

EXPLORING THE EFFICACY OF AYURVEDA IN MANAGEMENT OF RENAL CALCULI WITH SPECIAL REFERENCE TO *MUTRASHMARI*: A CASE STUDY

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ABSTRACT

Renal calculi are hard deposits of minerals and salts that form in the kidneys. They are among the most common disorders of the urinary tract, affecting approximately 10–12% of the population in industrialized countries. In *Ayurveda*, this condition can be correlated with *Mutrashmari*. Its pathogenesis involves *Kapha-pradhana Tridosha*. Renal calculi commonly present with symptoms such as severe pain in the renal angle, radiating pain to the lower abdomen, painful micturition, cloudy or foul-smelling urine, and increased frequency of urination. These manifestations resemble conditions described in *Ayurveda* such as *Bastivedana*, *Mutrakrichhrata*, *Sarudhiramutrata*, and *Atiavilamutrata*. This case study concerns a 21-year-old male who presented with nausea, abdominal distension due to gas, a feeling of heaviness in the abdomen, constipation, and decreased appetite. He was treated with *Ayurvedic Shamana Chikitsa*, *Viddha Karma* and *Udarbasti*, which provided significant symptomatic relief and notable improvement in ultrasonography (USG) findings.

KEYWORDS: *Ayurveda*, *Mutrashmari*, *Shaman chikitsa*, *Udarbasti*, Renal calculi, *Viddha Karma*.

INTRODUCTION

Urolithiasis is a pathological condition of the urinary system characterized by the aggregation of urinary crystalloids at any site along the urinary tract, from the kidneys to the urinary bladder.^[1] The major etiological factors include dietary influences such as Vitamin A deficiency, hot climate, reduced citrate levels, urinary stasis, renal infections, prolonged immobilization, medullary sponge kidney, hyperparathyroidism, hyperoxaluria, cystinuria, and renal tubular acidosis. Additional contributing factors are sarcoidosis, myelomatosis, gout, idiopathic hypercalciuria, hypervitaminosis D, hypomagnesuria, and certain neoplasms under treatment.^[2]

Renal calculi represent the most common disorder of the urinary tract, affecting about 10–12% of the population in industrialized nations. Calcium oxalate stones account for more than 80% of cases, while the remaining include

struvite, cystine, uric acid, and other less common stone types.

In *Ayurveda*, the symptoms of renal calculi correspond to conditions such as *Bastivedana*, *Mutrakrichhrata*, *Sarudhiramutrata*, and *Atiavilamutrata*. Acharya Sushruta classified *Ashmari* under *Ashtamahagada*^[3] and elaborated on its *Nidana*^[4], *Purvarupa*, *Rupa*^[5], *Samprapti*^[6], and different types^[7] of *Mutrashmari*.

CASE STUDY

A 21-year-old male presented with nausea, abdominal distension due to gas, heaviness in the abdomen, constipation, and decreased appetite at Jeena Sikho Lifecare Limited Clinic, Bhagalpur, Bihar.

He had no past medical or surgical history, no addictions, and no known allergies.

Family history: Father – Type II Diabetes Mellitus.

Table 1: On examination.

General Examination:	Ashtasthana Pariksha:
Pulse: 119/min	Nadi: Vatapittaja
Blood pressure: 108/70 mm of hg	Mala: Vibandha
Weight: 56 kgs	Mutra: Peetavarna
Height: 5'2''	Jivha: Saam
CVS: S1S2 heard normal	Kshudha: Mandya
CNS: Conscious, Oriented	Sparsha: Anushnasheeta
RS: AEBE Clear	Drika: Prakrita
	Akriti: Madhyam

Table 2: Investigations.

25/02/2024
USG Whole Abdomen- Bilateral Nephrolithiasis- Rt- Parenchyma- Normal, PC System- Dilated, Two Cal/concentrations seen, larger 2.7 mm in pelvis, Lt- Parenchyma- Normal, PC System- Not Dilated, A Cal/concentrations seen, larger 2.9 mm Mid Polycalyx

Treatment

Table 3: Shaman Chikitsa.

Medicine Name	Dose	Anupan	Duration
Relivon Powder	½ tsf HS	At Night with Lukewarm water (Nishikala with kosha jala)	02/10/24- 19/01/25
Amlapittahar powder	½ tsf BD	Before Meal with Lukewarm water (Pragbhakta with kosha jala)	
Cap Stoni	1 BD	After meal with Lukewarm water (Adhobhakta with kosha jala)	
Ge Liv Forte	15 ml BD	After meal with equal amount of Lukewarm water (Adhobhakta with sama matra kosha jala)	

1. *Udarbasti* – With *Dashmool Tail*

2. *Viddha karma over B/L Toes*

3. Dietary Recommendations^[8]

The dietary guidelines provided by Jeena Sikho Lifecare Limited Clinic, Bhagalpur, Bihar, include the following key recommendations.

Diet advised was.

- Incorporate a diet rich in fibre and antioxidants, fresh seasonal fruits and vegetables like leafy greens like spinach, dry fruits like black resins, almonds, walnuts, ginger, turmeric, whole grain, brown rice, oats, legumes, lentils, beans.

Foods to Avoid

- Reduce intake of sweetened and processed packaged food,
- Avoid salty spicy fried junk food.
- Avoid the combination of foods which are incompatible like milk with food, curd with fish, milk with fruits etc.
- Eliminate wheat, refined products, coffee, and tea.
- Avoid eating after 8 PM to support better digestion and metabolic function.

Hydration

- Drink alkaline water 3-4 times daily, along with herbal tea, living water, and turmeric water.
- Almond milk, coconut water & coconut milk.

Millet Inclusion

- Incorporate five varieties of millets into your diet: Foxtail, Barnyard, Little, Kodo, and Browntop.
- Ensure that millets are cooked using only steel utensils to preserve their nutritional properties.

Meal Timing & Structure

- Breakfast (9:00 - 10:00 AM): Steamed fruits (equal to patient's weight × 10 in grams) and steamed sprouts.
- Lunch (12:30 - 2:00 PM): Steamed salad (equal to patient's weight × 5 in grams) and cooked millets.
- Evening Snacks (4:00 - 4:20 PM): Light, nutritious snacks.
- Dinner (6:15 - 7:30 PM): Same as lunch.

Special Practices

- Offer gratitude before meals to cultivate positive energy.
- Sit in *Vajrasana* after eating to improve digestion and circulation.

II. Lifestyle Recommendations

Sungazing

Spend 30 minutes in direct sunlight each morning to absorb vitamin D and boost overall health and vitality.

Yoga

Practice yoga daily from 6:00 to 7:00 AM, focusing on flexibility, strength, and mental clarity to improve hormonal balance and overall well-being.

Meditation

Incorporate meditation into your daily routine to reduce stress, promote mental clarity, and enhance emotional well-being.

Barefoot Walking

Walk briskly for 30 minutes daily, preferably barefoot on natural surfaces like grass, to improve circulation and foster a deeper connection with nature.

Sleep

Aim for 6-8 hours of restful sleep each night to support physical and mental recovery, ensuring the body's systems function optimally.

Consistent Daily Routine

Follow a balanced and structured daily routine that supports equilibrium between meals, physical activity, and rest, helping to promote long-term health and vitality.

OBSERVATION

Table 4: Investigations Before and After treatment.

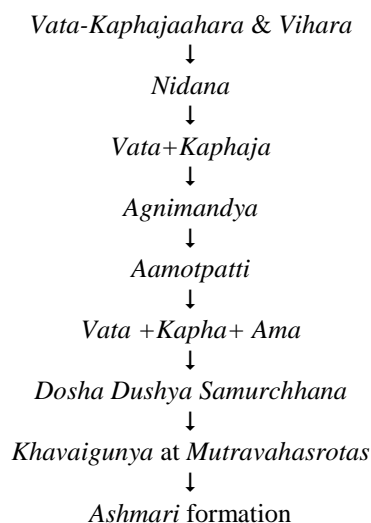
25/02/2024	15/02/2025
USG Whole Abdomen- Bilateral Nephrolithiasis- Rt- Parenchyma- Normal, PC System- Dilated, Two Cal/concentrations seen, larger 2.7 mm in pelvis, Lt- Parenchyma- Normal, PC System- Not Dilated, A Cal/concentrations seen, larger 2.9 mm Mid Polycalx	USG Whole Abdomen- Excessive gaseous distension. Kidney- No calculi.

Table 5: Symptoms Before and After treatment.

	05/12/2024	19/01/2025
Nausea	++++	-
Gaseous abdomen distension	++++	++
Heaviness in abdomen	++++	+
Constipation	++++	-
Decreased appetite	++++	-
Generalised weakness	++++	-

DISCUSSION

Samprapti



Samprapti Ghataka

- Dosha: Kapha Pradhana Tridosha

- Dushya: Mutra
- Srotas: Mutravaha
- Srotodushti: Sanga
- Agni: Jatharagni Mandya
- Dosha Marga: Kostha, Shakha

Treatment of *Mutrashmari* includes with drugs exhibiting *Vatanulomaka*, *Vata-Kapha Shamana*, *Ashmari Bhedaka* and *Mutrala* properties.

1. **Relivon powder**- contains *Saverna Patri*, *Misreya*, *Senda Namak*, *Sonth*, *Jang Harar*, *Erand* oil. It helps in indigestion, relieves constipation, and removes undigested metabolic waste.
2. **Amlapittahar powder**- contains *Shunthi*, *Maricha*, *Pippali*, *Amalaki*, *Vibhitaki*, *Haritaki*, *Musta*, *Sukshmaila*, *Tvak Patra*, *Vidanga*, *Bid Lavana*, *Lavanga*, *Trivrita*, *Sharkara*. Used in indigestion, acidity, liver, GERD, vomiting, nausea.
3. **Syrup GE Liv Forte**- contains key ingredients like *Bhringraj*, *Kalmegh*, *Kutaki*, *Vidanga* that improves

digestion, improves liver function and boosts overall well-being.

4. **Cap Stoni** – contains *Pashan Bheda, Gokhru Chota, Kulthi, Pather bar, Ilechi Badi, Jawakhar, Akshar, Shudh Shilajeet, Hazral Yahud Bhasam*. Useful in kidney stone, diuretic, UTI.
- **Udar basti/ Nabhi Basti**- helps improve digestion, helps in relieving bloating, constipation, it helps in relieving abdominal discomfort, *Nabhi* is one of the site of *Pitta*. *Dashmool tail* balances *Vata* and *Pitta dosha*.
- **Viddha Karma**- *Viddha Karma* enhances the peristaltic movement of the ureter and stimulates the smooth muscles of the urinary bladder, thereby facilitating the downward elimination of fragmented calculi. Described in detail by *Acharya Sushruta*, it also serves as an effective pain-relieving procedure. This intervention alleviates both intermittent colicky pain and constant dull discomfort in the left loin and lower abdomen caused by obstruction of urine and flatus flow. Its analgesic effect may be attributed to the release of endorphins, triggered by the controlled mechanical stimulus during the procedure.^[13]

Need for further research

- Large-scale, multi-center, randomized controlled trials (RCTs) are needed to compare the efficacy of *Ayurvedic* interventions with standard medical treatments.
- These trials should employ standardized outcome measures, including stone size reduction, stone passage rate, pain relief, recurrence rate, and quality of life.
- Trials should also consider differing patient constitutions (*Prakriti*).

CONCLUSION

A 21-year-old male presented with gastrointestinal complaints including nausea, abdominal distension, heaviness, constipation, and decreased appetite. On initial evaluation at Jeena Sikho Lifecare Limited Clinic, Bhagalpur, ultrasonography (25/02/2024) revealed bilateral nephrolithiasis, with calculi measuring 2.7 mm in the right renal pelvis and 2.9 mm in the left mid polycalyx. A comprehensive *Ayurvedic* treatment approach was initiated focusing on *Vatanulomaka, Vata-Kapha Shamana, Ashmari Bhedaka, and Mutrala* properties. Internal medications included *Relivon* powder, *Amlapittahar* powder, *Cap Stoni*, and *GE Liv Forte* syrup, aimed at improving digestion, liver function, renal function, and overall metabolism. *Udar Basti (Nabhi Basti)* with *Dashmool Tail* was also administered to pacify *Vata* and relieve gastrointestinal discomfort.

Additionally, *Viddha Karma* was employed as an interventional therapy to enhance ureteric peristalsis and stimulate bladder musculature, thereby facilitating the downward expulsion of calculi fragments. It also provided significant pain relief by reducing intermittent

colicky pain and dull abdominal discomfort, possibly through endorphin release.

Following consistent *Ayurvedic* management, repeat ultrasonography (15/02/2025) showed complete resolution of renal calculi, confirming the effectiveness of the therapeutic protocol. While mild gaseous abdominal distension persisted, the primary concern of nephrolithiasis was successfully addressed. The patient reported notable symptomatic improvement, including better digestion, relief from abdominal heaviness, and improved bowel regularity, highlighting the combined efficacy of *Ayurvedic* medicines, *Udar Basti*, and *Viddha Karma*.

REFERENCES

1. [Last accessed on 2019 Jul 12]. Available from: <http://www.en.wikipedia.org>
2. Das S. The kidney and Ureter Ch. 49. 6th ed. Kolkata: Dr S. Das; 2010. A Concise Textbook of Surgery; pp. 1083–5, 1091. [Google Scholar]
3. Acharya JT. Ch. 33, Ver. 5. Reprint edition. Varanasi: Chaukhamba Surbharti Prakashan; 2019. *Sushruta Samhita of Sushruta, Sutra Sthana*; p. 163.
4. Kaviraj Ambikadutta Shastri, *Sushruta Samhita, Nidana Sthana, Chapter-3, Vol: 1, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint: 2005, verse no. 4.*
5. Kaviraj Ambikadutta Shastri, *Sushruta Samhita, Nidana Sthana, Chapter-3, Vol: 1, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint: 2005, verse no. 5.*
6. Kaviraj Ambikadutta Shastri, *Sushruta Samhita, Nidana Sthana, Chapter-3, Vol: 1, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint: 2005, verse no. 6.*
7. Kaviraj Ambikadutta Shastri, *Sushruta Samhita, Nidana Sthana, Chapter-3, Vol: 1, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint: 2005, verse no. 3.*
8. Acharya Manish, Dr. Gitika Chaudhary, Dr. Suyash Pratap Singh, Dr. Manjeet Singh, Dr. Richa. "Clinical Evaluation of Chronic Kidney Disease Management: Integrating Lifestyle Modification and Ayurveda." *International Journal of AYUSH*, Vol. 2013 No. 10, October 2024.
9. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, *Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 231.*
10. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, *Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 500.*
11. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, *Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 655.*
12. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, *Dravyaguna Vigyan, 5th Edition, M. D.*

Nandurkar Anmol Prakashan, Pune, August 2004.
Page 452.

13. <https://www.iomcworld.com/open-access/management-of-renal-calculi-with-a-combination-of-viddha-karma-and-shamana-chikitsa--a-case-study.pdf>