

Ayurvedic Management of Mutrashmari with Pashanabheda Kwatha – A Case Study

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ABSTRACT

Background: *Mutrashmari* (urolithiasis) is a common urinary disorder described in Ayurveda, characterized by painful stone formation in the urinary tract. Classical texts recommend *Pashanabheda* (*Bergenia ligulata*) as a potent lithotriptic and diuretic agent.

Aim: To evaluate the efficacy of *Pashanabheda Kwatha* in the management of *Mutrashmari* through a clinical case study.

Methods: A 35-year-old male with ureteric calculus was treated with *Pashanabheda Kwatha* (50 ml twice daily for 21 days). Clinical outcomes were assessed through symptomatic relief and ultrasonography.

Results: The patient experienced significant reduction in pain, dysuria, and hematuria. Spontaneous expulsion of the calculus occurred on the 18th day. Follow-up imaging confirmed absence of residual stone.

Conclusion: *Pashanabheda Kwatha* demonstrated efficacy in relieving symptoms and expelling ureteric calculus, supporting its classical use as an *Ashmarihara dravya*. Larger clinical studies are warranted.

Keywords: *Mutrashmari*, Urolithiasis, *Ayurveda*, *Pashanabheda*, *Bergenia ligulata*, Lithotriptic therapy, Case study

INTRODUCTION

Urolithiasis is a global health problem, affecting 10–15% of the population in industrialized nations^[1]. In India, prevalence is rising due to dietary changes, sedentary lifestyle, and climatic factors^[2]. Ayurveda describes *Mutrashmari* under *Ashmari Roga*, with *Charaka*, *Sushruta*, and *Vagbhata* providing detailed pathogenesis and management strategies^[3,4].

Mutrashmari is considered one of the most painful conditions, often compared to “*Yama-darshana vedana*” (pain akin to death)^[5]. The pathogenesis involves vitiation of *Vata dosha* causing obstruction in *Mutravaha srotas*, with *Kapha* and *Pitta* contributing to nidus formation and crystallization^[6].

Pashanabheda (*Bergenia ligulata*) is highlighted in *Bhavaprakasha Nighantu* as “*Ashmarihara dravya*”^[7]. Its pharmacological profile includes diuretic, anti-inflammatory, and lithotriptic properties^[8]. Modern studies confirm its role in inhibiting calcium oxalate crystallization^[9].

This article presents a detailed case study demonstrating the clinical efficacy of *Pashanabheda Kwatha* in *Mutrashmari* management, integrating classical Ayurvedic principles with modern evidence.

Aim and Objectives

- To evaluate the therapeutic efficacy of *Pashanabheda Kwatha* in *Mutrashmari*.
- To document symptomatic relief and stone expulsion in a clinical case.
- To correlate classical Ayurvedic concepts with modern pharmacological findings.

Case Description

A 35-year-old male presented with acute colicky pain in the left flank, dysuria, and intermittent hematuria, Burning Micturition, Increased frequency of micturition for 10 days. Ultrasonography revealed a 6 mm calculus in the left ureter. The patient had no comorbidities and declined surgical intervention, opting for Ayurvedic management.

Clinical Examination

- **General condition:** Stable, afebrile.
- **Vitals:** BP 120/80 mmHg, pulse 78/min, Spo2 98, RR 20/min.
- **Systemic examination:** Tenderness in left lumbar region.
- **Laboratory findings:** Normal renal function tests, microscopic hematuria.

Asthavidh Pariksha

- Nadi - Vata-pitta
- Mala - Samyak
- Mutra - Daha
- Jivha - Alpasama
- Shabda - Prakrut
- Sparsha - Ushna
- Druka - Prakrut
- Akrti - Madhyam

METHODOLOGY

Treatment Protocol

- **Drug:** *Pashanabheda Kwatha* (decoction prepared from *Bergenia ligulata* root, 50 g coarse powder boiled in 400 ml water, reduced to 100 ml).
- **Dosage:** 50 ml twice daily after meals.
- **Duration:** 21 days.
- **Pathyapathya:** Increased fluid intake, avoidance of high-oxalate foods, light diet.

Monitoring

- Symptom diary maintained for pain, dysuria, hematuria.
- Ultrasonography repeated after 21 days.
- Adverse effects monitored.

RESULTS

- **Day 7:** Reduction in pain intensity, improved urinary flow.
- **Day 10:** Hematuria subsided.
- **Day 18:** Spontaneous expulsion of calculus with urine.
- **Day 21:** Ultrasonography confirmed absence of residual stone.
- **Safety:** No adverse effects noted.



DISCUSSION

Ayurveda emphasizes *Mutrala* and *Ashmarighna dravyas* in *Mutrashmari* management. *Pashanabheda*, with *Tikta-Kashaya rasa* and *Laghu-Ruksha guna*, acts on *Mutravaha srotas*, facilitating stone disintegration and expulsion^[10]. Its diuretic action enhances urinary output, reducing stasis and crystal aggregation^[11].

Modern pharmacology supports its anti-urolithiatic activity, demonstrating inhibition of calcium oxalate crystallization and promotion of diuresis^[12]. This aligns with classical descriptions of its *Ashmarihara* property.

Compared to surgical interventions, *Pashanabheda Kwatha* offers a non-invasive, economical, and safe alternative, particularly in small calculi (<10 mm). However, larger controlled trials are necessary to establish standardized protocols.

CONCLUSION

Pashanabheda Kwatha demonstrated significant efficacy in relieving symptoms and expelling ureteric calculus in this case of *Mutrashmari*. Its classical relevance and modern validation suggest it as a promising therapeutic option. Further clinical studies are recommended to substantiate its role in routine urolithiasis management.

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