

# Ayurvedic Management of *Erandmooladi Niruha Basti* On *Asmari* - Case Study

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## Abstract

*Asmari* is common across the world and in that also in india .The origin of *Asmari* is processed by multiple factors respective of age, gender, family history, diet, environment and many other factors. There are high chance of recurrence of kidney stone. In *Ayurveda* , *Asmari* is described under *Asthamhagadham* i.e. eight incurable disease (1). It is the most common disease of *Mutravaha strotas* occurs due to formation of crystals such as oxalate , calcium,uric acid ,etc. It's prevalence is higher with higher recurrence chances irrespective of geographical, sex and age of the individual .In modern it's correlated with renal stone . *Ayurveda* mentions many medication and *panchkarma* procedure for *Asmari* Hence, an effort is made to manage *Asmari* with *shaman chikitsa* along with *basti* .in present case study A 55 yrs male patient was complaining of intense pain mainly in back which radiates to right side of abdomen with burning micturition from past 15 days and dribbling micturition from 2 day. *Erandmooladi niruha basti* along with *shaman chikitsa* was administered. The therapy provided marked relief in intense pain and burning micturition . Based on the case study, it can be concluded that *shaman chikitsa* along with *basti* is effective in management of *Asmari* (Renal Stone).

**Keyword** – Asmari, Renal Stone, Erandmooladiniruha Basti, Shaman Chikitsa

## Introduction :

In today's era person unable to follow regular diet and with poor hydration level which is affecting person's kidney infiltration rate which in future showing rise of incidence rate of *Asmari* ~renal stone. The prevalence of *Asmari* is about 12% (acc to ncbi.nlm.com ) and is relatively more common in northern part of india , where it is 15% as north india and central india has a severely hot summers

and this produces condition of severe sweating, leading to passage of highly concentrated urine and also india is essentially a dry area , with lack of clean water that also affects people intake of water. *Acharyas* described as *Asmari* as a fatal as death itself (2) . *Asmari* varies on size from small to large mainly composed of calcium or composed with oxalate , phosphate . It is hard , crystalline formed in kidney which passes through ureters , bladders and sometime stones with large size gets lodges in this sites causing intense pain .The pain of *Asmari* mainly starts in side or back, and moves to the lower abdomen. The pain may change as the kidney stone move through the

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urinary tract. Apart from pain medication and drinking lots of water, treatment may help to prevent kidney stones with increased risk. Men tend to be affected more frequently . Surgical intervention is needed when it affects vital organs. In *Ayurveda* classics , it is described that all *Asmari* (renal stone) are *Tridoshajanya* (vitiation of three body elements) that is Vata, Pitta, and Kapha(3). *Acharya CHARAK* mentioned *Asmari* in *trimarmaiya chikitsa adhyay* . Classification of *Ashmari* is based on the predominance of *Doshas*. It is of four types viz. *Vataashmari*, *Pittashmari*, *Kaphajashmari*, *Shukrashmari*(4). Many treatment procedures have been adopted in medical sciences to treat the disease. Mainly surgical intervention is the ultimate treatment which is difficult procedure & every surgical intervention comes with others die effects and challenges. *Ayurveda* classical texts ,described *Asmari* in details. *Acharya Charak explained Asmari in Trimarmiya chikitsa adhyay* .*Sushruta Samhita described scientifically ,along with process of extraction of asmari* .due to its critical and incurable property it is often called as

'*yama*'. There are many causes of formation of *Asmari* some are eating *kupathya aahara or kaphvardhakaahara* , not doing *sansodhana* of body .

### Case Report :

A 55-year old male came to R.D Ayurvedic P.G. Hospital , Bhopal (M.P) with the complaints of pain in right side of abdomen which radiates to lumbar region which shows differential diagnosis of *katishool* , burning and difficulty in micturition , since last 15 days and dribbling micturition from 2 day. Per abdomen examination showed tenderness on right lumbar region of abdomen and around right renal angle. No other abnormality detected during general and systemic examination. There was no past history of hypertension and diabetes mellitus . Ultrasonography was done on 8/08/2023 reveal right renal calculus being 6.9 mm. On Ayurvedic floor , the present case was diagnosed as *Ashmari* based on the signs and symptoms .

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समय : (सोनीग्राफी) प्रातः 10.30 बजे से 1.30, सायं 7 बजे से 9 बजे तक  
शुक्रवार : प्रातः 11.00 बजे से शनिवार 1.00 बजे तक

समय : (एक्स-रे, पैदावली) प्रातः 9 बजे से 12 बजे तक  
शुक्रवार : प्रातः 9 बजे से शनिवार 1 बजे तक

Name of Patient- MR HARIMOHAN TIWARI Age- 52 Y M  
Refd. By- DR PRAMOD SURYA VANSHI Date- 8 / 08 / 2023

ULTRASONOGRAPHY OF ABDOMEN

**REPORT**

Real time USG of abdomen and pelvis reveals-

- Liver appears mildly enlarged in size with fatty infiltration in it. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicals appears normal. Portal vein and common bile duct are normal.
- Gall bladder is physiologically distended. The wall thickness is normal. There is no evidence of any intraluminal mass lesion or calculi seen.
- Pancreas is normal in size, shape and echopattern. No focal mass lesion seen. Pancreatic duct is not dilated.
- Spleen shows normal in size. No focal lesion is seen in it.
- Both the Kidneys are normal in size, shape, position and axis. Parenchymal echopattern is normal bilaterally. No focal solid or cystic lesion is seen. There is evidence of bilateral renal calculi seen .
- There is no evidence of ascites or para-aortic adenopathy seen. Retroperitoneal structures appear normal.
- Urinary bladder is normal in size, shape and contour. No intraluminal lesion or calculi is seen. The wall thickness is normal.
- Prostate is normal in size .

**Impression -** USG FINDINGS SUGGESTIVE OF BILATERAL RENAL CALCULI .  
RIGHT RENAL CALCULUS SEEN IN LOWER POLE 4.6 MM AND LEFT RENAL CALCULUS ALSO IN LOWER POLE 6.6 MM .  
MILD HEPATOMEGALY WITH FATTY INFILTRATION NOTED .

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शुक्रवार : प्रातः 9 बजे से शनिवार 1 बजे तक

Name of Patient- MR HARIMOHAN TIWARI Age- 52 Y M  
Refd. By- DR. PRAMOD SURYA VANSHI Date- 21 / 09 / 2023

ULTRASONOGRAPHY OF ABDOMEN

**REPORT**

Real time USG of abdomen and pelvis reveals-

- Liver appears mildly enlarged in size with fatty infiltration in it. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicals appears normal. Portal vein and common bile duct are normal.
- Gall bladder is physiologically distended. The wall thickness is normal. There is no evidence of any intraluminal mass lesion or calculi seen.
- Pancreas is normal in size, shape and echopattern. No focal mass lesion seen. Pancreatic duct is not dilated.
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- Prostate is normal in size .

**Impression -** USG FINDINGS SUGGESTIVE OF MILD HEPATOMEGALY WITH FATTY INFILTRATION WITH RIGHT RENAL CALCULUS IN MIDPOLE 3.8 MM AND LEFT RENAL CALCULUS IN UPPER POLE 5.5 MM .

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REDMI NOTE 5 PRO  
MI DUAL CAMERA

NOTE - This is only a opinion not the final diagnosis. It should be co-related clinicopathologically. Report is not valid for medico legal Purpose.

**O/E - Ashtavidha Pariksha**

<i>Nadi</i>	<i>Vata Pittaja</i>
<i>Mutra</i>	<i>Vikruta</i>
<i>Mala</i>	<i>Kathin</i>
<i>Sparsa</i>	<i>Samsheetoshna</i>
<i>Jivha</i>	<i>Saam</i>
<i>Shabdha</i>	<i>Sparsha</i>
<i>Drik</i>	<i>Prakrita</i>
<i>Akriti</i>	<i>Madhyama</i>

**Shodhan Chikitsa – Erandmooladi Niruha Basti**

<b>Drugs</b>	<b>Mode of Action</b>
<i>Erandamula</i> (Ricinus Communis)	Shoolhara , Anilpahara , Mutrkrichara , Bastishoolhara, Deepana.
<i>Palasha</i> (Butea Monosperma )	Kaphapittasrajita , mutrakraichajita, dahashamaka, vataraktahara .
<i>Laghu Panchmoola</i>	Tridoshara
<i>Rasna</i> (Alpinia Galanga)	Kaphavatashamak , Amapachani .
<i>Ashwagandha</i> (Withania Somnifera )	Kaphavatashamak, Mutrala , Balya.
<i>Atibala</i> ( Abutilon Indicum)	Dahahara , ojhovardhaka, balya, mutrala
<i>Guduchi</i> ( <i>Tinospora Cordifolia</i> )	Tridoshahara , Rasayana
<i>Punarnava</i> (Boerhavia Diffusa)	Kaphavatahara , Vayasthapan ,Shoolhara, Mutrala
<i>Aragvadha</i> (Cassia Fistula )	Kaphapittashamaka.
<i>Devdaru</i> (Cedrus Deodara )	Kaphavatahara , Amahara, Anilhara, Mehaghana .
<i>Madanaphala</i> (Randia Dumetorum )	Kaphavatahara , Lekhaniya.

**Ingredients used in making of Erandmooloadi niruha basti :-**

<b>Dravya</b>	<b>Quantity</b>
Madhu	50 ml
Saindhav lavana	5gm
Til taila	60ml
Shatpuspa kalka	10gm
Erandmooladi kwath	400ml

**Saman Chikitsa-** Patient was prescribed the *Ayurvedic* medicine i.e.,

- 1.Tab calculary- 1-1-1 with luke warm water
- 2.Syp. Neeri KFT -15ml B.D. with luke warm water

**Follow Up -** Patient was asked to come for assessment after 6 days i.e., on 7<sup>th</sup> day pain was reduced

### Discussion & Observation -

In modern literature , *Asmari* is formed by crystallization of crystalloids in urine and if it is left untreated it can further lead to complication like UTI , obstruction in urine and least it can progress to renal failure , chronic kidney disease(5,6,7). So, we are opting for *Ayurvedic* medication and *panchkarma* procedure as this medication intervention work as boon in management of *Asmari* with no side effect .

Tab CALCULARY contains *yavakshahar* , *hazarat yahud pishti*, *punarnava*, *ganna*, *pashanbhed gokhru* ,*katuki* ,*giloy* ,*patthar phool* ,*varuna chhal* worked on breaking *Asmari* by increasing urine formation and helps in relieving pain . Syrup Neeri KFT contains *Amla*, *Kasani*, *Giloy*, *Punarnava*, *Varuna*, *Rhubarb*, *Makoy* (*Kakamachi*), *Papaya*, *Coriander* which also works on breaking down of all kind of *Asmari* and helps in curing burning micturition .The improvement in symptoms of *Asmari* can give weightage to this study that *Erandmooladi niruha basti* is effective in management of *Asmari*(8) . *Erandmooladi niruha basti* intervention worked significantly in managing symptoms like pain , burning micturition along with dribbling urine its action basically , works on *prakupita vata kapaha dosha* . It has wide area of action and is effective remedy for *Asmari* . In *Charak Samhita Siddhi Sthana Adhyay 3* its detailed explanation is given.Mainly brings back the *vata* blocked by *kapha* or *vata dosha* and main reason of *Asmari* is elevated *kapha dosha* and pain is induced by *vata*. Both *doshas* eliminated by *Erandmooladi niruha basti* .It is highly effective in normalizing *apan*

*vata* dysfunctions and cure *asmari* as it's the site of *Asmari* which induces breaking down into small particles .

### Conclusion :

In India , many studies are available regarding risk factors of *Asmari* . It is common and potentially curable and preventable in the general population .Many metabolic factors such as hypercalcemia, hyperuricosuria, hyperphosphaturia, hypocitraturia, exposure to heavy metals from cigarette smoke and food from contaminated soil and water are contributing factor in formation of *Asmari* . Major factors for development of stones are low urine volume , low water intake , etc. and as *Asmari* passes through ureter sometime it lodges in tract and associate to urinary tract infection, hematuria or any other complication for which urgent surgery may be needed. Thus it can be clearly seen that *Ayurvedic* medication and *panchkarma* intervention *Erandmooladi niruha Basti* holds promising hope as non-invasive intervention in the management of *Asmari* w.s.r.to kidney stone . *Erandmooladi niruha Basti* gives greater results in pacifying symptoms related to *Asmari* . There is no adverse effect found during this study . Further, mild restricted code of conduct makes it an ideal therapy for today's fast paced society.

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