



Research Article

CONCEPTUAL STUDY OF ASHMARI

Lakshmi Hitaishi

H.No 240-41 Extn Housing Colony Janipur Jammu

ARTICLE INFO

Article History:

Received 13th July, 2018

Received in revised form 11th August, 2018

Accepted 8th September, 2018

Published online 28th October, 2018

Key words:

Ashmari, Urolithiasis, Astmahagada,
Urinary calculus.

ABSTRACT

Ashmari is the third most common and distressing affliction of the urinary tract. The signs and symptoms as well as the morphology of stone found in *Ashmari* are similar to that of urolithiasis. The classical symptom of *Ashmari* is pain with obstruction of urine. *Acharaya Sushruta* included it in the eight most difficult diseases to cure or *Astamahagadas*. It is one of the prime disease affecting the *mutravaha srotas*. Despite modern techniques, recurrence rate of urolithiasis is approximately 50% within 5 years. Since the prevalence and incidence of urolithiasis is reported to be increasing across the world. This article reviews the concept of urolithiasis with an ayurvedic perspective for planning a better management.

Copyright©2018 Lakshmi Hitaishi. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Ashmari more commonly known as Urinary calculus is a stone like body composed of urinary salts bound together by a colloid matrix of organic materials. The prevalence being high at any part of world, males are affected more than females. Though causes for calculi formation are not fully understood, multiple factors are enlisted. Urolithiasis is problematic especially with regards to its treatment in all the systems of the medicinal sciences. In ayurveda, the treatment of urinary stone is based mainly on the type of *ashmari* and dosha. In ayurveda the disease urinary calculus has been described in detail under heading of *ashmari*. Despite modern techniques, recurrence rate of urolithiasis is approximately 50% within 5 years.

Samprapti of Ashmari

Tridoshas are involved in the 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 gunna*, 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* narrates that the manner in which even clean water collected in the pot precipitate in the bottom after sometime, 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.

Etiology

There is no definite known cause for urinary calculi, although dehydration is a key risk factor. Stones made up of uric acid occur in people who have diseases such as gout, chronic dehydration and some cancers. Among the ayurvedic classics *Sushruta Samhita* is the only textbook among *Brihatrayee*, which has described *Ashmari* as a separate disease entity with its etiological factors. *Hareeta Samhita* is another primary source of information regarding the causative factor of *Ashmari*. *Astanga Hridaya* mentions *mutravarodha* (suppression of urge of micturation) as important etiology of *ashmari*. *Hareeta Samhita* adds one more factor to the list of etiology i.e the *Pitramatraka dosha* (hereditary factor). *Apathya* or improper diet is another important factor for the causation of *ashmari*. The non judicial intake of food may be in the form of *Samashana* (combining both compatible and non compatible foods), *Adhyashana* (eating foods too frequently), *Viruddha ahara* (Non compatible foods) etc. It is evident from the above analysis that most of the etiological factors mentioned cause aggravation of *kapha dosha* and *apana vata*. Apart from the direct causes of *ashmari* mentioned above, one can find indications of different other causes mentioned in *Charak Samhita* in the context of *Mutrakrichhra* (dysuria). Over indulgence in *vyayama* (physical exercise), excessive intake of *ruksha madya* (consuming alcoholic beverages), *anupana mamsa* (eating flesh of animals of marshy places), *adhyashana* (eating foods too frequently) and *ajeerna* (indigestion) are all considered to be causative factors of *ashmari*. They are not only responsible for aggravation *dosha* but also predispose abnormality in *mutravaha srotas* and there by produce *ashmari*.

*Corresponding author: Lakshmi Hitaishi

H.No 240-41 Extn Housing Colony Janipur Jammu

Types of Ashmari

Urinary calculi are classified according to the chemical composition. There are four main types of urinary calculi.

- Calcium salts (Calcium oxalate, calcium phosphate, mixed calcium oxalate/phosphate)
- Magnesium Ammonium phosphate (struvite)
- Uric acid
- Cystine

Most common are the calcium oxalate crystals.

Classification of Ashmari According To Various Authors

- Vataja Ashmari
- Pittaja Ashmari
- Kaphaja Ashmari
- Shukraja Ashmari

Clinical Features

The clinical symptoms presented by a person who is suffering from *vataja ashmari* will have excruciating pain during micturation, pain at the umbilical region and passes *vata*, *mutra* and *purisha* with high difficulty. The *vataja ashmari* is having the characteristics such as, it is blackish in colour, hard, rough with uneven surface thorny like *Kadamba flowers*. Resembles to uric acid stone.

The person suffering from *pittaja Ashmari* will present with different types of burning sensation, the *ashmari* has characteristics such as, it is reddish and yellowish in colour, like seed of the *Bhallathaka* fruit or like the color of the honey. Resembles to calcium and cystine stone.

The person suffering from *shleshmaja Ashmari* will present with mild pain, *Ashmari* is having characteristics such as white in colour, slimy in texture, large in size similar to hen's egg or having colour of Madhuka flower. Resembles to calcium Phosphate stones.

The person suffering from *Sukraja Ashmari* will present with pain in the bladder, dysuria, swelling in the scrotum.

Investigation

Blood- Haemoglobin, Blood urea, Sr. Creatinine, Sr calcium, Sr uric acid

Urine- colour, Ph, Sp Gravity, Sugar

Microscopic- RBC,Casts & crystals, Epithelial and Pus cells.

Ultrasonography- X-Ray KUB

Management

- Newly formed *ashmari* can be treated with medicines.
- Chronic-Surgical removal

Medicinal treatment

Vataja ashmari

Pashanbheda, *shatavari*, *gokshura*, *kantakari* etc drugs should be used in form of *kshaar*, *yavagu*, *kwatha*, milk, food etc.

Pittaja Ashmari

Shaalimoola, *Gokshura*, *Shyonaka*, *Punarnava*, *Shirisha*, *Pashanbhedh*, *Evaru* (cucumber), *Vidaari-varahkanda*.

Kaphaja Ashmari

Varunadi gana, *gugglu*, *ela*, *devdaru*, *haridra*, *maricha*, *chitraka*etc drugs in form of *kshar*, *kshira*, *yavagu*, *kwatha*.

- Use of *ghrita*, *kshar*, *kashaya*, *kshira* and *uttarbasti* are advised.
- If no relief with above medications then surgical extraction of calculus should be performed.

DISCUSSION AND CONCLUSION

Mutrashmari can be correlated with urolithiasis. *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 stone where it is lodged. Ayurvedic drugs has potential to act as antilithogenic by multiple actions such as diuretic, alteration of physiological pH, 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 analysing the ingredients of all yogas they are either diuretic or lithotriptic, no single drug is potent to expel the stone and *Ashmari* can be prevented by controlling urinary tract infection. 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.

References

1. Kaviraj kunjral Bhisha gratna, Sushruta Samhita, Vol-1,Chaukamba orientalia, Varanasi, 2002; P-28(3/3)
2. Dr R.K Sharma, vaidya Bhagwan das, Charaka Samhita with Cakrapanidatta's Ayurveda commentary Vol-IV, Chaukamba Sanskrit Sansthan, Varanasi, 2004; P-479(26/36-38)
3. Kaviraj Kunjalal Bhisha gratna, Sushruta Samhita, Vol -1, Chaukamba Orientalia, Varanasi, 2004; p- 28-30 (3/7-9)
4. Kaviraj Kunjalal Bhisha gratna, Sushruta Samhita, Vol-1, Chaukamba Orientalia, Varanasi, 2004; p-31 (3/12)
5. Dr R.K Sharma, Vaidya Bhagwan Das, Charaka Samhita with Cakrapanidatta's Ayurveda Commentary Vol-IV, Chaukamba Sanskrit Sanskrit, Varanasi, 2004; P- 477 (26/32)
6. Kaviraj Kunjalal Bhisha gratna, Sushruta Samhita, Vol -1 , Chaukambha Orientalia, Varanasi, 2004; p-34 (24-26)
7. Harita- Harita Samhita, Kshemaraj Shri Krishanadas's hindi commentary, Sri Venkateshwar Mudralaya, Mumbai, 1984; P-398 (31/1)
8. Dr Prathamesh V. Karpe, The concept of urolithiasis, Gomantak Ayurveda Research centre, Shiroda Goa; 2015
9. S.DAS, A manual on clinical Surgery, 6th ed.Kolkat. P(1073-1076)
10. SRB's Manual of Surgery ,4th ed. P(1090-1091)