

**AYURVEDIC MANAGEMENT OF (UROLITHIASIS) MUTRASHMARI: REVIEW  
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**ABSTRACT**

Renal calculi, or kidney stones, are becoming increasingly common across the globe, affecting populations in both developed and developing countries. This condition is complex in nature, involving genetic predisposition, biochemical imbalances, and epidemiological factors. Its occurrence varies widely due to differences in dietary habits and socioeconomic conditions in different regions. Ancient scholars like Acharya Sushruta have also emphasized the importance of urinary disorders, showing that this problem has existed since early medical history. Although multiple treatment options are available today, they are often costly and mostly accessible in advanced healthcare settings. Additionally, recurrence of stones even after surgical removal continues to be a major concern. Therefore, there is a strong need to develop a treatment for Ashmari (kidney stones) that is affordable, effective, and easily accessible to the general population.

**KEYWORDS:** Ancient scholars like Acharya Sushruta have also emphasized the importance of urinary disorders, showing that this problem has existed since early medical history.

**INTRODUCTION**

मूत्रस्य कृच्छ्रेण महता दुःखन प्रवृत्तुः मूत्रकच्छुः। मा. निदान/ मूत्रकच्छ/ १ टीका [1]  
Renal calculi are among the most common, widespread, and ancient diseases of the urinary tract. Recurrent in nature, they represent the third most common urological disorder.<sup>[2]</sup> In industrialized regions, the condition is estimated to affect more than 10% of the population.<sup>[3-4]</sup> while in India, the prevalence is around 12%.<sup>[5]</sup> Epidemiological studies indicate that the incidence is higher in males (12%) compared to females (6%), with peak occurrence between 20–40 years of age, followed by a decline after 50 years. Various etiological factors contribute to its development, including dietary habits, metabolic disorders, prolonged immobility, altered urinary composition (such as citrate imbalance), hot climate, and impaired urinary drainage.<sup>[6]</sup>

The most commonly observed renal stones are calcium-containing stones (75–90%), followed by magnesium ammonium phosphate (struvite) stones (10–15%), uric acid stones (3–10%), and cystine stones (0.5–1%).<sup>[7]</sup> In Ayurveda, this condition is referred to as Mutrashmari<sup>[8]</sup>,

a frequently occurring and highly painful disorder of the urinary system. Ashmari is considered analogous to renal calculi and is categorized under Astamahagada.<sup>[9-10]</sup> denoting a group of diseases that are difficult to treat.

The pathogenesis, clinical features, and management of Ashmari are elaborately described in the classical text *Sushruta Samhita* by Acharya Sushruta. According to him, Ashmari is classified into four types based on the predominance of Doshas—Kapha, Vata, Pitta, and Shukraja Ashmari.<sup>[11]</sup>

Excessive intake of Kapha-aggravating diet leads to the accumulation of sediments around the bladder neck, obstructing the urinary passage and resulting in Shleshmashmari. This condition produces symptoms such as heaviness and coldness in the bladder, along with pain characterized by tearing, grinding, and pricking sensations.<sup>[12]</sup> When Kapha is associated with Pitta, it leads to hardening and proliferation at the bladder outlet, ultimately causing obstruction. This results in Ushnavata and painful symptoms such as burning

sensation, suction-like pain, and a feeling of heat in the bladder region.<sup>[13]</sup>

### ETYMOLOGY

The term “Ashmari” is derived from the root word “Ashu,” which conveys the meaning of “Samghata” (aggregation or concretion). With the addition of suffixes like “Mnin” and “Krit,” the word evolves into “Ashmara.” Further addition of the suffix “Meesh,” indicating gender, results in the final term “Ashmari.”

### Definition

The formation of stone-like concretions (Ashma) within the urinary system is known as Ashmari.

### Synonyms

Ashmari, Ashmarih, Pathari, Stone, Gravel, Calculus, Calculi.

**Etiopathogenesis (Ayurvedic View):** In Ayurveda, the development of any disease is explained through five essential stages: Nidana (causative factors), Purvarupa (premonitory symptoms), Rupa (clinical features), Upashaya (relieving/aggravating factors), and Samprapti (pathogenesis). These five components collectively help the physician in understanding the disease process and arriving at an accurate diagnosis.

### Nidana'

व्यायामतीक्ष्णौषधरुक्षमद्यप्रसंगनित्यदुतपृथयानात ।

आनूपमासाध्यशानादजाणास्युमूत्रकृच्छ्रणि नृणां तथादष्टो ॥ मा. नि. / मूत्रकृच्छ्र/ 1[14]

### Nidana(EtiologicalFactors)

Nidana refers to all the causative factors responsible for the origin of a disease. Proper knowledge of Nidana is essential for accurate diagnosis, prevention, and effective treatment. Acharya Sushruta has described the specific causative factors of Ashmari separately, whereas Acharya Charaka and Acharya Kashyapa have included it under Mutrakrichchhra.

According to Acharya Sushruta, in individuals who do not undergo regular purification (Shodhana) and indulge in unwholesome diet and lifestyle practices, Kapha Dosha becomes aggravated. This vitiated Kapha combines with urine, reaches the urinary bladder, and remains there, ultimately leading to the formation of Ashmari.

### According to Acharya Charaka

The etiological factors responsible for the development of the eight types of Mutrakrichchhra (including Ashmari) include: excessive physical exertion (Ati Vyayama), intake of sharp/potent drugs (Tikshna Aushadha), consumption of dry foods (Ruksha Sevana), alcohol intake (Madya Sevana), riding fast-moving vehicles or animals (Drutaprishtayana), consumption of meat from marshy animals (Anupa Mamsa), excessive fish intake (Matsya Sevana), overeating (Adhyashana),

and eating during indigestion (Ajirna Bhojana).

### According to Acharya Kashyapa

Carrying excessive weight on the waist (Kati) and shoulders (Skandha) leads to dysuria (painful urination), which may eventually result in the formation of Ashmari.

### Purvarupa (Premonitory Symptoms)

Every disease presents with certain early signs and symptoms before full manifestation. According to Acharya Sushruta, the Purvarupa of Ashmari include Basti Peeda (pain in bladder), Aruchi (loss of appetite), Mutrakrichchhra (dysuria), Basti Shirovedana, Mushka Vedana, Shepha Vedana, Jwara (fever), Avasada (fatigue), Basti Gandhitva (foul smell), Sandra Mutra (dense urine), and Avila Mutra (turbid urine).

According to *Ashtanga Hridaya*, the features include Basti Peeda, Aruchi, Mutrakrichchhra, Jwara, Basti Gandhitva, pain in nearby regions (Asannadesha Paritetirukta), and Basti Adhmana (distension).

According to *Ashtanga Sangraha*, similar features are described along with Basti Shirovedana, Mushka Vedana, and Shepha Vedana.

According to *Madhava Nidana*, the symptoms include Basti Peeda, Aruchi, Mutrakrichchhra, Jwara, Basti Gandhitva, Asannadesha pain, and Basti Adhmana.<sup>[15]</sup>

### Rupa (Clinical Features)

When the disease is fully manifested, the signs and symptoms are termed Rupa, which aid in diagnosis.

According to Acharya Sushruta, the features include pain in Nabhi (umbilicus), Basti (bladder), Sevani, and Mehana; Mutra Dharasang (obstructed urine flow), Sarudhira Mutra (hematuria), Mutra Vikirana (scattered urine flow), Gomeda Prakasha (shining like Gomeda stone), Atyavila (turbid urine), Sasikta (gravelly urine), and pain during activities such as running, jumping, swimming, travelling, and walking.<sup>[16]</sup>

According to Acharya Charaka, the symptoms include Basti, Sevani, and Mehana Vedana, Sarudhira Mutra, Vishirnadhara (interrupted stream), Mridanati Medhra, frequent urge with difficulty in micturition, and relief after urination.

According to *Ashtanga Hridaya* and *Madhava Nidana*, similar features are described including Nabhi and Basti pain, hematuria, Gomeda-like appearance, Mutravarodha (retention of urine), and relief after urination.

### Upashaya–Anupashaya

Factors that relieve symptoms are called Upashaya, while those that aggravate the disease are termed Anupashaya.<sup>[17]</sup> Classical Ayurvedic texts have not specifically mentioned these for Ashmari. However, since Ashmari is predominantly a Kapha disorder,

measures that pacify Kapha can be considered Upashaya, while those that aggravate Kapha act as Anupashaya.

### Samprapti (Pathogenesis)

“पृथग्दोषाः स्वैः कृपिता निदानैः... मूत्रस्य मार्गं परिपीडयन्ति” (Ma. Ni. Mutrakrichechhra 2)<sup>18</sup>

Samprapti refers to the mechanism of disease development, helping in understanding Dosha, Dushya, Srotodushti, and Agni involvement. The principle “Samprapti Vighatanam Eva Chikitsa” highlights its therapeutic importance.

According to Acharya Sushruta, aggravated Kapha—either alone or associated with Vata or Pitta—reaches the Basti, mixes with urine, and forms Ashmari in individuals with improper diet and lack of Shodhana.<sup>[19]</sup>

Acharya Charaka explains stone formation by comparing it with Gorochana formation— vitiated urine or semen gets dried by Vata and Pitta, leading to stone formation. Acharya Vagbhatta also describes a similar mechanism.

### Types of Ashmari

Acharya Sushruta classified Ashmari into four types.

1. Shleshmashmari
2. Pittashmari
3. Vatashmari
4. Shukrashmari

All Acharyas accept this classification except Charaka, who has not described types separately.

### Sadhyata–Asadhyata (Prognosis)

Ashmari is included under Ashtamahagada and is considered difficult to treat. It is comparatively curable in children due to lesser tissue involvement. Early-stage stones can be managed with medicines, while larger or chronic stones require surgical intervention. Complicated cases with Arishta Lakshanas should be avoided. Associated conditions include Sharkara (gravel), Sikata Meha, and Bhasmakhya Roga.

### Arishta Lakshana

According to Acharya Sushruta, severe inflammation of Nabhi and Vrishana, intense pain, urinary obstruction, and association with Sharkara or Sikata indicate a fatal prognosis.

### Chikitsa (Treatment)

Management includes.

1. Aushadha Chikitsa
2. Basti Chikitsa
3. Kshara Chikitsa
4. Shastra Chikitsa

Early-stage Ashmari should be treated with medicines, while advanced cases require surgical management.

**Vatashmari:** Medicated Ghrita prepared with Pashanabheda, Gokshura, Varuna, etc. is beneficial.

**Pittashmari:** Ghrita with cooling drugs like Shatavari, Vidari, and Punarnava is used.

**Shleshmashmari:** Ghrita prepared with Varunadi Gana, Guggulu, and Kapha-reducing drugs is indicated.

**Shukrashmari:** Removal through urethral passage or surgical intervention if required.

### Basti & Kshara Therapy

Basti Chikitsa plays a vital role. Uttara Basti with medicated oils like Varunadi Taila is useful. Kshara prepared from Apamarga, Tila, Palasha, etc. helps in dissolving stones.

### Pathya–Apathya

**Pathya:** Langhana, Vamana, Virechana, Basti, Avagaha Sweda; diet includes Yava, Kulattha, Mudga, Gokshura, Varuna, Punarnava, and Pashanabheda.

**Apathya:** Ati Vyayama, Adhyashana, Guru, Snigdha, Madhura Aahara, suppression of natural urges, dry and heavy foods.

### DISCUSSION AND CONCLUSION

Mutrashmari can be correlated with urolithiasis and is one of the most painful urinary disorders. It can occur anywhere in the Mutravaha Srotas, and the nature of pain varies according to the stone’s location. Ayurvedic drugs exhibit anti-lithogenic effects through diuretic action, pH regulation, antimicrobial and anti-inflammatory properties, and improvement of renal function. Recurrence remains a challenge even after surgery. Therefore, Ayurvedic drugs like Varuna and Punarnava offer promising, cost-effective management in preventing and treating Ashmari.

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