

An Ayurvedic approach to *Mutrashmari* (urolithiasis): A case report

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ABSTRACT

Background: *Mutrashmari* is described by *Acharya Sushruta* among the *Ashta-Mahagada* and is characterized by severe pain and dysuria. In contemporary medicine, it may be clinically correlated with urolithiasis. The *Ayurveda* describes *Mutrashmari* as *Kapha pradhana tridoshaja vyadhi* of *Mutravaha Srotas*, resulting in crystallization & stone formation.

Case presentation: A 25-year-old male presented with acute severe colicky pain extending from the low back to the groin, associated with nausea, painful micturition. USG demonstrated bilateral renal calculi, including a left renal calculus measuring approximately 10 × 5.8 mm and smaller right-sided calculi. The Ayurvedic assessment suggested *Kapha - Vata* predominance with *Mutra* and *Meda* as relevant *Dushya*.

Intervention: Management was individualized according to *Nidana Parivarjana*, *Apatarpana*, *Ashmari-bhedana*, *Mutrala* and *Anulomana* principles, *Gokshuradi Guggulu*, *Dashamoola Arishta*, a compound formulation containing *Shweta Parpati*, *Hajrul Yahud*, *Amrita Satva*, *Narikela Lavana*, *Pashanabheda* and *Kurantika*, with *Varunadi Kashaya Vati* as an adjuvant, *Avapeedaka Snehapana* with *Vastiyantaka Ghrita* and *Chandraprabha vati*, according to the clinical presentation.

Outcome: USG assessment documented progressive reduction in calculi, followed by absence of detectable calculi in the left kidney and subsequently in both kidneys on the reported follow-up examinations. Symptomatic improvement was accompanied by resolution of the documented urinary complaints.

Conclusion: This case demonstrates the potential utility of an individualized, multimodal Ayurvedic approach in a patient with renal calculi. The treatment included *Nidana Parivarjana*, *Bhedana*–

Mutrāla–Anulomana approach rather than dependence on a single intervention. However, being a single case without stone composition analysis or a comparator, the observation cannot establish treatment efficacy or causality.

Keywords: *Mutrashmari*; Urolithiasis; *Gokshuradi Guggulu*; *Pashanabheda*; *Kurantika*; *Avapeedaka* *Snehapana*; Ayurveda ; Renal calculus.

1. INTRODUCTION

Urinary stone disease is a common disorder characterized by crystallization and aggregation of urinary solutes within the urinary tract. Contemporary management is determined by stone size, location, composition, symptoms, obstruction, renal function and the likelihood of spontaneous passage.⁽¹⁾

Ayurveda describes *Mutrashmari* as a serious disorder of the urinary system and places it among the *Ashta-Mahagada*. The classical description emphasizes the formation of a hard concreted mass within the urinary pathway and associates its clinical manifestations with severe *Shoola*, urinary difficulty and disturbance of normal urinary flow.⁽²⁾

From an Ayurvedic perspective, *Mutrashmari* is understood predominantly as a *Kapha* -pradhana *Tridoshaja Vyadhi*. The vitiated *Kapha* , in association with deranged *Vata* and *Pitta*, contributes to the transformation of urinary constituents into a hard concretion. The patient's clinical presentation may therefore be interpreted through the framework of *Dosha–Dushya Sammurchana*, *Srotodushti* and progressive *Ashmari* formation.⁽³⁾

In India, approximately 5 to 6 million patients suffer from renal calculi⁽⁴⁾ and at least 1/1000 of Indian population needs hospitalization due to renal stone disease⁽⁵⁾. The incidence of calculi varies as per geographical distribution, sex and age group. The recurrence rate is 50 to 80%. Male population are more frequently affected than the female and their ratio is 2:1⁽⁶⁾.

The incidence is still higher in the age group between 30 to 45 years because of busy life style and

suppression of urges and incidence declines after age of 50⁽⁷⁾. Stones get forms gradually in human body and occur at several sites particularly in Kidney, Urinary bladder and Ureter. Among all the urological problems most painful condition is *Mutrashmari*.

The present case is noteworthy because a relatively large renal calculus was managed through a sequential, individualized Ayurvedic protocol incorporating *Nidana Parivarjana*, *Ashmari-bhedana*, *Mutrāla*, *Anulomana* and *Snehapana* principles, with serial ultrasonographic monitoring.

2. CASE REPORT

2.1 Patient Information

A 25-year-old male student presented to the *Kayachikitsa* outpatient department with severe urinary and flank-related complaints. The patient had previously sought treatment at a tertiary-care hospital in Hyderabad approximately 15 days before presentation, where symptomatic management was provided and laser intervention was advised. According to the case record, the patient did not undergo the advised

procedure and subsequently presented for *Ayurvedic* management.

2.2 Chief Complaints

- Sudden-onset severe colicky pain in the low-back/flank region
- Radiation of pain towards the groin
- Nausea/urge for vomiting
- Painful micturition
- Low-back pain
- Inability to sit or remain comfortable because of severe pain

The original case presentation documented the characteristic radiation of pain from the low back towards the groin and marked restlessness in an attempt to obtain a comfortable position.

2.3 History of Present Illness

The patient was apparently healthy before the onset of the present illness. He developed sudden severe pain originating from the lower back and extending towards the groin. The severity of pain interfered with walking and sitting and was accompanied by an urge to vomit.

2.4 Past and Family History

There was no reported history of diabetes mellitus, hypertension, tuberculosis or previous surgery. Family history was not significant according to the case record.

2.5 Personal History

The patient consumed a mixed diet. Sleep was disturbed, appetite was good and bowel habits were regular. Micturition occurred approximately 5–6 times per day and was painful.

3. AYURVEDIC ASSESSMENT

3.1 Ashtavidha Pariksha

Parameter	Finding
<i>Nadi</i>	<i>Kapha -Vata ja</i>
<i>Jihva</i>	<i>Lipta</i>
<i>Mala</i>	<i>Prakruta</i>
<i>Mutra</i>	<i>Sa-shoola</i>
<i>Shabda</i>	<i>Prakruta</i>
<i>Sparsha</i>	<i>Anushna-sheeta</i>
<i>Drik</i>	<i>Prakruta</i>
<i>Akriti</i>	<i>Madhyama</i>

The recorded *Ashtavidha Pariksha* indicated *Kapha -Vata* predominance and painful micturition.

3.2 Dashavidha Pariksha

The case record documented *Kapha -Vataja Prakriti*, with *Kapha -Vata* as the predominant *Vikriti*. *Mutra* and *Meda* were considered relevant *Dushya*. Other parameters were predominantly *Madhyama*, with *Avara Satva*.

4. NIDANA

Aharaja Nidana

- Frequent consumption of tomato, spinach and brinjal
- Regular non-vegetarian food
- *Guru Bhojana*
- Frequent dairy-product intake
- Bore-well water reported to have high TDS

Viharaja Nidana

- *Atiasana*
- *Avyayama*
- *Dwispapna*
- Suppression of natural urges

Manasika Nidana

- Stress

5. CLINICAL EXAMINATION

General examination revealed no pallor, icterus, cyanosis, clubbing or lymphadenopathy. Pulse rate was 74/min, blood pressure 130/80 mmHg and temperature 100°F.

The patient appeared uncomfortable because of severe pain and repeatedly changed position in an attempt to obtain relief. Cardiovascular, respiratory and central nervous system examinations were unremarkable.

Costovertebral-angle tenderness was recorded on abdominal examination.

6. INVESTIGATIONS

Ultrasonography/available imaging documented renal calculi involving both kidneys.

Site	Initial finding
Right kidney	Calculi approximately 9.6×4.5 mm and 2.8×3.9 mm
Left kidney	Calculus approximately 10×5.8 mm

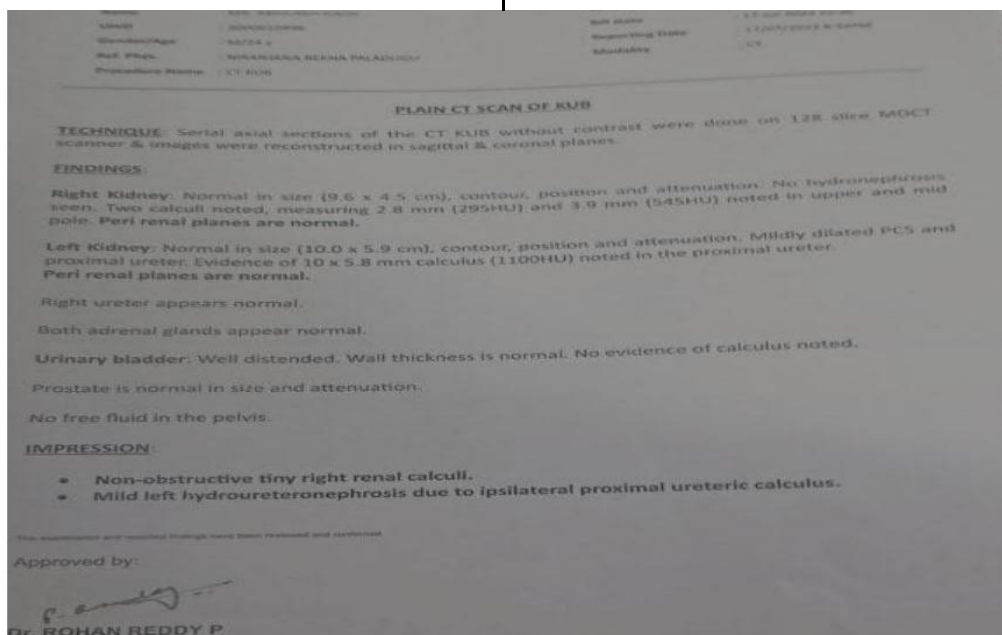


Figure 1. Imaging report at baseline (before Ayurvedic treatment).

The presence of a calculus approaching 10 mm was clinically important because stone size and location are major determinants of spontaneous passage and treatment

selection in contemporary urology.⁷
AYURVEDIC DIAGNOSIS

Mutrashmari

The case was interpreted as *Kapha - pradhana Tridoshaja Mutrashmari* involving the *Mutravaha Srotas*, with *Kapha* considered the principal factor in the

formation of the calculus and *Vata* contributing to *Shoola* and movement-related symptoms.

Classically, the case presentation describes vitiated *Kapha* entering the urinary system and participating in *Ashmari* formation.

8. SAMPRAPTI

8.1 Samprapti Ghataka

Component	Assessment
<i>Dosha</i>	<i>Kapha</i> - <i>pradhana</i> <i>Tridosha</i> ; <i>Vata</i> associated
<i>Dushya</i>	<i>Mutra, Meda</i>
<i>Srotas</i>	<i>Mutravaha Srotas</i>
<i>Srotodushti</i>	<i>Sanga</i> / abnormal accumulation
<i>Sthana</i>	<i>Basti–Mutravaha</i> <i>Srotas</i>
<i>Agni</i>	<i>Madhyama</i>
<i>Vyadhi</i>	<i>Mutrashmari</i>

8.2 Samprapti Flow

Kapha -*vardhaka Ahara–Vihara* → *Kapha Prakopa* → Association with *Mutra* in *Mutravaha Srotas* → *Srotodushti* / concentration of urinary constituents → Crystallization and progressive concretion → *ASHMARI FORMATION* → *Vata* involvement → *Shoola* / movement of calculus → *Mutra-sanga* / *Mutra-shoola* and urinary symptoms

9. CHIKITSA SIDDHANTA

1. *Nidana Parivarjana* – Removal of causative dietary and behavioural factors.
2. *Ashmari Bhedana* – Breaking the calculus into smaller fragments.
3. *Mutrala Karma* – Promoting urinary flow and facilitating elimination.

4. *Anulomana* – Maintaining unobstructed physiological movement and supporting expulsion.

Nidana Parivarjana → *Dosha-pratyanika* management → *Ashmari-bhedana* → *Mutrala* support → Fragmentation + urinary elimination → Stone-free state

10. TREATMENT PROTOCOL

10.1 Setting I

Intervention	Dose	Duration
<i>Gokshuradi Guggulu</i>	500 mg BD	30 days
<i>Dashamoola Arishta</i>	20 mL BD	30 days
Compound formulation*	2 g BD	30 days
<i>Varunadi Kashaya</i>	15 mL BD	30 days
<i>Nidana Parivarjana</i>	—	Continuous

*The recorded compound contained *Shweta Parpati, Hajrul Yahud, Amrita Satva, Narikela Lavana, Pashanabheda Churna* and *Kurantika Churna*.

Pathya

Kulattha, Shigru and *Adraaka* were advised.

Apathya

The case record advised avoidance of dairy products and non-vegetarian food.

11. FIRST FOLLOW-UP

Serial imaging demonstrated a reduction in the documented stone burden. The recorded findings showed reduction of the right-sided smaller calculi and reduction of the left renal calculus, with the left-sided lesion subsequently documented as approximately 5 mm and 3 mm fragments.

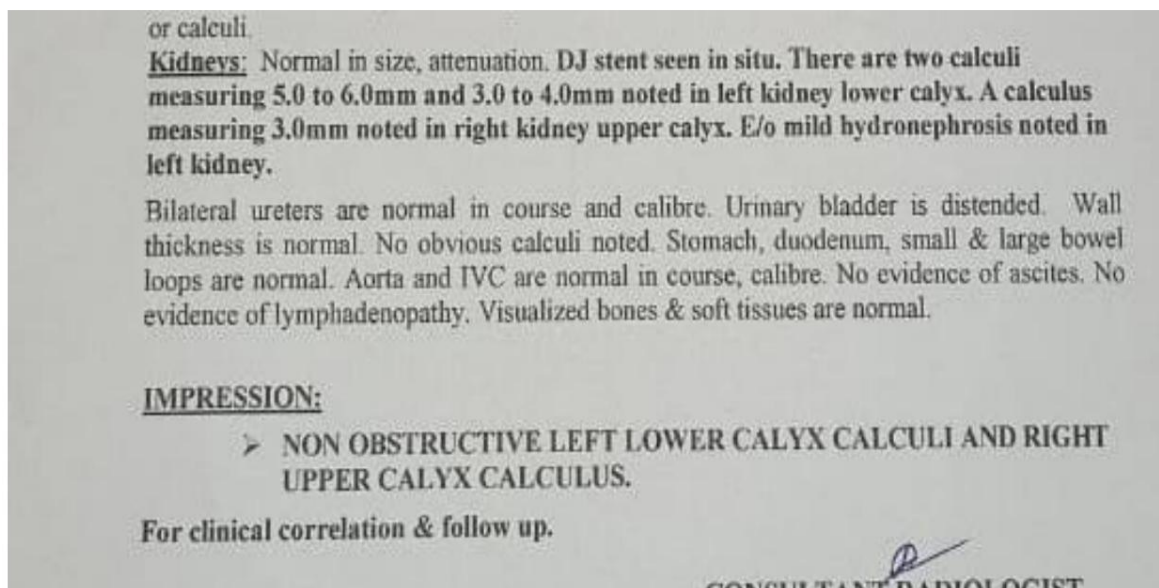


Figure 2. Imaging report at the first follow-up, demonstrating reduced stone burden.

At this stage, the patient complained predominantly of burning micturition.

11.1 Modified Therapeutic Approach

Intervention	Dose	Duration
Avapeedaka Snehapana with Vastiyantaka Ghrita	1 teaspoon BD, before food	7 days

Chandrabhabha Vati	500 mg BD	30 days
Gokshuradi Guggulu	500 mg BD	30 days
Dashamoola Arishta	20 mL BD	30 days
Dietary regimen	—	Continued

12. SECOND FOLLOW-UP

At the subsequent assessment, the left kidney showed no calculus and the right kidney showed an approximately 3-mm calculus.

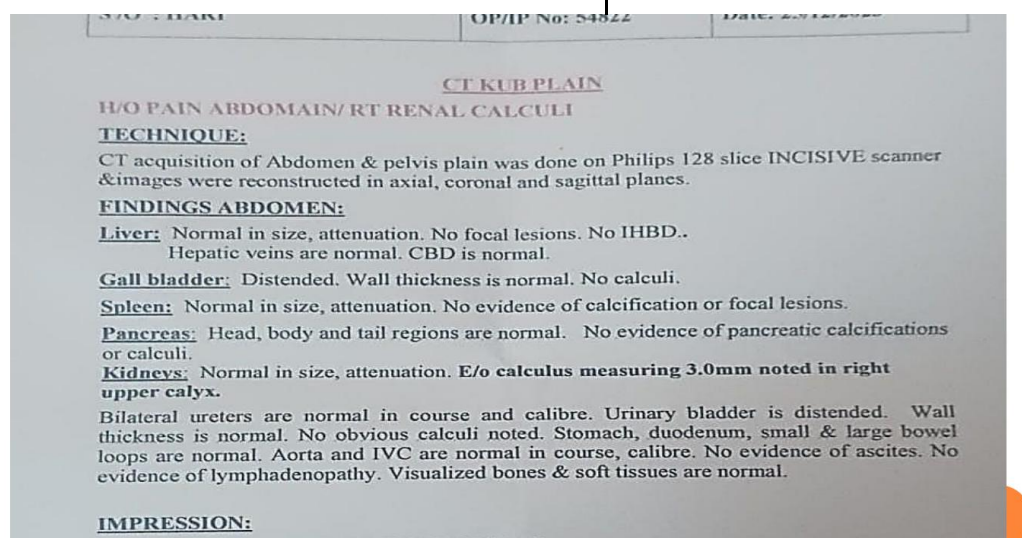
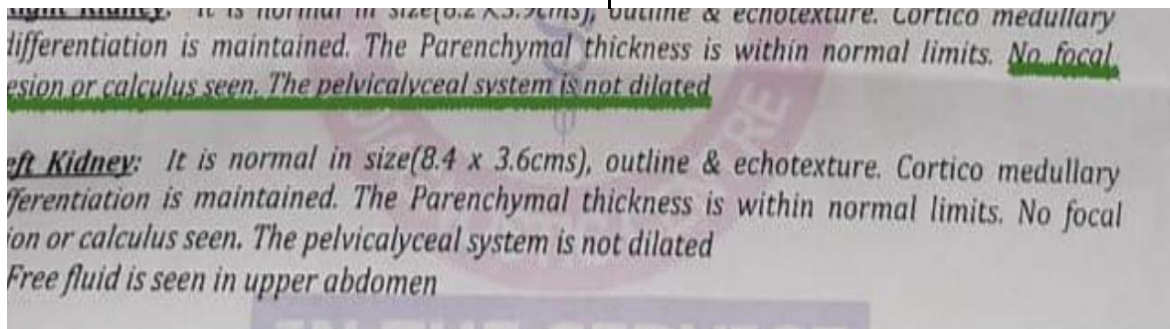


Figure 3. Imaging report at the second follow-up, showing a residual 3-mm right renal calculus.

Medicine	Dose	Duration
<i>Chandraprabha Vati</i>	500 mg BD	15 days
<i>Gokshuradi Guggulu</i>	500 mg BD	15 days
<i>Dashamoola Arishta</i>	20 mL BD	15 days
<i>Varunadi Kashaya</i>	15 mL BD	15 days

13. FINAL OUTCOME

At the final documented assessment, no calculus was detected in either kidney. Thus, serial imaging in this individual case documented progressive reduction followed by absence of detectable calculi bilaterally.



○ Lt kidney – no calculi

Figure 4. Final imaging report, showing no detectable calculus in either kidney.

Bilateral renal calculi → Initial *Ayurvedic* multimodal management → Reduction in stone burden → Fragmentation/reduction of larger calculus → Left kidney stone-free → Final USG: bilateral stone-free status

14. DISCUSSION

The therapeutic reasoning in this case was not based merely on symptomatic relief but on the *Ayurvedic* understanding of *Ashmari* as a process involving *Dosha*, *Dushya*, *Srotas* and formation of a hard urinary concretion.

Sushruta's description gives primary importance to the role of vitiated *Kapha* in the formation of *Ashmari*. The present case demonstrated several clinically identifiable factors that were interpreted as *Kapha* - *vardhaka* and potentially contributory to stone formation. The treatment therefore began with *Nidana Parivarjana* rather than

relying exclusively upon pharmacological intervention.

The selection of drugs also followed a functional therapeutic rationale. The original treatment protocol combined agents intended to support *Ashmari-bhedana*, urinary flow and elimination. The presentation specifically identifies *Hajrul Yahud* and other constituents as having *Ashmari-bhedana* and *Mutrala* relevance.

Gokshuradi Guggulu

Gokshuradi Guggulu was continued throughout multiple treatment settings. The *Sharangadhara Samhita* cites in support of its use in urinary disorders including *Ashmari*⁽⁸⁾. Its selection is therapeutically coherent with the urinary symptom complex and the intended *Mutrala* and *Ashmari*-oriented action.

Hajrul Yahud and Shweta Prapati

Hajrul Yahud was incorporated into the compound formulation with the therapeutic objective of *Ashmari-bhedana*. *Shweta Parpati* was similarly included in the treatment protocol and was presented as having relevance to *Ashmari-bhedana*.

Pashanabheda

Pashanabheda is traditionally associated with urinary calculi and therefore fits the therapeutic objective of reducing and facilitating elimination of the calculus.

Kurantika

Kurantika was included as part of the compound formulation. The botanically it identifies as *Celosia argentea* and records its *Ayurvedic* properties and relevance to *Ashmari* and urinary disorders.⁽⁹⁾

Varunadi Kashaya and Dashamoola Arishta

Varunadi Kashaya was used as an adjuvant with the compound formulation and later continued during follow-up. *Dashamoola Arishta* was similarly maintained through successive treatment settings. Their use reflects the broader strategy of supporting urinary function while addressing associated pain and inflammatory symptomatology.

Avapeedaka Snehapana

An important modification was the introduction of *Avapeedaka Snehapana* when burning micturition was documented. The Ashtanga Hridaya cites in support of the use of *Sneha* in urinary disorders and describes *Avapeedaka* administration according to dose and timing.⁽¹⁰⁾ This represents an individualized modification of treatment according to the changing clinical picture rather than rigid continuation of the initial protocol.

15. INTEGRATION WITH CONTEMPORARY UROLOGICAL CONCEPTS

Modern urological management similarly emphasizes stone size, location, symptoms, obstruction, renal function and likelihood of spontaneous passage when deciding between observation, medical management and active intervention.

The patient's initial stone burden included a lesion measuring approximately 10 × 5.8 mm. Therefore, the case should not be interpreted as an example of a uniformly small calculus with an inherently high probability of spontaneous passage. Contemporary guidelines note that spontaneous passage becomes less likely as stone size increases and that persistent pain, obstruction or renal impairment are important indications for active intervention.

Importantly, the present case cannot establish that *Ayurvedic* therapy alone caused stone clearance. The observed outcome occurred in a single patient, without a control group, without stone composition analysis and without complete metabolic evaluation. Spontaneous passage, measurement variability between imaging studies and other unmeasured factors cannot be excluded.

16. CLINICAL SIGNIFICANCE

The major clinical learning point from this case is the importance of individualized multimodal management.

Nidana identification → *Nidana Parivarjana* → *Dosha*-oriented management → *Ashmari-bhedana* → *Mutrala* support → *Anulomana* / unobstructed urinary elimination → Serial imaging → Treatment modification

according to response → Documented stone clearance

17. LIMITATIONS

- This is a single-patient case report and therefore cannot establish efficacy.
- The composition of the renal calculi was not documented.
- Complete biochemical/metabolic evaluation for recurrent stone risk was not available in the presented case.
- The treatment involved multiple simultaneous interventions, making attribution of the outcome to any single drug or procedure impossible.
- Serial ultrasonography has inherent measurement variability, particularly for small calculi.
- A comparator group was absent.
- Longer-term follow-up for recurrence was not documented in the presented material.
- Contemporary urological safety parameters—including renal function and detailed obstruction status—should be incorporated in future reports.

18. CONCLUSION

The present case illustrates a structured *Ayurvedic* approach to *Mutrashmari* based on *Nidana Parivarjana* and the therapeutic objectives of *Ashmari-bhedana*, *Mutrala* and *Anulomana*. The treatment was progressively individualized according to the clinical response, including the addition of *Avapeedaka Snehapana* when urinary burning was documented.

Serial imaging in this patient demonstrated progressive reduction in the documented stone burden and eventual absence of

detectable calculi bilaterally. The therapeutic rationale was therefore centered on addressing the presumed *Samprapti* and facilitating fragmentation and urinary elimination rather than relying on symptomatic treatment alone.

However, the findings should be regarded as hypothesis-generating clinical evidence, not proof of efficacy. Controlled prospective studies incorporating standardized imaging, stone composition, biochemical evaluation, recurrence monitoring and appropriate contemporary comparators are required to determine the reproducibility and clinical effectiveness of this approach.

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