

## Clinical effect of *Chandraprabha Vati* and *Gokshura churna* in the Management of *Ashmari*: A Case Report

Anita Dwivedi<sup>1</sup>, Jitendrakumar Nathabhal Varsakiya<sup>2</sup>, Poorva Sharma<sup>1</sup>, Divyarani Kathad<sup>3</sup>, Drishti Aggrawal<sup>1</sup>

<sup>1</sup> PG Scholar, <sup>2</sup> Assistant Professor, Post Graduate department of Kayachikitsa, Ch. Brahm Prakash Ayurveda Charak Sansthan (CBPACS), New Delhi, India

<sup>3</sup> Assistant Professor, Department of Shalakyatantra, Bhartiya Ayurveda Medical College, Amroha, UP, India

### ABSTRACT:

Urinary tract stones are common urinary system disorders and broad term for stone disease in numerous areas of the urinary system. Hematuria, lumbar with abdominal pain, or symptoms associated with urinary tract infection and obstruction, which involve urgency, dysuria, and frequent micturition, among typical clinical manifestations. *Ashmari* has been mentioned in *Ayurvedic* scriptures since ancient times. *Ashmari* is a urinary system (~*Mutravahasrotas*) related disorder. In *Ayurveda*, *Mutrashmari* is classified as *Asthmabagad* (~difficult to cure). Here is a case of a 34-year-old man who came to the outpatient department with complaints of nausea, vomiting, hesitancy, painful micturition, and pain in the left flank and umbilicus region. The ultrasound scan revealed ureteric calculus-related left-sided hydronephrosis. The ultrasound scan revealed left-sided hydronephrosis due to ureteric calculus. On an outpatient department basis, the patient was treated with *Chandraprabha Vati* 250 mg two tablets twice daily and three grams of *Gokshura churna* 3g twice daily. The patient was instructed to follow up every seven days. The patient was advised to make dietary and lifestyle modifications and take medication. The ultrasonography revealed that the calculi had been expelled, the hydronephrosis was resolved, and the patient experienced alleviation in signs and symptoms.

**KEYWORDS:** Ayurveda, *Ashmari*, *Chandraprabha Vati*, Renal stone, *Mutravaha Sroto-Dushti*.

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**\*Corresponding Author:**

**Dr. Anita Dwivedi**

PG Scholar, PG Department of Kayachikitsa,  
Ch. Brahm Prakash Ayurveda Charak Sansthan, New Delhi,  
India

Email: [dwivedianita52@gmail.com](mailto:dwivedianita52@gmail.com)

**INTRODUCTION:**

Kidney stone disease, also known as nephrolithiasis, is a widespread, prohibitively painful ailment. The surgical treatment of pre-existing stones accounts for the majority of the billions of dollars spent annually on nephrolithiasis-related activities. A stone may develop in the upper urinary system as a result of lithogenic substances crystallising, but it can also spread to the ureter and result in renal colic. Nephrolithiasis is rarely fatal, but according to people who have had renal colic, it is the most excruciating pain they have ever felt. Kidney stones can take several forms.<sup>[1]</sup> Determining the type of stone is clinically significant since it influences prognosis and the choice of the best preventive intervention. At approximately 75%, calcium oxalate is the most prevalent kind of stone. It is followed by calcium phosphate at 15%, uric acid at 8%, struvite at 1%, and cystine at less than 1%. Protein is present in the stone matrix of many stones, which are an assortment of crystal kinds (such as calcium phosphate and calcium oxalate).<sup>[2]</sup> If upper tract infection-related stones remain untreated, they can have catastrophic consequences and result in end-stage renal failure.

In *Ancient* scriptures, it can be correlated with *Ashmari*. *Ashmari* is one of the dreadful diseases described by *Acharya Sushruta* in *Ashta Mahagad*<sup>[3]</sup>. *Acharya Sushruta* meticulously delineated classification, symptomatology, aetiology, pathology, complications and management. In *Ashmari* disease, the mechanism is mentioned i.e., *srotovaigunya* from vitiated *Kapha* localized in *Basti* in conjunction with vitiated *Vata* and *Pitta* is responsible for the formation of calculus.<sup>[4]</sup> It is one of the widespread disorders of the *Mutravaha Srotas* (~Urinary-system).

Over the past three decades, kidney stones have become more common, which is

concerning for an older population. This increase could be caused by several parameters, including changes in health-related behaviours (such as consuming more soft drinks and animal proteins), longer life expectancies, improvements in diagnostic technology, environmental changes, or the use of diuretics. 5.6% of women and 11% of men will have a symptomatic kidney stone by the time they are 70. Kidney stones can be recognized by using imaging techniques and the symptoms that are present. However, the composition of the stone determines its classification, which requires study after the stone has been removed surgically or passed. At this point, conservative treatment recommendations and options are frequently developed and implemented. About 90% of kidney stones in males and 70% in women are composed of calcium, with the other components being cystine (less than 1%), pure uric acid (10–15%), and struvite (10–15%). Calcium phosphate, calcium oxalate, or a mixture of the two make up the majority of calcium-based stones. Stone formation can be influenced by several elements, and once they have been recognized, each one should be handled.

**CASE REPORT:**

A 34-year-old male patient came to *Ch. Brahm Prakash Ayurveda Charak Sansthan*, New Delhi, *Kayachikitsa* outpatient department on 10<sup>th</sup> Aug 2024 with a complaint of severe pain in the left flank and umbilicus region, hesitancy and painful micturition, nausea and vomiting. For 1 month. The patient came with the ultrasonography report showing left-sided hydroureteronephrosis due to ureteric calculus.

**Clinical findings:**

On general examination, the patient was found to be afebrile, moderately built, and well-nourished. There were no signs of pallor/icterus/cyanosis/clubbing/oedema/lymphadenopathy. The tongue was coated. He has a decent appetite (vegetarian), and he usually prefers a sweet predominant diet or *Madhura Rasa Pradhan Dravya* and sleeping habits were normal. His bowel habits were regular without any complaints of constipation hesitancy and painful micturition. He does not have any complaints of stress or emotional disturbance. The patient came with the ultrasonography report showing left-sided hydronephrosis due to ureteric calculus. The pulse was 90/minute, and the blood pressure was 124/80 mmHg. No anomalies were found in the central nervous system, respiratory system, cardiovascular system, or gastrointestinal tract after a thorough evaluation.

Timeline of the event has been mentioned in Table 1.

**THERAPEUTIC INTERVENTION:**

The patient was prescribed *Chandraprabha vati* two tablets each of 250 mg twice daily with lukewarm water after meals, as well as *Gokshura churna* 3 g twice daily with lukewarm water for ten days.

**Dietary Recommendation (Pathya - Apathya):**

*Pathya* in Cereals are as follows *Puraan Shali*, *Paraan Sathi* (old varieties of rice), *Rakta Shalli* (red variety of rice), *Syamaka* (Sanwabarneyard millet), *Kodrava* (Kodo millet rice), *Trina-dhanya Godhuma* (wheat), Pulses-

*Kulattha* (Horse gram), *Moong* (split green gram), *Aadbaki* (split pigeon peas). In vegetables old fruit and leaves of the *Kushmanda* (pumpkin) plant, *Choulai sang* (Amaranthus). *Apathya* are unwholesome or unsalutary substances that have undesirable both psychological and physical effects. *Apathya* citrus, constipating, sour, and difficult-to-digest meals and drinks, as well as vihara *Ativyayam*, which holds force to micturition and ejaculation, are the following diets and regimens.<sup>[5]</sup>

**Diagnostic Assessment:**

The classics' descriptions of symptoms served as subjective criteria contain, *Gomedaka sama mutra* (~Corresponds with gomedaka gem), *Atyavila-mutra* (~Turbidity in urine), *Mutradhara-sangha* (~Obstruction in urine), *Sevani-vedana*, *Basti-vedana* (~Pain in bladder region), and *Nabhi-vedana* (~Pain in umbilicus region). *Dhavanadi gamane vedana* (~pain during swimming and jogging), *Sasikatam* (~small granulation in urine)<sup>[6]</sup>, and objective criteria are based on ultrasonography results for the patient's diagnostic evaluation.

**Follow-up & Outcomes**

The patient experienced complete relief in complaint of severe pain in the right side of the Abdomen and umbilicus region, hesitancy and painful micturition, nausea and vomiting. The Ultrasonography of the whole abdomen showed no ureteric calculus and also hydronephrosis subsided. Improvement in subjective criteria is shown in Table 2 and improvement in objective criteria is shown in Figures 1 & 2.

**Table-1: Timeline of event:**

10 <sup>th</sup> Aug 2024	Visited CBPACS for the first time. Detailed history of the patient was taken and examined in the outpatient department and patient already came with the report of ultrasonography whole abdomen and then the detailed course was advised to the patient.
10 <sup>th</sup> Aug 2024	<i>Ashmari</i> (~urolithiasis) is diagnosed for the first time , Managed with medicines: <i>Chandraprabha Vati</i> (250 mg) 2 BD, <i>Gokshurchurna</i> 3gm BD and simultaneously <i>pathya-apathya</i> was advised
17 <sup>th</sup> Aug 2024	On next visit, patient told that he felt painful micturition and something came out during micturition, on basis of that patient's Ultrasonography of whole abdomen was advised
24 <sup>th</sup> Aug 2024	Ultrasonography of whole abdomen showed no ureteric calculus and also hydronephrosis was subsided
On follow up, the patient was advised lifestyle and diet modification.	

**Table-2: Assessment Criteria of Subjective Parameter:**

Symptoms	Before Treatment	After Treatment
<i>Nabhi-vedana</i> (~Pain in umbilicus region)	++	-
<i>Basti-vedana</i> (~Pain in bladder region)	+	-
<i>Sevani-vedana</i>	-	-
<i>Mutradhara sangha</i> (~Obstruction in urine)	+	-
<i>Mutra Vikirana</i> (~Improper urine stream)).	++	-
<i>Gomedaka sama mutra</i> (~Corresponds with <i>gomedaka</i> gem)	-	-
<i>Atyavila Mutra</i> (~Turbidity in urine)	-	-
<i>Sasikatam</i> (~Small granulation in urine)	+	-
<i>Dhavanadi gamane vedana</i> (~Pain while running and swimming)	+	-

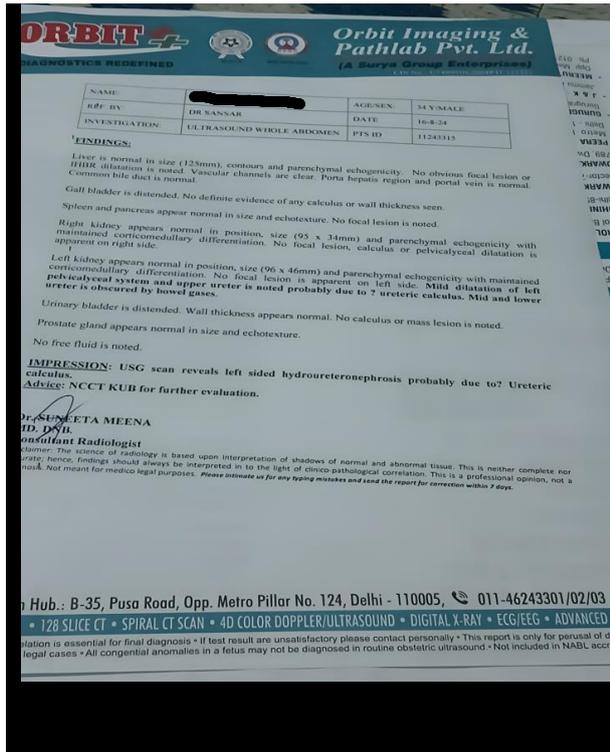


Figure-1 Before treatment

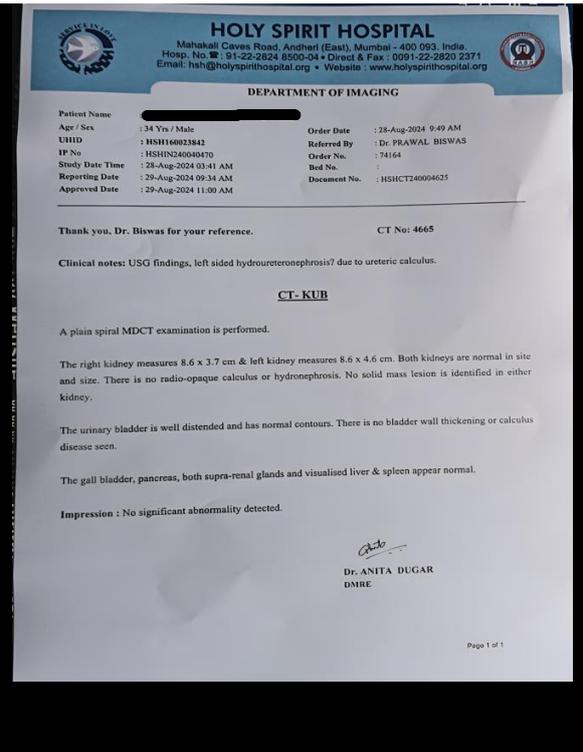


Figure-2: After Treatment

**DISCUSSION:**

In *Ayurveda* classical texts, *Chandrapabha Vati*<sup>[7]</sup>, contains 37 ingredients (28 Herbs, 3 Mineral salts, 2 Alkali, 2 Metal ashes, Sucrose and Aspelt mineral pitch) which is used as a Diuretic in the *Ayurvedic* system of medicine. It is mainly *Tridoshabhara* more commonly *Vatakapaha shamaka* in nature. The word *Chandraprabha* comes from the word *Chandra* meaning moon and *Prabha* means lustre, so which gives lustre like that of the moon is called as *Chandraprabha*<sup>[8]</sup> On analyzing the indications and properties this *Vati* acts on *Rasa, Rakta, Mamsa, Medas, Asthi, Majja, and Shukra Dhatus*. As it contains *Loba Bhasma and Shilajatu* it helps in increasing the *Bala* and reduces fatigue and general debility.<sup>[9]</sup> *Ashmari* is mainly due to the vitiated *Kapha* which in turn disrupts *Dhatwagni* and *Jataragni* thereby hampering the *Dhatus*. *Chandraprabha Vati* due to its *Laghu, Ruksha Guna* helps in the *Sodhana* of *Bahudrava Shleshma* and decreases the vitiated *Kleda* as *Basti* is *moola* of *kleda*. *Shilajatu* and

*Guggulu* have properties like *Viruksbna* and *Chedaneya* which act on *Kapha Dosha* and also have *Rasayana* properties which help in *ashmari*. Because *Chandra* means moon and *Prabha* means shine, the term *Chandraprabha* refers to anything that displays lustre reminiscent of that of the moon. According to an analysis of the signs and characteristics, this *Vati* affects the *Dhatus* of *Rasa, Rakta, Mamsa, Medas, Asthi, Majja, and Shukra*. Because it contains *Shilajatu* and *Loha Bhasma*, it helps promote *Bala* and decrease altogether debility and fatigue. *Ashmari* primarily hinders the *Dhatus* by vitiating *Kapha*, which in turn disturbs *Dhatwagni* and *Jataragni*. Since *basti* is the *moola* of *kleda*, *Chandraprabha Vati's Laghu* and *Ruksha Guna* aid in *Bahudrava Shleshma's Sodhana* and lessen vitiated *Kleda*. The drugs like *Trivrit, Pippalimoola, Guggulu,* and *Yavaksbana* relieve anxiety & pain. Drugs having anti-inflammatory properties are

*Karpoora, Musta, Devadaru, Guggulu, Tribhala, Ela, Shilajatu & Makshika Bhasma* help in reducing pain.<sup>[10]</sup>

In Ayurveda classical texts, *Gosksbura*<sup>[11]</sup> (*Tribulus terrestris*) is *Mutral*(~Urinary depurative), *Basti Shodhak*(~Bladder purifier), *Bribhanya*(~Body mass increasing), *Deepana*(~Appetizer), *Vrishya*(~Aphrodisiac), *Ashmaribhedana*(~Lithontriptic), *Vedanasthapaka*(~Analgesic), *Anulomana* (~Laxative) and *Shobhara*(~Swelling reducing).<sup>[12]</sup>It reduces the risk of stone formation by restoring the phosphate level<sup>[13]</sup>. Treatment, with *T. Terrestris* emitted diuresis,<sup>[14]</sup> facilitated the process of dissolving formed stones, and enhanced the excretion of urea, creatinine, and uric acid as well as normalized the renal functions<sup>[15]</sup>.

#### CONCLUSION:

It can be concluded from this case study; That Ayurveda medicaments can be a choice of treatment for the disease of *Mutravaha Srotas*. Here only once the case is presented, it can be more specific if the large sample size can be included. The outcomes in this instance are promising and a more carefully planned clinical trial could be conducted to see if these interventions work well under comparable circumstances.

#### Limitation of study:

The extremely small sample size of this clinical investigation may limit how far the results may be applied. Furthermore, the outcomes of the study may be impacted by potential biases such selection bias and a lack of randomization.

#### Patients consent:

The authors affirm that they have a patient consent form with which the patient has provided the aim regarding the case and other clinical records.

**Conflict of interest:** The author declares that there is no conflict of interest.

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