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# A CLINICAL STUDY OF RENAL CALCULUS THROUGH AYURVEDIC MANAGEMENT

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# **ABSTRACT**

"Ashmari" Sign Symptoms As Well Morphology Found Similar Which Can Be Corelated As Urolithiasis Known As A Stone Like Body Composed Of Urinary Salts Bound Together By A Colloid Matrix Of Organic Materials. In Ayurveda Is Also A Describes As Astamahagada And Daruna Rog Known As Life Threatning. The Prevalence Being High At Any Part Of World, Males Are Affected More Than Females. In India Is About 12% But Increase Upto 15 % In North India. Also The Recurrence Rate Of Urolithiasis Is Approximately Renal Calculi Are The Second Most Common Disease Of The Urinary Tract. Ashmari Is A Disease In Which There Is Formation Of Stone, Resulting Into Severe Pain As Given By Enemy. It Occurs Commonly In The Mutravahasrotas. Though Causes For Calculi Formation Are Not Fully Understood, Multiple Factors Are Enlisted. In This Article We Focus On Various Medicine Combination For The Management Of Urolithiasis A 47-Year Old Indian Female Presented With The Complaints Of Pain In Leftside Of Abdomen Since 3 Month Burning And Difficulty In Micturition Since Last 20 Days. Per Abdomen Examination Elicited Tenderness On Left Lumbar Region Of Abdomen And Around Left Renal Angle. No Other Abnormality Detected During General And Systemic Examination. Ultrasonography (Whole Abdomen) Revealed Left Renal Calculi (Largest Being 9.5 Mm). On Ayurvedic Parlance, The Present Case Was Diagnosed As Ashmari Based On The Signs And Symptoms. Patient Was Prescribed The Ayurvedic Medicines, Pasaan Bhed Gokshur Swet Parpati Hajral Yahudh Bhasmand Varunadi Kashaya On Opd Basis. Patient Was Advised To Follow-Up Initially After 07 Days And Later After Every Fortnight. Improvement In Clinical Features Was There Within 07 Days. Patient Showed Complete Relief In His Complaints On Third Follow Up Visit. Repeat Ultrasonography Scan Did Not Revealed Any Renal Calculus.

**KEYWORDS:** It Occurs Commonly In The Mutravahasrotas.

## INTRODUCTION

Formation Of Ashmari Is Mainly Due To Improper Functioning Of Kidney, Altered Lifestyle And Various Food Habits. Ayuveda Has More Radical Approach And Wide Range Of Options In The Management Of Ashmari. Ayurvedic Drugs Have Potential To Manage Ashmari (Urolithiasis) Effectively Due To Their Properties Like Ashmari-Bhedana (Lithotriptic), Mutrala (Diuretic), Vednasthapana (Analgesic), Shothahara (Antiinflammatory), Basti-Shodhana (Improve Kidney Functions), Deepana-Pachana (Correct Digestion And Metabolism) And By Maintaining Ph.Acharyasusruta Has Described Medical Treatment For Facilitating The Disintegration Of The Ashmariwith Ghrita (Medicated Ghee), Kshara(Medicated Alkali Preparation), Kashaya (Decoction), Ksheera (Medicated Milk), Basti (Medicated Enema) Etc. Before Opting For Surgical Intervention. A Recent Onset Of Ashmarican Be Managed With Oral Medicines Whereas Large Size And Chronic Calculi Requires Surgical Treatment.

Causes In Samhitas: Non Application Of Sanshodhan (No Detoxification Of Body At Regular Interval), Not Following Day Care Routine (Dincharya Palan), Not Following Seasional Variation Changes And Lifestyle Changes(Rutu Charya Palan), Not Taking Adequate Food According To Bal, Agni, Desh, Kaal (Mithya Aahar Vihaar), Food Combination To Be Not Taken (Virudh Aahar Vihaar)

Causes In Mordern Medical Science: Infection, Hot Climate, Dietary Factor (More Calcium Less Vitamin A, Red Meat Fish Egg), Metabolic Causes, Immobilisation, Inadequate Urinary Drainage.

# A CASE REPORT

A 47 Year Old Female Patient, Came To Shalya Tantra Opd Of R.D Memorial P.G College And Hospital With Complaint Of Pain In Abdomen Mainly Over Left Lumber Region Radiating To Left Renal Angle With H/O Burning and Difficulty In Micturation.

No H/O OF Hypertension Or Cardiac Related Disorder

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No H/O Of Dmt2 No H/O Of Hyper /Hypo Thyroidism No H/O Trauma

## **EXAMINATION**

**PALPATION:** Per Abdomen Pain Over Hypogastric And Left Lumber Region Since 3 Months.

AUSCULTATION: Bowel Sound Normal.

# AIMS AND OBJECTIVE

To Evaluate The Efficacy Of Medicine Combination (Swet Parpati Hajral Yahud Bhasmy Yav Chaar Gokshur Pashanbed) Along With Varunadi Kshaay.

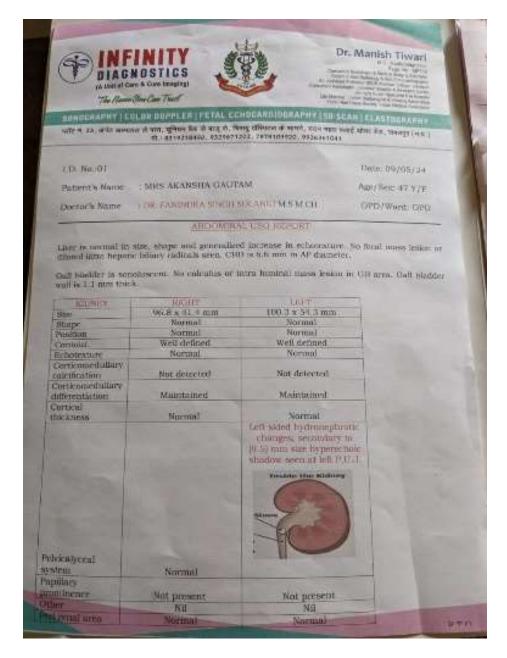
#### INVESTIGATION

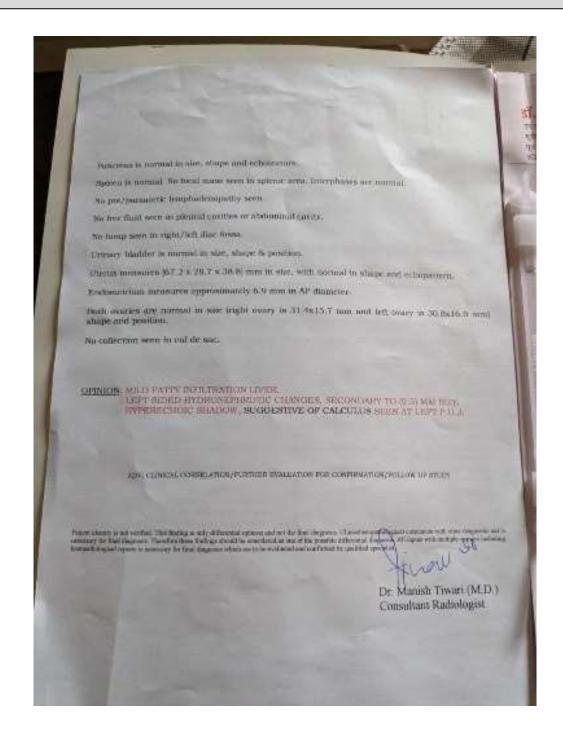
1 RADIOLOGICAL INVESTIGATION USG W/A PELVIS

FINDINGS: 09/05/24

LEFT SIDED HYDRONEPHROTIC CHANGES, SECONDARY TO (9.5) MM SIZE HYPERCHOIC SHADOW SEEN AT PELVIC URETER JUNCTION

11/09/24 CALCULUS –CALCULUS NOT SEEN IN BOTH LEFT AND RIGHT KIDNEY







## **MATERIAL**

(Shwet Parpati +Hajral Yahud Bhasm +Yav Chaar +Gokshur +Pasaaan Bhed) Churna Varunadi Kwath.

## MANAGEMENT

After Clinical Examination And Investigation Patient Has Given Combination Of Medication Consist Of-(Shwet Parpati, Hajral Yahuud Bhasm, Yav Chaar, Gokshur, Pasaaan Bhed)- 5 gm bd Varunadi Kshaay – 20 ml bd With Pathya Apathya Palan First Follow up after 7 days Second follow up after 14 day Third follow up after 21 days

**PATHYA** – Swedan, Jal Krida (Water Sport), Jal Sevan, Jau, Kulthi, Kushmaand Patra Adhrakh, Mung Daal.

**APATHYA** – Amal Ras Pradhan Dravya, Adharniya Veg Ka Dharan Varjit, Kidney Beans, Bengal Gram, Unsuitable Food Combination, Pulses, Egg Dairy Product, Paneer, Brinjal.

Therapeutic Intervention: Patient Was Prescribed The Following Ayurvedic Medicines On OPD Basis: 1. Medicine Combination Of (Shwet Parpati +Hajral Yahuud Bhasm +Yav Chaar +Gokshur +Pasaaan Bhed) 5 Gm Bd And 2. Varunadikashaya 20 ml Twice a Day; Both The Medicines To Be Taken One Hour After Meals.

## DISCUSSION

Acharya Sushruta considered Ashmari as a grave disease (Astamahagada). The most common presenting symptom of a stone is pain. In Vataja Ashmari pain caused by small, moving calculi that causes periodic colicky pain (renal pain) and is similar to calcium oxalate stones. Pittaja Ashmari is similar to hyper concentration of fluids linked with inflammation and haematuria and is similar to uric acid stones. The stone can be compared to Kaphaja Ashmari because of its dull agony and big size. It is similar to phosphate calculi. But in present era it's tough to make a diagnosis based just on clinical findings. In the current practice, the diagnosis is based only on imaging techniques such as radiography, CT scan, ultrasound, xrays etc which has enhanced the diagnostic capability of the disease. BUT IN The modern science this big size stone are indicated for surgery like PCNL cutaneous nephrolithotomy). For which (per convervative management which is cheap in cost managing dietary life style give act as litholytic and diuretic which result in the sweeping of stone from kidney.

## **CONCLUSION**

Ashmari is one of the most common diseases of Mutravaha Srotas (urinary system) which occur due to improper functioning of the filtration in the kidney gets formation of crystals such as calcium, oxalate, uric acid etc. Due to food and life style variations, it has become a global problem varying its incidence as per geographical distribution, sex and age group. It is one of the most common and painful diseases of urinary system. On the basis of symptoms Ashmari and urolithiasis are apparent quite similar, however the pathogenesis explained in Ayurveda and modern medicine differs because of different ideological differences. This conservative treatment also helps patient to skip various surgical intervention and post-surgical complications.

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