

# Efficacy of Ayurveda Formulations in Urolithiasis: A Case Report

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**Abstract**—This case report describes a 31-year-old male patient diagnosed with renal calculi. Kidney stones are solid deposits formed from minerals and salts in concentrated urine. The patient presented with severe, intermittent pain in the left loin region radiating downward. Treatment was planned based on symptom similarity and the principles of Ayurveda. Ayurvedic formulations, including Kulatha Kwatha, were administered, resulting in notable improvement in pain, urinary symptoms, and stone expulsion. **Background:** *Mutrashmari* is a disease classified as *Asthamahagada*, which means "difficult to cure." It is *Kapha Pradhana Tridoshaja Vyadhi*. Due to the resemblance in clinical manifestations, *Mutrashmari* is compared to urolithiasis. Urolithiasis, a pathological condition of the urinary system where aggregation of urinary crystalloids takes place anywhere in the urinary tract, i.e., from the kidney to the urinary bladder, showing male predominance (male: female = 3:1) and currently becoming a medico surgical and economic challenge for entire health-care systems. **Objectives:** This study aimed to evaluate the efficacy of *Viddhakarma* and *Shamana Chikitsa in Mutrashmari (Urolithiasis)*. **Materials and Methods:** It is a single case study. A 31-year-old male patient who was clinically diagnosed case of Urolithiasis 3 years ago visited to OPD with complaints of *Vrikka Parshava Shoola* (Pain in the bilateral kidney and b/l flanks region), which was radiating from the loin to the groin region in late night, usually, *Mutrakriccha* (difficulty in maturation), and *Mutradaha* (Burning micturition) for the last 2 months. The patient was treated with a total of 4 sittings of *Viddhakarma* given at the lateral border of the thumb of the bilateral legs on the same day of every week, along with *Shamana Chikitsa*. **Results:** The patient showed highly significant results before and after the completion of treatment. All signs and symptoms of the patient resolved, and there was no trace of calculi in both kidneys, according to the USG report after 1 month. **Conclusion:** Highly significant relief in symptoms was seen in the patient after 1 month of *Ayurvedic* treatment.

## I. INTRODUCTION:

An ashmari is a stone-like structure present in the urinary system, composed of urinary salts bound together by a colloid matrix of organic materials. Acharya Sushruta mentioned Ashmari as one among the Ashtamahagada, which may be due to its potential to disturb the structure and function of the Mutravaha Srotas (urinary system). Based on symptomatology, Mutra Ashmari in Ayurveda is comparable to renal stones or urolithiasis in modern science. In medical language, renal calculi are termed nephrolithiasis or urolithiasis, where the root word 'Lith' means a stone. Kidney stones, also known as Nephrolithiasis, are prevalent, expensive, and painful conditions. While a stone may form due to crystallization of lithogenic factors in the upper urinary tract, it can subsequently move into the ureter and cause renal colic. There are several types of kidney stones. Determining the type of stone is clinically significant, as it influences prognosis and the choice of the most effective preventive measure. Calcium oxalate stones are the most common (~75%); next in order are calcium phosphate (~15%), uric acid (~8%), struvite (~1%), and cystine (<1%) stones. In Ayurveda, Ashmari comprises two words, i.e., 'Ashma' and 'Ari.' 'Ashma' means a stone, and 'Ari' means enemy; thus, Ashmari involves the formation of stones, resulting in severe pain as given by an enemy. It is among the most common conditions affecting the urinary system, also known as Mutravaha Srotas. The etiopathogenesis, clinical characteristics, kind and prognosis of Ashmari were all thoroughly explained by Acharya Sushruta. Acharya Madhava stated that Kapha plays an essential role in the pathogenesis of Ashmari as it is Samavayi Karana (Prayo Shlesmashraya). There are four types of Ashmari

described in Ayurveda: Vataja Ashmari, Pittaja Ashmari, Kaphaja Ashmari, and Shukraja Ashmari. Structure and symptoms are different. Vataja Ashmari symptoms resemble Calcium Oxalate type Stone, Pittaja Ashmari symptoms resemble Uric Acid type stone, Kaphaja Ashmari symptoms resemble Oxalate/Phosphate type stone. According to Acharya Sushruta Nidana, Ashmari are Asamshodhana and Apatyasevana Samprapti of Ashmari Apathya Sevana and other Nidanas (Viruddha Ahara Vihara), as well as ama Utpatti, aggravated by Jataragnimandya, exacerbate Kapha Dosha. Vitiated Kapha Dosha mixes with Mutra, Ushma, and aggravated Vata dries up Mutra, Shthanasamshraya at Basti, and causes Mutrashmari.

Aims and objectives:

1. To assess the efficacy of Ayurvedic management in Mootrashmari.
2. To observe clinical outcomes of herbal and panchakarma therapies in a diagnosed case of urolithiasis.

## II. CASE REPORT

A 31-year-old male patient came to OPD with symptoms of – Pain abdomen, loin to the groin on the left side. - Vomiting - Nausea - Burning micturition - Difficulty in micturition

History of present illness:

The patient has been normal since the previous day. At night, suddenly, he experienced severe spasmodic pain on the left side of the abdomen, burning micturition, and difficulty in micturition. Then he went to the nearby hospital and took an analgesic injection, which gave temporary relief, and took the opinion of an allopathic doctor. He was advised to undergo USG and was then diagnosed with ureteric calculi. Advised for lithotripsy but refused to follow it. He therefore came to our hospital for further treatment.

History

HTN non-hypertensive

No history of Asthma, TB, IHD, or stroke

Presenting Complaints

The patient has been suffering from a severe, cutting-type pain in the left iliac fossa region and back,

which radiated downward toward the left groin. The pain was intermittent in nature. It started suddenly in the left loin abdomen one year ago, and the patient took herbal remedies, which provided only mild and temporary relief. He also reported a burning sensation along the urethra while urinating, along with dribbling urine and scanty urine output, despite a strong desire to urinate.

## III. MATERIALS AND METHODS

The patient was advised to drink plenty of water, Kulattha Yusha, and Kadali kanda swarasa, and avoid a protein-rich diet like egg, meat, soybean, dairy products, etc., and Oxalate-rich food like Spinach, tomato, ladyfinger, and Calcium supplements.

Treatment history:

Took allopathic medicines for 1 month with no relief. Other complaint: Hard stool at intervals of 1-2 days for 1 year. The patient reports passing hard stools with difficulty every 1–2 days, accompanied by severe pain around the umbilical and hypogastric regions before defecation. Past Medical History: Pneumonia just after birth. Family History: Father- Renal calculi and gallstones. Mother- Allergy, Grandfather Bronchial Asthma Physical Generals Thermal Hot Thirst Thirstless Appetite Poor Desire Non-Vegetarian (Mutton, chicken) Aversion Nothing specific Stool Hard stool on an interval of 1-2 days Urine burning and dribbling while urination. Nocturnal enuresis, Perspiration profuse and offensive on the whole back, even in cold weather. Sleep Sound Sleep with salivation in sleep and position sleeps on abdomen. Eye Normal vision Mental Generals Anger++ Get angry easily Creative child-likes to play musical instrument Desires Company Fear of ghost Provisional Dthoroughs After thorough case taking, considering the signs and symptoms, and confirming through ultrasound of KUB (April 2022 showing few tiny echogenic shadows of concludedize, iconcludede conclusion of Renal Calculi. Totality of symptoms: Severe intermittent pain in the left loin and iliac fossa region. Burning sensation and pain along the urethra while passing urine. Perspiration –profuse and offensive on the whole back, even in cold weather. Get overangry easily on trifles.

**Observation and Results:**

Ultrasound reports mentioned before and after treatment.

**After Treatment Follow-up and Outcome:**

The patient was advised to follow up after 7 and 15 days, respectively. Within 7 days, the burning micturition, nausea, and vomiting subsided. The intensity of pain also slightly reduced at the 1st follow-up, and it was completely relieved at the 2nd follow-up. During the follow-up period, no further complaints were received. Patients were advised to repeat the Ultrasonography (Abdomen) scan after 2 weeks and after 1 month of treatment. A repeat Ultrasonography scan was done on 09/05/2024, and the size of the calculus was reduced, and small calculi were expelled. He has relief from abdominal pain, burning micturition, nausea, and vomiting. To prevent the recurrence of calculus, the patient was instructed to adhere to dietary and lifestyle restrictions.

16/04/2024 First visit to OPD prescribed Ayurvedic Medicines Varunadi ghritha, Yava kshara Tab Krush, Kulatha yusha, and Kadali Kanda swarasa alternatively. Advised on Diet and lifestyle modifications. 24/04/2024

1st follow-up visit nausea and vomiting were relieved. The burning sensation and the pain were reduced. Varunadi Kashaya was given instead of Varunadi Ghrita, and other medicines were continued. 09/05/2024

2nd follow-up visits USG done; the size of the calculi has reduced. All the symptoms were reduced. Advised USG on the next follow-up. 23/05/2024 Calculi were absent.USG report

3rd follow-up visits USG done; On 9/5/2024 (Fig. 2) left renal calculus measuring 4.6 mm was noted in the upper pole no c/o of hydroureteronephrosis. On 23/5/2024, no ureteric calculus. There are a few left renal microliths.

**Discussion:**

In this study, renal calculi are considered as Mutrashmari. This condition is believed to result from the imbalance of Vata and Kapha Doshas. Kulatha has properties such as Mutrajanan (urine production), Bhedan (breaking down), Lekhan (scraping), and Shothahar (reducing swelling). The main action is on the Kapha Dosha, which is pacified by the Katu Rasa (pungent taste) and Ruksha (dry)

and Tiksha (sharp) Guna (qualities) of the drug. The Katu Rasa and Tiksha Guna of Kulatha stimulate Agni (digestive fire), leading to Amapachana (digestion of undigested food). The Ruksha Guna and Ushna Virya (hot potency) of Kulatha provide the Lekhana property, while Tiksha Guna and Katu Rasa aid in Srotoshodhana (cleansing of channels). The Vatanuloman property of Kulatha helps in reducing pain. When consumed, horse gram helps to dilute kidney stones in the urine, allowing them to be expelled through urination. The Mutrala (diuretic) property of Kulatha reduces the frequency of urination by promoting frequent flow, which creates pressure on the stones. This pressure causes the stones to move downward and be passed out through urination. Kulatha Daal is also a good source of carbohydrates and protein, making it a complete food item that provides necessary energy to the body.

**Conclusion:**

Based on the observations, it is evident that Kulatha Kwatha provides effective relief to patients with Mutrashmari. Small-sized Mutrashmari cases can be managed using Ayurvedic Ahariya Dravya (herbal medicines). It can be concluded that Kulatha significantly reduces pain, dysuria (painful urination), increased frequency of urination, shrinks the stones, and helps in their expulsion. Since Kulatha is an Ahariya Dravya, it does not cause systemic toxicity. However, this is a single case study, and more extensive research is needed to confirm the effectiveness of this Ayurvedic treatment.

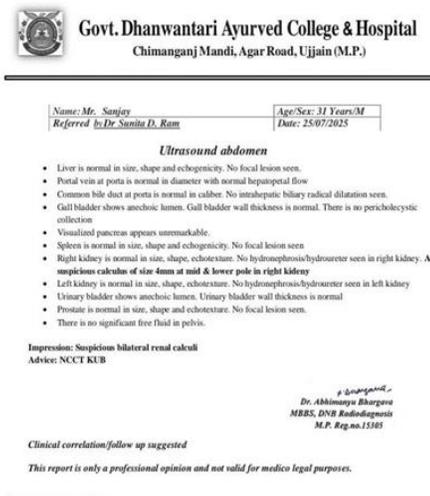


Figure 1: Before

Name: Mr. Sanjay Age/Sex: 31 Years/M  
Referred by: Dr. Sanita D. Ram Date: 09/09/2025

**Ultrasound abdomen**

- Liver is normal in size, shape and echogenicity. No focal lesion seen.
- Portal vein at porta is normal in diameter with normal hepatopetal flow.
- Common bile duct at porta is normal in caliber. No intrabepatic biliary radical dilatation seen.
- Gall bladder shows anechoic lumen. Gall bladder wall thickness is normal. There is no pericholecystic collection.
- Visualized pancreas appears unremarkable.
- Spleen is normal in size, shape and echogenicity. No focal lesion seen.
- Right kidney is normal in size, shape, echotexture. No hydromphrosis/hydronephrosis seen in right kidney.
- Left kidney is normal in size, shape, echotexture. No hydromphrosis/hydronephrosis seen in left kidney.
- Urinary bladder shows anechoic lumen. Urinary bladder wall thickness is normal.
- Prostate is normal in size, shape and echotexture. No focal lesion seen.
- There is no significant free fluid in pelvis.
- (soft)
- Impression: No significant abnormality seen.

  
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Figure 2: After

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