



Review Article

A COMPREHENSIVE STUDY OF ASHMARI IN BRIHATTRAYI

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ABSTRACT

From the study of ancient surgical text Sushruta samhita, it becomes evident that the urological problems form an important part of medical sciences. Among all the urinary problems described in Ayurvedic texts, there is one variety where both the medicinal and the surgical treatments are advised and agreed upon by all the Acharyas and this entity is the *Mutrashmari*.

Ashmari is one of the most common and distressing disease among the group of urinary disorder. In the ancient period the diagnosis of *Ashmari* was done, based only on the *Lakshanas*. The sufficiency of clinical features alone to make diagnosis is difficult. In the current practice, the diagnosis is based only on imaging techniques, which has enhanced the diagnostic capability of the disease.

This article reviews the various concept of *Ashmari* in *Brihatrayi* regarding its classification, symptomatology, etiological factors, pathology, complications and management have been dealt with both medico-surgical procedure.

It is an attempt to compile the various concept of *Ashmari* disorders scattered in *Brihatrayi* and correlate them with modern urinary disorders.

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INTRODUCTION

Basti is one of the three vital organs in the body, the other two being *Hridaya* and *Nabhi*. It is the most important organ maintaining the homoeostatis by regulating the excretion of the metabolites and waste products, i.e. *Dosha*, *Dhatu* and *Mala*.

Vegavarodha, i.e., suppression of natural urges is an important cause of various diseases. Ayurveda states that suppression of micturition is one of the most important causes of the disease of urinary tract. With progressive urbanization and inadequate toilet facilities, this cause has assumed greater importance.

According to *Ayurveda* body physiology is maintained by *Tridosha* Theory i.e. *Vata*, *Pitta* and *Kapha*. Likewise the functions of *Mutravahasrotas* (urinary system) is also regulated by *Apanavayu* one among the five types of *Vayu*. Obviously any derangement of *Apana Vayu* leads to the pathology

of the urinary system. So, the treatment principle is to correct the vitiated *Apana Vayu*, thereby attaining the normal physiology of the urinary system. This controls the symptoms of the *Mutravaha Shrotas* (urinary system). *Basti* therapy is one of modality of *Pancharma* which is specially used for pacification of *Vayu*.

In present and attempt to made a sincere effort to acquaint the reader with the wealth of knowledge available in Ayurvedic literature on the important subject of *Ashmari*. The literal meaning of the texts has been adhered to as far as possible and the basic concepts are presented in the original form. The relevant Sanskrit stanzas together with references are also given. Still the time these no work is done to compile *Ashmari* disorders, so its need to compile them to remain update. By considering and analysis above discussion the study is an attempt to compile the scattered *Ashmari* disorder in *Brihatrayee* i.e., Charaka Samhita,

Sushruta Samhita, Astanghridaya, Astangsamgraha and correlate them with modern urinary disorders.

One can easily appreciate the wisdom of Ayurvedic physicians who have meticulously described the various urological conditions and their treatment.

Aim And Objectives

1. To provide details about the *Ashmari*.
2. To explain the *Ayurvedic* approach in *Ashmari* disorders.
3. To correlate and discuss *Ashmari* disorders and its treatment.

Materials and methods

1. References of *Ashmari* have been collected from the classical books of Ayurveda.
2. All the data is compiled, analyzed and discussed through and in depth understanding about *Ashmari* from books and other authentic sources.
3. Ayurvedic and modern approach in *Ashmar* have also been compiled in this review.

ASHMARI

The word *Ashmari* means stone. In Ayurveda the word *Asmari* is used mainly for urinary calculi. As all types of calculi are solid, they dominate in earth element and *Kapha dosha*. Hence, *Kaphanashak* measures form the basis of treatment of all varieties of urinary calculi.

Ashmari is one of the most common and distressing disease among the group of urinary disorder. Sushruta the pioneer in the art of surgery, during early civilization has described the problem of *Ashmari* widely and comprehensively. The concept of *Ashmari*, its classification, symptomatology, etiological factors, pathology, complications and management have been dealt with both medico-surgical procedures.

Charaka Samhita^[1]

In this ancient treatise of medical science, Charaka explained the etiology, pathogenesis, symptomatology, and treatment modalities in detail in Chikitsa Sthana 26th chapter. While in *Vimana Sthana* 5th chapter he described the *Moolasthan* of *Mootravaha srotas* and its *Dusti karana's* and *Lakshana*.

Sushruta Samhita^[2]

Sushruta also explained the *Ashmari* in elaborative manner with separate chapter in

Nidana sthana 3rd chapter and operative measures in detail in Chikitsa Sthana 7th chapter. While *Ashmari* is considered as one among the *Mahagada* in Sutrasthana 33rd chapter.

Vagbhata^[3]

Vagbhata also explained the etiology, pathogenesis, symptomology in Nidhana Sthana 9th chapter and treatment measures in Chikitsa Sthana 11th chapter.

Etymological derivation

- I. *Ashmari* – *Ashmaan* -Raati Dadati Ya *Ashman* + *Raa* + *Ka* + *Gauraditwat nip*.^[4]
- II. The word *Ashmari* is derived from the root word 'Ashman' Ra is suffixed by Ka and Gauraditwat nip here Raati means ready or favorable or to give or to present. The disease that involves the formation of stone is called as *Ashmari*.

III. *Ashma-Ashman* means a stone.

1. The meaning of *Ashmari* is a stone, or gravel or rock or strangury.^[5]

Definition

According to various texts, disease *Ashmari* can be defined as –

- *Ashmari* is the stone formed in the *Srotas* especially in the *Mootramarga* "*Ashmari Mutra Krichhra Syat*".^[4]
- *Tulayatam Ashmanayati Tasmata Ashmarim Viduhu* (*Shabdakalpadruma*).
- *Ashmari Mutrakricchasyat* (*Amarkosha*).
- *Ashmari Mutrakricchrabheda*. (*Ayurvedic Shabdakosha*).
- *Rogamarga Srotamsi Va Visesate Mutramarga Sambhutam Pasanavisesam*. (*Ayurvedic Shabdakosha*).^[5]

Ashmari as a *Mahagada*

The diseases are difficult to cure due to their *Ashraya* in *Marma sthana* or involvement of *Bahu dosha*. These *Maharogas* are eight in number explained in all *Bruhatrayees*

- This disease is *Tridoshaja* in origin
- It is *Marmashrayee*
- *Basti* is *Vyakthasthan* of *Ashmari* and *Basti* comes under *Pranayathana*
- It is fatal disease, if not intervened timely.
- This disease is *Kruchchrasadhya Vyadhi*.

Nidana of Ashmari**Showing Nidanas of Ashmari Mentioned in Different Classics**

<i>Nidana</i>	Ch.s	Su.s	A.Hr
<i>Ajeerna bhojana</i>	+	-	-
<i>Anupa matsya</i>	+	-	-
<i>Ativyayama</i>	+	-	-
<i>Atimaithuna</i>	+	-	-
<i>Ashwayana</i>	+	-	-
<i>Adhyashana</i>	-	+	-
<i>Apathya</i>	-	+	-
<i>Asamshodhana sheelata</i>	-	+	-
<i>Diwaswapna</i>	-	+	-
<i>Guru ahara</i>	-	+	-
<i>Mutravarodha</i>	-	-	+
<i>Madhura ahara</i>	-	+	-
<i>Mutritha annapana</i>	+	-	-
<i>Mutritha maithunacharana</i>	+	-	-
<i>Maithuna Vighata</i>	-	+	-
<i>Pitrumatraka dosha</i>	-	-	-
<i>Rookshamadya pana</i>	+	-	-
<i>Samashana</i>	-	+	-
<i>Sheeta ahara</i>	-	+	-
<i>Snigdha ahara</i>	-	+	-
<i>Teekshna aushada sevana</i>	+	-	-

Samprapti

Acharya Sushruta, Charaka and Vagbhatta have similarly explained the process of *Ashmari* formation by citing different examples e.g. Acharya Charaka while dealing with *Mootrashmari samprapti* tells that when *Bastista mootra pitta, Kapha* are dried up by *Vata* it results in *Mootrashmari* in the same way as *Gorochana* is formed in *Pittashaya* of cow.

Commenting on this Chakrapani says that all the *Ashmari* are *Tridoshaja* in origin, he gives a very beautiful simile for this. As the water present in the atmosphere is dried up by wind and heat, in the same way, *Kapha* present in the *Basti* is dried up by *Vata* and *Pitta*. He also says that *Kapha* is the main *Dosha* responsible for the formation of *Ashmari* through *Vata* dries up the *Mootra* to form *Ashmari*, but it is the *Kapha* which gives it the *Roopa*.^[6]

Sushruta's view

As clear water kept in a new pitcher gets muddy in due course of time, similarly calculus is formed in *Basti*.

Acharya Vagbhatta has described *Ashmari* formation same as Acharya Charaka.

Hemadri commenting on the above *Samprapti* opines that *Vayu* after obstructing the *Basti mukha*, does the *Shoshana* of only *Mootra*, sometimes *Mootra* along with *Pitta*, sometimes *Mootra* associated with *Kapha* and sometimes *Mootra* with *Shukra*. He agrees that *Kapha* is the main *Adhara* for all *Ashmari*.^[7]

When we go through the *Samprapti* of *Mootrashmari* told by different authors we can try to picture out the entire process of *Ashmari* formation. All the *Tridoshas* especially *Kapha* gets vitiated by indulging in respective *Nidanas* and enter the *Basti* by the process of *Upas*.

Classification of Ashmari

Classifications of Ashmari mentioned in different classical texts are mentioned in the tabular format

Types	Su.	Cha.	A.H.	A.S.
1) Shleshmaja	+	-	+	+
2) Pittaja	+	-	+	+
3) Vataja	+	-	+	+
4) Shukraja	+	-	+	+
5) Mridu	-	+	-	-
6) Kathina	-	+	-	-

Poorva Roopa

Following table shows the Purvarupa of Ashmari as mentioned in different classics.^[8]

Showing Poorva Roopa of Ashmari

Sl No.	Poorva Roopa	Su	A.S	A.H
1.	Aruchi	+	+	+
2.	Avilamutra	+	-	-
3.	Avasada Angaglani	+	-	-
4.	Asannadeshe shoola	-	-	+
5.	Basti peeda	+	+	-
6.	Bastishiro vedana	+	-	-
7.	Bastagandhi mutra	+	+	+
8.	Basti admana	-	+	+
9.	Jwara	+	+	+
10.	Mushavedana	+	+	-
11.	Mutra Krichra	+	+	+
12.	Sandra mutra	+	-	-
13.	Muskavedana	+	+	-

Samanya lakshana

- Difficulty in voiding.
- Pain in supra pubic region
- a Pain in raphe, penis, bladder region
- Passage of urine in multiple streams
- Presses penis during micturition
- Increased frequency of micturition
- Increased frequency of defecation
- Pain in umbilicus, raphe and in supra pubic region
- Passage of urine in multiple streams
- When stone dislodges or comes out, then patient get relief
- Passing of clear urine
- Passing of blood mixed urine

Age in relation to stones

Showing Rupa and Ashmari mentioned in different classics. [1,2,3]

S.No	Laxanas	Cha	Su	A.S
1	<i>Atyavila Mutra</i>	-	+	-
2	<i>Bastivedana</i>	+	+	+
3	<i>Dhanvanadi gamane vedana</i>	-	+	+
4	<i>Gomedaka sama mutra</i>	-	+	+
5	<i>Mehanesu vedana</i>	+	+	+
6	<i>Mutradhara sangha</i>	+	+	+
7	<i>Mutra Vikirana</i>	+	-	-
8	<i>Mridnati medra</i>	+	+	-
9	<i>Mutrasodha</i>	+	-	+
10	<i>Muhur shakit munchati mehaneeha</i>	+	-	-
11	<i>Nabhi vedana</i>	-	-	+
12	<i>Sevani vedana</i>	+	+	+
13	<i>Sarudhira mutra</i>	+	+	+
14	<i>Sasikatam</i>	-	+	-
15	<i>Visharna dhara</i>	+	-	-

Showing Doshic Classification of Mutrashmari

	Vatashmari	Pittashmari	Kaphashmari
Symptoms	<i>Nabhi pradeshe, Teevra vedana, Vepathu, Muhumu, Bindushaha Mehathi, Mutrakrichra, Krichrena vata & Puresha nihsarana, Mutravaha sroto Avarodha, Vidaha in Bastipradesha.</i>	<i>Dahanavat peeda in Basti, Medra daha, Guda daha, Sarakta mutra, Haridra mutrata, Mutravaha sroto avarodha, Daha in Basti pradesh</i>	
Shape & Appearance	<i>Kadamba pushavat kantakachita</i>	<i>Bhallatakasthi, Samsthana, Ashmatullya</i>	<i>Kukkutanda Prateeksha Swetha, Snigdha</i>
Colour	<i>Shyavaruna varna</i>	<i>Madhu varna</i>	<i>Mudhuka pushpavarna</i>

Summary of Roopa

Ayurveda Parlance	Modern Parlance
<ol style="list-style-type: none"> <i>Ruja</i> is the prominent feature <i>Basti avatodha</i> is present <i>Shyavavarna ashmari</i> with rough, irregular surface with spike and similar to <i>Kadamba pushpa</i>. Shape is similar to that of <i>Bhallataka</i> the colour being red or honey coloured in 	<ol style="list-style-type: none"> Pain is the prominent feature Obstruction in the pathway gives raise to intermittent renal colicky pain. Calcium oxalate stones are extremely hard with dark colour and spikes. Usually non-opaque but when admixture with calcium it becomes opaque, moderate hard having

<p><i>Pittashmari.</i></p> <p>5. <i>Kaphaja ashmari</i> is <i>Shweta, Mahathi</i> and similar to <i>Kukkutanda sama/ Madhuka pushpa.</i></p>	<p>yellow to dark brown colour.</p> <p>5. Uric acid stones are red, range from yellow to reddish brown and has smooth surface. They are radiolucent.</p>
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Clinical features of *Sarkara* (gravel)

Gravel, sand or ash like substances in the urine are the altered appearances of urinary calculi. Gravel and urinary calculi are known to have similar along with pain.

When the *Vayu* is favourable and specially when the calculi are small, they (the stone) come out.

Complication produced by gravel

Those (gravel) get stuck - up on their passage through the urethra and produce complications such as weakness, lethargy, emaciation, pain in flanks, dislike for food, pallor, *Usna-vata* (cysto-urethritis), thirst, pain in the pericardium and vomiting.

Sadhya Asadhyata

Ashmari is considered among *Ashta-mahagada* by Acharya Sushruta and *Mahagada* are very difficult to treat as they are *Asadhya* in nature.

The prognosis of *Ashmari* is better in children because of the smaller space occupying lesion and reduced subcutaneous fats

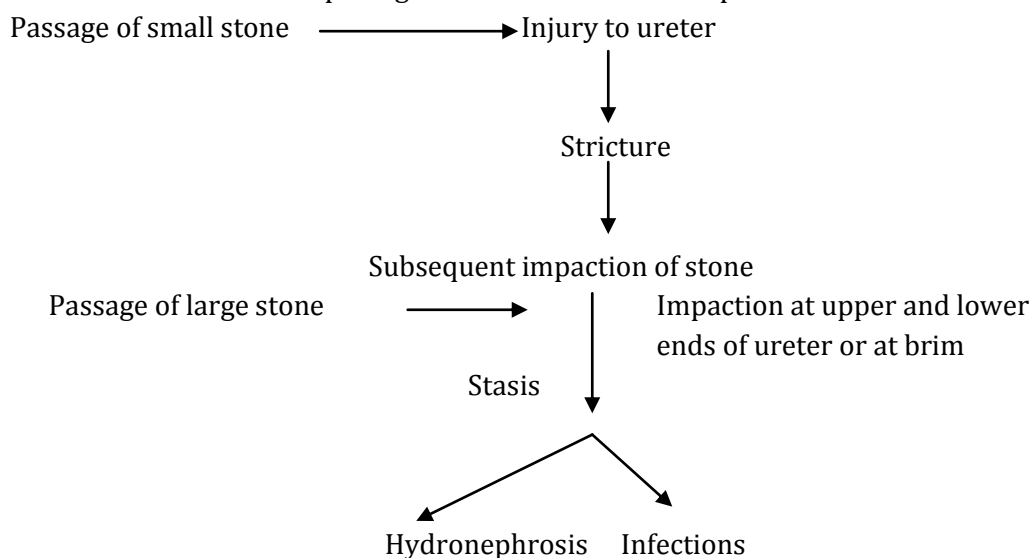
The *Ashmari* is a disease severe like the god of death. It can be cured with drug when newly formed and smaller in size, but in advanced stage it requires surgical treatment. *Ashmari* associated with complication and *Arishta Lakshanas* should be avoided.

Upadrava (Complications)

Formation of *Mutra Sharkara* mentioned by Acharya Sushruta can be considered as one of the *Upadravas* of *Ashmari*. Otherwise none of Ayurvedic classic has mentioned a specific *Upadravas* in relation to *Ashmari*.

Complications told in modern classics are as follows.

- Impaction and obstruction – most likely to occur at pelvi ureteric junction or in the ureter either at the level where it crosses the common iliac vessels or where it is about to enter the bladder.
- Infection – pyelonephritis, cystitis
- Stricture of ureter
- Malignant change – due to chronic irritation to renal pelvis by calculi
- Aneuria- from obstruction of both ureter or of a solitary ureter and kidney.
- These are related to passage of the stone and develop in two situations.



With the development of stasis and infection, further stone formation is encouraged. This can lead to stag horn calculus. This large single stone is associated with suppuration and ulceration of the pelvis and calyces. Stone and infection in the pelvis can lead to squamous metaplasia of the epithelium. In few instance this may develop into squamous carcinoma.

Sapeksha Nidana (Differential Diagnosis)

When the presenting symptoms of one or more diseases are same, it poses a big problem in proper diagnosis. Showing *Sapekshata* of different *Rogas*

Mootrakrichra

Sapeksha Roga	Lakshana
<i>Vataja M.K</i>	Severe pain in <i>Vankshana basti</i> and <i>Medhra</i> frequent little urination.
<i>Pittaja M.K</i>	Yellow, <i>Sarakta</i> , <i>Savedana</i> , <i>Sadahayukta</i> frequent micturition with difficulty
<i>Kaphaya M.K</i>	Urine will be frothy heaviness in bladder frequency of micturition
<i>Sannipataja M.K</i>	All the above symptoms will be present, very difficult to treat
<i>Sukraja M.K</i>	Pain in penis and <i>Basti</i> and passage of semen and urine with difficulty piercing pain in scrotal region
<i>Raktaja M.K</i>	Due to injury blood is collected in <i>Basti</i> and it comes out in close with urine with difficulty

Mutraghata

<i>Vata Basti</i>	Stoppage in the flow of urine, pain and itching.
<i>Vataasheela</i>	<i>Granthi samana kathinata</i> in <i>Basti pradesha</i> , obstruction to both <i>Mutras</i> and <i>Pureesha</i> .
<i>Mutra Jatara</i>	Due to <i>Vataprakopa</i> obstruction in both <i>Mutra</i> and <i>Pureesha</i> . Bladder becomes filled with urine causing pain.
<i>Ushna Vata</i>	Pain and burning sensation in <i>Basti</i> and <i>Mutrendriya pradesh</i> , person passes reddish or yellow urine with difficulty.
<i>Mutrakshya</i>	Decreased urination with difficulty accompanied with blood.
<i>Mutrasada</i>	Bloody or yellow thick urine or white, thick urine with <i>Daha</i> .
<i>Mutragranthi</i>	<i>Vata</i> and <i>Kapha</i> vitiates <i>Raktha</i> produces hard nodular mass because of its obstruction the patient's passes urine with difficulty and pain as like <i>Ashmari</i> .

Tuni

<i>Tuni</i>	<i>Shoola</i> , which is generated in <i>Malashaya</i> and <i>Mootrashaya</i> travels downwards and affects <i>Guda</i> and <i>Jananedriya</i> , it is called <i>Tuni</i> .
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Analogous Study of Roopa

In the modern books also it is mainly the pain and it is one of the most important presenting symptom of stone. Pain produced as result of obstruction in lumen and causing intermittent colicky pain can be compared with the *Vataja Ashmari*.

The calculi with burning type of pain and haematuria can be compared with *Pittaja Ashmari*. The stone by the virtue of its dull pain and large size can be compared with *Kaphaja Ashmari*.

Vataja ashmari has the close resemblance with Calcium oxalate stone. *Pittaja ashmari* can be correlated to uric acid stone and *Kaphaja ashmari* can be compared with Phosphate calculi.

Shukrashmari is not similar to that of seminal calculi. They are formed in the seminal

vesicle where as *Shukrashmari* is formed in the urethral path which can be squeezed out.

Modes of Treatment

Urinary calculus disease is serious one and has been regarded to be as *Yamaraja* himself. In the early stages it is treatable by medicines (only) but in advanced cases surgery is needed.

Treatment in the prodromal stages

In the prodromal stages of this disease oleation, etc. are advisable by which the disease may be totally eradicated. Treatment of *Ashmari* can be one or more of the following four types.

- 1) Aushadha Chikitsa
- 2) Basti Chikitsa
- 3) Kshara Chikitsa
- 4) Shastra Chikitsa

1) Aushadha Chikitsa

Ashmari has been mentioned as fatal and grave disorder. It is mandatory to diagnose and treat the disease at an early stage. Acharya Sushruta has advised to treat the disease in the *Purvarupa* stage itself. A newly formed *Ashmari* is curable with medicines while big or chronic calculi should be treated with surgical measures.

Different types of Ashmari Chikitsa**2) Basti Chikitsa**

Acharya Sushruta advised *Uttarbasti* in the management of bladder stone.

3) Kshara Chikitsa

Acharya Sushruta has advocated preparing *Kshara* from the drugs mentioned above for preparing *Ghruta*. This *Kshara* destroys calculi, abdominal swelling and urinary gravel.

4) Shastra Chikitsa

Surgery has to be the ultimate treatment because even with expert surgeons success is uncertain. In these cases, operation should be considered last of all, when death is inevitable with nonoperative treatment. It should be carried out by the well meaning persons after taking the consent of the authorities.

Indications of Surgery

Shastra Karma is indicated when the calculi not curable to treatment with *Ghruta*, *Kshara*, decoctions, milk preparations and *Uttarbasti*.

a) Purvakarma

First, the patient should be given *Snehana*, his *Doshas* eliminated and body weight reduced a little. He should be massaged with oil, sudated and given a feed, then after having made sacrificial offerings (while the patients should) chant auspicious hymns text wishing welfare and collecting all things mentioned in *Agropaharaniya* chapter, he should be reassured.

Positioning of the Patients

Then the patient who is strong enough and is not nervous, should lie down, with the upper part of his body resting on the lap of another person sitting on a knee high plank facing east the patient's waist should be raised by cushions and his knees and ankles fixed and tied together by ropes or straps.

Pre-operative manipulation of the stone

Then, after massaging the left side of the well oiled umbilical region, pressure should be applied by a fist below the navel until the stone comes down. The lubricated index and middle fingers should be introduced into the rectum and brought below the perineal raphe, thereafter with manipulation and force (the stones) should be

brought between the rectum and penis. Keeping the bladder tense and distended so as to obliterate the folds, the stone should be pressed hard by fingers so that they become prominent like a tumour.

b) Pradhana Karma

Then, an incision of about the size of the stone should be made one barley width away from the perineal raphe on the left side. Some prefer the incision on the right side for the sake of technical convenience. Precautions should be taken so that the stone does not get broken or crushed. Even if a small particle is left behind it again increases in size, hence it, should be removed completely by the *Agravakra* (curved forceps) *Shastra*.

In female, as the uterus situated very near the urinary bladder posteriorly, the incision should be directed upward, if this rule is violated, urine discharging ulcer (*Mutravrana*) would occur. In males an injury to *Mutrapraseka* (trigone of the bladder) also would cause leakage of urine. When the wound is made for the removal of the stone, an injury to the urinary bladder is not likely to heal. Patients with calculi, whose bladder has been torn in two, never get well. An incision in the bladder, made at one place only for the removal of a stone. After removal of the stone the patient should be put in a tub of hot water sitz bath. Thus the bladder does not get filled with blood. However, if it does get filled up, it should be irrigated through a catheter using the decoction of the latex trees.

The following verse is quoted here:

"The decoction of the latex trees administered (as an irrigating fluid) through a catheter removes the stone and the blood from the bladder quickly".

c) Pashchata Karma

To purify the urinary tract (after operation) the patient should be given sufficient jaggery. Next, he should be taken out from the tub, *Madhu* and *Ghruta* applied to the wound and warm gruel processed with urine purifying substances should be administered with *Ghruta* twice daily for 3 nights (a night implies a 24 hours period).

After 3 nights milk with jaggery and small quantities of well cooked rice should be eaten for 10 nights (so that the urine and blood may be purified and the wound may remain moist). After 10 nights citrus fruits and juices prepared from wild animal's meat should be given. Thereafter for 10 nights patients should carefully be given sudation therapy either by oils or by liquids. Then his wound should be washed by the decoction of latex trees. The pastes of *Rodhra*, *Madhuka*, *Manjishtha* and *Prapaundarika* should be applied to the wound also. *Taila* or *Ghruta* from the same substance along with *Haridra* should be anointed over the wound.

The above description mentioned by Acharya sushruta is the lithotomy by perineal approach.

DISCUSSION

From the study of ancient surgical text Sushruta samhita, it becomes evident that the urological problems form an important part of medical sciences. It may be the reason that a clear and striking picture regarding their classification, symptomatology, complications and management are available in all the texts. Among all the urinary problems described in Ayurvedic texts, there is one variety where both the medicinal and the surgical treatments are advised and agreed upon by all the Acharyas and this entity is the *Mutrashmari*.

Sushruta the famous Indian surgeon has practised extensive operative surgery on all the systems of the body. The proof of which can be understood in the words of Hirschberg "The Indians knew and practiced the ingenious operations which always remain unknown to the Greeks and which we the Europeans learn only from them with surprise". This all proves the highest glory of surgery in ancient India.

1. Symptomatology of *Ashmari* and urolithiasis are very much similar, however the pathogenesis explained in Ayurveda and modern medicine differs because of different ideological differences.
2. *Beeja dusti* (*beeja bhaga avayava dusti*) seems to play an important role in the causation of *Ashmari*. Hence this may be considered as *Utpadaka nidana*.
3. *Asamshodhana sheelata* and *Apathya sevana*, *Mootra vegavidharana* precipitates its occurrence hence may be called as *Vyanjaka nidana*.
4. *Kleda* is found in the body as *Aharaja* and *Shareeraja*, which includes all the water component of the body. *Kleda* after sub serving the needs of the body is eliminated through *Mootravaha srotas*. The *Mootra* so produced contain all the dissolved part of the *Doshagata*, *Dhatugatha mala*. Thus *Mootra* facilitates the function of expulsion of such mala from the body.
5. Vitiated *Kapha dosha* is the *Samavayee karana* for the production of *Ashmari*. This *Kapha* with the association of *Vata* gives rise to the *Shoshana* of such mala found in the urine leading to *Sanghata* and *Ashmari*. Stone formation require super saturation of urine, this super saturation may results from decreased urinary output, excessive perspiration all these

can be put into one word *Vishoshana* brings about the concentration and super saturation of urine. The continued presence of *Ashmari* cause the *Mootravaha sroto dushti* later producing *Vyadhi lakshana*.

6. Pain is the most important presenting symptom of stone. Pain produced as a result of small, moving calculi and causing intermittent colicky pain can be compared with *Vataja Ashmari*. Hyper concentration of fluids associated with inflammation and haematuria can be compared with *Pittaja Ashmari*. The stone by the virtue of its dull pain and large size can be compared with *Kaphaja Ashmari*.
7. *Vataja ashmari* can be compared with Calcium Oxalate stone, *Pittaja ashmari* can be compared to uric acid stone and *Kaphaja ashmari* can be compared with Phosphate calculi.
8. The following are the *Samanya lakshana*, *Nabhi basti mehana vedana*, *Mootramarganirodhana*, *Srujati alpam alpam*, *Sarudhira mootrata*, *Avila mootrata*.
9. In the ancient period the diagnosis of *Ashmari* was done, based only on the *Lakshanas*. The sufficiency of clinical features alone to make diagnosis is difficult.

In the current practice, the diagnosis is based only on imaging techniques, which has enhanced the diagnostic capability of the disease. Hence, the precision in diagnosing the *Ashmari* with its site, size, number and the character, the imaging techniques are found to be more useful. But the severity of the pain does not co-exist with the size of the stone.

Urology in modern India has made emphatic strides and has established itself as a significant tour is force in the global urology arena. In that monumental progress we need to humbly remember the legacy of our illustrious pioneers in urology in our motherland whose ancient urology practice and teaching of unparalleled ingenuity still remain valid in principle in the contemporary context.

By considering and analysis above discussion the study is an attempt to compile the *Ashmari* scattered in Brihatrayee i.e., Charaka Samhita, Sushruta Samhita, Astang hridaya, Astang samgraha and correlate them with modern urinary disorders.

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