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Case Report

# NON-VISUALIZATION OF BILATERAL RENAL CALCULI FOLLOWING COMBINED AYURVEDIC MANAGEMENT- A CASE REPORT

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## ABSTRACT

A 45-year-old man presented with bilateral flank pain, burning micturition, headache and dizziness. Baseline ultrasonography showed two right lower-calyceal calculi (largest 4.9mm) and two to three left middle-calyceal calculi (largest 5.3mm), without collecting-system dilatation. His clinical history included newly diagnosed essential hypertension and type 2 diabetes mellitus treated with metformin. From 7 February 2026, *Gokshuradi Kwath* (an Ayurvedic decoction) 40ml twice daily and an Ayurvedic proprietary formulation, one tablet twice daily, were prescribed for approximately four months. Metformin 500mg once daily remained unchanged, and no conventional antihypertensive was added. Follow-up ultrasonography on 1 July 2026 did not visualize or report the previously documented calculi. The patient did not notice calculus passage. Blood pressure decreased from 143/86mmHg at baseline to 116/78mmHg at interim follow-up on 9 May 2026, and interim serum creatinine decreased from 1.40 to 1.11mg/dL. No treatment-related adverse event was reported. These observations show a temporal association; spontaneous passage and ultrasonographic limitations prevent attribution to treatment or confirmation of calculus dissolution.

## INTRODUCTION

Renal calculi are a common urological problem with a tendency to recur.[1] Small non-obstructing calyceal stones may remain stable, enlarge, become symptomatic or pass spontaneously. A review of conservatively managed calyceal stones reported average spontaneous passage of 18% across studies, with a mean surveillance period of four years.[2] This long-term observation cannot provide a treatment-specific comparison for the present case. Ayurvedic approaches to nephrolithiasis have been reviewed, but further controlled clinical studies are needed.[3]

Ayurvedic terminology describes urinary stone disease as *Ashmari* (urinary calculi); renal calculi may be clinically correlated with *Vrikkashmari* (kidney stones). Experimental work on *Gokshura* (*Tribulus terrestris*, puncture vine) demonstrated diuretic activity.[4]

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A randomized placebo-controlled trial of *Tribulus terrestris* fruit powder in prehypertension reported reductions in systolic and diastolic blood pressure.[5] Experimental studies of *Pashanbheda* (*Bergenia ligulata*) demonstrated inhibition of calcium oxalate crystal formation and aggregation, diuresis and antioxidant activity.[6] A clinical trial of a different formulation containing *Varuna* (three-leaved caper) and banana stem reported reductions in calculus size and pain.[7] These studies provide a rationale for investigation, but do not establish the effects of the combination administered in this case.

Ultrasonography also limits interpretation of small-stone outcomes. In a computed-tomography-referenced study, ultrasonography had 54% sensitivity and 91% specificity and overestimated stone size in the 0-10 mm range.[8] This report describes follow-up nonvisualization of bilateral renal calculi following combined Ayurvedic management.

## Case Report

A 45-year-old man presented with bilateral flank pain and burning micturition for approximately three months, with postprandial heaviness, epigastric burning, headache and dizziness. His clinical history

included type 2 diabetes mellitus, treated with metformin 500mg once daily, and newly diagnosed essential hypertension. He was not receiving a conventional antihypertensive drug.

Baseline abdominal ultrasonography on 21 January 2026 demonstrated bilateral calyceal calculi, preserved corticomedullary echoes and no collecting-system dilatation. Laboratory testing on 27 January 2026 showed blood urea 29.8mg/dL, serum uric acid 6.4mg/dL, sodium 139mmol/L, potassium 4.2mmol/L and calcium 8.9mg/dL. Urinalysis showed no red blood cells, casts, crystals or bacteria.

Treatment began on 7 February 2026. *Gokshuradi Kwath* (an Ayurvedic decoction) was selected for blood-pressure management and supportive management of renal calculi. An Ayurvedic proprietary formulation was prescribed specifically for *Vrikkashmari*. The interventions and doses are detailed in Table 1. Both were continued until 15 June 2026, a course of approximately four months. Metformin remained unchanged, no conventional antihypertensive was added, and dietary and lifestyle advice was given. The clinical timeline is summarized in Table 2.

**Table 1: Therapeutic Interventions**

| Intervention | Composition | Dose and duration |
|---|---|---|
| *Gokshuradi Kwath* | *Gokshura* (puncture vine), *Vacha* (sweet flag), *Rasna* (*Pluchea lanceolata*), *Erandamoola* (castor root) and *Punarnava* (spreading hogweed). | 40ml twice daily; approximately 4 months |
| Ayurvedic proprietary formulation | Aqueous extract derived from *Gokshura* 500mg, *Pashanbheda* 335mg and *Varuna* 625mg; total aqueous extract obtained: 150mg.<br>*Hajrula Yahud Bhasma* (processed mineral preparation) 100mg; *Shvet Parpati* (white mineral flake preparation) 50mg; *Kulath* (horse gram) 50mg.<br>Processed in *Durva* (Bermuda grass), *Gokshura*, *Palash* (flame of the forest) and *Punarnava*. | 1 tablet twice daily; approximately 4 months |

**Table 2: Clinical Timeline**

| Date or period | Assessment or intervention |
|---|---|
| 21 January 2026 | Baseline ultrasonography documented bilateral renal calculi |
| 27 January 2026 | Baseline laboratory and urine assessment |
| 7 February 2026 | Combined Ayurvedic management started |
| 9 May 2026 | Interim blood-pressure and associated symptom assessment |
| 14 May 2026 | Interim laboratory monitoring |
| 15 June 2026 | Combined Ayurvedic treatment completed |
| 1 July 2026 | Follow-up ultrasonography did not visualize or report the previous renal calculi |

Interim monitoring on 14 May 2026 showed a lower serum creatinine value, with no clinically meaningful deterioration in renal or hepatic biochemical parameters reported. No treatment-related adverse event was reported. Associated symptoms were assessed at baseline and interim follow-up on 9 May 2026 using the descriptive scoring rubric presented with the recorded values in Table 3. These are associated symptom assessments rather than dedicated post-treatment scores for flank pain or burning micturition.

**Table 3: Associated Subjective Parameter Scores**

| Parameter | Scoring criteria | BT | FU | BT minus FU |
|---|---|---|---|---|
| Headache | 0= absent; 1= intermittent; 2= mild-to-moderate headache, no medication required; 3= severe headache, medication required | 2 | 0 | 2 |
| Palpitation | 0= absent; 1= present | 0 | 0 | 0 |
| Dizziness | 0= absent; 1= intermittent; 2= on standing only; 3= constantly present | 2 | 0 | 2 |

| | | | | |
|---|---|---|---|---|
| Breathlessness | 0= absent; 1= on severe exertion; 2= on slight exertion; 3= at rest | 2 | 0 | 2 |
| Fatigue | 0= absent; 1= present | 1 | 0 | 1 |
| Chest pain | 0= absent; 1= slight pain on severe exertion, subsiding with rest; 2= pain on exertion lasting a few minutes; 3= severe pain subsiding after antihypertensive treatment | 2 | 0 | 2 |
| Nausea/ vomiting | 0= absent; 1= nausea only; 2= vomiting once or twice; 3= vomiting more than twice | 2 | 0 | 2 |
| Pale/red skin | 0= absent; 1= present | 0 | 0 | 0 |

BT = before treatment; FU = interim follow-up on 9 May 2026, while treatment was ongoing. Definitions follow the supplied clinical scoring rubric; validation was not established. A score of 0 denotes absence of the respective symptom. The recall period for vomiting was not specified in the available record.

Blood pressure at interim follow-up on 9 May 2026 was lower than baseline (Table 4). Follow-up ultrasonography on 1 July 2026 described kidneys of normal size and shape, preserved corticomedullary echoes and no collecting-system dilatation. The previously documented calculi were not visualized or reported. This scan was obtained 144 days after treatment initiation and 16 days after treatment ended on 15 June 2026. The patient did not notice visible calculus passage.

**Table 4: Selected Objective Findings**

| Parameter | Baseline | Interim or follow-up assessment |
|---|---|---|
| Right renal calculi | 2 in lower calyx; largest approximately 4.9 mm | Not visualized or reported on ultrasonography (1 July 2026) |
| Left renal calculi | 2-3 in middle calyx; largest approximately 5.3 mm | Not visualized or reported on ultrasonography (1 July 2026) |
| Collecting-system dilatation | Absent | Absent on 1 July 2026 |
| Blood pressure | 143/86 mmHg | 116/78 mmHg (9 May 2026; interim follow-up) |
| Serum creatinine | 1.40 mg/dL (27 January 2026) | 1.11 mg/dL (14 May 2026) |
| Treatment-related adverse events | Not applicable | None reported |

Serum creatinine was measured during interim monitoring; the ultrasound result reflects the later follow-up assessment.

## DISCUSSION

The principal objective observation was non-visualization of previously documented bilateral renal calculi on follow-up ultrasonography. Treatment ended on 15 June 2026 after approximately four months; the follow-up scan was obtained 16 days later, nearly five months after treatment initiation. This distinction is relevant when describing the timing of the outcome.

The ingredients provide a basis for further investigation, but constituent-level experimental findings and trials of different preparations cannot establish the effectiveness of this combination. Two Ayurvedic interventions were administered concurrently, so the observations cannot be attributed to either intervention individually. Likewise, the recorded blood-pressure reduction does not establish an antihypertensive effect in an uncontrolled single case.

Spontaneous passage and differences in ultrasonographic detection are alternative explanations for the imaging change. Passage was not observed, stone composition was not determined, and computed-tomography confirmation was unavailable. Accordingly, the outcome is described as non-visualization rather than confirmed dissolution or complete clearance. Other limitations include the small baseline stone sizes, lack of dedicated post-treatment renal symptom scores, and absence of longer follow-up. Interim biochemical monitoring and the absence of reported adverse events do not establish long-term safety. The associated symptom rubric combines frequency, severity, exertional triggers and treatment response, with potentially overlapping categories. Its validation and symptom recall periods were not established; score changes therefore remain descriptive and cannot substantiate renal-calculus or antihypertensive efficacy.

## CONCLUSION

Previously documented small bilateral renal calculi were not visualized or reported on follow-up ultrasonography following combined Ayurvedic

management. The temporal association does not establish treatment causality or confirmed dissolution. Prospective studies with standardized imaging, defined renal symptom outcomes and longer follow-up are needed.

**Patient Consent**

Written informed consent was obtained from the patient for publication of de-identified clinical details and investigation findings.

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