



LITERATURE REVIEW OF ASMARI IN BRIHATRAYI

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ABSTRACT

Ashmari is the third most common and distressing affliction of the urinary tract. The symptomatology of Ashmari is similar to that of Urolithiasis mentioned in modern science. Conventional management of Urolithiasis does not have any significant effect on the pathogenesis of this disease and here comes the importance of the Indian system of medicine. Ayurveda has a more radical approach and a wide range of options in the management of urolithiasis. This article is to compile the scattered concepts of Ashmari according to Acharyas Susruta, Charaka, and Vagbhata which includes etiological factors, classification, pathology, premonitory symptoms, clinical features, complications, and management of both oushadha chikitsa and Sastra chikitsa (surgical management).

Keywords: Ashmari, Sastra karma, Oushadha chikitsa

INTRODUCTION

Basti, Hridaya, and Nabhi are the three vital organs in the body¹. Among them, Basti is so much important, and it is the most significant organ in maintaining homeostatic by controlling metabolite and excretion of

waste products. The repression of natural desires, known as Vegavrodha, is a major cause of a variety of disorders. According to Ayurveda, one of the most prominent causes of urinary tract disease is the sup-

pression of micturition². According to Ayurveda, the Tridosha Theory (Vata, Pitta, and Kapha) maintains body physiology. Apanavayu, one of the five types of Vayu, regulates the functioning of Mutravahasrotas (urinary system) and obviously, any disturbance of Apana Vayu causes urinary system dysfunction³. In this paper, I will make an honest endeavor to introduce the reader to the wealth of knowledge accessible in Ayurvedic literature on the vital subject of Ashmari. The study is an attempt to assemble the scattered knowledge of Ashmari in Brihatrayee, i.e., Charaka Samhita, Sushruta Samhita, and Astanghridaya, and correlate them with modern urinary disorders, by studying and analyzing the aforementioned debate.

AIM - To study the literary review of Ashmari according to Brihatrayi of Ayurveda.

OBJECTIVE – To understand the ayurvedic concepts of nidana, poorvarooopa, Lakshana, samprapti, and chikitsa of Ashmari.

MATERIAL AND METHOD –All textual references of Ashmari are collected from the ayurvedic classics in the library of Govt. Ayurvedic college Raipur. (C.G).

HISTORICAL REVIEW- Knowledge of Ashmari and its management is obtainable in Susruta Samhita, Charaka Samhita, and Ashtanga hridaya in detail.

ACHARYA SUSRUTA

Acharya Susruta extended his knowledge about Ashmari in Susruta Samhita 3rd chapter of Nidana Stana and mentioned surgical skills in detail in the 7th chapter of Chikitsa Stana. Susruta included Ashmari into one of the Ashtamahagadas in the 33rd chapter of Sutrastana by its nature and is difficult to cure.

ACHARYA CHARAKA

Acharya Charaka explained Moolasthanas of Murabha srotas, its dushti Karanas, and lakshanas in the 5th chapter of vimana Stana of Charaka Samhita. A detailed description of etiology, premonitory symptoms, pathology, Lakshana, and management is mentioned in the 26th chapter of chikitsa Stana of Charaka Samhita.

ACHARYA VAGHBATA

Acharya Vagbhata described the etiology, pathogenesis, and symptomatology of Ashmari in the 9th chapter

of nidana Stana and treatment modalities in the 11th chapter of chikitsa Stana of Ashtanga Hridaya. In the 8th chapter of nidana Stana of Ashtanga Hridaya, Vagbhata included Ashmari as one of the Ashtamahagadas by its difficult nature.

DEFINITION

The word meaning of Ashmari is stone, gravel, rock, or strangury. Due to the vitiation of dosha, Mutra along with tridosha and Sukla get solidified in the bladder and thus form Ashmari. Ashmaratheeti Ashmari (Am. Kosh. DW. Kan) – Ashmari is that which resembles stone. Ashman – Ashmaanam -Raati Dadati Ya Ashman + Raa + Ka + Gauraditwat nip⁴ Ashmari is a disease mentioned as ghora, dharuna, yamopama, anthaka, etc by its severe painful nature. Ashmari gets developed from urine just like how gorochana forms from pitta⁵. Ashmari is of 4 types according to Vagbhata, Susruta, and Sarangdhara Samhita, and only one according to Charaka.

NIDANA (CAUSES OF ASHMARI)

The high incidence of Ashmari across the world is not so surprising as the society is indulged in unhealthy food habits, sedentary activities, and also lack of purification. Acharya Susruta says asamsodhana seelasya and apathya ahaara vihara are the causative factors of the formation of stone. In those persons Kapha gets aggravated, combines with urine, reaches the urinary bladder, and staying there produces calculi. Vataja, pittaja, and kaphaja Ashmari, generally develop in children especially, since they indulge in day sleep, unhealthy and healthy foods, over-eating, partake foods which are fatty, hard for digestion, and sweet in taste⁶.

Table 1: Nidana according to brihatrayi.

Nidana	Su. S ⁷	Ch. S ⁸	A. Hr ⁹
Ajeerna bhojana	-	+	-
Asamsodhana seelata	+	-	-
Apathya ahara vihara	+	-	-
Anupa mamsa	-	+	-
Ativyayama	-	+	-
Adhyasana	+	-	-
Samashana	+	-	-
Sheeta ahara	+	-	-
Snigdha ahara	+	-	-
Madhura ahara	+	-	-

Virudha ahara	-	-	-
Ashwayana	-	+	-
Atimaitihuna	-	+	-
Ruksha madhyapana	-	+	-
Thikshna oushada sevana	-	+	-
Muthravarodha	-	-	+
Muthrala annapaana	-	+	-
Pithrumathrika dosha	-	-	-
Guru ahara	+	-	-

SAMPRAPTI

Acharyas Susruta, Charaka, Vagbhata are mentioned Ashmari samprapti as similar. Susruta quoted two examples about Ashmari formation those are when some clear water is kept in a new pitcher, slush will form in course of time. Similarly, the stone will be formed in Basti, and Rainwater gets solidified to form hail stones by the action of air, fire, and electricity. Just like this process of stone formation is also happening.

As per Ashtanga hridaya when the vayu covers the mouth of the bladder and dries up the urine, then urine gets mixed with pitta, Kapha, and semen giving rise to the formation of asmari just as gorocana gets formed pitta in the body of ox¹⁰.

SAMPRAPTI GHATAKA

Dosha: Vata pradhana tridosha.

Dooshya: Mutra.

Agni: Jatharagni vikruti

Ama: Dosha dushya sammurcchana janya

Srotas: Mutravaha srotas.

Dushti prakara: Sanga.

Udbhava Stana: Amashya and Pakwashya

Vyaktha Stana: Mutravaha srotas and basti

Rogamarga: Madhyam

Adhishtana: Kapha.

Vyadhi swabhava: Krichra sadhya (chirakari)

POORVAROOPA

Samanya and vishesha poorvaroopa are mentioned separately. Samanya poorvaroopa are fever, pain in the bladder, loss of taste, difficult micturition, pain in the head of bladder, scrotum, and penis; trouble-some bodyache and urine having the smell of the goat.

Specific symptoms and color of the dosa producing the disease, urine becoming vitiated, thick and turbid, and difficult micturition are seen in the patient, in the premonitory stage of calculi¹¹.

Table 2: Ashmari Lakshana According to Brihatrayi

Samanya lakshana	SU ¹²	CHA ¹³	A.H ¹⁴
Atyavila mutra	+	-	-
Nabhi vedhana	-	-	+
Basti vedhana	+	+	+
Sevani vedhana	+	+	+
Mehana vedhana	+	+	+
Mootradhara sangha	+	+	+
Sarudhira mootra	+	+	+
Muthra vikeerna	-	+	-
Gomeda prakara mootra	+	-	-
Sasikta	+	-	-
Visheerna dhara	-	+	-
Mootravrodha			
Mridnadi medhra	+	+	-
Muhus shakrit munjathi	-	+	-

Table 3: BHEDA¹⁵

Characters	Vataja	Pittaja	Kaphaja
Shape	Kadampa pushpavat kantikachita	Bhallatakasthi, Ashmatulya, samsthana	Kukkutanta prateeksha, sweta, snigdha
Colour	Syavaruna varna	Madhu varna Yellow/black /red	Madhuka pushpa (Su) Madhu varna (A.H)
Lakshana	Nabhi pradeshe teevra vedana, Muhurmuhu bindhusa mehata, mutrakrichra, krichrena vata and pureesha nihsarana, mutra vaha sroto avarodha, vidaha in vasti pradese	Dahanavat peeda in basti, medhra daha, guda daha, sarakta mutra, haridra mutrata, mutravaha sroto avarodha, daha in basti pradese	

CLINICAL FEATURES OF SARKARA¹⁶ (Gravel): Gravel, sand, or ash-like substances in the urine are the cause of altered appearances of urinary calculi. Gravel and urinary calculi are similar along with pain. When the Vayu is favorable and when the calculi are small, they (the stone) come out with urine.

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

SADHYA ASADHYATA: According to Acharya Sushruta, Ashmari is one of the Ashta-Mahagada, and Mahagada is difficult to treat since they are Asadhya in character. Ashmari has a better prognosis in youngsters. The Ashmari, like the god of death, is a deadly sickness. When it is newly created and small in size, it can be cured with medication; but, when it has progressed, it requires surgical treatment¹⁷.

MANAGEMENT

Treatment of Ashmari includes

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

➤ Aushadha Chikitsa.

- Snehana chikitsa - In the premonitory stage, the disease can be mitigated from its root through Snehana (oleation)treatment. Pashanabhedadi ghrita, Kusadi ghrita, Varunadi ghrita can be used for the management of Vataja, Pittaja, Kaphaja Ashmari respectively¹⁸.

- Aushadha Chikitsa - Veertaradi gana, Brihatyadi gana, Vellantaradi gana bhavita silajathu, Kusadi gana, Varunadi gana etc can be used in the Ashmari chikitsa¹⁹.

➤ Basti Chikitsa - Acharya Sushruta advised Uttarbasti in the management of bladder stone.

➤ Kshara Chikitsa - Acharya Sushruta has advocated preparing Kshara from the drugs mentioned above for preparing Ghrita. This Kshara destroys calculi, abdominal swelling, and urinary gravel.

Bones of krauncha (bird-curlew), ustra (camel), rasabha (donkey), Swadamstra, Taalamulika, ajamoda, the root of kadamba, and naagara are all powdered nicely, mixed with sugar, and consumed along with either sura or warm water breaks urinary gravel²⁰.

➤ 4) Shastra Chikitsa²¹

Surgery has to be the ultimate treatment because even with expert surgeons' success is uncertain. It should be carried out by the experienced persons after taking the consent of the authorities.

Surgery / Shastra Karma is indicated when the calculi are not curable with Ghrita, Kshara, kwatha, kshira preparations, and Uttarbasti.

a) Purvakarma

First, the patient should be given Snehana, swedana, and removal of the dosas (through these therapies vamana, virechana, and vasti). All equipment's enumerated in Agropaharaneeya (Susruta Samhita sutra Stana 5th chapter) is collected and kept ready and the patient should give courage for surgery. On the day of surgery, he should offer an oblation to gods, etc, perform auspicious rites, having made sacrificial offerings. And the patient is only allowed to take laghu anna.

b) Pradhana karma (Operative procedures)

1) Positioning of the Patients

The patient who is strong enough and not nervous should sit on a plank (table) which is also strong and is of the height of the knee. Then with the help of others, he should lie down, with his face up, his waist raised with the support of pillows; and his knees and ankles fixed and tied together by ropes or straps, also held by attendants thus any movement of body parts are prevented.

2) Method of Lithotomy

Step 1

First massage the left side of the well-oiled umbilical region, then pressure should be applied below the navel by a fist so that the stone comes down. The lubricated index and middle fingers of the left hand, their nails paired should be introduced into the rectum along the line of natural suture or urethra-coccygeal

raphae, 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.

Step 2

Then, on the left side, make an incision about the size of the stone, one barley width away from the perineal raphe. For technical reasons, some people prefer to make the incision on the right side. Precautions should be taken to avoid breaking or crushing the stone. Even if a small particle is left behind, it will grow in size again, hence the Agravakra (curved forceps) Shastra should be used to remove it completely. The incision should be oriented upward in females because the uterus is located extremely close to the urinary bladder posteriorly, if not Mutrasravi Vrana would develop. In males, an injury to the Mutrapraseka (bladder trigone) might result in urine leakage. An injury to the urinary bladder is unlikely to heal when the wound is caused for the removal of the stone.

c) Paschat karma

The patient should be placed in a hot water sitz bath after the stone has been removed. As a result, the bladder does not fill up with blood. However, if it becomes clogged, it should be irrigated with the decoction of kshira vriksha using a catheter.

COMPLICATIONS

Mutra Sharkara's formation, described by Acharya Sushruta, can be considered one of Ashmari's Upadravas. Ayurvedic classics do not describe any specific Upadravas in regard to Ashmari.

POST OPERATIVE COMPLICATIONS

Even after seven days, if urine does not come out through its normal passage, then the wound should be burnt by fire. If the urine flows out through its normal passage, he should be treated with uttarbasti, asthapanana, and anuvasana basti, using a decoction of drugs of sweet taste.

If by chance sukrasmary or sarkara found obstructing the urinary passage, these should be removed; if that is not possible, the urinary passage should be cut open by sharp instruments²².

DISCUSSION

It is clear from the study of ancient surgical literature and Sushruta Samhita that urological issues are a significant element of medical research. It could be because all of the texts provide a clear and vivid picture of their classification, symptomatology, problems, and management. Among all the urinary issues described in Ayurvedic writings, Acharyas recommend and agree on both pharmacological and surgical therapies of Mutrashmari. Sushruta, a well-known Indian surgeon, has performed significant operative surgery on all of the systems. In the words of Hirschberg, "the Indians learned and practiced the brilliant procedures which constantly stay undiscovered to the outside world."

1. Although the symptoms of Ashmari and urolithiasis are extremely similar, the pathophysiology outlined in Ayurveda and modern medicine differs due to ideological disagreements.
2. Beeja dusti (beeja bhaga avayava dusti) appears to play a key part in Ashmari's development. As a result, this could be classified as Utpadaka nidana.
3. Asamshodhana sheelata and Apathya sevana are caused by Mutra vegavidharana, which is also known as Vyanjaka nidana.
4. The Samavayee Karana for Ashmari production is Vitiated Kapha dosha. The Shoshana of such mala detected in the urine is caused by Kapha in conjunction with Vata, resulting in Sanghata and Ashmari. Stone formation necessitates super saturation of urine, which can be caused by decreased urinary flow, increased perspiration, or a combination of these factors. Vishoshana causes urine concentration and super saturation. Ashmari's persistent presence causes the Mutravaha sroto dush-ti, which leads to Vyadhi lakshana.
5. The most common presenting symptom of a stone is pain. Vataja Ashmari discomfort is similar to the pain caused by small, moving calculi that causes periodic colicky pain. Pittaja Ashmari is similar to hyperconcentration of fluids linked with inflammation and haematuria. The stone can be compared to Kaphaja Ashmari because of its dull agony and big size.

6. Vataja Ashmari is similar to calcium oxalate stones, Pittaja Ashmari is similar to uric acid stones, and Kaphaja Ashmari is similar to phosphate calculi.
7. The Samanya Lakshana, Nabhi Basti mehana vedana, Mutramarga nirodhana, Srujati alpam, Sirodhara mootrata, and Avila mootrata are the eight types of lakshana.
8. In ancient times, Ashmari was diagnosed only on the basis of the Lakshanas. It's tough to make a diagnosis based just on clinical findings.

CONCLUSION

Urological in modern India has achieved great progress and has established itself as a major player in the global urology scene. In making such colossal progress, we must recall the legacy of our motherland's great urology pioneers, whose ancient urological practice and teaching of unrivalled brilliance are still applicable in principle in the modern setting. Considering and analysing the above discussion the study is an attempt to compile the Ashmari scattered in Brihatrayee i.e., Charaka Samhita, Sushruta Samhita, Astanga hridaya.

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