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“A CASE STUDY OF AYURVEDIC MANAGEMENT OF VRUKKASHMARI WITH SPECIAL REFERENCE TO RENAL CALCULI”

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ABSTRACT:

Vrukkashmari, described in Ayurveda as one of the Ashtamahagada, is a Kapha-pradhana Tridoshaja disorder characterized by the formation of urinary calculi. It can be correlated with renal calculi (urolithiasis) in contemporary medicine. A 57-year-old male patient presented with complaints of Sakashta Mutrapravrutti, Sadaha Mutrapravrutti, and dribbling micturition for two months. The patient was managed with Ayurvedic formulations including Gokshuradi Guggulu, Punarnava Guggulu, Arogyavardhini Vati, Chandraprabha Vati, Punarnava Mandura, Gandhaka Rasayana, a combination of Punarnava, Gokshura, Pashanbhedha and Avipattikara Churna, along with Sukhavirechana Churna and dietary regulations. Assessment was performed through serial ultrasonography and clinical evaluation. Follow-up ultrasound reports revealed resolution of the ureteric stone, hydronephrosis, hydroureteronephrosis, and pelvicalyceal system dilatation. Although renal calculi persisted, significant symptomatic relief and improvement in urinary tract pathology were observed. The study suggests that Ayurvedic management may provide effective symptomatic relief and aid in preventing complications associated with renal calculi.

KEY WORDS:- Vrukkashmari, Renal Calculi, Urolithiasis, Ashmari, Ayurvedic Management

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INTRODUCTION

Vrukkashmari is a condition in which there is the formation of a substance like a stone. [1] It is one among the Ashtamahagada (eight fatal conditions).[2] It is considered difficult to cure because of its Marma Ashrayatwa due to involvement of Basti, which is one of the Tri Marma (three vital parts), being the Vyakta Sthana.[3] It is Kapha Pradhana Tridoshaja Vyadhi.[4]

तासां पूर्वरूपाणि-वस्तिपीडारोचकौ मूत्रकृच्छ्रं वस्तिशिरोमुष्कशेफसां वेदना ज्वरः कृच्छ्रावसादौ
बस्तगन्धित्वं मूत्रस्येति ।।[5]

Acharya Sushruta have described symptoms of this condition, including Jwara (fever), Basti Peeda (discomfort and pain in the bladder), Aruchi (anorexia), Mutrakriccha (difficulty in micturition), Bastishira Vedana (pain in the urethra), Mushka Vedana (pain in the testicles) and Shepha Vedana (pain in the penis). Due to resemblance in clinical manifestations, Vrukkashmari is compared to Renal calculi.

Urolithiasis is a pathological condition of the urinary system where aggregation of urinary crystalloids takes place anywhere in the urinary tract, i.e., from the kidney to the urinary bladder.

Stone formation commonly occurs due to inadequate urinary drainage, foreign bodies in the urinary tract, microbial infections, diet with excess oxalates and calcium, vitamin A deficiency, excess vitamin D, and metabolic diseases like hyperthyroidism, cystinuria, gout, intestinal dysfunction, etc.[6]

There are 4 types of Ashmari described by Acharyas. Vataj Ashmari, Pittaj Ashmari, Kaphaj Ashmari and Shukraj Ashmari. Structure and symptoms are different. Vataj Ashmari symptoms resemble with Calcium Oxalate type Stone, Pittaj Ashmari symptoms resemble with Uric Acid type stone, Kaphaj Ashmari symptoms resemble with Oxalate/Phosphate type stone. Mostly Kaphaj pradhanya dosh is involved in Ashmari.[7]

Samprapti -

Apathya Sevan and other etiological factors (Viruddha Vihara)

Ama Utpatti due to Jathragnimandhya

Aggravates Kaphadosha vitiation

Vitiated Kaphadosha mixes with Mutra, Ushma, and aggravated Vata dries up.

Mutra Sthanasnshraya at Vrikka

Ashmari (stone formed) in Vrikka

AIM & OBJECTIVES

To evaluate the effectiveness of Ayurvedic medications and dietary regulation in improving symptoms and quality of life in *Vrukka-ashmari*.

CASE STUDY

Patient Profile: A 57-year-old male patient approached the Kayachikitsa OPD presenting with the following complaints,

1. Sakashta Mutrapravrutti
2. Sadaha Mutrapravrutti
3. Dribbling Micturition

All symptoms occurred for 2 months.

History of Present Illness -

The patient, a 57-year-old male, noticed a gradual onset of Sakashta Mutrapravrutti, Sadaha Mutrapravrutti, and Dribbling Micturition. He had taken Allopathic and Homeopathic treatment for some complaints, but still He had no relief , so he came to kayachikitsa OPD for treatment on 22/05/2024.

History of Past Illness -

No history of trauma, fever, bowel or bladder disturbances.

No comorbid conditions (No DM, HTN, or thyroid disorder).

No past medical, Surgical, or family history

No significant family history or hereditary neuromuscular disorders.

No addictions or adverse dietary patterns.

CLINICAL EXAMINATION

General Physical Examination

BP: 110/80 mmHg

Pulse: 76/min

Weight: 70.15 kg

Height: 173 cm

BMI: 23.4 kg/m²

Respi. rate: 18/min

Temp.: afebrile

Ashtavidha Pariksha

Nadi -	76/min
Mala -	Asamyak (hard stool)
Mutra -	Samyak
Jivha -	Alpasama (Kapha coated)
Netra -	Shwetabh (normal)
Sparsha -	samashitoshna
Druk -	Spashta
Akruti -	Madhyam (Average build)

Systemic Examination

CVS:	Normal
CNS:	Conscious and well oriented
Respiratory:	Normal
Abdomen:	Soft, non-tender

Samprapti Ghatakas :-**Dosha:** Kapha-pradhana Tridosha**Dushya:** Mutra, Kleda, Rasa, Shukra**Mala:** Sweda, Kesha.**Agni:** Jatharagni Mandya and Dhatvagni Mandya**Srotasa:** Mutravaha Srotas**Adhithana:** Vrukka (Kidney) and Mutravaha Srotas**Rogamarga:** Abhyantara Rogamarga**Udbhava Sthana:** Amashaya (seat of Kapha)**Sadhya-Asadhyata :** Krichha Sadhya (difficult but treatable chronic disorder)**Vyadhi Swabhava:** Chirakari (chronic)**MATERIAL AND METHODS:-****Method:-** 1) A case study

2) Centre:- P.G. Department of Kaychikitsa, L.K. Ayurvedic Hospital, Yavatmal

Affiliated to D. M. M. Ayurved College, Yavatmal.

Material:-**Shaman Chikitsa:-**

Dravya	Dose	Duration	Anupan
Gokshuradi Guggulu	500mg	Twice a day	Lukewarm water
Punarnava Guggulu	500mg	Twice a day	Lukewarm water
Arogyavardhini vati	250mg	Twice a day	Lukewarm water
Chandraprabha Vati	250mg	Twice a day	Lukewarm water
Punarnava Mandur	250mg	Twice a day	Lukewarm water
Gandhak Rasayana	250mg	Twice a day	Lukewarm water
A Combination of Punarnava + Gokshur + Pashanbheda + Avipattikar	1gm each churna	Twice a day	Lukewarm water
Sukhvirechana churna	3gm	HS	Lukewarm water

ASSESSMENT CRITERIA

Comparison of Ultrasound Reports (2024–2026)

Parameter	22 May 2024	17 Oct 2025	21 Jan 2026	Improvement
Largest renal stone	15.0 × 7.9 mm	12.1 × 8.0 mm	11.8 × 13.9 mm	No significant reduction
Second renal stone	7.9 × 6.2 mm	7.7 × 6.5 mm	10.2 × 7.7 mm	No clear improvement
Third renal stone	Not reported	Not reported	9.7 × 6.5 mm	Newly visualized/reported
Ureteric stone	Not reported	7.5 × 3.8 mm (proximal ureter)	Not seen	Resolved
Hydronephrosis	Mild hydronephrosis	Grade I hydroureteronephrosis	Absent	Resolved
PCS dilatation	Present	Present	Absent	Resolved

PHOTOGRAPHIC ASSESSMENT

Before treatment 22 may 2024	After treatment (01/04/2026)	
	17 oct 2025	21 jan 2025

RESULT / OBSERVATIONS

The patient showed marked clinical improvement after Ayurvedic treatment. Symptoms such as Sakashta Mutrapravrutti, Sadaha Mutrapravrutti, and dribbling micturition were significantly reduced. Ultrasonographic evaluation demonstrated complete resolution of the proximal ureteric stone that was noted in October 2025. Mild hydronephrosis, Grade I hydronephrosis, and pelvicocalyceal system dilatation also resolved completely by January 2026. Although the size of the renal calculi did not show significant reduction and an additional stone was visualized in the later scan, the disappearance of ureteric obstruction and associated urinary tract changes indicated improvement in urinary drainage and renal function. Overall, the treatment provided considerable symptomatic relief and prevented further progression of complications.

DISCUSSION

Gokshuradi Guggulu - Gokshuradi Guggulu possesses Mutrala (diuretic), Ashmaribhedana (lithotriptic), and Shothahara (anti-inflammatory) properties. It promotes urine flow, reduces urinary stasis, helps in the disintegration and expulsion of urinary calculi, and alleviates pain

and inflammation in the urinary tract.^[8]

Punarnava Guggulu - Punarnava Guggulu acts mainly as a Shothahara and Mutrala formulation. It reduces edema and inflammation, enhances renal function, facilitates the elimination of excess fluid and metabolic wastes through urine, and helps maintain normal urinary tract physiology.^[9]

Arogyavardhini Vati - Arogyavardhini Vati acts as **Deepana, Pachana, Yakrit-Uttejaka, and Raktashodhaka**. It improves digestion and metabolism, removes Ama, supports liver function, and purifies Rakta Dhatu. These actions help correct the underlying metabolic imbalance and enhance nourishment to hair follicles, thereby supporting hair growth in Indralupta.^[10]

Chandraprabha Vati - Chandraprabha Vati exerts Mutrala, Deepana-Pachana, and Rasayana actions. It improves urinary flow, relieves dysuria, reduces inflammation of the urinary tract, and supports the normal functioning of the kidneys and urinary system, thereby aiding in the management of urinary calculi.^[11]

Punarnava Mandura - Punarnava Mandura acts as **Raktavardhaka, Shothahara, Deepana, and Rasayana**. It improves hemoglobin levels, enhances tissue nutrition, reduces inflammation, and supports proper circulation. By improving Rakta Dhatu and overall nourishment, it promotes healthy hair follicle growth and aids in the management of Indralupta.^[12]

Gandhaka Rasayana - Gandhaka Rasayana functions as a Rasayana, antioxidant, and antimicrobial formulation. It enhances tissue regeneration, improves immunity, reduces oxidative stress and inflammation, and supports healing of the urinary tract, thereby contributing to overall recovery and prevention of recurrent urinary disorders.^[13]

FOLLOW UP

The patient was followed regularly through clinical examinations and serial ultrasonography from May 2024 to January 2026. During follow-up visits, the patient reported progressive reduction in dysuria, burning micturition, and dribbling of urine. No episodes of acute renal colic, urinary tract infection, or recurrence of ureteric obstruction were observed. The patient was advised to continue dietary regulation, maintain adequate hydration, and undergo

periodic ultrasonographic evaluation to monitor the status of residual renal calculi and prevent recurrence.

LIMITATION OF STUDY

This is a single-case study; therefore, the findings cannot be generalized to a larger population.

Absence of a control group limits comparison with other treatment modalities.

CONCLUSION

The present case study demonstrates that Ayurvedic management of Vrukkashmari can provide significant symptomatic relief and improvement in urinary tract pathology. The treatment successfully resolved ureteric obstruction, hydronephrosis, hydroureteronephrosis, and pelvicalyceal dilatation while improving urinary symptoms and quality of life. Although complete dissolution of renal calculi was not achieved, the overall clinical outcome suggests that Ayurvedic formulations possessing Mutrala, Ashmaribhedana, Shothahara, and Rasayana properties may play an important role in the conservative management of renal calculi and prevention of associated complications. Further studies with larger sample sizes and longer follow-up periods are required to establish the efficacy of this treatment approach.

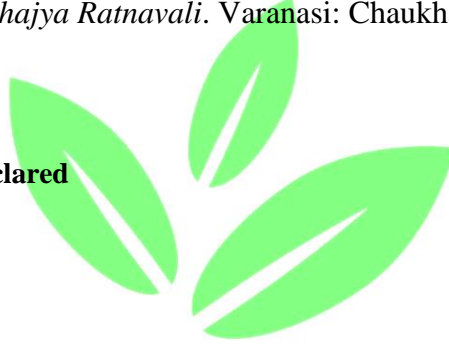
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