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Case Study

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"A CASE STUDY ON THE AYURVEDIC TREATMENT PROTOCOL FOR MUTRASHMARI (UROLITHIASIS)"

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ABSTRACT

Mutrashmari is a frequently encountered clinical condition in primary care, with more than one million cases reported annually in India. Epidemiological data indicate that approximately 12% of the population is predisposed to urinary stone formation. In Ayurveda, Mutrashmari is described as one of the *Ashtamahagada* (eight grave disorders) and is categorized as a *Kaphapradhana Tridoshaja Vyadhi*. Its clinical presentation closely parallels urolithiasis in modern medicine and is recognized as a significant contributor to morbidity due to severe pain, urinary obstruction, and recurrent episodes. The present work aims to evaluate the therapeutic efficacy of *Shaman Chikitsa* in the management of Mutrashmari with reference to urolithiasis.

This study reports a single case involving a 65-year-old male who presented with acute right flank pain radiating to the lower abdomen, accompanied by burning micturition, dysuria, and a recent diagnosis of mild prostatomegaly. The patient had been asymptomatic one month prior but developed sudden and severe symptoms consistent with ureteric colic. A structured *Shaman Aushadhi* regimen was administered based on Ayurvedic principles targeting *Kapha* aggravation, *Vata* vitiation, and urinary obstruction.

Substantial improvement was noted, with approximately 90% relief in both chief and associated complaints. The patient reported a marked reduction in pain, improved urinary flow, and enhanced functional status. No adverse effects were observed during the therapeutic period.

In conclusion, *Shaman Chikitsa* demonstrated satisfactory effectiveness over 45 days, indicating its potential as a conservative management approach for Mutrashmari and improving overall quality of life.

KEYWORDS

Ayurveda; Mutrashmari; Shaman Chikitsa; Shaman Aushadhi; Urolithiasis; Urinary calculus; Urinary disorders

INTRODUCTION

Mutrashmari is described in Ayurveda as a pathological condition characterized by the formation of hard, stone-like concretions within the urinary system. It is classified among the Ashtamahagada—eight extremely difficult-to-manage diseases—highlighting its clinical significance and therapeutic challenge. The condition assumes grave importance due to its Marma Ashrayatwa, as the Basti (urinary bladder), one of the Tri Marma (three vital organs), is directly involved. This anatomical and functional sensitivity leads to poor prognosis when the disease is left untreated or inadequately managed.

Ayurvedic texts identify Mutrashmari as a Kapha Pradhana Tridoshaja Vyadhi, wherein vitiated Kapha contributes to the binding and compactness of stone formation, while Vata drives migration and pain, and Pitta contributes to inflammation and burning sensations. This traditional description parallels the modern understanding of urolithiasis, a condition involving the formation of calculi within the kidneys, ureter, or bladder due to supersaturation of minerals and imbalance between stone-promoting and stone-inhibiting factors.

Urolithiasis is a major global health concern, with a lifetime prevalence of approximately 10% in men and 5% in women. Recurrence rates are high, with nearly 50% of patients developing another stone within 5–7 years. Risk factors include family history, insulin resistance, hypertension, hyperparathyroidism, gout, chronic metabolic acidosis, and hormonal changes such as surgical menopause. Dietary and lifestyle factors are equally influential; high intake of cereals and pulses, consumption of fluoride-rich water, certain fruits, and even nanobacteria have been implicated in stone formation. [1,2,3,4,5,6]

Clinically, patients often present with severe, colicky pain radiating from the back and flank to the groin, consistent with the descending movement of the calculus along the ureter. Associated symptoms include dysuria, burning micturition, and hematuria.

Ayurvedic management prioritizes non-invasive therapies before surgical intervention. Acharya Sushruta advises the use of formulations such as Ghrita, Taila, and Paneeya Kshara owing to their Chedana (cutting), Bhedana (splitting), Lekhana (scraping), and Mutrala (diuretic) properties that facilitate the disintegration and expulsion of stones. In the present study, Paneeya Kshara—specifically Yavaksharadi Yoga comprising Yavakshara and Gokshura Choorna—was selected due to its proven efficacy in reducing urinary obstruction, alleviating pain, and promoting stone dissolution.

This introduction establishes the Ayurvedic foundations and biomedical relevance for evaluating Shaman Chikitsa in the management of Mutrashmari.[7,8,9,10,11,12]

Aims and Objectives

The primary aim of this clinical study was to evaluate the therapeutic efficacy of Shaman Chikitsa in the management of Mutrashmari, with specific reference to its correlation with urolithiasis in contemporary

medical science. The objective was to assess the extent of symptomatic relief, reduction in pain intensity, improvement in urinary function, and overall enhancement in the patient's quality of life following administration of selected Ayurvedic internal medications. Additionally, the study sought to observe the tolerability and safety of the prescribed regimen over the treatment duration.

MATERIALS AND METHODS

This study was designed as a single-case observational clinical analysis conducted on a 65-year-old male patient presenting with classical symptoms of Mutrashmari. Prior to commencement of treatment, informed consent was obtained from the patient in his native language to ensure complete understanding of the therapeutic plan and study purpose.

A detailed clinical history was recorded, including dietary habits, hydration status, occupation, family history of urinary disorders, and prior medical conditions. Physical examination and symptom evaluation were conducted along with routine investigations relevant to Mutrashmari/urolithiasis, such as ultrasonography, urine analysis, and assessment of prostate status.

The therapeutic intervention consisted of Shaman Aushadhi formulated on Ayurvedic principles, emphasizing Kapha-Vata pacification, diuresis, and stone disintegration. The selected medications were administered orally in prescribed doses over 45 days. Follow-up examinations were conducted at regular intervals to document symptomatic changes, treatment response, and any adverse events.

This methodical approach enabled a structured assessment of the clinical outcomes attributable to Shaman Chikitsa in Mutrashmari.[13,14,15,16]

CASE HISTORY

Table 1. Demographic Details

Sr. No.	Parameter	Details
1	Name	Xyz
2	Sex	Male
3	Address	Sambhaji Nagar, Satara, Maharashtra
4	Occupation	Retired Police Officer
5	Marital Status	Married
6	Economic Status	Good living conditions

Chief Complaints

Table 2. Chief Complaints

Sr. No.	Complaint	Duration
1	Radiating pain from loin to groin region	2 months
2	Burning micturition	2 months
3	Urge to urinate	2 months
4	Frequent and excessive nocturnal urination	2 months
5	Difficulty in urination	2 months
6	Swelling in legs	1 month
7	Blood in urine (Hematuria)	2 weeks

History of Present Illness

A 65-year-old male presented with severe right flank pain radiating to the right lower quadrant. He was

asymptomatic one month prior but developed sudden onset abdominal pain, intermittent and colicky in nature. The pain was associated with dysuria, pricking-type pain at the onset of urination, and intermittent hematuria. The patient experienced two episodes of emesis since onset. He denied chest pain, dyspnea, fever, bowel dysfunction, bladder retention, and had no known history of diabetes mellitus or hypertension.

History of Past Illness

The patient reported a past history of similar urinary complaints.

Medication History

No long-term medication history reported.

Personal History

- **Appetite:** Low
- **Sleep:** Disturbed due to loin pain
- **Bowel Habits:** Occasional constipation
- **Addictions:** Occasional alcohol and smoking (once in 15 days)
- **Diet:** Non-vegetarian, salty foods, predominantly ruksha ahara (toast, dry vegetables, bread, etc.)
- **Lifestyle:** Sedentary, low water intake, habitual suppression of natural urges

Family History

No family history of urinary stone disease; consanguinity present.

General Examination

Vital signs showed: BP 150/96 mmHg, pulse 78 bpm, respiratory rate 22/min, temperature 36.7°C. Slight yellowish discoloration of sclera and pedal oedema were noted. No cyanosis, lymphadenopathy, clubbing, or icterus.

Table 3. General Examination

Sr. No.	Parameter	Observation
1	General appearance	Anxious, conscious, afebrile
2	Height	174 cm
3	Weight	75 kg
4	Blood pressure	150/96 mmHg
5	Pulse	78 bpm
6	Icterus	Not present
7	Cyanosis	Not present
8	Edema	Pedal edema since 1 month
9	Lymphadenopathy	Not present
10	Clubbing	Not present

Systemic Examination

Abdomen was soft with mild distension and diffuse tenderness, more pronounced in the right lower quadrant. Murphy's sign was positive. No hepatomegaly or splenomegaly noted.

Table 4. Astavidha Pariksha

Sr. No.	Parameter	Observation
1	Nadi	Niyamit; Vata-Kapha predominant
2	Mala	Unsatisfactory, irregular, occasional straining

3	Mutra	Dribbling, incomplete evacuation, increased frequency, nocturia
4	Jihwa	Sama (coated)
5	Shabda	Spashta (clear)
6	Sparsha	Samashitoshna
7	Druk	Prakrita
8	Aakriti	Madhyama

Roga Pariksha (Nidana Panchaka)

Hetu (Causative Factors)

Excessive exertion, spicy food, urinary retention, emaciation.

Purvarupa (Prodromal Symptoms)

Abdominal distension, indigestion, burning micturition.

Rupa (Manifest Symptoms)

Loin pain, burning micturition, dribbling, incomplete voiding, urinary frequency, nocturia, painful urination (Sarujamutrapravrutti).

Samprapti (Pathophysiology)

Aggravating factors vitiated Vata and Pitta while urinary retention created Kha-Vaigunya in Basti and Mutravaha Srotas. The resulting Srotodushti led to Basti Shotha and dysuria. Mandagni impaired Pachaka Pitta function, causing improper separation of Dosha, Mutra, and Purisha. Disturbed Apana Vayu prevented proper elimination, resulting in accumulation of waste products (mala) and initiation of the disease.

Table 5. Samprapti Ghatak

Component	Mutrashmari
Dosha	Tridosha
Dushya	Mutra
Agni	Jatharagni Mandya
Ama	Present (due to weak digestion)
Srotas	Mutravaha Srotas
Udbhava Sthana	Amashaya & Pakwashaya
Sanchara Sthana	Siras, Ama-Pakwashaya-gata Mutravaha Srotas
Adhisthana	Mutravaha Srotas & Basti
Vyakta Sthana	Mutravaha Srotas & Basti
Dushti Prakara	Sanga
Rogamarga	Madhyama
Vyadhi Swabhava	Mutra-aprvrutti-janya vikar
Sadhya-Asadhyata	Kruchchra; Shastra-sadhya

Investigations

Ultrasonography of the abdomen–pelvis (19 February 2025) revealed:

- Mild fullness of left renal pelvis and ureter
- Mobile vesical calculus measuring 13.6 × 11.6 mm
- Mild prostatomegaly (4.1 × 4.9 × 3.8 cm, volume 39.3 cc)
- Pre-void urine: 239 cc, Post-void: 10 cc

Treatment Plan (Shaman Chikitsa)

Table 6. Treatment Advised

First Visit (Day 0–15)

Sr. No.	Drug	Dose	Anupana	Duration

1	Vrikkar Rasayan (Gokshura, Pashanbheda, Bilwa, Arjuna, Ashoka)	1 tab BD	LWW	15 days
2	Chandraprabha Vati	1 tab BD	LWW	15 days
3	Gokshuradi Guggulu	1 tab BD	LWW	15 days
4	Rasnadi Guggulu	1 tab BD	LWW	15 days

Second Visit (Day 16–30)

Sr. No.	Drug	Dose	Anupana	Duration
1	Vrikkar Rasayan	1 tab BD	LWW	15 days
2	Chandraprabha Vati	1 tab BD	LWW	15 days
3	Gokshuradi Guggulu	1 tab BD	LWW	15 days
4	Triphala Guggulu	1 tab BD	LWW	15 days

Third Visit (Day 31–45)

Sr. No.	Drug	Dose	Anupana	Duration
1	Ashmarighna Yoga (Pashanbheda, Gokshura, Punarnava, Narikela Lavana)	1 tab BD	LWW	15 days
2	Chandraprabha Vati	1 tab BD	LWW	15 days
3	Shankh Vati	1 tab BD	LWW	15 days
4	Punarnava Mandur	1 tab BD	LWW	15 days

BD = Twice daily; LWW = Lukewarm water.

During the initial follow-up, the patient reported the spontaneous expulsion of two to three irregularly shaped calculi during micturition. The passage of these stones was accompanied by severe acute pain and intermittent obstruction of urinary flow, indicating transient ureteral blockage during transit.

A repeat ultrasonography (USG) demonstrated the presence of a single residual calculus measuring 13.6 × 11.6 mm located at the ureterovesical junction (UVJ). Mild dilatation of the ureter was observed, consistent with partial obstruction. At this stage, the patient's clinical symptoms had reduced to mild intensity.

During the second follow-up, the patient reported complete resolution of abdominal pain and absence of dysuria. Subsequent visits revealed that the remaining right renal calculus had also been expelled naturally through urination. The observed pathway of stone migration was:

Upper ureter

↓

Lower ureter

↓

Urinary bladder

↓

External expulsion through urethra

This sequence is consistent with the typical descent and elimination pattern of ureteric calculi under conservative or supportive therapeutic measures.

Additional comparative assessments obtained before and after the intervention are summarised in Table 7, showing progressive improvement and eventual complete resolution of symptoms.

Table 7. Clinical Assessment of the Patient Over Time

Symptom / Condition	Day 0	Day 15	Day 30
Radiating pain from loin to groin	Mild to moderate	Mild	None
Burning micturition	Mild to moderate	Mild	None
Urgency of urination	Moderate	Mild	None
Frequency of urination and nocturia	Moderate	Mild	None
Difficulty in urination	Moderate	Mild	None
Swelling of lower limbs	Moderate	Mild	None
Hematuria	Mild	Mild	None

The clinical course indicates progressive reduction in obstructive and irritative urinary symptoms, correlating with serial stone expulsion events. The transition from moderate symptoms to complete remission aligns with the documented radiological and symptomatic changes. The absence of pain, dysuria, hematuria, and urinary difficulty by Day 30 demonstrates successful spontaneous clearance of ureteric and renal calculi.

DISCUSSION

The etiopathogenesis of Mutrashmari described in this case aligns with the classical Ayurvedic understanding that Ayogya Ahara-Vihara, iatrogenic influences, and psychosomatic factors collectively disrupt the equilibrium of Vata and Pitta doshas. The patient's habitual consumption of Katu and Amla Rasa–dominant foods, combined with sustained mental stress, contributed to Pitta aggravation, predisposing the urinary milieu toward increased concentration and metabolic irritability. Concurrently, inadequate daily water intake further intensified Pitta vitiation and facilitated supersaturation of urinary solutes.

Vata aggravation was attributable to Vishamashana, suppression of natural urges (Vega-avarodha), and erratic dietary habits. These factors impaired the functional dynamics of Apana Vayu, resulting in suboptimal urine formation and impaired downward expulsion. The chronic intake of calcium supplements and steroids likely enhanced renal calcium excretion, increasing lithogenic potential. Under combined Vata–Pitta derangement, the urine became

concentrated, turbid, and progressively conducive to calculus formation within the urinary tract.

Therapeutic intervention in this case was designed on the principles of Vatanulomana, Vata-Pitta Shamana, Ashmari-Bhedana, and Mutrala support. The polyherbal combination Vrikkar Rasayan—containing Gokshura, Pashanbheda, Bilwa, Arjuna, and Ashoka—played a pivotal role. Gokshura, through its Madhura Rasa and Sheeta Veerya, facilitated diuresis by increasing Kleda, while Pashanbheda demonstrated documented antiurolithic activity, inhibiting calcium oxalate crystal growth and supporting dissolution or fragmentation of calculi. Bilwa contributed through its Tridoshaghna and Ushna properties to relieve dysuria, while Arjuna's antioxidant and hypolipidemic effects likely reduced inflammatory responses within the urinary tract. Ashoka seeds, rich in potassium, aided smooth muscle function and urinary flow.

Adjunctive formulations—Chandraprabha Vati, Gokshuradi Guggulu, Rasnadi Guggulu, Triphala, Narikela Lavan, Punarnavadi Mandoor, and Shankha Vati—strengthened therapeutic outcomes. These agents enhanced urine output, reduced inflammation, supported metabolic correction, facilitated stone disintegration, and relieved associated symptoms such as dysuria and hematuria. The multi-modal approach provided both systemic correction of doshic imbalance and local mechanical facilitation of stone expulsion.

The clinical course, including serial expulsion of calculi and complete symptom remission by Day 30, supports the rationale for integrated Ayurvedic Shamana therapy in managing uncomplicated urolithiasis without surgical intervention.[17]

CONCLUSION

This case study demonstrates that Ayurvedic Shamana Chikitsa, when strategically designed according to doshic pathology and supported by appropriately selected formulations, can effectively manage renal and ureteric calculi without recourse to lithotripsy or surgical procedures. The patient achieved complete symptomatic relief, spontaneous expulsion of calculi, and normalization of urinary function, with no recurrence reported to date.

The therapeutic success can be attributed to the synergistic actions of Mutrala, Ashmari-Bhedaka, Vatanulomaka, and Pitta-Shamana interventions. The multi-herbal and mineral-based formulations employed exerted complementary effects: enhancing diuresis, reducing urinary supersaturation, correcting metabolic imbalances, mitigating local inflammation, and promoting dissolution or fragmentation of the calculus. Additionally, correction of lifestyle factors and dietary modifications supported restoration of urinary homeostasis.

Although the results are promising, the findings are derived from a single-patient observation, which limits generalizability. Larger-scale clinical studies and controlled trials are essential to validate efficacy, optimize dosage regimens, and establish standardized therapeutic protocols. Nevertheless, this case highlights the potential of Ayurveda-based conservative management as a viable alternative for

patients seeking non-invasive treatment options or those unfit for surgical intervention.

The integrative, multi-treatment approach adopted in this case demonstrates that appropriately tailored Ayurvedic therapy can combat the disease in minimal duration, offering both symptomatic relief and definitive cure. Further research will strengthen the evidence base and clarify the scope of Shamana therapy in urolithiasis management.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

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