

Ayurvedic Management of Vrikka Ashmari (Kidney Stones) through Yoga Basti: A Case Study

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Abstract: Vrikka Ashmari (kidney stones) is a common urinary disorder, characterized by severe pain, dysuria, and hematuria. This case study evaluates the efficacy of Panchakarma therapy in a 35-year-old male patient with

bilateral renal calculi and hydronephrosis. The treatment included *Purvakarma* (oleation and fomentation), *Pradhanakarma* (Yoga Basti with Sahacharadi Taila and Varunadi Kashaya), and *Paschatkarma* (dietary rehabilitation). Post-treatment assessments showed significant relief in pain, dysuria, hematuria, and tenderness, with complete resolution of symptoms. Follow-up medications included Punarnava Mandoor, Chandraprabha Vati, and Gokshuradi Guggulu. The study demonstrates Ayurveda's potential in managing urolithiasis effectively.

Keywords: Vrikka Ashmari, kidney stones, Panchakarma, Yoga Basti, Ayurveda, Urolithiasis, Hydronephrosis.

1. Introduction

Vrikka Ashmari is the Sanskrit term for **urinary calculi or kidney stones**. In **Ayurveda** it is classified under **Mutraghata** (urinary disorders) and **Ashmari** (stone-related diseases)ⁱ. The condition is characterized by the formation of hard, crystalline deposits in the kidneys leading to severe pain, urinary obstruction, and potential kidney damage if untreated. Ayurvedic texts such as **Charaka Samhita**, **Sushruta Samhita**, and **Ashtanga Hridaya** provide detailed descriptions of **Vrika Asmari**.

Ayurveda classifies kidney stones into four types based on **doshic dominance** [2,3].

1. **Vataja Asmari** – Caused by **Vata** imbalance, leading to dry, rough, and irregular stones.
2. **Pittaja Asmari** – Associated with **Pitta** imbalance, causing yellowish or reddish stones due to bile pigments.
3. **Kaphaja Asmari** – Due to **Kapha** imbalance, resulting in soft, large, and whitish stones.
4. **Sannipataja Asmari** – Caused by the combined vitiation of all three doshas, leading to complex stone formations .

Symptoms according to Acharya susurata [4]

- **Nabhibastisevanimehana Vedana:** Pain in the navel, bladder, perineum, and penis, particularly during urination.
- **Mutrakrucha-**Difficulty or painful urination.
- **Mutrardharasang-** Obstruction or blockage of the urinary flow.
- **Sarudhirmutrata-** Blood in the urine (haematuria).
- **Mutravikirnam-** Disturbed or fragmented urine stream.
- **Bastipeeda:** Pain in the urinary bladder.
- **Avila Mutrata:** Turbid or cloudy urine.
- **Gomeda Prakasham:** Urine that appears like Gomeda(a type of gemstone), possibly referring to a clear, bright appearance.
- Pain may be experienced during activities like running, walking, and riding.

2. Case Study

This is a case of 35 years old male patient. He came to University Hospital Of Ayurveda & Naturopathy (Uhan) Associated With Iamc South Zone, Techno City, Kling Road, Baridua, Ri-Bhoi, Meghalaya OPD of Panchakarma with complaints of pain in lower abdomen since 2 years back, patient had a history of RT, Renal Hydronephrosis with calculus and he was on medication for same but to no complete relief. Patient's USG report showed obstructing calculus (8.5× 4.5 mm) in right PUJ and mild obstructing calculus in left VUJ with hydronephrosis in both kidney.

3. Materials And Methods

- Patients with classical sign and symptoms of Urolithiasis attending the O.P.D. and I.P.D. of Panchakarma to University Hospital of Ayurveda & Naturopathy (UHAN) Associated With Iamc South Zone, Techno City, Kling Road, Baridua, Ri-Bhoi, Meghalaya have been selected for the present clinical study irrespective of age, sex, religion, occupation etc.
- Routine haematological investigations, Biochemical investigations and microscopic examination were carried out.
- X-ray and USG of lower abdominal region were taken to confirmation of the diagnosis and to know the size and site of stone.

4. Plan of Work

- **Proforma:** A special proforma was prepared to maintain the records of all findings of the patients.
- **Investigations:** For the purpose of assessing the overall condition of the patients routine hematological, biochemical, routine and microscopic examination of urine and stool, USG of lower abdominal region were carried out before and after the treatment, the changes in the values and in signs and symptoms were recorded for the assessment.
- **Treatment Schedule-** consulted UHAN and got admitted under Panchakarma Department for Biopurification therapy, the therapy was advised as in 4 steps.
 1. **Purvakarma-** Sneha karma for 7 days followed by 1 day of Svedana karma. During this complete process of 8 days agni depan is done Chitrakadi vati 2 tab TDS with luke warm water.
 2. **Pradhankarma-** patient was schedule for Yoga basti with Sahacharadi taila and Varunadi kashaya. The schedule yoga basti was as follows:

Day	Drug	Dose	Timing
1	Sahcharadi Tail	90 ml	After Meal at 10 AM
2	Varunadi kashaya	550ml	Before Meal at 10 AM
3	Sahcharadi Tail	90 ml	After Meal at 10 AM
4	Varunadi kashaya	550ml	Before Meal at 10 AM
5	Sahcharadi Tail	90 ml	After Meal at 10 AM
6	Varunadi kashaya	550ml	Before Meal at 10 AM
7	Sahcharadi Tail	90 ml	After Meal at 10 AM
8	Sahcharadi Tail	90 ml	After Meal at 10 AM

After each cycle of basti, snigdha ahar was given to the patient in evening.

3. **Paschatkarma** - After 8 cycle of basti, strict diet known as sansarjana karma is scheduled for 7 days.
4. **Medicine on Discharge** - After completing sansarjana karma, easily digestive laghu ahar is given to patient and patient is discharged for IPD of panchakarma after 25 days. Patient was advised for follow-up treatment-
 - Tab Punaranava Mandoor 1 Tab BD PC To Continue.
 - Tab Chandraprabha Vati 1 Tab BD AC To Continue.
 - Tab Gokshuradi Guggulu 1 Tab BD PC To Continue.
 - Syp Varunadi Kashaya 2 Tsf With 1 Cup Water BDAC To Continue.

The patient was called for a visit every 15 days for next 2 month.

5. Criteria of Assessment

Relief to the patient is assessed on the basis of signs and symptoms of Ashmari described in Ayurveda. A subjective natured criterion was developed as scoring system as 1 to 4 according to severity of symptoms as follow [2]

Subjective criteria	Score	Subjective criteria	Score
1. Pain:		2. Burning Micturition:	
No pain	0	No burning micturition	0
Occasional pain did not require treatment	1	Occasional burning micturition	1
Occasional pain but, required treatment	2	Occasional burning micturition, required treatment	2
Constant dull ache pain, required treatment	3	Constant burning micturition required treatment	3
Severe constant pain, but did not show relief even after treatment	4	Constant severe burning micturition but did not show relief even after treatment	4
3. Dysuria :		4. Tenderness in Renal Angle	
No dysuria	0	No tenderness	0
Occasional dysuria	1	Mild tenderness	1
Occasional dysuria which require treatment	2	Moderate tenderness	2
Constant dysuria which require treatment	3	Severe tenderness	3
Constant severe dysuria but did not show relief after treatment	4	Acute severe tenderness	4
5. Haematuria : On the basis of microscopic urine analysis		6. Pus Cells : On the basis of microscopic urine analysis	
No RBC/Hpf	0	No pus cells/Hpf	0
0 – 5 RBC/Hpf	1	0 – 5 pus cells/Hpf	1
6 – 10 RBC/Hpf	2	6 – 10 pus cells/Hpf	2
11 – 15 RBC/Hpf	3	11 – 15 pus cells/Hpf	3
>16 RBC/Hpf	4	>16 pus cells/Hpf	4

Before and after assessment of treatment-

S.no.	Assessment criteria	BT	AT
1.	Pain	3	0
2.	Burning Micturition	2	0
3.	Dysuria	3	0
4.	Tenderness in Renal Angle	4	0
5.	Haematuria : On the basis of microscopic urine analysis	0	0
6.	Pus Cells : On the basis of microscopic urine analysis	1	0

6. Discussion

The presented case study highlights the efficacy of Ayurvedic Panchakarma therapy, particularly Yoga Basti, in managing Vrikka Ashmari (renal calculi). The patient, a 35-year-old male with a history of hydronephrosis and obstructing calculi in both kidneys, underwent a structured treatment protocol involving Snehana, Swedana, and Yoga Basti kram with Sahacharadi Taila and Varunadi Kashaya, followed by post-therapy dietary regulation (Sansarjana Karma). The treatment approach aligns with classical Ayurvedic principles, where Basti is considered the prime treatment for Vata disorders, including urinary calculi, due to its

ability to expel morbid doshas and alleviate obstruction. Basti is known as prime karma in panchakarma to treat vata dosha. The use of Varunadi Kashaya, a well-known Ayurvedic formulation for mutra ashmari (urinary stones), along with Sahacharadi Taila, which has anti-inflammatory and diuretic properties, likely contributed to the dissolution and expulsion of calculi. The significant reduction in symptoms—such as pain, dysuria, haematuria, and renal tenderness—along with improved urinary flow, suggests that the therapy effectively addressed both structural (obstruction) and functional (dosha imbalance) aspects of the condition. The absence of post-treatment symptoms and the normalization of urine parameters further validate the therapeutic success.

7. Conclusion

This case study demonstrates that Ayurvedic Panchakarma therapy, particularly Yoga Basti with Sahacharadi Taila and Varunadi Kashaya, can be an effective non-invasive treatment for Vrikka Ashmari (renal calculi). The holistic approach—combining internal medications, detoxification, and dietary management—not only provided symptomatic relief but also addressed the root cause of stone formation by balancing doshas and improving metabolic waste elimination. Further large-scale clinical studies are recommended to establish the standardized protocol and long-term efficacy of this treatment. However, the present case reinforces Ayurveda's potential as a viable alternative or adjunct therapy for urolithiasis, especially in cases where conventional treatments provide incomplete relief or pose risks of recurrence. The integration of Ayurvedic diagnostics (dosha assessment) and modern imaging (USG) also highlights the complementary role of traditional and contemporary medicine in managing complex urological conditions. Thus, personalized Ayurvedic interventions can be considered a safe and sustainable option for patients suffering from kidney stones.

8. References

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