

A CONCEPTUAL STUDY ON ASHMARI

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ABSTRACT

The signs and symptoms as well as the morphology of stone found in Ashmari are similar to that of urolithiasis. Ashmari is the third most common and distressing affliction of the urinary tract. Acharya Sushruta included it in the Astamahagada and explained it in detail. Ashmari is included under Astamahagada may be due its potentiality to cause complications of urinary system and also it is difficult to treat. Despite modern techniques, the recurrence rate of Urolithiasis is approximately 50% within 5 years. Thus there must be some drug that corrects the metabolic errors and prevents the formation of stone. In Ayurveda a detailed description of Ashmari is mentioned under the heading of Ashmaribhedana (lithotripsy action), Ashmari patana (lithogogue action), basti shoolaghna (spasmodic action) and mooltrala (diuretic action). Renal calculi affect 1 in 20 people at some time or other in their lives, to a negligible or a noticeable extent. Hence, it is very important to know all the aspects of this urinary problem so that it can be nipped in the bud.

KEY WORDS: Ashmari, Urolithiasis, Lithogogue, Renal calculi, Mooltrala.

INTRODUCTION

Ashmari more commonly known as kidney stones or urinary stones. It is one of the most prevalent types of urinary disorders. It is a worldwide problem, sparing no geographical, cultural, or racial groups. Occurrence of stones has substantially reduced over the past two decades, but there are still reported in parts of the developing world predominantly in children and in patients with neurogenic bladders and benign prostate hypertrophy¹. Urolithiasis is problematic especially with regards to its treatment in all the systems of the medicinal sciences. Despite modern techniques, the

recurrence rate of urolithiasis is approximately 50% within 5 years¹.

DEFINITION OF ASHMARI

In Ayurveda Ashma means stone. Renal calculi are solid accretions of mineral substances that are found in the urine. 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 most cases, they are passed out with the urine. However, if the mineral accretions accumulate into big sizes over time, then they are not eliminated in the normal way.

This is what is commonly referred to as the medical problem of renal calculi or kidney stones. In medical language, renal calculi are also termed as nephrolithiases or urolithiases, where the root word 'lith' means a stone².

Knowledge regarding nidana is very important as nidana parivarjana is one of the major line of treatment in the management of Ashmari. Ushna gamana – walking under

hot sun or hot climate, Adhwa gamana – walking longer distance, Mutra vegavarodha – suppression of urge of urine, Asamshodana sheelasya – not following shodhana therapy regularly, Diwaswapna – day sleep and food rich madhura rasa, guru, snigdha and sheeta guna are the main etiological factors found in the formation of Ashmari³.

Table no 1 Etiology according to Modern¹

TYPE OF STONE	INCIDENCE	ETIOLOGY
Calcium stones	75%	Hypercalciuria with or without hypercalcaemia Idiopathic
Struvite stones	15%	Urinary infection with urea splitting organisms like proteus
Uric acid stones	6%	Hyperuricosuria with or without hyperuricaemia (eg.gout)
Cystine stones	2%	Defect in cystine transport
Other types	<2%	Inherited abnormalities of xanthine metabolism

Samprapti of Ashmari⁴

Tridoshas are involved in formation of Ashmari. But kapha plays important role as it is samavayi karana. The vitiated vata dries up the urine in mutravaha srotas along with pitta by its ushna guna, so that kapha present in the urine attains the form of Ashmari (super saturation of urine takes place) gradually like gorochana formed in cow. Sushruta narates that the manner in which even clean water collected in the pot precipitate in the bottom after some time, so also the process of hardening of Ashmari occurs with the crystals of kapha present in urinary system. This correlates to the

concentration of solutes that result in precipitation of calcium salt which helps in the formation of calculi. According to the modern pathology of stones it is carried out under the headings as Super saturation of Urine, Nucleation and Inhibitors of Crystal formation.

Poorva roopa of Ashmari⁵

Ba styadhmanam , Asannadeshe ruja, Basti peeda, Shepha muska vedana, Mutra kruchra, Dusta sandra and avila mutrata and Bastagandhatwam.

Samanya roopa of Ashmari⁴

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

Table no 2. Vishesha roopa of ashmari⁶

Type of Ashmari	Vataja Ashmari	Pittaja Ashmari	Kaphaja Ashmari
Varna	Shyava, aruna	Krishna, peeta, madhu varna, sarakta	Madhuka pushpa varna, shweta, sita, shukla
Swaroopa	Kadamba pushpavat, kankavata, parusha, vishama, khara, katina	Bhallataka asthivat,	Kukkutanda sadrusha, mahati,
Anya lakshana	Teevra vedana in nabhi, mehati bindushaha	Dahyate, pachyate, dushyate –vedana	Basti guruta, bhidhyate, nistudhyate, visheryate, nistudhyate

Shukrashmari⁴

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

Shukrashmari lakshana – Basti shoola, mutrakruchra, vrishana shotha.

CHIKITSA OF ASHMARI

Ashmari chikitsa can be formulated in three phases

Apakarshana –Shasta karma (Surgical intervention)

Prakrutivighatana – Shodhana and Shamana
Nidana parivarjana – Avoidance of causative factors

Shamanoushadhis which are selected in Ashmari should have the following properties

Kaphahara , Mutra virechana and Apana vayu anulomana.

Below are the modes of management which can be adopted in different stages of Ashmari⁷

- Shodhana in poorva roopavastha
- Shodhana and Shamana in initial stage of the disease

- Shastra chikitsa in progressive condition of the disease
- Nidana parivarjana mandatory in all the stages of the diseases

According to Sushruta, in the initial stages of ashmari, shodhana in the form of snehana, swedanadi karmas are advised.

For shamana,

The following formulations are advised in cases of Ashmari^{8,9}

Kushmanda swarasa, Varuna moola twak kwatha, Trikantaka churna, Shwadamshtadi kashaya

Pashanabhedadi ghrita, Shara panchamooladi ghrita, Tila ksharadi yoga, Kulattadi ghrita

Shilajatvadi yoga, Trikantakadi kwatha, Kushadi ghrita.

Analyzing the above formulations, the common drugs used are found to be Varuna, Pashana bheda, Kulattha, Gokshura

Action of varuna^{10,14}

Analyzing the actions of Varuna on Ashmari, the probable mode of action is as follows.

Varuna is having Tikta and Kashaya rasas, Laghu and Rooksha gunas, these qualities decrease the Kapha dosha. Ushna Veerya decrease the Vatakapha dosha. Katu vipaka once again decrease the Kapha

dosha. Prabhava is Ashmari bhedaka. It is Kaphavata shamaka.

Varuna mainly decreases the vitiated Kaphavata dosha i.e. means it brings down the super saturation and nucleation condition. Further by its prabhava it acts as Ashmaribhedaka.

Action of Kulatta^{11,15}

The Kashaya rasa of Kulatta decreases the Kapha. The laghu and ruksha guna of kulatta also decreases the vitiated kapha where as teekshna guna and amlavipaka acts as mootralla. Ushna veerya acts as kapha vatahara. Drug itself is having a lithiotriptic action according to prabhava in this way kulatta is acting on the Ashmari.

Action of Pashanabedha^{12,16}

The kashaya tikta rasa acts as kaphahara the laghu guna scrapping the stone and snigdha guna decreases the vata. Here sheeta veerya acts as mootralla and pittahara. According to prabhava it is ashmarighna and tridosahara.

Action of Gokshura^{13,17}

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

DISCUSSION AND CONCLUSION

Mutrashmari can be correlated with urolithiasis. It is one of the most common and painful diseases of urinary system. Acharya Sushruta has described the problem of Mutrashmari under ashtamahagada.

Ashmari can grow in any part of mutravaha srotas. Based on the variation in the characteristic features of pain it is concluded

that the nature of pain is depending on the location of the stone where it is lodged.

Ayurvedic drugs has potential to act as antilithogenic by multiple actions such as diuretic, alteration of physiological pH, regulates crystalloid imbalance, antimicrobial activity, anti-inflammatory, analgesic activity and improve renal function.

Even after surgery the formation of a subsequent stone does not stop. Thus for there is no drug or therapy known that would dissolve or fragment the stone in the system by changing the lithogenic potential of a particular person. Hence in this aspect Ayurvedic drugs like Varuna, Punarnava etc are useful.

By analyzing the ingredients of all yogas they are either diuretic or lithiotriptic, no single drug is potent to expel the stone and Ashmari can be prevented by controlling urinary tract infection. In all the yogas the above said four drugs are used irrespective of doshas. Remaining different drugs used as dosha alleviators. It is very important to reduce the rate of recurrence of stone because; uric acid stones may have recurrence within month, if appropriate therapy is not initiated.

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