



Ayurvedic Management Of Pittaja Mutrashmari In Reference To Renal Calculi: A Single Case Report

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ABSTRACT :

Ashmari is considered one among the *Ashtamahagada* described in *Ayurveda* due to its severe pain, recurrent nature, and difficulty in management¹. It is characterized by the formation of stone-like structures in the *Mutravaha Srotas* due to vitiation of *Doshas*, mainly *Kapha and Pitta* ¹. Based on the predominance of *Doshas*, *Ashmari* is classified into *Vataja, Pittaja, Kaphaja, and Shukraja Ashmari*. In contemporary science, *Ashmari* can be correlated with Renal Calculi or Urolithiasis ⁴, a common urinary tract disorder characterized by the formation of calculi within the kidney or urinary system due to crystallization of urinary salts. Renal calculi are mainly classified into calcium oxalate, uric acid, struvite, and cystine stones. The prevalence of urolithiasis is increasing globally and affects nearly 10–12% of the population, with higher incidence among males and individuals between 20–50 years of age. In India, approximately 5–7 million people are estimated to suffer from renal calculi ⁵.

Major causative factors include inadequate water intake, sedentary lifestyle, altered food habits, excessive intake of spicy and salty foods and suppression of natural urges, metabolic disturbances, and recurrent urinary tract infections ². Clinically, the condition presents with severe abdominal or flank pain, burning micturation, dysuria, haematuria, nausea, vomiting, and difficulty in urination⁴. Symptoms are often aggravated by dehydration, dietary indiscretions, and irregular lifestyle, while adequate hydration, proper dietary regimen, and timely treatment provide relief ⁵. Contemporary management includes analgesics, antibiotics, lithotripsy, and surgical interventions. However, recurrence and associated complications remain common.

Among the different types of *Ashmari*, *Pittaja Mutrashmari* is characterized by burning micturation, yellowish or reddish discoloration of urine, severe pain, and *Pittaja lakshanas* due to predominant vitiation of *Pitta Dosha* along with *Kapha*¹. The clinical features of *Pittaja Mutrashmari* show close resemblance with renal calculi associated with inflammation

and burning urinary symptoms. *Ayurveda* offers a holistic approach through *Shodhana* and *Shamana* therapies aimed at correcting the underlying *Vikruta avasta of Dosha*, facilitating disintegration and expulsion of calculi, relieving symptoms, and preventing recurrence. This article highlights the *Ayurveda* management of *Pittaja Mutrashmari* with its correlation to renal calculi and demonstrates significant symptomatic relief and reduction in stone size through *Ayurveda* intervention.

KEY WORDS

Ashmari, Pittaja Mutrashmari, Renal Calculi, Urolithiasis, Ayurveda, Shodhana, Shamana.

INTRODUCTION :

Renal Calculi is one of the most common disorders of the urinary system characterized by the formation of stones within the kidney or urinary tract due to crystallization of urinary salts⁹. It is a multifactorial disease influenced by dietary habits, metabolic abnormalities, inadequate water intake, sedentary lifestyle, recurrent urinary tract infections, and genetic predisposition^{9,12}. The condition is commonly associated with severe flank pain, burning micturation, dysuria, haematuria, nausea, and difficulty in urination, which considerably affect the quality of life. Recurrence is a major challenge in the contemporary management of renal calculi despite advancements in lithotripsy and surgical interventions.

In *Ayurveda*, renal calculi can be correlated with *Pittaja Mutrashmari*, which is described under *Ashmari Roga* and considered one among the *Ashtamahagada* due to its severe nature and difficult prognosis¹. *Acharyas* have explained that *Mutrashmari* develops due to vitiation of *Kapha* and *Pitta Dosha* along with derangement of *Mutravaha Srotas*, leading to the formation of stone-like structures in the urinary system. *Pittaja Mutrashmari* is characterized predominantly by burning micturation, yellowish or reddish discoloration of urine, intense pain, and other *Pittaja lakshanas*. The disease develops due to *Mithya Ahara* and *Vihara* such as excessive intake of *Katu, Lavana, and Ushna Ahara*, inadequate fluid intake, suppression of natural urges, and irregular lifestyle practices².

As the disease involves *Dosha Dushti* along with obstruction in *Mutravaha Srotas*, *Ayurveda* management aims at breaking the pathogenesis through *Shodhana* and *Shamana Chikitsa*. Therapies possessing *Ashmari Bhedana, Mutrala, Vedanasthapana, and Pittashamaka*

properties help in disintegration and expulsion of stones while relieving symptoms and preventing recurrence ^{2,5}.

1.CASE REPORT :

A 55-year-old female patient was doing fine 4 months back, she then gradually started complaining of abdominal pain in left side, and left flank. Characteristic pain was pricking type which was radiating from loin to groin. Her associated complaints were bloating, burning pain in the epigastrium, burning micturation, burning sensation in palms and soles, and distinct odour of urine with slightly yellowish discoloration. She is not a K/C/O Type 2 DM and hypertension. Symptoms are often aggravated by dehydration, dietary indiscretions like excess consumption of tea, and irregular lifestyle like fasting, while adequate hydration, proper dietary regimen, and timely treatment provide relief and Ultrasonography revealed a left renal calculus measuring 9 mm in size. Urine examination showed RBCs, and blood test with hemoglobin was 10 g/dL.

2. CASE PRESENTATION-

2.1 Patient Information

55-year-old female patient presented to OPD of KC department of SSRAMC & H with urinary and abdominal complaints.

2.2 Chief Complaints

complaining of Severe abdominal pain in left side, and left flank. Characteristic pain was pricking type which was radiating from loin to groin since 4 months . Her associated complaints were bloating, burning pain in the epigastrium, burning micturation, burning sensation in palms and soles, and distinct odour of urine with slightly yellowish discoloration.

2.3 History

No previous history of renal calculi and no familial history of renal calculi .

2.4 Clinical Findings-

P/A Examination :

- Soft abdomen
- Mild tenderness present in left renal angle, pain radiating from loin to groin .
- No organomegaly
- *Renal angle tenderness present.*

PERSONAL HISTORY

- PR-76/min
- RR-18/min
- Temp-98C
- Wt-57kgs
- Ht-5.1ft
- BMI-22.8 kg/m³

ASTAVIDHA PARIKSHA

- *Nadi –Pitta.*
- *Mala -1t/day .*
- *Mutra -4-5t/day (yellowish, odour, burning).*
- *Jihva –Coated*
- *Shabda –normal*
- *Sparsha –normal*
- *Akruti –madyama*

DASHAVIDHA PARIKSHA

- *Prakruti : Pitta*
- *Vikruti : Pitta pradhana Tridoshaja*
- *Sara : Madhyama*
- *Samhanana : Madhyama*
- *Pramana : Madhyama*
- *Satmya : Madhyama*
- *Satva : Madhyama*
- *Ahara Shakti : Madhyama*
- *Vyayama Shakti : Avara*
- *Vaya : Madhyama*

EXAMINATION

General Examination :

- Built : Moderate
- Nourishment : Moderately nourished
- Pallor : Mild
- Icterus : Absent
- Cyanosis : Absent
- Clubbing : Absent
- Lymphadenopathy : Absent
- Oedema : Absent

Systemic Examination :

Cardiovascular System

S1 and S2 heard normally. No added sounds.

Respiratory System

Normal vesicular breath sounds heard bilaterally. No added sounds.

Central Nervous System

Patient conscious and well oriented to time, place, and person

GIT

Per Abdomen Examination

PALPATION

- Soft abdomen
- Mild tenderness present in left renal angle, pain radiating from loin to groin .
- No organomegaly
- Renal angle tenderness present

Local Examination of *Mutravaha Srotas*

- Burning micturation present
- Dysuria present
- Increased frequency of micturation
- Pain radiating from loin to groin

- Haematuria occasionally present

SCORING SYSTEM OF SUBJECTIVE PARAMETERS

(0 = Absent, 1 = Mild, 2 = Moderate, 3 = Severe)- grading using a 4-point likert –type ordinal grading scale .

Parameter	0	1	2	3
Pain (Flank/Loin Pain)	No pain	Occasional mild pain	Moderate pain requiring medication	Severe continuous pain radiating to groin
Burning Micturition	No burning	Mild occasional burning	Moderate burning during micturition	Severe continuous burning sensation
Dysuria	No dysuria	Mild difficulty in urination	Moderate painful urination	Severe painful and difficult urination
Hematuria	No hematuria	Occasional microscopic RBCs	Intermittent visible hematuria	Persistent gross hematuria
Urine Discoloration	Normal urine	Mild yellowish discoloration	Dark yellow/reddish urine	Marked reddish urine with foul smell
Tenderness in Renal Angle	No tenderness	Mild tenderness	Moderate tenderness	Severe tenderness with guarding
Frequency of Micturition	Normal frequency	Mild increase	Moderate increase	Severe frequency with discomfort

3. DIAGNOSTIC ASSESSMENT (INVESTIGATIONS) :

3.1 Laboratory Findings

- Urine routine: RBCs present-3-4/hpf
- Hemoglobin: 10 g/dL
- Serum Creatinine : Within normal limits
- Blood Urea : Within normal limits

3.2 Radiological Findings

USG-Before treatment

- Left Kidney normal in size and shape
- Renal parenchyma –echogenesity is normal
- Corticomedullary differentiation is maintained
- Calculus of size - Left renal calculus measuring 9 mm in renal pelvis.

4. THERAPEUTIC INTERVENTION (1 MONTH)

Table 1: Treatment Protocol-for 1month

Therapy Type	Medicine / Procedure	Dose	Route / Timing	Duration	Probable Action
<i>Shamana Chikitsa</i>	<i>Chandraprabha Vati</i>	1 tablet TID	Oral, after food	20Days	<i>Mutrala, Ashmaribhedana, Shothagna, Mutrala⁴</i>
<i>Shamana Chikitsa</i>	<i>Avipattikara Churna + Godanti Bhasma</i>	1 tsp HS	Oral, bedtime	20Days	<i>Pitta shamana, Amlapitta shaman, Mutradaha shamana⁴</i>
<i>Shamana Chikitsa</i>	<i>Punarnavadi Mandura</i>	1 tablet BD	Oral, after food	20Days	<i>Raktavardhaka, Shothahara, Vrikkabalya³</i>
<i>Shodhana Chikitsa</i>	<i>Sadyovirechana with Trivrut Lehya + Dugdha</i>	10gm on empty stomach	Oral administration	Day 1 (once during treatment)	<i>Rapid Pitta elimination, Amavishahara, Mutradaha shaman³</i>
<i>Pathya (Diet)</i>	<i>Pitta-pacifying diet</i>	Madhur sheet ahara dravya	Oral intake	-	<i>Shothahara, Mutradaha Shamana³</i>
<i>Pathya (Hydration)</i>	Intake of <i>shadanga paneeya</i>	—	Oral hydration	-	<i>Mutrala, Ashmari Bhedana⁴</i>

5. FOLLOW-UP AND OUTCOME :

5.1 Clinical Outcome

- Reduced flank pain
- Relief from burning micturation
- Resolution of urinary discomfort

5.2 Radiological Outcome

Parameter	Before treatment	After treatment	Observation
Ultrasonography (USG) Finding	Left renal calculus present	Residual tiny calculus present	Significant reduction observed
Stone Size	9mm	~2 mm	Reduction of approximately 85–90%
Subjective parameters	Mild renal irritation symptoms like burning micturation, dysuria, hematuria etc...	Improved urinary status	Symptomatic improvement noted

5.3 Laboratory Outcome

Investigation	Pre-treatment	Post-treatment	Observation
Urine RBCs	3-4/hpf	Nil	Improvement in hematuria
Hemoglobin	10 g/dL	11.5 g/dl	Better systemic condition
Serum Creatinine	Within normal limits	Within normal limits	Renal function maintained
Blood Urea	Within normal limits	Within normal limits	No renal compromise observed

6. SCORING-BASED OUTCOME ANALYSIS :

(0 = ABSENT, 3 = SEVERE)

Subjective Parameters	BT	AT
Pain	3	1
Burning micturition	3	0–1
Hematuria	2	0–1
Urine discoloration	3	0
Overall score	18/21	3/21

7. DISCUSSION :

The present case of *Pittaja Mutrashmari* was managed with a combination of *Shodhana* and *Shamana Chikitsa* considering the predominance of *Pitta Dosha* along with involvement of *Mutravaha Srotas*. The formulations selected in this case possess *Mutrala*, *Ashmaribhedana*, *Vedanasthapana*, *Shothahara*, *Pittashamaka*, and *Rasayana* properties which collectively helped in relieving symptoms and reducing stone size^{3,4}.

Chandraprabha Vati is a classical herbo-mineral formulation widely indicated in *Mutravaha Srotas* disorders. It contains ingredients such as *Shilajatu*, *Guggulu*, *Musta*, *Haridra*, *Daruharidra*, *Vacha*, *Chitraka*, *Trikatu*, *Triphala*, and *Chandraprabha dravyas*. These drugs possess *Mutrala*, *Ashmaribhedana*, *Shothahara*, and *Vedanasthapana* properties. *Shilajatu* and *Guggulu* help in disintegration of calculi and facilitate their expulsion through urine, while *Triphala* and *Trikatu* improve *Agni* and reduce *Ama* accumulation³. The formulation also improves urinary flow and reduces burning micturition and dysuria.³

Avipattikara Churna contains *Trivrit*, *Musta*, *Haritaki*, *Vibhitaki*, *Amalaki*, *Ela*, *Vidanga*, *Lavanga*, and *sharkara*. Due to its *Pittashamaka* and *Mridu Virechana* properties, it helps in elimination of aggravated *Pitta Dosha* and reduces *Daha*, *Amlapitta*, and burning sensation during micturition. *Godanti Bhasma* possesses *Sheeta*, *Pittahara*, and *Dahaprashamana* properties which help in relieving burning sensation and urinary irritation associated with *Pittaja* conditions.³

Punarnavadi Mandura contains *Punarnava*, *Trikatu*, *Chitraka*, *Vidanga*, *Haridra*, *Daruharidra*, and *Mandura Bhasma*. *Punarnava* acts as a potent *Mutrala* and anti-inflammatory drug, helping in reducing edema and improving renal function. *Mandura Bhasma* acts as a hematonic and improves hemoglobin levels. The formulation also possesses *Deepana* and *Pachana* properties which improve metabolism and systemic strength during chronic illness.¹⁰

Sadyovirechana with *Trivrut Lehya* and *Dugdha* was administered as a *Shodhana* procedure for rapid elimination of aggravated *Pitta Dosha*. *Virechana* helps in purification of the body, relieves obstruction in *Mutravaha Srotas*, reduces internal heat, and decreases burning micturition. It also helps in restoring *Dosha* equilibrium and preventing recurrence of disease.⁴

Pittaja Mutrashmari develops due to vitiation of *Pitta* and *Kapha Dosha* affecting *Mutravaha Srotas*.¹ Faulty dietary habits such as excessive intake of *Katu*, *Amla*, *Lavana Ahara*, inadequate water intake, and suppression of natural urges contribute to the pathogenesis.² In modern science, similar pathology is explained as supersaturation and crystallization of urinary salts leading to renal calculi formation.¹²

The patient presented with classical symptoms such as burning micturition^{10,11}, dysuria, flank pain radiating from loin to groin, urinary discoloration, and urinary discomfort which closely resemble the clinical features of renal calculi.^{2,9}

Adequate hydration was maintained with *shadanga paneeya*¹⁰, which possesses *Mutrala*, *Pittashamaka*, and *Dahaprashamana* properties. It increases urine output, helps in flushing out minute stone particles, reduces urinary crystal aggregation, and relieves burning micturition. From a modern

perspective, increased hydration dilutes urinary salts, reduces supersaturation, and prevents further stone formation.⁴⁻⁶

The combined effect of *Shodhana* and *Shamana Chikitsa* resulted in significant symptomatic relief with reduction in pain, burning micturation, dysuria, and urinary discomfort. Follow-up ultrasonography demonstrated reduction in stone size from 9 mm to approximately 2 mm, indicating the effectiveness of Ayurveda management in *Pittaja Mutrashmari* correlated with renal calculi.

8. CONCLUSION :

Pittaja Mutrashmari is a clinically significant condition that closely correlates with Renal Calculi in contemporary medical science with respect to its etiopathogenesis, symptomatology, and disease progression. The present case highlights the importance of understanding the disease through both *Ayurvedic* and Modern perspectives, where lifestyle and dietary factors play a crucial role in the manifestation and recurrence of the condition^{1,9}.

The *Ayurvedic* management approach, incorporating *Shodhana (Sadyovirechana)* and along with appropriate *Pathya-Apathya*, proved to be effective in this case. The selected formulations such as *Chandraprabha Vati*, *Avipattikara Churna* with *Godanti Bhasma*, and *Punarnavadi Mandura* and also *shadanga paneeya* helped in alleviating symptoms, improving urinary function, correcting haemoglobin levels, and supporting overall renal health. The therapy also contributed to reduction in pain, burning micturition, and improvement in patient comfort and quality of life^{2,4,9}.

From this case study, it can be inferred that *Ayurveda* interventions offer a safe, effective, and holistic approach in the management of *Pittaja Mutrashmari*/renal calculi by addressing the root cause, correcting *Dosha* imbalance, and preventing recurrence.

Limitations of the study:

Further studies with larger sample sizes are recommended to establish standard treatment protocols and validate these findings scientifically.

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