

Ayurvedic Management in Renal Calculi (*Ashmari*): A Case Study

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DOI: <https://doi.org/10.52403/gijash.20260108>

ABSTRACT

Ashmari is a major disorder of the *Mutravaha Srotas* described in classical Ayurvedic literature and is clinically comparable to urolithiasis in modern medicine^{1,2}. It is included among the *Ashta Mahagada* due to its severe pain, recurrent nature, and potential for complications. According to contemporary medical data, approximately 70–80% of urinary calculi originate in the kidneys, predominantly within the renal calyces—especially the lower calyx—and the renal pelvis³. About 15–25% of stones are located in the ureters⁴, while 2–10% occur in the urinary bladder⁵. Although smaller calculi may have the potential for spontaneous passage⁶, calyceal stones—particularly those located in the lower calyx—often persist for prolonged periods, produce symptoms, and may subsequently lead to stone growth, infection, or urinary obstruction. Therefore, a “watchful waiting” approach alone is often insufficient, and active therapeutic intervention becomes clinically necessary. In modern medical practice, such cases are commonly managed through interventional procedures such as extracorporeal shock wave lithotripsy (ESWL)⁷, retrograde intrarenal surgery (RIRS), or percutaneous nephrolithotomy (PCNL), which are associated with procedural morbidity, cost,

and recurrence⁸. In contrast, Ayurveda offers a non-invasive, safe, and holistic therapeutic approach for the management of *Ashmari*. In the present study, a 23-year-old male patient diagnosed with bilateral renal calyceal calculi was treated with Ayurvedic therapy. Ultrasonography revealed calculi measuring 3.2 mm and 4 mm in the right kidney and 3.4 mm and 2.7 mm in the left kidney. The patient was managed with *Gokshuradi Guggulu*, *Varunadi Kwatha*, Neeri-KFT syrup, *Triphala Churna*, along with appropriate dietary and lifestyle modifications (*Pathya-Apathya*). Post-treatment ultrasonography demonstrated a marked reduction in stone size, with partial to complete dissolution, accompanied by significant improvement in clinical symptoms. This case indicates that Ayurvedic management may represent a safe and effective therapeutic option for renal calyceal calculi

Keywords: *Ashmari*, *Mutrashmari*, Renal calculi, Ayurveda, *Gokshuradi Guggulu*

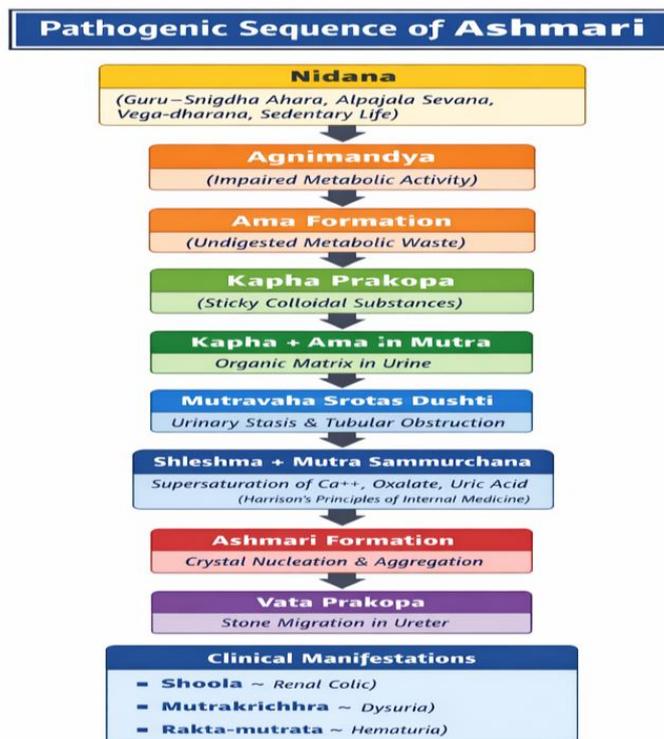
INTRODUCTION

Ashmari is described in Ayurvedic classics as a severe urinary disorder characterized by formation of calculi in the *Mutravaha Srotas*. Acharya Sushruta has included *Ashmari* among the *Ashta Mahagada* because of its chronic course, severe

symptoms, and difficulty in management. In modern medicine, this condition is comparable to renal calculi or urolithiasis, which is one of the most common urological disorders and is associated with high recurrence rates and significant morbidity. Factors such as inadequate water intake, excessive salt consumption, sedentary

lifestyle, and metabolic abnormalities play an important role in stone formation.

Ayurveda emphasizes correction of *Agni*, elimination of *Ama*, and normalization of the *Mutravaha Srotas* as the core principles in the management of *Ashmari*. The present case study aims to evaluate the clinical efficacy of classical Ayurvedic formulations in the management of *Ashmari*.



MATERIALS & METHODS

A 23-year-old male patient presented to the Outpatient Department of Kayachikitsa at the National Institute of Ayurveda, Jaipur, with complaints of acute right-sided abdominal and flank pain radiating to the posterior region. The pain was associated with burning micturition occurring 6–8 times per day, along with nausea, vomiting, and mild-grade fever persisting for the past 15 days. There was no history of hematuria. The patient had a known history of renal calculi and had previously received modern medical treatment, which provided no significant or sustained relief.

Family History: No relevant history

Personal History:

- **Bowel:** Regular

- **Appetite:** Good
 - **Micturition:** 9-11 times/day, 1 time/night
 - **Sleep:** Disturbed
- Water intake:** 2 L/24 hours
- Physical Examination:** Patient was well built
- B.P:** 130/90 mmHg
- P.R:** 78 bpm
- Height:** 177 cm
- Weight:** 70 kg
- Systemic Examination:** CVS: S1, S2 heard, No added sounds
- CNS:** NAD
- RS:** NAD
- GIT:** No scars, soft, no organomegaly,
- **Inspection:** No scars

- **Palpation:** Renal angle tenderness: Present

Investigation:

Routine blood was normal, HIV & HBsAg was non-reactive Urine routine was normal, Cast & Crystals was nil Ultrasonography of abdomen & pelvis was suggestive of:

Right kidney: 3.2 mm and 4 mm calyceal calculi

Left kidney: 3.4 mm and 2.7 mm calyceal calculi

Clinical Diagnosis: *Vrikkashmari*

Management: The patient was managed with classical Ayurvedic formulations as follows: *Gokshuradi Guggulu* was administered in a dose of 500 mg twice daily with lukewarm water. *Varunadi Kwatha* was prescribed in a dose of 40 ml twice daily before meals, followed by *Syrup Neeri-KFT* was given in a dose of 10 ml twice daily with lukewarm water. Additionally, *Triphala Churna* was administered at a dose of 3 g at bedtime with lukewarm water. *Sadhit Jala* prepared with *Gokshura Churna* (10 g) and *Guduchi (Giloy) Churna* (10 g) was advised as an adjuvant therapy.

Pathya–Apathya in Ashmari

In Ashmari (urolithiasis), proper dietary and lifestyle regulation plays a vital role in preventing the progression and recurrence of stone formation. As Ashmari is predominantly a *Kapha-pradhana* disorder of the *Mutravaha Srotas*⁹, foods and

activities that are *Kapha-vardhaka*, heavy, unctuous and obstructive should be avoided, while those that are *Mutrala* (diuretic), *Lekhana* (scraping) and *Ashmari-bhedana* (stone-breaking) are advised. A diet including barley (Yava), old rice, Kulattha^{10,11}, Kushmanda (Ash gourd)¹², bottle gourd, ridge gourd, grapes, amla and coconut water¹³ is beneficial as these help in increasing urine output and reducing the accumulation of stone-forming materials. Adequate intake of lukewarm water, Kulattha¹⁴ decoction and Gokshura¹⁵ kwatha further supports urinary cleansing and stone expulsion. Takra¹⁶ and small quantities of old ghee are also recommended for maintaining digestive fire and preventing Kapha aggravation. On the other hand, heavy foods such as meat, fish, eggs, curd, cheese, fried and spicy foods, excess salt, spinach, tomato, banana, alcohol and carbonated beverages should be strictly avoided as they promote Kapha, increase urinary concentration and facilitate crystallization. Suppression of the urge to urinate¹⁷, sedentary habits, dehydration, late-night awakening and alcohol intake should also be avoided. Thus, adherence to appropriate Pathya–Apathya along with medicinal therapy plays a crucial role in the effective management and prevention of recurrence of Ashmari.

RESULT

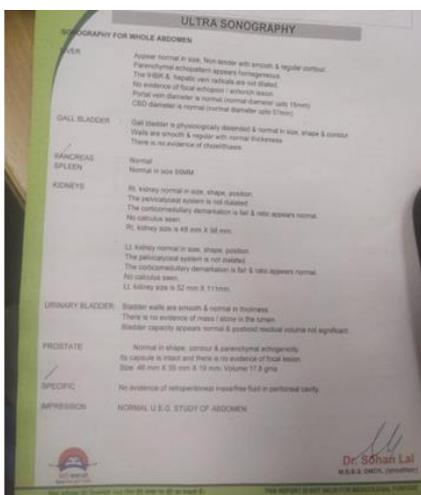
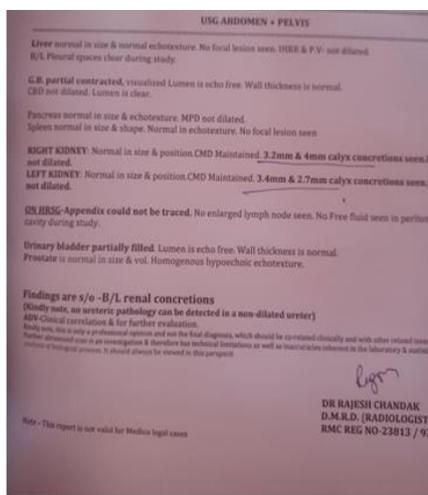


Table: Comparative Assessment of Clinical Features Before and After Ayurvedic Treatment

Condition / Parameter	Before Treatment	After Treatment
Right Kidney Stones	3.2 mm and 4 mm calyceal concretions seen	Significant reduction in size; some stones completely dissolved
Left Kidney Stones	3.4 mm and 2.7 mm calyceal concretions seen	Significant reduction in size; some stones completely dissolved
Burning Micturition	Present	Greatly reduced or absent
Abdominal Pain	Present	Greatly reduced or absent
Nausea	Present	Absent
Vomiting	Present	Absent
Constipation	Present	Absent

DISCUSSION

The Ayurvedic management of *Ashmari* is primarily directed towards correction of *Agni*, elimination of *Ama*, removal of *Srotorodha*, and facilitation of disintegration and expulsion of urinary calculi. Acharya Sushruta has classified *Ashmari* under *Ashta Mahagada* and emphasized *Bhedana*, *Lekhana* and *Mutrala* therapies prior to surgical intervention, highlighting the importance of conservative management in early stages.¹⁸

Gokshuradi Guggulu is a well-established formulation indicated in *Mutrakricchra* and *Ashmari*. The presence of *Gokshura* imparts potent *Mutrala* and *Ashmari-bhedana* properties, while *Guggulu* contributes *Shothahara* and *Vata-Kapha shamaka* actions. These properties aid in reducing *Kleda*, relieving pain, and facilitating the fragmentation and expulsion of calculi. Classical texts describe *Gokshura* as beneficial in urinary disorders due to its ability to normalize urine flow and alleviate dysuria.^{19,20}

Varunadi Kwatha plays a significant role in the management of renal calculi due to the presence of *Varuna*, which is classically indicated in *Ashmari Chikitsa*. *Varuna* possesses *Bhedana* and *Lekhana* properties that help in breaking down calculi and reducing urinary tract inflammation. Acharya Sushruta and Bhavamishra have highlighted the role of *Varuna* in dissolving stones and maintaining patency of the *Mutravaha Srotas*.^{21,22}

Syrup Neeri KFT was used as a supportive formulation to enhance diuresis and reduce urinary irritation. Increased urine output helps in flushing out micro-crystals and

prevents further aggregation of lithogenic substances, thereby supporting the primary *Ashmari-Nashaka* formulations.

Sadhita Jala prepared with *Gokshura Churna* (10 g) and *Guduchi (Giloy) Churna* (10 g) was advised as an adjuvant therapy^{23,24}. *Gokshura* is described as *Mutrala* and *Ashmari-hara*, promoting urinary flow and aiding stone expulsion, while *Guduchi* acts as a *Rasayana*, *Tridosha-shamaka* and *Shothahara* drug. *Guduchi* also improves metabolic functions and reduces inflammation, thereby addressing the underlying pathology responsible for stone formation.^{25,26} Regular intake of medicated water helps in urine dilution, reduction of urinary supersaturation, and prevention of recurrence.

Triphala Churna was administered to correct bowel habits and improve digestion. Proper regulation of *Apana Vata* and correction of *Agni* are essential in preventing *Ama* formation, which is a contributing factor in *Ashmari Samprapti*. Classical texts describe *Triphala* as *Anulomana* and *Rasayana*, supporting long-term metabolic balance and reducing recurrence of urinary calculi.²⁷

The combined and synergistic action of these formulations resulted in significant clinical improvement and radiological reduction of renal calculi. This outcome substantiates the Ayurvedic principle of *Samprapti-Vighatana*, wherein correction of metabolic imbalance and restoration of *Mutravaha Srotas* function leads to effective management of *Ashmari*.

CONCLUSION

Ashmari is a chronic disorder of the *Mutravaha Srotas* with significant morbidity and recurrence. The present case study demonstrates that classical Ayurvedic management can effectively reduce both clinical symptoms and radiological evidence of renal calculi²⁸. The therapeutic approach focused on correction of *Agni*, elimination of *Ama*, alleviation of *Srotorodha*, and promotion of *Bhedana*, *Lekhana*, and *Mutrala* actions. Administration of *Gokshuradi Guggulu*, *Varunadi Kwatha*, *Triphala Churna*, and supportive formulations, along with appropriate *Pathya-Apathya*, resulted in marked symptomatic relief and significant reduction with partial to complete dissolution of calculi within four weeks. This outcome supports the Ayurvedic principle of *Samprapti Vighatana* and highlights the role of conservative Ayurvedic therapy in the early management of Ashmari. Further controlled studies with larger sample size are required to validate these findings.

Declaration by Authors

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

1. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary by Chakrapanidatta. Edited by Kashinath Shastri & Gorakhnath Chaturvedi. Sutrasthana 25/40–41. Varanasi: Chaukhamba Bharati Academy.
2. Sushruta. Sushruta Samhita, edited with Nibandhasangraha commentary by Dalhana. Nidanasthana 3 (Ashmari Nidana). Varanasi: Chaukhamba Orientalia.
3. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, editors. Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw-Hill Education; 2022. Chapter: Nephrolithiasis and urinary tract stones.
4. Wein AJ, Kavoussi LR, Partin AW, Peters CA, editors. Campbell-Walsh-Wein Urology. 12th ed. Philadelphia: Elsevier; 2021. Section: Urinary stone disease.
5. Türk C, Petřík A, Sarica K, et al. EAU Guidelines on Urolithiasis. Arnhem (The Netherlands): European Association of Urology; 2024
6. Ordon M, Andonian S, Blew B, Schuler T, Chew B, Pace KT. CUA Guideline: Management of ureteral calculi. Can Urol Assoc J. 2015 Nov-Dec;9(11-12): E837-51. doi: 10.5489/cuaj.3483. Epub 2015 Dec 14. PMID: 26788233; PMCID: PMC4707902.
7. Türk C, Petřík A, Sarica K, et al. EAU Guidelines on Urolithiasis. European Association of Urology; 2024. Available at: <https://uroweb.org/guidelines/urolithiasis>
8. Akram M, Jahrreiss V, Skolarikos A, Geraghty R, Tzelves L, Emilliani E, Davis NF, Somani BK. Urological Guidelines for Kidney Stones: Overview and Comprehensive Update. J Clin Med. 2024 Feb 16;13(4):1114. doi: 10.3390/jcm13041114. PMID: 38398427; PMCID: PMC10889283.
9. Sushruta. Sushruta Samhita, Nidana Sthana, Chapter 3 (Ashmari Nidana). Edited by Kaviraj Ambikadatta Shastri. Varanasi: Chaukhamba Sanskrit Sansthan; Reprint 2018. p. 276–278.
10. Charaka, Charaka Samhita, Sutrasthana 27, Shukadhanya Varga. Chaukhamba Bharati Academy, Varanasi.
11. Sushruta. Sushruta Samhita, Chikitsa Sthana, Chapter 7 (Ashmari Chikitsa). Edited by Kaviraj Ambikadatta Shastri. Varanasi: Chaukhamba Sanskrit Sansthan; Reprint 2018. p. 405–408.
12. Bhavamishra. Bhavaprakasha Nighantu, Phala Varga. Edited by Dr. K. C. Chunekar. Varanasi: Chaukhamba Bharati Academy; Reprint 2016. p. 560.
13. Bhāvamiśra. Bhāvaprakāśa Nighaṅṭu, Nārikelādi Varga, Verse 12. Chaukhamba Orientalia, Varanasi.
14. Sushruta, Sushruta Samhita, Uttara Tantra, Chapter 58, Verse 43. Chaukhamba Sanskrit Sansthan, Varanasi.
15. Agnivesha. Charaka Samhita, Sutra Sthana, Chapter 4, Verse 8. Edited by R. K. Sharma and Bhagwan Dash. Varanasi: Chaukhamba Orientalia; Reprint 2014. p. 72.
16. Agnivesha. Charaka Samhita, Sutra Sthana, Chapter 27 (Anna-panavidhi). Edited by R. K. Sharma and Bhagwan Dash. Varanasi:

- Chaukhambha Orientalia; Reprint 2014. p. 458.
17. Agnivesha. Charaka Samhita, Sutra Sthana, Chapter 7 (Vega-dharana), Verse 3–5. Edited by R. K. Sharma and Bhagwan Dash. Varanasi: Chaukhambha Orientalia; Reprint 2014. p. 113–114.
 18. Acharya Sushruta. Sushruta Samhita, Sutrasthana, Ashtamahagada Adhyaya. Varanasi: Chaukhambha Sanskrit Sansthan; 2013.
 19. Acharya Sharangadhara. Sharangadhara Samhita, Madhyama Khanda. New Delhi: Chaukhambha Sanskrit Pratishthan; 2008.
 20. Sharma PV. Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhambha Bharati Academy; 2005.
 21. Bhavamishra. Bhavaprakasha Nighantu, Uttara Khanda (Ashmari Chikitsa). Varanasi: Chaukhambha Sanskrit Bhawan; 2006.
 22. Acharya Sushruta. Sushruta Samhita, Chikitsasthana, Ashmari Chikitsa Adhyaya. Varanasi: Chaukhambha Sanskrit Sansthan; 2013.
 23. Bhavamishra. Bhavaprakasha Nighantu, Guduchyadi Varga. Edited by K.C. Chunekar. Varanasi: Chaukhambha Bharati Academy; Reprint 2016. p. 289.
 24. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 26. Edited by R.K. Sharma & Bhagwan Dash. Varanasi: Chaukhambha Orientalia; Reprint 2014. p. 601.
 25. Acharya Charaka. Charaka Samhita, Sutrasthana (Mutravaha Srotas). Varanasi: Chaukhambha Orientalia; 2013.
 26. Sharma PV. Dravyaguna Vijnana. Vol. 1. Varanasi: Chaukhambha Bharati Academy; 2005.
 27. Acharya Vagbhata. Ashtanga Hridaya, Sutrasthana. Varanasi: Chaukhambha Sanskrit Sansthan; 2012.
 28. Sushruta. Sushruta Samhita, with Nibandhasangraha commentary by Dalhana. Nidana Sthana, Chapter 3 (Ashmari Nidana). Varanasi: Chaukhambha Orientalia.

How to cite this article: Pankaj Singh Kushwaha, Bharat Kumar Padhar, Muniraj, Mamata Godara. Ayurvedic management in renal calculi (Ashmari): a case study. *Galore International Journal of Applied Sciences & Humanities*. 2026; 10(1): 53-58. DOI: <https://doi.org/10.52403/gijash.20260108>
