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 micturation from 2 day. Erandmooladi niruha basti along with shaman chikitsa was administered. The therapy provided marked relief in intense pain and burning micturtion. 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 infilteration rate which in future showing rise of incidence rate of Asmari ~renal stone. The prevalance of Asmari is about 12% (acc to ncbi.nhm.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

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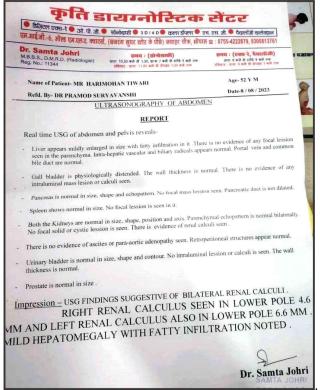
and this produces condition of severe sweating, leading to passage of highly concentrated urine and also india is essentially a dry area, with lack of clean water that also affects people intake of water. Acharyas described as Asmari as a fatal as death itself (2). Asmari varies on size from small to 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

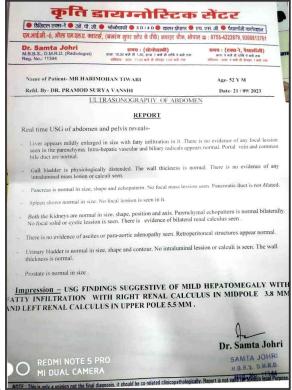
vidyapharma.com (33) urinary tract. Apart from pain medication and drinking lots of water, treatment may help to prevent kidney stones with increased risk. Men tend to be affected more frequently. Surgical intervention is needed when it affects vital organs. In Ayurveda classics, it is described that 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 micturation from 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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O/E - Ashtavidha Pariksha

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

Shodhan Chikitsa – Erandmooladi Niruha Basti

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

Ingredients used in making of Erandmooloadi niruha basti:-

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

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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

Follow Up - Patient was asked to come for assessment after 6 days i.e., on 7th 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 weighatge 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 explaination is given. Mainly brings back tha 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 prevantable in the general population .Many metabolic factors such as hypercalcemia, hyperuricosuria, hyperphosphaturia, hypocitraturia, exposure to heavy metals from cigratte 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 intervation Erandamooladi 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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