

A PILOT STUDY ON EFFECT OF YAVA KSHARA WITH TAKRA AS ANUPANA IN MOOTRASHMARI (UROLITHIASIS)

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ABSTRACT

Mootrashmari - an stony hard structure generated in *mootravaha strotas*. Usually recognized by a classical type of pain, termed as ‘*Yamopama (madhav nidan)*’ in classics. In the modern arena, for *mootrashmari* (Urolithiasis) surgical procedures are the only treatment of choice (Manual of Surgery by Das) which is not conducive enough as they hold the disadvantages of high expenditure, side effects and disease recurrence. It is in this dire situation, the desperate need to find conservative medicine which is an inexpensive, effective and appropriate medicine to treat *Mootrashmari* which has very less disadvantages which can avoid the recurrence. So a clinical trial was carried out in 10 patients presented with signs and symptoms of *Mootrashmari* irrespective of their sex, religion, Occupation to see efficacy of ‘*yava kshara with takra (buttermilk) s anupana for mootrashmari*. In present Clinical trial ‘*yava kshara*’ was given in dose of 125mg with *takra* (buttermilk) before food B.I.D. for 15 days to each subject. There was overall 98.43% relief in *vedana* symptom, 97% relief in *mootra krucchata*, *mootra dhara sang* & 86.05 % relief in size of *mootrashmari*. Hence it is concluded that *yava kshara with takra anupana* can be significant and a better option for surgery in the management of *Mootrashmari*.

Keywords: *Mootrashmari, Yava kshara, Takra.*

INTRODUCTION: ‘*Ashmari*’ comprises of two words ‘*Ashma*’ (stone or gravel) and ‘*Ari*’ (enemy). *Ashmari* is a disease in which there is formation of stone, exerting great suffering to man like an enemy.

Ayurveda considered *Ashmari* mainly as ‘*Mootra ashmari*’ (Urolithiasis), which is emerging as a sequel to deranged *mootra pravritti* leading to deterioration in urine secretion and micturition. *Mootrasmari* is a disease of *Mootravaha strotas*¹ and considered as one of the ‘*Ashtamaha gadas*’ i.e. one of the deadly diseases¹.

The symptoms of *mootrashmari* like excruciating pain over *nabhi*, *basti*, or at *sevani*, *medra* during micturition, sudden stoppage of urine flow, blood stained urine, twisting and slitting of urine, aggravation of pain during running, jolting

etc.², go on in accordance with symptoms of urolithiasis of modern science. Hence urolithiasis can be co-related with the *mootrashmari* mentioned in ayurveda.

Urolithiasis is the state describing the presence of calculi within the urinary system. It is estimated to afflict 2% of the total world’s population but are particularly common in some geographic areas such as in parts of the United States, India, South Africa, South East Asia. Men are more affected than women with the ratio of 3:1. Initial presentation predominates in the third and fourth decades.

Intrinsic factors in the genesis of stone are related to inherit, biochemical or anatomical make-up of the individual. Endocrine abnormality may also be the cause for stone formation. Environmental,

temperature, water intake, diet, social class, genetically predisposition and occupation play major role in the formation of the renal calculi.

Geographical factors contribute to the development of renal calculi. Areas of high humidity and elevated temperatures appear to be contributing factors, and the incidence of symptomatic ureteral stone is greatest during the hot summer months.

In the modern arena, surgical procedures remain the only treatment of choice and are not conducive enough as they hold the disadvantages of high expenditure, side effects and disease recurrence. It is in this dire situation, the desperate need to find conservative medicine which is an inexpensive, effective and appropriate medicine to treat *Mootrashmari* which has very less disadvantages which can avoid the recurrence.

Keeping all the above points in mind a study was conducted in *Sou Shantidevi Vedaprakasha Ayurved College and Hospital*, where '*Yava kshara with takra as anupana*'⁷ was given in 10 patients.

AIM AND OBJECTIVES:

1. To study effect of *yava kshara with takra as anupana* in *mootrashmari*.
2. To observe relief provided by this drug symptomatically.

MATERIALS AND METHODS:

* *Aushadhi yoga: yava kshara*³

* Dose : *Yava kshar 125mg*⁴

Orally before meal with *Takra* (buttermilk) b.i.d

* Duration: 15 days

*Method of preparation:

1. *Yava kshara*:

Panchanga of *yava* collected separately. It was dried in shed. Dry *panchanga* was divided into small

pieces. Then with the help of *sesamum* stalks (*Tila*) and pebbles of limestone they were ignited. When the fire burnt out, the *bhasma* (ash) and *bhasma sharkara* (the slake lime) collected separately. Weight of collected ash noted. Then the ash dissolved in four parts of water and kept it for whole night. On next day filtered it 3 times. Then again it was kept on fire until the entire water got evaporated. Gray colored residue obtained was *yava kshara*⁵.

2. *Takra*: (asked the patient to made by themselves at home)

100gms of curd taken then 50ml of water was added in it and by churning process butter milk was prepared. The butter got separated, remaining buttermilk i.e. *Takra* was used as *anupana*⁶.

INCLUSION CRITERIA:

1. Patients of age group 15yrsto 55yrs of both sexes irrespective of religion, occupation and Socio-economic status.
2. Patients presenting symptoms of '*Mootrashmari*' according to classics along with findings of calculus in kidney, ureter, bladder by one of the diagnostic method like USG, X-Ray KUB etc.

REJECTION CRITERIA :

1. Patients belonging to age group below 15yrs. and above 55 yrs.
2. Patients of *mootrashmari* with any complications.
3. Patients of *mootrashmari* suffering from severe pain hypertension haematuria
4. Patients those who do not follow instruction of *vaidya*.
5. Patients having more than one calculus.

ASSESSMENT CRITERIA: The efficacy of therapy was assessed on the basis of Subjective parameter (Sign and symptoms of '*Mootrashmari*') as

described in various ayurvedic texts before and after treatment. Symptoms were graded as follows

1. Pain in abdomen
2. pain during micturition
3. difficulty in micturition

Table no. 1: Gradation of symptoms for assessment

Subjective parameter	Score
All the three symptoms present	3
Only two symptoms present	2
Single symptom present	1
No any symptom	0

Also the assessment done by objective parameter before and after treatment:

1. USG - abdomen
2. X-ray – KUB plain after preparation
3. Urine examination

OBSERVATION AND RESULTS:

Table No. 2 Sex wise distribution of patients

Sex	No. of Respondents	%
Male	8	80.00
Female	2	20.00
Total	10	100.00

In present study male patients were found to be more prone to *Mootrashmari* than female

Table No.3 Age wise distribution of patients

Age(yrs.)	No. of Respondents	%
20-30	04	40.00
30-40	03	30.00
40-50	02	20.00
>50	01	10.00
Total	10	100.00

In Present study maximum patients were found in age group 20-30

Table.No.4 Distribution of patients according to Chronicity of disease

Chronicity in days	No. of patients	%
≤30	07	70.00
31-60	02	20.00
61-90	01	10.00
91-120	0	00.00

121-150	00	00.00
>150	00	00.00
Total	10	100.00

In present study more patients were having complaints less than 30 days

Table no. 5 Relief in symptoms at follow up of patients by *Yava kshara*

Complaint Type	<i>Mootrakrichata/ mootrasanga/ Vishiradhara mootrapravritti</i>
All three present	0
Two symptoms Present	1
single symptom present	2
No any symptom present	7
Wilcoxon signed rank test	P<0.001

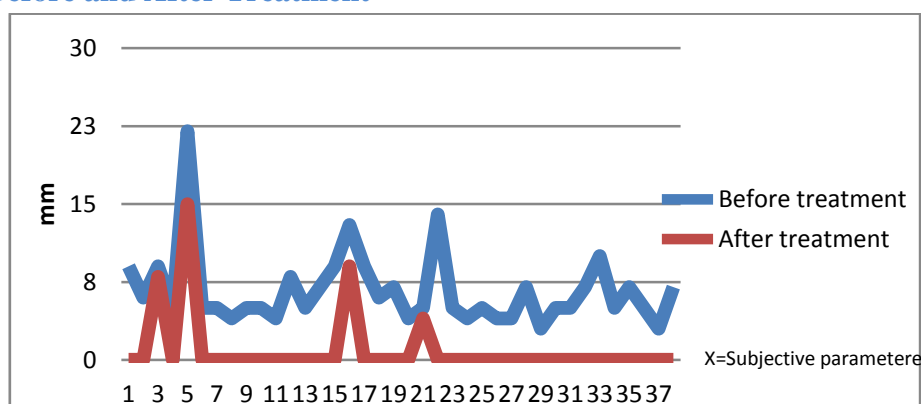
The present study show statistically significant relief (p<0.001) observed before treatment and at follow up by *Yava kshara* with Takra

Table.No.6 Size of *mootrashmari* in Kidney before and after treatment by *Yava kshara* with *takra*

Size of <i>mootrashmari</i> (mm)	Before treatment	After treatment
Mean	6.63	0.95
SD	3.57	3.08
t test	14.85	P<0.001

Graph 1 Before and After Treatment

Y= objective parameter



The present study was statistically highly significant in reducing Size of *Mootrashmari* in urinary system.

Table No. 7: Percentage relief observed before and after treatment in *Mootrashmari*

Relief criteria	Subjective parameter		Objective parameter	
	No. of patients	%	No. of patients	%
Excellent (>70%)	09	90%	07	70%
Moderate (30%-70%)	01	10%	02	20%
Poor (<30%)	00	00	01	10%

Graph 2 %relief observed by No. Of patients

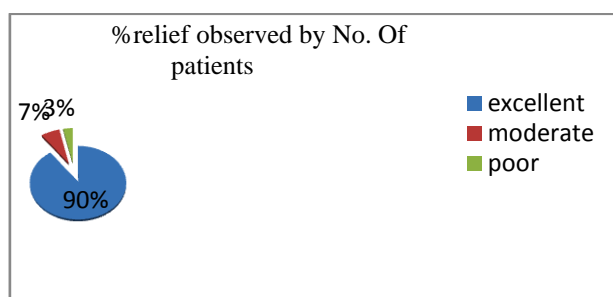


Table No. 8 Percentage relief observed before and after treatment of *mootrashmari* in Kidney by *Yava kshara with Takra*

Symptoms	Before treatment (avg)	After treatment (avg)	Relief	% Relief
Vedana	2.10	0.03	2.07	98.43
Mootrakrichata	1.10	0.03	1.07	97.00
Size Of <i>Mootrshmari</i> (mm)	6.63	0.95	5.68	85.67

DISCUSSION: *Mootrashmari* is a gravious disease formed mainly due to *vata* and *kapha dosha samorcchana*. As per ayurvedic classics, the person, who continued with *mithya ahara vihar* without *shodhana*. His *Shleshma* get vitiated and mixes with *bastigata mootra*. Here in *basti, dushti* attains shape of gravel i.e. *Asmari*. As per *Acharya Sushruta's* view concern 'A new pitcher filled with clear water shows setting down of muddy particles in due course of time'. In the same way the *mootrashmari* is formed in *Mootravaha sansthana*.

Kshara is a remedy formed by process of *Bashmikanana, Filtration, Evapouration* termed as *sanskara's*. During the process of drying it undergo *kala, vata and atapa sanskara*. Which make the drug dry and same *gunas* of *vata*. During *Bhasmikanana* process it under go *agni sanskara* which make the drug *kaphaghna* and *vataghna*. After words it get settled with water for whole night here *jala and pruthvi mahabhootaj sanskara* will act. Build capacity to break. Further the more it again undergoes *agni sanskara*. During the whole process *rasa, virya, vipaka* of *dravya* all changes and a

new formulation is formed. This new formulation i.e. *kshara* is of *Lavana rasa*, *ushna virya* and of *madhur vipak*. By *lavan rasa* it disintegrates, by its *ushna virya* it dissolves and by *prabhava* it expel out the *asmari*.

Takra is a remedy formed by churning process termed as *manthan sanskara*. After *Manthansanskara* new formulation is formed. This new formulation i.e. *Takra* is of *sweet and sour rasa*, *ushna virya* and of *madhur vipak*.

Another one theory stated As *mootrashmari* is formed due to alteration in p^H . Concentrated urine is one of the causes for *mootrashmari*. When it has been taken internally it changes pH of urine, and helps in preventing the hyper-concentration of urine. Which ultimately Disintegrate, Dissolve the present stone and also prevents stone formation further.

CONCLUSION: From above data it is seen that, there was overall 98.43% relief in symptoms subjectively 86.05 % relief objectively. Which statistically states that, ' *yava kshara with takra* ' is effective in *mootrashmari*. This ultimately concludes that, *Yava kshara with Takra* is an inexpensive, effective and appropriate medicine to treat *Mootrashmari*.

This Study also show cone of light on following observations to revel conclusions.

- *Mootrashmari* commonly seen in society as a prominent problem in some geographic areas of high temperature. Environmental factors, water intake, diet, social class and occupation also play major role in formation of *Mootrashmari*.
- Workers are more prone to *Mootrashmari*. Addiction of tea, alcohol,

tobacco, and cigarette played a major role in formation of *Mootrashmari*.

- Persons with *krura koshta* and *vishamagni*, *Vata –pittaj prakruti* were prone to *ashmari* formation.
- The probable *Nidana are Asamshodhanasheela, Apathya sevana, Diva swapna, Snigdha ahara, Madhura ahara and ruksha -Teekshna ahara* etc.
- *Nabhi vedana, Basti vedana, Mutradharasanga* and *Sarudhiramutrata* are the main complaints along with burning micturition, dysuria and nausea in maximum patients.

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