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# STUDY OF ASHMARI IN AYURVEDIC AND MODERN POINT OF VIEW

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#### **ABSTRACT**

Ashmari more commonly known as kidney stones or urinary stones. Ashmari is the third most common and distressing affliction of the urinary tract. Kidney stones are made up of salt and mineral. It suffer 1 to out 10 people of world population. It resemble with ashmari in Ayurveda. Ashm meaning is like a stone and Ari means enemy. Acharya Sushruta included it in the Astamahagada and explained it in detail. Ashmari is included under Astamahagada may be due to its potentiality to cause complications of urinary system and also it is difficult to treat. If kidney stone size small then with proper hydration stone come out with urine easily. But if there is recurrency of kidney stone lithotripsy is the surgical invention.

**KEYWORDS:** Ashmari, kidney stone, Lithotripsy.

#### **INTRODUCTION:**

Ashmari is one of the most prevalent types of urinary disorders and is the common problem due to changing lifestyle. It mostly occur in male than female. Its cases mostly seen at age of 20-40 year and decline with over 50 year. Urolithiasis is problematic especially with regards to its treatment in all the system of the medicinal sciences. Despite modern techniques, the recurrence rate of urolithiasis is approximately 50% within 5 years.[1w]. The causes of renal calculi are high salt intake of medicine like calcium, vitamin D, hot and humid climate. Less intake of water responsible for kidney stone. The type of renal stone are calcium oxalate, struviete, uric acid and cysteine. Mostly calcium oxalate stone occur in 80% of population. Other cases found of 20% renal stone type.

#### **Definition of Ashmari**

In Ayurveda ashma means stone. These can vary in size and number and are generally found in the ureters, bladder or the kidneys. The smallest kidney stones could be as much as a pinhead, while the largest could be the size of a grapefruit. In medical language, renal calculi are also termed as nephrolithiasis or urolithiases, where the root word 'lith' means a stone.[1]

#### **Nidan (Etiological Factors)**

Ushna gamana-walking under hot sun or hot climate

Adhwa gamana-Walking longer distance

Mutra vegavarodha -suppression of urge of urine

**Asamshodhana sheelasya-** Not following shodhana therapy regularly

**Diwaswapna-** day sleep<sup>[2]</sup>

## Etiology according to Modern<sup>[3]</sup>

Types of stone	Etiology	
Calcium stones	Hypercalciuria with or without hypercalcimia	
	Idiopathic	
Struvite stones	Urinary infection with urea splitting oraganisms	
	like proteus	
Uric acid stones	Hyperuricosuria with or without hyperuricaemia	
	(eg. Gout)	
Cystine stones	Defect in cysteine transport	
Other types	Inherited abnormalities of xanthine metabolism	

## Samprapti of Ashmari<sup>[4]</sup>

Tridoshas are involved in formation of ashmari but kapha plays important role. The vitiated vata dries up the urine in mutravaha srotas along with pitta by its ushnaguna, so that kapha present in the urine attains the form of ashmari gradually.

## Poorva roopa of Ashmari<sup>[5]</sup>

Bastyadhmanam, Basti peeda, Mutrakruchha, Dusta Sandra, availmutrata, Bastagandhatwam, Shephamuska veedana

## Samanya roopa of Ashmari<sup>[4]</sup>

Nabhi, basti, sevani and mehana vedana, visheerna dhara mutra.

## Types and symptoms of Ashmari<sup>[6]</sup>

Types of	Varna	Swaroopa	Anya lakshana
Ashmari			
Vataja	Shyava, aruna	Kadamba pushpavat,	Teevra vedana in nabhi
		parusha, kantakavat,	
		khara, vishama,	
		katina	
Pittaj	Krishna, peeta,	Bhallatak asthivat	Dahyate, pachyate,
	madhu varna <mark>,</mark>		dushyate-vedana
	sarakta		
Kaphaj	Madhuka pushp <mark>a</mark>	Kukkutanda	Basti guruta, visheryate,
	varna, sita, shukla	sadrusha, mahati	nistudhyate, bhidhyate

## Shukrashmari<sup>[4]</sup>

The stone developed in seminal vesicle due to suppression of shukra. If shukra vega is suppressed it takes vimargagamana and loged in between medra and vrushana. At this stage vata dries up the shukra and shukrashmari is formed.

Lakshana- Basti shola, vrishana shotha, mutrakruchha.

#### Chikitsa of Ashmari

Ashmari chikitsa can be formulated in three phases

- Apakarshana- Shasta karma
- Prakrutivighatana- Shodhana and Shamana Nidana
- **Parivarjana-** Avoidance of causative factors.

Shamanoushadhis which are selected in Ashmari should have the following properties.

Mutra virechana, kaphahara, and Apana vayu anulomana.

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## Modes of management in different stages of Ahmari.<sup>[7]</sup>

- ✓ Shodhana in poorva roopavastha
- ✓ Shodhana and shaman in initial stage of the disease
- ✓ Shastra chikitsa in progressive condition of the disease
- ✓ Nidana parivarjana mandatory in all the stages of the diseases

#### For shaman following formulations are advised in cases of ashmari

Kushmanda swarasa Tila ksharadi yoga

Trikantaka churna Trikantakadi kwatha

Varun moola twak kwatha Kushadi ghrita

Pashanabhedadi ghrita

Shwadamshtradi kashaya

Analyzing the above formulation, the common drugs used are found to be varun, pashana bheda, kulattha, Gokshura

## Action of varuna<sup>[8,9]</sup>

Varuna is having tikta and kashaya rasa, laghu and ruksha gunas, these qualities decrease the kapha dosha. Ushna veerya decrease the vatakapha dosha. Katu vipaka once again decrease the kapha dosha. Prabhav is ashmari bhedaka.

## Action of Pashanbheda<sup>[10,11]</sup>

Kashay tikta rasa acts as kaphahara. Laghu guna scrapping the stone, snigdha guna decreases the vata. Sheeta veerya acts as mootral and pittahara. By prabhava it is ashmarighna and tridoshara.

## Action of Kulatha [12,13]

Kashay rasa decreases the kapha. Laghu, ruksha guna decreases the vitiated kapha where teekshna guna and amlavipaka acts as mootrala. Ushna veerya acts as kapha vatahara.

#### Action of Gokshura [14,15]

Madhura rasa, snigdha guna and madhura vipaka decreases the vata where as sheeta veerya acts as mutral and pittahara. Drug itself is tridosha shamaka. Gokshura contains potassium nitrate which helps in preventing urolithiasis.

#### **DISCUSSION AND CONCLUSION**

Mutashmari is one of the most common and painful diseases of urinary system. Mutrashmari can be correlated with urolithiasis. Acharya sushruta has described the problem of mutrashmari under ashtamahagada. Ayurvedic drugs has potential to act as antilithogenic by multiple actions such as diuretic, alteration of physiological PH, regulates crystalloids imbalance, antimicrobial activity, anti-inflammatory, analgesic activity and improve renal function. It is very important to reduce the rate of recurrence within month, if appropriate therapy is not initiated. Ashmari cases can be managed with Ayurved treatment if size is small. Although Acharya sushruta has suggested surgery if ashmari cases not relieved by shaman treatment but before going to surgery ayurved shaman treatment should be try.

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