



## Management of Renal Stone by Varunadi Vati Followed by Viddhakarma & Agnikarma: A Case Study

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### Abstract

**Background:** Renal stones, also known as renal calculi, nephrolithiasis, or urolithiasis, are a common and distressing condition often linked to certain calcium supplements, dietary factors, and medications. While *Shamana Chikitsa* in Ayurveda has been well-documented for its efficacy, adjunctive procedures such as *Viddha Karma* and *Agni Karma*, as described by Acharya Sushruta, remain underutilized in contemporary clinical practice. These minimally invasive therapies may accelerate recovery and enhance patient outcomes in surgical conditions like renal calculi.

**Aim & Objectives:** To evaluate the combined effect of *Viddha Karma*, *Agni Karma*, and *Shamana Chikitsa* with *Varunadi Vati* in managing renal colic caused by renal calculi.

**Material & Methods:** A single case study was conducted on a 60-year-old male presenting with intermittent colicky pain, dull ache in the right loin, burning micturition, hesitancy, urinary obstruction, and incontinence for one month. U.S.G. abdomen and pelvis revealed three calculi (largest 0.5 cm) in the right kidney with dilated calyces. *Viddha Karma* was performed at the lateral border of the left thumb at 7-day intervals for four sittings, followed by *Agni Karma* at the same point. The patient also received *Varunadi Vati* for one month.

**Results & Observations:** After one month, all symptoms subsided, urinary output normalized, and repeat U.S.G. showed complete clearance of calculi with no abnormalities. The *Shamana Chikitsa* exerted *Ashmari Bhedak* and *Mootral* actions due to its *Ushna Veerya* and *Vatanulomana* properties. *Viddha Karma* likely enhanced ureteric peristalsis, facilitating stone expulsion, while *Agni Karma* contributed to sustained pain relief.

**Conclusion:** This case highlights the potential of integrating *Viddha Karma* and *Agni Karma* with Ayurvedic *Shamana Chikitsa* for the non-invasive, effective, and rapid management of renal colic and renal calculi. The approach offers a safe, holistic alternative that warrants further exploration through larger clinical trials.

**Keywords:** Renal Calculi, Renal Colic, Viddha Karma, Agni Karma, *Varunadi Vati*, U.S.G., Mootrashmari.

### Introduction

Renal stone disease is a globally prevalent clinical condition with a high recurrence rate and significant morbidity. Also referred to as *renal calculi*, *nephrolithiasis*, or *urolithiasis*, this disorder often arises from dietary habits, metabolic disturbances, and certain medications. Notably, calcium supplementation and prolonged corticosteroid use—particularly Prednisone—are recognized as major contributors, with 4–20% of nephrolithiasis cases linked to steroid consumption. Recurrent hospital admissions for acute renal colic not only impose a considerable economic burden but also lead to psychological distress in affected individuals. Modern medicine offers a range of invasive and non-invasive treatment modalities; however, these interventions are often limited by high recurrence rates, procedural risks, and high costs. In contrast, Ayurvedic literature and clinical evidence highlight the efficacy and safety of various herbal and herbo-

mineral formulations in managing urolithiasis, providing both symptomatic relief and the potential for radical cure without adverse effects. While *Shamana Chikitsa* in Ayurveda has already proven effective, its outcomes can be further accelerated through *Viddha Karma*—a minimally invasive therapeutic procedure described in detail by Acharya Sushruta. Despite its potential, *Viddha Karma* remains underutilized in current clinical practice, underscoring the need for systematic evaluation of its role in managing surgical conditions such as renal calculi.

### Aim

The present study was undertaken to evaluate the efficacy and safety of *Viddha Karma*, *Agni Karma*, and *Shamana Chikitsa*—comprising both herbal and herbo-mineral Ayurvedic formulations—in the management of renal calculi and associated clinical manifestations.

## Materials & Methods

### Study Design

A single case study was conducted on a patient diagnosed with *Mootrashmari* (renal calculi) with associated *Pittaja Mootrakruchha* and a history of cervical spondylosis and calcaneal spur.

### Patient Details & Chief Complaints

A 60-year-old male farmer from Maltipatpur, Odisha, presented to Shalya OPD, Gopabandhu Ayurvedic Mahavidyalaya, with complaints of:

- Intermittent colicky pain in the left loin region.
- Constant dull pain in the right loin and lower abdomen.
- Burning micturition and hesitancy during urination for 1½ months.
- He also reported a history of bilateral heel pain, radiating cervical pain, neck stiffness, tingling in the right hand, and chronic indigestion.

### History of Present Illness

A 60-year-old male presented with constant pain in both heels, radiating pain from the right cervical region to the right hand, and neck stiffness. Six months earlier, he was diagnosed with degenerative cervical spondylosis and bilateral calcaneal spur by an orthopedic physician and prescribed calcium supplements and analgesics. Despite four months of therapy, there was no improvement.

Two months prior to presentation, he developed acute lower abdominal and right loin pain accompanied by urinary complaints—burning micturition, hesitancy, scanty and turbid urine. He was admitted to a local hospital where U.S.G. abdomen and pelvis revealed renal calculi. Acute pain was managed with antispasmodics and hydrotherapy.

Although the acute episode subsided, he continued to experience dull right loin and lower abdominal pain along with persistent urinary complaints. Surgical intervention (laser lithotripsy) was advised but declined by the patient, who sought Ayurvedic management at the Shalya OPD, Gopabandhu Ayurvedic Mahavidyalaya, Puri, Odisha. After detailed history-taking and clinical examination, treatment was initiated.

### Past History

- Known case of cervical spondylosis and calcaneal spur for two years
- History of calcium supplement intake for four months

### Family History

- Mother: Osteoarthritis knee
- Siblings: Healthy

### Personal History

- Diet & Lifestyle: Mixed diet, regular intake of *Katu* and *Amla rasa* predominant foods
- Low daily water intake (1–2 L)
- Irregular meal timings

- Suppression of natural urges (*Vegavarodha*) due to workload
- Excessive sweating from farm work
- Mental stress
- Sleep: Disturbed
- Addiction: Occasional *paan* chewing

**Table 1:** General Examinations

S. No.	Parameter	Observation
1.	General Condition	Moderate build, afebrile, conscious, well oriented
2.	Per Abdomen (P/A)	Distended but non-tender; no signs of rebound tenderness; no hepatomegaly, splenomegaly, or lymphadenopathy
3.	Other Systemic Examination	No facial puffiness, no bipedal edema; other systemic examinations within normal limits
4.	Pulse	80/min
5.	Blood Pressure	130/70 mmHg
6.	Weight	67 kg
7.	Height	158 cm
8.	Prakriti	<i>Kapha-pradhana Pittaja</i>

**Table 2:** Assessment

S. No.	Symptoms	Baseline (Before Treatment)	Day 15	After 1 Month (Post-Treatment)
1.	Intermittent colicky pain in right loin region	9/10 (VAS), daily/alternate day	Absent	Absent (No episode to date)
2.	Constant dull pain in right loin & lower abdomen	4/10 (VAS)	Absent	Absent
3.	Burning micturition	Constant	Absent	Absent
4.	Hesitancy during micturition	Throughout day & night	Absent	Absent
5.	Loss of appetite	Grade 4+	Absent	Absent
6.	Loss of taste	Grade 2+	Absent	Absent
7.	Fullness of abdomen (bloating)	Grade 6+	Absent	Absent
8.	Indigestion	Grade 2+	Absent	Absent
9.	Headache with nausea & vomiting	Weekly once	Absent	Absent (No recurrence)

### Investigations

U.S.G. abdomen and pelvis (04/11/2023) revealed:

- Multiple calculi in the right kidney (three in number)
- Largest calculus measuring 0.5 cm in diameter
- Dilated calyces



Fig 1

### Diagnosis

*Mootrashmari with Pittaja Mootrakruchha* (renal calculi with urinary symptoms) in association with cervical spondylosis.

### Intervention

The treatment protocol included:

- Viddha Karma:** Performed at the lateral border of the left thumb at weekly intervals (total 4 sittings) with needle no.26
- Agni Karma:** Performed on the same point immediately after *Viddha Karma* by *Swarna shalaka*
- Shamana Chikitsa:** *Varunadi Vati* (administered for one month) 250mg-2 tab tds before food with lukewarm water.

### Results & Observations

Patient assessment was carried out using both radiological and clinical parameters. Radiological evaluation (*U.S.G. Abdomen & Pelvis*) before treatment (Figure 1) revealed three calculi in the right kidney, the largest measuring 0.5 cm, with dilated calyces. After one month of the prescribed treatment protocol—comprising *Viddha Karma*, *Agni Karma*, and *Shamana Chikitsa* with *Varunadi Vati*—the patient became completely symptom-free.

Repeat U.S.G. (Figure 2) showed no calculi and no abnormal findings in the kidneys or urinary bladder. The patient required no emergency hospitalization during or after the treatment period, and no recurrence has been observed to date.

### Discussion

Evaluation of the patient's history revealed that both faulty lifestyle practices (*Ayogya Ahara-Vihara*) and iatrogenic factors contributed to the pathogenesis of *Mootrashmari* (renal calculi). Regular consumption of *Katu* and *Amla rasa*-dominant foods and persistent mental stress aggravated *Pitta dosha*. This was further compounded by low water intake,



Fig 2

irregular meal timings (*Vishamashana*), and suppression of natural urges (*Vegavarodha*), which vitiated *Vata dosha*.

Long-term use of calcium supplements led to excess calcium excretion via urine. However, due to *Vata* and *Pitta* vitiation, urine output was reduced and *Apanavayu* dysfunction impaired the normal flow, leading to urinary stasis. Over time, this stasis caused supersaturation, turbidity, and eventual stone formation.

Considering this pathogenesis, the therapeutic goal was to employ agents and procedures with *Vatanulomaka*, *Vata-Pitta shamana*, *Ashmari bhedaka*, and *Mootrala* properties.

The observed clinical success can be explained as follows:

- Viddha Karma:**
  - Stimulates ureteric peristalsis and activates smooth muscles of the urinary bladder, promoting downward expulsion of calculi fragments.
  - Provides immediate pain relief, as described by Acharya Sushruta, through mechanical stimulation and probable endorphin release.
  - Effectively resolved both intermittent colicky pain and constant dull ache by reducing obstruction in urinary and flatus pathways.
- Agni Karma:**
  - Performed at specific *Marma* points related to urinary tract function, improving local circulation, reducing spasms, and modulating pain transmission.
  - Likely reduces inflammation and swelling in the ureter and bladder, easing stone passage.
  - Balances *Vata* (reduces spasms/pain) and *Pitta* (regulates metabolic heat), potentially preventing recurrence.
- Shamana Chikitsa – Varunadi Vati:**
  - Acts as an *Ashmari bhedaka*, breaking calculi into minute particles for easy urinary expulsion.

- Exhibits *Kaphaghna*, *Mootrala*, and *Vatanulomaka* properties, aiding in the complete clearance of stones without adverse effects.

### Conclusion

- This case highlights the successful management of renal colic due to renal calculi through a combination of *Shamana Chikitsa* (*Varunadi Vati*), *Viddha Karma*, and *Agni Karma*. The integrated approach proved to be a safe, non-invasive, and rapid therapeutic option, leading to complete symptom resolution within a short duration and without recurrence.
- The addition of *Viddha Karma* and *Agni Karma* to conventional Ayurvedic *Shamana Chikitsa* appears to accelerate recovery, enhance pain relief, and facilitate stone expulsion, thereby demonstrating potential in the management of surgical conditions such as urolithiasis.
- Given these promising results, further validation through multi-centric clinical trials with larger sample sizes is recommended to establish the reproducibility, safety, and long-term efficacy of this integrative protocol.

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