



Research Article

A CROSS SECTIONAL SURVEY TO ANALYZE MUTRASHMARI NIDANA

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KEYWORDS: *Mutrashmari, Nidana, Apathya, Parivarjana, Ahara, Vihara.*

ABSTRACT

In the present study an effort was made to assess the *Nidana* and to analyze which of them are more susceptible to *Mutrashmari* in present era. The knowledge of *Nidana* is helpful for the proper diagnosis, prevention of disease and treatment also. The physician who is having proper knowledge of *Hetu (Nidana)* means to cure the disease and their proper utilization. '*Nidana Parivarjana*' is the main method of keeping oneself free from the disease. This will help the individual to take care of diet and lifestyle. Questionnaire was prepared by included *Ahara* and *Vihara* which were mentioned under *Nidana* and *Apathya* for *Ashmari*. 100 Diagnosed cases of *Mutrashmari* from OPD and IPD of SDMCAH, Hassan, were taken for the study. In this present study occupation wise majority of subjects were farmers (32.00%), Housewives (11.00%), Business Persons (12.00%). In results the order of majority of *Nidhanas* like *Snigdha Ahara* (79%) *Ruksha Ahara* (76.0%), Chicken (74%), *Madhura Ahara* (60.0%), Long distance walking (73%) and *Apathyas* like *Amla Rasa Sevana* (75%), less intake of water (<2lit) (87.0%), Exposure to hot sun (63.0%) are plays major role in formation of *Mutrashmari*. Less intake of water (<2lit), Chicken, Long distance Walking, *Snigdha, Ruksha Ahara, Amla Rasa Sevana*, Expose to hot sun plays major in formation of both *Vaataja* and *Kaphaja Ashmari*.

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INTRODUCTION

In the present era, persons are going away from the nature and inviting many diseases in the early stage of their life due to disturbed lifestyle and *Ashmari* is one of them. *Ashmari* are the structures like hard stone¹. *Tridoshaja Vyadhi, Kapha Dosha* takes important part in hardening the *Ashmari* and *Vata, Pitta* dries up the *Mutra* along with *Kapha*². *Ashmari* is a grave disease so that it is included in *Asta Mahagada*. The *Maharogas* are difficult *Ashmari Nidana*

to cure due to their *Ashraya* in *Marma Sthana* and Involvement of *Bahudoshas* etc.

Classification of *Ashmari*

1. *Kaphaja*
2. *Vataja*
3. *Pittaja*
4. *Shukrashmari*

Table 1: *Ashmari Nidana* according to different Acharyas

<i>Charaka</i> ³ (C.S.Chi.26)	<i>Sushruta</i> ⁴ (Su.S.Ni.3)	<i>Vagbhata</i> ⁵ (AH.Ni.9)
<ul style="list-style-type: none">• <i>Athi Vyayama</i>• <i>Ruksha Ahara</i>• <i>Madya Sevana</i>• <i>Anupa Mamsa Sevana</i>• <i>Matsya Sevana</i>• <i>Adhyasana</i>• <i>Ajeerna</i>• <i>Mutravegavarodha</i>	<ul style="list-style-type: none">• <i>Ushna Gamana or Garma Gamana</i>• <i>Adhwa Gamana or Dheerga Gamana</i>• <i>Seetha, Snigdha, Guru, Madhura Ahara</i>• <i>Adhyasana or Samsana</i>• <i>Diwa Swapna</i>• <i>Apathyakarina</i>• <i>Asamsodhanaseela</i>	<ul style="list-style-type: none">• <i>Snigdha Ahara Sevana</i>• <i>Adhyasana</i>• <i>Ajeerna</i>• <i>Madhura Ahara</i>• <i>Diwa Swapna</i>• <i>Mutravegavarodha</i>

Ashmari Pathya- Apathya^{6,7}

Table 2: *Ashmari Pathya - Apathya* according to different Acharyas

<i>Pathya</i>	<i>Apathya</i>
<ul style="list-style-type: none">• <i>Kulattha</i>• <i>Godhuma</i>	<ul style="list-style-type: none">• <i>Shuska Ahara-Ruksha Ahara</i>• <i>Pishtanna</i>

<ul style="list-style-type: none"> • <i>Yava</i> • <i>Tanduleeya</i> • <i>Ardraka</i> • <i>Mudga</i> • <i>Jeernashali</i> • <i>Jeerna Kushmanda Phala</i> • <i>Yavakshara</i> • <i>Jala Sevana</i> 	<ul style="list-style-type: none"> • <i>Kharjura</i> • <i>Kapittha</i> • <i>Jambu</i> • <i>Kashaya Rasa Sevana</i> • <i>Athi Vyayama</i> • <i>Vegadharana</i> • <i>Pravatasevana</i> • <i>Arkatapa</i>
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Aims and Objectives of the Study

To identify the *Nidanas* those most frequently lead to *Mutrashmari* in present era.

Materials and Methods

The study was hospital based cross-sectional retrospective observational study which was conducted in SDMCAH, Hassan with a sample size of 100. Diagnosed cases of *Mutrashmari* from OPD and IPD were taken for the study. A questionnaire incorporating various *Aharaja Viharaja Nidana*, *Apathya* and their processing which are mentioned in classics for *Mutrashmari* was prepared. For purpose of analysis, SPSS (Descriptive frequencies, crosstabs and simple Chi-Square) was used.

About Questionnaire

Questionnaire prepared included *Ahara* and *Vihara* which are mentioned under *Nidana* and *Apathya* for *Ashmari*. Processing of food articles such as boiling, roasting and frying form was also given in questionnaire to those *Nidana*, *Apathya* which can be consumed in those forms. The food substances such as stalk of lotus etc., and *Viharas* like *Aswagamana*, *Asamsodhanaseelasya* etc., which are not used in present day were excluded from questionnaire. Two wheeler driving was included instead of *Aswagamana*.

In present study patients consuming the mentioned *Nidana* and *Apathya Ahara* more than once in 15 days was taken.

Inclusion Criteria

- All diagnosed cases of *Mutrashmari*.
- Patients in the age of 17-70 years irrespective of gender and religion.

Exclusion Criteria

- Patients who are suffering with severe systemic disorders like Renal failure, Tuberculosis, Polycystic kidney, Wilm's Tumour and Neoplasms.
- Patient with Acute Urinary Obstructive conditions

Observations and Results

Table 3: Frequency of Types of Ashmari

Frequency of types of <i>Ashmari</i>		
	Frequency	Percent
<i>Vaataja</i>	49	49.0
<i>Pittaja</i>	1	1.0
<i>Kaphaja</i>	50	50.0

Table 4: Frequency of occupation of the Patient

Occupation of the patient		
	Frequency (100)	Percent
Farmer	32	32.0
Business	12	12.0
Housewife	11	11.0
Others	45	

Table 5: Ahara Nidana-Frequency-Percentage

S.No	Ahara Nidana	Frequency (100)	%
1	<i>Adhyasana</i>	13	13.0
2	<i>Ajeerna</i>	50	50.0
3	Chicken	74	74.0
4	Mutton	48	48.0
5	Fish	47	47.0
6	<i>Madhyapana</i>	28	28.0
7	<i>Madhura ahara</i>	60	60.0
8	<i>Seetha ahara</i>	49	49.0
9	<i>Snigdha ahara</i>	79	79.0
10	<i>Ruksha ahara</i>	76	76.0

Table 6: Vihara Nidana-Frequency-Percentage

S.No	Vihara Nidana	Frequency	%
1	<i>Athi Vyayama</i>	27	27.0
2	Two Wheeler Driving	49	49.0
3	Long Distance Walking	73	73.0
4	<i>Diwa Swapna</i>	23	23.0
5	Sedentary Life	18	18.0

Table 7: Apathya Ahara Nidana-Frequency-Percentage

S.No	Apathya ahara	Frequency	%
1	<i>Pistanna</i>	33	33.0
2	<i>Karjura</i>	26	26.0
3	<i>Amla rasa</i>	75	75.0
4	Jambu	3	3.0

Table 8: Apathya Vihara-Frequency-Percentage

S.No	Apathya Vihara	Frequency	%
1	<i>Mutravegavaroda</i>	10	10.0
2	Exposure to strong wind	55	55.0

3	Constipation	45	45.0
4	Expose to hot sun (More than 2 Hours)	63	63.0
5	Water Intake (2lit)	87	87.0

Table 9: Contemporary Science Nidanas- Frequency-Percentage

S.No	Others	Frequency	%
1.	Tomato	95	95.0
2.	Paalak	40	40.0
3.	Tomato-paalak	39	39.0
4.	Brinjal	80	80.0
5.	Cauliflower	47	47.0
6.	Mushroom	25	25.0
7.	Black grapes	39	39.0
8.	Chickoo	57	57.0
9.	Amalaki	29	29.0
10.	Cucumber	90	90.0
11.	Cashew nut	42	42.0
12.	Ground nut	45	45.0
13.	Raagi	91	91.0
14.	Sesame	87	87.0
15.	Eggs	77	77.0
16.	Milk products	67	67.0

In observations the other causative factors(According to contemporary Science)like Tomato 95%, Raagi 91%, Cucumber 90%, Sesame 87%, Brinjal 80%, Eggs 77%, Milk Products 67% and Chickoo 57% are plays major role in formation of *Ashmari*. In Hassan region using of Raagi as daily food, But Raagi also one of the *Kaarana* for formation of *Ashmari* because of *GuruGuna*.

Discussion on Nidhana and Apathya

Table 10: Overall Nidana and Apathya (Ahara-Vihara) Frequency

S.No	Nidana and Apathya	Frequency
1.	Water Intake (2lit)	87
2.	Snigdha Ahara	79
3.	Ruksha Ahara	76
4.	Amla Rasa	75
5.	Chicken	74
6.	Long distance walking (More than 2 k.m)	73
7.	Expose to hot sun	63
8.	Madhura Ahara	60
9.	Exposure to strong wind	55
10.	Ajeerna	50

In results the *Aharaja* factors like *Snigdha Ahara* 79% with P value .000, *Ruksha Ahara* 76% with P value .000, *Amla Rasa Sevana* 75% with P value .000, *Chicken* 74% with P value .000, and *Madhura Ahara* 60% with P value .046. In results the *Viharaja* factors like Less Intake of water (Below 2lit daily) 87% with P value .000, Long distance walking 73% with P value .000, Expose to hot sun 63% with P value .000, Expose to strong wind 55% and *Ajeerna* 50%.

Discussion on Nidana and types of Ashmari

Nidana and Vaataja Ashmari

Table 11: Nidana of Vaataja Ashmari-Frequency-Percentage

S.No	Nidhana N=100	Vaataja Ashmari (49/100)
1.	Water intake(87)	40(81.6%)
2.	Chicken(74)	38(77.6%)
3.	Snigdha Ahara(79)	38(77.6%)
4.	Amla Rasa(75)	37(75.5%)
5.	Ruksha Ahara(76)	35(71.4%)
6.	Long distance walking(73)	33(67.3%)
7.	Expose to hot sun(63)	31(63.3%)
8.	Exposure to strong wind(55)	29(59.2%)
9.	Mutton(48)	28(57.1%)

10.	Madhura Ahara(60)	28(57.1%)
11.	Seetha Ahara(49)	26(53.1%)
12.	Constipation(45)	25(51.0%)

Nidana and Kaphaja Ashmari

Table 12: Nidana of Kaphaja Ashmari-Frequency-Percentage

S.No	Nidhana N=100	Kaphaja Ashmari (50/100)
1.	Water intake(87)	46(92.0%)
2.	Snigdha Ahara(79)	41(82.0%)
3.	Ruksha Ahara(76)	40(80.0%)
4.	Long distance walking(73)	39(78.0%)
5.	Amla Rasa(75)	38(76.0%)
6.	Chicken(74)	35(70.0%)
7.	Madhura Ahara(60)	32(64.0%)
8.	Expose to hot sun(63)	31(62.0%)
9.	Ajeerna(50)	27(54.0%)
10.	Two wheeler driving(49)	26(52.0%)
11.	Exposure to strong wind(55)	25(50.0%)

Overall Causative Factors in Different Types of Ashmari

Table 13: Nidana of both Vaataja and Kaphaja Ashmari (Overall)-Frequency-Percentage

S.No	Nidhana	Vaataja Ashmari (49/100)	Kaphaja Ashmari (50/100)
1.	Chicken (74)	38(77.6%)	35(70.0%)
2.	Madhuraahara (60)	28(57.1%)	32(64.0%)
3.	Snigdhaahara (79)	38(77.6%)	41(82.0%)
4.	Rukshaahara (76)	35(71.4%)	40(80.0%)
5.	Long distance walking(73)	33(67.3%)	39(78.0%)
6.	Amlarasa (75)	37(75.5%)	38(76.0%)
7.	Exposure to strong wind (55)	29(59.2%)	25(50.0%)
8.	Expose to hot sun (63)	31(63.3%)	31(62.0%)
9.	Water intake (87)	40(81.6%)	46(92.0%)

According to Acharyas Ashmari classification depends on 2 aspects

A. Shape, Color and Size of Ashmari (Morphological),

B. Lakshana (Symptom) basis

- In the present study the patients were diagnosed with the help of Lakshanas which are mentioned in Classical. These Lakshanas are based on the severity and type of the pain.

Vaataja Ashmari

- While migrating from one place to other the spiky stones cause injury and sometimes get obstructed in the urinary passage. Pain is radiating from Nabhi, Basthi, Sevani, & Mehana.
- The patient with pain passes urine drop by drop with straining.

Pittaja Ashmari

- When Pitta is associated with Kapha-Pittaja Ashmari is formed and obstruct the urinary passage. Due to this burning and sucking type of pain in Basti region.

Kaphaja Ashmari

- Kaphaja Ashmari quite bigger in size therefore pricking, pulling type of dull ache.

Ashmari is Tridoshaja Vyadhi, in which Kapha Dosha plays Major role in hardening the Ashmari and Vata, Pitta dries up the Mutra along with Kapha. So, Single Dosha cannot produce it.

Discussion on Nidana and Occupation

Table 14: Ashmari in Farmers and Nidhana-Frequency-Percentage

S.No	Nidhana	Farmer (32)
1.	Long distance walking(73)	32(100%)
2.	Expose to hot sun(63)	31(96.9%)
3.	Water intake(87)	27(84.3%)
4.	Amla Rasa(75)	25(78.1%)
5.	Snigdha Ahara(79)	24(75.0%)
6.	Chicken(74)	23(71.9%)
7.	Madhura Ahara(60)	22(68.8%)

8.	Exposure to strong wind(55)	22(68.8%)
9.	<i>Ruksha Ahara</i> (76)	21(65.6%)
10.	<i>Ajeerna</i> (50)	17(53.1%)

In Farmers the Causative factors like Long distance walking 100%, Expose to hot sun 96.9%, Less Water intake 84.3% and *Amla Rasa Ahara* 78.1% & *Snigdha Ahara Sevana* 75.0%

Table 15: Ashmari in Business Persons and Nidhana-Frequency-Percentage

S.No	Nidhana	Business (12)
1.	<i>Snigdha Ahara</i> (79)	12(100%)
2.	<i>Ruksha Ahara</i> (76)	12(100%)
3.	Chicken(74)	11(91.7%)
4.	Mutton(48)	11(91.7%)
5.	Water intake(87)	10(83.3%)
6.	Two wheeler driving(49)	9(75.0%)
7.	Long distance walking(73)	8(66.7%)
8.	Fish(47)	7(58.3%)
9.	<i>Amla Rasa</i> (75)	7(58.3%)
10.	Constipation(45)	7(58.3%)
11.	<i>Seetha Ahara</i> (49)	6(50.0%)

In Business Persons (Shop Business) the Causative factors like *Snigdha* & *Ruksha Ahara* each 100%, Chicken & Mutton each 91.7%, Less water intake 83.3% and excessive two wheeler driving 75.0%.

Table 16: Ashmari In Housewives And Nidhana-Frequency-Percentage

S.No	Nidhana	Housewives (11)
1.	<i>Amla Rasa</i> (75)	11(100.0%)
2.	<i>Diwa Swapna</i> (23)	10(90.9%)
3.	<i>Ruksha Ahara</i> (76)	9(81.8%)
4.	Water intake(87)	9(81.8%)
5.	Chicken(74)	8(72.7%)
6.	<i>Snigdha Ahara</i> (79)	8(72.7%)
7.	Fish(47)	7(63.6%)
8.	<i>Madhura Ahara</i> (60)	7(63.6%)
9.	<i>Seetha Ahara</i> (49)	7(63.6%)
10.	<i>Ajeerna</i> (50)	6(54.5%)

In housewives the causative factors like *Amla Rasa Sevana* 100%, *Diwa Swapna* 90.9% and *Ruksha Ahara* & less intake of water each 81.8%.

Overall Causative Factors in Different Occupations

Table 17: Different Occupations And Ashmari Nidhana (Overall)

Farmers	Housewives	Business
Long Distance Walking	<i>Amla Rasa</i>	<i>Snigdha Ahara</i>
Expose To Hot Sun	<i>Diwa Swapna</i>	<i>Ruksha Ahara</i>
Water Intake	<i>Ruksha Ahara</i>	Chicken
<i>Amla Rasa</i>	Water Intake	Mutton
<i>Snigdha Ahara</i>	Chicken	Water Intake
Chicken	<i>Snigdha Ahara</i>	Two Wheeler Driving
<i>Madhura Ahara</i>	Fish	Long Distance Walking
Exposure To Strong Wind	<i>Madhura Ahara</i>	Fish
<i>Ruksha Ahara</i>	<i>Seetha Ahara</i>	<i>Amla Rasa</i>
<i>Ajeerna</i>	<i>Ajeerna</i>	Constipation
		<i>Seetha Ahara</i>

Discussion on Frequent Nidanas and Probable Reasons

Long distance walking, expose to hot sun, exposure to strong wind:

The vitiated *Vata* dries up the *Mutra* in *MutravahaSrotas*, so that the *Kapha* present in the *Mutra* attains the form of *Ashmari*. The *Vishoshana* of *Mutra* refers to reduction in the volume of *Mutra*; therefore the *Kapha* present in the *Mutra* is more concentrated thus it helps in the formation of *Ashmari*⁸

Walking in hot sun

An individual who have to work in direct sun, who perspire a lot may generally cause concentrated Urine and Urine volume is also reduced. Thus *Ashmari* is formed.

Hot climate

It causes increase in concentration of solutes, which results in precipitation of calcium that forms the stones of calcium oxalate

Seetha, Snigdha, Guru, Madhura Ahara Sevana and Diwaswapna

Excessive day sleep, sedentary life etc. may increase *Kapha* leading to formation of *Ashmari*. The predominant *Kapha* get hard and grows in the form of *Ashmari*. Vitiated *Sleshma* enters into *MutravahaSrotas* along with the *Mutra* the *Ashmari* is formed in urinary system. *Kapha* is *Samavayi Kaarana* of *Ashmari*, because *Kapha* possess *Prithwi Tatwa* in it, which helps in hardening of *Ashmari*. Here *Kapha* refers to solutes present in the urine.⁹

Excessive intake of *Madhura, Guru, Snigdha Ahara* such as Milk, Meat, Egg etc causes *Ashmari* because such foods

are *Kapha* provoking as well as rich in Calcium, Phosphate etc hence, they help in formation of *Ashmari*.

In the study 74% of subjects were having mixed diet. This is the probable reason for higher prevalence of chicken, mutton, fish, egg eaters in the study. For causation of *Ashmari* non-veg items plays major role because of *Guru*.

Apathyakarina

Due to *Apathya-Sevana* leads to *Agnimandya* and vitiation of *Doshas* occurred, which are responsible for *Srotorodha* and ultimately held responsible for improper evacuation of the *Mala*. Thus they are deposited in the pathway of urinary excretory systems leading to *Ashmari*.

Table 18: Apathya-Sevana leads to vitiation of Doshas

<i>Amla Rasa</i>	Excessive intake it leads to liquefaction of <i>Kapha</i>
<i>Ruksha</i>	Excessive intake it leads to <i>Vaata Prakopa</i>
Mutton	<i>Guru and Snigdha Guna</i> . Excessive intake it leads to <i>Kapha Prakopa</i> (Animal protein like mutton, chicken, egg can cause stones. why because protein metabolism places a heavy load on the kidneys, making it difficult to eliminate its waste products)
Less intake of water	<i>Vata Prakopa</i>
<i>Ajeerna</i>	Vitiation of <i>Kapha</i>

CONCLUSION

Ashmari is a highly prevalent condition with a high recurrence rate and it has a large impact on the quality of life. Avoidance of the causative factors (*Nidana* and *Apathya*) given a prime importance in the prevention as well as cure of diseases. Prophylactic treatment is mainly based on *Nidana Parivarjana*. It is usually said that "prevention is better than cure". While treating diseases most importance should be given for avoidance of responsible factors for the vitiation of *Doshas* because it will be helpful in *Samprapti Vigatana* of disease. All these things become possible only if there is a perfect knowledge about etiological factors. "If one obeys *Nidana Parivarjana* and *Pathya*, no disease will occur and if one never mind them and continues *Nidana* and *Apathya*, no treatment is needed, as it is not going to be cured."

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