

## EFFECT OF PASHANBHEDADI KWATHA IN MANAGEMENT OF MUTRASHMARI (UROLITHIASIS): A CASE STUDY

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### ABSTRACT

*Mutrashmari* is one of the most common disease of *mutravahastrotasa*. *Mutrashmari* (urolithiasis) is very common cause of pain in abdomen. According to Acharya *Sushruta* “*ashmari*” considered as one among the “*Ashtamahagada*”.<sup>[1]</sup> According to Acharya *sushruta* *mutrashmari* is four type viz. *vataja*, *pittaja*, *kaphaja*, *shukraja*.<sup>[2]</sup> Urolithiasis is global problem. In *Ayurveda* various conservative medicine are mentioned for the management of *mutrashmari*, with less side effect, easily available, cost effective and minimum recurrence of stone formation. In this case report 23 years’ male patient visited in our shalyatantra OPD with complaining of pain in abdomen (radiating pain from loin to groin), burning micturition,

haematuria and nausea since 2 months. The USG report shows 7.2 mm right UVJ calculus and both kidney shows calyceal calculi of 2-3 mm. the patient was treated with *pashanbhedadi kwatha* 30 ml twice a day for period of 1 month. At the end of treatment patient given relief in symptoms and USG report shows no evidence of any renal calculi. Hence this case study showed the clinical effect of *pashanbhedadi kwatha* in the management of *mutrashmari*.

**KEYWORDS:** *Ashmari*, *Mutrashmari*, *Pashanbhedadi kwatha*, Renal stone & Urolithiasis.

### INTRODUCTION

*Mutrashmari* (Urolithiasis) is a condition where urinary stones are formed and they localised anywhere in the urinary tract. *Ashmari* specifically called as “*mutrashmari*” is a disease of

*mutravahastratasa*. Acharya Sushruta *ashmari* considered as one among the *ashtamahagada*. Sushruta while describing cause of *ashmari* says that, in the *kaphaprakruti* people who do not undergo *samshodhan chikitsa* regularly and who indulge in unhealthy food and activities, *kapha* gets aggravated and combines with urine reaches the urinary bladder and staying there producing *ashmari*.<sup>[3]</sup> In modern era the cause for the formation of stone is due to the factors like: concentrated urine, deficiency of stone inhibitor substance like mucopolysachrides, citrate etc.<sup>[4]</sup> The symptoms of *mutrashmari* are excruciating pain over *nabhi*, *basti*, *sevani* and *medhra*.<sup>[5]</sup> The prevalence rate of urolithiasis in India are 4% to 20%.<sup>[6]</sup> The available effective procedure in modern science for the management of urolithiasis are: flush therapy, PCNL and ESWL or surgical interventions, while usage of analgesics, antispasmodic etc. and provide symptomatic relief.<sup>[7]</sup> In Ayurveda many *yogas* are mentioned in management of *mutrashmari*. The *pashanbhedadi kwatha* are mentioned in *Yogaratanakara* in *ashmarichikitsa adhyaya*.<sup>[8]</sup> Hence in this present clinical study, a *pashanbhedadi kwatha* is selected for the management of *mutrashmari*.

## METHODOLOGY

### Case report

Name of patient- ABC

Age- 23 years

Sex- male

Opd no.\*\*\*\*\*

Date- 31/10/2018

A 23 years' male patient come in our *Shalyatantra* OPD with complaints of pain in the abdomen (radiating from loin to groin region), burning micturition, haematuria and nausea since 2 months.

No H/O- HTN / DM / TB or any other major illness.

No H/O- Any surgical procedure.

No H/O- Any drug allergy or any allergic condition.

O/E- GC- Fair, T-Afebrile

Pulse- 70/min

Bp- 120/70mm of Hg

S/E- RS-NAD

CVS-NAD

CNS-NAD

P/A- Soft

- Tenderness at right lumbar region.

Investigations -

Blood - Hb% - 13.2gm%

WBC – 11700/cmm

Platlet – 211000/cmm

Urine – pus cell – occasional

RBC – 28-30/hpf

Epithelial cell- occasional \

USG- Abdomen & pelvis – low lying right kidney with mild obstructive changes due to 7.2mm lower ureteric calculus with edema.

- Bilateral renal tiny calyceal calculi.

So the diagnosis was made *mutrashmari* (right UVJ calculus with bilateral tiny calculi).

## TREATMENT

The drug *pashanbhedadi kwatha* was prepared as per classical method having total 6 ingredients (table no. 1) in *pashanbhedadi kwatha*. One *pala*(15gm) of *bharad* of all ingredients will be boiled in 16 parts(240ml) of water, over a mild fire till the liquid is reduce  $1/8^{\text{th}}$  (30ml) of the original quantity.<sup>[9]</sup>

Dose – 30ml *pashanbhedadi kwatha* twice a daily before meal for the period of one month.

The patient was follow up on 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> day of treatment, to access the result of drug.

The assessment criteria of relief in sign and symptoms was done by adopting gradation (table no.2). After completion of treatment patient was followed up for further one month and to see any recurrence.

**Table 1: Ingredients of Pashanbhedadi kwatha.**

Sr. no.	Dravya	Latin name	Rasa	Virya	Vipaka	Guna	Karma	Doshaghata
1.	Pashanbheda	Bergenia ligulata	Tikta kashaya	Sheeta	Katu	Laghu tikshna snigdha	Ashmari-bhedan	Tridoshaghna
2.	Varuna	Crataeva nurvula	Katu tikta kashaya	Ushna	Katu	Laghu ruksha	Ashmari-bhedan	Vataghna kaphaghna
3.	Eranda	Ricinus communis	Madhura tikta katu	Ushna	Katu	Snigdha tikshna sukshma guru	Vatahara amapachan	Vataghna kaphaghna
4.	Gokshura	Tribulus terrestris	Madhura	Sheeta	Madhura	Guru snigdha	Mutral	Vataghna pittaghna
5.	Choti kantakari	Solanum xanthocarpum	Tikta katu	Ushna	Katua	Laghu ruksha sara	-	Kaphaghna vataghna
6.	Kokilaksha	Asteracantha longifolia	Madhura	Sheeta	Madhura	Guru snigdha	Mutral	Tridoshghna

**Table 2: Assessment criteria.**

Sr.no	Sign/ symptoms	Grade 0	Grade 1	Grade 2	Grade 3
1.	Pain in abdomen	No pain	Mild pain	Moderate pain	Severe pain
2.	Burning micturition	Absent of burning micturition	Occasional burning micturition	Burning micturition in half of micturition	Severe burning micturition at every micturition
3.	Haematuria	Absence of RBC in urine	Microscopic haematuria	Macroscopic haematuria	-

**Table 3: Observation and result.**

Sign/symptoms	0 day BT	7 <sup>th</sup> day	14 <sup>th</sup> day	21 <sup>st</sup> day	28 <sup>th</sup> day	AT
Pain in abdomen	3	2	2	1	0	0
Burning micturition	3	2	2	1	0	0
Haematuria	3	2	1	0	0	0

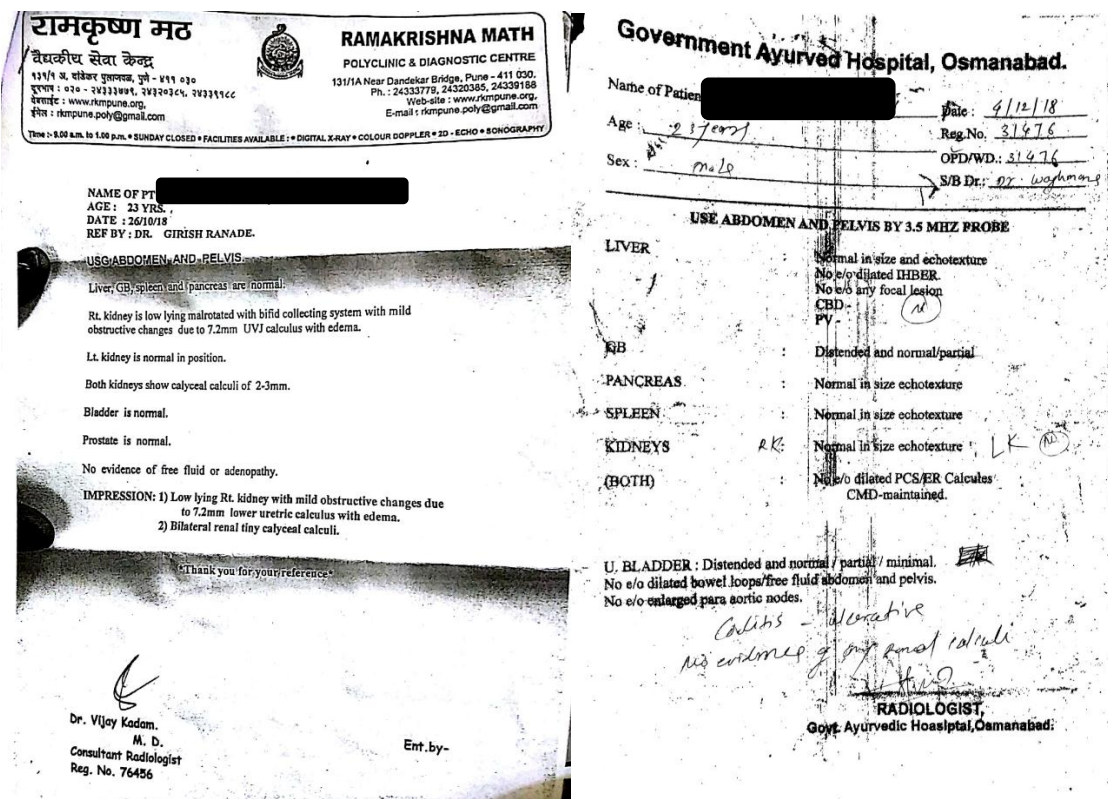
(AT\*- After treatment, BT\* - Before treatment)

## RESULT AND DISCUSSION

*Mutrashmari* is a disease due to vitiated *kapha & vata dosha samurchana*. Maximum ingredients in *pashanbhedadi kwatha* are *katu, tikta, Kashaya rasa, ushna virya, katu vipaka* and *kapha vata dosha shamak* properties, which act as *chendan, bhedan, lekhan karma* and *ashmaribhedan prabhava*. That's why it can break the stone and reduce their size also. *Tridoshaghna* property of *pashanbhedadi kwatha* which help the normalise the vitiated *dosha*.

*Gokshura* has *mutrala & anulomana* as well as *ashmarighna* property which may help in reducing hydronephrosis and hydroureter. *Sheeta guna* of *gokshura, varuna* and *sheeta virya*

of *kokilaksha* & *varuna* it reduces the burning micturition & haematuria. *Sheeta guna* may be responsible for soothing effect of urinary tract resulting in reduce haematuria. *Laghu, ruksha* & *sara guna* of *choti kantakari* and *sukshma guna* of *eranda* may be responsible for lesser chance of nidus formation as well as growth of stone. finally, *vata shamak* property of the drug normalise the function of *apana vayu* and help in expulsion of the stone.



Before treatment USG-report

After treatment USG- report

## CONCLUSION

In this single case study shows that the *pashanbhedadi kwatha* is effective in the management of *mutrashmari* (renal stone). No adverse effect or complications were observed during the course of treatment in study. Further study is needed to evaluate its efficacy in more patients so that it can prove beneficial to mankind.

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