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A comparative clinical study on Pasanabheda and gorakshaganja in the management of Mutrashmari

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Abstract

In the list of Urinary tract disorder urinary calculi is said to be the third most common disorder. Stones are most commonly present in the third-fifth decade and male are more frequently affected than female individual. Pasanabheda & gorakshaganja are described in ayurvedic texts for the management of Mutrashmari. Present study is for comparatively evaluating effect of Pasanabheda & gorakshaganja in the management of Mutrashmari. On a group of patients with Mutrashmari. The administration of drugs with proper diet and regimen as described in ayurveda showed equal response in controlling signs and symptoms.

Keywords: Urolithiasis, Mutra Ashmari, pashanbhed, gorakshaganja, Ayurvedic treatment, Ayurvedic regimen

Introduction

A calculus, often called a stone, is a concretion of material, usually mineral salts, that forms in an organ or duct of the body. Formation of calculi is known as lithiasis. Stones can cause a number of medical conditions. Calculi in the urinary system are called urinary calculi and include kidney stones (also called renal calculi or nephroliths) and bladder stones (also called vesical calculi or cystoliths). They can have any of several compositions, including mixed. Principal compositions include oxalate and urate. Calcium oxalate is a major constituent of most urinary stones. About 80% of those with kidney stones are men. Men most commonly experience their first episode between 20-30 years of age, while for women the age at first presentation is somewhat later. In the kidney, fixed renal pain (flank pain) is common. In the ureter (according to localisation of stone): If in the upper one-third of the ureter - pain radiates to the perineum, if at the pelvic brim - pain radiates to the inner aspect of the thigh, if present in the middle one-third of ureter - pain radiates to the iliac fossa. If the stone is localised in the bladder neck or urethra - pain may present as tip of penis pain. Frequency of urination, oliguria, dribbling of urine, and hematuria may increase. The development of urinary stones is most commonly related to:

- Decreased urine volume
- Increased excretion of stone-forming components
- Inadequate urine drainage, which may lead to stasis
- Decrease in urinary citrate levels leading to deposition of calcium
- Deficiency of vitamins A or C –

Diagnosis of kidney stones is made on the basis of information obtained from the history, physical examination, urinalysis, and radiographic studies. Clinical diagnosis is usually made on the basis of the location and severity of the pain, which is typically colicky in nature (comes and goes in spasmodic waves). Pain in the back occurs when calculi produce an obstruction in the kidney. Physical examination may reveal fever and tenderness at the costovertebral angle on the affected side.

Ultrasound imaging of the kidneys can sometimes be useful, as it gives details about the presence of hydronephrosis, suggesting the stone is blocking the outflow of urine. Radiolucent stones, which do not appear on KUB, may show up on ultrasound imaging studies. Other advantages of renal ultrasonography include its low cost and absence of radiation exposure. Ultrasound imaging is useful for detecting stones in situations where X-rays or CT scans are discouraged, such as in children or pregnant women.

Urolithiasis is described as Mutrashmari in Ayurveda Mutra means Urine and the word ashmari means Ashm sadrush (resembles like stone) hence the Ashmari in Mutravah Strotas is called Mutrashamri.

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As described by shushruta and other sages Mutraashmari falls under asht-maha gada. The mutra ashmari means the stone in Kidneys, ureters, urinary bladder and urethra. The major symptoms are pain in the Nabhi, Vasti, Sewani, Mehan swelling in Vasti & Sarakt Mutrata, Mutra Kashta, altered bowel habits, retention or increased frequency, dysuria ^[1].

Pashanbhed

Pashanbhed (*Berginia ligulata*) is described in ayurvedic pharmacognosy as Mutral (Diuretic), ashmaghn (Litholytic). It is quite common Herb among ayurvedic doctors. As per the Dravya Guna Vigyanam, the credentials of this herbs are as below-

Gana- Mutravirchanee (charaka), Veertarvaadi (Sushruta Samhita)

Kula- Pashanbhed

Swarupa- Bahubarshaayu Kshup found in peeping from rocks of mountains of Himalayan region at altitude of 7 to 10 thousand feet, Raktvarna moola, Golakar Patra

Guna- Laghu, snigdha Rasa-kashay, Tikta Vipaka- Katu

Virya- Sheeta

Prayojya anga- Moola

Tridosha-shamak, Ashmaribhedan, pachak, ^[2]

Taxonomy

Kingdom- Plantae Order- Saxifragales Family- Saxifragaceae Genus- *Berginia* Species- *B ligulata* ^[3]

Gorakshaganja

Gorakshaganja (*Aerva lanata*) is described in ayurvedic pharmacognosy as Mutral (Diuretic), ashmaghn (Litholytic). It is quite common Herb among ayurvedic doctors of southern india and it is traded and used as Pashanbheda in south India. As per the Dravya Guna Vigyanam, the credentials of this herbs are as below-

Gana- Mutravirchanee (charaka), Veertarvaadi (Sushruta Samhita)

Kula- Apamarg

Swarupa- Bahubarshaayu Kshup found in peeping from rocks of mountains of Sotheren region of india at altitude of 3 to 5 thousand feet, Karpurgandhi moola, Andaakar Patra

Guna- Laghu, Tikshna Rasa-kashay, Tikta Vipaka- Katu

Virya- Ushna Prayojya anga- Moola

Kapha-Vata-shamak, Ashmaribhedan ^[4].

Taxonomy

Kingdom: Plantae (Plants)

Sub-kingdom: Tracheobionta (Vascular plants)

Division: Magnoliophyta (Angiospermes, flowering plants)

Class: Magnoliopsida (Dicotylédones)

Subclass: Caryophyllidae

Order: Caryophyllales Family: Amaranthaceae Genus: *Aerva*

Species: *Aerva lanata* (L.) A. L. Juss. ex Schultes ^[5]

Background

Both drugs are described for Ashmari in ayurvedic texts. The same Local name for both drugs is regarded in different parts of India. The north Indian vaidyas uses *Berginia ligulate* as pashanbhed and describes *Aerva lanata* as

Gorakshaganja. In South India, the Vaidyas uses *Aerva Lanata* as pashanbhed. According to Ayurvedic texts, the drugs are similar in therapeutic actions but different due to their place of origin. This difference may be called Mata-vaibhinnay. The objective of this study is to re-establish the Aapt-updesha on Clinical grounds.

Selection of the patients

Fourty patients selected promptly for the study who visited OPD with complaints of pain in groin, Hematuria, Burning micturition, Incomplete urinary incontinence. After confirming urolithiasis, all patients were included in study.

All patients has undergone for USG KUB, CBC, Urine Analysis, ALT, AST, S. Creatinine, RBS, S. Uric Acid.

The criteria for assessment were- pain in groin, Hematuria, Burning micturition, Incomplete urinary incontinence.

Details of patients

There was ten patients were selected for the study.

SEX- Male patients- 22

Female patients- 18

Total- 40

FOOD- Vegetarian- 34 Non-vegetarian- 6

RECURRENCE First time- 1 Second time- 4

Several times- 5

Previous Treatments

Previous medications- Modern medicine- 2 Self treated- 4 Ayurvedic- 2

None- 2

Pre-treatment status

Each patient's full details were recorded as per Itivritta system and question for the classical and associated complaints of urolithiasis asked. The number of patients per complaint was as below:-

Pain- 35 hematuria- 04

Frequent Micturition-25 Burning Micturition- 38

Incomplete urinary Incontinence-8

Administration

All the patients were advised to obey the rules as follow

1. Restricted food:- meat, egg, spicy, milk in morning, curd at night, leafy vgs, untimely food,
2. Daily walk for min. 100 steps in morning and after dinner.
3. Medications other than prescription, for any complaints were strictly restricted.
4. A daily water intake (40ml per kilogram body weight, per day) to maintain fluid balance.
5. To take warm water as much as possible.

Medications

All the patients were randomly divided into two groups.

Group A-25 ml of decoction of *Berginia ligulata* for 60 days

Group B-25 ml of decoction of *Aerva lanata* for 60 days

The method for preparing decoction- 20-gram coarse powder of dried Root boiled with 200 ml of water. The liquid reduced up to 25 ml, then filtered, cooled and administered twice before meals.

Assessment

Table 1: As per the criteria of assessment the findings before and after treatment were as below.

	Group A		Group B		Change %	
	B.T	A.T	B.T	A.T	Group A	Group B
Pain	17	3	18	4	82.35%	77.77%
Hematuria	02	00	02	00	100%	100%
Frequent micturition	13	1	12	1	92.30%	91.66%
Burning micturition	19	0	19	1	100%	99%
I.U incontinence	5	0	03	00	100%	100%
Mean Calculi Size	6.7	3.2	7.1	3.4	47%	46%

Results

Both the groups, showed good response however the therapeutic effect of Berginia ligualat was 86.94% and Aerva lanata shown 85.73%.

No specific Follow-up was followed.

Conclusions

As per the results of study, following conclusions were made-

1. Both drugs shown 100% response in Hematuria and Incomplete uribnary incontinence response towards.
2. Berigina ligualta proved more effective in managing pain than Aerva lanata.

Both drugs reduced the Mean size of calculi.

Conflict of Interest

Not available

Financial Support

Not available

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