http://jmscr.igmpublication.org/home/
ISSN (e)-2347-176x ISSN (p) 2455-0450
crossref DOI: https://dx.doi.org/10.18535/jmscr/v12i05.10

IGM Publication Journal Of Medical Science And Clinical Research
An Official Publication Of IGM Publication

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

Authors
Dr Chandan Kumar Pathak[1], Dr Anant Saznam[2], Dr Deepali Sundari Verma[3], Dr Rakesh Raushan[4]
[1,2]PG Scholar Dept. of Shalya Tantra GACH Patna
[3]Prof. & HOD Dept. of Shalya Tantra GACH Patna
[4]Assistant Prof. Dept. of Shalya Tantra GACH Patna

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 3:1[1]. 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 Ashtamahagada[2] 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[3]. While dealing with the management Sushruta stressed on usage of Ghrita, Kshara, Kashaya,

Ksheera, Uttarbasti and finally Surgery as the last option[4].

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.

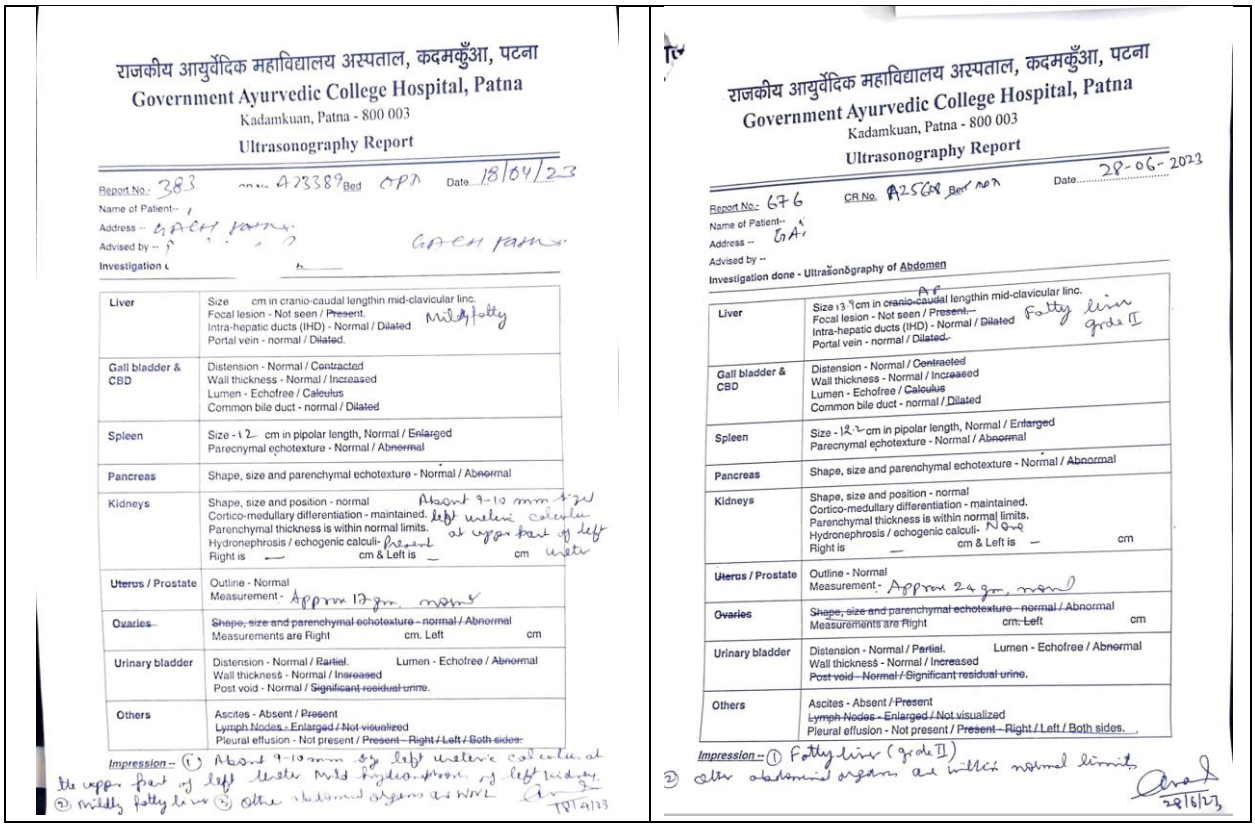
Ultrasonography of abdomen & pelvis was suggestive of:

Left ureteric calculus measuring 9-10 mm.

Mild hydronephrosis of left Kidney.

Mild fatty Liver.

Clinical Diagnosis: Mutrashmari (Urolithiasis)



राजकीय आयुर्वेदिक महाविद्यालय अस्पताल, कदमकुँआ, पटना
Government Ayurvedic College Hospital, Patna
Kadamkuan, Patna - 800 003
Ultrasonography Report

Report No.: 383 CR No. A23389 Bed OPD Date 18/04/23
Name of Patient--
Address -- GACH PATNA
Advised by --
Investigation

Liver	Size cm in cranio-caudal lengthin mid-clavicular linc. Focal lesion - Not seen / ~~Present~~. Intra-hepatic ducts (IHD) - Normal / ~~Dilated~~ Portal vein - normal / ~~Dilated~~. Mild fatty
Gall bladder & CBD	Distension - Normal / ~~Contracted~~ Wall thickness - Normal / ~~Increased~~ Lumen - Echofree / ~~Calculus~~ Common bile duct - normal / ~~Dilated~~
Spleen	Size - 12 cm in pipolar length, Normal / ~~Enlarged~~ Parecnymal echotexture - Normal / ~~Abnormal~~
Pancreas	Shape, size and parenchymal echotexture - Normal / ~~Abnormal~~
Kidneys	Shape, size and position - normal Cortico-medullary differentiation - maintained. Parenchymal thickness is within normal limits. Hydronephrosis / echogenic calculi- Present Right is — cm & Left is — cm Absent 9-10 mm size left ureteric calculus at upper part of left ureter
Uterus / Prostate	Outline - Normal Measurement - Approx 17gm. normal
Ovaries	~~Shape, size and parenchymal echotexture - normal / Abnormal~~ Measurements are Right cm. Left cm
Urinary bladder	Distension - Normal / ~~Partial~~. Lumen - Echofree / ~~Abnormal~~ Wall thickness - Normal / ~~Increased~~ Post void - Normal / ~~Significant residual urine~~.
Others	Ascites - Absent / ~~Present~~ ~~Lymph Nodes - Enlarged / Not visualized~~ Pleural effusion - Not present / ~~Present - Right / Left / Both sides~~.

Impression -- ① Absent 9-10 mm size left ureteric calculus at the upper part of left ureter with hydronephrosis of left kidney. ② mildly fatty liver ③ other abdominal organs are WNL

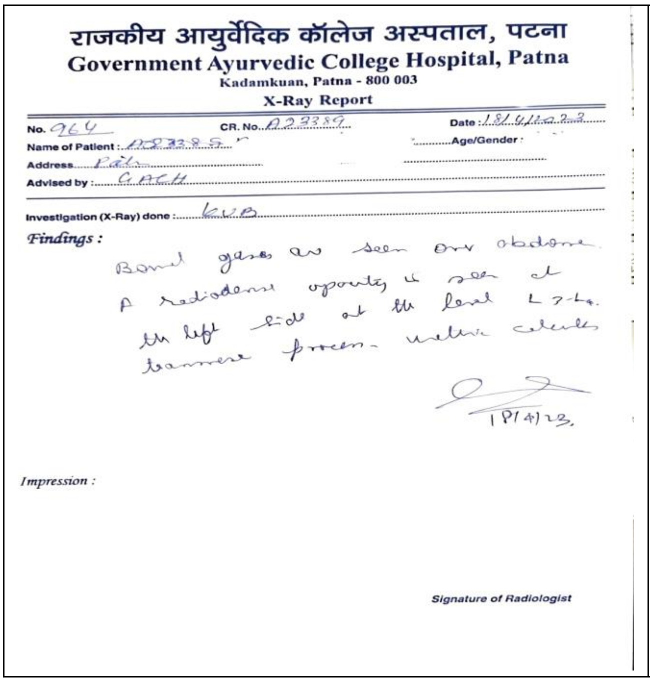
राजकीय आयुर्वेदिक महाविद्यालय अस्पताल, कदमकुँआ, पटना
Government Ayurvedic College Hospital, Patna
Kadamkuan, Patna - 800 003
Ultrasonography Report

Report No.: 676 CR No. A25608 Bed OPD Date 28-06-2023
Name of Patient--
Address -- GA
Advised by --
Investigation done - Ultrasonography of Abdomen

Liver	Size 13.9 cm in ~~cranio-caudal~~ AP lengthin mid-clavicular linc. Focal lesion - Not seen / ~~Present~~. Intra-hepatic ducts (IHD) - Normal / ~~Dilated~~ Portal vein - normal / ~~Dilated~~. Fatty liver grade II
Gall bladder & CBD	Distension - Normal / ~~Contracted~~ Wall thickness - Normal / ~~Increased~~ Lumen - Echofree / ~~Calculus~~ Common bile duct - normal / Dilated
Spleen	Size - 12.2 cm in pipolar length, Normal / ~~Enlarged~~ Parecnymal echotexture - Normal / ~~Abnormal~~
Pancreas	Shape, size and parenchymal echotexture - Normal / ~~Abnormal~~
Kidneys	Shape, size and position - normal Cortico-medullary differentiation - maintained. Parenchymal thickness is within normal limits. Hydronephrosis / echogenic calculi- No-s Right is — cm & Left is — cm
~~Uterus~~ / Prostate	Outline - Normal Measurement - Approx 24 gm. normal
~~Ovaries~~	~~Shape, size and parenchymal echotexture - normal / Abnormal~~ Measurements are Right cm. Left cm
Urinary bladder	Distension - Normal / ~~Partial~~. Lumen - Echofree / ~~Abnormal~~ Wall thickness - Normal / ~~Increased~~ ~~Post void - Normal / Significant residual urine~~.
Others	Ascites - Absent / Present ~~Lymph Nodes - Enlarged / Not visualized~~ Pleural effusion - Not present / ~~Present - Right / Left / Both sides~~.

Impression -- ① Fatty liver (grade II) ② other abdominal organs are within normal limits

28/6/23



राजकीय आयुर्वेदिक कॉलेज अस्पताल, पटना
Government Ayurvedic College Hospital, Patna
Kadamkuan, Patna - 800 003
X-Ray Report

No. 964 CR. No. Date: 18/4/2023
Name of Patient: Age/Gender:
Address:
Advised by:
Investigation (X-Ray) done: KUB
Findings:

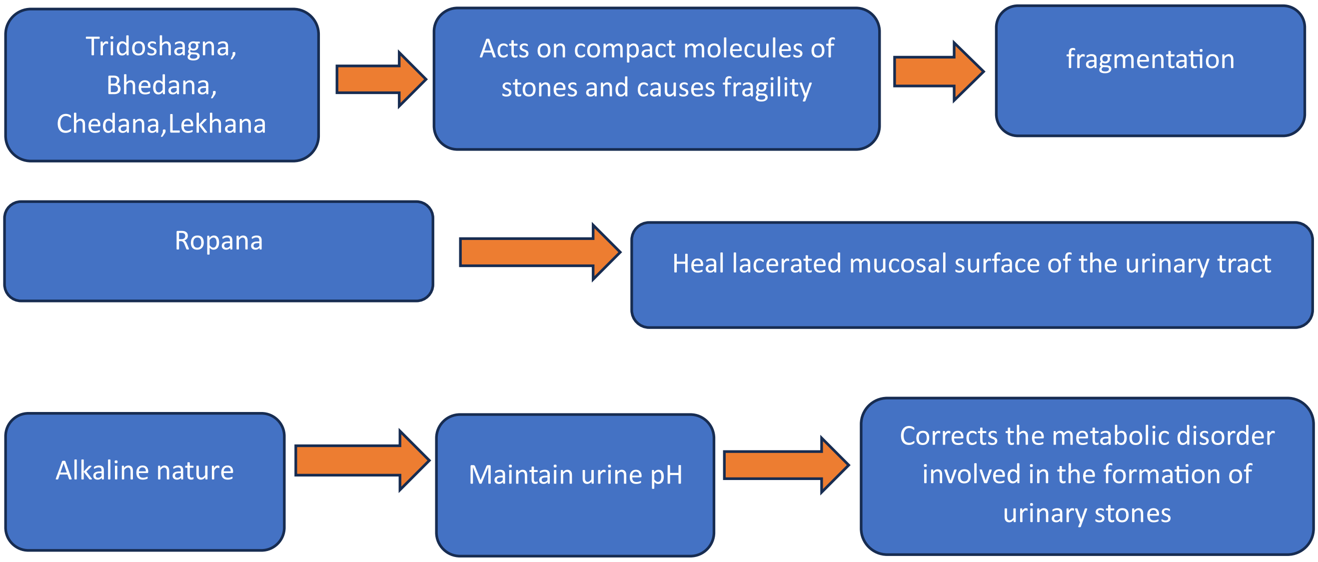
Impression:

Signature of Radiologist

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:



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[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[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.

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