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Review Article

Critical Analysis of Ashmari

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Abstract

Ashmari is the third most common and unpleasant urinary tract condition. The Ashmari stone's shape is comparable to the urolithiasis symptoms. Traditional signs of Ashmari include discomfort and urine obstruction. Acharaya Sushruta described it as one of the eight Astamahagadas, or illnesses, that are the most difficult to treat. It is among the most prevalent diseases that the Mutravahasrotas experience. The urolithiasis recurrence rate is close to 50%, even with current treatment options. Since urolithiasis is thought to be spreading over the globe at an increasing rate. The idea of urolithiasis is examined in this article from an ayurvedic perspective in order to better management of disease.

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1. Introduction

Urine calculus, also known as Ashmari, it is a stone made of urinary salts that are joined by a colloid matrix of organic components. Males are impacted more than females due to the high frequency in every region of the world. Numerous criteria are identified, despite the fact that the exact causes of calculi production are not entirely understood. Particularly with regard to how it is treated across all disciplines of the medical sciences, urolithiasis is challenging. Based on the type of Ashmari and involvement of Doshas, ayurveda treats urinary stones with different approaches. Urinary calculi disease has been extensively discussed in ayurveda under the subject of Ashmari. (1-4)

Samprapti

The triads are engaged in the development of Ashmari, but since Kapha is Samavayikarana, it plays a significant role. By means of its Ushnagunna, the vitiated Vata dries up the urine in the Mutravahasrotas alongside the Pitta, causing the Kapha present in the urine to progressively take on the form of Ashmari (hyper saturation of urine). According to Sushruta, much as clean water that has been gathered in a pot will eventually precipitate in the bottom, Ashmari will also

harden as a result of Kapha crystals found in the urinary system. This is related to the solute concentration that causes calcium salt to precipitate and aids in the production of calculi. (2-5)

Etiology

Urinary calculi have no specific recognized cause, but dehydration is a major risk factor. Uric acid stones can develop in persons with conditions like gout, severe dehydration, and several malignancies. The Ayurveda classics include Ashmari as a distinct disease with its own etiological components. Astanga Hridaya cites Mutravarodha as a significant cause of Ashmari. The Pitramatrukadosha is a new etiology added by the Hareeta Samhita. Another significant element for the cause of Ashmari is Apathy or poor diet. The non-judicial consumption of food may take the form of Viruddhaahara (Noncompatible foods), Adhyashana (eating foods too frequently), Samashana (combining both compatible and non-compatible foods), etc may also induce disease pathogenesis. The majority of the etiological elements aggravate Kaphadosha and Apana vata. Ashmari is thought to be brought on by excessive Vyayama (physical exercise), excessive Rukshamadya (drinking alcohol), Anupanamamsa (eating animal meat from marshy locations), Adhyashana (eating food too

frequently), and *Ajeerna* (indigestion). Aggravating *Doshas* and irregularity in *Mutravahasrotas* result *Ashmari*. (4-6)

2. Types of *Ashmari*:

The chemical makeup of urinary calculi determines their classification. Urinary calculi are different types as Magnesium Ammonium Phosphate; Calcium Salts (Calcium Oxalate, Calcium Phosphate, and Mixed Calcium Oxalate/Phosphate). The calcium oxalate crystals are the most frequent.

3. Classification of *Ashmari* According to various authors:

- *Vataja Ashmari*
- *Pittaja Ashmari*
- *Kaphaja Ashmari*
- *Shukraja Ashmari*

3. Clinical Features:

The clinical signs and symptoms of *Vataja Ashmari* include intense pain during micturation, pain at the umbilical region, and extremely difficult passage of *Vata*, *Mutra*, and *Purisha*. The *Vataja Ashmari* has traits like being prickly like *Kadamba* blossoms, being hard, rough, and blackish in colour resembles a stone made of uric acid.

Pittaja Ashmari, possess reddish and yellowish colour, like the seed of the *Bhallathaka* fruit, or like the colour of honey, it produces burning sensations and pain.

Shleshmaja Ashmari is characterized by white colour, slimy texture, enormous size resembling hen's egg, or colour of *Madhuka* flower and exhibit slight pain.

Sukraja Ashmari cause scrotal enlargement, dysuria and bladder pain feel by the affected person. (6-8)

Investigation:

- ✓ Blood- Haemoglobin, Blood urea, Sr. Creatinine, Sr calcium, Sr uric acid
- ✓ Urine- colour, pH, Sp Gravity, Sugar
- ✓ Microscopic- RBC, Epithelial and Pus cells.
- ✓ Ultrasonography- X-Ray and KUB

Treatment of *Vatajaashmari*

Shatavari, *Kantakari*, *Pashanbheda* and others drugs should be consumed in the form of milk, food, *Kshaar* and *Yavagu* to treat *Vatajaashmari*.

Treatment of *Pittaja Ashmari*

Shaalimoola, *Vidaari-varahkanda*, *Gokshura*, *Shyonaka*, *Punarnava*, *Shirisha* and *Evaru* (cucumber), etc. can be used for treating *Pittaja Ashmari*.

Treatment of *Kaphaja Ashmari*:

Drugs in the forms of *Kshar*, *kshira*, *yavagu*, and *Kwatha* include *Varunadi Gana*, *Gugglu*, *Ela*, *Devdaru*, *Haridra*, *Maricha*, and *Chitraka* can be used for curing *Kaphaja Ashmari*.

4. Conclusion

Urolithiasis and *Mutrashmari* are correlated. The type of pain depends on the position of the stone. Ayurvedic medications have the potential to serve as antilithogenics through a variety of mechanisms, including diuretic, physiological pH modification, antibacterial, anti-inflammatory, analgesic effects, and improved renal function. Ayurvedic medicines like *Varuna*, *Punarnava*, and others are helpful in this regard. *Ashmari* can be avoided by managing urinary tract infections. Reducing the rate of stone recurrence is crucial because, if the proper medication is not started, uric acid stones may reoccur within a month. It is recommended to use *Ghrita*, *Kshar*, *Kashaya*, *Kshira* and *Uttarbasti* for relieving disease symptoms.

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Conflict of Interest

The author declares that there is no conflict of interest regarding the publication of this article.

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