



Ayurvedic management of Ashmari (Renal stone) - A case study

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Abstract- *Ashmari* (~renal stone) is one of the most common diseases of *Mutravaha srotas* (urinary system) which occur due to improper functioning of the filtration in the kidney gets formation of crystals such as calcium, oxalate, uric acid etc. Due to food and life style variations it has become a global problem varying its incidence as per geographical distribution, sex and age group. It is highly prevalent disease with high recurrence rate. Passing renal stones can be quite painful, if stones become lodged in the urinary tract, it can associate with a urinary infection or cause complications and surgery may be needed. It is a single case study, a 25-year-old male patient with complaints of acute right flank pain in abdomen and back which was radiating from loin to groin region, associated with indigestion, nausea, vomiting, burning Micturation, dysuria and hematuria. He was already diagnosed before 1 month and taking modern medications for relief in symptoms. Later he observed again same problem then he was approached to MIAER hospital. The patient was administered with *Yoga Basti Karma* (~medicated enema therapy) and *Shaman Yoga Chikitsa* (~palliative treatment). Patient got 70% results in chief and associated complaints, and during or after the completion of therapy there was an improvement in the quality of life of the patient. Pain was markedly reducing with relief in all associated symptoms and also expulsion of calculus. Satisfactory relief in symptoms was seen in patient after 60 days treatment of *Yoga Basti Karma* and *Shaman Yoga Chikitsa*.

Keywords: Ayurved, Ashmari, Case study, renal stone, Shamana Yoga chikitsa, Yoga Basti.

I. INTRODUCTION

According to 2021 ICD-10-CM Diagnosis Code N20.0 Renal stone is a urinary tract disease. Kidney stone formation is a complex process and it results as a cascade of events, including crystal nucleation, growth, and aggregation, and crystal retention within the renal tubules.¹

Kidney stone is a hard, crystalline mineral material, formed within the kidney or urinary tract. Kidney stone formation has many causes. In one common scenario, when the urine becomes concentrated, allows the minerals to crystallize and stick together. Passing kidney stones can be painful during urination. The pain of kidney stone typically starts in side or back, just below the ribs, and moves to the lower abdomen. The pain may change as the kidney stone move through the urinary tract. Kidney stones cause no permanent damage. Apart from pain medication and drinking lots of water, treatment may help to prevent kidney stones with increased risk. Men tend to be affected more frequently than women. While kidney stone formation in children relatively rare, they are associated with inborn error of metabolism.²

The incidence of kidney stones is higher in the summer. Mostly small stone are passed out from the body with either a small or large degree of pain. Larger stone may lodge in the ureters, bladder or urethra, blocking urine flow and causing extreme pain. Most kidney stones contain calcium combined with either oxalate or phosphate. Calcium stones are formed when extra calcium is not eliminated in the urine.³ Kidney stones vary widely in size: from a grain of sand, to the size of a pearl. Most of the kidney stones are quite small. Kidney stones can grow to a size that is life threatening or that requires surgical removal. Some large kidney stones cannot be surgically removed because of the danger of associated trauma to a vital organ.⁴ In classical *Ashmari* (renal stone) is considered as one among the *Ashtamahagada* (~eight fatal condition) by all *Acharya*.⁵ It is most important disease of *mutravaha srotovikaras* (~urinary system), where both medicinal and surgical treatments are advised and agreed by all the classical texts.⁶ In *Ayurveda* classics it is described that all *Ashmari* (~renal stone) are *Tridoshajanya* (~vitiation of three body elements) that is *Vata*, *Pitta*, and *Kapha*.^[7] Classification of *Ashmari* is based on the predominance of *Doshas*. It is of four types viz. *Vatashmari*, *Pittashmari*, *Kaphajashmari*, *Shukrashmari*.^[8] Many treatment procedures have been adopted in medical sciences to treat the disease. Mainly surgical intervention is the ultimate treatment which is difficult procedure & every surgery which

is either minor or major has many risk factors and in some cases even life threatening. After surgery also in this disease recurrence rate is very high. In *Ayurveda* many treatment and modalities are described for *Ashmari* (~renal stone). In this case study one of the *Panchakarma* therapy that are *Basti chikitsa* (~medicated enema) along with *Shamana aushadhi* (~oral medications) was applied which indicated as per *Chikitsa sutra* (~*Ayurvedic* line of treatment) explain by *Acharya Sushruta*.^[9]In medicated enema different type of medicated alkali, herbal decoction, medicated ghee, and medicated oil are used which possesses the properties such as diuretic with decrease alkalinity (~*kshariya*) or acidity (~*amliya*) of urine and facilitates the dissolution of the urinary stones.¹⁰It is safe and effective mode of administration without any complication and surgical interventions which is clinically practiced.

Case report

A 25 year old male patient, student by profession, who was apparently well before 1 month, then he noticed sudden onset of severe pain in the abdomen early in the morning around 5 o'clock. Complain of right side acute flank pain at renal angle of lower abdomen which radiates from loin to groin region and refer from the back to front, constant dull ache pain and burning sensation during urination, hematuria, mild difficulty on forcible urination, moderate tenderness at renal angle and associated with vomiting, indigestion, weakness, eye burning and fever with chill. He consulted a nearby physician and got temporary relief from those complaints. Later he observed that pain in abdomen dysuria and hematuria work persisting after few days. He was done whole abdomen Ultrasonography (~USG) with findings bilateral Ureteric calculus. Then he approached MIAER hospital in OPD department of *Kayachikitsa*. Patient had *Vatakaphaja prakuti*, was non- hypertensive, non- diabetic and had no alcoholic or narcotic addiction, did not have any family history for any other ailments. Similarly, there was no history of previous surgery in past. On examination; Blood pressure was 110/80 mmHg, pulse was 86/min and respiratory rate was 18/min. On palpation local temperature was raised when abdominal pain is increased and urination problems like infection was arise. Patient having symptoms such as urine color, pain, burning Micturation, dysuria, and tenderness in renal angle with Ultrasonography (~USG) reports confirmed diagnosis as a renal stone. Informed consent was obtained from the patient for documentation and publication of his case history.

***Ashtavidha Pariksha* (~eight-fold examination)**

Nadi (~pulse) was 86 beats/min, *Mala* (~stool) was *Asamyak* (~constipated, 1 time a day, unsatisfactory bowel habit), *Mutra* (~urine) was *Vastivedana* (~painfull Micturation), *Mutrakricchra* (~difficulty while urination), *Mutradaha* (~burning micturition), *Sarudhiramutrata* (~occasionally hematuria), *Jeeva* (~tongue) was *Saam* (~coated), *Shabda* (~speech) was *Spashta* (~clear), *Sparsha* (~skin) was *Ushana* (~hot), *Druka* (~eyes) was *Prakruta* (~no pallor and no Icterus), *Akruti* (~body structure) was *Hina* (~ thin with low body weight).

***Nidanapanchaka* (~diagnostic quintet)**

Hetu (~etiology or causative factors) were non-vegetarian, spicy, and salty food; *Ruksha ahara* (like Poha, bread and toast), insufficient water intake, sedentary lifestyle and suppression of natural urges. *Purvaroop* (~prodromal symptoms) were abdominal distension, indigestion, and burning micturition. *Roopa* (~manifestation) were abdominal pain, burning micturition and pain while urination (~*Sarujamutravruti*). *Samprapti* (~patho-physiology of the disease) was causative factors vitiated *Vata dosha* along with *Kapha dosha* in *Mutravaha strotas* leads to *Ashmari* formation. *Kapha dosha* is *Samavayi karana* of *Ashmari*. The predominant *Kapha dosha* gets hard and develops in the form of *Ashmari*. Because of *Apana vayudushti*, *Mala* (~toxic particals) is not excreted completely from body, there is reduction in volume of urine due to saturation of *Kapha dosha* in urine which leads to accumulation of these *Mala* in body so there is initiation of disease. *Vyaktavastha* (~diagnosis) was *Ashmari*.

Investigations

Hemoglobin was 14.2 %, total White blood count was 9500 Cells/CuMm, ESR was 44 - Mm in 1hr, Blood urea nitrogen was 9.89mg/dl, Serum Creatinine was 0.82 mg/dl, uric acid was 6.11 mg/dL, and calcium was 9.67 mg/dl. Whole abdomen USG with findings bilateral Ureteric calculus Left sided 10× 6 mm sized calculus seen at proximal ureter with upstream Mild hydroureteronephrities and Right sided 12×6 mm sized calculus seen at lower Ureter with proximal mild hydroureteronephrities.

Assessment of Patient:

Overall assessment of the therapy was made based on the subjective and objective parameters improvement in Signs and symptoms Grade 0 Grade 1 Grade 2 Grade 3 Pain No pain Mild pain Moderate pain Severe pain, Burning Micturition Absence of burning Micturition Occasional burning Micturition Burning Micturition in half of urination Severe burning Micturition at every urination and USG of whole abdomen - Size of renal stone/ removal and assessed by grading method. [11]

A. SUBJECTIVE PARAMETER

Table 1

1. Pain		
	No pain	0
	Occasional pain did not require treatment	1
	Occasional pain but, required treatment	2
	Constant dull ache pain, required treatment	3
2. Burning Micturition		
	No burning micturition, Clear, easy micturition	0
	Occasional Burning but Cleare urine	1
	Occasional burningmicturition, mild pain after displacement required treatment	2
	Constant burning micturition	3
3. Dysuria		
	No dysuria	0
	Occasional dysuria	1
	Occasional dysuria which require treatment	2
	Constant dysuria which require treatment	3
4. Tenderness in Renal Angle		
	No tenderness	0
	Mild tenderness	1
	Moderate tenderness	2
	Severe tenderness	3

B. OBJECTIVE PARAMETER

Table 2

1. Haematuria	On the basis of microscopic urine analysis	
	No RBC/Hpf	0
	0 – 5 RBC/Hpf	1
	6 – 10 RBC/Hpf	2
	11 – 15 RBC/Hpf	3

	>16 RBC/Hpf	4
2. Pus Cells	On the basis : On the basis of microscopic urine analysis	
	No pus cells/Hpf	0
	0 – 5 pus cells/Hpf	1
	6 – 10 pus cells/Hpf	2
	11 – 15 pus cells/Hpf	3
	>16 pus cells/Hpf	4
USG findings of renal stone, SIZE of stone/ removal	before treatment and after treatment	-

Criteria for Assessment of Results

Complete relief when result was more than 75% complete disappearance of known symptoms, Marked relief when results approximately 50%–75% disappearance of known symptoms and absence of complications, Moderate relief when results approximately 50% relief in symptoms, Mild relief when it 25% relief in symptoms, No relief when it was no relief in symptoms.

Timeline

After thorough examination of the patient, the treatment was started with *Yoga basti karma* as *Shodhanachikitsa* for eight days. In *Yoga basti karma- Sahacharadi oil* 140 ml (~12Tola) after meal in morning at 10 AM was used under *Anuvasanbasti* and *Varunadikwath* was used under *Asthanabasti* 750 ml (~64Tola) before meal in morning at 9.30 AM. And *Shaman yoga chikitsa* was continued for 60 days with *shodhana chikitsa*. Combination of the drug in *shaman yoga chikitsa* was *Varunadikwatha* 90 ml in divided dose a day before meal, *chandrprabhavati* 250 mg twice a day with honey before meal and *gokshuradiguggul* 500 mg twice a day after meal with warm water for 60 days was given and Periodic observation were assess on 0th day, 15,30,45 and 60th day. [Table 1, 2]

II. MATERIAL AND METHOD

Shodhana chikitsa Table 3

days / Date	Yogabasti	Amount	Time	Medicine
1 st day 6/1/2020	<i>Anuvasanabasti</i>	140 ml	After meal 10 am in morning	<i>Sahacharadi oil</i>
2 nd day 7/1/2020	<i>Kashaya basti</i>	750 ml	Before meal 9 am in morning	<i>Varunadi Kashaya</i>
3 rd day 8/1/2020	<i>Anuvasanabasti</i>	140 ml	After meal 10 am in morning	<i>Sahacharadi oil</i>
4 th day 9/1/2020	<i>Kashaya basti</i>	750 ml	Before meal 9 am in morning	<i>Varunadi Kashaya</i>
5 th day 10/1/2020	<i>Anuvasanabasti</i>	140 ml	After meal 10 am in morning	<i>Sahacharadi oil</i>

6th day 11/1/2020	<i>Kashaya basti</i>	750 ml	Before meal 9 am in morning	<i>Varunadi Kashaya</i>
7th day 12/1/2020	<i>Anuvasanabasti</i>	140 ml	After meal 10 am in morning	<i>Sahacharadi oil</i>
8th day 13/1/2020	<i>Anuvasanabasti</i>	140 ml	After meal 10 am in morning	<i>Sahacharadi oil</i>

Shaman chikitsa Table 4

Medicines	Dosage	Time/ Duration
<i>Chandraprabhavati</i>	250 mg BD With warm water	7 am -7pm Before food for 60 days
<i>Gokshuradiguggulu</i>	500 mg BD With warm water	10am – 10 pm After meal for 60 days
<i>Varunadikashaya</i>	45 ml BD With prepared by decoction method	7.30am -6.30pm Before food for 60 days

All the raw materials use for the preparation where identified and Authenticated by the experts.

Method of preparation

All the medicines were collected and manufactured in pharmacy and identified and authenticated at pharmacognosy laboratory, Quality Control laboratories. ALN Rao memorial Ayurvedic medical college and PG center, Koppa, District: Chikmagalur, Karnataka. The ingredients and parts used in the preparation of the final products are listed.

All the raw materials use for the preparation were identified and authenticated by the experts.

Varunadi kwath-*Crataeva nurvala Buch.-Ham, Tribulus terrestris Linn, Zingiber officinale Rosc*, (1 part each) with 16 part water *Hordeum vulgare Linn*(2 part). All raw materials were collected from market and through *Yavakut* method it converted into cores powder.

Gokshuradi guggul – *Terminalia chebula, Terminalia bellerica, Terminalia officinalis, Cyperus rotundus*(4 part) *Zinziber officinalis, Piper nigrum, Piper longum* (1 part each). *Gokshura*(*Tribulus terrestris*) was taken in 6 part of water and decoction was subjected to heat until half of its remain. *Guggul*(*Commiphora mukul* 30 part) was added to the filtered *Kashaya* which was boiled again to *rasa kriya Paka*. Fine powder of remaining drugs was added and mixed well. *Vati* of uniform size and weight were prepared, dried in a shade and later it was stored in air tight container.

Chandraprabhavati-The ingredients like *Cinnamomun camphora, Asphaltum, Cinnamomum camphora, Aconitum heterophyllum, Curcuma longa, Corus calamu, Cyprus rotundus, Emblica officinalis, Terminalia bellirica* (fruit rind), *Piper chaba, Terminalia chebula* (fruit rind), *Andrographis paniculata, Embelia ribes, Cedrus deodara, Coriander sativum, Tinospora cordifolia, Plumbago zeylanica* (lead wort), *Zingiber officinalis, Berberis aristata* (32 parts each) *Piper nigrum* (16 part), *Sodium carbonate, Potassium carbonate, Copper pyritis, Sodium sulphate, Black and Rock salt* (1 part of each), *Bambusa arundinacea*(4 part), *Loha bhasma* (8 part) *Commiphora mukul* (32 parts) etc.

Fine powder of remaining drugs is added and mixed well. *Vati* of uniform size and weight were prepared, dried in a shade and later it was stored in air tight container.

Pharmaceutical evaluation

This *Kwatha churna* and 2 types of tablet was analyzed using various standard physicochemical parameters such as, Loss on drying, pH, water soluble extract, methanol soluble extract and ash value as per API at the pharmaceutical chemistry lab The color and Rf values of resolved spots were noted.

Follow-up and Outcome

After treatment, patient got relief in all symptoms with also improvement of associated complain. Reduced in Pain, relief in burningsensation during urination, fresh urine no hematuria, relax during forcible urination, lower abdomen is soft no tenderness at renal angle, vomiting was stop, digestion was good, no weakness, fever was subside no chills no eye burning. As compared to previous USG report dated 26/11/2019 the left lower ureteric calculus was not visualized. During follow-up period patient had informed that after 45 days the calculus was expelled out and he experienced extreme pain and disturbance in the urine flow and no signs of recurrence were noticed. It is looks like *VatajAshmari* as its *Swarup* (~presentation) was *Shyava, Parush, Visham, Khara, Kadambapushpakantaksaman*. [Image no. 1, 2]

Observation and results Table 5

Complaints	0 day (Before treatment)	15 th day	35 th day	45 th day	60 th day
Pain	3	2	1	0	0
Burning Micturation	3	1	1	0	0
Dysuria	2	1	0	0	0
Tenderness at Renal Angle	3	1	0	0	0
Hematuria	1	0	0	0	0
Pus Cells	0	0	0	0	0



Figure 1 & 2

Table 6

	Before treatment (26/11/2019)	After treatment
USG findings	B/L Ureteric calculus. Lt sided 10× 6mm sized calculus seen at Proximal ureter with upstream Mild hydroureteronephrities and Rtsided 12×6 mm sized calculus seen at lower Ureter with proximal mild hydroureteronephrities	USG report dated 26/11/2019 the left lower Ureteric calculus was not visualized.

III. DISCUSSION

Many treatment modalities have been adopted in medical science to treat the disease in the *Chikitsa Sutra* of *Ashmari*. *Acharya Charak* explained in the *Mutrashmari Kshara* (medicated alkali preparation) and used *Ushna Tikshna Dravyapana* is advisable. *Acharya Sushruta* said that before going for surgical procedures we should try with oral medications such as medicated alkali preparation, decoction, medicated ghee, and medicated oil and *Basti Karma* should try as a *Shodhan Chikitsa* which possesses the properties such as *Mutral* (diuretic), *Bhedana* (splitting), *Lekhana* (scarification), *Chedana* (cutting/ breaking), and *Kwath* (decoction); it facilitates the dissolution of the urinary stones. Hence as per *Chikitsa Sutra* in this case study, *Yoga Basti Karma* (~medicated enema) & *Shaman Yoga Chikitsa* (~internal Ayurvedic medication) was selected for the management of *Ashmari*. It combinely serves the purpose of *Srtotoshodhana* (~open micro channels) and helps in *Sampraptibhanga*. As we go through *Samprapti* according to *Acharya sushruta* with the help of *Mutravahaknadies* (~urinary tract), *Mutra* enters into *Basti* (~bladder), like *Mutra*, *Vata*, *Pitta* and *Kapha* also enters into the *Basti* and further with *Upsnehanyaya*, *ashmari* formed.¹² It shows that *Vata* very active principal in pathogenesis.¹³

Probable mode of action or *Samprapti vighatan*

Doshas-*VataKapha* pradhan *Tridoshaja*, **Dusya**-*Mutra*, *Agnijatharagnimandhya*, **Strotasa**-*Mutravahastrotasa*, **Udbhavsthana**-*Amashaya* and *pakvashaya*, **Sanchar sthana**-*Siras*, *amapakvashayagata*, *mutravahastrotasa*, **Adhithana**-*Mutravahastrotasa* and *basti*, *Vyaktisthana*, *Mutravahastrotasa* and *basti*, **DushtiPrakara**-*Sanga*, **Rog Marga**-*Madhyam*, *Vyadhiswabhava* - *Mutraapravruttijanyavikara*, **Sadhsadhyata** -*Krichhasadhya*, *shastrasadhya*.

Here therapy and medicine act as *Tridoshashamak*, *Mutral*, *Deepanpachan*, *Nirama*, *Shoolaghna*, *Chedani*, *bhedaniya* and *lekhaniya*, *Ashmari bhedana*, *Mutravavrittikarak*, *Sadhya*.

So according to *Samprapti*, *Yoga basti karma* (~combination of medicated enema) with combination of *Shaman aushadh Chandraprabhavati*, *Gokshuradi guggul*, and *Varunadi kwath* gives best result in this disease. In the classics this three *aushadh* mentioned in *prameha chikitsa*, *mutrakricchra chikitsa* and *ashmari chikitsa adhyaya* combinely act on *Mutravaha srotas vyadhies* having the properties *Dosha karmata* (~action on vital forces) *Tridosha shamaka*, *Dhatu karmata* (action on body elements) act on *medohara*, *balya*, *vrishya*, *rasayana*, *Agni karmata* (action on digestive fires) *deepana pachana*, *Mala karmata* (action on excretory system) *mutral*, *vibandhhara*, *Srotokarmata* (action on channels) *srotoshodhana*, *lekhan*. The action of every drug is determined by the dominant pharmacodynamics factors. The line of treatment in *Ayurveda* is mainly based on *Dosha Chikitsa* (treatment).

ChandraprabhaVati A wonderful medicine and is suitable for all *Santarpana Janya vyadhis* have Properties like *tikta*, *katu*, *kashya*, *Lavana Kshar rasa pradhan*, *laghu*, *ruksha*, *vishada*, *sukshma*, *sitoshna* and *prabhava karma aushadha*, *Kaphahara*, *Jantughna*, *puyahara*, *Shula hara*, *Mutral*. Act on different types of diseases of urinary system with different *Anupanas*. For example in *Asmarighna with Trinapanchamula Kashaya*, in UTI or renal calculi takes with *Purarnavasava*, in DM with *Katakakhadiradi Kashay* etc. It has multi-dimensional action and effective for acute and chronic cases. Broad spectrum antibiotic, tonic (Strengthen nerves) for urogenital system, anti-inflammatory, immunomodulator etc.¹⁴

Gokshuradi guggulu It has action on *Mutravaha Srotas* indicated in *Mutrakricchra*, *Mutraghata*, *Ashmari*, *Prameha* etc. having the properties *Tridoshahara*, *Madhura*, *Tikta*, *KatuRasa Pradhana*, *Sitoshna* *viryaaushadha*, *Mutral*, *Kledanashaka*, *Shophahara*, *Srotoshodhana*. It gives best result in *Niramaja/*

Jirnarogavastha with combination of *Chandraprabhavati*. It can reduce pain during micturition, improve in scanty urination, UTI, generalized & Localized Oedema, Oedema due to renal diseases, BPH, urinary retention, haematuria, chronic renal failure. Broad spectrum anti-inflammatory, nephro-Protective, support prostate health, detoxifies lymphatic system and Uro-genital System, strengthen kidneys and Prostate, increase Vigor and Vitality.¹⁵

Varunadi kwath The ingredients of Varunadi Kwatha possess properties like of *Chedana*, *Bhedana*, *Lekhana*, *Tridoshgna*, *Mutrala*, *Mutrakrucchrahara*, *Anulomana*, and *Krimigna* which helps significantly in *Mutrashmari* treatment. The ingredients of the formulation pacify *Kapha Dosha* by virtue of their *Tikta Kashaya rasa Ruksha Guna*, *Katu Vipaka* and *Ushna Virya*. The *Vatanulomana*, *Shothahara* and *Mutrala* properties helps to relieve pain and *Shotha*. Thus in total this formulation has the capacity to disintegrate the pathogenesis of the disease '*Ashmari*'.¹⁶

Later the decision was made to genuinely prepare this medicines and also for clinical use in opd practice instead of using market available pharmaceutical product. Hence effort was made for *Chandraprabha Vati*, *Gokshuradi Guggul* and *Varunadi kashaya*, was prepared by ideal pharmaceutical preparations to ensure the genuinely by examining all necessary analytical parameters. The results and analytical values were confirmed by pharmaceutical experts. All the parameters were within the range and there is nil microbial (aerobic and fungal) contamination. After this result we were more confident to use these drugs for the study which was safe and it shows best results in renal stone with associated all urinary disease like UTI etc. with all associate symptoms like Pain, burning micturition, dysuria, hematuria, urgency, polyuria, oliguria, nocturia, incontinence and enuresis, slow stream, terminal dribbling, urethral discharge with associated complained vomiting, fever with chill, indigestion were treated very well. As **Shodhana chikitsa** in *Yoga bastikarma* (~combination of medicated enema), *Varunadi* (~*Crataeva nurvala*) *kwatha* was used as a *niruhan karma* (~herbal decoction method). Its actions depend on the ingredients of *basti*. The main ingredients of *basti* include *Saindhava* (~rock salt), *Makshika* (~honey), *Sneha* (~oil), *Kalka* (~paste) and *Kwatha* (~decoction). It reaches up to micro channels of body due to *sukshmaguna* (~micro/ minuteness). It breaks morbid *Mala* and *dosha sanghaat* (~morbidness) due to *tikshnaguna* (~sharpness) and liquefies the *dosha* due to *snigdha guna* (~unctuousness) property. *Kalka* (~paste) by its irritant property eliminates the *basti* (~induce colonic distension due to irritant property), *Kwatha* (~decoction) up to homogeneous mixture. It facilitates the absorption of endotoxin and produce detoxification during elimination.¹⁷ *Kwatha- Varunadi kwatha*, formulation explained by *acharya*, possess all the needful properties like *Kaphahara* (~antiphlegmatic), *Lekhana* (~scraping) and *Mutrala* (~diuretics). The possibility of the absorption of *Basti dravyas* (~drugs) through colon works due to its fat soluble property. *Snigdha guna* (~unctuousness) of *basti* produces softness and wetness in body which in turn help for easy eliminations of *doshas* and *mala* with increases permeability of cell membrane. Apart from these functions, it also protects the mucus membrane. When administered *Sahacharadi* Oil was used as *Anuvasan basti* (~medicated oil enema) in which *Sneha* (~oil) promotes *bala* (~strength) of the person who is emaciated and debilitated. This oil prepared with combination of drug *Sahachar* (~*barleria prionitis*), *Dashmula* (~ten types of roots), *gokshura* (*tribulus terrestris*), *Kustha* (~*saussurea lappa*), *Agar* (~*aquilaria agallocha*), *Shilaras*, *Tagar* (~*valeriana wallichii*), *Rakt karvir* (~*nerium indicum*). They act as *Tridoshashamaka*^[18] *Sahacharadi taila* is having specific property of *Gativishatvam* (~helps to move) get absorbed and spread throughout the body up to subtle channels. By taking all the above mentioned discussion into consideration that the overall effect of all treatment regimen planned in this patient was diuretic, splitting, scarifications, breaking and cutting, it facilitates the dissolution of the urinary stone.

IV. CONCLUSION

In this case study *Basti* followed by *Shaman chikitsa* having a great effect on symptoms and pathogenesis. 70% improvements were seen in both the subjective and objective criteria. All the three classical medicines were prepared by necessary pharmaceutical parameters. The resultant outcome for patients was satisfactory. The *Guna & Prabhava* of medications enlisted in the classics was actually achieved and confirmed. This gives further motivation to prepare the medications by our own to achieve desired therapeutic efficacy with hundred percent genuine qualities. Through this case we found a safe, simple, effective treatment without any complication & easy to take and study was advance the knowledge in this way. This condition impacts on the economically active population representing a significant healthcare cost burden, as it is associated with restricted activity and/or hospitalization.

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