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ROLE OF ELADI KWATH IN THE MANAGEMENT OF MOOTRASHMARI (UROLITHIASIS)

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ABSTRACT

Acharya Sushruta, the father of surgery included Ashmari (Mootrashmari) in Ashtamahagada. Formation of Ashma (stone) like structure in urinary tract is known as Mootrashmari. Urolithiasis or Renal calculus is the disease which exactly resembles with Mootrashmari. Vitiated Vayu, Kapha and Pitta are carried into the bladder and in union with the retained urine, give rise to the formation of Mootrashmari. As per modern view, for crystals to occur, the urine should be supersaturated with the salt; increase in the urinary excretion of the chemicals that constitute the crystals result in crystallization. Ghrita, Kshara, Yavagu, Kshira, or Kwatha prepared by combination various drugs according to Doshas are found in the context of treatment of Mootrashmari. Hydrotherapy, use of antibiotics, antispasmodic, analgesic drugs and symptomatic treatment as per need is basic protocol of modern science to treat urolithiasis. Gokshuradi Yog is mentioned by Charaka, Vagbhata, Bhavaprakasha and Bhaishajya Ratnavalikara. In the present article we are discussing regarding the management of Mootrashmari.

INTRODUCTION

Mootrashmari is a disease of urinary tract which causes problems in many ways including passage of urine. The waste material when not dissolve completely in urine and obstruct urinary path then it Mootrashmari may occur which termed as stone in modern science 1-5 . The Ashmari (Urolithiasis) mainly formed by calcium may be due to the lack of citrate which dissolve waste product. The low level of magnesium and pyrophosphate also cause Mootrashmari. It is believed that approximately 5% to 8% people are suffering from the disease now a day's. This article aimed to deal with ayurveda and modern perspective of Mootrashmari, its complication and treatment 4-8 . The article presents pathogenesis, symptoms and management modalities of Mootrashmari along with suggested conduct of life to prevent disease recurrence. Definition: Urolithiasis means Uro+Lithiasis; formation of stony concretions in the kidney, urinary tract or specifically bladder. Consumption of contaminated water and food, disturbed life style, low intake of water, consumption of salty food and packed soup may be the causative factor of disease. Heredity, geographical condition and socioeconomic condition also play vital role towards the disease prevalence.

Urinary stone constitute one of the commonest diseases in our country and pain due to kidney stones is known as

worse than that of labour pain. Among all the pain, abdominal pain always drags not only patient's attention but also the curiosity of the surgeon. The information regarding Ashmari [1,2] is available in almost all samhita (Ancient treatise) of Ayurveda. In India, approximately 5-7 million patients suffer from stone disease [3,4] and at least 1/1000 of Indian population needs hospitalization due to kidney stone disease. Thus, the disease is as widespread as it is old, particularly in countries with dry, hot climate [5]. These are "stone belt regions". The incidence of calculi varies as per geographical distribution, sex and age group. The recurrence rate is 50 to 80%. Males are more frequently affected than the female and their ratio is 4:3 [6]. The incidence is still higher in the age group between 30-45 years and incidence declines after age of 50.

Acharya Sushruta, the father of surgery included Ashmari (Mootrashmari) in Ashtamahagada. 1 Formation of Ashma (stone) like structure in urinary tract is known as Mootrashmari. After digestion of food material, it is converted into two parts, those are Sara (essence) and Kitta (waste) products. Sweda, Mootra and Purisha are the three main Malas. Among which Mootrashmari occurs due to Mootra dushti. The meaning of word Ashmari is as – Ashma: Stone and Ari - which act like an enemy. Urolithiasis or Renal calculus is the disease which exactly resembles with Mootrashamri. Urinary stones have afflicted

humankind since antiquity with the earliest recorded example being bladder and kidney stones in Egyptian mummies. Acharya Sushruta, though an expert of surgery, advocates the possible cure of any disease by medicinal treatment before going to surgical intervention. Kapha dosha vitiation, Mootra vega dharana, Adhyashana, Samashana, Guru ahara, Ativyayama, Anupa mansa sevan are the main Hetus of Mootrashmari. 2 Heredity, teen-age, living in mountainous area, summer season, high temperature, low water intake, diet containing high purines and phosphates, hard water consumption and sedentary occupation are most common causative factors for Urolithiasis

In Ayurveda numbers of drugs are mentioned to treat mutrashmari [5]. Among them the 'Varunamulatwak kwatha', which is mentioned in Chakradatta text 34/25 [7], was selected for the study. This compound drug is advised in decoction form. This drug can be given on O.P.D basis and is administered without requiring hospitalization. These drugs are easily available, economical and are easy to administer. These are also using since ancient period traditionally. These are having anti-inflammatory [8], diuretic and Antilithic [9] properties. Hence the clinical study has been undertaken to evaluate the efficacy of 'Varunamulatwak kwatha' in the management of Urolithiasis.

Gokshuradi yoga and Pashanbhedadi ghrita Gokshuradi yoga and Pashanbhedadi ghrita recommended for

the management of Mootrashmari. Gokshuradi yoga possesses diuretic and lithotriptic qualities while Pashanbhedadi ghrita offer symptomatic relief in disease condition, it also offers soothing, cooling and diuretic properties. Formulations help to relive symptom such as; Nabhivedana, Bastivedana, Mutradharasanga and Sarudhiramutrata. The author of present article also worked to evaluate efficacy of Gokshuradi yoga and Pashanbhedadi ghrita in the management of Mootrashmari and findings of study proved efficacy of formulation in Mootrashmari. Paneeya kshara & Anandayoga Paneeya kshara mentioned in the treatment of Mootrashmari since it possess properties like Chedana, Bhedana, Lekhana, Krimighna, Shodhana, Ropana and Vilayana, these all qualities believed to offer beneficial effects in effective removal of Mootrashmari. It prevents chances of recurrence. The alkaline nature of Kshara neutralizes hyper tonicity and acidity of urine which change pH and help in the expulsion of stone. The chedana, bhedana and lekhana properties offer non invasive fragmentation of stone. While shodhana and ropana properties of kshara help to heal and maintain lacerated mucosal surface of the urogenital tracks. Shodhana properties of kshara therapy also relieve infection which may frequently during Mootrashmari. The Anandayoga contains Tila panchaga, Apamarga panchanga, Palash kanda, Kadali kanda, Aamalki kanda. The yoga is recommended with Avimootra as Anupana which possess pitta shaman properties. The yoga relief abdomen pain, dysuria, offer mootrala

(diuretic) property and increase intra luminal pressure which help in the expulsion of stone. Varunadi Kvatha Varunadi kvatha with yavakshar prakshep reported to possess beneficial effects in urolithiasis. Application of Varunadi kvatha and yavakshar prakshep along with pathyapalan offer significant results in the management of disease. The ingredient of Varunadi kvatha such as; Varuna, Shilabhed, Shunthi, Gokshur and Yavakshar help to relief symptoms such as; pain, burning micturition, hematuria and dysuria. Apamargkshara and Yavakshara Apamargkshara along with Yavakshara possess disintegration, dissolution, dislodging and expulsive property therefore recommended in mootrashmari. Kshara is formed by Bashmikanana which make drug dry possessing gunas of vata. Bhasmikanana also imparts kaphaghna and vataghna properties into drugs. It also offers capacity to break due to its Agnisanskara process. Lavan rasa Kshara disintegrates ashmari; Ushnavirya dissolves it and prabhava help to expel out the ashmari. Kshara having pH more than 7 (alkaline) so it neutralizes acidic media, changes pH of urine and prevents urine to become concentrated which is considered as one of the reason of stone formation. Thus it is believed that Kshara therapy not only disintegrate, dissolve and expel stone but also prevent formation of stone 9

Vitiated Vayu, Kapha and Pitta are carried into the bladder and in union with the retained urine, give rise to the formation of Mootrashmari. 3 As the wind and lightning

jointly condense the rainwater into hailstones, so the bodily Vayu and Pitta jointly contribute to the condensation of Kapha in the bladder and transform it into stone.⁴ As per modern view, for crystals to occur, the urine should be supersaturated with the salt; increase in the urinary excretion of the chemicals that constitute the crystals result in crystallization; normal subjects have inhibitors of crystal formation but anatomical abnormalities like ureteropelvic junction obstruction can predispose to increased crystal retention and bacterial infection may promote stone formation. Purvaroopas of Mootrashmari are as, Todavata vedana in Basti (urinary bladder), Kruccha mootrata (difficulty in micturition), Bastishira-Mushka-Shepha vedana (an excruciating pain in bladder neck, scrotum and penis).⁵ Symptoms of urolithiasis explained in modern are as, colicky pain (loin to groin radiating pain), hematuria, dysuria, oliguria, nausea or vomiting, fever, and asymptomatic urolithiasis sometimes.⁶ Ghrita, Kshara, Yavagu, Kshira, or Kwatha prepared by combination various drugs according to Doshas are found in the context of treatment of Mootrashmari, viz. Pashanabheda and Ushakadi Gana for Vataja Ashmari; Kush, Kash etc. for Pittaja Ashmari; Varunadi Gana for Kaphaja Ashmari, Basti chikitsa (especially Uttara basti) of Viratarvadi Gana etc. 7-11 Hydrotherapy, use of antibiotics, antispasmodic, analgesic drugs and symptomatic treatment as per need is basic protocol of modern science to treat urolithiasis. Surgical interventions are advised in many patients on the basis of

size and severity of the stone. But recurrence of urolithiasis is more common issue even after surgical intervention also. Patient has to bear a lot of expenditure also. In contrast Ayurvedic modalities give relief from Mootrashmari (Urolithiasis) in which chances of recurrence are also reduced. Comparatively expenditure is less and this therapy is without any side effect. Hence it was decided to test and revalidate these facts under this project "To study efficacy of Gokshuradi Yog in the management of Mootrashmari (Urolithiasis)." Gokshuradi Yog¹² is mentioned by Charaka, Vagbhata, Bhavaprakasha and Bhaishajya Ratnavalikara. This Yog is cheap, easily available and can be prepared easily at home.

Recommended Yoga for Mootrashmari ँ Vajrasana ँ Pawanamuktasana ँ Uttana padasana ँ Dhanurasana ँ Pranayama

CONCLUSION Mootrashmari is a disease of urinary system and obstruct urinary path which termed as stone in modern science. The Mootrashmari (Urolithiasis) mainly occurs due to the calcium deposition which may be associated with lack of citrate and other etiological factors. Approximately 5% to 8% peoples are suffering from common symptoms of ureter culculi; pain, haematuria, burning micturition and dysurea. Ayurveda described various treatment approaches for the management of disease; use of herbs, ayurveda formulation and Kshara, etc. The good conduct of life (Ahara-Vihara) also play vital role towards the management of disease.

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