Case study of Pasanbhedadi Churna & Varunadi Kwath in Mutrashmari w.s.r. Urolithiasis

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Abstract
Ashmari comes under Mutravaha srotovikara and Ashtamahagada as described in Sushruta Samhita. In Sushruta Samhita it is explained that the formation of Mutrashmari is due to drying up of Kapha because of the action of Vata and Pitta. Mutravega avarodha or Vegadharana is another cause attributed to the formation of Ashmari. The incidence of Renal Calculi is 1-3% in adult population. In general population the incidence is increasing due to metabolic derangement. Most common type of renal stones is Oxalate stone, which accounts for 70% of all Renal stones. Cakradatta mention Pasanbhedadi Churna and Varunadi Kwath are useful to treat Ashmari. In X-ray about 90 % of Renal Calculi are radio-opaque.

Keywords: Mutrashmari, renal calculi, Chakradatta, Pasanbhedadi Churna, Varunadi Kwath.

Introduction
Urolithiasis is typical as one of the most common diseases of the Urinary tract. It is the condition where urinary stones are formed or located anywhere in the urinary system. These stones are intensely painful as they pass through the ureters and out through the urethra also. The highest incidence of Calculi occurs between the ages of 30 to 50 years, male and female ratio is 3:1¹. The treatment of urinary stones has undergone a remarkable evolution in the last 15 years. Open surgeries have given way to minimal invasive procedure which have considerably decreased patient morbidity and mortality. With the advent of various endourological and percutaneous technique the management of urolithiasis has become much easier. However, urinary stone is notorious for high recurrence rate even with modern medicine and surgery.

Ashmari comes under Mutravaha srotovikara and Ashtamahagada² as described in Sushruta Samhita. In Sushruta Samhita it is explained that, the formation of Mutrashmari is due to drying up of Kapha because of the action of Vata and Pitta. Mutravega avarodha or vegadharana is another cause attributed to the formation of Ashmari³. While dealing with the management Sushruta stressed on usage of Ghrita, Kshara, Kashaya,
Ksheera, Uttarbasti and finally Surgery as the last option¹.

**Case Report**

A 45 years old male patient came to OPD at Government Ayurvedic College & Hospital, Patna on 18 April 2023 presented with complaints of pain in left flank region, pain in left loin radiating to groin, burning micturition for 2 days, diagnosed as Urolithiasis and advise for surgery. There was no previous history of Urolithiasis or any other significant medical illness. Patient had no history of Diabetes Mellitus, Hypertension or Thyroid disorders. He was not under any medication for any ailments.

**Family History**: No relevant history

**Personal History**:

**Bowel**: Regular

**Appetite**: Good

**Micturition**: 7-9 times/day, 1 times/night

**Sleep**: Disturbed

**Water intake**: 2½-3 L/24 hours

**Physical Examination**: Patient was well built.

**B.P**: 110/70 mm of Hg

P.R: 74 bpm

Height: 152 cm

Weight: 55 kg

**Systemic Examination**:

**CVS**: S1, S2 heard, No added sounds

**CNS**: NAD

**RS**: NAD

**GIT**: No scars, soft, no organomegaly

**Tenderness**: present at left hypochondriac region

**Specific Examination**:

**Inspection**: No scars

**Palpation**: Renal angle tenderness: Present

**Investigation**:

Routine blood was normal, HIV HCV & HBsAg was non-reactive

Urine routine was normal, Cast & Crystals was not present.

Ultrasonography of abdomen & pelvis was suggestive of:

- Left ureteric calculus measuring 9-10 mm.
- Mild hydronephrosis of left Kidney.
- Mild fatty Liver.

**Clinical Diagnosis**: Mutrashmari (Urolithiasis)
Management: Conservative management done

Pasanbhedadi Churna: 3 gm BD

Varunadi kwath: 20 ml BD

Administration: Before food, twice a day, for a period of 70 days.

Pathya and apathya advised to the patient.

Results

Patient was reviewed 70 days later. USG of abdomen and pelvis suggestive of ‘A calculus of 9-10 mm in upper part of left ureter is passed away’.

Probable mode of action:

- Tridoshagna, Bhedana, Chedana,Lekhana
  - Acts on compact molecules of stones and causes fragility
  - Ropana
    - Heal lacerated mucosal surface of the urinary tract
  - Alkaline nature
    - Maintain urine pH
      - Corrects the metabolic disorder involved in the formation of urinary stones

Discussion

Urinary calculus is a stone like body composed of urinary salts bound together by a colloid matrix of organic materials. It consists of a nucleus around which concentric layers of urinary salts are deposited. Ureteric stones usually originate in the kidney. Gravity and peristalsis both contribute the spontaneous passage into and down the ureter. The probable pathological changes are obstruction (partial/complete), impaction, infection,
ulceration\textsuperscript{5}. Patients usually present with pain abdomen, burning micturition, haematuria, increased frequency of micturition, nausea, vomiting. Diagnosis of Urolithiasis is mainly based on Urine analysis, Straight X-Ray of KUB region at least 90\% of renal stones are radio-opaque and are easily visible unless they are very small or overlie bones. USG of abdomen & Pelvis is helpful to distinguish between opaque and nonopaque stones. Computed Tomography is particularly helpful in diagnosis of nonopaque stones\textsuperscript{6}.

**Conclusion**

Pasanbhedadi Churna is an unexplored drug in the management of Ashmari having Ashmarighna, Anulomana and Mutrala property. Even though it is difficult to treat the disease Ashmari, the Pasanbhedadi Churna along with Varunadi Kwath shown significant result in Ureteric stone and definitely be simple to use and cost-effective management.

**References**