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A Case Study on Mutrashmari (Urolithiasis) by Using Varunadi Kwath and Hajrul Yahood Bhasma

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Ethical approval: Approved by the Institutional ethics committee	Abstract <i>Mutrashmari</i> is one of the most common disorder of <i>mutravaha srotas</i> (Urinary system). In India contemporary medical sciences, it is correlated with urolithiasis. It is estimated that about 5-7 million patients are suffering from urinary calculus. In India with comparative ratio of male to female is 2:1. In <i>urolithiasis</i> , there is tendency of fluctuating pain and abdominal pain always drags not only patients attention, but also the curiosity of the surgeon for surgery. But these techniques can develop complications as well as recurrence also and too much expensive. Management of <i>mutrashmari</i> with <i>ayurvedic</i> medication (<i>Varunadi kwath</i> and <i>hajrul yahood bhasma</i>) is safe cost effective and conservative.
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Introduction:

Mutrashmari is one of the most common disorders of the *mutra vaha stroas*. Urolithiasis constitutes one of the commonest diseases in our country and pain due to this is known as worse than the *labour* pain. In India, approximately 5-7 million patients suffer from stone disease and at least 1/1000 of Indian population needs hospitalization due to kidney stone disease^[1]. According to *ayurveda*, it is considered as *mutrashmari* which is one of the common and distressing maladies. It is considered as one of the *astamahagada*. *Sushrutacharya*, father of surgery explains the process of stone formation in detail with symptoms and management in ayurvedic classical text, *sushrut samhita*.^[2] Acharya *sushrut* said that before going for surgical procedures one should try with oral medications like *ghrita*(medicated ghee), *taila*(medicated oil), *Paneeya kshara* etc, which possesses the properties such as *chedana*, *bhedana*, *lekhana* and *mutrala* for facilitating the disintegration of urinary stones^[1,3] The improper purificatory procedure results in residual accumulation of *kapha* and *pitta prakopa* in *mutravah srotas*. Hence all the *doshas* collectively result in formation of *ashmari*. There are so many *ayurvedic* management available in classical references, which is treated *mutrashmari* successfully. Here we are taking combination of *varunadi kwath* which is mentioned in *bharat bhaishajya ratnakar* and *hajrul yahood bhasma* mentioned in *siddha yoga sangraha*, *ashmari mutrakrichha rogadhikara*.

Aim:

- 1) To know the efficacy of *varunadi kwath*.

- 2) To know the efficacy of *hajrul yadood bhasma*.

Objective:

- 1) Literary study of *mutrashmari*.
- 2) Literary study of *varunadi kwath*.
- 3) Literary study of *hajrul yahood bhasma*.

Case study:

A 37 yrs/Female patient presented with complaints of abdominal pain associated with difficulty in urination since 15 days. Patient was asymptomatic 15 days before. One day severe abdominal pain was started, then she went to nearby physician, took a symptomatic treatment, that time she got relief. But after some days again having severe abdominal pain with difficulty in urination then she went to hospital doctor advice her to do USG. Then in USG there were 3 calculi shown, then surgeon advice for surgery. Patient didn't want to do surgery. Then after few months, she came to us, and then started proper medication and within a week she started getting relieved from symptoms. Within 45 days all symptoms relieved. Reports were also normal.

Material and Methods:

20 ml *varunadi kwath* mix with 250 mg of *hajrul yahood bhasma* was given twice a day in *adhobhakta kal* with lukewarm water for 45 days with follow up by interval of 7 days.

Pathyapathya:

Aahara varg: Patient was adviced to avoid to take tomato, spinach, ladyfinger, brinjal, beans, capsicum ,fish, maida, rajma, dahi.

Vihara varg: Avoid *Divaswap*, *vega vidharan*.

Patient history:

- Patient name: ABC
- Age: 38 yrs
- Sex: Female

- Marital status: Married
- Weight: 58 kg
- Height: 5'2''
- *Prakruti*: Vat-kaphaj

Lakshan: Subjective criteria^[4]:

Symptoms	Severity	Duration
1. Abdominal pain(on and off) Pain was assessed by VAS (visual analogue scale)	Grade 2(Moderate pain)	since 6 months
2. Dysuria	Grade 1 (Mild pain during micturation)	since 6 months

Objective criteria:

Investigations: (Reports dated 24/03/2018)

USG:

Right kidney: Non obstructive calculus of size 8 mm is noted .Dilated pc system

with dilated *ureter* is noted due to calculus of size 9.9 mm noted at upper one third of *ureter*.

Left kidney: Non obstructive calculus of size 4.4 mm is noted.

**Results:** After treatment:

	Before Treatment	After Treatment
Symptoms	Severity	severity
1. Abdominal pain(on and off) Pain was assed by VAS (visual analogue scale)	Grade 2(Moderate pain)	Grade 0(No pain)
2. Dysuria	Grade 1 (Mild pain during micturation)	Grade 0(No pain during micturation)

Objective criteria:

Investigations:
(Reports dated 05/10/2018)

USG:

Right kidney: No E/o calculus/
hydronephrosis/ hydroureter noted.
Left kidney: NO E/o calculus noted.

present. Till today patient is normal without any symptoms.

Discussion:

Varunadi kwath contain *varunchhal, sunthi, pasanbhed, gokshur*.The above combination was given with *hajrul yahood bhasma*. Drug which used to prepare varunadi kwath varun itself is *mutral, bhedana, ashmarihara. sunthi deepan pachan, pasanbhed* have *bhedan, lekhan* properties, *gokshur* contains

Follow up:

After 15 days again follow up was taken that time no pain, no any complaints were

potassium nitrate in rich quantity, which acts as an alkalizer.^[5] *Hajrul yahood bhasma* which is alkaline in nature having *bhedana* properties. When *varunadi kwath* combined with *hajrul yahood bhasma* synergetic action of *alkalizer* is enhanced and appreciating the results in disintegration and elimination of urinary stones from urinary tract.

The allopathic treatment is costly with side effects; there is chance of recurrence also. So, instead of that this *ayurvedic* management is safe, cost effective, and conservative.

Conclusion:

As *Acharya sushruta* said '*Nidana Parivarjana*' is a major treatment too, for any disease. So, we may conclude that treating *mutrashmari* patients with *varunadi kwath* and *hajrul yahood bhasma* may be valuable.

As this is single case study, the same intervention can be used on larger population too see the efficacy of *varunadi kwath* and *hajrul yahood*

bhasma and role of *pathya* in the management of *mutrashmari* (urolithiasis).

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