Management of Mūtrāśmari Corresponding to Urolit...

Management of Mūtrāśmari Corresponding to Urolithiasis with Elādi Kwātha and Eranda Taila A Case Report

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Introduction

Mūtrāśmari, or urolithiasis, refers to the formation of stones in the urinary tract. The term derives from mūtra (urine) and aśmari (stone-like structure) [1]. In Āyurveda, it is attributed to an imbalance of Āhāra (diet) and Vihāra (lifestyle), leading to aggravated Kapha dosha in the urinary system [2]. Other contributing factors include sleeplessness, high intake of fast or preserved foods, and sedentary habits [3]. Typical symptoms include intermittent flank or iliac pain, burning micturition, and dysuria [4].

The lifetime prevalence of symptomatic urolithiasis is approximately 10% in men and 5% in women, with a global prevalence of 12% [5]. Conventional pharmacological interventions (analgesics, NSAIDs) often provide partial or temporary relief . Ayurvedic formulations such as Elādi Kwātha have properties including Aṣmarighna (stone-dissolving), Mūtrala (diuretic), and Daḥaśamaka (alleviating burning) and may be considered before surgical interventions.

Patient Information

A 25-year-old unmarried female undergraduate student residing in W.R.S Colony, Raipur (C.G.), presented to the Outpatient Department of Shri Khudad Dungaji Government Āyurveda College & Hospital on 10 January 2025 (OPD No. XXXXX). She reported right iliac and flank pain radiating to the groin for 15 days, intermittent burning micturition for 1 week, constipation, disturbed sleep, and occasional vomiting. She belongs to a middle-class Hindu family; her father has a history of diabetes mellitus and hypertension. Prior to Ayurvedic treatment, the patient had taken analgesics and antacids with only temporary relief.

Table 1 : Chief Complaints

Complaint	Duration
Pain in right iliac region	15 days
Radiating pain loin to groin	15 days
Burning micturition	1 week
Constipation	1 week
Disturbed sleep	1 week
Vomiting	1 week

Clinical Findings

Table 2: General Examination

Parameter	Value
Blood Pressure	110/70 mmHg
Pulse Rate	70/min
Height	167 cm
Weight	56 kg

Table 3: Aṣṭavidha Parīkṣā

Parameter	Findings

Nāḍi (Pulse)	Vāta-Pitta
Mūtra (Urine)	Dark yellowish
Māla (Stool)	Occasional constipation
Jihvā (Tongue)	Śvetābha, mild
Śabda (Voice)	Prakṛti
Sparśa (Skin)	Śīta
Dṛk (Eyes)	Sāmānya
Ākṛti (General appearance)	Mādhyaṃ

Table 4: Daśavidha Parīkṣā

Parameter	Finding
Prakṛti	Vāta-Pitta dominant
Vikṛti	Dosha – Tridosa; Dūṣya – Rasa, Mūtra
Ṣara	Mādhyaṃ
Saṃhanana	Mādhyaṃ
Pramāṇa	Mādhyaṃ
Sātmyā	Mādhyaṃ
Satva	Pravara
Āhāra Śakti	Mādhyaṃ
Vyāyāma Śakti	Mādhyaṃ
Vaya	Bālya

Diagnostic Assessment

- **Ultrasonography:** Right kidney – 6.2 mm calculus at lower ureter; bilateral kidneys and ureters otherwise normal.
- **Diagnostic Challenges:** Diagnosis was straightforward using USG; no differential diagnosis considered necessary.
- **Prognostic Characteristics:** Single small ureteric stone; low risk factors for recurrence; patient advised on diet and hydration.

Table 5: Assessment Criteria

Symptom / Parameter	Before	After
Pain	G3	Go
Burning micturition	G2	Go
Dysuria	G1	Go
Pus cells	0–2/hpf	0–1/hpf
Size of calculus	6.2 mm	0 mm
Number of calculi	1	0

Therapeutic Intervention

- **First 7 Days:** Sañjīvanī Vati, 2 tablets of 250 grams each, twice daily; Eranda Taila 10 ml at bedtime. Mild improvement in constipation and sleep noted.
- **Day 1–15:** Elādi Kwātha 40 ml morning and evening on empty stomach.
- **Day 16–90:** Continuation of Elādi Kwātha 40 ml twice daily; Eranda Taila 10 ml at night.

Ingredients of Elādi Kwātha [6]: Ela, Gokṣura, Pippalī, Paśanbheda, Nirgundī, Muleṭhī, Vāsa, Erandmūla, Śilājitu.

Adherence and Tolerability: Full adherence reported; no adverse events observed.

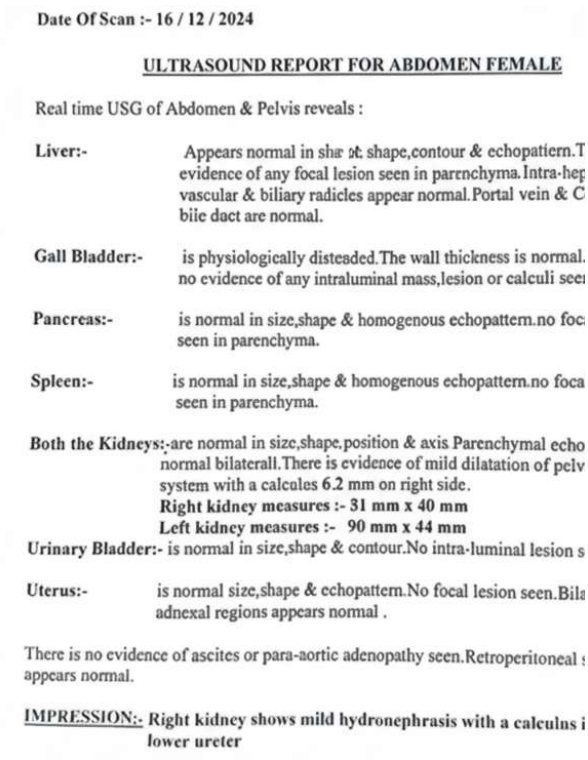
Table 6: Timeline of interventions & outcomes

Day	Intervention	Outcome
1–7	Sañjīvanī Vati + Eranda Taila	Mild improvement in constipation and sleep
1–15	Elādi Kwātha 40 ml BD	Start of stone management
16–90	Elādi Kwātha 40 ml BD + Eranda Taila 10 ml	Complete resolution of pain, burning micturition, dysuria; stone clearance confirmed on USG

Table 7: Observations

Parameter	Before	After
Weight	56 kg	55 kg
BMI	20.08 kg/m²	19.72 kg/m²
BMR	1498 Kcal	1365 Kcal

Figure 1 & 2 : Before & After Treatment USG Reports (Patients Identity Masked) Suggesting the resolution of Calculus



Date Of Scan :- 16 / 12 / 2024

ULTRASOUND REPORT FOR ABDOMEN FEMALE

Real time USG of Abdomen & Pelvis reveals :

Liver:- Appears normal in shape,contour & echopatiern.T evidence of any focal lesion seen in parenchyma.Intra-hep vascular & biliary radicles appear normal.Portal vein & C biie duct are normal.

Gall Bladder:- is physiologically distended.The wall thickness is normal. no evidence of any intraluminal mass,lesion or calculi see

Pancreas:- is normal in size,shape & homogenous echopattern.no foc seen in parenchyma.

Spleen:- is normal in size,shape & homogenous echopattern.no foca seen in parenchyma.

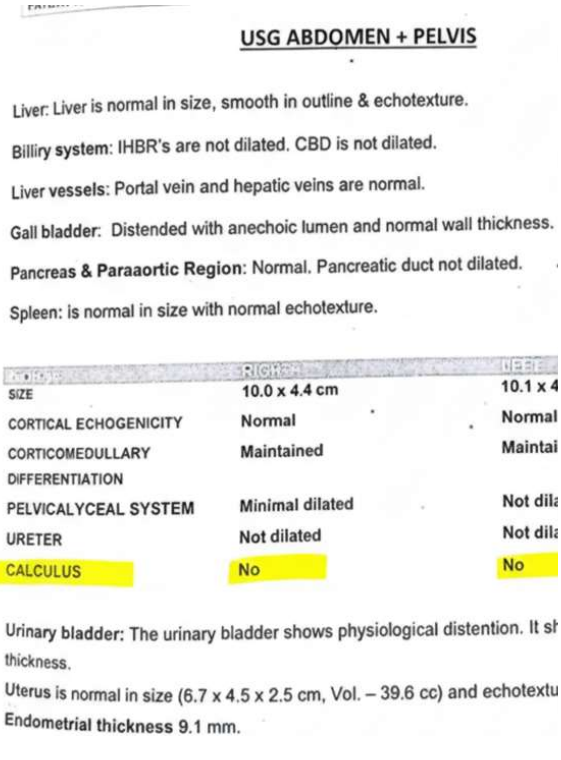
Both the Kidneys:- are normal in size,shape,position & axis Parenchymal echo normal bilaterall.There is evidence of mild dilatation of pelv system with a calculus 6.2 mm on right side.
Right kidney measures :- 31 mm x 40 mm
Left kidney measures :- 90 mm x 44 mm

Urinary Bladder:- is normal in size,shape & contour.No intra-luminal lesion s

Uterus:- is normal size,shape & echopattern.No focal lesion seen.Bila adnexal regions appears normal .

There is no evidence of ascites or para-aortic adenopathy seen.Retroperitoneal s appears normal.

IMPRESSION:- Right kidney shows mild hydronephrasis with a calculus i lower ureter



USG ABDOMEN + PELVIS

Liver: Liver is normal in size, smooth in outline & echotexture.

Billiry system: IHBR's are not dilated. CBD is not dilated.

Liver vessels: Portal vein and hepatic veins are normal.

Gall bladder: Distended with anechoic lumen and normal wall thickness.

Pancreas & Paraaortic Region: Normal. Pancreatic duct not dilated.

Spleen: is normal in size with normal echotexture.

	RIGHT	LEFT
SIZE	10.0 x 4.4 cm	10.1 x 4
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintai
PELVICALYCEAL SYSTEM	Minimal dilated	Not dila
URETER	Not dilated	Not dila
CALCULUS	No	No

Urinary bladder: The urinary bladder shows physiological distention. It sh thickness.

Uterus is normal in size (6.7 x 4.5 x 2.5 cm, Vol. – 39.6 cc) and echotextu

Endometrial thickness 9.1 mm.

Table 8: Summary Timeline of Investigations

Date	Investigation	Findings

16/12/2024	USG Abdomen & Pelvis	6.2 mm calculus in right lower ureter; mild hydronephrosis
10/01/2025	Haemogram	WBC slightly elevated; other parameters within normal limits
25/01/2025	USG Abdomen & Pelvis	No calculus; urinary system normal; stone cleared

Discussion

Mūtrāśmari (urolithiasis) has become an increasingly common urological disorder worldwide, largely attributed to changes in diet, fluid intake, and lifestyle. The condition is characterized by the formation of calculi within the urinary system, resulting in symptoms such as severe pain, burning micturition, dysuria, and occasionally hematuria. Despite the advancements in modern diagnostic and surgical techniques, recurrence rates remain high, and most available therapies only provide symptomatic or temporary relief. In contrast, Ayurveda offers a comprehensive approach aimed at both Śamana (palliative) and Śodhana (eliminative) management [7], targeting the underlying pathophysiology.

In classical Ayurvedic texts, Mūtrāśmari is described under Aṣṭa Mahāgada—the eight grave diseases—emphasizing its chronic and distressing nature [8]. The pathogenesis (Samprāpti) primarily involves Vāta vitiation in the urinary system, leading to Mūtravarodha (urinary obstruction) and the deposition of crystallized material in the Mūtravaha Srotas. Kapha acts as the binding factor, while Pitta contributes to burning and inflammation [9]. Hence, a therapeutic approach that pacifies all three doṣas (Tridoṣa Śāmaka) and clears Srotas obstruction is crucial.

The formulation Elādi Kwātha is mentioned in Chakradatta, Aṣmari Chikitsā, and is traditionally indicated for conditions involving Mūtra Krichra, Aśmari, and Dāha [10]. The principal ingredients of Elādi Kwātha—such as Ela, Pippalī, Haridrā, Śunṭhī, and Triphala—possess Uṣṇa, Tikṣṇa, Deepana, Pācana, and Mūtrala properties. Collectively, these attributes help in breaking and disintegrating the calculus (Aṣmarighna), promoting the flow of urine, and relieving obstruction. Pippalī and Śunṭhī facilitate Agni Dīpana (metabolic stimulation), which prevents the recurrence of metabolic precipitates. Haridrā and Triphala have anti-inflammatory and antioxidant actions, supporting tissue healing and reducing local inflammation.

Eranda Taila, used as an adjuvant at bedtime, further assists in Anulomana of Vāta [11], reducing colicky pain and supporting downward movement (Apāna Vāyu). Its Snigdha, Uṣṇa, and Vāta-Kapha Hara qualities enhance elimination and improve the efficacy of the decoction. This synergistic use of internal Kwātha and Taila likely contributed to the rapid expulsion and complete dissolution of the ureteric calculus in this case.

The patient exhibited notable improvement in symptoms within the first week—reduction in constipation and better sleep, followed by significant relief from pain and burning

micturition within fifteen days. Subsequent ultrasonography (USG) demonstrated complete resolution of the 6.2 mm calculus by the 6th week, confirming both clinical and radiological improvement. Laboratory investigations revealed no infection or systemic abnormality, supporting safe drug tolerability and good adherence. Importantly, no adverse or unanticipated effects were reported throughout therapy.

Modern pharmacological studies support the diuretic, anti-inflammatory, and lithotriptic properties of several ingredients in Elādi Kwātha. For instance, Pippalī and Haridrā have shown renoprotective and antiurolithiatic activities in animal studies, possibly through antioxidant and calcium oxalate inhibitory mechanisms [12]. Triphala is reported to improve renal clearance and modulate oxidative stress, which could further prevent recurrence. Hence, Elādi Kwātha represents an integrative herbal combination that can complement or even replace certain modern adjuvant therapies in mild-to-moderate urolithiasis.

However, this report also recognizes certain limitations. Being a single-case observation, the results cannot be generalized without further controlled studies. A longer follow-up is essential to assess recurrence prevention. Moreover, while clinical and imaging outcomes are encouraging, biochemical studies on renal parameters and lithogenic markers could further strengthen the evidence.

Overall, the outcome of this case supports the traditional claims of Elādi Kwātha as a safe and effective formulation for Mūtrāśmari. The combination of Elādi Kwātha with Eranda Taila demonstrated marked clinical and radiological benefits, excellent patient compliance, and no adverse effects—underscoring its therapeutic potential as a low-cost, patient-friendly, and sustainable Ayurvedic approach for managing ureteric calculi.

Patient Perspective: “The patient reported relief in pain and burning, improved sleep, and overall satisfaction with the treatment.”

Conclusion

Elādi Kwātha, combined with Eranda Taila, provides a simple, safe, and cost-effective management option for Mūtrāśmari. The case supports traditional pharmacological properties and encourages further clinical studies to validate efficacy and mechanism of action.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying data.

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