

Ayurvedic Management of Right Ureteric Calculus with Mild Hydronephrosis : A Case Report with Radiological Evidence

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Abstract- Mutrashmari, described in Ayurveda as a Kapha-pradhana Tridoshaja Vyadhi, is classified under Ashtamahagada due to its difficult-to-cure nature. It is clinically comparable to urolithiasis, a common urinary tract disorder associated with significant morbidity and high recurrence rates. Urolithiasis is a common global issue, affecting 1-13% of people worldwide, with prevalence rising due to lifestyle, diet, and climate changes, causing significant health and economic burdens. Conventional management often involves surgical intervention, which may be costly and does not guarantee prevention of recurrence. Ayurveda offers conservative therapeutic approaches aimed at disintegrating and expelling urinary calculi.

Objectives: To evaluate the efficacy of Ayurvedic management in the treatment of ureteric calculus (Mutrashmari) through clinical and ultrasonographic assessment.

Materials and Methods: Study Design- This is a single-patient, prospective observational case study conducted to evaluate the therapeutic effect of Ayurvedic management in a patient diagnosed with ureteric calculus (Mutrashmari).

Study Setting- The study was carried out in an Ayurvedic clinical setting on an outpatient basis. Ethical principles of clinical practice were followed, and written informed consent was obtained from the patient prior to initiation of treatment. **Patient's information-** A 35-year-old male patient engaged in field work presented with complaints of right flank pain radiating towards the pelvic region, mild left flank pain, burning micturition, dysuria, increased frequency of urination, and occasional nausea and vomiting. Appetite, bowel habits, and sleep were normal. The patient had a Kapha-Pittaja Prakriti and followed a mixed diet with moderate water intake. Vital parameters at presentation were recorded as: blood pressure 130/80 mmHg, pulse rate 106/min, and body temperature 98°F.

Results- Following the completion of the Ayurvedic intervention, the patient demonstrated marked clinical and radiological improvement. All signs and symptoms of patient resolved and there was no trace of calculi in the right ureter, along with absolute resolution of clinical symptoms according to the USG report after 15 days. Highly significant relief in symptoms was seen in patient after 15 days of Ayurvedic treatment.

Keywords- Ayurveda, Mutrashmari, Renal calculi, Urolithiasis, Ureteric calculus, Ultrasonography, Hydronephrosis

How to cite this article: Kande A, Varshney AB, Dwivedi S, Swati, Sao RK, Sinha S, Pandey A. Ayurvedic Management of Right Ureteric Calculus with Mild Hydronephrosis : A Case Report with Radiological Evidence. Int J Drug Deliv Technol. 2026;16(12s): 226-233. DOI: 10.25258/ijddt.16.12s.23

Introduction- Mutrashmari is a pathological condition characterized by the formation of stone-like structures within the urinary system [1]. It is enumerated among the *Ashtamahagada* (eight grave diseases) in Ayurveda, indicating its serious nature and therapeutic challenges [2]. The disease is considered difficult to cure due to its *Marma Ashrayatwa*, as it involves *Basti*, which is one of the *Tri Marma* (three vital organs) and represents the

Vyakta Sthana of the disease [3]. Mutrashmari is described as a *Kapha-pradhana Tridoshaja Vyadhi*, wherein Kapha plays a dominant role along with the involvement of the other two Doshas [4].

Acharya Sushruta has elaborately described the clinical features of Mutrashmari, which include *Jwara* (fever), *Basti Peeda* (pain and discomfort in the bladder), *Aruchi* (loss of appetite), *Mutrakriccha* (difficulty in

micturition), *Bastishira Vedana* (pain in the urethra), *Mushka Vedana* (pain in the testes), and *Shepha Vedana* (pain in the penis). Owing to the close similarity in clinical presentation, Mutrashmari can be correlated with urolithiasis in modern medicine. Urolithiasis is a pathological condition of the urinary system characterized by the aggregation of urinary crystalloids, which may occur at any level of the urinary tract, ranging from the kidneys to the urinary bladder [5]. It is recognized as a major cause of morbidity and poses a significant burden on healthcare systems worldwide. Epidemiological studies indicate that the incidence of urolithiasis is approximately three times higher in males compared to females. This gender predisposition is attributed to the enhancing effect of testosterone and the inhibitory role of oestrogen in stone formation [6]. In recent decades, the prevalence and incidence of urolithiasis have increased markedly due to changes in lifestyle patterns, dietary habits, and evolving treatment modalities. The major etiological factors contributing to stone formation include low fluid intake and high consumption of animal protein, sodium, refined sugars, fructose, high-fructose corn syrup [7], oxalate-rich foods, grapefruit juice, apple juice, and aerated beverages. Additionally, factors such as impaired urinary drainage, presence of foreign bodies in the urinary tract, recurrent microbial infections, diets rich in oxalates and calcium, vitamin A deficiency, excessive vitamin D intake, and metabolic disorders such as hyperthyroidism, cystinuria, gout, and intestinal dysfunction are also implicated in the pathogenesis of urolithiasis [8].

Although various therapeutic approaches have been developed in modern medical science for the management of urolithiasis, surgical intervention remains a primary treatment modality in many cases. However, surgical management is often associated with high costs and does not eliminate the risk of recurrence. In contrast, Acharya Sushruta has described both surgical (*Viddhakarma*) and conservative treatment modalities for Mutrashmari, including oral administration of *Kshara* (medicated alkali preparations), *Kwatha* (decoctions), *Ghrita* (medicated ghee), and *Taila* (medicated oils). These therapeutic measures possess properties such as *Mutrala* (diuretic), *Bhedana* (splitting), *Lekhana* (scarifying), *Chedana* (cutting), and *Ashmari-bhedana*, which facilitate the disintegration and expulsion of urinary calculi [9]. Therefore, there is a need to explore economical, easily available, cost-effective, and patient-acceptable Ayurvedic management strategies for the treatment of Mutrashmari, which may offer effective outcomes with minimal recurrence.

AIM- To evaluate the efficacy of Ayurvedic management in the treatment of ureteric calculus (*Mutrashmari*) through clinical and ultrasonographic assessment.

Materials & Methods- This is a single-patient, prospective observational case study conducted to evaluate the therapeutic effect of Ayurvedic management in a patient diagnosed with ureteric calculus (*Mutrashmari*).

Table 1- Demographic Details-

S.No	Demographic details	
1.	Name	XYZ
2.	Sex	Male
3.	Age	35 yrs
4.	Address	Santoshi Nagar, Raipur (CG)
5.	Occupation	Field work
6.	Marital status	Married
7.	Education	High school
8.	Socioeconomic status	middle class

Table 2 - Chief complaints –

S.No	Nature of Symptoms	Duration
1.	Right flank pain radiating towards pelvic region	1 week
2.	Mild left flank pain	1 week
3.	<i>Mutrakriccha</i> (Dysuria)	1 week
4.	<i>Mutradaha</i> (Burning micturition)	1 week
5.	Increased frequency of urination	1 week
6.	Mild nausea and occasional vomiting	1 week

History of Present Illness

A 35-year-old male patient presented with complaints of spasmodic right flank pain radiating towards the pelvic region, along with mild left flank pain of one-week duration. The pain was associated with *Mutrakriccha* (difficulty in micturition), *Mutradaha* (burning

micturition), and increased frequency of urination. The patient also reported mild nausea and occasional episodes of vomiting during this period. Appetite, bowel habits, and sleep were normal.

In view of these complaints, the patient attended the outpatient department of the specialty clinic at Shri

Ayurvedic Management Of Right Ureteric Calculus With Mild Hydronephrosis: A Case Report With Radiological Evidence

Khudadad Dunga Ji Government Ayurveda Hospital, Raipur (Chhattisgarh), for further evaluation and management. After detailed history taking and thorough clinical examination, appropriate treatment was initiated.

Past History

No significant past medical history was reported.

Medication History

No previous long-term allopathic medication history was reported.

Examination history

These are briefly mentioned in **Tables 3 & 4.**

S.No.	Head	Observation
1.	General condition	Moderate, afebrile, conscious and well oriented
2.	P/A (Per Abdomen)	Soft, non-distended, non-tender; no rebound tenderness present. Hepatomegaly, splenomegaly and lymphadenopathy were absent
3.	Other systemic examination	No puffiness over face; no bipedal oedema; cardiovascular, respiratory and nervous system examinations were within normal limits
4.	Pulse	106/min
5.	Blood pressure	130/80mmhg
6.	Weight	74kg
7.	Height	5.6"
8.	Temperature	98°F
9.	Prakriti	Kapha-pittaj

Investigations

Before Treatment (16/12/2025)

Ultrasonography (USG) of Abdomen and Pelvis: Ultrasonography revealed that the right kidney was normal in size with preserved corticomedullary differentiation. A right upper ureteric calculus measuring approximately 5.7 mm was noted, causing mild hydronephrosis. Additionally, a calculus of size approximately 4.1 mm was observed in the mid pole calyx of the left kidney. Renal parenchymal echogenicity was normal. Urinary bladder was well distended with normal wall thickness. No evidence of mass or free fluid was seen.

Impression:

- Right upper ureteric calculus causing mild hydronephrosis
- Left renal calculus

Urine Examination:

Urine analysis showed turbid urine with increased pus cells (40–50/hpf) and red blood cells (18–20/hpf),

Personal History

- Food habits – Mixed diet, improper diet, Skip meals (vishmasana).
- Lifestyle – Suppression of natural urge (vegadharana), insufficient intake of water.
- Sleep – Normal but sometimes disturbed due to pain.
- Addiction – No

Family history

Not significant.

indicating urinary tract irritation. Urine glucose was negative. Crystals and casts were absent.

After Treatment (11/01/2026)

Ultrasonography (USG) of Abdomen and Pelvis: Follow-up ultrasonography showed both kidneys normal in size, shape, and position with maintained corticomedullary differentiation. No evidence of right ureteric calculus or hydronephrosis was observed. A small middle calyx calculus of approximately 4.6 mm was noted in the left kidney. Urinary bladder was well distended with normal wall thickness. No free fluid was detected.

Impression:

- Resolution of right ureteric calculus with hydronephrosis
- Left renal calculus

Urine Examination:

Urine analysis revealed clear urine with significantly reduced pus cells (4–6/hpf). Red blood cells, casts, crystals, and bacteria were absent, indicating marked improvement.

Treatment

By analysing the above pathogenesis of disease in this patient, the following treatment plan was prescribed, which can be categorized under *ShamanaChikitsa*, as shown in Table 4.

S.No.	Head	Observations
1.	Nadi (Pulse)	Tikshna, Kapha-Pittaja
2.	Mutra (Urine)	Samyaka, occasionally Aniyamita

3.	<i>Mala</i> (Stool)	<i>Sakashta, Daha Yukta, increased frequency</i>
4.	<i>Jihva</i> (Tongue)	<i>Alpa Sama</i>
5.	<i>Shabda</i> (Speech)	<i>Spashta</i> (Clear)
6.	<i>Sparsh</i> (Touch)	<i>Samashitoshna</i>
7.	<i>Drik</i> (Vision)	<i>Prakrita</i>
8.	<i>Akriti</i> (Posture)	<i>Madhyama</i>

Therapeutic Intervention (Shamana Chikitsa)

Based on the clinical presentation and Ayurvedic understanding of the disease, a Shamana Chikitsa-based treatment protocol was planned and administered to the patient. The details of the medicines prescribed are shown in Table 5.

Table 5: Details of Treatment Administered

S.No.	Medicine	Dose	Anupana	Duration
1.	Tab. <i>Gokshuradi Guggulu</i>	2 tablets twice daily	Luke warm water	15 days
2.	Syrup <i>VarunadiKwath</i>	30 ml twice daily before meals	Luke warm water	15 days
3.	Tab. <i>Haritaki</i>	3 tablets twice daily (After meal)	Luke warm water	15 days
4.	Cap. Stone Cutter	2 capsules once daily before breakfast	One glass of lemon water	15 days
5.	Tab. Cystone Forte	2 tablets twice daily	Luke warm water	15 days

A) *Pathya* (Integrative Dietary and Lifestyle Recommendations)

1. Adequate hydration of 2.5–3.0 liters per day with preference for warm water should be maintained to promote urinary flow and Mutravahasrotasodhana.
2. Regular intake of citrus fruits or diluted lemon water is advised due to citrate content, aiding inhibition of crystal aggregation and Aśmariprashamana.
3. Balanced dietary calcium from natural food sources should be ensured to prevent hyperoxaluria and support dhātusamirakṣaṇa.
4. Light, easily digestible foods (laghuāhāra) such as cooked vegetables and whole grains are recommended to maintain agni.
5. Moderate intake of plant-based proteins is preferred to avoid āma formation and metabolic overload.
6. Sodium intake should be restricted to reduce urinary calcium excretion and prevent kledavṛddhi.
7. Fiber-rich foods should be included to reduce intestinal absorption of lithogenic substances.
8. Regular meal timings and avoidance of prolonged fasting are advised to maintain metabolic stability.
9. Daily physical activity is encouraged to prevent Kapha–Meda sanchaya and improve urinary dynamics.

B) *Apathya* (Integrative Dietary and Lifestyle Restrictions)

1. Excessive consumption of oxalate-rich foods, heavy leafy vegetables, nuts, and chocolate should be avoided due to their Kapha-varadhaka and lithogenic nature.
2. High intake of animal protein, particularly red meat, should be restricted as it increases urinary calcium and uric acid and is guru and abhishyandī.
3. Excess salt intake from processed and packaged foods should be avoided to prevent calciuria and kledadushti.

4. Refined sugars, sweets, and sugar-sweetened beverages should be restricted due to their Kapha-vardhaka effect.

5. Carbonated and cola beverages should be avoided as they disturb urinary pH and promote stone formation.

6. Excessive consumption of tea, coffee, and caffeine should be avoided as they promote dehydration and rukṣatā.

7. Alcohol intake should be restricted as it is dehydrating and Pitta–Vata prakopaka.


8. Suppression of natural urges (vegadhāraṇa), especially micturition, is strictly contraindicated.

9. Sedentary lifestyle and irregular dietary habits should be avoided as they promote āma formation.

Observation and Result

The assessment of the patient was carried out on the basis of clinical improvement as well as radiological findings. Clinical evaluation showed progressive reduction in flank pain, burning micturition, dysuria, urinary frequency and associated nausea during the course of treatment. Radiological evaluation by Ultrasonography (USG) of the abdomen and pelvis was performed before and after treatment to assess the status of the calculi. After completion of the prescribed Ayurvedic treatment, the patient became completely symptom-free. There was no requirement for emergency hospitalization or surgical intervention during the treatment period. Follow-up ultrasonography revealed resolution of the right ureteric calculus and associated mild hydronephrosis, with no fresh calculus formation or other significant abnormal findings. The overall outcome indicates marked clinical and radiological improvement following Ayurvedic management. USG Abdomen & pelvis report before treatment that shows Right upper ureteric calculi as depicted in Figure 1.

Ayurvedic Management Of Right Ureteric Calculus With Mild Hydronephrosis: A Case Report With Radiological Evidence



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Facilities Available : MRI 1.5 TESLA • CT (2nd slice Cardiac & Pericardial Area) • Colour Doppler Sonography • Tamography • Computerized X-Ray • OPG (Dental) • Computerized ECG • Echo Cardiography • EMG • EEG • TMT • BERA • SPIRO • VEP • HCV • Clinical Pathology • Haematology • Bio Chemistry • Microbiology • Serology • Electrophoresis

NAME	AGE/SEX	35 YRS / MALE
FATHER/HUS. DR.	DATE	16/12/2025
SELF	REC.NO	AMR / 25 / 109656

USG OF THE ABDOMEN+PELVIS

Liver : The liver is normal in size, shape & contour with normal echotexture. No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, calibre & contour. Hepatic & portal vein appear normal in morphology.

Gall Bladder : Well distended & shows normal wall thickness. No obvious intraluminal calculus is seen.

Pancreas : Appears normal in size, shape & echo pattern. Pancreatic duct appear normal.

Spleen : Spleen is normal in size (~ 9.6 cm), shape and position. No focal lesion seen.

Kidneys : Right kidney measures ~ 9.8 x 4.8 cm.
 Left kidney measures ~ 9.7 x 5.2 cm.
 Both kidneys are normal size, shape and position.
 Renal parenchymal echogenicities are normal.
 Right upper ureteric calculus (~ 5.7 mm) causing mild hydronephrosis.
 Calculus of size ~ 4.1 mm seen at mid pole calyx of left kidney.
 UB is well distended with normal wall thickness. No evidence of mass /calculus.

Urinary Bladder : It is normal in size, shape & smooth outlines.

Prostate : No evidence of lymphadenopathy / mass.


Retro Peritoneum : No free fluid seen in abdomen & peritoneal cavity.

Free -Fluid : No free fluid seen in abdomen & peritoneal cavity.

IMPRESSIONS:-

- ❖ Right upper ureteric calculus causing mild hydronephrosis.
- ❖ Left renal calculus.

Please correlate clinically & other relevant investigations.



Dr. Balram Jaiswal
 1234567
 Consultant Radiologist

Investigations have their limitation, solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosis. The doctor in correlation to symptoms and other related test please interpret accordingly.
 Interpreted by: **Dr. Balram Jaiswal**
 Kindly bring this report whenever come for follow up USG.
 The report and films are not valid for medico-legal purpose.
 Please intimate us if any typing mistakes and send the report for correction within 7 days.

Figure.1

Urine R & M report before treatment that shows significant pus cell and RBCs. as depicted in Figure 2.

Figure.2



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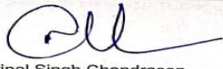
Tel : 0771-4219000/01/02

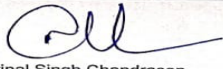
• Haematology • Bio Chemistry • Clinical Pathology • Microbiology • Serology

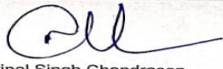
Booking id : 6602918047	Patient id : 6601907549	S. Collected : 16/12/2025 10:12AM
Receipt no. : AMR1255403	Age : 35 Y Male	S. Received : 16/12/2025 10:38AM
Patient name : SHRI	Mobile : 9406154030	S. Reported : 16/12/2025 02:41PM
Father/hus. name : SHRI		Report Status Final
Referred by : SELF		

Tests	Results	Unit	Biological Reference Interval
Urine RM	Urine		
Sample:	30	ml	
Volume	Pale Yellow		
Colour	Turbid		
Appearance	1.005		
Specific Gravity	6.5		
Reaction (pH)	Negative	mg/dl	
Urine - Glucose	30	mg/dl	
URINE ALBUMIN	40-50	/hpf	<5
Pus cells	18-20	/hpf	<5
Red Blood Cells	4-6	/hpf	
Epithelial Cells(urine)	Absent		
Casts	Absent		
Crystals			

CLINITEK ADVANTUS SIEMENS URINE ANALYSER


Dr. Pratibha Sharma
 (MBBS D.C.P)


Dr. Mirinal Singh Chandrasen
 (MBBS MD (Path))


Dr. Ramesh Ostwal
 (MDDPB)

USG Abdomen & pelvis report after treatment that shows completely disappeared from right ureter as depicted in Fig.3.

Ayurvedic Management Of Right Ureteric Calculus With Mild Hydronephrosis: A Case Report With Radiological Evidence

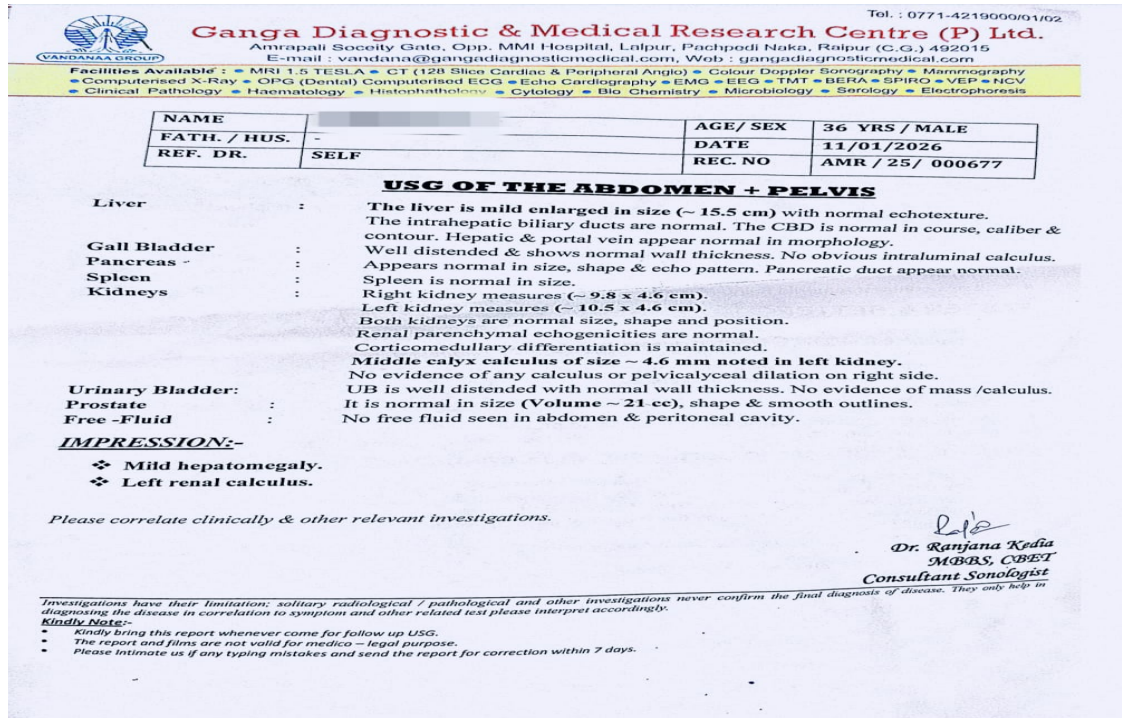


Figure.3

Urine R & M report after treatment that came out to be normal as shown in Fig.4

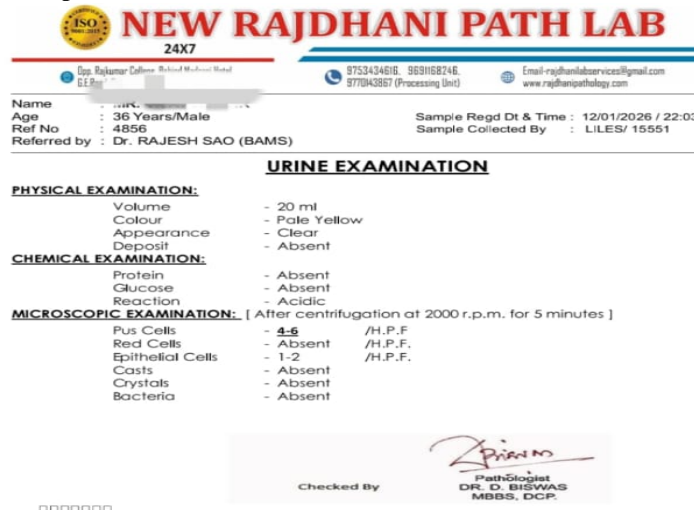


Figure.4

Discussion

Mutrashmari is described in Ayurveda as a *Kapha-pradhana Tridoshaja Vyadhi*, wherein vitiation of Kapha leads to crystallization and aggregation of urinary constituents,[10-11] while Vata is responsible for obstruction and severe pain, and Pitta contributes to Daha (burning micturition) and inflammatory changes. In the present case, the patient exhibited classical features of *Mutrashmari* such as flank pain radiating towards the pelvic region, *Mutrakriccha*, *Mutradaha* and increased frequency of urination, which closely correlate with ureteric calculus in modern medicine.[12] The management of *Mutrashmari* requires drugs possessing *Ashmaribhedana*, *Mutrala*, *Vatanulomana* and *Shothahara* properties. In the present case, the

selected formulations were aimed at correcting the underlying Dosha imbalance, restoring the normal function of *Mutravaha Srotas*, and facilitating the dissolution and expulsion of the ureteric calculus.[13] *Gokshuradi Guggulu*, as described in *Sārṅgadhara Saṃhitā (Madhyama Khaṇḍa, Vaṇī Kalpanā 7/84-87)*, contains *Gokshura (Tribulus terrestris)*, *Śuddha Guggulu (Commiphora mukul)*, *Trikaṭu—Śuṅthī (Zingiber officinale)*, *Marica (Piper nigrum)*, *Pippalī (Piper longum)*—*Triphala—Harītakī (Terminalia chebula)*, *Vibhitakī (Terminalia bellirica)*, *Āmalakī (Emblica officinalis)*—and *Muṣṭa (Cyperus rotundus)*. *Gokshuradi Guggulu* is a classical formulation widely indicated in *Mutrakriccha* and *Mutrashmari*. The chief ingredient *Gokshura (Tribulus terrestris)* possesses

Madhura Rasa, Guru–Snigdha Guna, Sheeta Veerya and Madhura Vipaka, which makes it an excellent *Mutrala* and *Balya* drug. Its diuretic action increases urine output, thereby reducing urinary stasis and helping in flushing out small calculi and crystals. *Guggulu* has *Tikta–Katu Rasa, Laghu–Ruksha Guna and Ushna Veerya*, which helps in alleviating *Kapha*-induced obstruction and reduces inflammation. The combined action of *Gokshura* and *Guggulu* results in *Vata-Kapha Shamana*, relief from flank pain, reduction of obstruction in the ureter, and facilitation of smooth urine flow. This explains the significant reduction in pain and dysuria observed in the patient. [14] **Varunadi Kashayam** - *Vaarunadikashayam* as described in *Ashtang Hridayam Sutrasthana*, *Shodhandigana Sangraha adhyaya* 15/21-22, contains: *Varuna* (*Crataeva religiosa*), *Sairyaka* (*Strobilanthes ciliatus*), *Shatavari* (*Asparagus racemosus*), *Dahana* (*Plumbago zeylanica*), *Morata* (*Chenomorpha fragrans*), *Bilwa* (*Aegle marmelos*), *Vishanika* (*Aristolochia bracteolata*), *Brihati* (*Solanum melongena*), *Bhadra* (*Aerua lanata*), *Karanja* (*Pongamia glabra*), *Pootikaranja* (*Holoptelia integrifolia*), *Jaya* (*Premnacorymbosa*), *Pathya* (*Terminalia chebula*), *Bahalapallava* (*Moringa olifera / drumstick*), *Darbha* (*Desmostachya bipinnata*) and *Rujakara* (*Semecarpus anacardium*). *Varunadi Kwath* is considered a drug of choice in *Mutrashmaridue* to its potent *Ashmaribhedana* and *Lekhana* properties. *Varuna* (*Crataevanurvala*), the main ingredient, possesses *Tikta–Kashaya Rasa, Laghu–Ruksha Guna, Ushna Veerya* and *Katu Vipaka*, which makes it effective in breaking down the hard, compact structure of urinary calculi. *Varuna* acts by reducing *Kapha* dominance in the *Mutravaha Srotas* and dissolving the stone matrix. Its *Mutrala* action increases urine flow, facilitating the expulsion of fragmented calculi. The *Kashaya Rasa* also contributes to reducing inflammation and irritation of the urinary tract, thereby relieving burning micturition and urinary discomfort. [15] **Haritaki–Haritaki** (*Terminalia Chebula*) is known as a *Vatanulomaka* and *Rasayan* drug. It possesses *Pancharasa* (except *Lavana*), *Laghu–Ruksha Guna, Ushna Veerya* and *Madhura Vipaka*. In *Mutrashmari*, vitiation of *Apana Vata* plays a crucial role in causing obstruction and pain. *Haritaki* corrects the downward movement of *Apana Vata*, thereby relieving obstruction in the urinary tract. Its mild *Anulomana* action ensures proper bowel evacuation, indirectly reducing pressure on the urinary system and preventing aggravation of pain during micturition. This supports smooth urinary flow and prevents recurrence. [16]

Stone Cutter Capsule - Stone Cutter is a patent ayurvedic medicine and its each capsule contains a combination of herbomineral like *Gokshur extract* (*Tribulus terrestris*, 100mg), *Varuna extract* (*Crataevanurvala*, 100mg), *Punarnava extract* (*Boerhaviadiffusa*, 100mg), *Pashanbheda extract* (*Bergenia ligulata*, 100mg), *Shwet parpati* (10mg), *Yavakshar* (*Barley-Hordeum vulgare*, 20mg) and

Hajrulyahoodpishti (*Jewish stone*, 20mg) traditionally known for *Ashmaribhedana, Mutrala* and *Shoolaghna* actions. *Shweta parpati* is an ayurvedic formulation primarily containing three key ingredients: *Suryakshara* (purified Potassium Nitrate), *sphatika* (purified *Potash Alum*) and *Navasagara* (purified Ammonium Chloride). These drugs help in reducing urinary supersaturation, relaxing ureteric smooth muscles, and facilitating downward movement of the calculus. The synergistic action of these herb aids in the fragmentation of stones and reduces spasmodic pain, contributing to symptomatic relief. **Cystone Forte Tablet** - it is also a patent medicine with ingredients of *Shilapushpa* (*Didymocarpus pedicellate*, 195mg), *Pashanabheda* (*Saxifraga ligulata*, 147mg), *Manjishtha* (*Rubia cordifolia*, 48mg), *Nagarmustha* (*Cyperus scariosus*, 48mg), *Apamarga* (*Achyranthes aspera*, 48mg), *Gojihva* (*Onosma bracteatum*, 48mg), *Sahadevi* (*Vernonia cineria*, 48mg), *Hajrulyahoodbhasma* (48mg), *Purified Shilajeet* (39mg), *Vanatulusi* (*Ocimum basilicum*), *Gokshura* (*Tribulus terrestris*), *Lajjalulu* (*Mimosa pudica*), *Kulattha* (*Dolichos biflorus*), *balam* (*Pavonia odorata*), *Joratoota* (*Equisetum arvense*), *Shaaka* (*Tectona grandis*) *Cystone Forte* is known for its lithotriptic, anti-inflammatory and urinary antiseptic properties. It helps in inhibiting crystal aggregation and reduces the tendency of stone recurrence. The formulation supports renal function, reduces urinary tract irritation, and improves overall urinary health. Its long-term protective role is beneficial in preventing future stone formation.

Conclusion

The present case study demonstrates that Ayurvedic management through *Shamana Chikitsa* can be an effective therapeutic approach in the treatment of right ureteric calculus with mild hydronephrosis, correlated with *Mutrashmari*. The selected Ayurvedic formulations, possessing *Ashmaribhedana, Mutrala, Vatanulomana*, and *Shothahara* properties, contributed to the correction of underlying *Dosha* imbalance, restoration of normal *Mutravaha Srotas* function, and facilitation of calculus disintegration and expulsion. The patient achieved complete clinical remission, with resolution of flank pain, dysuria, burning micturition, and increased urinary frequency. This symptomatic improvement was further supported by objective radiological evidence demonstrating complete disappearance of the ureteric calculus, without the need for emergency medical care or surgical intervention. This outcome underscores the potential role of Ayurveda as a safe, cost-effective, and non-invasive modality in the conservative management of ureteric calculi. Although the findings of this case are encouraging, larger controlled clinical studies are warranted to substantiate the therapeutic efficacy of Ayurvedic interventions on a broader population. Beyond its clinical significance, this case reaffirms the timeless relevance of Ayurveda not merely as a system of treatment, but as a holistic science that harmonizes the body's innate healing capacity with nature's wisdom,

offering hope for gentle and sustainable healing in modern healthcare.

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