

# 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 troublesome complaint which may become an emergency at any point of time. It is the 2<sup>nd</sup> 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 “nephro’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.<sup>(1)</sup>

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.<sup>(2)</sup>

*Basti* is the Vital part (*Marma*) of the body. It is the *Saddyā – pranahara marma* (instantly fatal). So, *Marma* treatment is essential otherwise patient will die at last.<sup>(3)</sup>

When aggravated *vayu* dries up the *sukra*, *mutra*, *pitta* and *kapha* located in the urinary bladder, then gradually stones are formed.<sup>(4)</sup> According to Sushruta the aggravated *kapha* mixed with urine tends to formation of stone in the *Basti*.<sup>(5)</sup> So, it can be said that *Mutrashmari* is a *Vata-kapha* predominant disease.

The common symptoms of kidney stones are :-

- A sharp cramping pain in the back and side, often moving to the lower abdomen to groin.
- A feeling of intense need to urinate.
- Burning feeling during micturation.
- Urine that is dark or red due to blood.
- Nausea and vomiting.
- Men may feel pain at the tip of penis.<sup>(6)</sup>

On the other hand, the *Vatik* type of calculus appears like the flower of *Kadamba* (*Anthocephalus indicus*). It causes obstruction of the urine, as a result of which there is pain in urinary bladder, perineum, phallus, hypogastric region. The stream of urine gets split. Because of pain, the patient squeezes the phallus and

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.<sup>(7)</sup> So, considering all sign and symptoms it can be concluded that *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 *varunadi kashaya* along with Tab. *Chandraprava* and Tab. *Gokshuradi Guggul* (main ingredient *Tribulus terrestris*, *Comiphora mukul*) in a case of *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 discolouration 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. Utilizer 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 *Vatik Mutrashmari* (Renal stone).

#### Treatment :

Syp. *Varunadi Kvath* (main ingredient – decoction of *Crataeva nurvala*) 60 ml. twice daily before meal with equal amount of water along with Tab. *Chandraprava* [main ingredient – *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 – 1 : Showing the pathya of the patient.

Ahar	Bihar
<i>Kulatha, Mudga, Godhum, Kushmanda, Yava, Adraka, Yabukshar</i> etc.	<i>Snehan</i> (Oleation), <i>Swedana</i> (Fomentation), <i>Vaman</i> (Emesis), <i>Virchan</i> (Purgation) and <i>Vasti</i> (Enema therapy) etc.

#### Apathya :

Table – 2 : Showing the apathya of the patient.

Ahar	Bihar
<i>Ati amla, Vistambhi, Guru, Ruksha, Vidhan, Annapan</i>	<i>Vega dharan</i> (suppression of natural urges), <i>Avyam</i> (Stop exercise) etc.

#### 1<sup>st</sup> 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. *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.

#### 2<sup>nd</sup> 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.

### 3<sup>rd</sup> 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*<sup>(8)</sup>

The main ingredient of this drug are *varuna* (*Crataeva nurvala*), *shotavari* (*Asparagus racemosus*), *chitraka* (*Plumbago zeylanica*), *bilva* (*Aegle marmelos*), *kantikari* (*Solanum surrattense*), *haritaki* (*Terminalia chebula*), *bhallatak* (*Semecarpus anacardium*) etc. which have *katu-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.<sup>(9)</sup>

### Probable Mode of Action of *Chandraprava Vati*<sup>(10)</sup>

It is specially indicated in *Prameha Chikitsa*. The main ingredients of this drug are *sarjeek kshar*, *yavakshar*, *banshalochan*, *suddha 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*<sup>(11)</sup>

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 :

- [1] Munjal, Y. P., A. P. I. Text Book of Medicine, published by The Association of Physician in India, 2012, 9<sup>th</sup> Edition, Volume – 2, Page No. – 1319.
- [2] Sushruta, Sushruta Samhita, edited by Sharma Dr. Anant Ram, Chaukhamba Surabharati Prakashan, Varanasi, Vol. 1, Sutrasthana, 33 chapter, Shloke No. 4, Page No. 259.
- [3] Sushruta, Sushruta Samhita, edited by Sharma Dr. Anant Ram, Chaukhamba Surabharati Prakashan, Varanasi, Vol. 2, Chkitsasthana, 7<sup>th</sup> chapter, Shloke No. 29, Page No. 236.
- [4] Charak, Charak Samhita, edited by Kushwaha Vd. Harish Chandra Singh, Chaukhambha Orientalia, Varanasi – 1, 2011, Vol. – 2, Chikitsasthana, 26<sup>th</sup> chapter, Shloka No. – 36, Page No. 677.
- [5] Sushruta, Sushruta Samhita, edited by Sharma Dr. Anant Ram, Chaukhamba surabharati Prakashan, Varanasi, Vol. – 1, Nidansthana, 3<sup>rd</sup> Chapter, Page No. – 481.
- [6] Google Search : <http://www.urologyhealth.org/urology/index.cf...>
- [7] Agnivesha, Charak Samhita, edited by Sharma R. K. & Dash, Bhagawan, Choukhambha Sanskrit Series office, Varanasi, reprint 2012, Vol. – 4, Chikitsasthana, 26<sup>th</sup> Chapter, Shloka 37 – 38, Page – 479.
- [8] Mahadevan Dr. L. et. al., Critical analysis of Ayurvedic formulations, published by Sarada Mahadeva Iyer Ayurvedic educational & charitable trust, Tamilnadu, Page No. – 161.
- [9] Sharma, Prof. P. V., Dravyaguna Vijnanan, Chaukhambha Bharati Academy, Varanasi, 2003, Vol. – 2, Page – 653.
- [10] Das, Govind, Bhaisajyaratnavali, edited by Shastri Shri Kaviraj Ambika Dutta et. al., Chaukhambha Prakashan, Varanasi, 20<sup>th</sup> edition, 2010, 37<sup>th</sup> Chapter, Page – 730.
- [11] Sharangadhar, Sharangadhar Samhita, edited by Srivastava Dr. Smt. Shailaja, Chaukhambha Orientalia, Varanasi, 2009, Madhyamkhanda, 7<sup>th</sup> Chapter, Page – 205.

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

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<b>NAME : Somnath Kirtania</b>	<b>Age : 30 Yrs.</b>	<b>Sex : M</b>	<b>Date : 23.04.2014</b>
<b>USG of KUB.</b>	<b>Ref. By : Dr. T. K. Biswas.</b>		

**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.

RK : 10.5 cm.                      LK : 10.1 cm.

**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.

*Dr. A. Chakraborty. MD.*

Radiologist / Sonologist

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<b>NAME : Somnath Kirtania</b>	<b>Age : 30 Yrs.</b>	<b>Sex : M</b>	<b>Date : 14.08.2014.</b>
<b>USG of KUB / Prostate</b>	<b>Ref. By : Dr. P. K. Bera.</b>		

**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

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NAME	MR. SOMNATH KIRTANIA	AGE / SEX	30 Y/MALE
REF. BY	DR. PABITRA KR. BERA	DATE	22.11.2014
REPORT OF	USG OF K.U.B. & PROSTATE.	USG NO.	

**REPORT**

**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 hydronephrotic 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.

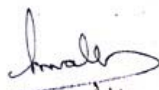
**URINARY BLADDER :** Urinary bladder is well distended with normal contour and wall thickness. No intraluminal lesion is noted.

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.

**IMPRESSION :: Normal USG of K.U.B. & Prostate.**

  
 22/11/14.  
**DR. SUNITA MALHOTRA MBBS, DMRD**  
 Radiologist.

**DR. (PROF.) KAMAL OSWAL, M.D.**  
 Radiologist.

Sg 1:31 PM