

The effect of *Avapeedaksnehapan* by using *Kulatthadi Ghrita* in the management of *Mutrashmari* with special reference to Urolithiasis: A case study

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Abstract

Urolithiasis is very common now a day. The disease occurs in all age groups. Males are more commonly affected than females with male:female ratio of 3:1. The peak age for developing stones is between 30 to 50 yrs and recurrence is common. The symptoms of Urolithiasis can be co-relate with the symptoms of *Mutrashmari* in Ayurveda. *Mutrashmari* is one of disease occur in *Mutravaha Strotasa*. *Ashmari* comprises of two words that is Ashma and Ari. Ashma means a stone and Ari means the enemy hence *Mutrashmari* means the disease which gives tremendous pain to the body like enemy. Acharya *Sushruta* explained the 4 types of *Mutrashmari*. The treatment principle of Urolithiasis in modern science is hydrotherapy in case of calculi less than 5 m.m. in large stones, the treatment like Extacorporeal Shock Wave Lithotripsy (ESWL) Percutaneous Nephrolithotomy (PCNL), Pyelolithotomy, Nephrolithotomy, Nephrostomy etc. are done. But these procedures have their own disadvantages as they may leads to complications and there is more chances of recurrence in the disease. Similarly *Sushruta* said that newly formed *Ashmari* is *Aushadhisadhya* while chronic, big sized *Mutrashmari* is *Shastrakarmasadhya*. There are 3 types of treatment are mentioned for *Ashmari* i.e. *Ausahadhi Chikitsa*, *Ksharachikitsa*, and *Shastrakarma*. *Shastrachikitsa* is expensive and may have some complications & *Aushadhichikitsa* used in all types of *Mutrashmari* situated anywhere in *Mutravaha strotas* are less expensive, easily available and have less complications. The present study was undertaken to evaluate the efficacy of *Avapeedaksnehapan* by using *Kulatthadi Ghrita* in the management of *Mutrashmari* with special reference to Urolithiasis. A patient was selected.

In this particular case study we used the *Avapeedaksnehapan* of *Kulatthadighrita* administration given for 1 month and after completion of course follow up taken for 3 months to check the recurrence of the disease. The results found in this study is encouraging enough. The study was completed in Sumatibhai Shah Ayurved Mahavidyalaya and Sane Guruji Ayurved Hospital, Hadapsar, Pune – 411028.

Keywords: Urolithiasis; *Mutrashmari*; *Aushadhichikitsa*; *Ksharachikitsa*; *Shastrachikitsa*; Percutaneous Nephrolithotomy (PCNL); Extacorporeal Shock Wave Lithotripsy (ESWL)

1. Introduction

Sushruta Samhitais prime textbook of ancient surgery. Acharya *Sushruta* describes the *MutravahaStrotas*& diseases related to it. The *Mutravaha strotas* includes *Basti* (Urinary Bladder), *Medhra* (Penis), *Vankshana pradesha* (Pelvic region)^{1,2}. *Mutrashmari* is a very common disorder of urinary system. In *Ayurveda* *Mutrashmari* called as *Daruna Vyadhi* like *Yama*, as it causes death of the patient. Acharya *Sushruta* said *Asanshodhana* and *Mithya Ahar Vihar* cause the *Kaphaprakopa* and *Strotovaigunya* leads to *Mutrashmari*³. *Kaphais* a principal factor responsible for the formation of

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Ashmari. *Asamshodhana* of internal channels that is not taking *Vaman-Virechanadi Panchakarma* and *Apathyasevan* or *Mithhya Aahar-Vihar* that is those who are taking unwholesome dietary foods becomes victim of *Ashmari*. In Ayurveda *Mutrashmari* described in details, that is its symptoms, causes, treatment and complication. The symptoms of *Mutrashmari* can be co-relate with the symptoms of Urolithiasis. Urolithiasis is very common problem it is also called as urinary calculi, kidney stone. The renal calculi are very considerably in size from small 'gravel like' to large stag-horn calculi. Urinary calculi usually formed within the Kidney & Urinary Bladder. Urinary stasis, infection, & changes in solute concentration of urine predispose to stone formation. The commonly encountered stone varieties are oxalate & triphosphate stones. Uric acid stones, xanthine stones and cysteine stones are rare. 60-80% stones contain calcium. The peak age for developing stones is between 30 to 50 years and recurrence is common⁴. Prevalence rate of the urinary stone is 3%⁵.

The treatment principle of Urolithiasis in modern science is hydrotherapy in case of calculi less than 5 mm. in large stones, the surgical intervention are suggested. But the surgical procedures are having disadvantages like complication & recurrence. So we have to use alternative treatment for that & for that we select *Avapeedaksnehapan* of *Kulatthadighrita* administration.

2. Case report

A 41 years male patient having complains of pain in abdomen (dull aching pain on right side), backache, burning micturation and nausea since 10-15 days with H/O recurrent U.T.I. no H/O HT, DM. He diagnosed with Right renal calculus. The USG shows calculus of size 10.7 mm. Urine examination shows 6-7 pus cells/hpf with presence of few small crystals in urine. RFT, RBS & Haemogram reports are within normal limit. The treatment started with *Kulatthadighritapan* as *Avapeedaksnehapan* continued for 4 weeks with Koshna Jalpan. Follow up taken after every 7 days during treatment. After completion of treatment, patient was examined monthly upto 3 months to observe the recurrence of symptoms. Any unwanted effect of the drug during the total period of treatment was not noted. Then the data analyzed.

Aim

To evaluate the effect of *Avapeedaksnehapan* by using *Kulatthadi Ghrita* in the management of *Mutrashmari* with special reference to Urolithiasis - A Case Study.

Objectives

- Clinical evaluation of effect of *Kulatthadi Ghrita* for the treatment of *Mutrashmari*.
- To provide an effective conservative treatment for surgery for *Mutrashmari*.

3. Material and methods

3.1. Materials

3.1.1. Source of data

A patient randomly selected who is suffering from *Mutrashmari* which attending O.P.D. of Sane Guruji Hospital, Hadapsar, Pune selected for clinical trial.

3.1.2. Selection of drug

The drug *Kulatthadighrita* was selected for this study with the reference of *Sartha Bhavprakasha, Madhyam Khand Ashmari Rogodhikar*.

3.2. Method

3.2.1. Patients methodology

A Case Report From (C.R.F.) was prepared regarding the disease & Informed Consent with giving the total idea about the study and drug used was taken.

3.2.2. Drug methodology

Ingredients

- *Kulatthadi ghrita*^{6,7,8}
 - *Kulattha (Dolicosbiflorus)*,
 - *Vidanga (Emblicaribes)*,
 - *Padmakashtha (Prunuscerasoides)*,
 - *Yavakshara (Hordeumvulgare)*
 - *Kushmand (Baninkasahispida)*,
 - *Gokshura (Tribulusterestri)*,
 - *Varuna (Cretiveanarula)*
 - *Saindhava*,
 - *Sharkara*,
 - *Ghrita*.

Method of taking *Ghrita* orally

Instructions was given to the patient regarding how to take the *Ghrita* at home. The Melted *Ghrita* is measured in measuring glass / spoon upto 10 ml before meal with and 20 ml after meal. *Avapeedaksneha* will be taken orally twice daily (at the time of lunch and dinner) with lukewarm water.

Follow up

Follow up taken after every 7 days during treatment for 28 day. During every follow up patient was examined thoroughly. After completion of 28 days treatment, patient was examined monthly upto 3 months to observe the recurrence of symptoms. Any unwanted effect of the drug during the total period of treatment was not noted. Then the data analyzed.

3.2.3. Subjective parameter

- Pain in abdomen
- Backache
- Nausea
- Burning micturation

3.2.4. Objective parameter:

- Size of Calculi
- Pyuria
- Crystalluria

3.2.5. Investigations

- Blood Examination (Before treatment only)-Hb gm %, RBS, Blood urea, sr. creatinine.
- Urine Examination – Routine, microscopic examination (Before and After treatment)
- USG abdomen & pelvis – Before and after treatment.

3.2.6. Criteria for assessment

For using statistic technique scoring was given to each grade as below

- Grade 1- score 0 = no symptoms
- Grade 2- score 10 = mild form of symptoms
- Grade 3- score 20 = moderate form of symptoms
- Grade 4- score 30 = severe form of symptoms

4. Results

The efficacy of the treatment assessed on the basis of the 7 criteria mention in materials and methods. Before the starting of treatment patient was complaining of pain in abdomen (Grade 2), backache (Grade 3), and nausea (Grade 2) and burning micturation (Grade 3). After completion of trial, abdominal pain, backache nausea and the burning micturation stops completely i.e. Grade 1.

Before the commencement of treatment USG suggestive of 10.7mm calculus in Right Kidney and completion of treatment the calculus disappeared completely.

Before commencement of treatment there was 6-7 pus cell/hpf and few small crystals in urine examination and the completion of the treatment there are 2-3 pus cells/hpf and absence of crystals in urine. So on the basis of results observe in this case study we found that *Avapeedaksnehapan of Kulatthadighrita* has the significant effect in the symptoms of *Mutrashmari* i.e. in Urolithiasis and improves the quality of life of the patient. And after the completion of treatment we took monthly follow up for next 3 months & found that there is no recurrence of symptoms in the patient.

5. Discussion

From the above we can say that the *Kulatthadighrita* acts on the *Mutrashmari* by the following probable actions.

5.1. According to Ayurved science

All the Vanaspati dravya of *Kulatthadi Ghrita* are mainly Tikta, Katu and *Madhur Rasatmak, Tridoshashamak, Laghugunatmak, Ashmaribhedan, Ashmarinashan, Dahaprashaman, Mutral, Vedanasthapan, Bastishodhan, Raktastambhan, Anuloman* and *Shoolprashamana* properties therefore it is effective in *Mutrashmari*.

The pain in abdomen and backache is relieved due to *Vednasthapan, Vatashaman and Shoolaprashamana properties*. Burning micturation is relieved by the *Dahaprashaman, Jwaraghna and Pittashaman properties*. *Pyuria* is relieved due to *Krimighna* and *Bastishodhan properties*.

5.2. According to Modern science

The herbal drugs used in *Kulatthadighrita* have the Lithotriptic, Diuretic, Analgesic, Anti-inflammatory, Anti-oxidant, Coolent and Antimicrobial properties by they relieved the symptoms of Urolithiasis and breaks the stone in to small pieces and expelled outside by its diuretic action.

6. Conclusion

As per the observation and results of above case report it is very obvious that the case of *Mutrashmari* can be managed by *Avapeedaksnehapan of Kulatthadi Ghrita*. To place the firm result the trial should be done on large sample.

The case study concluded as the *Avapeedaksnehapan of Kulatthadi Ghrita* is the good choice of treatment for case of *Mutrashmari*. It has encouraging results

Compliance with ethical standards

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Disclosure of conflict of interest

The author declare that there was no conflict of interest regarding the publication of manuscript.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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Author's short biography



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