Role of Varunadi Kvath along with Tab. Chandraprava and Tab. Gokshuradi Guggul in a case of Mutrashmari (Renal Stone)

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Abstract:
Urinary calculus is commonly known as Kidney Stone. In Ayurvedic literature, it is mentioned as Mutrashmari. Mutra means urine, Ashmari means stone. It is a troublesome complaint which may become an emergency at any point of time. It is the 2nd most common disease of urinary tract. The classical symptom of urinary stone is pain with obstruction of urine. The other symptoms of this disease are pain in abdomen, burning micturation, haematuria etc.

According to Ayurvedic classic the aggravated Kapha mixed with urine leads to formation of stone in the Basti, predominantly due to high Vata-Vitiation. Hence in this present clinical study Varunadi Kvath (decoction of Crataeva nurvala – main ingredient) along with some Ayurvedic preparation have been selected for the management of Mutrashmari (Renal stone). In this study the drugs were administered to the patient for consecutive 6 months. The result of this study were found encouraging. Further study in large sample should be carried out to establish the role of said therapy in particular type of disease.

Key words: Mutrashmari, Renal Stone.

Introduction
Renal stone / Urinary calculus is known as Nephrolithiasis. The term “Nephrolithiasis” is derived from Greek words “nepho’s” which means ‘kidney’ and “Lithos” which means stone. Nephrolithiasis is common worldwide. In USA 13% men and 7% women develop renal stones during their life time. Globally it’s incidence is increasing, an analysis from India shows an increase from 0.9% to 9% over 20 years. Analysis from North India shows Calcium Oxalate 93.4%, Mixed (Oxalate, phosphate urate) 2.76%, Struvite (Magnesium, ammonium, phosphate) 1.42%, Uric acid (0.95%, Crystine .05%). In India maximum prevalence occurs in Jammu and Kashmir, Punjab, Haryana, Delhi, Rajasthan, Madhya Pradesh and Gujarat (Stone belt of India). Peak age is 20 – 30 years.

In Ayurveda, Renal stone / urinary calculus / nephrolithiasis is known as Mutrashmari. The disease Mutrashmari is one among the “Astamahagada”; (8 fatal condition) formed in the urinary system. Basti is the Vital part (Marma) of the body. It is the Saddya – pranahara marma (instantly fatal). So, Marma treatment is essential otherwise patient will die at last.

When aggravated vayu dries up the sukra, mutra, pitta and kapha located in the urinary bladder, then gradually stones are formed. According to Sushruta the aggravated kapha mixed with urine tends to formation of stone in the Basti. So, it can be said that Mutrashmari is a Vata-kapha predominant disease.

The common symptoms of kidney stones are:

a) A sharp cramping pain in the back and side, often moving to the lower abdomen to groin.
b) A feeling of intense need to urinate.
c) Burning feeling during micturation.
d) Urine that is dark or red due to blood.
e) Nausea and vomiting.
f) Men may feel pain at the tip of penis.
frequently voids stool and urine. If in this process continue the bladder or urinary passage gets injured by calculus then he passes urine mixed with blood.\(^{17}\) So, considering all sign and symptoms it can be concluded that \textit{Vatik Ashmari} can be co-related with Renal stone [Calcium Oxalate stone]. Keeping all these views in mind, a study was planned to evaluate the therapeutic effect of \textit{varunadi kashaya} along with Tab. \textit{Chandraprava} and Tab. \textit{Gokshuradi Guggul} (main ingredient Tribulus terrestris, Comiphora mukul) in a case of \textit{Mutrashmari} (Renal stone).

**Case Study**

30 years old male patient, named Mr. Somnath Kirtania came to my chamber with complaints of lower abdominal pain associated with difficulty in urination and reddish discoloration of urine occasionally. One day suddenly he noticed severe pain in lower back to abdomen associated with vomiting and fever and got temporary relief after intake of antispasmodic drug. Later he observed that pain in abdomen, dysuria and mild haematuria were persisting. The pain was intermittent, and colicky in nature. The site of the pain was specially in left side of abdomen. Dysuria felt by the patient normally at the beginning of urination. He was non-diabetic and non-hypertensive. On examination of the abdomen, there was no organomegaly but tenderness was present in left side of renal angel.

**Past History** : No such

**Drug History** : Patient took antispasmodic drug like T. Tramadol 50, Tab Urispaz, Syp. Urilizer frequently.

**Surgical History** : Not significant

**Family History** :
- Father died in Diabetes mellitus.
- Hypertension run in family.

**Investigation** :

**USG of KUB region on 23.04.2014**

A calculus (7.7 mm) seen in lower calyx of left kidney, left sided hydronephrosis and dilatation of left proximal ureter is noted.

**Diagnosis** :

Clinical features + USG reports suggests that it is a case of \textit{Vatik Mutrashmari} (Renal stone).

**Treatment** :

Syp. \textit{Varunadi Kvath} (main ingredient – decoction of Crataeva nurvala) 60 ml. twice daily before meal with equal amount of water along with Tab. \textit{Chandraprava} [main ingredient – \textit{Shilajeet}] (1 gm) were given on 24.4.14. Patient was also advised to drink water about 4 – 5 lit./day. Patient underwent following diet chart during this therapy :-

**Pathya** :

<table>
<thead>
<tr>
<th>Ahar</th>
<th>Bihar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kulattha, Mudga, Godhum, Kushmanda, Yava, Adraka, Yabukshar etc.</td>
<td>Snehan (Oleation), Swedana (Fomentation), Vaman (Emesis), Virchan (Purgation) and Vasti (Enema therapy) etc.</td>
</tr>
</tbody>
</table>

**Apathya** :

<table>
<thead>
<tr>
<th>Ahar</th>
<th>Bihar</th>
</tr>
</thead>
<tbody>
<tr>
<td>\textit{Ati amla}, \textit{Vistambhi}, \textit{Guru}, \textit{Ruksha}, \textit{Vidhan}, \textit{Annapan}</td>
<td>\textit{Vega dharan} (suppression of natural urges), \textit{Avyam} (Stop exercise) etc.</td>
</tr>
</tbody>
</table>

**1st Follow Up** :

Patient came to my chamber on 12.06.14. Almost all sign and symptoms of renal stone were diminished, only mild to severe lower abdominal pain persists. Then patient was advised to take Tab. \textit{Gokshuradi Guggul} (main ingredient – Tribulus terrestris, Comiphora mukul) 500 mg twice daily after meal. Patient was also advised for USG of KUB region and come in next visit after 2 months.

**2nd Follow Up** :

Patient came to my chamber on 15.08.14 and he was completely free from all sign and symptoms, but USG report on 14.08.14 revealed that a small calculus (measures 7.3 mm) seen in lower calyx of left kidney and left sided hydronephrosis was diminished. So the size of the stone is decreasing. After proper counselling of the
patient, he was also advised to take previous all medicine strictly as directed previously for consecutive 3 months.

3rd Follow Up:

Patient came to my chamber on 26.11.14. USG report on 22.11.14 revealed that normal USG of KUB and prostate. There was no abnormality in kidney.

Discussion:

By above review, it is clear that “Ashmari” is a disease of Vata-Kapha origin. Sanga (obstruction) in Mutrabaha Srota (urinary system) is the main pathology of the disease. So, Vatakapha shamak, chikitsa, Mutravirechan chikitsa (diuretics) along with Apan vayu anuloman chikitsa are essential to treat this disease. Hence in this present clinical study varunadi kvath along with Tab. Chandraprava and Tab. Gokshuradi Guggul were selected.

Probable Mode of Action of Varunadi Kvath

The main ingredient of this drug are varuna (Crataeva nurvala), shotavari (Asparagus racemosus), chitraka (Plumbago zeylanica), bilva (Aegle marmelos), kanitkari (Solanum surattense), haritaki (Terminalia chebula), bhallatak (Semecarpus anacardium) etc. which have kutu-tikta rasa, ushna veerya. It has kapha-vataharam, medanashanam, agnidepanam properly. Besides itself is indicated in Ashmari (Renal stone), Mutrakriccha (Dyusuria), vastishula (Pain in urinary bladder) etc.

Probable Mode of Action of Chandraprava Vati

It is specially indicated in Prameha Chikitsa. The main ingredients of this drug are sarjeek kshar, yavakshar, banshalochan, sudhha shilajeet which posses the properties like Chedana (Cutting), Bhedana (Splitting), Lekhana (Scarification), Mutrola (Diuretic) for facilitating the digestion of stone.

Mode of Action of Tab. Gokshuradi Guggul

The main ingredients of this drug are Gokshur (Tribulus terrestris) and Guggul (Comiphora mukul). Gokshur has Ashmari narshan and Mutrala property where as Guggul has Vatashamak, Ashmari bhedan (Splitting stone) and Mutrala (Diuretics) property.

Conclusion:

It can be concluded from current research project that:

1) Varunadi kashaya along with Tab. Chandraprava and Tab. Gokshuradi Guggul are highly effective, cheap and safe remedy for the disease Mutrashmari (Renal Stone).

2) Study has not shown any side effects.

References:

Improvement Status of the patient through USG Report shown as follows:

**KIDNEYS**

Both kidneys are normal in size, shape, position and cortical echotexture. No obvious SOL seen. Mild dilatation of pelvicalyceal system of left kidney noted. A calculus (measures 7.7 mm) seen in lower calyx of left kidney.

<table>
<thead>
<tr>
<th>RK</th>
<th>LK</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.5 cm</td>
<td>10.1 cm</td>
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</table>

**URETERS** : Left proximal ureter is mildly dilated.

**URINARY BLADDER**

Normal in shape, size and capacity. Wall is smooth. No obvious intraluminal lesion seen. Post void residue - Negligible.

**PROSTATE**

Normal in shape, size, echopattern. It measures 3.4 cm. x 2.7 cm. x 2.6 cm. Weight of prostate gland 14 grams.

**IMPRESSION**

Left sided Nephrolithiasis, left sided Hydronephrosis (mild) and dilatation of left proximal ureter.

St. X-ray KUB suggested.

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Dr. A. Chakraborty, MD.
Radiologist / Sonologist
KIDNEYS

Both kidneys are normal in size, shape, position and cortical echogenicity. A small calculus (measures 7.3 mm) seen in lower calyx of left kidney.

RK : 9.9 cm.  LK : 10.7 cm.

URETERS : Not dilated.

URINARY BLADDER

Normal in shape, size and capacity. Wall is smooth. No obvious intraluminal lesion seen. Post void residue - Negligible.

PROSTATE

Normal in shape, size, echopattern. It measures 3.6 cm. x 2.7 cm. x 2.6 cm. Weight of prostate gland 14 grams.

IMPRESSION :: Left sided Nephrolithiasis.

Dr. A. Chakraborty, MD.
Radiologist / Sonologist

+ Whole Body Colour Doppler Sonography + Doppler Echo + X-Ray 300 mA Digital + Computerised ECG
+ Endoscopy + Portable X-Ray Unit.

E-mail: manindraxray@hotmail.com
Realtime Ultrasonography of K.U.B. & Prostate has been performed.

KIDNEYS: Both kidneys are normal in size, shape, position and outline. Renal parenchymal echogenicity is normal with maintained corticomedullary differentiation. No focal lesion, calculus or hydropnephrotic changes are noted in kidneys.
Right kidney measures 9.6 cm and Left kidney measures 9.9 cm in length.

URETERS: Ureters are not dilated.

URINARY BLADDER: Urinary bladder is well distended with normal contour and wall thickness. No Intra-luminal lesion is noted.
Post void study shows normal residual urine in the bladder.

PROSTATE: Prostate is normal in size. Prostatic outline appears intact. Parenchymal echogenicity is homogeneous. No obvious focal lesion is noted in the prostate.

Prostate weighs 16 gms.