



Sanjeevani Darshan

ISSN: 2584-0304

<http://sanjeevanidarshan.com>



National Journal of
AYURVEDA & YOGA



Year - 2026

Volume 4, Issue 2

“A CASE STUDY ON MUTRASHMARI (UROLITHIASIS) WITH SPECIAL REFERENCE TO BILATERAL RENAL CALCULI ALONG WITH BLADDER CALCULI: AN AYURVEDIC APPROACH”

Dr. Aniket Hake¹, Dr. S. B. Jamdhade², Dr. Pradnya Jamdhade³ Dr. Gangadhar Polawar⁴

1. PG Scholar, Department of Kayachikitsa, D. M. M. Ayurved Mahavidyalaya, Yavatmal
2. Professor & HOD, Dept. of Kayachikitsa, D. M. M. Ayurved Mahavidyalaya, Yavatmal
3. Assistant Professor, Dept. of Dravyaguna, D. M. M. Ayurved Mahavidyalaya, Yavatmal
4. Professor & HOD, Dept. of Kayachikitsa, Mahila Utkarsha Ayurved Mahavidyalaya, Risod, Dist. Washim

ABSTRACT:

Background: Ashmari is described in Ayurveda as a grave disorder of the Mutravaha Srotas characterized by the formation of urinary calculi. Acharya Sushruta classifies it under Ashta Mahagada, highlighting its chronicity, severity, and difficulty in management. In modern medicine, it correlates with urolithiasis (renal calculi), a common urological condition associated with high recurrence and complications. The prevalence has increased due to lifestyle factors such as low fluid intake, high salt consumption, sedentary habits, metabolic abnormalities, and genetic predisposition. It commonly affects individuals between 20 and 40 years of age and may lead to renal impairment if untreated. **Objective:** The aim of this study was to evaluate the efficacy of Shamana Chikitsa in Mutrashmari (Urolithiasis). **Materials and Methods:** It is a single case study. A 26-year-old female patient visited the Kayachikitsa OPD with complaints of Painful micturition, burning micturition, and Pain in the flanks on and off for 15 days. The patient was treated with Shamana Chikitsa for 3 months. **Results:** The patient showed significant results after the 3 months of Shamana chikitsa. All symptoms of the patient resolved, and there was some decrease in the size of calculi in both kidneys, and no trace of bladder calculi according to the USG report after 3 months. **Conclusion:** Significant relief in symptoms was seen in the patient after 3 months of Ayurvedic Shaman chikitsa.

KEY WORDS:- Ashmari, Urolithiasis, Renal Calculi, Mutravaha Srotas, Ayurveda, Kapha Dosha, Lithotriptic Therapy, Mutrala Drugs

Corresponding Details:

Dr. Aniket Hake

At. Golegaon Tq. Aundha Nagnath Dist. Hingoli

Mobile No. 8080399828

E-Mail: hakeaniket941@gmail.com

How to cite article:



Dr. Aniket Hake, Dr. S. B. Jamdhade, Dr. Pradnya Jamdhade, Dr. Gangadhar Polawar

A Case Study on Mutrashmari (Urolithiasis) with special reference to Bilateral Renal calculi along with Bladder Calculi: An Ayurvedic Approach, Sanjeevani Darshan - National Journal of Ayurveda & Yoga 2026; 4(2): 55-63 :

<http://doi.org/10.55552/SDNJAY.2026.4207>

INTRODUCTION

Ashmari is recognized in Ayurveda as a grave disorder of the Mutravaha Srotas characterized by the formation of urinary stones. Acharya Sushruta categorizes it under Ashta Mahagada, highlighting its persistent nature, severity, and complexity in treatment [1]. In modern medical terms, this condition corresponds to urolithiasis (renal calculi), a commonly encountered urological problem known for its recurrence and associated complications [2].

The prevalence of renal stones has risen due to lifestyle modifications and is most frequently observed in individuals aged 20–40 years, with a lower incidence beyond 50 years [2]. Major contributing factors include insufficient fluid intake, excessive salt consumption, sedentary behavior, metabolic imbalances, hereditary tendencies, and dietary influences. Clinically, urolithiasis presents with intense pain, decreased work efficiency, increased healthcare burden, and, in rare situations, may lead to renal impairment [3].

Current medical management emphasizes correction of underlying metabolic abnormalities, administration of diuretics, and, when necessary, surgical approaches such as percutaneous nephrolithotomy or open procedures [3]. Among various types of stones, calcium oxalate accounts for the majority (approximately 80%), while uric acid and cystine stones represent a smaller proportion [4].

From an Ayurvedic perspective, Ashmari primarily involves Kapha Dosha, although Vata and Pitta also play contributory roles [1,5]. The therapeutic approach focuses on restoring Agni, eliminating Ama, and maintaining proper function of the urinary system. In the initial stages, treatment is mainly conservative, employing formulations like Kwatha, Ghrita, Churna, and Kshara, known for their Mutrala (diuretic) and Bhedana (stone-breaking) actions [5]. Surgical intervention is considered only when medical management proves ineffective, with due caution regarding potential risks.

Based on Dosha predominance, Ashmari is classified into four types: Vataja, Pittaja, Kaphaja, and Shukraja Ashmari, each presenting with distinct clinical features such as severe pain and hard calculi in Vataja, burning micturition in Pittaja, large smooth stones with mild pain in Kaphaja, and involvement of the reproductive system in Shukraja Ashmari [1,5].

PRESENT CASE REPORT

A 26-year-old female patient had the following complaints so she came to Kayachikitsa OPD with the following complaints:

1. Painful micturition for 15 days

2. Burning micturition for 15 days
3. Pain in the flanks on and off for 15 days

HISTORY OF PRESENT ILLNESS :

Patient had complaints of painful micturition, burning micturition, and pain in the flanks region, on and off, for 15 days, so she came to Kayachikitsa OPD.

Personal History :

NO /H/ O – DM/Asthma/HTN/Thyroid/BA

SURGICAL HISTORY – Nil

FAMILY HISTORY – Nil

DRUG ALLERGY – No drug allergy noted till now

ADDICTION – Nil

AAHAR- Shadrasatmak, Vegetarian, Borewell water

NIDRA- Disturbed due to pain

RUGNA PARIKSHAN :

Ashtavidha Parikshan:

NADI- 80/Min

MALA- Malavshtambh

MUTRA – Painful micturition

JIVHA – Saam

SHABDA– Spashta

SPARSH – Samshitoshna

DRUKA – Samyak

AAKRUTI – Madhyam

GENERAL EXAMINATION:

B.P- 120/80 mmofHg

Pulse Rate -80/Min

Temperature –Afebrile(96.6°f)

RR – 18/min

Height- 165cm

Weight –49.65kg

BMI-18.5kg/m²

No Pallor, Icterus, or Lymphadenopathy

SYSTEMIC EXAMINATION

CVS- S1S2 Sounds audible, No murmur sound.

CNS- Conscious and Oriented.

RS- AEBE, Clear

P/A –Soft, Tenderness over the right and left Renal angle.



National Journal of Ayurveda & Yoga

INVESTIGATION :

<p>Name : M. [REDACTED] Age/Sex : 26 YEARS/F Ref By : DR. PRASANNA RANGARI (M.D. MED.) Date : 15 Jan 2026</p> <p>ULTRASONOGRAPHY OF ABDOMEN & PELVIS</p> <p>The liver is normal in size, shape & shows normal homogeneous echotexture and smooth margins. No any obvious focal or diffuse lesion is noted. Intrahepatic biliary radicals, CBD & Portal vein are normal in calibre.</p> <p>Gall bladder is physiologically distended. Wall thickness is normal. No internal sludge / gallstone or pericholecystic collection is noted.</p> <p>Spleen appears normal in size, shape & shows normal homogeneous echotexture. No focal or diffuse lesion is noted.</p> <p>Pancreas is well visualized. The echotexture appears normal. No dilatation of MPD. No focal lesion is noted.</p> <p>Right Kidney : Measures 12.2 x 4.8 cm, normal in size and echotexture. E/O Non obstructing calculi of size 6.4 mm and 6.2 mm at mid pole calyx and 6.0 upper pole calyx and 4.0 mm lower pole calyx of the right kidney. RT PCS and ureter not dilated.</p> <p>Left Kidney : Measures 9.9 x 5.9 cm, normal in size and echotexture. E/O Non obstructing calculi of size 8.2 mm and 5.8 mm at mid pole calyx of the left kidney. LT PCS and ureter not dilated.</p> <p>No evidence of hydronephrosis. Corticomedullary differentiation is maintained</p> <p>Urinary bladder: E/O solitary, hyperechoic calculus of size 8.5 x 3.3 mm, at base of bladder. It is mobile & gives posterior acoustic shadowing.</p> <p>Uterus is anteverted and normal in size shape & position and measures 7.1 x 4.5 x 3.2 cm. Endometrial echo is central and thickness measures 7.1 mm. No myometrial or endometrial lesion noted.</p> <p>Both Ovaries are normal. No obvious solid or cystic Ovarian / adnexal mass is seen on either side. Rt. Ovary: 3.3 x 1.9 cm. Lt. Ovary: 2.5 x 1.5 cm.</p> <p>Visualized bowel loops are normally peristaltic. No abnormal dilatation is seen at present scan. No obvious mass lesion noted. No free fluid is seen in the abdomen and pelvis.</p> <p>IMPRESSION:</p> <ul style="list-style-type: none"> > MOBILE VESICAL CALCULUS AS DESCRIBED ABOVE. > NON OBSTRUCTING CALCULI IN BOTH KIDNEYS AS DESCRIBED ABOVE. <p>Dr. SUMEDH DEOTALE Consultant Radiologist</p>	<p>Name : [REDACTED] Age/Sex : 26 YEARS/F Ref By : DR. SELF Date : 04 Mar 2026</p> <p>Thank you for referral.</p> <p>ULTRASONOGRAPHY OF ABDOMEN & PELVIS</p> <p>The liver is normal in size, shape & shows normal homogeneous echotexture and smooth margins. No any obvious focal or diffuse lesion is noted. Intrahepatic biliary radicals, CBD & Portal vein are normal in calibre.</p> <p>Gall bladder is physiologically distended. Wall thickness is normal. No internal sludge / gallstone or pericholecystic collection is noted.</p> <p>Spleen appears normal in size, shape & shows normal homogeneous echotexture. No focal or diffuse lesion is noted.</p> <p>Pancreas is well visualized. The echotexture appears normal. No dilatation of MPD. No focal lesion is noted.</p> <p>Right Kidney : Measures 12.2 x 4.8 cm, normal in size and echotexture. E/O Non obstructing calculus of size 4.0 at mid pole calyx and 6.4 x 4.5 mm upper pole calyx and 3.1 mm lower pole calyx of the right kidney. RT PCS and ureter not dilated.</p> <p>Left Kidney : Measures 9.9 x 5.9 cm, normal in size and echotexture. E/O Non obstructing calculus of size 5.6 at mid pole and calculus of size 3.5 at lower pole calyx of the left kidney. LT PCS and ureter not dilated.</p> <p>No evidence of hydronephrosis. Corticomedullary differentiation is maintained</p> <p>Urinary bladder is well distended, shows normal wall thickness. No internal debris / sludge or focal lesion or / vesical calculus noted.</p> <p>Uterus is anteverted and normal in size shape & position and measures 7.0 x 4.1 x 2.9 cm. Endometrial echo is central and thickness measures 7.6 mm. No myometrial or endometrial lesion noted.</p> <p>Both Ovaries are normal. No obvious solid or cystic Ovarian / adnexal mass is seen on either side. Rt. Ovary: 2.3 x 2.3 cm. Lt. Ovary: 3.1 x 2.3 cm.</p> <p>Visualized bowel loops are normally peristaltic. No abnormal dilatation is seen at present scan. No obvious mass lesion noted. No free fluid is seen in the abdomen and pelvis.</p> <p>IMPRESSION:</p> <ul style="list-style-type: none"> > NON OBSTRUCTING CALCULI IN BOTH KIDNEYS AS DESCRIBED ABOVE. <p>Dr. SUMEDH DEOTALE</p>
--	---

Right Kidney:

Measures 12.2 x 4.8 cm, normal in size and echotexture.

E/O Non-obstructing calculi of size 6.4 mm and 6.2 mm at mid pole calyx, 6.0 upper pole calyx, and 4.0 mm lower pole calyx of the right kidney. RT PCS and ureter not dilated.

Left Kidney:

Measures 9.9 x 5.9 cm, normal in size and echotexture.

E/O Non-obstructing calculi of size 8.2 mm and 5.8 mm at the mid-pole calyx of the left kidney. LT PCS and ureter not dilated.

No evidence of hydronephrosis. Corticomedullary differentiation is maintained.

Urinary bladder:

E/O solitary, hyperechoic calculus of size 8.5 x 3.3 mm, at base of bladder. It is mobile & gives posterior acoustic shadowing.

IMPRESSION:

MOBILE VESICAL CALCULUS AS DESCRIBED ABOVE.

NON OBSTRUCTING CALCULI IN BOTH KIDNEYS AS DESCRIBED ABOVE.

SAMPRAPTI :



Lakshana (Shoola, Mutrakrichra, Daha, etc.)

SAMPRAPTI GHATAKA**Dosha:** Kapha Pradhana Tridosha (Vata–Pitta Anubandha) [1,2]**Dushya:** Mutra, Shukra, Kapha, Meda [1]**Srotas:** Mutravaha Srotas [1,2]**Srotodushti:** Sanga (obstruction) [2]**Agni:** Jatharagni Mandya, Dhatvagni Mandya [2]**Udbhava Sthana:** Amashaya [2]**Adhithana:** Vrukk (kidney), Mutrashaya [1]**Vyaktasthana:** Mutramarga [1]**Rogamarga:** Madhyama Rogamarga [2]**DIAGNOSIS:**

Vrukkashmari with Mutrashay Ashmari

MATERIAL AND METHODS:**METHOD :**

1. single case study
2. Site: PG department of Kayachikitsa, Laxmanrao Kalasapurkar Ayurvedic hospital, Yavatmal.
3. Total study duration:3 months

MATERIAL:**SHAMAN CHIKITSA: FOR 3 MONTHS****Table no. 1 :shows the shamana Chikitsa of Vrukkashmari with mutrashay ashmari.**

Sr.no	Medicine	Dose	Duration	Anupan
01.	Punarnava Guggul	500mg	Twice a day	Lukewarm water
02.	Gokshura Guggul	500mg	Twice a day	Lukewarm water
03.	Punarnava Mandur	125mg	Twice a day	Lukewarm Water
04.	Chandraprabha vati	250mg	Twice a day	Lukewarm Water
05.	Pashan bhed, punarnava, Gokshur	1gm each	Twice a day	Lukewarm water
06.	Panchasakar churna	3 gm each	HS	Lukewarm water
07.	Punarnava kwath	30 ml	Twice a day	—

RESULT: After taking shaman Chikitsa for 3 months

Table no. 2:shows the before and after results of present case study

BEFORE TREATMENT	AFTER TREATMENT
<p>Right kidney: Measures 12.2 x 4.8 cm, normal in size and echotexture.</p> <p>E/O Non-obstructing calculi of size 6.4 mm and 6.2 mm at mid pole calyx, 6.0 upper pole calyx, and 4.0 mm lower pole calyx of the right kidney. RT PCS and ureter not dilated</p>	<p>Right kidney: Measures 12.2 x 4.8 cm, normal in size and echotexture.</p> <p>E/O Non-obstructing calculus of size 4.0 at mid pole calyx, 6.4 x 4.5 mm upper pole calyx, and 3.1 mm lower pole calyx of the right kidney. RT PCS and ureter not dilated.</p>
<p>Left kidney: Measures 9.9 x 5.9 cm, normal in size and echotexture.</p> <p>E/O Non-obstructing calculi of size 8.2 mm and 5.8 mm at the mid-pole calyx of the left kidney. LT PCS and ureter not dilated.</p> <p>No evidence of hydronephrosis. Corticomedullary differentiation is maintained.</p>	<p>Left kidney: Measures 9.9 x 5.9 cm, normal in size and echotexture.</p> <p>E/O Non-obstructing calculus of size 5.6 at mid pole and calculus of size 3.5 at lower pole calyx of the left kidney. LT PCS and ureter not dilated.</p> <p>No evidence of hydronephrosis. Corticomedullary differentiation is maintained.</p>
<p>Bladder: E/O solitary, hyperechoic calculus of size 8.5 x 3.3 mm, at base of bladder. It is mobile & gives posterior acoustic shadowing.</p>	<p>Bladder: The urinary bladder is well distended and shows normal wall thickness. No internal debris/sludge or focal lesion or/vesical calculus noted.</p>

DISCUSSION

1. **Punarnava Guggulu** (6,7)exhibits Shothahara and Mutrala properties, reducing edema and promoting urine flow, thereby facilitating expulsion of calculi. It also acts as Srotoshodhaka, clearing obstruction in Mutravaha Srotas and reducing Kapha accumulation responsible for stone formation.

2. **Gokshura Guggulu** (6,7)acts as Mutrala and Ashmari-bhedana, promoting diuresis and

aiding in the fragmentation and expulsion of urinary stones. It pacifies Vata and Kapha, relieving pain and dysuria associated with Ashmari.

3. Punarnava Mandur(12,13): Punarnava Mandur promotes diuresis, aiding in the expulsion of small urinary stones. Its anti-inflammatory and Ashmaribhedana actions help reduce swelling and disintegrate calculi. The formulation balances Kapha–Vata dosha while enhancing digestion and metabolism, thereby preventing further stone formation. It also supports overall urinary tract health and reduces recurrence.

4. Chandraprabha Vati (8): Chandraprabha Vati supports management of Vṛkkāśmari by promoting diuresis and facilitating stone expulsion (Mutrala, Mutravirechaniya). It reduces pain and inflammation through Vedanasthapana and Shothahara actions. Its Ashmari-bhedana effect helps break down calculi, while Amapachana and Agnideepana help prevent recurrence. The Srotoshodhana action relieves obstruction and improves urinary flow.

5. Pashanbheda + Punarnava + Gokshura(9): This combination has strong Ashmari-bhedana and Mutrala action. Pashanbheda helps in breaking stones. Punarnava reduces inflammation and edema. Gokshura enhances urine flow. Together, they facilitate the disintegration and expulsion of calculi.

6. Panchasakar Churna(10) acts as Mridu Rechaka and Vatanulomaka, promoting bowel evacuation and correcting Apana Vata. This helps reduce intra-abdominal pressure and supports proper urinary flow, indirectly aiding in Ashmari management.

7. Punarnava kwath(11): Punarnava Kwath plays a beneficial role in Mutrashmari (urolithiasis) by enhancing urine output (Mutrala) and alleviating inflammation (Shothahara). It aids in breaking down and expelling urinary stones through its Ashmari-bhedana effect. The formulation also improves digestion and metabolism (Amapachana, Agnideepana), thereby reducing the likelihood of recurrence. Its Srotoshodhana action helps remove blockages in the Mutravaha Srotas. Moreover, Punarnava (Boerhavia diffusa) contributes nephroprotective and anti-edematous effects.

CONCLUSION

The management strategy was based on principles such as Mutrala, Ashmari-bhedana, Shothahara, Agnideepana, Amapachana, and Srotoshodhana. Preparations including Punarnava Guggulu, Gokshura Guggulu, Chandraprabha Vati, and Pashanbheda-containing formulations helped increase urine output, reduce inflammation, and assist in the fragmentation and elimination of calculi. Panchasakar Churna contributed by regulating bowel movement through Vatanulomana. Clinically, notable improvement was observed in symptoms like dysuria, burning urination, and abdominal discomfort. Overall, the therapy addressed both clinical features and underlying pathology by restoring Dosha balance, improving Agni, and clearing Srotorodha.

REFERENCES

1. Sushruta Samhita. Nidana Sthana Chapter 3 (Ashmari Nidana); Chikitsa Sthana Chapter 7. Varanasi: Chaukhambha Surbharati Prakashan.
2. API Textbook of Medicine. 11th ed. Mumbai: Association of Physicians of India; 2019.
3. Campbell-Walsh-Wein Urology. 12th ed. Philadelphia: Elsevier; 2020.
4. Robbins and Cotran Pathologic Basis of Disease. 10th ed. Philadelphia: Elsevier; 2021.
5. Vagbhata. Ashtanga Hridaya. Nidana & Chikitsa Sthana. Varanasi: Chaukhambha Orientalia.
6. Charaka Samhita. Chikitsa Sthana. Varanasi: Chaukhambha Orientalia.
7. Bhaishajya Ratnavali. Ashmari Chikitsa Adhyaya. Varanasi: Chaukhambha Sanskrit Sansthan.
8. Bhaishajya Ratnavali, Mutrakrichra–Ashmari Chikitsa Prakarana
9. Bhavaprakasha Nighantu – Haritakyadi Varga (Pāsānbheda, Punarnavā)
10. Bhaishajya Ratnavali – Anaha Chikitsa / Vibandha Adhikara (Panchasakar Churna Yoga)
11. Bhavaprakasha Nighantu; Chakradatta (Ashmari Chikitsa); API Textbook of Medicine (Urolithiasis section).
12. Bhaishajya Ratnavali – Mutrashmari Chikitsa Adhyaya (describes management of urinary calculi and relevant formulations)
13. Sushruta Samhita – Nidana Sthana 3; Chikitsa Sthana 7 (Ashmari Chikitsa)

Source of Support : None Declared

Conflict of Interest : Nil