

## AN AYURVEDIC APPROACH IN THE MANAGEMENT OF HYDRONEPHROSIS WITH RENAL AND UPPER URETERIC CALCUS(MUTRASHMARI)

\*<sup>1</sup>Dr. Sagar Pandurangji Urkude, <sup>2</sup>Dr. Kartika Ashok Kolhe

<sup>1,2</sup>MD Scholar State Ayurvedic College, Lucknow.



\*Corresponding Author: Dr. Sagar Pandurangji Urkude

MD Scholar State Ayurvedic College, Lucknow.

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### ABSTRACT

Renal calculus or Nephrolithiasis or Kidney stone is the most common, oldest known and most widespread disease in the urinary tract system. It is recurrent in nature and 3rd most common disorder among urinary diseases. It is more common in males; 90% are radio-opaque (gallstones are more common in females; 90% are radiolucent). In ayurveda we call it as ashmari i.e. Ashma (meaning like a stone) & Ari (meaning behaving like an enemy for the body). In modern science the treatment of renal calculi involves use of antispasmodic, analgesic, antiemetic, anti-inflammatory, antacid, hydration & surgical intervention depending on the size and location of the calculi and associated symptoms. The present case study is of a 52-year-old female patient having symptoms of burning micturition, acute right side flank and back pain, radiating from loin to groin region, nausea, vomiting, dysuria. She was experiencing mild pain and discomfort in abdomen since 1 month and has been taking allopathic medicines for such and got temporary relief. Then got diagnosed with renal calculi after sudden episode of pain in abdomen and after investigation was advised for surgery, but was unwilling for the same. So consulted for ayurvedic medication after which the symptoms relieved. This case study aims to study the management of ashmari (renal calculi associated with right side hydronephrosis) with effective ayurvedic treatment.

**KEYWORDS:** Ashmari, Ayurveda, renal calculus.

### INTRODUCTION

Kidney stones, or renal calculi, are a very common problem today, mostly due to changes in lifestyle. They tend to come back again and again and are seen more often in men than in women. Most cases occur between the ages of 20 and 40, while they are less common after 50 years of age.<sup>[1]</sup>

There are many causes of kidney stones. Eating too much salt or red meat, having gout, taking excess medicines like calcium or vitamin D, dehydration, and living in hot and humid climates all increase the risk.

People who don't drink enough water are the ones who usually suffer from this condition.<sup>[2]</sup>

Kidney stones can be of different types—calcium oxalate, struvite, uric acid, and cystine. Among these, calcium oxalate stones are the most common and are found in nearly 80% of patients, while the other types

make up the remaining 20%.

In Ayurveda, kidney stones are correlated to Ashmari, which is considered in one of the eight difficult-to-cure diseases (Ashtamahagada). It is a disease of the urinary system (Mutravaha Srotas). Since the bladder (Basti) is one of the three vital organs (Trimarma), Acharya Sushruta described Ashmari as a serious and sometimes fatal disease.<sup>[3]</sup>

Ayurveda mentions four types of Ashmari—Vataja, Pittaja, Kaphaja, and Shukraja—each with different features.

- Vataja Ashmari resembles calcium oxalate stones.
- Pittaja Ashmari is similar to uric acid stones.
- Kaphaja Ashmari is like oxalate/phosphate stones.
- Shukraja Ashmari is related to reproductive system disorders.<sup>[4]</sup>

Most often, kidney stones are linked with a predominance of *Kapha dosha* in the body.

### CASE STUDY

A 52-year-old female patient consulted online on 24/6/2025 with complaints of burning micturition, acute right side flank and back pain, radiating from loin to groin region, nausea, vomiting, dysuria. She was experiencing mild pain and discomfort in abdomen since 1 month and has been taking allopathic medicines for such and got temporary relief. She experienced pain again and then was advised USG abdomen (findings suggesting Right sided hydronephrosis with proximal Hydroureter. Right Renal & Upper ureteric calculus measuring 18×7mm & 13×6mm respectively) Radiologist advised them to consult a Urologist for surgery. The patient was unwilling for surgery so, she consulted online to me.

### History of present illness

According to patient she was asymptomatic until 2–3 months prior, when she developed intermittent abdominal discomfort and mild pain for about a month. She initially consulted a physician and received symptomatic treatment with temporary relief. Subsequently, she developed acute right-sided flank and back pain, colicky in nature and radiating from the loin to the groin, associated with nausea, vomiting, and dysuria. An ultrasonography of the abdomen revealed right-sided hydronephrosis with proximal hydroureter, along with a right renal calculus measuring 18 × 7 mm and an upper ureteric calculus measuring 13 × 6 mm.

Surgical intervention was advised by the radiologist; however, the patient declined operative management and sought alternative consultation.

### Past History

There was no history of HTN, DM type 2, Thyroid, TB, IHD, CVE, or any other symptomatic ailment, but had

habit of decreased water consumption.

### Personal History

Marital Status- Married Addiction – None  
Profession – Field worker Appetite – Decreased  
Sleep – sometimes disturbed due to pain  
Urine – Dark yellowish & Burning micturition Bowel Habit – Clear and Regular

### On Examination

Temperature- 99<sup>0</sup>F  
Blood Pressure – 100/ 70 mm Hg Pulse Rate- 78/ min  
Respiratory Rate – 20/min

### Dashavidha Parikshsa

Prakriti- Vata-Kaphaja  
Vikriti- Mutravaha strotas Sara- Madhyam  
Samhanan- Avara Satmya- Madhyam Satva- Madhyam  
Aharshakti- Alpa  
Vyayamshakti – Avara Vayah - Madhyam  
Praman – Madhyam

### Astavidha Pariksha

Nadi- Regular, Vata- kapha Mala- Samanya  
Mutra – Daah  
Jihva- Alpasaam Sparsha- ushna Drik- Samanya Akriti-  
Madhyam

### REPORT

(USG Abdomen) Date- 24/06/25

Impression: Right renal calculi with Hydronephrosis  
Right kidney: Right sided hydronephrosis with proximal Hydroureter. Right Renal & Upper ureteric calculus measuring 18×7mm & 13×6mm respectively.  
(Urine Examination) Date-24/06/25 Pus cells: 6-8  
Albumin: Trace

### Management & Outcome

The patient was given a course of medication for 1 month  
Treatment plan.

Sr. No	Medicines	Dose	Duration	Anupan
1.	Aushadhd Yoga- • Thrivikram Rasa - 150 mg • Pashanbheda churna- 2gm • Shweta parpati - 500mg • Yavkshar - 500mg • Hazrul yashad Bhasma - 250mg		Twice a day (26/6/25-25/7/25)	Luke warm water
2.	Tab. Cystone Forte	2Tab	Thrice a day (26/6/25-25/7/25)	water
3.	Syp. Varunadi kwath(first 15days) then ❖ Syp.Gokhru kadha	4TSF	Twice a day (before food) (26/6/25-10/7/25) (11/7/25-25/7/25)	Mixed with equal amount of water
4.	Gokshuradi guggul	2Tab	Thrice a day (before food) (26/6/25-25/7/25)	water
5.	Tab. Vomiteb	2Tab	Twice a day (before food) (26/6/25-30/6/25)	Water
6.	Syp. Neeri	2TSF	Twice a day (26/6/25-25/7/25)	water

The following treatment was given after 1 month.

Sr. No	Medicines	Dose	Duration	Anupan
1.	Tab. Neeri	2Tab	Twice a day (26/7/25-9/8/25)	Water
2.	Gokshuradi guggulu	2Tab	Twice a day (Before food) (26/7/25-9/8/25)	Water
3.	Syp. Gokhru kadha	4TSF	Twice a day (26/7/25-9/8/25)	Mixed with equal amount of water
4.	Syp. Amyron	2TSF	Twice a day (26/7/25-9/8/25)	

Along with these medications, diet, and lifestyle modification were also advised to the patient. The patient was advised to drink plenty of water and avoid a protein-rich diet that excluded eggs, meat, soybean, dairy

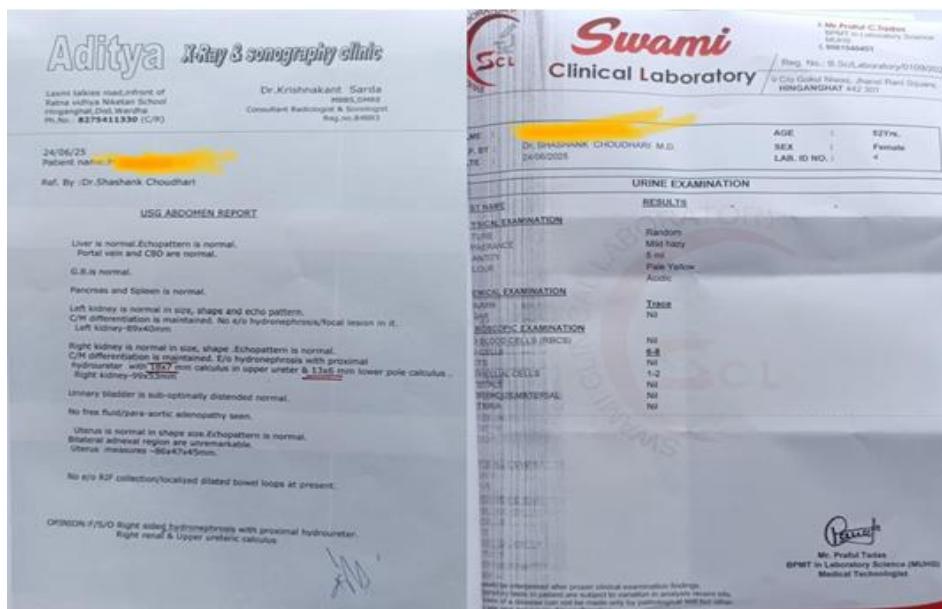
products, etc, and oxalate-rich foods like spinach, tomatoes, lady finger, chocolate, cold, drinks, etc, and also advised to avoid calcium and Vit. D supplements.

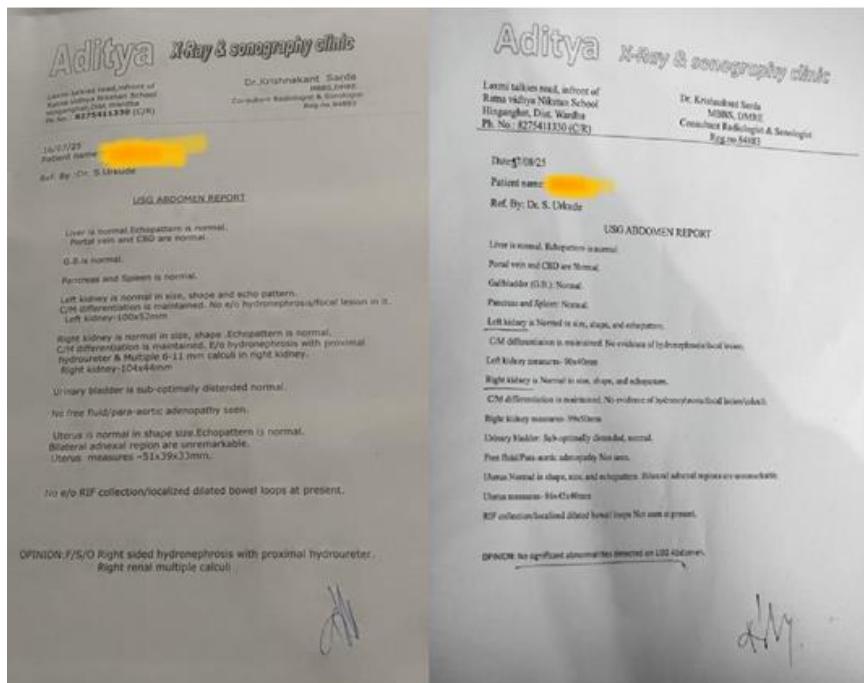
## RESULT

Sr. No	Symptoms	Before treatment	After 15 days	After 30 days	After 45 days
1.	Abdominal pain (loin to groin)	+++	++	+	-
2.	Nausea	++	+	-	-
3.	Burning micturition	++	+	-	-
4.	Pain during micturition	+++	+	-	-
5.	Abdominal distension	++	+	-	-
6.	Dysuria	++	+	-	-

### Result of investigation

Sr. No	Investigation	Date	Impression
1.	USG Abdomen Urine Examination	24/06/25	Right kidney: Right sided hydronephrosis with proximal Hydroureter. Right Renal & Upper ureteric calculus measuring 18×7mm & 13×6mm respectively. Pus cells: 6-8 /HPF Albumin: Trace
2.	USG Abdomen Urine Examination	16/07/25	Right kidney: Right sided hydronephrosis with proximal Hydroureter. Right Renal multiple calculi(6-11mm) Normal
3.	USG Abdomen	17/08/25	No urolithiasis seen No hydronephrosis seen Normal Study





## DISCUSSION

Acharya Sushruta emphasized the use of oral medications before considering any surgical intervention. In such conditions, Shamana Chikitsa (conservative management) plays an important role. This includes medicines and decoctions with properties like Mutral (diuretic), Lekhana (scraping), Bhedana (splitting), Chhedana (breaking), and Sroto shodhana (cleansing of microchannels). Together, these properties help in dissolving and expelling urinary calculi. Following this principle, Shamana Yoga Chikitsa (internal Ayurvedic medicines) was adopted in this case for the management of Ashmari, with careful attention to the pharmacodynamics of each drug to balance the vitiated Doshas.

### Gokshuradi Guggulu

This classical formulation contains Gokshura, Amalaki, Haritaki, Vibhitaki, Pippali, Maricha, Shunthi, and Nagarmotha, which primarily act on the Mutravaha Srotas (urinary channels). The herbs in this combination possess Madhura, Tikta, and Katu Rasa with both Sheeta and Ushna Veerya, providing Tridoshahara effects. They are known for being Mutral (diuretic), Kledanashaka (reducing fluid retention), Shopahara (anti-inflammatory), and Srotoshodhaka (cleansing channels). Vibhitaki in particular has a nephroprotective effect and prevents urolithiasis by dissolving pre-formed stones. Piperine from Pippali and Maricha reduces inflammation by inhibiting pro-inflammatory mediators like IL and PGE2, while Pippali roots show NSAID-like analgesic activity. Altogether, Gokshuradi Guggulu improves urinary flow, reduces edema, supports renal and prostate health, protects nephrons, and relieves painful micturition.<sup>[5]</sup>

**Varunadi Kwatha-** Varunadi Kwatha is especially effective in Kapha-dominant conditions due to its Tikta-Kashaya Rasa, Ruksha Guna, Katu Vipaka, and Ushna Veerya. Its described properties—Mutral, Lekhana, Chedana, Bhedana, Tridoshaghna, and Mutrakrichrahabra—make it a highly useful remedy in urinary stones. It also works as Vatanulomana (normalizing Vata), Shothahara (reducing inflammation), and Mutral (diuretic), which collectively relieve pain and swelling while assisting in the breakdown and expulsion of calculi.<sup>[6]</sup>

**Trivikram ras-** This formulation contains Tamra Bhasma, Parad, and Gandhak. Among these, Tamra Bhasma is considered highly significant as it possesses Kashaya, Tikta, Amla, and Madhura rasa, with Madhura and Kashaya being predominant. It exhibits Sara and Laghu gunas and is effective in pacifying all three doshas—Vata, Pitta, and Kapha. As per Ras Tarangini, Tamra Bhasma is attributed with Lekhana (scraping) and Ropana (healing) properties, making it beneficial in metabolic and structural disorders like urolithiasis.<sup>[7]</sup>

**Hazrulyashuda Bhasma(Lapis Judaicus):** Experimental studies have demonstrated that Lapis Judaicus powder can reduce the size of calcium oxalate stones. This effect is attributed to its magnesium content, which acts as a natural inhibitor of calcium oxalate crystal growth. Additionally, its alkaline nature helps in preventing stone formation by altering urinary pH.<sup>[8]</sup>

**Pashanbheda Churna (Bergenia ligulata)-** Traditionally recognized as one of the best Ashmarighna (anti-urolithiatic) herbs, Pashanbheda is characterized by Kashaya and Tikta rasa, Laghu, Snigdha, and Tikshna guna, Katu vipaka, and Sheeta virya. Its pharmacological actions include Ashmarighna, Bhedana, Bastishodhana,

and Mutra-virechana. Chemically, it contains tannic acid, gallic acid, starch, glucose, and co-oxalates. These confer multiple properties such as lithotriptic (stone-dissolving), diuretic, anti-inflammatory, and anti-cancer effects, making it highly effective in urolithiasis.<sup>[9]</sup>

**Shweta Parpati**- Composed of Suryakshara (potassium nitrate), Sphatika (potash alum), Tankana (borax), Karpura (camphor), and Navasadara (ammonium chloride), Shweta Parpati is predominantly Mutrala (diuretic). The potassium ions from Suryakshara and Sphatika act as alkalinizers, useful in conditions associated with dysuria. Tankana is beneficial in genito-urinary infections, while Karpura prevents bacterial infestations within the urinary tract.<sup>[10]</sup>

**Yavkshara**- (Alkali preparation of barley) Known for its Chedana and Bhedana properties, Yava Kshara possesses strong anti-urolithiatic potential due to its alkaline nature. The potassium salts present act as natural diuretics, neutralize urinary acidity, reduce supersaturation, and prevent crystal aggregation. It also aids in the gradual dissolution of calculi by maintaining favorable urinary pH.<sup>[11]</sup>

**Cystone**- A well-known formulation with antilithiatic(Prevents the formation of kidney stones) and lithotriptic(disintegrates kidney) effects. It prevents deposition of oxalates and calcium compounds, dissolves mucin that binds stones, and helps flush out smaller calculi. Its antimicrobial, antispasmodic, and anti-inflammatory actions provide relief from ureteric colic and burning micturition.

**Neeri**- A polyherbal preparation proven to act against calcium oxalate stones. It prevents crystal formation, protects renal tubular cells, improves bladder tone, normalizes urinary pH, and reduces burning sensation. Its strong antioxidant properties further support renal function.

## CONCLUSION

The combined use of Gokshuradi Guggulu, Varunadi Kwatha, Cystone, Neeri, and Pashanbheda provided a holistic Ayurvedic approach for the management of Ashmari. Their collective properties—Ashmari-Bhedana (stone-breaking), Mutral (diuretic), Vednasthapana (analgesic), Shothahara (anti-inflammatory), and Srotoshodhana (detoxifying)—helped to correct the underlying pathology. This led to the gradual disintegration and eventual expulsion of the stone, offering a safe and effective non-surgical management option for urinary calculi. This case shows the effective conservative management of ashmari with ayurvedic medicines. Further study may be needed on a large number of patients to generate firm clinical evidence. This is a single case study, large scale study is needed with this ayurvedic management.

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