

<https://doi.org/10.46344/JBINO.2022.v11i02.22>

COMPARTIVE CLINICAL STUDY IN THE MANAGEMENT OF MOOTRASHMARI WITH KULATTHA CHURNA AND APAMARGA KSHARA - A REVIEW

Dr Mundhe Vishnukant Dnyanoba

Associate Professor , Deptt of Shalya Tantra, Dhanwantari Ayurved Medical College and Hospital ,Udgir Dist- Latur

ABSTRACT

Mutrashmari (Urolithiasis) is one of the most common diseases found in world. It is found that this condition has recurrence in nature in spite of removal of stone by surgical method in large number of cases. In India 5-7 million people are suffering from this disease, it occurs in both sexes but it commonly found highly in men and is becoming more common in young women. In Ayurveda text, Urinary calculus has been described in detail under the heading of Mutrashmari. Acharya Sushrut has described that Ashmari is surgical conditions. For treatment various herbs like Kulattha (*Dolicus biflorus*), Gokshura (*Tribulusteristris*), Apamarga (*Achayaranthsaspera*), Pashanbheda (*saxiferaliguulta*) and Varuna (*Crataeva nurvela*) are also described for Mutrashmari. In present study we are discussing regarding the management of Mootrasmari with Kulatta Churna and Apamarga Kshara.

Introduction

An attempt has been made in previous studies to analyze the various varieties of Mutraghata under the three categories and possible explanation on modern lines is presented, which is completely based on thorough discussions. Though the classification may not be complete but it may prove to be an aid in approaching a case of Mutraghata with varied symptomatology and to plan the treatment accordingly. If the 13 types of Mutraghata can be classified into three categories as projected below, then it may help to understand the varieties more clearly and it will help us to analyze a patient presenting with related complaints⁶¹-

A. Vatakundalika, Vata Basti : Neurogenic disturbances of and Mutrajathara bladder.

B. Ashteela, Mutragranthi, : Organic disturbances*⁶²Mutrotsanga and Bastikundalika

C. Mutrateeta, Mutrakshaya, : Others**, Ushna Vata, Mutroukasada, Vidvighata and mutrashukra

(*-where the symptoms of retention of urine, increased frequency of micturition, distension of abdomen and mass felt per rectum are due to a growth either in the bladder, urethra, prostate or other growths.)

**-where the disturbance in urinary function is either due to physiologic

reasons or injury etc.) from above discussion Benign Enlargement of Prostate was compared with type of Mutraghata. Following inferences which were previously taken by thorough discussion in previous study by "Vd. N.H. Kulakarni, 2002, will be helpful in labelling of disease that "most probable and suitable description in helping to identify the entity of BPH in our classical texts:-

(a) The symptomatology of BPH in relation to the size of the gland is uncertain & hence the patients present themselves with varied symptoms.

(b) The types like- Basti Kundalika, Mutragranthi, Mutrotsanga & Ashteela may just be the various stages of which a patient presents himself. The late symptom which compels a patient to present himself before a physician is "Haematuria" and this term is indicated in "Bastikundala"

Urinary stones belong to the group of bio minerals. Different organic and inorganic substances with a crystalline or amorphous structure are the major constituent of the stone. (1) Most of the kidney stones are calcium stones, composed of calcium oxalate and/or calcium phosphate. These stones are generally associated with high concentration of calcium in the blood or urine. (2) Different symptoms due to the calculi are depended upon their size which ranges from few millimetres to the centimetres. The kidney stones below 5 mm size which are flush out automatically by

the urinary tract. But the stones more than 5 mm requires medical management otherwise it can lead to complications like dysuria, severe pain, hematuria etc. The prevalence being high at any part of the world, males are affected more than females

In Ayurveda urinary calculi have Mutrashmari (Urolithiasis) is one of the most common diseases found in world. It is found that this condition has recurrence in nature in spite of removal of stone by surgical method in large number of cases. In India 5-7 million people are suffering from this disease, it occurs in both sexes but it commonly found highly in men and is becoming more common in young women. In Ayurveda text, Urinary calculus has been described in detail under the heading of Mutrashmari. Acharya Sushrut has described that Ashmari is surgical conditions. For treatment various herbs like Kulattha (Dolicusbiflorus), Gokshura (Tribulusterrestris), Apamarga (Achayaranthaspera), Pashanbheda (saxiferaligualta) and Varuna (Crataeva nurvela) are also described for Mutrashmari. The study has been conducted to explore Ayurvedic clinical research in Mutrashmari. The review presented various clinical & experimental evidences in Urolithiasis. The studies are found on Tribulusterrestris, boerhaviadiffusa, Dolichousbiflorus, SaxifragaLigulata, Aegle marmelos, Yavaksharadi yoga, Kulathyadi yoga, Varunmulatwakkashay, Narikelkusumayoga, Shvadmstradikwath, Paniyakamlanakshar, Varunadikwath, Chandraprabhavati, Nagradi Vati,

Gokshuradiguggul. All drugs showed potent Lithotryptic as well as Diuretic, Antibacterial, Anti-inflammatory which are beneficial in the management of Urolithiasis. Keywords: Mutrashmari, Urinary stones belong to the group of bio minerals. Different organic and inorganic substances with a crystalline or amorphous structure are the major constituent of the stone. (1) Most of the kidney stones are calcium stones, composed of calcium oxalate and/or calcium phosphate. These stones are generally associated with high concentration of calcium in the blood or urine. (2) Different symptoms due to the calculi are depended upon their size which ranges from few millimetres to the centimetres. The kidney stones below 5 mm size which are flush out automatically by the urinary tract. But the stones more than 5 mm requires medical management otherwise it can lead to complications like dysuria, severe pain, hematuria etc. The prevalence being high at any part of the world, males are affected more than females. (3) Suppressing the natural urges is seen on large scale in daily practice and finally leading to illness. Urolithiasis is common and painful disease of urinary tracks. Mutrashmari (Urolithiasis) is one of the most common diseases found in world. It is found that this condition has recurrence in nature in spite of removal of stone by surgical method in large number of cases. In India 5-7 million people are suffering from this disease, it occurs in both sexes but it commonly found highly in men and is becoming more common in young women. In Ayurveda text, Urinary calculus has been described in detail under the

heading of Mutrashmari. Acharya Sushrut has described that Ashmari is surgical conditions. For treatment various herbs like Kulattha (Dolicusbiflorus), Gokshura (Tribulusterrestris), Apamarga (Achayaranthasaspera), Pashanbheda (saxiferaligualta) and Varuna (Crataeva nurvela) are also described for Mutrashmari. The study has been conducted to explore Ayurvedic clinical research in Mutrashmari. The review presented various clinical & experimental evidences in Urolithiasis. The studies are found on Tribulusterrestris, boerhaviadiffusa, Dolichousbiflorus, SaxifragaLigulata, Aegle marmelos, Yavaksharadi yoga, Kulathyadi yoga, Varunmulatwakkashay, Narikelkusumayoga, Shvadmstradikwath, Paniyakamlanakshar, Varunadikwath, Chandraprabhavati, Nagradi Vati, Gokshuradiguggul. All drugs showed potent Lithotryptic as well as Diuretic, Antibacterial, Anti-inflammatory which are beneficial in the management of Urolithiasis. Urinary stones belong to the group of bio minerals. Different organic and inorganic substances with a crystalline or amorphous structure are the major constituent of the stone. (1) Most of the kidney stones are calcium stones, composed of calcium oxalate and/or calcium phosphate. These stones are generally associated with high concentration of calcium in the blood or urine. (2) Different symptoms due to the calculi are depended upon their size which ranges from few millimetres to the centimetres. The kidney stones below 5 mm size which are flush out automatically by

the urinary tract. But the stones more than 5 mm requires medical management otherwise it can lead to complications like dysuria, severe pain, hematuria etc. The prevalence being high at any part of the world, males are affected more than females. (3) Suppressing the natural urges is seen on large scale in daily practice and finally leading to illness. Urolithiasis is common and painful disease of urinary tracks. Mutrashmari (Urolithiasis) is one of the most common diseases found in world. It is found that this condition has recurrence in nature in spite of removal of stone by surgical method in large number of cases. In India 5-7 million people are suffering from this disease, it occurs in both sexes but it commonly found highly in men and is becoming more common in young women. In Ayurveda text, Urinary calculus has been described in detail under the heading of Mutrashmari. Acharya Sushrut has described that Ashmari is surgical conditions. For treatment various herbs like Kulattha (Dolicusbiflorus), Gokshura (Tribulusterrestris), Apamarga (Achayaranthasaspera), Pashanbheda (saxiferaligualta) and Varuna (Crataeva nurvela) are also described for Mutrashmari. The study has been conducted to explore Ayurvedic clinical research in Mutrashmari. The review presented various clinical & experimental evidences in Urolithiasis. The studies are found on Tribulusterrestris, boerhaviadiffusa, Dolichousbiflorus, SaxifragaLigulata, Aegle marmelos, Yavaksharadi yoga, Kulathyadi yoga, Varunmulatwakkashay, Narikelkusumayoga, Shvadmstradikwath,

Paniyakamlanakshar, Varunadikwath, Chandraprabhavati, Nagradi Vati, Gokshuradiguggul. It is one of the few surgical conditions which have been given very prominent place in Ayurveda by Acharya Sushruta (4). Types of ashmari according to Sushrut, Charak, and Vagbhat are Vataja, Pittaja, Kaphaja and Shukraja. (5, 6, 7) There are such herbs which makes the treatment easier without any complication and also minimizing the risk of recurrence. Vatajaashmari can be correlate with calcium Oxalate calculus, Pittajaashmari can be correlate with uric acid, urate, cystine calculus and Kaphajaashmari can be correlate phosphatic calculus. (8) The results of the experiment have led to the conclusion that the synergetic effect produced when hydro alcoholic extract of Gokru was given along with the comestible showed better antiurolithic activity. (14) Kulathya (Dolichos Biflorus) In Ayurvedic text, Kulathya is described as Bhedak (Lithotryptic) & Mutral (Diuretic). (15) In clinical study of Rana Gopal Singh et.al, Forty seven patients with diagnosis of calcium oxalate renal calculi were taken in study. In first group (24 Patients) received Kulattha and in second group (23 patients) were given potassium citrate for a period of 6 months. Kulattha can be used to reduce the recurrence of calcium oxalate stone and it is shown to have a better result than the use of conventional potassium citrate in such patients. (16) Pashanbheda (Saxifera lagulata) In ayurvedic text, it is described as Ashmaribhedak (Lithotryptic) & Mutral (Diuretic) properties. (17) It is sheetviryatmak (cold potency) drug. (17) In

animal study of Goswami Priyanka et.al, Ethanolic extract of Saxifera lagulata showed significant diuretic activity. Chemical entities of this plant have been used as an Anti-bacterial, Anti-inflametric, diuretic, Anti-urolithiatic. (18)

Shrestha Basti is to be administered in all the varieties of Mutraghata. The measure told for Mutrakricchra are – Abhyanga, Sneha, Niruha Basti, Snehapana, UttaraBasti, Seka, Pradeha, Virechana, Kshara, Ushna – Tikshna Aushadha and Annapana, Takra, Tikta Aushadhasiddha Taila are advised for the individual Doshas respectively

Therefore, it is clear from the lines of management advocated by various acharyas, all the aspects of “Antahparimarjana” and “Bahihparimarjana” are incorporated. The approach towards the management of disease is complete starting from Nidana parivarjana to Pathya as Vata is the prime factor in the manifestation of Mutraghata and Mutravegavarodha being the important Nidana, this has to be alleviated. Thus, the use of

Kashaya, Sarpi, Leha, Kshira, Abhyanga, Snehapana, and Svedana alleviate Vata as a whole and further according to the indulgence of Pitta or Kapha; the Virechana or Vamana can be selected in the treatment.

PATHYA AND APATHYA :

Lastly, the most important and the most neglected aspect of the treatment is that of Pathya and Apathya. Dietetic control will give boost to the drugs administered and therefore enhance the results

of the given drugs. Abhyanga, Snehana, Virechana Basti Svedana Uttara Basti are again described to be Pathya indicating their importance. Purana Shali, Yava, Madya, Takra, Dugdha, Mashayusha, Kushmanda Phala,

Patola, Talaphala etc. are all Pathya to the patients of Mutraghata; hence the food articles of above advised things will definitely be beneficial in alleviating the symptomatology of Mutraghata, atleast to a certain extent and mostly that of Vata vitiation.

Mutravegavarodha, Viruddhahara, Ativyayama, Ruksha – Vidahi Annapana Ativyavaya, Vamana etc. are Apathya as they all lead to vitiation of Vata and results in further deterioration of the condition of Aghata or urine retention . Here is an effort to collect different Yogas told by different

Gokshuradiguggulu, Chandraprabhavati) Compound orally. PunarnavadiMandoora contains punarnava, trivrit, maricha, pippali, vidanga, kushta, pippalimula, musta, mandura, gomutra. Gokshuradiguggulu contains gokshura, pura, maricha, pippali, haritaki, vibhitaki, amalaki, musta. And Chandraprabhavati contains chandraprabha, vacha, musta, bhunimba, amrita, daruka, ativisha, vidanga, danti, patraka, eranda, sita, silajitu, guggulu. In first group of Alkali preparation of barley given in Paneeyakshara form group 40% of patients were cured, 20% markedly improved, 20% improved and 20% remained unchanged. In second group of PM Compound (Standard Control Group), 10% patients were cured, 10% were markedly improved, 40% improved and 40%

remained unchanged. So, here it can be concluded that Alkali preparation of barley given in Paneeyakshara form possesses the properties regarding to dissolution and removal of stones and can produce total relief in sign and symptoms of Renal Calculi which proves that it is an ideal preparation for the management of Renal Calculi. (20) It helps to reduce the symptoms as well as to reduce the size of the Urinary stone and eventually in flushing out. It can be concluded that the vaiparityaparinarom of paneeyakshara will be very well counteracted by the virtue of opposite gunas present in Narikela Kusuma yoga. The formulation becomes safer, suitable and efficient by the addition of Narikela Kusuma yoga.

REFERENCES

- Albrecht Hesse, H. G. Tiselius, Roswitha Siener, B. Hoppe, Urinary Stones: Diagnosis Treatment and prevention of Recurrence 2009; 3: 4.
- Lemone Priscilla, Medical Surgical Nursing 2008; 4: 856
- R.C.G. Russell, Normans William, Love & Bailey short text book of surgery, Christopher J.K Bulstrode, 24th edition, oxford university U.S.A 2007
- Sushrut Priyavat Sharma, Shri Anantram Sharma, Sushruta Samhita 1 St part, nidansthan, Chapter no 3, 1st edition, choukhambasubharati publication, Varanasi, 2001.

5. Acharya YT, editor. Sushruta Samhita with NibandhaSangraha Commentary. 7th ed. Varanasi: Chaukhamba Sanskrit samsthana; 2002. p. 277. (Ni. 3/7)

6. Acharya YT, editor. Charakasamhita of Agnivesha. 5th ed. Varanasi: Chaukhambha Sanskrit Samsthana; 2011. p. 499. (Ch. 26/ 32-32)

7. Paradkar H, editor. AstangaHridaya with Sarvangasundari and Ayurveda rasayana commentaries. 9th reprint.

8. Thameem Mohammed Hemantha Kumar P.Diagnosis of Urinary Calculus - An Ayurvedic PerspectiveInternational Ayurvedic Medical Journal IAMJ: Volume 1; Issue 3; May – June 2013 ISSN:2320 5091

9. Anonymous. The Ayurvedic Pharmacopoeia of India. Part 1. Vol. 3.,1st ed. New Delhi: Govt. of India, Ministry of Health and Family Welfare,Department of I.S.M. and H.; 1999. pp. 29-31.

10. Kaideva, Kaiyadeva Nighantu,Aushadhi Varga/19, edited by Sharma PV, 2nd ed. Chaukhambha Orientalia, Varanasi, 2006; 6-7, 563.

11. Madhav, Vrindamadhav, Shotha/14, Translated by Tewari P, 1st ed. Chaukhambha Visvabharati, Varanasi, 2007; 399.

12. Neha A. Parmar, Bhupesh R. Patel, Mukesh B. NariyaA comparative experimental study to evaluateMutrala (diuretic) activity of BilvaMoolaandPatra

2022 ,March Edition | www.jbino.com | Innovative Association

(Aegle marmelosCorr.AYU | Jul-Sep 2014 | Vol 35 | Issue 3

13. Dravya Guna vigyan Volume II, editor Prof.P.V.Sharma,Chapter No.268, chaukhmbha Bharti Academy, Varanasi, Reprint 1999,p.632,633,634.

14. ChavvaPavitra, MyreddyJayasree, Srikanth Sharadha, Chidrawar Vijay R. Rao Uma Maheshwar Estimation of Antiurolithic Activity of Gokhru and Comestible in Experimental Urolithic Rats Asian Journal of Pharmaceutical Research and Development Vol.1 (6) Nov. – Dec. 2013: 62-69 ISSN 2320- 4850 www.ajprd.com

15. Deshpande A.P., Javlgekar R.R., Ranade S. Dravya Guna vigyan Volume II, 2009, pg.940.

16. Singh Rana Gopal, Behura Sanjeev Kumar, Kumar Rakesh Litholytic Property of Kulattha (DolichousBiflorus) vs Potassium Citrate in Renal Calculus Disease : A Comparative Study JAPI • MAY 2010 • VOL. 58)

17. Deshpande A.P., Javlgekar R.R., Ranade S. Dravya Guna vigyan Volume II, 2009, pg.952

18. Goswami Priyanka Kantivan, Sawant Mayuri, Shrivastav Rashmi S., Multi faciliated Saxifera lagulata Int. J. Res. Ayurveda Pharm 4(4), Jul-Aug 2013