

Review Article

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A CRITICAL REVIEW ON *MUTRASHMARI* (UROLITHIASIS) AND ITS MANAGEMENT IN *SHALYA TANTRA*

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ABSTRACT

Background *Mutrashmari* is an important urinary disorder described in *Ayurveda* under *Shalya Tantra*. It is characterized by formation of stone-like structures in the urinary tract due to vitiation of *Kapha*, *Vata* and *Pitta Dosha*. Its symptoms, including severe colicky pain, dysuria, haematuria and urinary obstruction, resemble urolithiasis. Modern treatment includes conservative management, lithotripsy, ureteroscopy and percutaneous stone removal. **Aim** To critically review *Mutrashmari* and its management according to *Ayurveda* and modern urology. **Objectives** To study the classical concept of *Mutrashmari*. To review its causes, symptoms and *Samprapti*. To study modern diagnosis and management. To assess the role of *Shalya Tantra*. **Materials and Methods** Classical *Ayurvedic* texts, modern surgical textbooks and published literature on urolithiasis were reviewed. Information regarding causes, pathogenesis, diagnosis and treatment was collected. The findings were compared and presented systematically. **Observations and Results** Classical features of *Mutrashmari* closely resemble urinary stone disease. Small uncomplicated stones may respond to hydration, diet and conservative management. Large, obstructive or infected stones require surgical or endourological intervention. **Discussion** The classical process of *Kapha*

accumulation and hardening by *Vata* may be compared with urinary crystal formation and aggregation. Modern imaging and minimally invasive surgery provide effective diagnosis and stone clearance. **Conclusion** Early diagnosis and proper selection of treatment are essential in *Mutrashmari*.

An integrated approach may help in symptom control, stone removal and prevention of recurrence.

Keywords *Mutrashmari*, Urolithiasis, *Ashmari*, *Shalya Tantra*, Urinary Calculus, *Ashmarighna*

INTRODUCTION

Urolithiasis is the formation of stones in the kidney, ureter, urinary bladder or urethra. It commonly presents with severe colicky pain, haematuria, dysuria, nausea and urinary obstruction.¹

In *Ayurveda*, urinary stone disease is described as *Mutrashmari*. *Acharya Sushruta* included *Ashmari* among the *Ashta Mahagada* because of its severe pain, difficult treatment and possible complications.²

The disease develops mainly due to accumulation of *Kapha* in the urinary tract. Aggravated *Vata* dries and hardens this material, while *Pitta* causes burning, inflammation and discoloration of urine.³

Management includes avoidance of causative factors, *Ashmarighna Dravya*, *Mutrala Dravya*, dietary regulation and surgical extraction. Modern management includes analgesics, medical expulsive therapy, lithotripsy and endourological procedures.⁴

AIM AND OBJECTIVES

Aim

To review *Mutrashmari* and its management in *Shalya Tantra* with reference to urolithiasis.

Objectives

1. To study the causes, types and symptoms of *Mutrashmari*.
2. To understand its *Samprapti*.
3. To review modern pathogenesis and diagnosis.
4. To study conservative and surgical management.

MATERIALS AND METHODS

This narrative review was conducted using classical texts such as the *Sushruta Samhita*, *Charaka Samhita*, *Ashtanga Hridaya* and *Madhava Nidana*. Modern surgical textbooks, urological guidelines and research articles were also reviewed. The collected information was analysed and compared under classical and modern headings.

CONCEPTUAL STUDY: AYURVEDIC REVIEW

Mutrashmari refers to the formation of a hard, stone-like structure in the urinary system. The principal site is considered to be the *Basti* and *Mutravaha Srotas*.⁵

Nidana

Important causative factors include:

- Inadequate water intake.
- Suppression of *Mutra Vega*.
- Excessive intake of heavy, oily and sweet food.
- Excessive salty, sour and hot food.
- Sedentary lifestyle.
- Excessive sweating and dehydration.
- Urinary obstruction and infection.
- Disturbance of *Agni* and accumulation of *Kapha*.

Role of *Dosha*⁶

Kapha

Kapha provides the thick, sticky and cohesive material required for stone formation.

Vata

Vata, especially *Apana Vata*, causes drying, hardening, obstruction and severe colicky pain.

Pitta

Pitta produces burning urination, inflammation, yellow or reddish urine and haematuria.

Purvarupa

Premonitory symptoms include mild bladder pain, dysuria, urinary sediment, abdominal discomfort and interrupted urinary flow.

Rupa

Major clinical features include:

- Severe pain in the loin, bladder or genital region.
- Dysuria.
- Burning urination.
- Interrupted urinary stream.
- Haematuria.
- Passage of sand-like particles.
- Urinary obstruction.

Types of *Mutrashmari*⁷

1. *Vataja Ashmari*

It is hard, rough and irregular. It produces severe pricking and cutting pain with difficulty in urination.

2. *Pittaja Ashmari*

It may be reddish or yellowish and causes burning, hot urine, thirst and haematuria.

3. *Kaphaja Ashmari*

It is generally smooth, large and pale. It causes heaviness, dull pain and urinary obstruction.

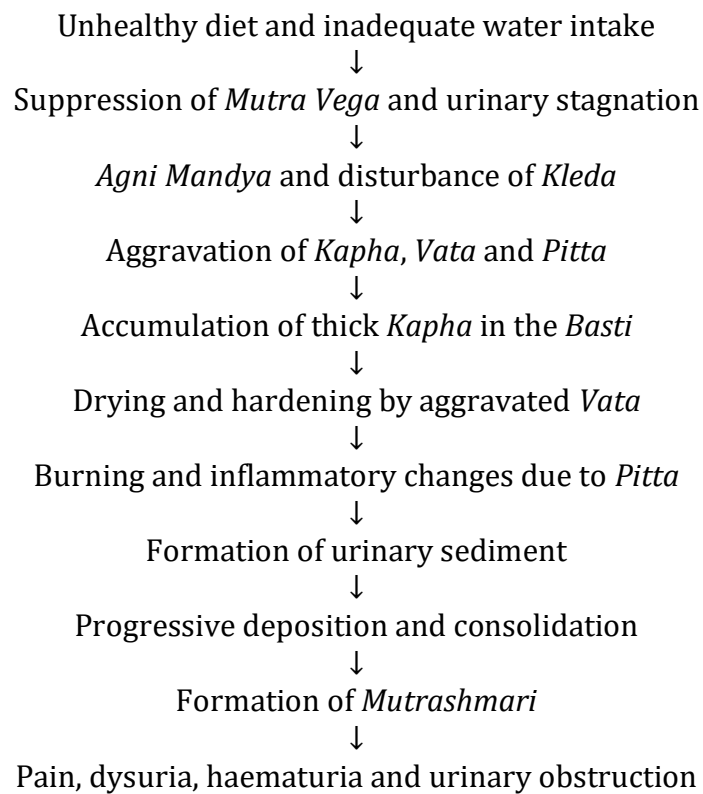
4. *Shukraja Ashmari*

It develops due to obstruction of *Shukra* and disturbed *Apana Vata*. It may cause pain in the penis, perineum or scrotal region.

***Samprapti Ghataka*⁸**

Component	Involvement
<i>Dosha</i>	<i>Kapha Pradhana Tridosha</i>
<i>Dushya</i>	<i>Mutra, Kleda, Rasa, Meda and Rakta</i>
<i>Srotas</i>	<i>Mutravaha Srotas</i>

<i>Srotodushti</i>	<i>Sanga and Siragranthi</i>
<i>Adhishthana</i>	<i>Basti and urinary tract</i>
Main <i>Vata</i>	<i>Apana Vata</i>
Nature	Obstructive and recurrent

SAMPRAPTI⁹**AYURVEDIC MANAGEMENT¹⁰*****Nidana Parivarjana***

The patient should avoid dehydration, suppression of urination, excessive salt, heavy food and sedentary habits.

Ashmarighna Chikitsa

Medicines traditionally used to reduce stone formation and facilitate passage include:

- *Pashanabheda*
- *Varuna*
- *Gokshura*

- *Punarnava*
- *Kulatha*
- *Yava*

Common Formulations

- *Varunadi Kwatha*
- *Pashanabhedadi Kwatha*
- *Gokshuradi Guggulu*
- *Chandraprabha Vati*
- *Yavakshara*
- *Kulattha Yusha*

Mutrala Chikitsa

Mutrala Dravya increase urinary flow and may help in the passage of small stones. They should not be used alone in complete obstruction.

Role of Shalya Tantra

Large, impacted and obstructive stones require surgical removal. The basic principles include proper diagnosis, localization, removal of the stone, maintenance of urinary drainage and postoperative care.

MODERN REVIEW¹¹

Urolithiasis is the formation of calculi in the kidney, ureter, urinary bladder or urethra.

Risk Factors

- Low water intake.
- Hot climate.
- High salt and animal protein intake.
- Obesity and metabolic syndrome.
- Urinary infection.
- Hypercalciuria and hyperuricosuria.
- Genetic disorders.
- Urinary obstruction and stasis.

Types of Stones

1. Calcium oxalate stones.

2. Calcium phosphate stones.
3. Uric acid stones.
4. Struvite stones.
5. Cystine stones.
6. Drug-induced stones.

Clinical Features

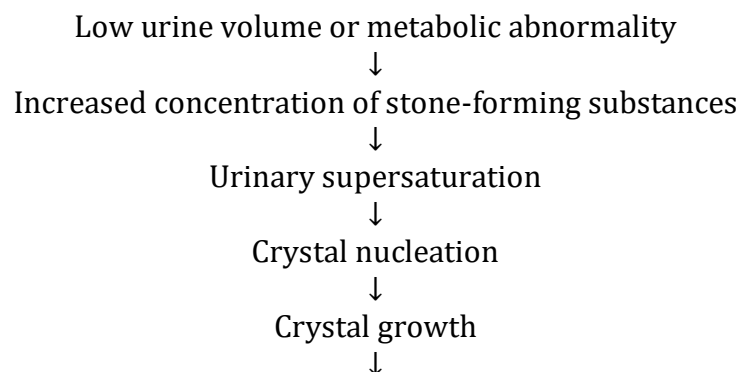
- Severe loin-to-groin pain.
- Nausea and vomiting.
- Haematuria.
- Dysuria.
- Increased urinary frequency.
- Urinary obstruction.
- Fever in infected cases.

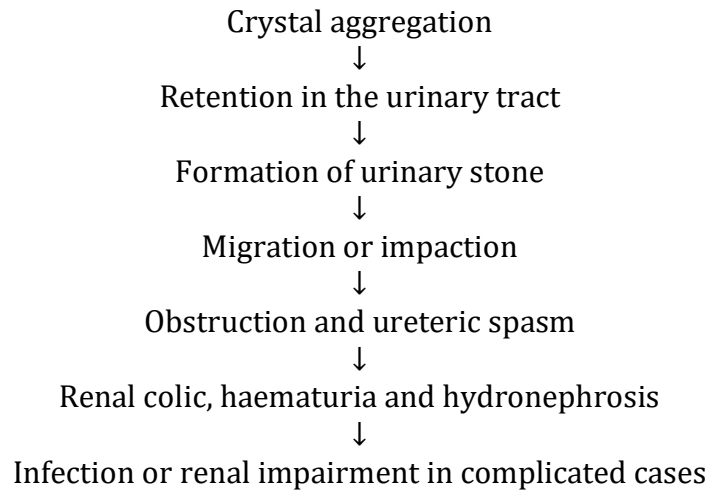
Diagnosis

Diagnosis is based on:

- Urine examination.
- Complete blood count.
- Renal function tests.
- Ultrasonography.
- Plain X-ray.
- Non-contrast CT scan.
- Stone analysis.
- Metabolic evaluation.

PATHOGENESIS¹²





MODERN MANAGEMENT

Conservative Management

Small uncomplicated stones may be managed with:

- Adequate hydration.
- Pain-relieving medicines.
- Antiemetics.
- Medical expulsive therapy.
- Regular follow-up imaging.

Surgical Management

Shock Wave Lithotripsy

Shock waves are used to fragment stones into smaller particles.

Ureteroscopy

The stone is visualized and removed or fragmented through an endoscope.

Retrograde Intrarenal Surgery

A flexible ureteroscope is used to treat renal stones with laser lithotripsy.

Percutaneous Nephrolithotomy

It is commonly used for large renal and staghorn calculi.

Emergency Decompression

An infected obstructed kidney requires urgent drainage using a ureteric stent or percutaneous nephrostomy.

PREVENTION

- Maintain adequate daily water intake.
- Avoid excessive salt.
- Take normal dietary calcium.
- Reduce excessive animal protein.
- Avoid recurrent dehydration.
- Maintain healthy body weight.
- Treat urinary infection.
- Perform stone analysis and metabolic evaluation.
- Do not suppress urination.

RESULT AND FINDINGS

1. *Mutrashmari* closely resembles urolithiasis in clinical presentation.
2. *Kapha* initiates stone formation, while *Vata* causes hardening and obstruction.
3. *Pitta* causes burning, inflammation and haematuria.
4. Small uncomplicated stones may pass with conservative treatment.
5. Large and obstructive stones require surgical intervention.
6. Modern imaging is essential for identifying stone size and location.
7. *Ashmarighna* and *Mutrala Dravya* may support treatment and prevention.
8. Infection with obstruction requires urgent decompression.
9. Stone analysis and dietary modification help prevent recurrence.
10. Integration of preventive *Ayurvedic* principles with modern treatment may provide better patient care.

DISCUSSION

The classical description of *Mutrashmari* is similar to modern urolithiasis in relation to pain, dysuria, haematuria and obstruction. The accumulation of *Kapha* and its drying by *Vata* may be conceptually compared with crystal formation and stone growth.¹³

Ayurvedic management focuses on hydration, diet, *Ashmarighna Dravya*, *Mutrala Dravya* and regulation of *Apana Vata*. These measures may be useful in small uncomplicated stones and prevention of recurrence.¹⁴

Modern minimally invasive procedures provide rapid and effective stone removal. Large stones, infection, hydronephrosis and renal impairment should be managed promptly through appropriate urological intervention.¹⁵

CONCLUSION

Mutrashmari is a painful and obstructive urinary disorder comparable to urolithiasis. Early diagnosis, adequate hydration, dietary regulation and suitable conservative treatment may help in uncomplicated cases. Large, impacted or infected stones require modern surgical intervention. The preventive and supportive principles of *Shalya Tantra* may be integrated with modern urology for better management and reduction of recurrence.

CONFLICT OF INTEREST - Nil.

SOURCE OF SUPPORT- None.

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