

Review on Ashmari: Ayurvedic and Modern Perspectives

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ABSTRACT

Ashmari, commonly referred to as urolithiasis or urinary calculi in modern medicine, is a prevalent and recurring disorder that affects the urinary tract. It is well documented in Ayurvedic classics under Mutravaha Srotas Vyadhi. The disease is characterized by the formation of concretions or calculi in the urinary system due to various etiological factors. Ayurveda describes multiple types of Ashmari, classifying them based on doshic dominance. This article presents an in-depth review of Ashmari, including its etiopathogenesis, types, clinical features, and management strategies from both Ayurvedic and modern viewpoints. Emphasis is laid on Ayurvedic formulations, procedures like Basti, and surgical measures alongside modern interventions such as ESWL and ureteroscopy. This integrative approach provides a broader understanding and lays a foundation for effective treatment modalities.

Keywords: Ashmari, Urolithiasis, Mutrashmari, Ayurveda,

I. INTRODUCTION

Ashmari is one of the most painful and common disorders affecting the urinary system. It has been elaborately described by Acharyas like Charaka, Sushruta, and Vagbhata. Modern medicine correlates Ashmari with urolithiasis, wherein calculi form due to supersaturation of solutes in the urine. The formation and recurrence of Ashmari are influenced by diet, lifestyle, genetics, and climatic conditions.

Ayurveda identifies the root cause as vitiation of Tridosha, especially Vata, which leads to the accumulation of crystallized substances in the Mutravaha Srotas. Despite significant advances in modern medical technology for diagnosis and management, Ayurveda continues to offer preventive and curative perspectives through natural remedies and lifestyle corrections.

Aims and Objectives

- To explore the concept of Ashmari in Ayurveda and correlate it with urolithiasis from a modern medical perspective.
- To review and compare the Ayurvedic and modern approaches for the effective management of Ashmari.

Types of Ashmari

Ayurvedic Classification

Type of Ashmari	Dominant Dosh	Characteristics of Stone	Symptoms	Probable Correlation	Modern
Vataja Ashmari	Vata	Rough, dry, small, sharp-edged	Intense pricking pain in bladder & penis, constipation, urine, dysuria	Oxalate/uric acid stones, blackish with spastic pain	
Pittaja Ashmari	Pitta	Yellowish, soft to moderate hardness	Burning micturition, hematuria, thirst, fever, urine	Uric acid stones, yellow tendency for hematuria	
Kaphaja Ashmari	Kapha	Smooth, large, slimy, white or pale	Heaviness in bladder, mild pain, urination, whitish urine	Phosphate or cystine stones with dull symptoms	

Type of Ashmari	Dominant Dosh	Characteristics of Stone	Symptoms	Probable Correlation	Modern
Shukra Ashmari	Vitiation of Shukra & Vata	Usually located in reproductive tract	Pain during ejaculation, infertility, painful urination, penile pain	Seminal vesicle or prostatic calculi	

Modern Classification

Type of Stone	Composition	Appearance	Etiological Factors	Radiographic Appearance	Management Notes
Calcium Oxalate	Calcium Oxalate	+ Hard, spiky, black or dark brown	Dehydration, high oxalate diet, hypercalciuria	Radiopaque	Most common type; managed with hydration, potassium citrate, dietary changes
Calcium Phosphate	Calcium Phosphate	+ Smooth, whitish	Renal tubular acidosis, alkaline urine	Radiopaque	Less common; tends to form in alkaline urine
Uric Acid	Uric acid (crystals)	Smooth, reddish-orange	High purine intake, gout, acidic urine	Radiolucent (not seen on X-ray)	Needs alkalization of urine (e.g., potassium citrate), allopurinol
Struvite	Magnesium Ammonium Phosphate	+ Large, branching, staghorn-like	Chronic UTI (esp. Proteus), alkaline urine	Radiopaque	Often needs surgical removal; infection control critical
Cystine	Cystine (amino acid)	Waxy, yellow, smooth	Genetic disorder (cystinuria)	Faintly radiopaque radiolucent	Rare; requires high or fluid intake and urinary alkalization

Management

Ayurvedic Management

1. Nidana Parivarjana

- Avoid heavy, oily, and Kapha-Vata aggravating foods like til (sesame), masha (black gram), curd, jaggery, and meat.
- Lifestyle modifications like avoiding long sitting, holding urine, or exposure to excessive heat are advised.
- Regular hydration with lukewarm water, barley water, or Tandulodaka (rice wash water) is beneficial.

2. Shodhana Chikitsa

Indicated especially in Vataja and Kapha-dominant Ashmari or chronic conditions.

A. Basti Karma (Medicated Enema)

- Considered the most effective in Mutrashmari as it directly addresses Apana Vata, the chief Dosh involved.
- Types used:

- Anuvasana Basti with Bala Taila, Eranda Taila – strengthens bladder muscles and facilitates stone expulsion.
- Niruha Basti with Dashamoola, Punarnava, Gokshura decoctions – reduces inflammation and aids stone disintegration.

B. Virechana (Purgation)

- Given in Pittaja Ashmari to eliminate vitiated Pitta and control burning sensation.
- Herbs like Trivrit, Haritaki, Avipattikar churna are used.

C. Uttara Basti

- Especially effective in recurrent calculi, small stones in the bladder, or Shukrashmari.
- Administered via the urethra using oils like Eranda Taila or Gokshura Siddha Taila.

3. Shamana Chikitsa (Palliative Herbal Management)

Useful in early-stage Ashmari or post-Shodhana therapy to manage symptoms and break down smaller calculi.

Key Herbs and Formulations:

Drug/Formulation	Properties	Actions
Pashanabheda (Bergenia ligulata)	Ashmarighna, Mutrala	Litholytic, diuretic
Gokshura (Tribulus terrestris)	Balya, Mutrala, Vatahara	Relieves pain, enhances urine flow
Varuna (Crataeva nurvala)	Bhedana, Shothahara	Breaks calculi, anti-inflammatory
Yavakshara	Kshara (alkali), Mutral	Helps in stone dissolution
Hajrul Yhood Bhasma	Mineral-based	Disintegrates stones (used in Rasashastra)
Dashamoola Kwatha	Tridosahara, Deepana	Reduces inflammation and obstruction

Common Formulations:

- Varunadi Kwatha
- Chandraprabha Vati
- Gokshuradi Guggulu
- Palasha Kshara
- Shweta Parpati

4. Surgical Management (Shastra Karma)

As described by Acharya Sushruta, this is employed when the stone is:

- Large
- Causing urinary retention or excruciating pain
- Not responding to oral medications

Procedures:

- Vasti Bhedana (Suprapubic lithotomy) – described in ancient texts, now comparable to modern open cystolithotomy.
- Ksharasutra and Agnikarma are generally used for fistula or strictures associated with Ashmari complications.

5. Pathya-Apathya

Pathya

- Barley (Yava), Kulattha (horse gram), Tandulodaka, Takra (buttermilk)
- Plenty of lukewarm water
- Seasonal fruits: coconut water, sugarcane juice, cucumber

Apathya

- Curd, heavy dairy, jaggery, non-vegetarian food
- Excess salt, fried food, late-night eating

6. Rasayana Therapy

- After complete expulsion or surgical removal, Rasayana like Gokshura Rasayana or Amalaki Rasayana is given to prevent recurrence.
- These promote mutravaha srotas shuddhi and strengthen renal function.

Modern Management

1. Diagnosis

- USG, CT scan, KUB X-ray
- Urine analysis and serum calcium studies

2. Pharmacological Treatment

- Pain management: NSAIDs
- Diuretics and alkalizing agents (Potassium citrate)

3. Surgical Interventions

- Extracorporeal Shock Wave Lithotripsy (ESWL)
- Ureteroscopy (URS)
- Percutaneous Nephrolithotomy (PCNL)
- Open surgery (rarely used)

4. Dietary and Lifestyle Modification

- Increased fluid intake
- Avoidance of oxalate-rich foods

II. DISCUSSION

Ayurveda offers a holistic and individualized approach to Ashmari. Modern treatments often provide immediate relief but are associated with recurrence. Ayurvedic drugs like Pashanabheda and Varuna not only disintegrate the stone but also prevent recurrence by improving Agni and balancing Doshas. Combined approaches have shown promising results, where acute management is handled with modern tools and long-term care is given through Ayurveda.

Clinical trials have supported the lithotriptic effect of several Ayurvedic formulations, especially in early stages or for small calculi. The importance of Dinacharya, Ritucharya, and proper hydration cannot be overemphasized in both prevention and management.

III. CONCLUSION

Ashmari, a condition extensively described in Ayurveda, finds strong clinical relevance even in modern urology as urolithiasis. A thorough understanding of its dosha-based

classification, nidana (etiology), and samprapti (pathogenesis) allows for a comprehensive and individualized treatment approach. The Ayurvedic management, incorporating Shodhana (purificatory), Shamana (palliative), and Rasayana (rejuvenative) therapies, not only aims at expelling or dissolving the stone but also focuses on preventing recurrence by correcting underlying metabolic imbalances. Modern medicine complements this understanding with precise diagnosis, imaging, and interventional options, particularly in complicated or larger stones.

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