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“MANAGEMENT OF RENAL CALCULI (ASHMARI) USING AYURVEDIC SHAMAN CHIKITSA: A CASE STUDY”**Dr. Chetan Vishnu Pachmase¹, Dr.Yogesh Kumre², Dr. Archana Dachewar³**

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ABSTRACT:

Ashmari is a notable disorder of the Mutravaha Srotas, described extensively in classical Ayurvedic literature, and corresponds clinically to urolithiasis in modern medicine. It is recognised as one of the Ashta Mahagada due to its severe pain, high recurrence rate, and potential for serious complications. ¹ Mutrashmari (renal calculi or kidney stones) is also categorised as a Kaphapradhan Tridoshaja Vyadhi, with symptomatic urolithiasis affecting approximately 10% of men and 5% of women. ² Conventional medical treatments are often costly, and recurrence remains a concern, emphasising the need for safe, accessible, and affordable therapeutic options. While surgical interventions are commonly employed for kidney stones, they carry inherent risks. Ayurveda offers a detailed understanding of Ashmari and provides effective non-invasive approaches, including herbal formulations and lifestyle modifications, which can serve as a safe and practical alternative for both management and prevention.³

KEY WORDS:- Ayurveda; Ashmari; Mutravaha Srotas; Renal calculi; Urolithiasis**Corresponding Details:****Dr. Chetan Vishnu Pachmase**

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INTRODUCTION

Renal calculi, commonly known as kidney stones, represent a growing health concern worldwide, with an increasing number of cases attributed to improved living standards and dietary changes. The prevalence of this condition is influenced by multiple factors, including race, ethnicity, geographic location, and dietary habits. Consumption of diets rich in cereals, pulses, and fruits such as grapes and oranges, along with intake of water containing high levels of fluoride, has been associated with a higher risk of stone formation. ⁴

Kidney stones not only cause significant discomfort and morbidity but also tend to recur frequently. Conventional medical management, although effective in acute situations, is often expensive and does not always prevent recurrence. In contrast, classical Ayurvedic literature describes Mutrashmari as a condition analogous to urolithiasis. According to Acharya Sushruta, various oral Ayurvedic medicines and herbal formulations are beneficial in dissolving stones and alleviating associated symptoms, offering a potentially safe, cost-effective, and sustainable treatment approach. ⁵

The urinary system comprises the kidneys, ureters, urinary bladder, and urethra. The kidneys play a vital role in filtering blood, removing metabolic waste, and maintaining electrolyte balance by forming urine. This urine passes through the ureters to the bladder, where it is stored until excretion through the urethra.

Urolithiasis refers to the formation of hard, crystalline stones within the urinary tract and is a condition recognised since ancient times. The lifetime risk of developing renal calculi is estimated to be around 10–15%, with higher incidence reported in certain geographic regions. These calculi vary in size, shape, and composition and may develop anywhere along the urinary tract, from the kidneys to the bladder. ⁶

AIM AND OBJECTIVE

To evaluate the therapeutic efficacy of Ayurvedic *Shamana Chikitsa* in the management of *Ashmari* (renal calculi).

CASE REPORT

There is only one case study. The patient gave her informed consent in her native language.

PATIENT INFORMATION

A 60-year-old female patient approaches Pakwasa Samanvaya Rugnalya, Nagpur, with complaints of *Udar shool* (abdominal pain), *udar dah*, *dakshin prishtha shool* (right lower ribs pain), *rhullas* (*nausea*, vomiting), *Adhman*, and *mutradah* (burning micturition) since 15 days.

HISTORY OF PRESENT ILLNESS

A 60-year-old patient presented with a history of recurrent left-sided flank pain of approximately one year's duration. The symptoms were initially mild and intermittent but gradually progressed in severity over time.

In February, the patient experienced an acute episode of severe pain localised to the left flank region, for which hospital admission was required. Ultrasonography (USG) at that time revealed the presence of a left-sided renal calculus. The patient subsequently underwent conservative management, including Ayurvedic and homoeopathic treatment, which provided symptomatic relief.

Approximately three months later, the patient developed a recurrence of similar left-sided flank pain, which persisted for about one week and was again managed conservatively, leading to temporary relief.

Over the past 15 days, the patient has reported a resurgence of symptoms, characterised by persistent left flank pain associated with dysuria and discomfort during micturition. The pain has been described as moderate to severe in intensity, affecting daily activities and prompting further clinical evaluation.

PAST HISTORY

K/C/O – DM, HTN, HYPOTHYROIDISM

Surgical history – Appendectomy (2012), TL (1990)

H/O - RTA Fall from bike over 12 years ago (injury at clavicle region)

H/O – Thrombocytopenia (6 yr ago)

PERSONAL HISTORY

Ahara – Mixed Diet, *Madhur*, *Amla Rasa*, *Ruksha Ahara*, *Viruddha Ahara*, *Adhyasana*, *Vishamsana*.

Appetite – Decreased appetite, but takes food regularly

Vihara – *Diwaswapna*, housewife, improper sitting posture due to daily homework

Bowel - regular bowel 1 time per day, constipation for 10 days

Micturition – burning micturition.

Sleep - Disturbed for 15 days due to pain

Menopause - No

AsthaVidha Parikshana

Nadi: Vata kafaj

Mala-samadhankarak

Mutra Samyak

Jihva: sam

Shabda: Spastha

Sparsha: Anushnasheeta

Druka: Prakrut

Akruti: Madhyam



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General Examination

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BP: 120/80 mmHg

PR: 80/min

RR: 22 times/min

Temp: 98.5°F

Oedema – No

Pallor – No

Icterus – No

Clubbing-No

AsthaVidha Parikshana

Nadi: Vata kafaj

Mala-samadhankarak

Mutra Samyak

Jihva: sam

Shabda: Spastha

Sparsha: Anushnasheeta

Druka: Prakrut

Akruti: Madhyam

General Examination

BP: 130/70 mmHg

PR: 70/min

RR: 19 times/min

Temp: 97.5°F

Oedema – No

Pallor – No

Icterus – No

Clubbing-No

Systemic Examination

CVS: S1S2 normal

CNS: Consciousness-conscious and orientated

RS: On auscultation, AEBE is equal and clear.



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PA:

Inspection: Usually normal

Palpation: Tenderness in flank or loin region. Guarding present.

Percussion: Renal angle tenderness (positive costovertebral angle tenderness) is present.

Auscultation: Usually normal

Murphy's kidney punch sign –

Gentle thumping over the renal angle causes pain.

INVESTIGATION-**USG ABDO PELVICE - 11 Feb 2026**

IMPRESSION: Sonic features reveal mild hepatomegaly with grade I fatty liver. Small non-obstructing right renal calculus (4 mm) in the liver. No other abnormality detected on USG abdomen & pelvis.

MATERIALS AND METHODS

Centre of Study: Pakwasa Samanvaya Rughalaya IPD, Nagpur. Simple random, single case study.

TREATMENT ADVISED

Sr.no	DRUGS NAME	DOSE	TIME	ANUPAN
1	Gokshuradi gugulu	2 TAB	TDS	Koshna jal
2	Chanraprabha vati	2TAB	TDS	Koshna jal
3	Pashanbhed churna	2GM	TDS	Koshna jal
4	Varun churna	2GM	TDS	Koshna jal

DISCUSSION

Mutrashmari (urolithiasis) is a urinary problem caused by the buildup of crystals in the urinary tract. Its occurrence has increased in recent years, mainly due to modern lifestyle habits such as unhealthy eating, lack of exercise, and stress.⁷ Diets high in animal protein, salt, and processed foods can increase the amount of calcium, oxalate, and uric acid in urine while lowering citrate, a natural substance that prevents stones, which together make stone formation more likely. Men are more commonly affected than women, with a ratio of about 2:1, possibly because of higher protein intake and the effect of testosterone, which can encourage stone formation. Women are generally at lower risk because oestrogen helps keep urine less acidic and increases citrate levels, which reduces crystal formation. However, recent studies show that the gap between men and women is slowly closing, likely due to changing habits in women, such as eating more processed foods, being less active, and experiencing more stress. Drinking enough water is also important because it dilutes urine and lowers the risk of stones. In summary, a healthy diet, regular exercise, proper hydration, and stress management are key steps to prevent and control Mutrashmari⁷.

Mode of Action of Panchakarma Chikitsa

1) **Gokshuradi Guggulu** – Gokshuradi Guggulu is a traditional Ayurvedic medicine commonly used to prevent and treat kidney stones. It works through multiple mechanisms, including promoting urine production to help flush out small crystals and prevent their aggregation. The formulation also provides antioxidant protection to renal tubular cells, reducing oxidative stress that can contribute to crystal retention. Studies in ethylene glycol-induced kidney stone models have shown that it lowers calcium oxalate deposition in the kidneys, improves renal function, and increases antioxidant enzyme levels, supporting its traditional use for preventing and managing renal calculi.⁸

2) **Chandraprabha Vati** – Chandraprabha Vati (CV) may help regulate innate immunity and reduce inflammation, enhancing the body's defence against infections and alleviating symptoms such as burning during urination.⁹ Several components in CV possess antioxidant activity, which can protect urinary tissues from oxidative damage, thus relieving irritation and discomfort.¹⁰

3) **Pashanbhed Churna** – Pashanbhed Churna, derived from *Bergenia ligulata*, is used in Ayurveda to prevent and manage kidney stones. It increases urine output, prevents calcium oxalate crystal formation, and protects kidney tubules from oxidative stress. Its Ayurvedic properties include: Guna: Laghu (light), Ruksha (dry); Virya: Sheeta (cooling); Vipak: Katu (pungent). These qualities help balance Pitta and Kapha doshas, promote urine flow, and assist in dissolving urinary calculi. Experimental studies have shown that it reduces crystal deposition, prevents stone formation, and supports kidney function.¹¹

4) Varun Churna – Crataeva nurvala extract, known as Varun Churna, exhibits anti-lithogenic and anti-crystallisation properties, inhibiting the formation and accumulation of kidney stones. In experimental models, the bark extract lowered crystal deposition on substrates and reduced stone formation. This activity is partly due to its diuretic effect, which increases urine flow and prevents crystal aggregation.¹².

RESULTS -

1)C/O

Sr. No.	Lakshana (Symptom)	Before Treatment	After 7 Days	After 14 Days
1	<i>Udar Shool</i>	✓	Partial relief	Relieved
2	<i>Udar Dah</i>	✓	Partial relief	Relieved
3	<i>Dakshin Prishtha Shool</i>	✓	Partial relief	Relieved
4	<i>Hrullas</i>	✓	Improved	Relieved
5	<i>Adhman</i>	✓	Improved	Relieved
6	<i>Mutradah</i>	✓	Improved	Relieved

2)PA:

Inspection: Usually normal

Palpation: flank or loin region NT

no Guarding present.

Percussion:Renal angle NT

Auscultation: Usually normal

3)Murphy's kidney punch sign-

Gentle thumping over the renal angle -no pain

4)INVESTIGATION-

CT KUB PLAIN - 24 feb 2026

IMPRESSION-

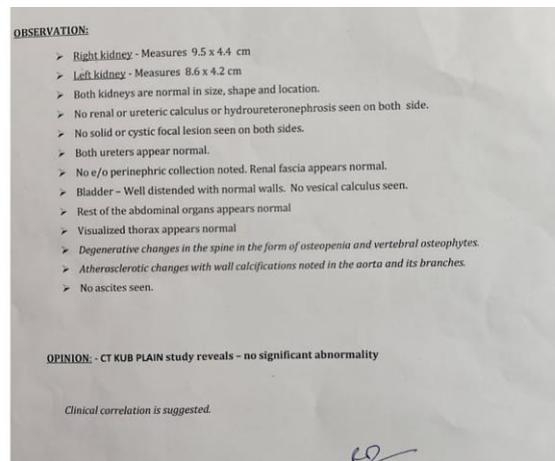
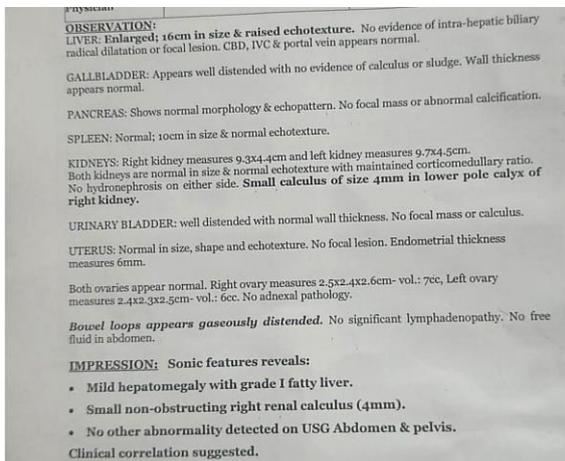
Bight kidney Measures 95 x 4.4 on, Lelt kilacz Measures Rs 4.2 cm.

Both kidneys are nurmat in star, shape and boathin. No renal or ureteric calculus of hydroureters nephrosis seen on both side. No sold or cystic fecal lesion seen an both sides. Both ureters appear normal.

Na e/o perinephric collection noted Renal fascia appears normal,

OPINION-CT KUB PLAIN -study reveals-no significant abnormality.

BEFORE TREATMENT AND AFTER TREATMENT.



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CONCLUSION

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In conclusion, renal calculi (Mutrashmari) are a common and recurring urinary disorder that can lead to severe pain and possible complications if not managed properly. Ayurveda describes it as a significant disease and provides a holistic approach for its management. Ayurvedic formulations such as Gokshuradi Guggulu, Chandraprabha Vati, Pashanbhed Churna, and Varun Churna may help in both prevention and treatment of kidney stones. These medicines work by increasing urine output, reducing the formation and accumulation of crystals, and protecting the kidneys from damage.

In addition, their anti-inflammatory and antioxidant properties may help relieve symptoms like burning urination and discomfort. Early research and traditional use suggest their effectiveness in improving urinary health and lowering the chances of recurrence. Therefore, Ayurvedic management, along with proper diet and lifestyle changes, can be considered a safe, affordable, and supportive approach alongside modern medical treatment.

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