



LITERATURE REVIEW OF MOOTRASHMARI:AN AYURVEDA PERSPECTIVE

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ABSTRACT: Urinary calculi or *mutrashmari* is a common urological problem that impacts human health. Mutrashmari cases have been rising at a staggering pace due to alterations to dietetics and an active schedule. Recent developments in medicine and technological expertise provide a wide range of medicinal treatments, both invasive and non-invasive techniques for stone expulsion. Many herbs with lithotriptic properties are formulated by Ayurveda acharyas on which extensive research is being executed. The inspiration for this article is to investigate the description of this disease outlined in Ayurveda treatises.

KEYWORDS: *Ayurveda, Mutrasmari, Ashmari, Urolithiasis, Diuretic, Lithotripsy, Mutral.*

INTRODUCTION:

. It is considered as “*Yama*” as it can lead to death of the patient, i.e. “*vyadhiantakpratimam*”². Its *Vyakta Stana* is *Basti*³ and presents with features of intolerable pain in *Nabhi, Basti, Seevani* and *Mehana Pradesha*⁴. In contemporary medical science it is correlated with the nearest clinical entity “*Urolithiasis*”. Urolithiasis /urinary calculi are one of the most common disorders of the urinary tract. The highest incidence of urinary calculi occurs in the most productive years of one’s life.

Many expensive surgical procedures, such as Extracorporeal Shock Wave lithotripsy, Percutaneous Nephrolithotomy, and Cystolithotomy, are used to treat Urolithiasis today. Urinary stones have an unusual tendency to recur despite surgical removal. When a stone is formed, it is always a stone former. As a result, surgery can only be part of the treatment, not the entire treatment. The current study was undertaken to reduce the likelihood of recurrence after surgical stone removal and to find an effective conservative treatment. An alarming increase in the incidence of urolithiasis, combined with a motivation provided by the W.H.O. (World Health Organization), has created impetus for further research in the light of yurvedic knowledge.^{22,23}

Mutrashmari (urinary calculi) management includes medicinal preparation in various forms, *uttarabasti* (introduction of medicine through the urethra), and surgical removal of ashmari⁵. The efficacy of medical management has been studied in various centers with encouraging results.

MATERIALAND METHODS:

To fully comprehend the concept of *Ashmari*, Ayurvedic classics such as *Charak samhita, Sushruta samhita, Astanghridya*, textbooks, and online data bases have been thoroughly studied.

CONCEPT OF MUTRASHMARI:**Ashmari Nidan (Aetiology)⁶**

Kapha is the principal dosha involved in the production of *mutrajaashmari*. *Kapha* is aggravated and vitiated as a result of inadequate *samshodhana* by *vamana*, *virechana*, and others, insufficient or faulty dietary regimen and behaviour, suppression of the urge to urinate, too much sleep during the day, excessive intake of cold and sweet substances, repeated heavy meals, and so on. This vitiated *kapha* builds up in *basti*, resulting in *Ashmari* to form.

CLASSIFICATION OF MUTRASHMARI:

The fundamental cause of *Mutrashmari* is *kapha* vitiation, and there are four different types of the *Mutrashmari* based on the participation of other *doshas* and *shukra*. They are viz. *Vataja*, *Pittaja*, *Kaphaja* and *Shukraja*.

Samprapti of mutrashmari (Pathogenesis)-

Mutrashmari's pathophysiology and cows' development of *gorochana* is correlated. When vitiated *kapha*, *vayu*, and *pitta* enter the *basti*, *mutra* precipitates, and *Mutrashmari* occurs.⁷

When vitiated *vayu* enters the *basti*, either by itself or in combination with *pitta* or *kapha*, it dries up the urine and causes the dreaded illness *Ashmari*.⁸

Samprapti of shukraja Ashmari⁹

According to *Acharya Vagbhata*, *shukra* will dry up in its route or in the *basti* under the effect of *vayu* if elderly people repress or delay sexual activity immediately prior to ejaculation, which will result in the creation of *shukrajaashmari*.

Clinical features of ashmari:-**Poorvaroop (Prodromal features) of ashmari: -**

Ashmari's Poorvarupa is extremely valuable because it aids in the quick and painless cure of diseases through early detection and treatment. According to *Vagbhata*, *Ashmari* develops as a prodrome with symptoms including distension of the *basti* (patient feels like bladder is full even after micturition), discomfort in the affected location and the surrounding area, urine that smells like a goat, dysuria, fever, and anorexia.¹⁰

The discomfort in the *basti* region, *bastishirsha*, *bastimukha*, and *medhra*, as well as *Aruchi*, *Mutrakriccha*, *Jwara*, *Hridayavasada*, and *bastagandhi* (goat-smelling) *mutra* are *purvaroop* of *Ashmari*, according to *Sushruta*.¹¹

Patients differ from one another in terms of the involvement or preponderance of dosha prodromal and clinical aspects. Urination becomes painful and the urine turns bloody, sandy, or cloudy.

Samanya Lakshana (General features) of Ashmari:

Patients with *ashmari* complain of pain in their umbilicus, perineal raphae, testicles, and the apex of their bladder. When *Ashmari* blocks the lower urinary tract, the urine stream is split and flows out in many streams. If *Ashmari* is ejected from the tract, the patient urinates normally, but the urine takes on a *gomeda*-like appearance, and haematuria follows. When *Ashmari* is affected in the *mutramarga*, the patient has excruciating agony while urinating.¹²

Patient passes urine while in discomfort in *nabhi*, *basti*, *sewani*, *medhra*, etc. after developing *Ashmari*. Urine flow is split and blocked. The color of urine changes to that of *gomeda* as a result of blood stains. Riding a horse or a camel makes the discomfort worse.¹³

The patient experiences discomfort in *the kukshi* and *katipradesh* following the development of the *ashmari*, followed by the retention of urine and burning micturition (the patient feels as though hot urine is flowing out).

CLINICAL FEATURES OF ASHMARI ACCORDING TO DOSHA-

Table showing clinical features of *ashmariroga* and characteristics of *ashmari* as per involvement of dosha

Author	<i>Vataja</i>	<i>pittaja</i>	<i>kaphaja</i>
<i>Sushruta</i> ¹⁴	Extremely painful <i>vasti</i> , <i>nabhi</i> , <i>medhra</i> , and <i>guda</i> symptoms, as well as trouble voiding <i>vata</i> , <i>mutra</i> , and <i>purisha</i> . <i>Ashmari</i> resemble <i>kadambapuspas</i> in that they are spiky, firm, and blackish in color.	<i>Usnavat</i> , searing urination, and a burning and throbbing ache in the <i>basti</i> region. <i>Ashmari</i> are <i>bhallatakasthi madhuvarna</i> and have a reddish or yellowish black color.	Coldness and heaviness around the <i>basti</i> , as well as a cutting or pricking sensation. <i>Ashmari</i> are smooth, pale, and huge, resembling hen's eggs or <i>madhukapuspas</i> .
<i>Vagbhatta</i> ¹⁵	Due to excruciating pain and frequent, dribbling urination, the patient massages <i>medhra</i> and <i>nabhi</i> . <i>Ashmari</i> have spiky, rough, and a blackish color.	a throbbing, burning agony over <i>basti</i> . <i>Ashmari</i> resembles <i>bhallatakasthi</i> and is reddish or blackish yellow in color.	Coldness, Pricking pain and weight in the <i>basti</i> . <i>Ashmari</i> can grow to be very big, smooth, whitish, or have a color similar to honey.
<i>Charak</i> ¹⁶	Haematuria, frequent scanty urination, pain in the <i>mutrashaya</i> , <i>sewani</i> , and <i>medhra</i> , patient massage <i>medhra</i> during micturition due to pain as well as a split urine stream, are other symptoms. Similar to <i>kadambapuspas</i> , <i>ashmari</i> are smooth, triangular, firm or fairly soft.		

Comparative morphology of *ashmari* and calculus:

<i>Vataja Ashmari</i> 1. Dusky colour 2. Rough and irregular 3. Hard	Calcium oxalate calculus 1. Black or dusky 2. Rough and uneven 3. Very hard, faceted, nodular
<i>Pittaja Ashmari</i> 1. Red, yellowish black 2. Smooth 3. Hard	Uric acid calculus 1. Reddish brown, yellow 2. Smooth 3. Moderately hard
<i>Kaphaja Ashmari</i> 1. White or light yellow 2. Smooth 3. Large sized	Phosphate calculus 1. Dirty white 2. Smooth 3. Large sized, glossy

Clinical features of *Shukraja ashmari*:¹⁷ -

Shukraja Ashmari exhibits symptoms such as painful urination, discomfort in the *basti and vrishana*, *Swayathu*, etc.

The general clinical characteristics of all *ashmari* were reported by *Acharya Charaka*. The clinical signs noted by *Charaka* include haematuria, discomfort in the *basti*, *sewani*, *medhra*, and *mutrashaya* etc. A thin divided stream of urine, frequent urination and acute pain in the *medhra* during urination.¹⁶

SADHYA-ASADHYATA:

Sushruta has mentioned *ashmari* as one among *asta mahagada*. These are by nature *duhchikitchiya rogas*.¹

If medicinal treatment does not work *sushruta* told to do surgery only after taking consent from guardian or king.¹⁸

Asadhyata-

One whose *nabhi and vrishan* has swollen, whose urine has stopped, he who is in severe pain, and whose urine has *sharkara* and *sikatayukta lakshana* he will be killed by *ashmari* soon.¹⁹

UPADRAVA:

While describing *mahagadas*, *sushruta* has described generally the *upadravas of mahgadas*. These are *prana kshya*, *mamsakshaya*, *swaas*, *trishna*, *sosha*, *vaman*, *murcha* and *hikka*. He opined that these are ominous signs.¹

Management of Ashmari-

Ashmari is a really dreadful illness. When treating *ashmari roga*, proper *snehana* and *swedana* alone may be sufficient to get rid of the condition. Patients with recent-onset tiny calculi can receive medical treatment for it. But medical treatment is challenging for chronic conditions.²⁰

They require surgical treatment. According to *Acharya Sushruta*, *ashmariroga* becomes lethal and incurable if it is not treated in a timely manner. Because of this, *Acharya Sushruta* advocated obtaining permission from the patient's lord, king, or guardian before undergoing surgery.¹⁸

Surgical management of mutrashmari.⁵

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.

PATHYA-APATHYA:²¹

	Pathya	Pathya
Vihar	<i>Basti karma, vamana, virechan, langhan, swedan, avagaha, ambu sevan</i>	<i>Mutra vega vidharan, Sukra vega vidharan</i>
Ahar	<i>Yava, kuthattha, puran shali, madya. Andaras , puran kushmand and lata, gokhura, varun saag, aadraka, pashanbheda, yavakshar, renuka, shalparni.</i>	<i>Amla , vistambhi ahar, ruksha,guru anna paan,viruddha anna and paan sevan</i>

DISCUSSION:

The study of ancient surgical treatises reveals that urological problems are an important part of medical discussions. Perhaps this is why our Ayurvedic texts encompass an in-depth account of the urinary system-related disease *Mutrashmari* - Urolithiasis. *Brihatrayees* such as *Charak Samhita*, *Sushruta Samhita*, and *Astanga Hridaya* wrote extensively on *ashmari*. Essentially every written the manuscript subsequently attempted to make a contribution to the comprehensive description and management of this medical condition.

Ancient 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 aetiopathology of the disease is still obscure from modern point of view.

CONCLUSION:

Ayurvedic review deals with disease *Mutrashmari*, description deals with *Nidana*, *Samprapti*, *Purvarupa*, *Rupa*, Classification, *Laxanas*, *Upadrava of Mutrashmari* etc. and the different aspects of *Ashmari Chikitsa* and *pathya apathya* are also explained. Such minute and detailed observation of the disease is nowhere found in the contemporary traditional system of medicine. Extensive research work has been going on *mutrashmari* and its medical management. Revalidation of classics apart form *vrihat trayees* may pave a new horizon making treatment modalities for *ashmari*.

References:-

1. *Sushruta samhita "ayurveda tatva sandipika" purvardha by Kaviraj Ambika Dutt Shastri 2018 reprint edition /sutrasthan/33/4-5,page number163*
2. *Sushruta samhita "ayurveda tatva sandipika" purvardha by Kaviraj Ambika Dutt Shastri 2018 reprint edition /chikitsasthan/7/3,page number-52*
3. *Charak samhita bidyotini tika dwitiya bhag by pandit kashinath shastri and pandit gorakh nath chaturvedi/chikitsasthan /26/36, page number-723*
4. *Charak samhita bidyotini tika dwitiya bhag by pandit kashinath shastri and pandit gorakh nath chaturvedi/chikitsasthan/26/38, page number-724*
5. *Sushruta samhita "ayurveda tatva sandipika" purvardha by Kaviraj Ambika Dutt Shastri 2018 reprint edition /chikitsasthan//7/31-36, page number-54-57*

6. *Sushruta samhita "ayurveda tatva sandipika" purvardha by Kaviraj Ambika Dutt Shastri 2018 reprint edition /Nidan sthan/3/3-4, page number- 311*
7. *Charak samhita bidyotini tika dwitiya bhag by pandit kashinath shastri and pandit gorakh nath chaturvedi/chikitsasthan/26/36, page number-723*
8. *Astanga hridayam bidyotini tika byakhya by kaviraj Atridev Gupt 2019edition /Nidan sthan /9/6,page number340*
9. *Astanga hridayam bidyotini tika byakhya by kaviraj Atridev Gupt 2019edition /Nidan sthan/9/16,page number 341*
10. *Astanga hridayam bidyotini tika byakhya by kaviraj Atridev Gupt 2019edition /Nidan sthan /9/8, page number-341*
11. *Sushruta samhita "ayurveda tatva sandipika" purvardha by Kaviraj Ambika Dutt Shastri 2018 reprint edition /Nidan sthan /3/5-6, page number-311*
12. *Astanga hridayam bidyotini tika byakhya by kaviraj Atridev Gupt 2019edition /Nidan sthan /9/9-10,page no-341*
13. *Sushruta samhita "ayurveda tatva sandipika" purvardha by Kaviraj Ambika Dutt Shastri 2018 reprint edition /Nidan sthan /3/7, page number-312*
14. *Sushruta samhita "ayurveda tatva sandipika" purvardha by Kaviraj Ambika Dutt Shastri 2018 reprint edition /Nidan sthan /3/8,9,10, page number-312-313*
15. *Ah/Ni/9/11,12,13,14*
16. *Charak samhita bidyotini tika dwitiya bhag by pandit Kashinath Shastri and pandit Gorakh nath chaturvedi/ chikitsa sthan/26/37-38,page no-723-24*
17. *Sushruta samhita "ayurveda tatva sandipika" purvardha by Kaviraj Ambika Dutt Shastri 2018 reprint edition /Nidan sthan /3/12, page number-313*
18. *Sushruta samhita "ayurveda tatva sandipika" purvardha by Kaviraj Ambika Dutt Shastri 2018 reprint edition /chikitsasthan//7/29,page number-54*
19. *Sushruta samhita "ayurveda tatva sandipika" purvardha by Kaviraj Ambika Dutt Shastri 2018 reprint edition /sutrasthan /33/12, page number163-164*
20. *Sushruta samhita "ayurveda tatva sandipika" purvardha by Kaviraj Ambika Dutt Shastri 2018 reprint edition /chikitsasthan/7/4, page umber 52*
21. *Bhaisajya Ratnavali siddhiprada hindi byakhya by prof. Siddhinandan mishr,2021 edition/chaptr36/Ashmari Rogadhikar/69,70 71, page number-695*
22. *Rob & Smith's Operative Surgery and Urology, by Hugh Dudley, W.Scott, Mc. Dougal & David C. Carter, 4th Edition, Pub- Butterworth's, Page 54-82.*
23. *R.F. Rintoul, Farquhqrson's, Textbook of Operative Surgery, Eighth edition, Churchil Livingstone, Tokyo, 1995.*