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Case Study

AYURVEDIC MANAGEMENT OF BILATERAL NON-OBSTRUCTIVE RENAL CALCULI *(MUTRASHMARI)*

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ABSTRACT

Mutrashmari, described as one of the *Ashtamahagada* in Ayurvedic classics, is characterized by the formation of urinary calculi resulting from derangement of *Kapha* and *Vata Dosha*. In contemporary medicine, it is correlated with renal calculi (urolithiasis), a common urological disorder associated with significant morbidity and frequent recurrence. Ayurveda advocates the use of *Mutrala*, *Ashmaribhedana*, *Shoolahara*, and *Srotoshodhana* therapies for the management of this condition. **Case Presentation:** A 26-year-10-month-old male presented with intermittent bilateral flank pain, burning micturition, and nausea of 10 days duration. Ultrasonography performed before treatment revealed bilateral non-obstructive renal calculi measuring 5.1mm in the right kidney and 3mm in the left kidney, along with Grade II fatty liver. General examination showed a body weight of 72kg, blood pressure of 122/78mmHg, and pulse rate of 76/min. Urine routine examination, serum creatinine, and blood urea were within normal limits. **Intervention:** The patient received *Mahashakti Ashmabhedi DX Kwath* (15ml twice daily), *Mahashakti Ashmabhedi Tablet* (2 tablets twice daily), and *Mahashakti Detox Powder* (6gm at bedtime) for 22 days. The patient was advised to maintain a daily fluid intake of 3–4 litres and avoid foods rich in oxalates and excessive sodium. **Outcome:** Progressive reduction in flank pain, burning micturition, and nausea was observed during treatment. Follow-up ultrasonography demonstrated no obvious renal calculus in either kidney and improvement of fatty liver from Grade II to Grade I. **Conclusion:** This case demonstrates that the prescribed Ayurvedic regimen, combined with adequate hydration and dietary modification, was associated with complete symptomatic relief and radiological absence of previously documented small non-obstructive renal calculi.

INTRODUCTION

Renal calculi (urolithiasis) constitute one of the most prevalent disorders affecting the urinary system and represent a major global health burden. The lifetime prevalence of renal calculi is estimated to range between 5% and 15%, with recurrence occurring in nearly half of affected individuals within five years after the first episode. Increasing incidence has been attributed to inadequate hydration, dietary excesses, obesity, metabolic syndrome, sedentary lifestyle, genetic predisposition, and environmental factors. Clinically, patients commonly present with unilateral or bilateral flank pain, dysuria, burning micturition, nausea, vomiting, and occasionally hematuria. Small non-obstructive calculi measuring less than 6mm frequently undergo spontaneous passage with conservative management consisting of adequate hydration, dietary regulation, and symptomatic treatment.

In Ayurveda, renal calculi are correlated with *Mutrashmari*, one of the eight grave disorders (*Ashtamahagada*) described by Acharya Sushruta. According to classical texts, excessive intake of *Kapha*-promoting diet and lifestyle factors leads to vitiation of *Kapha Dosha*, which combines with vitiated *Vata* to produce dense crystalline concretions within the *Mutravaha Srotas*. These concretions obstruct the normal flow of urine and produce severe pain (*Shoola*), burning micturition (*Daha*), dysuria (*Mutrakrichra*), and other urinary symptoms. Ayurvedic management

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of *Mutrashmari* emphasizes correction of *Dosha* imbalance, restoration of normal urinary flow, dissolution or fragmentation of calculi (*Ashmari bhedana*), enhancement of diuresis (*Mutrala Karma*), reduction of inflammation (*Shothahara*), alleviation of pain (*Shoolahara*), and prevention of recurrence through dietary regulation (*Pathya-Apathya*) and lifestyle modification.

Case Report

Patient Information

A 26-year-10-month-old male presented to the Outpatient Department (OPD) with complaints of intermittent bilateral flank pain, burning micturition, and nausea for the preceding 10 days. The pain was insidious in onset, dull aching in nature with occasional colicky episodes, and localized over both renal angles. It was aggravated by inadequate water intake and prolonged physical activity and was partially relieved by rest.

History of Present Illness

The patient was apparently healthy until ten days before presentation, when he gradually developed intermittent pain in both loin regions. The patient admitted to consuming approximately 1–1.5 litres of water daily, particularly during outdoor work, and reported irregular bowel habits with occasional constipation. Dietary history revealed frequent intake of spicy foods. An ultrasonographic examination performed before initiation of treatment demonstrated bilateral non-obstructive renal calculi, confirming the diagnosis.

Personal History

- Appetite (*Ahara*): Normal
- Diet: Mixed (frequent intake of spicy food)
- Bowel: Occasional constipation
- Micturition: Burning sensation present
- Water intake: Approximately 1–1.5lt/day before treatment.

General Examination

- Build: Moderate (weight: 72kg, height: 176cm, BMI: 23.2kg/m^2)
- Pulse Rate: 76/min
- Blood Pressure: 122/78mmHg
- Temperature: Afebrile
- Pallor/Icterus/Cyanosis: Absent

Ashta Sthana Pareeksha

- *Naadi: Vata-Pittaja*
- *Mutra*: *Daha* present
- *Mala*: *Vibandha* (occasional constipation)
- *Jiwha*: Slightly coated
- *Shabdha: Prakruta*
- *Sparsha: Prakruta*
- *Druk: Prakruta*
- *Aakruti: Madhyama*

Dashavidha Pareeksha

- *Prakruti: Vata-Pittaja*
- *Vikriti: Kapha-Vata*
- *Sara/Samhanana/Pramana: Madhyama*
- *Ahara/Jarana/VyayamaShakti: Madhyama*
- *Vaya: Yuva* (young adult)

Systemic Examination

- Musculoskeletal System: Mild tenderness, no palpable abdominal mass or organomegaly was detected clinically.
- Cardiovascular & Respiratory Systems: Within normal limits.

Diagnostic Assessment

- **Ultrasonography (28 May 2026):** Right kidney: Largest calculus measuring 5.1mm; Left kidney: calculus measuring 3mm. Bilateral non-obstructive renal calculi; Mild hepatomegaly with Grade II fatty liver.
- **Laboratory Investigations:** Urine routine examination, serum creatinine, and blood urea were all within normal limits.

Treatment Protocol and Schedule

The patient received a comprehensive oral Ayurvedic treatment regimen for a duration of 22 days (From 28 May 2026 to 19 June 2026).

Table1: Treatment Schedule

Day	Procedures/Interventions	Observation/Symptom Status
1	*Mahashakti Ashmabhedi DX Kwath* (15ml BD) + *Mahashakti Ashmabhedi Tablet* (2 tab BD) + *Mahashakti Detox Powder* (6 g at bedtime)	Severe bilateral flank pain (+++), moderate burning micturition (++), nausea present.
5	Continuous oral medications as scheduled above; advised 3–4L water daily.	Flank pain and burning micturition persist but intensity stable.
10	Continuous oral medications as scheduled above.	Marked reduction in flank pain (+) and burning micturition (+). Nausea minimized.
15	Continuous oral medications as scheduled above.	Flank pain almost resolved, burning micturition absent, bowel movements regularized.
22	Final day of scheduled intervention.	Completely asymptomatic. No flank pain, no burning micturition, nausea absent.

Table 2: Composition and Rationale of Prescribed Formulations

Formulation	Principal Ingredients	Expected Ayurvedic Actions
Mahashakti Ashmabhedi DX *Kwath* (15ml twice daily)	*Pashanbheda, Varuna, Gokshura, Punarnava, Kulattha, Bhoomyamalaki, Amalaki, Kantakari, Agnimantha, Kakamachi, Sajjikshara*	*Ashmari bhedana* (lithotriptic), *Mutrala* (diuretic), *Shothahara* (anti-inflammatory), *Srotoshodhana* (cleansing channels).
Mahashakti Ashmabhedi Tablet (2 tablets twice daily)	Extracts of *Boerhavia diffusa, Tribulus terrestris, Coleus aromaticus, Asteracantha longifolia, Achyranthesaspera, Phyllanthusurinaria*	Anti-crystallization potential, *Vedanasthapana* (analgesic), and sustained *Mutrala* action.
Mahashakti Detox Powder (6 g once daily at bedtime)	*Triphala, Trikatu, Senna, Amaltas, Ajwain, Jeera, Saunf, Kokam*	Correction of *Mandagni*, elimination of *Ama*, and *Apana Vata Anulomana* to relieve *Vibandha* (constipation).

Table 3: *Pathya* and *Apathya* Advised (Diet and Lifestyle)

***Pathya* (Advised/Beneficial)**	***Apathya* (Avoided/Harmful)**
Maintain a fluid intake of 3–4 litres of water daily	Spinach (*Palak*) and excess tomato seeds
Consumption of barley water (*Yava Manda*)	High-sodium processed foods and carbonated beverages
Regular physical activity	Excess tea and coffee
***Pathya* (Advised/Beneficial)**	***Apathya* (Avoided/Harmful)**
Immediate voiding of urine without suppressing urges.	Inadequate fluid intake and prolonged fasting.

RESULTS AND OBSERVATIONS

Significant clinical and radiological resolutions were noted before and after the 22-day therapeutic intervention.

Table 4: Improvement of Clinical and Laboratory Features

Clinical/Laboratory Features	Before Treatment (28 May 2026)	After Treatment (19 June 2026)
Bilateral flank pain	Severe (+++)	Nil (completely resolved)
Burning micturition	Moderate (++)	Nil (completely resolved)
Nausea	Present	Absent
Right kidney calculus (USG)	5.1mm	No obvious calculus detected
Left kidney calculus (USG)	3.0mm	No obvious calculus detected
Hepatic status (USG)	Grade II fatty liver	Grade I fatty liver
Renal function tests	With in normal limits	Within normal limits (stable)

DISCUSSION

Mutrashmari is a common problem affecting the *Mutravaha Srotas*. Prolonged indulgence in dietary and lifestyle factors (*Nidana*) like inadequate fluid intake, spicy foods, and sedentary routines compromises *Agni*, creating *Ama* and leading to the combined vitiation of *Kapha* and *Vata Dosha*. This morbid combination leads to *Srotorodha* (obstruction) and crystallization within the kidneys (*Vrikka*).

The therapeutic strategy in this patient was directed toward correcting the underlying *Dosha* imbalance while simultaneously promoting stone disintegration (*Ashmaribhedana*) and flushing the urinary path (*Mutrala*). *Pashanbheda* (*Bergenia ligulata*) acts as a premier lithotriptic agent; experimental models highlight its capacity to inhibit calcium oxalate crystal aggregation and formation in the metastable solution. *Varuna* (*Crataeva nurvala*) lowers the deposition of stone-forming elements within the renal structures and modulates renal-protective properties via antioxidant up regulation. *Punarnava* (*Boerhavia diffusa*) and *Gokshura* (*Tribulus terrestris*) possess explicit *Mutrala* (diuretic) and systemic anti-inflammatory indicators that increase urinary volume, resolve localized stasis, and support smooth-muscle relaxation to assist in the painless elimination of calculi.

Furthermore, *Mahashakti Detox Powder* regularized bowel habits. In Ayurveda, chronic constipation causes *Apana Vata Dushti*, which directly affects the urinary bladder and passages. Administering carminative and mild laxative herbs corrected the *Mandagni*, eliminated *Ama*, and normalized *Apana Vata* movement, thereby accelerating the therapeutic action of the primary

lithotriptic drugs. The increased volume of fluid intake (3–4L/day) drastically minimized supersaturation of lithogenic minerals, validating the integrative utility of classical *Chikitsa Siddhanta*.

CONCLUSION

This case report documents the successful conservative management of bilateral non-obstructive renal calculi using a combined Ayurvedic approach of *Mahashakti Ashmabhedi DX Kwath*, *Mahashakti Ashmabhedi Tablet*, and *Mahashakti Detox Powder*, alongside structured hydration and dietary compliance. Complete symptomatic relief and radiological clearance of small calculi (5.1mm and 3mm) were achieved safely within 22 days.

REFERENCES

1. Sushruta. Sushruta Samhita, Nidana Sthana, Ashmari Nidana Adhyaya. Edited by Jadavji Trikamji Acharya. Varanasi: Chaukhambha Orientalia; 2014.
2. Agnivesha. Charaka Samhita, Chikitsa Sthana; Mutrakrichra Chikitsa Adhyaya. Edited by Rajeshwardatta Shastri. Varanasi: Chaukhambha Sanskrit Sansthan; 2012.
3. Madhavakara. Madhava Nidana, Ashmari Nidana. With Madhukosha Commentary. Varanasi: Choukhamba Prakashan; 2010.
4. Vagbhata. Ashtanga Hridaya, Nidana Sthana. Edited by Hari Shastri Paradkar. Varanasi: Chaukhambha Sanskrit Sansthan; 2009.
5. Bashir S, Gilani AH. Antiurolithic effect of Bergenialigulata rhizome: An explanation of the underlying mechanisms. J Ethnopharmacol. 2009 Feb 25; 122(1): 106-16.
6. Goyal BR, et al. Pharmacological potential of Boerhaavia diffusa: An Overview. IntJ Pharm Sci Drug Res. 2010; 2(1): 17-22.
7. Chhatre S, et al. Phytochemical and therapeutic potential of Tribulus terrestris. Pharmacogn Rev. 2014 Jan; 8(15): 45-51.
8. Sharma N, et al. Phytochemistry and Pharmacology of an Important Indian Medicinal Plant Crataevanurvala Buch Ham. Res J Pharmacogn Phytochem. 2010; 2(4): 25-31.
9. Anonymous. The Ayurvedic Pharmacopoeia of India. Part I. New Delhi: Ministry of AYUSH, Govt of India; 2007.
10. Sharma PV. Dravyaguna Vijnana. Vol. II. Varanasi: ChaukhambhaB harati Academy; 2015.
11. Pearle MS, Goldfarb DS, Assimos DG, et al. Medical management of kidney stones: AUA Guideline. J Urol. 2014 Aug; 192(2): 316-24.
12. Moe OW. Kidney stones: pathophysiology and medical management. Lancet. 2006 Jan 28; 367(9507): 333-44.
13. Worcester EM, Coe FL. Clinical practice: calcium kidney stones. N Engl J Med. 2010 Sep 2; 363(10): 954-63.
14. Khan SR, et al. Kidney stones. Nat Rev Dis Primers. 2016 Feb 25; 2: 16008.
15. Romero V, Akpinar H, Assimos DG. Kidney stones: a global picture of prevalence, incidence, and associated risk factors. Rev Urol. 2010; 12(2-3): e86-96.
16. Bhavamishra. Bhavaprakasha Nighantu. Commented by KC Chunekar. Varanasi: Chaukhambha Bharati Academy; 2014.
17. Sharangadhara. Sharangadhara Samhita. Translated by K.R. Srikantha Murthy. Varanasi: Chaukhambha Orientalia; 2012.
18. Curhan GC. Epidemiology of stone disease. FASEBJ. 2004; 18(4): A103.
19. Patel PK, et al. Antiurolithiatic activity of herbal formulations: A review. Int J Pharm Sci Res. 2011; 2(6): 1345-56.
20. Singh A, et al. Bergenialigulata: A comprehensive review on its traditional uses, phytochemistry, and pharmacology. J Med Plant Res. 2017; 11(24): 380-92.

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