Case Study
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Ashmari Chikitsa –A ayurvedic journey from calculus to cure-a case study

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Abstract:

Urolithiasis, commonly known as renal stone disease, is a prevalent condition of the urinary system characterized by the formation of crystalline deposits within the urinary tract. It commonly presents with severe colicky pain, dysuria, hematuria, nausea, and urinary discomfort, and may significantly affect the quality of life.

In Ayurveda, renal calculi can be correlated with *Ashmari*, which is described under *Mutravaha Srotas Vikara*. The formation of *Ashmari* is primarily associated with vitiation of *Vata Dosha*, along with the involvement of *Kapha*, *Mutra* and *Meda*, leading to crystallization and stone formation. Ayurveda emphasizes *Nidana Parivarjana*, *Dosha-Samprapti*, *Mutrala*, *Ashmarighna* and *Shothahara* therapeutic approaches for the management of *Ashmari*. Various classical formulations and *Panchakarma* procedures have been described to facilitate dissolution or expulsion of calculi and to reduce recurrence.

The present case study highlights the *Ayurvedic* approach in the management of renal stone, focusing on the clinical presentation, *Ayurvedic* diagnosis, *Samprapti*, treatment protocol, and outcome. This case provides an opportunity to understand the potential role of *Ayurvedic* principles as a supportive approach in the management of urolithiasis.

A 28 year old patient with complaints of burning micturition,pain at abdomen radiating from loin to groin with CT scan KUB report suggestive of kidney stone was treated successfully with mutral, Bhedan, Shothahar Ayurvedic drugs like Pashanbheda, Gokshur, Punarnava. The usg report after treatment shows removal of renal stoneand symptoms also get subsided after treatment. So Ayurvedic medicine plays important role in treatment of kidney stones.

Keywords: *Ashmari*, *Bhedan*, *Lekhan*, *Mutral*

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Introduction

Urolithiasis, commonly known as renal stone disease, is a prevalent condition of the urinary system characterized by the formation of crystalline deposits within the urinary tract. It commonly presents with severe colicky pain, dysuria, hematuria, nausea, and urinary discomfort, and may significantly affect the quality of life.

In Ayurveda, renal calculi can be correlated with *Ashmari*, which is described under *Mutravaha Srotas Vikara*. The formation of *Ashmari* is primarily associated with vitiation of *Vata Dosha*, along with the involvement of *Kapha*, *Mutra* and *Meda*, leading to crystallization and stone formation.

Ayurveda emphasizes *Nidana Parivarjana*, *Dosha-Samprapti*, *Mutrala*, *Ashmarighna* and *Shothahara* therapeutic approaches for the management of *Ashmari*. Various classical formulations and *Panchakarma* procedures have been described to facilitate dissolution or expulsion of calculi and to reduce recurrence.

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Aims and objectives-

The aim of this study is to evaluate the efficacy of *Ayurvedic Chikitsa* (treatment) in the management of *Mutrashmari* (renal calculi)

Materials and Methods-

The written informed consent was taken from the patient in his own language.

It is a a single case study.

Patient information-A 28 years old male patient was healthy before. Then he suddenly develops complaints of abdominal colicky intermittant pain radiating from loin to groin along with nausea and burning micturition.

visited OPD of Kayachikitsa department of G.N.Tank Ayurvedic Hospital,Amaravati

Demographic details-

Name	**XYZ**
Sex	Male
IPD Registration number	718
Address	Amaravati
Age	28 yrs
Marital status	Unmarried
Economic Status	High Class
Profession	Engineer

Chief complaints with duration-

Sr.no.	**Complaints**	**Duration**
1	Burning Micturation	15 days
2	Difficulty in urination	15days
3	Abdominal pain radiating from loin to groin	15days
4	Bloating on and off	15 days

Past History-

There is no history of any major systemic illness such as hypertension, diabetes mellitus or bronchial asthama.

Medication history –Patient had taken allopathic medicine for above complaints by urologist which include hydrotherapy with IV fluids DNS, Inj Lasix, Inj Dotrovin, And tab Spasmelon at bed time, Tab Pantop DSR before meal.

Surgical History-There was no history of any previous surgical intervention.

Personal History-

Food Habits- Frequent consumption of junk food,bakery products, oily foods, Non veg diet,rooksha ahara.

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Lifestyle-his job profile is sitting in his AC office for long time as he is engineer by profession. Suppression of natural urges, strenuous mode of work, insufficient water intake was present. the excretion of sweat is also minimum.
Sleep-proper but sometimes disturbed due to work stress, late night work.
Addiction-no any addiction found.
Family History-Not signigicant

General Examination-
Temp-Afebrile 97.5F
Pulse-78/min
BP-136/86mmof Hg
Respiratory Rate-18 breaths/min

Ashtavidha Pariksha-

Nadi	***Pittakaphaj***
Mutra	*Asamyak-* difficulty during micturition,frequent micturition,burning mictuaration
Mala	*Asamyak-* constipation on and off
Jivha	*Saam*
Shabda	*Spashta*
Sparsha	*Samasheetoshna*
Drika	*Spashta*
Akruti	*Madhyam*

Nidan Panchak-[1,2]

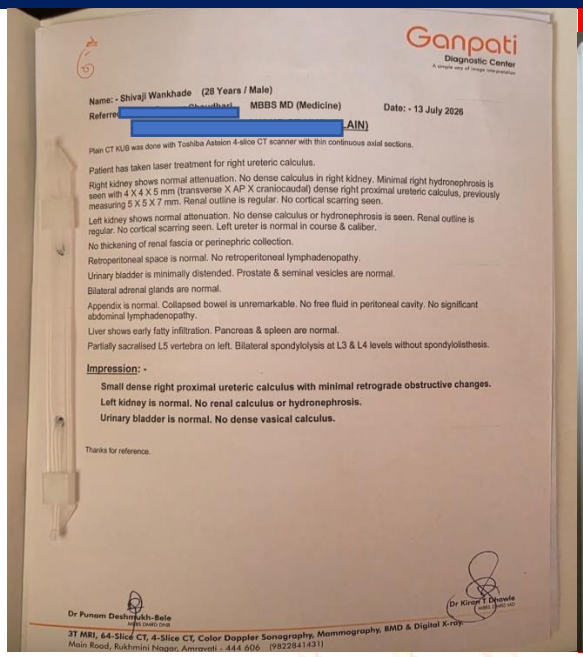
Hetu- *Ruksha aahara sevan* (bakery products, biscuits, snacks, poha), *Anupamaansasevan*, *Matsyasevana*, *Adhyashana*, *Ajirna*, *Jagarana*, *Alpa ambu sevan*, *Vegavidharana*, *shitaaaharaviharasevan*

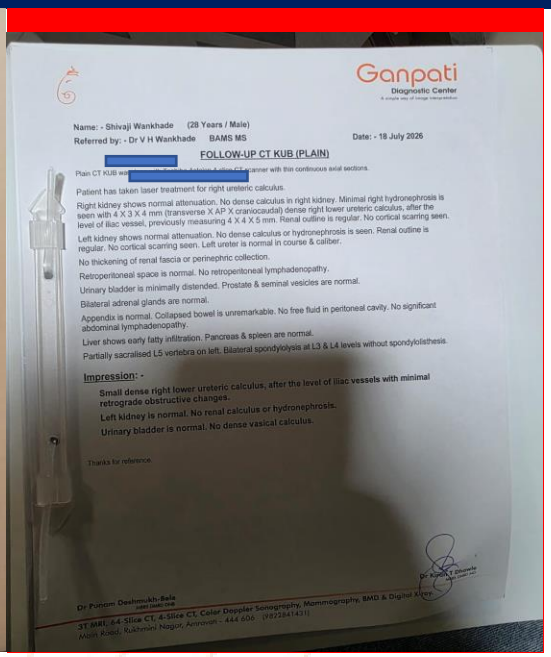
Samprapti-
Hetusevan-vitiation of Tridoshas (Vata, Pitta, Kapha)-Kha vaigunya at Basti and mutravahasrotas- leading to Mutravahasrotas dushti-mutra get dry due to vitiated tridoshas-Mutrashmari formation-Sakashta Mutrotsarga-Mutrashmari and Mutrakruchcha.
Dosha-Vata,Pitta,Kapha
Dushya-Mutra
Agni-Mandagni
Aama-Jtharagnijanya Aama
Srotas-Mutravaha Srotas
Adhishthan-Basti
Rogmarga-Abhyantar
Vyadhiswabhav-Chirakari
Sadhyasadhyata-Kruchchasadhya

Purvaroopa-*Aadhman, Mutradaha,*
Roopa-*Sasewani mehan bastishoolam, bastipradeshe ruja* (pain at bladder and urinary tract),
Mutrarujam (pain during micturition),
Vishirnadhaar (urine flow is bifurcated),
Muhushakrun munchati mehanama cha (he goes repetedly to deification and urination)
Upashaya-The symptoms were relieved with *Shita avagahan*, *Parisechan.*
(the patient experienced relief by these external procedures).
Anupashaya-The symptoms were aggrevated by ushna sparsha, particularly during work in hot and humid climatic conditions.

Ultrasonography findings-

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Ganpati
Diagnostic Center
Name: - Shivaji Wankhade (28 Years / Male)
Referre [redacted] MBBS MD (Medicine) Date: - 13 July 2026
[redacted] AIN)
Plain CT KUB was done with Toshiba Asteion 4-slice CT scanner with thin continuous axial sections.
Patient has taken laser treatment for right ureteric calculus.
Right kidney shows normal attenuation. No dense calculus in right kidney. Minimal right hydronephrosis is seen with 4 X 4 X 5 mm (transverse X AP X craniocaudal) dense right proximal ureteric calculus, previously measuring 5 X 5 X 7 mm. Renal outline is regular. No cortical scarring seen.
Left kidney shows normal attenuation. No dense calculus or hydronephrosis is seen. Renal outline is regular. No cortical scarring seen. Left ureter is normal in course & caliber.
No thickening of renal fascia or perinephric collection.
Retroperitoneal space is normal. No retroperitoneal lymphadenopathy.
Urinary bladder is minimally distended. Prostate & seminal vesicles are normal.
Bilateral adrenal glands are normal.
Appendix is normal. Collapsed bowel is unremarkable. No free fluid in peritoneal cavity. No significant abdominal lymphadenopathy.
Liver shows early fatty infiltration. Pancreas & spleen are normal.
Partially sacralised L5 vertebra on left. Bilateral spondylolysis at L3 & L4 levels without spondylolisthesis.
Impression: -
Small dense right proximal ureteric calculus with minimal retrograde obstructive changes.
Left kidney is normal. No renal calculus or hydronephrosis.
Urinary bladder is normal. No dense vasical calculus.
Thanks for reference.
Dr Punam Deshmukh-Bele
Dr Kiran T Dewale
3T MRI, 64-Slice CT, 4-Slice CT, Color Doppler Sonography, Mammography, BMD & Digital X-ray
Main Road, Rukhmini Nagar, Amravati - 444 606 (9822841431)


Ganpati
Diagnostic Center
Name: - Shivaji Wankhade (28 Years / Male)
Referred by: - Dr V H Wankhade BAMS MS Date: - 18 July 2026
[redacted]
FOLLOW-UP CT KUB (PLAIN)
Plain CT KUB was [redacted] Toshiba Asteion 4-slice CT scanner with thin continuous axial sections.
Patient has taken laser treatment for right ureteric calculus.
Right kidney shows normal attenuation. No dense calculus in right kidney. Minimal right hydronephrosis is seen with 4 X 3 X 4 mm (transverse X AP X craniocaudal) dense right lower ureteric calculus, after the level of iliac vessel, previously measuring 4 X 4 X 5 mm. Renal outline is regular. No cortical scarring seen.
Left kidney shows normal attenuation. No dense calculus or hydronephrosis is seen. Renal outline is regular. No cortical scarring seen. Left ureter is normal in course & caliber.
No thickening of renal fascia or perinephric collection.
Retroperitoneal space is normal. No retroperitoneal lymphadenopathy.
Urinary bladder is minimally distended. Prostate & seminal vesicles are normal.
Bilateral adrenal glands are normal.
Appendix is normal. Collapsed bowel is unremarkable. No free fluid in peritoneal cavity. No significant abdominal lymphadenopathy.
Liver shows early fatty infiltration. Pancreas & spleen are normal.
Partially sacralised L5 vertebra on left. Bilateral spondylolysis at L3 & L4 levels without spondylolisthesis.
Impression: -
Small dense right lower ureteric calculus, after the level of iliac vessels with minimal retrograde obstructive changes.
Left kidney is normal. No renal calculus or hydronephrosis.
Urinary bladder is normal. No dense vasical calculus.
Thanks for reference.
Dr Punam Deshmukh-Bele
3T MRI, 64-Slice CT, 4-Slice CT, Color Doppler Sonography, Mammography, BMD & Digital X-ray
Main Road, Rukhmini Nagar, Amravati - 444 606 (9822841431)

Diagnosis-

Modern- The Scan reveals minimal right hydronephrosis with 5*5*7mm size dense ureteric calculus. According to this finding diagnosis was made as Renal Calculi.

Ayurvedic-(Vatkaphaj) Mutrashmari

Timeline of medical history-

03/07/26	pain in abdomen and back which radiates from loin to groin region,Dysuria
03/07/26	Patient went to allopathic hospital for consultation and was advised CT (KUB)plain which reveal stone size5*5*7 mm Modern treatment was started
13/07/26	CT reports reveals4*4*5mm at right ureteric region
	Patient taken modern treatment
18/07/26	Patient come to ayurvedic hospital as there is no relief of symptoms, patient had advised repeat scan
	Scan reveals stone of size4*3*4mm
18/07/26	Ayurvedic treatment started
23/07/26	Patient give information of fall of stone crustals from urine with no any other complaints present now. Repeat scan is advised which reveals no stone in KUB region,patient also clinically asymptomatic

Therapeutic intervention-All ongoing oral modern medicines were discontinued before initiating Ayurvedic treatment.

Treatment Advised-By analysing above pathogenesis, the, Shaman Chikitsa advised as follow-

DRAVYA	MATRA	KALA	ANUPAN
Pashanbheda	1gm	Three times in a day	Koshna jala
Gokharu churna	1gm	Three times in a day	Koshna jala
Punarnava Chur na	1gm	Three times in a day	Koshna jala
Yawakshar	250mg	Three times in a day	Koshna jala
Hriberpishti	250mg	Three times in a day	Koshna jala
Gokharu Kadha	10ml	Three times in a day	Koshna jala
Avipattikara churna	3gm	Before meal	Koshna jala

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Assessement –Overall assessement of therapy was made on the basis of improvement in Mutapravrutti symptoms,pain and ultrasonography findings.
Criteria for assessement of results-
1.>75%complete disappearance of known symptoms-Complete releif.
2.50%-75%disappearance of known symptoms-Marked Releif
3.Approximately 50%releif in symptoms-Moderate Releif
4.25%releif in symptoms-Mild Releif
5 No relief in symptoms-No relief

Subjective parameters	Grading	Parameters
Pain	0 1 2 3	No pain Occasionalpain did not require treatment Occasionalpain require treatment Constant dull ache pain require treatment
Burning Micturation	0 1 2 3	No burning micturition but clear urine Occasional burning but clear urine Occasional burning mild pain after micturition, requires treatment Constant burning micturation
Dysuria	0 1 2 3	No Dysuria Occasional Dysuria Occasional Dysuria requires treatment Constant Dysuria requires treatment
Tenderness in renal angle	0 1 2 3	No tenderness Mild tenderness Moderate Tenderness Severe tenderness

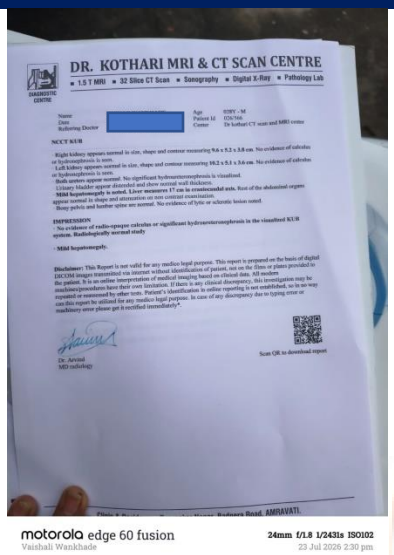
Result-

complaints	Before treatment	After treatment
Pain	3	0
Burning Micturation	3	0
Dysuria	3	0
Tenderness in renal angle	2	0

USG findings-

13/07/27	18/07/26	23/07/26
4*4*5mm renal stone	4*3*4mm ureteric stone	normal

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-In the present case, the complete ayurvedic protocol was continued for days.

After completion of active treatment phase,Pathyaharavihara was advised and continued strickly as a routine lifelong because long term dietary and lifestyle regulation is essential to reduce chances of relapse and maintain remission.

Discussion

Acharya Charaka has stated that treatment of Ashmari is same as treatment of Kaphapittaj mutakruchcha like use of different Kshar, Ushna, Tikshna, Katurasa aushadhi, Swedan, Abhyanga, Parisechan, Avagaha in Sheetal Jala.. He had given different Yogas like Pashanbhedadi Churna, Gokshuradiyoga, Shobhanjan yoga, Punarnavadiyoga for removal of this Mutrashamari.[3]

Acharya Sushrut also stated that oral medication having Mutrala,Chhedana, Lekhana, Bhedana properties such as Kwatha, Kshara kalpana,Ghruta,Taila should be tried before going to surgical procedures.[4]

Hence as per these Chikitsa Sutras the Shamanaushadhi having above mentioned properties were selected for the management of Mutrashmari.

Yavakshara-[5,6,7,8]

It reduces burning micturition as it is potent urinary alkalizer with mild diuretic activity.

It breaks the urinary stones by its Bhedana, Shodhana and Lekhana properties.

It helps in breaking pathogenesis of stone by its Deepana, Pachana properties helps in reducing indigestion.

It is also Tridoshaghna.

Pashanbheda[9,10,11]-diuretic and lithotropic properties.

Punarnava[12,13]-Shothahar, Mutral

Hriberpishti[14]-diuretic and lithotropic property

Gokharu kadha[15,16]-Mutral, Vatanulomak properties., it inhibits stone formation

Avipattikarchurna[17]-Deepan, Pachan, Vatanulomak

Conclusion

In the present case, the renal colic is managed through a multimodal ayurvedic treatment protocol planned according to *Ayurvedic* observed *Nidana*,*Dosha-Dushya* involvement and overall *Samprapti* of disease.The treatment was mainly focused on *Samprapti bhedana*, with the use of internal medicines, *Pathyahara* and lifestyle regulation. The involvement of *Tridoshas* along with vitiation of *Mutra* was considered while planning the treatment.

Ayurvedic medicines having *Mutrashmari bhedana*, *Vatanulomak*. *Vatapittakaphahara* properties helps in reducing symptoms like burning and painful micturition.

No recurrence was reported after completion of active treatment phase.The lifelong advise for *Pathya-pathya Kalpana* highlites the importance of wholesome diet and lifestyle regulation in maintaining remission and preventing relapse.

This case revalidates the internal ayurvedic medication helps in correcting

complex pathophysiology of acute disease like renal colic without any surgical intervention. Thus multimodal ayurvedic management leads to speedy substantial recovery in acute case of renal colic and may be considered as a valuable approach in similar clinical condition.

An attempt must be made for further exploration of this shaman therapy in large population for establishing standard treatment protocol.

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