



COMPARATIVE STUDY OF BRAMHI GOKSHURADI KWATH AND VARUNADI KWATH IN THE MANAGEMENT OF MOOTRASHMARI

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Abstract

In this modern era, due to change in lifestyle people suffer from many diseases. "Mootrashmari" is one of them that is commonly seen. The most common causes for the formation of stone is concentrated urine, calcium phosphates oxalate, magnesium due to abnormal metabolism and deficiency of vitamin A. Acharya Sushruta mentioned many causes of Mootrashmari, one of them is "asanshodhanshilasya" and "apathyakaravihar". Mootrashmari is a disease in which there is formation of stone, resulting into severe pain as given by enemy. Mootrashmari affects 1% to 5% of the population in the industrialized countries. The incidence of Mootrashmari is higher in developing countries than industrialized countries. In Ayurvedic text there were various yogas mentioned that are useful in treatment of Mootrashmari one of them is Bramhigokshuradikwath. All the ingredients in this yoga have the properties to reduce signs and symptoms of Mootrashmari like lekhana and Mootrala.

Keywords- Mootrashmari, Bramhigokshuradikwath, Mootrala

INTRODUCTION

Mootrashmari was considered as one of the mahagadas by Ayurvedic Acharyas. It is a disease which is difficult to cure and at many times requires surgical intervention. Patients of Mootrashmari were provisionally diagnosed by the signs and symptoms created by the presence of Ashmari in the urinary system i.e Udarshool, Sadaha Mootrapravrutti, Sarakt Mootrapravrutti. With the revolutionary changes in various imaging technique taking place day to day, it is much mandatory to analyze various Ayurvedic drugs for their different pharmacological activities in the management of urolithiasis. Acharya Bhavaprakash explained about Bramhigokshuradi kwatha that contains Bramhi, gokshur, varun, pashanbheda, shunthi .All the ingredients of this yoga pacify kapha dosha by virtue of their Rukshaguna, Katuvipaka and Ushnaveerya and also show lekhana karma due to its Ushnaveerya. The ingredients of the drug by their bhedana, Ashmarihara and kaphahara karmas along with Mutrala karm, are helpful to reduce the size of Ashmari and expelled it out from body.

MATERIAL AND METHOD

Table no. 1

NIDANA ^[1,2]

NIDANA	Cha. Sam.	Sus. Sam.	Yog.Ratn.	CK.	Gad. Nig
Asamshodhana	-	+	+	-	
Adhyashana	+	+	+	+	-
Sheeta ahara	+	+	+	+	-
Medo ahara	-	+	+	+	-
Guru Ahara	-	+	+	+	-
Madura Ahara	-	+	+	+	-
Ati vyayama	+	+	+	+	+
Tikshna aushadhi	+	+	+	+	+
Ashwa yana	+	+	+	+	+
Tikshna Madyasevana	+	+	+	+	+

Anoopa mamsa sevana	+	+	+	+	+
Divaswapna	-	+	+	+	+

PURVAROOPA

Jwara

Bastipeed

Aruchi, Mootrakruchhrata

Bastishiromushkashepha vedana

Kruchhra Avasada

Bastagandha Mootra

Avila Mootrata^[3]

RUPA

Mahativedana

Sarudhiramootra

Mootradharasanga

Vedana in nabhi, basti, sevani, mehana Pradeshamand even in other regions

Mootradharasanga

Mootravikirana^[4]

SAMPRAPTI

In person of kapha prakruti who do not undergoes samshodhana treatment regularly and eats unhealthy foods, kapha gets aggravated, combines with urine, reaches urinary bladder and stays there producing Ashmari. ^[5]

In Charaka Samhita, by the action of ruksha guna of vata against shukra or pitta or kapha along with Mootra, ashmari are formed in basti. ^[6]

SAMPRAPTI GHATAKAS:**Table no. 2**

Dosha	Tridosha
Dushya	Mootra
Agni	Jatharagnimandya
Ama	Jatharagnimandyajanya ama
Strotas	Mootravaha strotas
Udbhava sthana	Amashaya and Pakwashaya
Sanchara sthana	Amashayapakwashayagata sira, Mootravahastrotas
Adhithana	Mootravahastrotas and basti
Vyakti sthana	Mootravahastrotas and basti
Dushtiprakara	Sanga
Rogamarga	Madhyama
Vyadhi swabhava	Chirakari
Sadhyasadhyata	Kruchhrasadhya, Shastrasadhya

CHIKITSA**Shamana karma**

The drug must possess bhedana, ashmarighna properties to disintegrate the formed stone. It should have mootra virechaneeya property to expel stone out.

Shodhan karma

As ashmari is a tridoshaja vyadhi shodhan therapy is advised in mootrakrichha is to be adopted, where in abhyanga by vataharatailas, niruha basti, uttar basti, upnaha, parisheka with vatahara tailas or kwathas are carried out.

Shastra karma

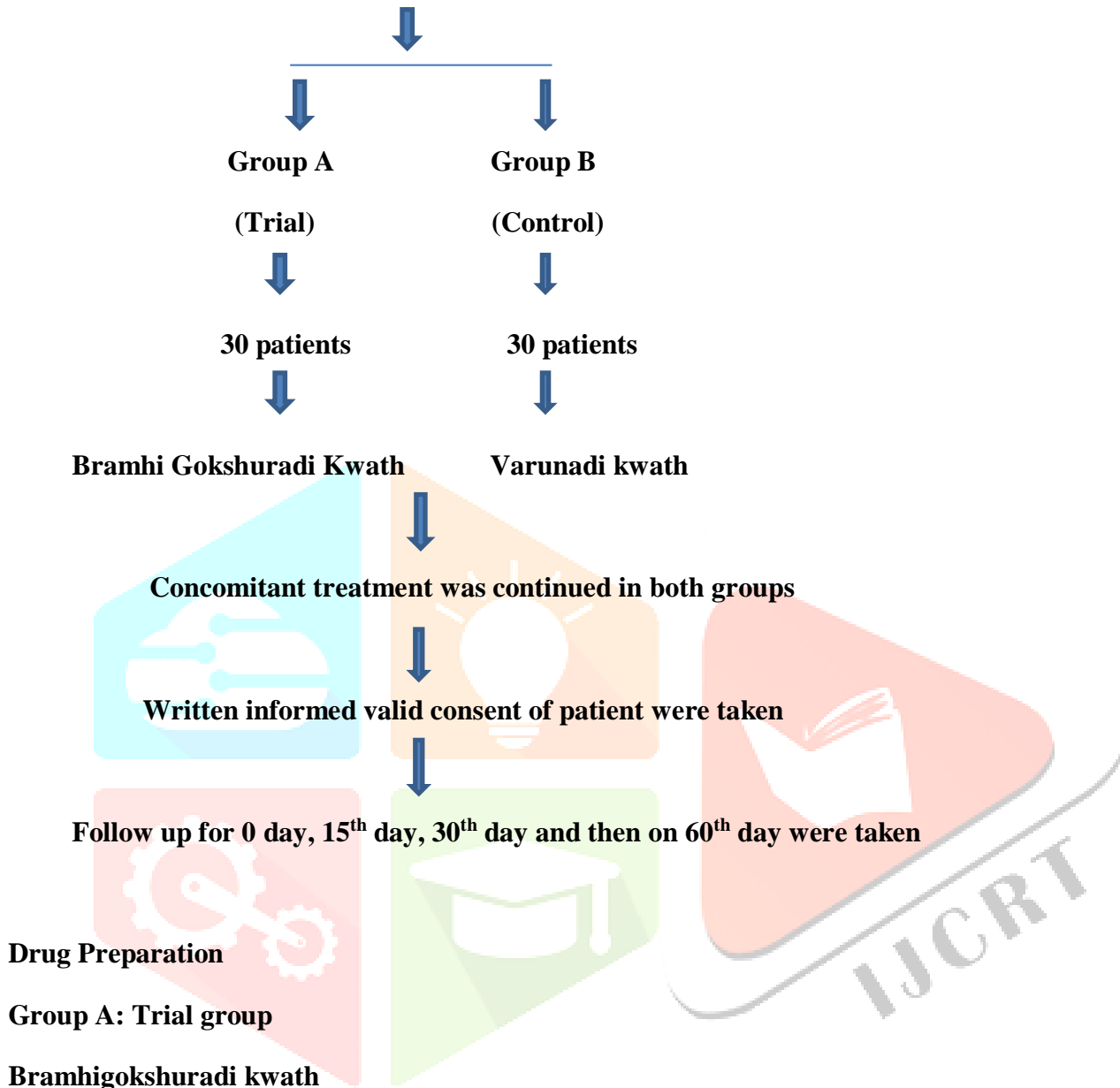
As per Acharya Sushruta, the line of surgical treatment must be employed in the Ashmari of pravruddhavasta and if all the measures previously mentioned gets failed.

DRUG REVIEW**Bramhigokshuradi kwatha contents:** Gokshur, Bramhi, Shunthi, Varun, Pashanbhed**Table no. 3**

DRUG NAME	GOKSHUR	BRAMHI	SHUNTHI	VARUN	PASHANBH ED
FAMILY	Zygophyllaceae	Scrophulariaceae	Zingiberaceae	Capparidaceae	Saxifragaceae
BOTANICAL NAME	Tribulus terrestris Linn	Bacopa monnieri	Zingiber officinale Rosc	Crataeva nurvala Buch-Ham	Bergenia ligulata
RASA	Madhur	Tikta	Katu	Tikta, Kashaya	Kashaya, Tikta
VIRYA	Sheet	Ushna	Ushna	Ushna	Sheet
VI[PAKA	Sheet Madhur	Katu	Madhur	Katu	Katu
GUNA	Guru, Snigdha	Laghu	Laghu, Snigdha	Ashmari bhedan	Laghu, Snigdha, Tikshna
DOSHAGHNA ATA	Vaatpittashamak		Kaphavaatshamak		
UPYUKTANG A	Phal	Panchang	kanda	Twak	Mool
KARMA	Ashmaribhedak, Mootral. Balakruta, bastishodhana, Deepana, Vrushya, Pushtikara, Prameha, Kasa, Arsha, Hridroga, Vaatnashaka ^[7]	Mootrajanan, Mootral, Medhya, Somgunatmak ^[8]	Apaanvayu Nissarak, Mootral, Vedanaahar ^[9]	Mootral ^[10]	Ashmaribhedak, Mootral ^[11]
CHEMICAL COMPOSITION	Tribulus	Herpestine, B1 oxalate, B2 oxalate, B3 chloroplastinate and sterol	Potassium oxalate, camphene, zingiberene	Saponin	
Action	Useful in relieving Dysuria, dispelling calculi	Antiinflammatory, analgesic	Antinauseant, antiemetic	Diuretic	dispelling calculi

MATERIAL AND METHOD

Through ayurved rugnpariksha, clinical examination and investigation

**Procedure:**

1. For kwatha preparation bharad dravya of Bramhi, Gokshur, Varun, Pashanbheda and Shunthi taken of mesh size 10 to 44.
2. 700 gm each bharad dravya taken for preparation of kwatha.
3. 30 patients will receive 50 ml bramhi gokshuradi kwatha in morning (Abhakta kala) for 60 days.

Group A: Trial group**Varunadi kwatha**

30 patients will receive 50 ml varunadi kwatha in morning (Abhakta kala) for 60 days.

B) Methods:**Study type:****Sampling method:**

1. 60 patients having lakshanas as mentioned in Sushrut samhita of Mootrashmari were selected randomly in OPD/IPD irrespective of gender, religion, occupation, economic status.
2. Lakshanas and causative factor of Mootrashmari were noted in these patients.
3. 60 patients were divided in two groups by lottery method.

Table No.: 4

Group- A Bramhi gokshuradi kwatha	30 patients
Group- B Varunadi kwatha	30 patients

4. Drug was dispensed to the patient on 0th, 15th, 30th, and 60th day and bottle was checked during each follow up for drug accountability

Drug Regimen – (Common for both group A and B)**Table No. :5**

Route of administration	Oral
Dose	50 ml (Once a day)
Aushadhisevan kala	Abhakta kala
Duration	60 days

Selection Criteria**Inclusion Criteria:**

A known diagnosed case of urolithiasis which having non-obstructive urinary calculi upto 8mm.

Age group: 18 to 60 yrs

Exclusion Criteria:

1. Systemic disease like malignancy, kochs, H.I.V. infected patients & Medico Renal Disease patients.
2. Renal failure, congenital disorder like ectopic kidney, horse shoe kidney, stricture at U.V. &P.U. junction
3. Size of calculus > 8mm.
4. Hydronephrosis and Hydroureter>second degree.

Observations and Result**Subjective Criteria****Table No. 6****Effect of drug on Udarshool:****Data: Data of 60 patients collected on 0, 15th, 30th, and 60th**

Udarshool	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
Group A	4	0	-4.431 ^a	0.000	65.6	Significant
Group B	4	0	-4.403 ^a	0.000	66.1	Significant

Group A is 65.6% effective while Group B is 66.1% effective. Hence Group B is more effective on Udarshool than Group B.

Table No. 7**Effect of drug on Sadaha mutrapravrutti**

Sadahamutrapravrutti	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
Group A	1	0	-4.472 ^a	0.000	76.9	Significant
Group B	1	0	-4.413 ^a	0.000	82.1	Significant

Group A is 76.9% effective while Group B is 82.1% effective. Hence Group B is more effective on Sadaha mutrapravrutti than Group B.

Table no.8**Effect of drug on Saraktamootrapravrutti**

Sadahamutrapravrutti	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
Group A	0	0	-3.317 ^a	0.001	64.7	Significant
Group B	0	0	-2.449 ^a	0.014	66.7	Significant

Group A is 64.7% effective while Group B is 66.7 effective. Hence Group B is more effective on Sarakta mootrapravrutti than Group A.

Objective Criteria Analysis**Table no.9****Effect of drug on Size of Ashmari**

Size of Ashmari	Mean		t-value	P-Value	% Effect	Result
	BT	AT				
Group A	5.5	4.0	3.380	0.002	27.8	Significant
Group B	6.3	5.1	3.193	0.003	18.6	Significant

For the size of Ashmari Group A is 27.8% effective while Group B is 18.6% effective. Hence Group A is more effective on size of Ashmari than Group B.

Table no.10**Effect of drug on Number of Ashmari**

No. of Ashmari	Mean		t-value	P-Value	% Effect	Result
	BT	AT				
Group A	1.1	0.8	3.340	0.002	29.4	Significant
Group B	1.2	0.8	3.808	0.001	29.4	Significant

For the Number of Ashmari both Group A and Group B is 29.4% effective. Hence Group A and Group B equally effective on Number Ashmari .

Table No.11**Comparison between Group A and Group B**

	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value
Udarshool	Group A	30	30.85	925.50	439.500	0.874
	Group B	30	30.15	904.50		
	Total	60				
Sadahamutrapravrutti	Group A	30	29.33	880.00	415.000	0.534
	Group B	30	31.67	950.00		
	Total	60				
Saraktamutapravrutti	Group A	30	33.00	990.00	375.000	0.155
	Group B	30	28.00	840.00		
	Total	60				

For comparison between Group A and Group B we have used Mann Whitney U Test. From above table we can observe that p-values for all three parameters are greater than 0.05 hence we conclude that there is no significant difference in Group A and Group B.

CONCLUSION:

Incidence of mooltrashmari vyadhi is more between 18-25 years age group. This disease was more seen in males. The prominent dosha in Ashmari is kapha. In comparison udarshoola subsides in patients after completion of treatment in both groups were significant. Sarakta Mootrapravrutti completely disappeared in maximum cases after the completion of treatment in both groups. Bramhi gokshuradi kwath is relatively more effective than varunadi kwath in reducing RBC. Sadaha mootrapravrutti completely disappeared in both group patients after completion of treatment. Action of drug is due to its kapha pittagna, vatashaman due to their ushna veerya and mooltral property i.e diuretic action which is helpful for expulsion of calculi. From the study it can be concluded that administration of varunadi kwath is effective for expulsion of calculi and there is no significant difference in proportion of stone removal by both the therapies. From the study, it can be concluded that administration of varunadi kwath is effective treatment method for mooltrashmari which may overcome the surgical intervention by easy, comparatively cheap and painless expulsion of ashmari. Hence the alternative hypothesis has been proved that bramhi gokshuradi kwatha is less effective than varunadi kwatha in the management of mooltrashmari.

REFERENCES

1. Dr Kaviraj Ambita Dutta Shastri Editor of Sushruta samhita of Maharsi Susruta Edited with Hindi Commentary Ayurved Tattva Sandipika; Nidansthaan, Chapter 3 ; Verse 4; Chaukhamba Sanskrit Sansthan; Reprint 2010
2. Dr Kaviraj Ambita Dutta Shastri Editor of Sushruta samhita of Maharsi Susruta Edited with Hindi Commentary Ayurved Tattva Sandipika; Nidansthaan, Chapter 3 ; Verse 11; Chaukhamba Sanskrit Sansthan; Reprint 2010
3. Dr Kaviraj Ambita Dutta Shastri Editor of Sushruta samhita of Maharsi Susruta Edited with Hindi Commentary Ayurved Tattva Sandipika; Nidansthaan, Chapter 3 ; Verse 5; Chaukhamba Sanskrit Sansthan; Reprint 2010
4. Dr Kaviraj Ambita Dutta Shastri Editor of Sushruta samhita of Maharsi Susruta Edited with Hindi Commentary Ayurved Tattva Sandipika; Nidansthaan, Chapter 3 ; Verse 7; Chaukhamba Sanskrit Sansthan; Reprint 2010
5. Dr Kaviraj Ambita Dutta Shastri Editor of Sushruta samhita of Maharsi Susruta Edited with Hindi Commentary Ayurved Tattva Sandipika; Nidansthaan, Chapter 3 ; Verse 4; Chaukhamba Sanskrit Sansthan; Reprint 2010

6. Charak samhita Chikitsasthaan, chapter 26,verse 26 vidyotini Hindi Commentary by K.N.Shastrri and G.N.Chaturvedi 1989, 16th edi, Chaukhambha Bharti Academy
7. Vagbhat chikitsasthaan 11/35
8. Pandit Narhari , Rajanighantu, written by Dr. Indradev Tripathi, edited with Dravyagunaprakash hindi commentary, Revised edition 2010, Varanasi, Chowkhambha Krishnadas Academy, Tpg-703
9. Shri Bhavamishra, Bhavaprakasha Nighantu- Indian Materia Medica. Commentary by Prof. K.C. Chunekar and edited by late Dr.G.S. Pandey. Edition 2010. India. Chaukhamba Bharati Academy, Varanasi, Chapter no.1- Haritakyadi varga, verse no.45,48
10. Dr Kaviraj Ambita Dutta Shastrri Editor of Sushruta samhita of Maharsi Susruta Edited with Hindi Commentary Ayurved Tattva Sandipika; Chikitsasthaan, Chapter 7 ; Verse 6,14; Chaukhamba Sanskrit Sansthan;Reprint 2010
11. Shri Bhavamishra, Bhavaprakasha Nighantu- Indian Materia Medica. Commentary by Prof. K.C. Chunekar and edited by late Dr.G.S. Pandey. Edition 2010. India. Chaukhamba Bharati Academy, Varanasi, Chapter no.1- Haritakyadi varga, verse no.185, page no.101

