



ROLE OF *VIDDHA KARMA* IN THE MANAGEMENT OF *MUTRASHMARI* (UROLITHIASIS): AN *AYURVEDIC* PERSPECTIVE

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Abstract:

Mutrashmari (urolithiasis) is a common and distressing urinary disorder described extensively in *Ayurvedic* classics. *Acharya Sushruta* considers *Mutrashmari* as one of the *Ashta Mahagada* due to its severe pain, recurrent nature, and potential complications. While *Shalya Karma* (surgical removal) is advised in advanced cases, conservative measures such as *Shamana Aushadhi*, *Kshara Karma*, and *Viddha Karma* play a significant role in early and uncomplicated stages. *Viddha Karma*, a para-surgical procedure, involves therapeutic pricking at specific anatomical points to relieve obstruction, pain, and spasm of the *Mutravaha Srotas*. This article highlights the concept, procedure, probable mode of action, indications, and clinical relevance of *Viddha Karma* in *Mutrashmari*.

Keywords : *Mutrashmari*, *Viddha Karma*, Para-surgical procedure, *Mutravaha Srotas*, Urolithiasis, *Ayurveda*

I. INTRODUCTION

Mutrashmari is described in *Ayurvedic* texts as a condition characterized by the formation of stone-like concretions within the urinary system due to vitiation of *Kapha*, *Vata*, and *Pitta* along with impaired *Agni*. It manifests clinically with severe colicky pain, dysuria, hematuria, and obstruction to urine flow.

Modern medicine correlates *Mutrashmari* with urolithiasis, which shows a high recurrence rate and often requires surgical or endoscopic intervention. *Ayurveda* offers several non-invasive and minimally invasive approaches, among which *Viddha Karma* is a simple, cost-effective, and outpatient-based procedure aimed at immediate symptomatic relief¹.

Concept of Viddha Karma

Viddha Karma is classified under *Anushastra Karma* (para-surgical procedures). The term *Viddha* means controlled pricking using a sharp instrument such as *Suchi* (needle) at specific sites to alleviate disease. *Acharya Sushruta* describes *Viddha Karma* as a therapeutic intervention useful in conditions involving:

- *Sanga* (obstruction)
- *Shoola* (pain)
- *Vata prakopa*
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Since *Mutrashmari* predominantly involves obstruction and intense pain due to *Vata* aggravation, *Viddha Karma* becomes particularly relevant².

Ayurvedic Pathogenesis of Mutrashmari³

According to *Ayurveda*:

- Excess intake of *Guru*, *Snigdha*, and *Abhishyandi Ahara*
- Suppression of natural urges
- Sedentary lifestyle

lead to vitiation of *Kapha*, which combines with *Mutra* and accumulates in the *Mutravaha Srotas*. Gradually, due to *Vata* and *Pitta* influence, this accumulation hardens into *Ashmari*.

Rationale of *Viddha Karma* in *Mutrashmari*⁴

The main objectives of *Viddha Karma* in *Mutrashmari* are:

- a) Relief of acute pain (*Ashmari Shoola*)
- b) Reduction of spasm in urinary tract
- c) Facilitation of unobstructed urine flow
- d) Pacification of aggravated *Vata*
- e) *Viddha Karma* acts as a *Vedana Shamana* and *Srotoshodhana* procedure.

Site of Viddha Karma

Classical references suggest *Viddha Karma* at specific anatomical points such as:

- a) *Basti Pradesha*
- b) *Sevani*
- c) *Medhra Madhya*
- d) *Antara Kandara* and *Gulpha region* (as per clinical practice)

These sites are closely related to *Mutravaha Srotas* and urinary reflex pathways.

Procedure of Viddha Karma⁵

Poorva Karma (Pre-operative measures)

- Proper patient assessment and consent
- Local cleaning and aseptic precautions
- Patient positioned comfortably (supine)

Pradhana Karma (Main procedure)

- A sterile fine needle or *Suchi* is used
- Controlled pricking is done at the selected site
- Depth is minimal, avoiding vascular injury
- Mild bleeding may occur, which is considered therapeutic

Paschat Karma (Post-procedure care)

- Local pressure to stop bleeding
- Application of antiseptic
- Administration of *Mutrala* and *Ashmarighna* drugs
- Advice on hydration and dietary modifications

Probable Mode of Action^{6,7}

Though classical texts explain *Viddha Karma* based on *Dosha* and *Srotas* theory, its probable modern mechanisms include:

- Stimulation of nerve endings leading to pain modulation
- Reflex relaxation of ureteric smooth muscle
- Reduction of local congestion and spasm
- Improvement in urinary flow dynamics

The procedure may act similar to acupuncture or trigger point therapy, providing rapid symptomatic relief.

Indications

- Early or uncomplicated *Mutrashmari*
- Acute renal or ureteric colic
- Dysuria due to urinary obstruction
- Patients unfit or unwilling for surgery

Contraindications

- Severe anemia
- Bleeding disorders
- Local infection at the site
- Advanced obstructive uropathy requiring surgical intervention

Advantages of *Viddha Karma*

- Simple and minimally invasive
- Cost-effective and OPD-based
- Provides immediate pain relief
- Can be repeated if necessary
- No major complications when done properly

Discussion

Viddha Karma occupies an important place in the conservative management of *Mutrashmari*. While it may not directly dissolve large calculi, it significantly alleviates pain and helps in the spontaneous passage of small stones when combined with *Shamana Aushadhi* and appropriate lifestyle modifications. Its role is especially valuable in resource-limited settings and as an adjunct therapy.

Conclusion

Viddha Karma is an effective para-surgical procedure in the *Ayurvedic* management of *Mutrashmari*, particularly for pain relief and functional improvement of the urinary system. When applied judiciously in selected cases, it can reduce the need for invasive surgical interventions. Further clinical studies are warranted to establish standardized protocols and scientific validation.

Reference

1. Sushruta. Sushruta Samhita. Dalhana Acharya, commentator. Yadavji Trikamji Acharya, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2018. Nidana Sthana, Ashmari Nidana Adhyaya; Chapter 3: p. 303–308.
2. Sushruta. Sushruta Samhita. Dalhana Acharya, commentator. Yadavji Trikamji Acharya, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2018. Chikitsa Sthana, Ashmari Chikitsa Adhyaya; Chapter 7: p. 431–438.
3. Vagbhata. Ashtanga Hridaya. Arundatta and Hemadri, commentators. Pt. Hari Sadasiva Sastri Paradakara, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2019. Nidana Sthana, Ashmari Nidana; Chapter 11: p. 527–531.
4. Charaka. Charaka Samhita. Chakrapani Datta, commentator. Yadavji Trikamji Acharya, editor. Reprint ed. Varanasi: Chaukhambha Orientalia; 2016. Chikitsa Sthana, Mutrakrichra Chikitsa; Chapter 26: p. 590–596.
5. Murthy KRS. Illustrated Sushruta Samhita. Vol. 1. Reprint ed. Varanasi: Chaukhambha Orientalia; 2018. Anushastra Karma and Viddha Karma; p. 219–224.
6. Türk C, Petřík A, Sarica K, et al. EAU guidelines on diagnosis and conservative management of urolithiasis. *Eur Urol.* 2016;69(3):468–474.
7. Moe OW. Kidney stones: Pathophysiology and medical management. *Lancet.* 2006;367(9507):333–344.

