

International Research Journal of Ayurveda & Yoga

Vol. 5 (2),34-39, February, 2022

ISSN: 2581-785X;<https://irjay.com/>DOI: <https://doi.org/10.47223/IRJAY.2022.5205>

A Comparative Study of *Shigru Kwath* and *Yavak Kshara* in the Management of *Mutra Ashmari* w.s.r to Urolithiasis

Munni Yadav,¹ Sunil kumari,² Pankaj Yadav³

1- M.S. Scholar, Department of Shalya Tantra, Dr. Sarvepalli Radhakrishana Rajasthan Ayurveda University ,Jodhpur.

2- AMO at Khalsa Ayurvedic Medical Collage and Hospital, Punjab

3- MBBS at Sampurnanand Medical Collage, Jodhpur

Article Info

Article history:

Received on: 10-01-2022

Accepted on: 22-02-2022

Available online: 28-02-2022

Corresponding author-

Munni Yadav M.S. Scholar,

Department of *Shalya Tantra*, Dr.

Sarvepalli Radha krishana Rajasthan

Ayurveda University ,Jodhpur.

Email:- monayadav057@gmail.com

ABSTRACT:

The formation/cause of *Ashmari*, according to *Ayurved Srotovaigunya*, is due to *Dushit Kapha* located in *Basti* in conjunction with *Pradushit Vata* and *Pitta*. *Dosha* vitiation begins in the *Mutravaha Sansthan*, is catalyzed by the presence of an incipient lesion, and is eventually blamed for the pathophysiology of *Mutrashmari*. Excruciating pain over *Nabhi*, *Vasti*, or at *Sevani*, *Medra* during micturition, sudden stoppage of urine flow, blood stained urine, twisting and slitting of urine, aggravation of pain during running, toileting, and other symptoms of *Mutrashmari* continue in accordance with symptoms of urolithiasis as defined by modern science. Urolithiasis is the third most prevalent urinary tract disease. Urolithiasis causes pain, lost work time, medical bills, hospitalization, and renal failure in the most productive years of life.

Keywords: Urolithiasis, *Ashmari*, *Mutrashmari*, *Mutravaha Sansthan*

INTRODUCTION

Ayurveda is a holistic approach to health that blends physical, psychological, and spiritual therapies to address the fundamental principles of good health and life. It has created a medical tradition and treatment system based on the human body's intrinsic ability to regenerate, heal, and restore its natural equilibrium.

Among all the urinary issues described in *Ayurveda* writings, there is one type for which all the *Acharya's* recommend and agree on both pharmacological and surgical therapies, and this is the *Mutrashmari*.¹

A stone (calculus) can occur at any point within the urinary system. These stones are most commonly generated in the kidney, but they can also occur in the bladder if they move further down the urinary tract. They cause excruciating

agony as they move through the ureters and out the urethra. There are several effective management and herbal remedies for urolithiasis that are currently being researched.

The primary goal of this research is to summarize the treatment of urolithiasis using herbal formulations, dietary and lifestyle changes, and to comprehend the *Ayurvedic* concept of urolithiasis. Renal calculus can affect men and women of any age. Stones are most commonly detected in the kidneys, ureter, and urinary bladder. It takes on the appearance of renal calculus when limited to the kidney.² It can flow through the ureter and form Ureteric calculus, reach the bladder and form Vesical calculus, or be held up in the urethra and form Ureteral calculus.

Because of the lethality of the ailments, *Sushruta Samhita*



describes *Ashmari*. Treatment was recommended to be started in the early stages of the disease, with a warning about the risks and uncertain prospects of success. It was to be done only if conservative treatment failed and death became unavoidable if not treated surgically.³*Shigru Kwath* and *Yavakshara* are a cost-effective combination of drugs that can be delivered.

AIMS & OBJECTIVES

1. The purpose of the study is to determine the efficacy of *Shigru Kwath* in the treatment of urinary tract calculi, as well as the efficacy of *Yavakshara* in the treatment of urinary tract calculi.
2. To relieve the patient of pain and anxiety caused by the operating process.
3. To discover a simple, effective, and cost-effective technique for treating *Mutrashamri*.

MATERIAL & METHODS

All various materials required for the study along with their descriptions and method of application of the procedures is described.

Sample Size :

30 subjects (15 patients in each group) fulfilling the inclusion criteria.

Source of Subjects :

Patients were selected irrespective of sex, religion, occupation from the O.P.D. & I.P.D. of *Shalya Tantra*, University college of *Ayurveda* Hospital, Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur.

Drugs-

1. *Shigru kwath*
2. *Yavakshara*

Informed Consent :

Written informed consent will be taken from each patient before starting the study.

Research Proforma

The preparation of Specific study proforma depends on the basis of signs and symptoms of *Ashmari*.

Selection Criteria of the Patients:

Inclusion criteria

- 1) Primary stone
- 2) First time stone former
- 3) Age 18-70 years
- 4) Renal stone size up to 15mm
- 5) Bladder and ureteric stone size up to 10mm
- 6) Radiographic and/or USG evidence of the stone.

Exclusion criteria

1. Renal failure
2. Malignancy
3. Case which required surgical intervention
4. Severe haematuria
5. Renal stone size more than 15mm
6. Bladder and ureteric stone size more than 10mm
7. Know case of co-morbidity
8. Retention of urine
9. Renal cancer
10. Blood dyscrasis
11. Secondary stone.

Withdrawal criteria

1. If any serious condition or any serious adverse effects appear during the course of study which requires urgent treatment.
2. If patient wants to withdraw him/her from the clinical study.

CTRI No. :CTRI/2020/12/029489

INVESTIGATIONS:

Following investigations will be performed according to the requirement.

- 1) Routine Blood Examination as-
Hb%
TLC
DLC
ESR
HIV
HBsAg
VDRL
Biochemical investigations-
Urine examination –routine
Microscopic
Plain x-ray for KUB region
USG(abdomen and pelvis)
CT and IVP if required.

Subjective criteria:

The following scoring scheme was used to evaluate the medicine based on the relief observed in the signs and symptoms.⁴Assessment of remedy was done according to relief observed in the sign and symptoms with the help of following scoring pattern.⁵(Table 1)

Burning Micturition

1. No burning micturition - 0
2. Occasional burning micturition - 1
3. Occasional burning micturition , required treatment 2
4. Constant burning micturition , required treatment 3
5. Severe constant burning micturition , but did not show relief even after treatment – 4

Dysuria

1. No dysuria – 0
2. Occasional dysuria did not require treatment 1
3. Occasional dysuria , required treatment 2
4. Constant dysuria , required treatment 3
5. Severe constant dysuria , but did not show relief even after treatment- 4

Objective Criteria

Before and after therapy, many indications were noticed, and investigations were conducted. The following are the specifics of the scores used for the disease's indications and investigations:

Renal angle tenderness

1. No tenderness 0
2. Mild tenderness 1
3. Moderate tenderness 2
4. Severe tenderness 3
5. Severe constant tenderness , but did not show relief even after treatment 4

Haematuria

1. No RBC / Hpf in urine 0
2. 0 - 5 RBC / Hpf in urine 1
3. 6 - 10 RBC / Hpf in urine 2
4. 11 - 15 RBC / Hpf in urine 3
5. 16 RBC / Hpf in urine 4

Pyuria

1. No pus cells / Hpf in urine 0
2. 0 - 5 pus cells / Hpf in urine 1
3. 6 - 10 pus cells / Hpf in urine 2
4. 11 - 15 pus cells / Hpf in urine 3
5. 16 pus cells / Hpf in urine 4

OBSERVATIONS & RESULTS

In the current clinical investigation, a total of 30 patients were included, including 15 in group A and 15 in group B. The treatment was completed by 15 patients in each group. Overall improvement in subjective parameter :
Overall improvement in Pain in Group A and Group

B(Table 2)

Overall improvement in Dysuria in Group A and Group B (Table 3)

Overall improvement in haematuria in Group A and Group B (Table 4)

Overall improvement in Burning micturition in Group A and Group B (Table 5)

COMPARATIVE RESULT IN BOTH GROUP; (Table 6)

Overall assessment of therapy between both groups

After 30 days of *Shigru Kwath* and *Yavakshara* therapy, the effect on major complaints was noted as shown in the table. In group A, pain alleviation was 73 %, while in group B, pain relief was 43.73 %. In the case of dysuria, group A experienced 57 % alleviation, while group B experienced 47.62 % relief. In the case of haematuria, group A patients experienced 62.48 percent relief, while group B patients experienced 60.15 percent relief. In the case of burning micturition, group A patients 68.40 percent relief, while group B patients experienced 57.14 percent relief. Cured rate and markedly cured rate was high in *Shigru Kwath* whereas in *Yava kshara* markedly and improvement rate was observed in *Yava kshara*. It recommends better efficacy of *Shigru Kwath* over *Yava kshara* in overall effect of therapy.

DISCUSSION

Effect of *Shigru Kwath* on chief complains (After treatment):

After completion of the treatment statistically highly significant results were observed in pain (73%) and dysuria (57%). Statistically significant results were observed in haematuria (62.48%) and in burning micturition (68.40%). (Table 50). In this research, *Shigru kwath* was used with properties of *Tikta – Katu Rasa, Katu Vipaaka, Kapha Vata Shaamaka and Mutrala*, due to these properties, it could have increased the flow of urine, healing wounds produced by stone rubbing in *Mutravaha Srotasa*. As a result, *Shigru Kwath* relieved symptoms such as pain, haematuria and dysuria by virtue of its properties after the treatment.

Effect of *Yava Kshara* on chief complains (After treatment):

After the treatment (in group B), statistically highly significant results were detected in pain (43.73%) and dysuria (47.60.15%) statistically significant result was

found in hematuria (66%) and burning micturition(57.14%).

1. In group A highly statistically, significant results were observed in pain (*Vedanaa*) and dysuria. Significant result were found in hematuria and increased frequency of micturition.

2. In group B statistically highly significant results were observed in pain (*Vedanaa*), dysuria. Significant results were observed in increased frequency of micturition. Insignificant results were found in haematuria

3. On comparison of results of both groups after treatment insignificant difference was found in all symptoms; however, percentage improvement is better in *Shigru Kwath*, showing *Shigru kwath* is better than *Yava kshara* in curing symptoms of *Ashmari*.

4. Regarding size of stones, in *Shigru kwath* group expulsion rate is better in small sized stones and decrease in size is better in bigger sized stones, indicating in *Shigru Kwath* helps in expulsion of stones by *Mootrala* and *Bastishodhana Karma* and also breaks stones by *Bhedana. Saaraka, lekhan karma* and then causes expulsion of small stones by *Mootrala* effect.

5. In *Yava Kshara* group, expulsion rate is better in stones of small size and disintegration rate is better in all sizes of stones. It indicates that *Yava kshara* acts mainly by its *Ashmaribhedan prabhav* and *Lekhana, Chhedana* and *Bhedana Karma* and reduces the size of stone to a level on which they can easily pass out with the flow of urine.

CONCLUSION

Urolithiasis is the third most prevalent urinary tract disease *Yava Kshara* group, expulsion rate is better in stones of small size and disintegration rate is better in all sizes of stones.

Acknowledgements:- Nil

Conflict of Interest – None

Source of Finance & Support - Nil

REFERENCES

1. Acharya YT, Charaka Samhitaa – with Ayurveda Deepika commentary of Chakrapanidatta, Chaukhamba Surbharati Prakashana, Varanasi, Reprint Edition 2009.
2. Das B, Charaka Samhitaa English translation Chaukhamba Surbharati Prakashana, Varanasi, Reprint Edition 2008.
3. Acharya YT, Sushruta Samhitaa with the Nibandhasangraha Commentary of Dalhana and the Nyaya chandrika Panjika of Gayadasa on Nidana sthana, Chaukhamba Surbharati Prakashana, Varanasi, Reprint Edition 2009.
4. Acharya YT ‘Kavyatirtha’ Chaukhamba Surbharati Prakashana, Varanasi, Reprint Edition 2008.
5. Sharma S Ashtanga Samgraha with Shashilekha Sanskrita Chowkhamba Sanskrita Series office, Varanasi, Second Edition 2008.

How to cite this article: Yadav M, Kumari S, Yadav P, “A Comparative Study Of *Shigru Kwath* And *Yavak Kshara* In The Management Of *Mutra Ashmari* W.S.R To Urolithiasis” IRJAY.[online]2022;5(2);34-39.
Available from: <https://irjay.com>;
Doi: <https://doi.org/10.47223/IRJAY.2022.5205>

Table 1 Visual Analogue Scale

Findings	B.T	A.T
No pain		
Mild, Annoying		
Nagging , Uncomfortable, Trouble Somepain		
Distressing Miserable pain		
Intense Dreadful Horrible pain		
Worst Possible, unbearable excruciating pain		

Table 2 Overall improvement in Pain in Group A and Group B

Group	No of pt.	BT mean	AT mean	Mean diff.	% relief	SD	SE	T-value	P-value	Remarks
A	15	2.73	0.733	2.00	73%	1.000	0.258	7.74	<0.0001	ES
B	15	1.067	0.60	0.46	43.73%	0.5160	0.133	3.50	<0.0001	ES

Table 3 Overall improvement in Dysuria in Group A and Group B

Group	No of pt.	BT mean	AT mean	Mean diff.	% relief	SD	SE	T-value	P-value	Remarks
A	15	0.933	0.400	0.533	57%	0.516	0.133	4.00	p≤0.0007	Remarks
B	15	1.4	0.733	0.667	47.62%	0.488	0.126	5.29	p≤0.0001	ES

Table 4 Overall improvement in haematuria in Group A and Group B

Group	No of pt.	BT mean	AT mean	Mean diff.	%relief	SD	SE	T-value	P-value	Remarks
A	15	1.067	0.400	0.666	62.48	0.488	0.126	5.29	<0.0001	ES
B	15	1.33	.533	0.800	60.15	0.560	0.145	5.52	<.0001	ES

Table 5 Overall improvement in Burning micturition in Group A and Group B

Group	No of pt.	BT mean	AT mean	Mean diff.	% relief	SD	SE	T-value	P-value	Remarks
A	15	1.267	0.400	.866	68.40	0.639	0.1652	5.24	<0.0001	ES
B	15	1.400	0.600	.800	57.14	0.4140	0.1069	7.48	<0.0001	ES

Table 6 comparative result in both group:

CHIEF COMPLAINTS	GROUP-A		%RELIEF	GROUP-B		%RELIEF
	BT MEAN	AT MEAN		BT MEAN	AT MEAN	
1.PAIN	2.73	0.733	73%	1.067	0.600	43.73%
2.DYSURIA	0.933	0.400	57%	1.400	0.733	47.62%
3.HAEMATURIA	1.067	0.400	62.48%	1.333	0.533	60.15%
4.BURNING MICTURATION	1.267	0.400	68.40%	1.400	0.600	57.14%