



RESEARCH ARTICLE

AYURVEDIC MANAGEMENT OF RENAL CALCULI (*MUTRASHMARI*) BY KADALIPANEYYAKSHARA- A CASE STUDY

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Abstract

One of the most common clinical conditions observed in clinical practice is renal calculus. The incidence of renal calculus¹ has increased in both the developed and developing countries. This entity is regarded as multifactorial with involvement of epidemiological, biochemical and genetic factors. Changes in these factors eg. Socio-economical status and dietary habits may result in changes in the epidemiology of renal calculus in various part of the world. Acharya Sushruta² has given detail description regarding urinary system along with related diseases. *Mutrashmari* is one such disease in Ayurveda which can be correlated with renal calculus (Urolithiasis) or urinary stone disease. In classics we get ample reference regarding this entity along with specific treatment according to type and chronicity. Among them, one such formulation is *KadaliPaneeya kshara*³.

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Introduction:-

Renal stone are one of the most common urological problems. Renal stones can occur at any age; the peak incidence is reported in persons aged 20–50 years. Males are affected more than females. The prevalence of urinary tract stones in the industrialised world ranges from 4–20%. The *Kadali kshara* has *Ushana*, *Tikshana*, *Pachana*, *Darana*, *Mutral*, *Shodhana* and *Ropana* properties. Acharya Sushruta⁴ said *Kshara* is *Pradhantam* and *Shreshtha* in *Shashtra* and *Anushastra*, due to its *Chedan*, *Bhedan*, *Lekhan* and *Mutral*, *Tridoshaghna* properties. *Kadali Kshara* breaks the *Kaphavataja Sanghata*, which is the main *Doshadushya Sammurchhana*⁵ in the *samprapti* of *Mutrashmari* formation.

The *Ushna* and *Tikshana Guna*⁶ of this drug has *Kaphavataghna* properties. It acts antagonist to *Kaphavataja Sanghat* thus reducing the pain. The *Pachana* and *Darana guna* of the drug help breaking the *Sanghat* of *Mutrashmari* and helps in dissolution and disintegration of stone i.e. *Ashmarighna* property. The *Shodhana* and *Mutral guna* helps to expel out the stones from urinary tract and reduce the burning maturation i.e. diuretic property the *Ropana guna* of drug helps in reducing the haematuria by healing property.

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It is observed fact that, though many types of treatments available, yet the sufferers are not very satisfied as there are certain limitations like treatment cost, hospital stay, adverse effects, recurrence the list goes on.

Case Report-

A 23 year old female patient came to Mahaveer College of Ayurvedic Science, Sundra Rajnandgaon Chhattisgarh, with complaint of severe pain in left flank region associated with nausea, burning micturition, pain radiating to groin region, intermittently since 2 month. Pain started gradually, with increase in pain intensity. Patient have history of mixed *Ahara*, *teekshna agni*, with *Madhyam koshtha*. She was taking modern analgesic tablet and injection, but was not getting relief. USG abdomen was advised; suggestive of an echogenic focus of size 6.3mm is noted in left lower ureteric with grade-1 hydroureteronephrosis.

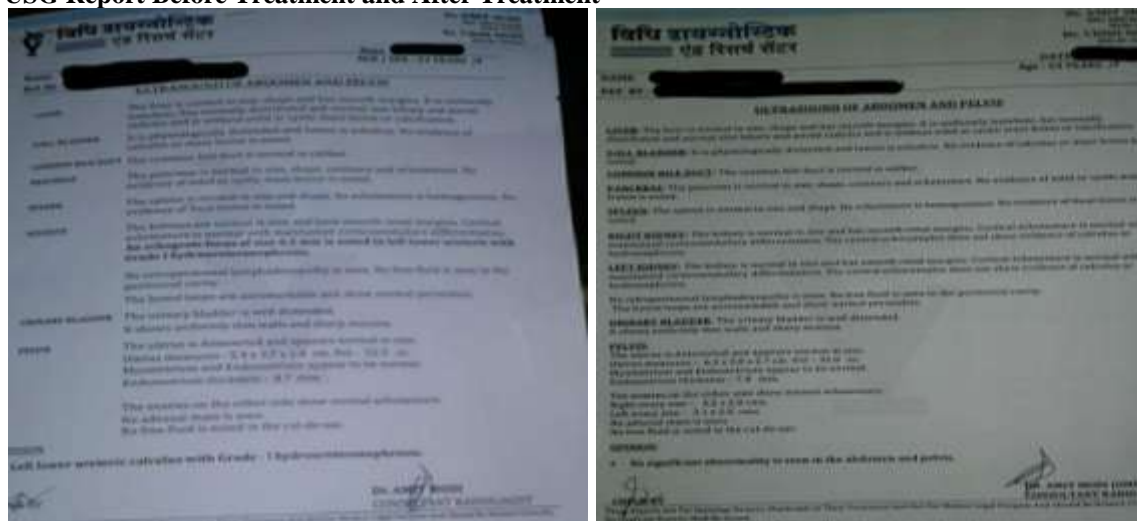
Material and Method:-

Drug-Kadali Paneeya Kshara was given in 125mg capsule total in 2 divided doses orally in the morning and evening with anupana lukewarm water after meal for 6 weeks and the follow-up was done every 2 weeks for 4 weeks for additional 10 weeks total duration.

Result:-

After 2 weeks of medication, her complaint of intermittent radiating pain was gradually reducing and patient was improving symptomatically. After 6 weeks repeat USG was done which showed no evidence of ureteric calculi and hydroureteronephrosis. There were no clinical symptoms also. After 4 weeks of follow up no above complaints have been reported.

USG Report Before Treatment and After Treatment



Discussion:-

The drugs described in the treatment of Urological disorders may act in the form of *Mootrala*, *Mootravirechaniya*, *Mootrasangrahaniya* and *Mootrashodhaka*. The etiopathogenesis of *Ashmari* clearly indicates that it is *Kapha Pradhana Vyadhi* influenced by other *Doshas*. Hence the drugs, which act on *Kapha* and other *Doshas*, are beneficial. In the present case study, pain is relieved due to, the *Ushna* and *Teekshna guna* of drugs has *Kaphavataghna* properties. It acts antagonist to *Kaphavataja Sanghata*. The *Pachana* and *Darana guna* of the drugs help braking the *Sanghat* of *Mutrashmari* and helps in dissolution and disintegration of stone, i.e *Ashmarighna* property. The *Shodana* and *Mutral guna* helps to expel out the stones from urinary tract and reduce the burning micturition, i.e diuretic property.

The associated symptoms like pus cells in urine, retention, obstruction in the flow of urine, fever were noticed in this patient before the treatment. The effect of these associated symptoms was found clinically and statistically significant after the treatment.

Conclusion:-

After observation of all data it can be concluded that the Ayurveda gives better relief to the patient of *Mutrashmari* (renal calculus) in this case study. There were no adverse effects found during the medication. Therefore, it can be concluded that, *Kadali Paneeya Kshara* is very useful preparation in the management of *Mutrashmari*. The efficacy of this drug compound needs further exploration so that new vistas can be opened by further research.

Reference:-

1. R.C.G. Russell, Norman S. Williams, Christopher J. K. Bulstrode, Bailey and Love's, Short practice of Surgery, chapter 75, Edition 24. Year 2004. Edward Arnold Ltd, p. 1316.
2. Shri Gayadasacharaya on *Nidanasthana* edited by Vaidya yadavjitrikamji Acharya Chaukhambha Sanskrit Sansthan, Sushruta Samhita Samprapti Lakhshana 3rd 4-12 Sushruta samhita with the Nibandhasangraha, commentary of Shri Dahanacharya and the Nyayacandrika Panjika of Varanasi edition 2010 p. 277- 279
3. Sushruta Samhita Ashmarichikitsa 7/22 Sushrutasamhita with the Nibandhasangraha, commentary of Shri Dahanacharya and the Nyayacandrika Panjika of Shri Gayadasacharaya on Chikitsasthana edited by Vaidya yadavji trikamji Acharya Chaukhambha Sanskrit Sansthan Varanasi edition 2010 p. 436
4. Acharya Sri Kaviraja Ambikadatta Shastri Susrutasamhita nidan sthana 3/1, 2 Varanasi Chaukhambha Publishers Reprint 2010 p. 311.
5. Acharya Sri Kaviraja Ambikadatta Shastri Susrutasamhita sutra sthana 11/12 Varanasi, Chaukhambha Publishers, Reprint 2010 p. 47.
6. Acharya Priyavrat Sharma, Priya Nighantu, 97 Varanasi Chaukhambha Publishers, p. 49.