detected	Not detected
Urinary bladder	Normal	Normal
Prostate	42 × 33 × 25 mm	41 × 31 × 28 mm; volume ≈19 cc
Overall impression	Right renal calculus	No significant abnormality detected

DISCUSSION

This case highlights the effectiveness of an *Ayurvedic* treatment protocol based on the principle of *Samprapti Vighatana*, employing both *Shamana* therapy and *Panchakarma* procedures in a coordinated manner. The prescribed medications acted synergistically to address the underlying pathology.

- *Vaishwanar Churna* is primarily indicated for correcting impaired digestion and regulating aggravated *Vata* and *Kapha*. It possesses *Deepana* and *Pachana* properties, which help in enhancing *Agni* and eliminating *Ama*, thereby improving metabolic functions. In the management of *Mutra Ashmari*, it plays a supportive role by correcting underlying digestive disturbances [9].
- *Gokshuradi Guggul* promoted diuresis, regulated aggravated *Vata*, and reduced pain, thereby facilitating the easier passage of calculi. It possesses anti-inflammatory, and analgesic properties that help ease painful urination [10].
- *Chandraprabha Vati* supported urinary system detoxification and helped alleviate dysuria and burning sensation. It also possesses *Mutrala*, *Shothahara*, and *Rasayana* properties, which help promote urine flow, reduce inflammation, and support tissue health.
- *Varunadi Kashaya*, known for its lithotriptic and diuretic properties, contributed to the breakdown and expulsion of the stone. Additionally, it helps reduce inflammation and discomfort within the urinary tract while promoting unobstructed urine flow [12].

Additionally, *Niruha Basti* with *Dashmoola Kwatha* assisted in correcting *Vata* imbalance and relieving discomfort, while *Anuvasana Basti* with *Dhanvantara Taila*¹³ provided olation, nourishment, and analgesic benefits. The integrated therapeutic approach ultimately led to gradual fragmentation and natural elimination of the stone without the need for surgical measures, demonstrating the clinical potential of *Ayurvedic* management in *Mutra Ashmari*.

CONCLUSION

The present case indicates that a well-planned *Ayurvedic* treatment protocol can effectively manage *Mutra Ashmari* through correction of *dosha* imbalance, enhancement of *Agni*, and cleansing of the *Mutravaha Srotas*. The combined use of internal medications and *Basti* therapy provided symptomatic relief, facilitated the gradual disintegration and expulsion of the calculus, and prevented further complications, all without disturbing glycaemic status. The outcome suggests that a holistic approach

based on classical *Ayurvedic* principles can serve as a safe and non-invasive alternative in selected cases of urinary calculi, with the added advantage of reducing the likelihood of recurrence.

REFERENCES

1. Sushruta (2014). Ashmarinidana Adhyaya. In: Shastri, A.D. (ed.), *Sushruta Samhita*. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthana, p. 311. (Kashi Sanskrit Series; Vol. 1).
2. Sushruta (2014). Avarniya Adhyaya. In: Shastri, A.D. (ed.), *Sushruta Samhita*. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthana, p. 163. (Kashi Sanskrit Series; Vol. 1).
3. Sharma, A. (2007). Ashmarinidanam, Verse 1. In: *Textbook of Madhava Nidana*, Vol. 1. Pune: Chaukhamba Sanskrita Pratishthan, p. 506.
4. Anand, Tekade, Deepali, W., Kavita, D. & Mukund, D. (2018). Review of Ashtavidha Pariksha w.s.r. to Nadi Pariksha. *Int. J. Ayurveda Pharma Res.*, 6(1).
5. Bobade, S.N., Tayade, S.G. & Shinde, G.P. (2023). Role of Nidan Parivarjan Chikitsa in Ayurveda w.s.r. to Kriya Sharir – a literature review. *J. Emerg. Technol. Innov. Res.*, 10(8):781–784.
6. Shastri, A.D. (2005). *Bhaisajya Ratnavali of Kaviraj Govind Das Sen*. Revised 18th ed. Varanasi: Chowkhambha Sanskrit Sansthan, p. 718.
7. Sastri, L. (2015). *Yogaratanakara*. Reprint ed. Varanasi: Chowkhambha Prakashana, p. 75.
8. Tripathi, H. (2009). *Harita Samhita*. 2nd ed. Varanasi: Chowkhambha Krishnadas Academy, p. 397.
9. Bhogale, V., Chandra, K.P., Chumbhale, H.T. & Dhane, A.J. (2020). Vaishvanara Churna – standardization, evaluation, and comparative overview of pharmacognostic and pharmaceutical properties. *Int. J. Ayurveda Pharma Res.*, 8(4):35–39.
10. Kumar, A. & Singh, R. (2017). Pharmacological review of Gokshuradi Guggulu: a classical Ayurvedic formulation. *World J. Pharm. Res.*, 6(8):321–330.
11. Gami, N., Mohan, V.G. & Patel, K. (2026). Ayurvedic management of Mutrashmari (urinary calculi): a holistic approach with clinical evidence. *Adv. Bioresarch*, 17(1):107–110.
12. Krishnan, R. & Menon, A. (2018). A drug review on Varunadi Kashaya w.s.r. to Mutrashmari (urolithiasis). *J. Res. Ayurveda Pharm.*, 9(4):23–28.
13. Sanap, A.A. & Kadam, M.B. (2021). Varnya dravyas in Dhanvantari Nighantu: a review of single herbal drugs. *J. Res. Ayurveda Sci.*, 9(3):45–52.

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.