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Role of Sahastravedhi Tarun sneha in the management yakrutodar with special reference to Alcoholic liver disease.

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Abstract- Acharya Charaka describes *Sannipatodara* as a type of *Udara* classified under the *Ashtamahagada*, indicating its complex and difficult-to-cure nature. The pathogenesis of *Udara* begins with impaired digestive strength (*Agnidosha*), leading to improper nutrient assimilation (*Malavriddhi*) and accumulation of waste products. Stagnation of these wastes contributes to disease manifestation. Suppression of *Agni* along with continued intake of causative factors (*Hetu Sevana*) results in the production and accumulation of *Ama*, which vitiates *Prana*, *Agni*, and *Apana*, causing obstruction in both upward and downward channels of circulation. This overall imbalance leads to vitiation and excessive provocation of *Vata*.

Due to chronicity and severity caused by prolonged consumption of causative factors, accumulation of *Mala*, and toxins, the disease may become irreversible. When *Vata Dosha* dominates, overall body metabolism is disrupted, predisposing the patient to serious complications such as hepatic failure, hepato-renal syndrome, muscle wasting, hyperammonemia, and hepatic encephalopathy.

From a modern medical perspective, the pathogenesis of hepatic encephalopathy is multifactorial, with elevated blood ammonia considered a key risk factor. Ammonia produced during normal protein metabolism in the colon reaches systemic circulation and accumulates in the central nervous system when liver detoxification is impaired. To address this pathophysiological chain, *Shahastravedhi Tarun Sneha* has been selected as a therapeutic intervention. Chronic alcohol consumption directly contributes to hepatotoxicity, leading to alcoholic hepatitis and progression to liver cirrhosis. In advanced cirrhosis, gut-derived neurotoxins bypass the liver due to vascular shunting and reduced hepatic mass, reaching the brain and exacerbating encephalopathy.

Ammonia detoxification primarily occurs in the liver and striated muscles. In patients with advanced liver disease, significant muscle wasting is common, which Ayurveda correlates with the dominance of *Vata*. The probable mode of action of *Hingu Misrit Eranda Sneha* is discussed in the current study as a potential therapeutic approach for managing such complications.

Keywords: Udara, Mahagad, Hingu, Eranda Sneha

Introduction

In Ayurveda, the human body's functions are governed by the Tridosha—Vata, Pitta, and Kapha. The urinary system (Mutravaha Srotas) is primarily regulated by Apana Vayu, a subtype of Vata responsible for downward-moving physiological activities. Any imbalance in Apana Vayu can lead to urinary disorders. Mutrashmari, or urinary stone disease, is considered a condition of the Mutravaha Srotas and is closely associated with the Basti Marma.

The formation of stones (Ashmari) occurs when aggravated Vata causes dryness in urine, semen (Shukra), Pitta, or Kapha stored in the bladder. This leads to the development of hard masses, resulting in bladder distension, severe pain, and difficulty in urination. According to Sushruta, Mutrashmari arises due to Srotovaigunya, or structural and functional defects in the channels, caused by vitiated Kapha in the bladder along with disturbed Vata and Pitta. Classical Ayurvedic texts classify urinary stones into four types: Shleshmaashmari, Pittaashmari, Vataashmari, and Shukraashmari.

Ayurvedic herbal medicines have demonstrated properties such as immunomodulation, adaptogenic activity, and antimutagenic effects. Due to the adverse reactions often seen with long-term use of synthetic drugs, many people are turning to natural and safer alternatives.

From a modern medical perspective, a urinary calculus is defined as a stone-like mass formed from urinary salts bound within an organic colloid matrix, typically with a central nidus surrounded by concentric layers. Stones up to 5 mm in size are usually managed with flush therapy, while larger calculi may require advanced procedures such as Extracorporeal Shock Wave Lithotripsy (ESWL), ureteroscopy, nephrolithotomy, or percutaneous nephrolithotomy (PCNL). However, these treatments can be expensive, carry potential complications, and are often inaccessible for the general population.

Material and Methods

Case report

A 50 years old patient came to the kayachikitsa OPD C/O *Mutradaha ,Adhaman,Sakashtamutrapravruti* . since from 1 month

Examination:

GC- Moderate

Pulse – 76/min

BP- 130/90 mmhg

Adv

LFT

Sr.Bilirubin (total) 0.6mg/dl

Sr.Bilirubin(Direct) 0.28mg/dl

Sr.Bilirubin (indirect) 0.39 mg/dl

S.G.O.T- 35U/L

S.G.P.T -27 U/L

Alkaline phosphatase 68U/L
Sr.total Proteins 6.1gm/dl
Sr.Albumin 3.2gm/dl
Sr.Globulin 2.90 gm/dl
A/G Ratio 1.10
Sr. Creatinine 1.15 mg /dl

TRETMENT

Treatment details
VARUNADI KWATHA
Ingredient of Varunadhi Kwatha are Varuna, Gokshur, Shunthi, Yavakshara
It has properties of Chedana ,Bhedana, Lekhan ,Tridoshghna ,Mutrala,Anulomana and krimighna .Property of Varunadi Kashaya help in breaking down pathogenesis of Ashamari .
Pashanbheda :
Ras- tikta ,kashaya,Vipak- Katu , Virya- shita Mutrala,
Gokshur
Ras-Madura Vipak -Madur Virya-Shita

Punarnava
Ras- Madhura Tikta ,Kashaya Vipak- Katu Virya- Ushana

Yavakshara
Ras – Madhura Vipaka- Katu Virya – Sheeta , Bhedana, Lekhan karma

Sr.No	DRUGS	DOSE	DEURATION	ANUPAN
1	VarunadiKwatha	15 ml	TDS	Koshana jala
2	Pashanbheda Churna	1gm	TDS	Koshana jala
3	GOkshura Churna	1gm	TDS	Koshana jala
4	Punarnava Churna	1gm	TDS	Koshana jala
5	Yavakshara	250mg	TDS	Koshana jala
6	Hriber pishtti	250 mg	TDS	Koshana jala

Sr.No	USG Abdomen before treatment	USG Abdomen After teatment
1	Left renal calculi 4.5mm sited in lower pole of lt kidney and	A 4mm calculus is at mid pole of

	5.3mm sized calculius noted in mid pole of kidney Grade ll Fatty liver	kidney Grade I fatty liver

RESULT AND DISCUSSION:

Proper use of prophylactic and therapeutic Ayurvedic formulations helps reduce morbidity through their diuretic and lithotriptic actions, which facilitate the disintegration and expulsion of urinary stones. To minimize the likelihood of future stone formation, patients are strongly advised to follow specific dietary regulations, lifestyle modifications, and behavioral guidelines (Pathyapathya) during the treatment period and thereafter. Acharya Sushruta emphasizes Nidana Parivarjana—the avoidance of causative factors—as a primary therapeutic strategy for any disease.

Since this report represents a single case study, applying the same intervention to a larger population would help further evaluate the effectiveness of Varunadi Kwatha Churna and the supportive role of Pathya in the management of Mutrashmari. In this case, symptoms such as Mutra Daha (burning micturition) and Sakashata Mutra Pravritti (painful or difficult urination) showed significant improvement after two months of treatment along with adherence to the prescribed Pathyapathya.

CONCLUSION

Ayurvedic Shamana Chikitsa has shown effectiveness in the management of Mutrashmari. In this case, symptoms such as pain and burning micturition were markedly reduced over a two-month treatment period. Shamana Chikitsa, when combined with adherence to proper Pathya and avoidance of Apathya, demonstrated significant therapeutic benefits. These formulations primarily contain Vataghna, Vednasthapana, and Shothahara dravyas, along with blood-purifying agents, which help detoxify the body and relieve pain, thereby providing effective symptom management in patients with Mutrashmari.

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