



## Management of Mutrashmari (Urolithiasis) through Ayurvedic Intervention: A Single Case Report.

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### ABSTRACT:

**Background:** Mutrashmari (urolithiasis) is a common urinary disorder described in Ayurveda, characterized by pain in the bladder region, dysuria, and formation of stone-like concretions. Despite advances in surgical management, recurrence and associated complications are frequent. Ayurvedic management provides a holistic and non-invasive approach for prevention and treatment.

**Case Presentation:** A 38-year-old male presented with dull aching pain in the lower abdomen and loin, pricking sensation, and burning micturition for two weeks. Ultrasonography (USG) of the abdomen revealed a left vesico-ureteric junction (VUJ) calculus measuring 11 mm and 3 mm. The diagnosis of Mutrashmari (Ashmari) was made based on Ayurvedic and modern diagnostic parameters.

**Intervention:** The patient was treated with Gokshuradi Guggulu (2 tablets thrice daily after food), Chandraprabha Vati (2 tablets thrice daily), Cystone (1 tablet thrice daily), and Varunadi Kashaya (15 ml twice daily with water) for six weeks, along with dietary modifications and lifestyle advice as per classical guidelines.

**Outcomes:** After six weeks of therapy, symptoms of pain and burning micturition subsided completely. Repeat ultrasonography confirmed expulsion of calculi with no residual hydronephrosis. No adverse effects were reported.

**Conclusion:** Ayurvedic management using classical formulations and dietary measures effectively managed VUJ calculi, relieved symptoms, and prevented recurrence without invasive procedures.

### Introduction

Urolithiasis is a prevalent urological disorder affecting a large proportion of the global population. In Ayurveda, it is described as Mutrashmari, a disease of Mutravaha Srotas resulting from Kapha-Vata vitiation leading to stone formation in the urinary tract (Basti Ashmari). Sushruta explains its pathogenesis (Su. Ni. 3/24–26) as the solidification of Kapha due to Vata and Pitta actions within the urinary bladder. Although surgical management such as lithotripsy and ureteroscopy provides immediate relief, recurrence is common. Ayurvedic therapy aims to dissolve or expel stones (Ashmari Bhedana) and correct the underlying Dosha

Dushti, thus preventing recurrence through Aushadha Chikitsa, Ahara, and Vihara (1,2).

### Case Presentation

A 38-year-old male visited the Shalya Tantra OPD with complaints of dull aching pain in the lower abdomen and loin, pricking sensation, and burning micturition for two weeks. The patient had no history of diabetes, hypertension, or asthma. Family history was non-significant. On examination, the patient was afebrile, of medium build, pulse 80/min, BP 130/90 mmHg, and mild tenderness was noted in the renal angle and suprapubic region. Ayurvedic examination revealed



Vatala Nadi, Mutradaha, Lipta Jihwa, and Ruksha Sparsha, suggestive of Vata-Pitta Prakriti.

**Diagnostic Assessment**

Ultrasonography (USG) of the abdomen and pelvis revealed a left vesico-ureteric junction (VUJ) calculus measuring 11 mm and 3 mm, with no significant hydronephrosis. Based on classical symptoms such as Basti Vedana, Mutra Daha, Nabhi Vedana, and Mutradhara Sanga, the case was diagnosed as Mutrashmari (Vata-Kaphaja Ashmari) (3,4).

**Therapeutic Intervention**

The following regimen was prescribed for six weeks:

- Gokshuradi Guggulu – 2 tablets TID after food (Sha. Sam. 7/84–87)
- Chandraprabha Vati – 2 tablets TID (Bha. Rat. 102/110)

- Cystone – 1 tablet TID
- Varunadi Kashaya – 15 ml BD with water (Su. Chi. 7/14–16)

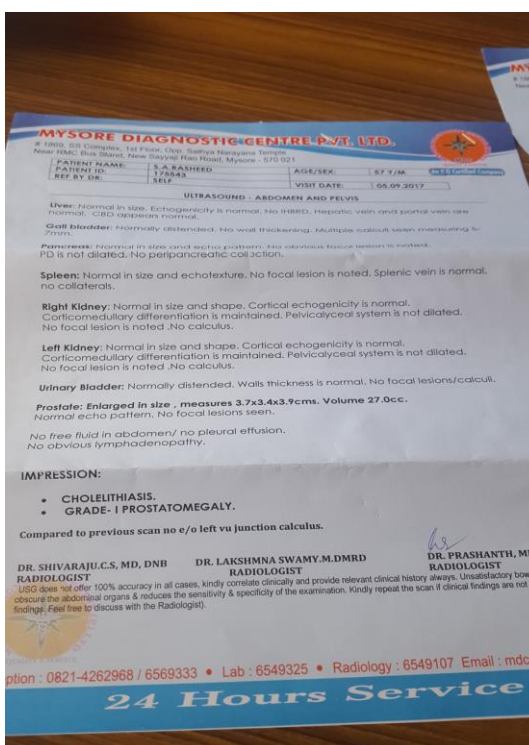
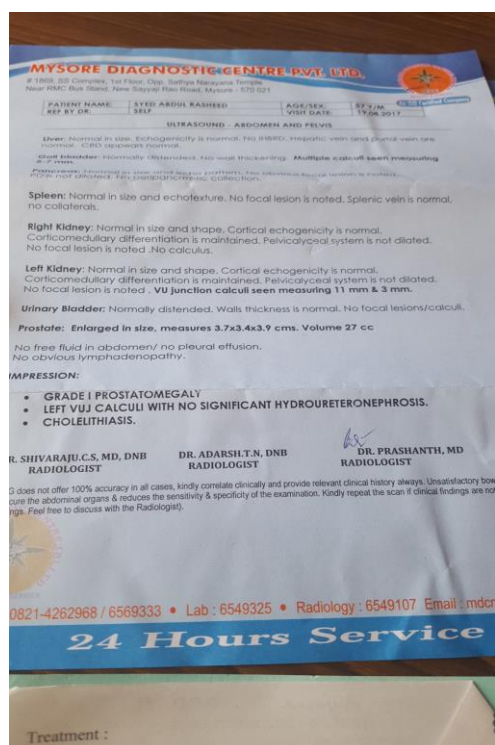
Dietary recommendations included Yava, Kulattha, Purana Shali, Mudga, Krauncha mamsa, and Yava Kshara. The patient was advised to avoid heavy, oily, and cold foods, and to maintain hydration with lukewarm water (5,6).

**Follow-Up and Outcomes**

At the end of three weeks, the patient reported marked reduction in loin pain and burning micturition. After six weeks of therapy, he was completely symptom-free. Repeat USG confirmed complete clearance of calculi with no residual hydronephrosis or recurrence during one-month follow-up.

\*Figure 1

\*\*Figure 2



\* Pre-treatment USG showing left VUJ calculi measuring 11 mm and 3 mm.

\*\* Post-treatment USG showing complete clearance of calculi.



## Discussion

This case demonstrates that Ayurvedic formulations can play a significant role in the management of Mutrashmari. Gokshuradi Guggulu acts as Ashmari Bhedana, Mutrala, and Shothahara, promoting dissolution and expulsion of calculi. Chandraprabha Vati reduces inflammation and normalizes Vata-Pitta balance. Varunadi Kashaya aids Mutra Virechana, enhancing diuresis and reducing recurrence risk. These actions correlate with the modern understanding of litholytic and anti-inflammatory therapy in urolithiasis (7–9).

## Conclusion

Ayurvedic management using Gokshuradi Guggulu, Chandraprabha Vati, and Varunadi Kashaya led to complete symptomatic and radiological recovery in a case of left VUJ calculi. The holistic approach corrected the underlying Dosha imbalance and prevented recurrence, suggesting potential for integration into urolithiasis management strategies (10).

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