

Disease Review Study on - Mutrashmari

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ABSTRACT

Ayurveda the ancient science of life is one of the prides of India. It has dealt with many dreaded diseases under the heading of Mutrakricchra, Mutraghata, Mutrashmari etc. Mutrashmari is one of the most common and distressing maladies among the group of urinary disorders. Acharya sushruta, the pioneer in the art and science of surgery has described widely and comprehensively about the Mutrashmari with its classification, symptomatology, etiology, pathology, complications and its management. This is the proof for the depth of knowledge of the Acharyas on the subject of urinary disorders as a whole.

Keywords- Mutravaha Samsthana, Mutrashmari, nidana, chikista, pathya, apathy

INTRODUCTION

Ayurveda the science of life and an upanga of Atharvaveda has described many diseases related to Basti. The learned Ayurvedic Acharyas have described in detail about various bodily systems in relation to their Anatomy, Physiology and Pathology etc. The Mutravaha Samsthana (Urinary system) is one of them, and meant for the formation and excretion of Mutra. From the study of ancient surgical text Sushruta samhita, it becomes evident that the urological problems form an important part of medical sciences. It may be the reason that a clear and striking picture regarding their classification, symptomatology, complications and management are available in all the texts. Among all the urinary problems described in Ayurvedic texts, there is one variety where both the medicinal and the surgical treatments are advised and agreed upon by all the Acharyas and this entity is the Mutrashmari. The important factor i.e. the diagnostic part in case of a stone, the advice given by ancient Acharyas seems to be true even at present who were of the idea that before going for the treatment sure shot diagnosis is important both for the physician and the patient.

Nidana - Panchaka of mutrashamri

a) Nidana

According to Sushruta, those who neglect the Samshodhana of internal channels and those who are engaged in unwholesome dietary habits become the victim of Ashmari.

Acharya Charaka has not given separate chapter for the disease but explained it under the "Mutrakricchra". Hence the nidanas of both Mutrakricchra & Ashmari can be taken as same. They are :-¹

- * Practice of excessive exercise
- * Strong medicines
- * Ruksha Madyapana
- * Excessive intake of anupa - mamsa
- * Adhyashana
- * Ajeerna-bhojana
- * Matsya seva

According to Vagbhata, the Nidanas are –

- * Intake of heavy, fatty & sweet food excessively.
- * Day sleep
- * Ajeerna-bhojana
- * Adhyashana

According to Kashyapa

Bhar vahana on Kati and Skandha.

b) Samprapti

Samprapti can be defined as, it is the process which starts from 'Sanchayavastha' of Doshas to the 'Vyadhi Vayktavastha'. It is possible through Samprapti to assess the Doshas, Dushyas, Srotodusti or Khavaigunya, Agni etc. It

is also helpful because proper treatment is only fruitful if it is applied according to Samprapti of disease. As said 'Samprapti Vighatanama eva Chikitsa'.

Mutrashmari is a kapha dominant tridoshaja vyadhi occurring in any part of urinary tract. The vitiated vata dosha along with kapha dosha in mutravaha strotas leads to ashmari formation. There is reduction in volume of urine due to saturation of kapha dosha in urine thus causing formation of ashmari.

Kapha dosha is samavayi karana of ashmari. The predominant kapha dosha gets hard and develops in the form of ashmari. As the vitiated shleshma enters mutravaha strotas along with urine, ashmari is formed. The process of formation of ashmari is very gradual.

While explaining the formation of ashmari acharya sushruta narrates that, the way even clean water collected in pot precipitates in the bottom after sometime; similarly, the process of hardening of ashmari occurs with the kshara of kapha dosha present in mutravaha strotas.

तत्रासंशोधनशीलस्यापथ्यकरिणः प्रकुपितः श्लेष्मा मूत्रसमप्रुक्तोऽनुप्रविश्य बस्तिमश्मरीं जनयति ॥४॥

Special attention given by Sushruta on ashmari as a separate disease, and has mentioned its nidana in two contexts.

In the asamshodhana sheela and apathyakari persons, the prakupita kapha and mutra combine to stay inside the basti i.e., bladder to form ashmari. (S. N. Ch 3. Sl 4.p 26).

In the other context sushruta described that tridoshas stay inside the basti by the process of upasnehana, on the same way as mutra reaches to basthi. These unnecessary tridoshas with help urine form the ashmari inside the basti. (S. N. Ch 3. Sl 24.p 30-31).

According to yogaratnakara

When aggravated vata dosha settles down in basti pradesha, by virtue of its ruksha guna it dries up the locally available mutra, shukra and pitta to convert them to 'sharkara' i.e., granules. Kapha dosha by its guru, sandra, snigdha, pichila guna and alepana karma i.e.binding mechanism, binds those granules together to make a soft stone like structure. Pitta by its paka karma completes the stone formation process.

FLOW CHART 01:

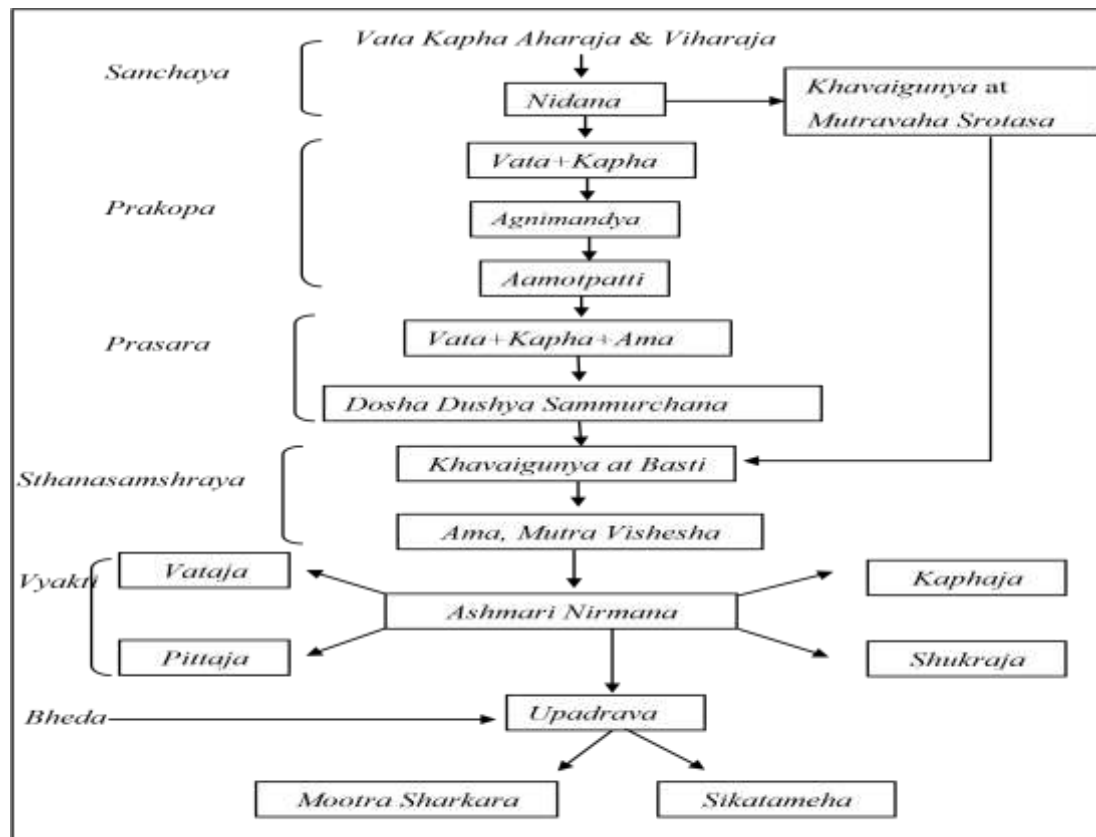


Fig.2.1 – Samprapti of Ashmari

Purvarupa

Different classics have mentioned about the prodromal signs and symptoms of Ashmari viz.

S.No	Purva-rupa	Su.	A.Hr.	A.S.	M.N.	B.P.	Y.R.	G.N.
1.	Basti Pida	+	+	+	+	+	+	+
2.	Aruchi +	+	+	+	+	+	+	
3.	Mutrakricchra	+	+	+	+	+	+	+
4.	Bastisirovedana	+	-	+	-	-	-	-
5.	Mushka Vedana	+	-	+	-	-	-	-
6.	Shepha Vedana	+	-	-	-	-	-	-
7.	Jwara +	+	+	+	+	+	+	
8.	Avasada	+	-	-	-	-	-	-
9.	Bastigandhatwa	+	+	+	+	+	+	+
10.	Sandra Mutra	+	-	-	-	-	-	-
11.	Avila Mutra	+	-	-	-	-	-	-
12.	Basti adhma	-	+	+	+	+	-	-

Rupa

Signs & Symptoms when fully manifested are called Rupa. This is the stage when the disease comes out with full signs and symptoms indicating the specific characteristics of the disease like the dominance of Doshas various stages etc.

कदम्बपुष्पाकृतिरश्मस्तुल्याक्षणात्रिपुट्यथवाऽपिमृद्वी

मूत्रस्य चेन्मार्गमुपैति रुद्धवामूत्रं रुजंतस्य करोति बस्तौ ॥ ३७ ॥

ससेवनीमेहनबस्तिशूलं विशीर्णध्वारं च करोति मूत्रम्

मूद्रातिमेद्रुंसतुवेदना तौ मुहुः शकृन्मुञ्चति मेहेते च ॥ ३८ ॥

क्षोभात्क्षते मूत्रयतीह सासृक्तस्याः सुखं मेहति च व्यपायात् ॥ ३९ ॥ [cha.chi.26\37-39]

Different texts have mentioned the Rupas of Ashmari as shown in following table:-

S.No	Rupas	Su.	Ch.	A.Hr.	A.S.	Har.	K.S.	M.N.	B.P.	Y.R.
1.	Nabhi Vedana	+	-	+	+	+	-	+	+	+
2.	Basti Vedana	+	+	+	+	+	-	+	+	+
3.	Sevani Vedana +	+	+	+	+	- + +	+			
4.	Mehana Vedana	+	+	-	-	+	-	-	-	-
5.	Mutra Dhara Sanga	+	-	-	+	-	-	-	-	-
6.	Mutra Vikirana	+	-	-	-	-	-	-	-	-
7.	Gomeda Prakasha	+	-	+	+	-	-	+	+	+
8.	Atyavilam	+	-	-	+	-	-	-	-	-
9.	Sasiktam	+	-	-	+	-	+	+	+	+
10.	Dhavan, Plavan etc.	+	-	-	+	-	-	-	-	-
11.	Vishirna Dhara	-	+	+	-	-	-	-	-	-
12.	Sarudhira Mutra	+	+	+	+	-	-	+	+	+
13.	Mrudanti Medhra	-	+	-	-	-	-	-	-	-
14.	Makusakaran									
	Munchati Mehana	-	+	-	-	-	-	-	-	-
15.	Mutrarodha	-	-	+	-	+	-	+	+	+
16.	Atimutratram	-	-	-	-	-	+	+	-	-
17.	Pratatam roditi	-	-	-	-	-	+	-	-	-
18.	Kasamana	-	-	-	-	-	+	-	-	-

SAMPRAPTI GHATAKA:

☐	Nidana	:	Kapha, Vata Prakopaka
☐	Dosha	:	Kapha Pradhaana Tridosha
☐	Dushya	:	Mutra
☐	Srotasa	:	Mutravaha
☐	Srotodushti	:	Sanga
☐	Agni	:	Jatharaagnimaandya
☐	Ama	:	Jatharagni
☐	Dosha Maarga	:	Koshtha, Shakha
☐	Roga Marga	:	Abhyantara
☐	Udbhava Sthana	:	Pakvashaya (Apana Kshetra)
☐	Adhishtana	:	Basti (Mutravaha Srotasa)

e) Upashaya - Anupashaya

The factors which relieve the signs and symptoms of disease are called Upashaya, while the factors which aggravate the disease are called Anupashaya.

None of the Ayurvedic texts have mentioned about Upashaya - Anupashaya in relation to Mutrashmari. But main factor involved in Ashmari formation is Kapha Dosha. Hence, all the measures leading to control of Kapha are considered as Upashaya and those which vitiate Kapha are Anupashaya of Ashmari.

Classification of Ashmari

All the Acharyas except Charaka have classified the disease Mutrashmari into four types.

- i.e. i.) **Shleshmaja Ashmari**
ii.) **Pittaja Ashmari**
iii.) **Vataja Ashmari**
iv) **Shukraja Ashmari**

Acharya Charaka has considered Mutrashmari as a variety under Mutrakrichhra and classified it into Mridu Ashmari and Kathina Ashmari on the basis of consistency. Shukraja, Pittaja and Kaphaja varieties are the Mridu whereas Vataja Variety is Kathina.

Different varieties of Ashmari, according to different Acharyas are as in under mentioned table :-

S.No	Ashmari	Su.	Ch.	A.Hr.	A.S.	M.N.	B.P.	Sha.	Y.R.		
1.	Shleshmaja	+	-	+	+	+	+	+	+	+	
2.	Pittaja	+	-	+	+	+	+	+	+	+	
3.	Vataja	+	-	+	+	+	+	+	+	+	
4.	Shukraja	+	-	+	+	+	+	+	+	+	
5.	Mridu	-	+	-	-	-	-	-	-	-	
6.	Kathina	-	+	-	-	-	-	-	-	-	

Due to the presence of different Ashmari, the following Laxanas take place at the time of micturition.

Laxanas of different Ashmari ³

1. Shleshmaja :-

- * Dysuria
- * Heavy & cold sensation in bladder area
- * Cutting, incising, pricking pain.

2. Pittaja :-

- * Burning hot sensation and inflammatory changes in urinary tract. (Su. Ni. 3/9)

3. Vataja :-

- * Severe bladder pain, umbilical pain and pain in the anus

- * Frequent passage of flatus
- * Urethral burning
- * Dysuria
- * Difficulty in defecation. (Su. Ni. 3/10)

4. Shukraja :-

- * Dysuria
- * Scrotal swelling
- * Lower abdominal pain
- * Special characteristic feature is, it can be crushed into powder by pressure. (Su. Ni. 3/12)

Features of Ashmari are

Sr no	Type of Ashmari	features	Description(10)
1.	Vataj	Dusty coloured - Hard - Irregular - Rough - Nodular like Kadambapushpa(Su. Ni. 3/10)	Dusty-colored, rough, hard and irregular stones, severe pain during passage of urine and stools, it resembles uric acid stones.
2.	Pittaj	Reddish / Yellowish - black or honey like in colour. - Resembles Bhallataka seed.(Su.Ni. 3/9)	Reddish, blackish, yellowish, honey colored, burning sensation and Ushnavata, resembles calcium oxalate, uric acid, and cystine stone.
3.	Kaphaj	White, slimy, big like Kukkutanda - Colour - Madhuka Pushpavat - Heavy in weight(Su. Ni. 3/8)	Whitish, dysuria, incising and pricking pain, resembles calcium phosphate stone
4.	Shukraj		Mainly found in adults, frequent coitus or coitus interruption, dysuria, swelling and lower abdominal pain.

TYPES:

According to Ayurveda

VATAJ



LOOK LIKE KADAMB
PUSHPA

PITAJ



LOOK LIKE BHALLATAKA ASTHI

KAPHAJ



KUKUTTA -ANDAPRATIKASH

According to Modern



CALCIUM OXALATE
STONE



URIC ACID STONE



PHOSPHATE STONE

Sadhyasadyata

In our classics Acharyas have described about 'Ashta Mahagadas' and these Mahagadas are not easy to treat and they are not having good prognosis. As Ashmari is mentioned as one of them, so it requires great attention for its cure.

In children because of the smaller space occupying lesion and less fat in subcutaneous and perinephric region the prognosis is better.

Similarly early detected Ashmari can be treated with medicines because of its recent origin and small size, while an Ashmari of long time origin is difficult to cure and large Ashmari is also an indication for surgical treatment.⁴ Ashmari associated with complications and Arishta Lakshanas should be avoided.

Upadrava

No particular Upadravas of Ashmari are mentioned in Ayurvedic classics except Mutra shankara, described by Acharya Sushruta. It is nothing but the disintegrated particles of Ashmari, passes along with the stream of urine.

Laxanas of Upadrava⁵

- * Pain in the pericardium
- * Weakness of lower limbs
- * Pain in the flanks and shivering
- * Thirst
- * Blackish discoloration of body
- * Dislike for food and indigestion
- * Pale appearance of the body etc.

Chikitsa-

Chikitsa of Mutrashmari according to Ayurveda:

Though ashmari comes under ashtamahagada, there are some herbs in Ayurveda which can be used as to treat the Mutrashmari. Nidan parivarjana is considered as first line of treatment of any vyadhi in ayurveda.¹⁴ Both Acharya Sushruta and Charaka have mentioned for avoiding the etiological factors which is primary step in management. 'samshepatah kri-yayogo nidanparivarjanam.'

Nidan is the primary factor for causing disease, if all these factors are well known then it becomes easier to plan treatment for disease. In Ayurveda for the Mutrashmari both shaman and shodhan chikitsa has described. Acharya Sushruta has also mentioned shaman chikitsa like use of ghrita, tail, paneeya kshar etc. which possess properties like chedana, lekha, bhedana, patana, vedanashamak, bastishodhak and mutral.

Ashmari chikitsa can be divided into

- 1) purva rupavastha
- 2) rupavastha
- 3) prevention of relapse/ recurrence

During purvarupa

In ashtang hridaya chikitsasthan and yogaratnakara, following measures are recommended during prodromal state of ashmari.

Snehana, swedana, vamana, adhika ambupana, avagaha sweda

Rupavastha

virechana, uttara basti with ashmari bhedana. By these measures mutramarga shodhana takes place and apana vayu movements are stimulated.

Aushadhi yojana

Drugs acting with following properties should be used.

- Ashmari bhedana – promotes crushing of ashmari
- Ashmari paatana – helps in flushing out of ashmari of small size
- Mutrala /bastishodhak – promotes diuretic action
- Mutra shulaghna/ basti shulaghna – relieves pain (spasmolytic action)
- Mutrakrichrahara – soothing and antimicrobial action against urinary pathogens
- Mutranulomak/ mutravibandhaghna – helps in relieving the barrier caused by ashmari
- Pittashamak – soothing action
- Kshiprameva bhinnati – promotes crushing of stone quickly
- Chirakari ashmari/ praghadha ashmarihara – helps in flushing chronic and dormant stones located in kidney.

Mainly two types of Chikitsa are described in our Shastras for every disease viz.

- i. Samanya Chikitsa (General Rx)**
- ii. Vishesh Chikitsa (Specific Rx)**

Here the Samanya Chikitsa is more of a supportive nature and does not cure the disease completely but gives a little relief, whereas the Vishesh Chikitsa is advocated after knowing about the type of disease, Doshas involved, status of Dhatus etc.

'Nidana - Parivarjana' is the main method of keeping oneself free from the disease. As Ashmari is kapha predominant disease, hence the measures aggravating kapha are to be avoided and the treatment to control Kapha is to be followed.

The below said is the treatment of choice in Ashmari viz.

- 1. Aushadhi - Chikitsa**
- 2. Basti Karma - Chikitsa**
- 3. Kshara - Chikitsa**
- 4. Shastra - Chikitsa**

But in the present work Aushadha Chikitsa has been taken for the study.

1. Aushadha Chikitsa⁶

Because Ashmari has been considered a grave disease and said to be as fatal as death. So, it is necessary to diagnose and treat the disease at the earliest. Acharya sushruta has advised to treat the disease in the Purvarupa stage itself. He has prescribed following medications depending upon the varieties of Ashmari.

Different types of Ashmari Chikitsa –

A. Vataja Ashmari Chikitsa:

For treatment of Vataja Ashmari following mentioned recipes should be advised-

Pashanabheda, Vasuka, Vashira, Ashmantaka Shatavari, Gokshura, Bṛihati, Kantakari, Brahmi (Kapotvanka), Artagala, Ushira, Kubjaka, Vrikshadani, Bhalluka, Varuṇa, fruits of Shaka, Barley, Kulattha, Kola and Kataka fruit. Ghrita should be prepared from the decoction of the above drugs in which the drugs of the Ushakadi Gana should be added. This Ghrita destroys the Ashmari caused by Vata. Kshara, Yavagu, Yusha, Kwatha, milk preparations and food prepared from these Vata allaying groups of substances should be administered.

B. Pittaja Ashmari Chikitsa:

Ghrita should be prepared from the decoction of the following drugs – Kusha, Kasha, Shara, Gundra, Itkata, Morata, Pashanabheda, Shatavaree, Vidari,

Shalimula, Trikantaka, Bhalluka, Patala, Patha, Pattura, Kuruntika, Punarnava and Shirisha, in which Shilajatu, Madhuka, seeds of Indivara (blue lotus), Trapusha and seeds of Ervaruka etc. should be added. This recipe quickly disintegrates the calculi caused by Pitta. Kshara, Yavagu, Yoosha, Kwatha, milk (preparations) and food prepared from these Pitta allaying groups of substances should be administered.

C. Shleshmaja Ashmari Chikitsa:

The decoction of drugs Varunadi Gana, Guggula, cardamom, Harenu, Kushtha, drugs of Bhadradi group, Maricha, Chitraka and Devadaru, Ghrita from goat's milk should be processed by adding the drugs of Ushakadi Gana. The recipe quickly destroys the calculi caused by Kapha. Kshara, Yavagu, Yusha, Kwatha, milk preparations and food prepared from these Kapha allaying groups of substances should be administered.

D. Shukraja Ashmari Chikitsa:

If seminal concretions or gravel spontaneously coming into the urinary passage it gets impacted there. They should be removed through the natural passage of urine. If this is not possible, the passage should be laid open and the concretions should be extracted by Badisha Shastra (a hook like instrument). After the healing of wound the patients should not be indulged in intercourse, riding horse, elephant chariot, climbs a mountain, tree for a year. They should not swim in water and should not take heavy meals.

Different classical formulations for Ashmari–

Kwatha Kalpana– Shunthyadi Kwatha, Varunadi Kwatha, Viratarvadi Kwatha, Pashanabhedadi Kwatha, Shigrumuladi Kwatha, Nagaradi Kwatha, Shvadamshtradi Kwatha etc.

Churna Kalpana – Trapushabijadi Yoga, Trikantakadi Churna etc.

Ghrita Kalpana – Varunadi Ghrita, Pashanabhedadi Ghrita, Kushadya Ghrita, Kulatthadi Ghrita, Sharapanchamuladi Ghrita etc.

Taila Kalpana – Virataradi Taila, Varunadi Taila etc.

Rasa Aushadha – Pashanavajraka Rasa, Trivikrama Rasa etc.

2. Basti Chikitsa:

Acharya Sushruta says that the decoction of latex trees administered through urethral douche flushes out the calculus immediately along with the collected blood in the urinary bladder. Basti treatment in Ashmari is indicated by all the Acharyas.

3. Kshara Chikitsa:

Acharya Sushruta has advocated preparation of Kshara from the drugs mentioned above for preparing Ghrita. This Kshara destroys calculi, abdominal swelling and urinary gravel. Kshara prepared from the paste of **Tila, Apamarga, Kadali, Palasha** and **Yava** should be taken with the sheep's urine to destroy urinary gravel. In the same way, Kshara of Patala and Karavira should be used.

4. Shashtra Chikitsa:

When the calculi are not curable by treatment with Ghrita, Kshara, decoctions, milk preparations and Uttarabasti, Shashtra Karma should be performed. Surgery has to be the ultimate treatment and even with expert surgeon's success is uncertain. When death is inevitable with non-operative treatment surgery should be considered as last resort. It should be carried out by the well-trained surgical persons after taking the consent of the authorities as well as from patients.

The principles accepted in the management of mutrashmari are:

According to acharya Sushruta:

- Snehadhi procedures can be done for management in the persons who are showing the purvaroop lakshana.
- Bhesaja chikitsa is done in the primary stage of the disease.
- In pravrudhavastha of Mutrashmari the shastra karma has to be adopted. (S.Ci. Ch 7. Sl 4. P 340)

By the opinion of Charaka, the chikitsa principles of kaphaja and vataja mutra krichra are to be adopted in the treatment of Mutrashmari. Opinion of Chakrapani is that both the measures have to be combined in the management. (C.Ci. Ch 16. Sl 59.p 486)

Astangahridayakara Vagbhata states that principles of treatment used for sannipataja mutraghata is utilized, based on the predominance of dosha. (A.H. Ci.Ch 11. Sl 15.p 373-374)

Shodhana chikitsa:

It is essential according to the principles, to be done the snehadi karma in the poorvarupa stage of ashmari, snehadi karma is took as Sneha, sweda, vamanadi by Arunadatta the interpreter of astanga samgraha. Ashmari is tridoshaja vyadi.

Any kind of shodhana therapy is told in vataja mutrakrichra can be assumed where in abhyanga and sneha by vatahara tailas. Niruhabasti, utara basti, upanaha and parisheka with vatahara kwatha and tailas are used. (C.Ci. Ch 26. Sl 45.p 482)

Treatment of Ashmari with Shodhana therapy in the stage of Purvaroop helps in ensuring the indication and aggravation of disease throughout the Doshadushya Sammurchana stage itself. Therefore, the Shodhana Chikitsa is useful by the process of removal of morbid Doshas. Once Ashmari is formed and toughened the related doshic character in it also changes. So, there is no positive effect of Shodhana on Ashmari, which is already formed, even if the Doshas are took to the Koshta and efforts are ended to expel them out.

In the treatment of kaphaja mutrakrichra, the following treatment is indicated. Abhyanga and pana of taila made by using tiktha dravya, aushadhi and ksheera made by ushna teekshna dravyas. Kshara prayoga, swedana, vamana, niruhabasti and ingestion of yava and takra. Similar line of treatment can be used in kaphaja ashmari.

Shamana Chikitsa:

Bhesaja should be taken in the form of gritha, kshara, kashaya, ksheera followed by uttarabasthi.

By the opinion of acharya charaka, the patient of mutrashmari should drink unspoil wine and should be taken for a fast ride on a chariot of horses or on the horse. As a result, shaking will gets stone displaced.

Table: 2 Showing the medicines of Ashmari in various Ayurvedic Texts

Text	Vataja	Pittaja	Kaphaja	General Treatment
Sushruta	Pashanabeda, Varuna Kulatta Sathavari etc	Kushadi gritha & Decoction	Varuna gana Guggulu	Gokshuradi churna Veeratharvadi gana decoction Apamarga, Yavakshara, Punarnava
Charaka	-	-	-	Pashanabeda churna Punarnava, Gokshura, Trunapanchamoola
Astanga. S.	-	-	-	Veeratharvadi gana
Astanga. H.	-	-	-	Veeratharvadi gana
Bhavapraksha	Eladi decoction Varuna Veeratharvadi ghritha	Kushadi ghritha & Veeratharvadi Decoction	Varunadi Ghritha	Yavakshara, Trinapanchamoola Varuna taila, Rushadi taila Gokshuru ghritha
Sharangadhar	-	-	-	Veeratharvadi Gana
Harita	-	-	-	Pashanabeda, shigru Kashaya, Kushadi Kashaya, Shunti etc.

Kshara Yogas:

द्रव्याणां तु घृतोक्तानां क्षारोऽविमूत्रगालितः॥२०॥

ग्राम्यसत्त्वशकृत्क्षारैः संयुक्तः साधितः शनैः |

सु.चि.७/२०

Paneeyakshara is indicated in the management of mutrashmari. Many preparations have been described by different acharyas which contains kshara as main ingredient. The kshara prepared from the kalka of tila, apamarga, kadali, phalasha and yava should be taken with goats' milk as anupana. It is beneficial in shakara and ashmari. Sushruta also recommends to use the kshara prepared from palasha and karaveera in the treatment of ashmari. (S.Ci. Ch 7. Sl 20. p 342)

Surgical management of mutrashmari.

Aggravated dosha should be eliminated by vamana and virechana following proper snehana. After performing snehana and swedana, the patient should be given a light food and placed on the lap of another person at knee height while facing east. The patient's buttocks should be covered with a pad of cloths. Both legs should then be bound while maintaining the knee flexed. Massage should be applied downwardly over the umbilicus area. The left hand's index and middle finger should then be inserted via the anus, and the ashmari should be pressed anteriorly and upward after lubrication. After that, make a left lower paramedian incision that is one yava lateral to the left of the midline and deepen it until ashmari is reached. Then, with a curved forcep, the ashmari should be removed.

It is recommended to provide uttarbasti of kshiravrikshakashaya if any ashmari fragments or blood clots develop in the basti. Shodhana and ropanaupachar must thereafter be completed.

Shashtra chikitsa:

A physician should have alternative to surgical operation in cases where medical treatment confirms unproductive. The physician should recourse to surgical treatment often pursuing permission from the authority informing him as-

कुशलस्यापि वैद्यस्य यतः सिद्धिरिहाधुना।

उपक्रमो जघन्योऽयमतः सम्परिकीर्तितः ॥२८॥

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The above stanza means that the surgical operation done in case of ashmari may not show its success even in the hands of skillful, expert and experienced surgeon.

Shastra karma can be split into three segments.

1. Purva karma
1. Pradhana karma
2. Paschat karma

1. Purva Karma:

A surgeon desiring to do a surgery should gather the following things beforehand.

Instruments, medicines, caustics probes, cotton gauze, suture materials, bandages, honey, ghee, milk, oil, ointments, refreshing liquids decoctions, pastes, pans, horns, leeches, gourd, cold water, hot water, bowels etc. and a team of assistants who should be loving, kind, stable and strong.

The patient should have sanshodhit either vamana or virechana tailed by snehana, swedana. Then the patient should be kept completely starving (N.B.M.) or in empty stomach, and the surgery of ashmari should be performed.

He should be advised to execute promising rites and chant recipient request. The physician should instill courage and sureness in his mind. (S.Ci. Ch 7. Sl 30. p 344, A.S. Ci. Ch 13. Sl 27. P 425-426)

2.Pradhana Karma:

The patient of strong build and with a confident mind is made to lie with his face up on a strong and firm board or table, of the height equal to one's knees. Upper part of the body is slightly elevated by the help of the bundles of cloth or insertion of upper part of the body in the attendant's lap with his waist resting on elevated cloth cushion. Then the elbows and knees are preset and held in position either by the strong male attendants or knotted with ropes or cloth.

Then the area around the umbilicus is rubbed with oil and left side of the umbilical region should be pushed downwards with a closed fist till the stones becomes displaced and comes down.

Then the surgeon should insert the index and the middle fingers of his left hand, which are cut of their nails and oiled, into the rectum of the patient, moving up along the line of sevani, trace the stone, and with forceful upward thrust make it grasp the space between the penis and rectum into the bladder which is neither crumpled (wrinkled), nor distressed, nor unevenly placed.

An incision should be taking in the left side of the raphe of the perineum of the size of barley and of an enough breadth to allow the free access to the stone.

Some authorities say that the incision can be took even on the right side of the raphe of perineum for reason of suitability in surgical work.

Special care should be taken in removing the stone from its cavity so that it may not break into small particles or leave behind any broken part in the bladder still small particle might be grow larger and again form stones. So, the complete stone should be removed intact with the help of agravakrayanthra an instrument bent in its tip (scoop or hook).

In women the urinary bladder is situated at a side and very close to the uterus, so for women, the instrument should be facing downwards. The incision must start at top and advance downwards; if not there will be wound oozing urine due to injury of the urethral passage. The same problem may occur in male also. The urinary bladder that cuts at only one place gets cured. If the bladder gets cut at two places then it will not heal.

An ulcer related to an incision made on either side of the bladder in removing a stone might be healed up by the use of medicinal formulation and fomentation etc.

If shukrashmari or sarkara naturally passed down into the urinary path and blocks it, then sneha and sweda karmas are done to the penis and penis has to be pushed downwards with fingers and massaged till the stone comes out from it. In case it is not possible, then urethra has to be opened and the stone is removed with a hook. (S.Ci. Ch 7. Sl 30-35. p 344-348)

3.Paschat Karma:

After the removal of the stone, the patient should be prepared to sit on a droni (tub) full of warm water and be fomented in this manner. By doing this, the chance of collection of blood in the bladder will be avoided, still the blood has been collected in bladder, a uttarabasthi is given with ksheeri vruksha valkala kashaya by infusing it into the bladder with the help of pushpanethra. By this the pieces of ashmari and blood are flush out. For the clearance of urinary passage, rice cooked with jaggery should be given to the patient. Madhu, gritha is spread on the surgical wound.

A yavagu stewed with mutra shodhaniya drugs mixed with butter should be given in warm water every morning and evening for three successive days.

After that the patient should be carefully fomented for another 10 next days by using any warm sneha dravyas. The ulcer should be cleaned with the kwatha of ksheeri vruksha. A kalka of lodra, yastimadhu, manjishta and prapoundarika should be spread over the ulcer.

The collected fluid or blood in the affected part should be removed with the help of uttarabasthi. If the urine does not start to flow from its own way by the seventh day, the ulcer should be cauterized.

When the urine becomes its natural qualities then the patient should be managed by uttarabasthi and anuvasana, asthapana basthi with the kwatha of madhuravarga dravya.

The patient should have avoided sexual intercourse, riding on horse or on an elephant, swimming, climbing on trees and mountains and intake of heavy food junks for a year, even after healing of ulcer.

Precaution during Surgery:

A surgery should not be continued with, nor an attempt is made to extract the stone in a case, where on being handled the patient drops down immobile with his head turned down and eyes fixed on the vacant, watch that of a dead man. In such a case the death is sure to follow. The surgery should be continued in absence of such an incidence. The following parts to be secured during surgical extraction of ashmari.

- Sukravaha srotas
- Mutra praseka dwaara
- Sevani
- Yoni
- Guda
- Basthi

Death may result in an event of cut in the path of urine resulting into collection of urine in the bladder. Any injury to shukravaha srotas causes death or impotency of the patient. (A.S. Ci. Ch 13. Sl 32.p 428)

Any injury to mushka causes dhvajabhanga (loss of erection), injury to mutra praseka dwaara cause frequent dribbling of micturition. Injury to the yoni or sevani causes extreme pain, injury to either rectum or bladder causes immediate death. (S. Ci. Ch 7. Sl 36.p 345-346)

PATHYAAPATHYA:

Pathya (Do) in Mutraashmari	Apathya (Don't) in Mutraashmari
Fluid Intake 3litres of water per day and other liquid	Suppression of Mootra and Shukra Vega (urges)
Pulses kulatha, daal (horse gram), Mudga (green gram) Cereals- Yava, old rice	Avoid over exercise
Vegetables- Kusmanda (wax gourd) swarasa, Adrak (ginger), Choulai (Amarnath)	Intake of sour, Ruksha (dry), Pishtaanna (heavy)
Diet rich in fiber (leafy green vegetables) etc	Tomato etc
Disciplinary lifestyle	Kashaya (astringent) Rasa
Regular bases Shodhan (body purification)	Virudhaahara (Not according to time, place etc)
Food is rich in Vit. A (carrot, fish etc.) and Mg (almonds, bean etc.)	Calcium tablets and other supplements

DISCUSSION

From the study of ancient surgical treatise, it becomes evident that the urological problems form an important part of medical deliberations. Perhaps, this can be the reason for detailed description of the urinary system related disease i.e., Mutrashmari - Urolithiasis in our Ayurvedic texts. Old literature gives a clear idea of disease that it has come into existence from the very beginning.

The clear-cut cause of the disease is still unknown. But in Ayurveda, Kapha dosha in increased quantity has been accepted as the main reason for the formation of Mutrashmari. Where as in Modern Science they have considered so many causative factors for the stone formation, but stone has been seen even in those patients also, where those factors were not present. So, in total, the etiology of the disease is still unknown.

CONCLUSION

Ayurveda review treaties with disease Mutrashmari, description deals with Nidana, Samprapti, Purvarupa, Rupa, Classification, Lakshanas, Upadrava of Mutrashmari etc. and the different aspects of Ashmari Chikitsa and pathya apthya are also explained. The study concludes that we can reduce and manage this rising problem of Mutrashmari through modifying lifestyle, purification therapy and medication.

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