



### Physiological effect of *Avapidsnehana* and *MutralDravya* on Renal Calculi (*VatajAshmari*)

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#### Abstract

Diet plays an important role in pathogenesis of kidney stones. *Mutrashmari*– Urolithiasis is a consequence of complex physiochemical processes which involves sequence of event in the formation of any urinary stone i.e., consequence of imbalance between stone promoters and inhibitor in the kidney. Urinary stones are the major cause of Morbidity. Increased incidence of Urolithiasis in this industrialized world is associated with improved standards of living and is strongly associated with race, ethnicity and religion of individuals due to its specific life style and bad habit of food intake. The identification of common, modifiable risk factors for Urolithiasis may result in new approach for treatment and prevention. With these objectives, in this study, the *Avapidsnehapan*, *Abhayarishta* and *Pashanbhedchurna* are used widely for the management of *Mutrashmari*. These have *Vedanashamaka* (Reduced pain/Spasm), *Mutrala* (Diuretic property) and *Ashmaribhedaka* (Lithotriptic) properties in them. In the present work, we tried to study the combined effect of *Avapidsnehapan*, *Abhayarishta* and *Pashanbhedchurna* with respect to disintegration/ expulsion of the calculi.

**Keywords** *Avapidsnehana*, *MutralDravya*, *VatajAshmari*, *Renal Calculi*



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## INTRODUCTION

In Ayurveda, the disease *Ashmari* is described as *Ashtamahagada*<sup>1</sup> (Eight fatal conditions) which is of four types. Based on

Urinary saturation  $\implies$  super saturation  $\implies$  nucleation  $\implies$  crystal growth  
crystal aggregation  $\implies$  crystal retention  $\implies$  crystal formation.

The life time prevalence of symptomatic urolithiasis is approximately 10% in men, 5% in women and the probability of second stone formation within 5-7 years is approximately 50%. Various risk factors have been identified and these include a family history of urinary stones, insulin resistant states, history of hypertension, primary hyperthyroidism, history of gout, chronic metabolic acidosis, surgical menopause. In fact, *pathaapathya* (wholesome and unwholesome diet and activities) has been shown to be an important factor. A diet rich in cereals and pulses, fluoride rich water, intake of fruits such as orange and grapes and the presence of Nano bacteria plays a vital role. Many treatment modalities have been adopted in biomedicine to combat the disease but it is quite expensive. Therefore, it is necessary to find out an economical effective, easily

its clinical features in bio-medicine, it is compared to urolithiasis consequent of complex physiochemical processes which involve sequence of events in the formation of any urinary stone<sup>2</sup>.

available and acceptable medicine to treat *Mutrashmari*.

In *Ayurvedic* literature all sorts of methodologies including surgical techniques have been described. *Acharyasushruta*<sup>3</sup> said that before going for surgical procedure one should try with oral medicine like *ghruta* (medicated ghee), *tail* (medicated oil), *paneeyakshara* (medicated alkali preparation) etc. which possesses the *gunas* such as *chedana* (cutting/breaking), *bhedana* (splitting), *lekhana* (scraping) and *mutrala* (diuretics) for facilitating the disintegration of the urinary stones. Hence, in this present clinical study, *avapidsnehapaan*, *abhyarishta*, and *Pashanbhed* are selected for the management of *mutrashmari*.

## CASE HISTORY

A forty five year male patient was, Hindu by religion, farmer by occupation presented



at the OPD of Kayachikitsa Department in Govt. Ayurvedic College of Nanded 15 Sep 2014 with complaints of abdomen pain associated with difficulty in urination and reddish discoloration of urine since one month. Patient was asymptomatic one month ago. One day suddenly he noticed severe pain in the abdomen associated with vomiting and fever. He consulted a nearby physician and got temporary relief from those complaints. Later, he observed that pain in abdomen, dysuria and haematuria were persisting after few days and for which he approached our hospital in search of alternative remedy. According to his statement, it was found that the pain was intermittent and colicky in nature and it was appreciated on either side of the abdomen. Dysuria felt by patient normally at the beginning of the urination which is of pricking type and haematuria which is intermittent in nature. There was no history of any previous illness. Diet history revealed that food intake was irregular in terms of quality and quantity due to his stressful occupation. His vitals were within normal limits. On examination of abdomen there were no organomegaly but tenderness persisted on both the sides of the lumbar region and left side of renal angle.

As advised, the patient carried out ultrasonography of the abdomen-pelvis region on 24<sup>th</sup> September 2014 and the reports revealed that a calculus (6mm) was noticed in Rt. Lower ureter just away from vuj (Vesiculo-Ureteric Junction). His blood and urine reports were within normal limits.

### **SAMPRAPTI-**

*Due to hetu sewan vitiated vata dosha is combine with the pitta, kaph and shukra due to ruksha guna of vata there is formation of ashmari<sup>4</sup>.*

As per classics majority of clinical features of *mutrashmari* such as *vedanain udarpradesha* (pain in abdomen), *sadahmutrata* (burning micturation) *saraktmutrata* (blood mixed urination) dribbling micturation were observed on the basis of *nidan* (etiology) and *Rupa* (clinical feature) this clinical condition is diagnosed as *vatajashmari<sup>5</sup>*.

### **TREATMENT**

As sushruta explained *pashanbhed* is one among the major tool to counteract Ashmari. Due to *snigdha* and *tikshna* guna it acts as *ashmarighna* by *Prabhawa<sup>5</sup>*. Avapidsnehapan explained by charak and Vagbhata in sutrasthan in management of



ashmari which occurred in mutra dharniyavega<sup>7</sup>.

Doses Pashanbhedmula churna – 1 to 3 gm with warm water twice a day before food. Avapidak sneha-30 to 50 ml warm water twice a day half hour before and half hour after food. Abhayarishta<sup>8</sup> -30 ml at bed time. During his follow up, it was noticed that all the clinical features were absent except for pain in abdomen, which was less in intensity. He was advised to repeat ultrasonography abdomen and pelvis 3/10/2014. Report reveals that there were no single calculi in the right side. This shows that, the right renal calculus was expelled out.

## DISCUSSION

Avapidsnehana is advised by all samhitas as a drug of choice for all *mutravahasrotasa* related disease. Further, when it is combined with Pashanbhed and abhayarishta, synergetic action of alkalizer is enhanced and appreciating the result in disintegration and elimination of urinary stones from urinary tract. However, the pharmacotherapeutic and pharmacokinetic effects of pashanbhed and abhayarishta is a known fact i.e., ashmarichedaka, mutrakrichrahara, due to *snigdha* and

*tikshna* guna acts as ashmarighna by *Prabhawa*. Avapidsnehapan explain by charak and Vagbhata in sutrasthan in management of ashmari which occurred in mutra dharniyavega. *Ghruta is guru, saraka, snigdha, sukshma, mrudu and drawa* guna minimise the rukshta, laghuta, khara, parush guna of vata and help to expelled out stone and stop the pathology of stone.

## CONCLUSION

Acharya Sushruta said, “Nidanaparivarjana (Avoidance of causative factors)” is a major treatment tool for any disease. Gadanigraha another text of Ayurveda advocates – if anyone obeys the pathyas, no disease will occur and if one ignores them and continues apathyas, it may aggravates the disease pathogenesis, it will become aasadhya vyadhi. As this is the single case study the same intervention can be used on larger population to see the efficacy of *avapidsnehapaan*, *abhyarishta*, and *Pashanbhed* are selected for the management of *mutrashmari* (Urolithiasis)

## **BENEFITS OF THE STUDY**

There is no direct line of treatment for recurrence of stones in modern sciences. In ayurveda avapida sneha, pashanbhed and abhayarishta have played important role in preventing recurrence of renal stone. It also decreases the pakwashaygat vata which is the one causes of ashmari according to sushrut.

## REFERENCES

- 1.Sushrut sutrasthan 33/4
- 2.EugeneB,AnthonyS,Dennis L et al.Disorders of kidney and urinary tract. Harrison's principals of internal medicine,volume 2,15the edition, Newyork Medical publishing division.p-1615.
3. Sushrut Chikitsa 7/30
- 4.Charak chikitsa 26/36
- 5.Astang. Hru.ni. 9/11-12.
- 6.Bhawprakash[book of drawyaguna vidnyan by vd.V.M.GOGATE]
7. Astang. Hru.su. 4/5 Sushrut sutrasthan 14, charak sutra 24.
8. Charak.sutrasthan 24/24.

- 5.KrishnaGopal.bhasmaprakarna.Rastantras araavum Siddhapryogasangraha,1 at part,22<sup>th</sup>edition.ajmer:KrishnaGopalayurved a bhawana;2013 P.110.

## BIBLIOGRAPHY

1. Charak samhita revised by Charaka and Drudhbala edited by Vd. Ravidatta tripathi, Chaukhamba Sankrit Pratisthan, Delhi.
2. Sushruta Samhita, edited by Vd. Acharya Priyavat Sharma Chaukhamba Surbharti Prakashan,Varanasi.
- 3 vaghbhat samhita edited by Vd. Acharya Bramhanath tripathi Chaukhamba Sanskrut Pratishthan Dilhi.
- 4<http://emedicine.medscape.com/article/437096-overview>.