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“Clinical Evaluation of *Viddhakarma* in *Mutrashmari-Janya Shoola* (Renal Colic due to calculi): A Case Report”

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ABSTRACT:

Background: Renal colic due to ureteric calculi is an acute painful condition caused by ureteric obstruction and spasm. Conventional management mainly relies on analgesics and antispasmodics, which may have limitations or adverse effects. In Ayurveda, *Viddhakarma* is a parasurgical procedure indicated in acute pain conditions (*Shoola*) and is known for providing immediate pain relief. **Objective:** To evaluate the effectiveness of *Viddhakarma* in the Ayurvedic management of renal colic caused by ureteric calculus.

Methods: A 26-year-old male patient presented with severe left loin pain. Ultrasonography revealed a 5.8 × 3.6 mm distal ureteric calculus located 1.8 cm proximal to the ureterovesical junction with grade I hydronephrosis. *Viddhakarma* was performed at the classical indicated site under aseptic precautions. Pain intensity was assessed using the Visual Analog Scale (VAS) before and after the intervention. **Results:** Immediate and significant pain relief was observed following *Viddhakarma*. The VAS score showed marked reduction within minutes of the procedure. No adverse effects or complications were reported, and the patient remained symptomatically improved during follow-up. **Conclusion:** *Viddhakarma* was found to be an effective, safe, and economical Ayurvedic intervention for instant pain relief in renal colic due to ureteric calculus. This single case study suggests its potential role as an alternative or adjuvant therapy in acute pain management.

Key words: *Viddhakarma*; Renal colic; Ureteric calculus; *Shoola*; Ayurvedic management

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Introduction:

Renal colic is an acute painful condition characterized by severe colicky pain radiating from the loin to the groin, commonly caused by ureteric obstruction due to *Ashmari*(renal calculi). In Ayurveda, such acute pain is described under *Shoola*(pain), which is predominantly caused by vitiated *Vata Dosha*, especially *Apana Vata*, obstructed by *Kapha* or *Ashmari* leading to *Avarana* and *Margavarodha*.^[1]

Acharya Sushruta has described *Viddhakarma* as an important *Anushastra Karma* indicated in various *Vata*-dominant painful conditions.^[2] *Viddhakarma* acts by relieving *Srotorodha*, pacifying *Vata*, and providing *Sadyo Vedanashamana* (instant pain relief). Classical texts mention specific *Vedhya Sthana* for *Shoola* related to urinary system disorders.^[3]

Recurrent hospitalization due to acute renal colic causes considerable economic burden and psychological stress to patients. Although multiple pharmacological and surgical interventions are available in modern practice, their limitations—such as recurrence, cost, and procedural invasiveness—necessitate exploration of safe, cost-effective alternatives.

In this context, *Viddhakarma* emerges as a unique para-surgical modality exclusively described by Sushruta in the *Sushruta Samhita*. It is a minimally invasive therapeutic procedure indicated in various painful and obstructive conditions. In the management of *Mutrashmari* (urolithiasis), *Viddhakarma* is considered particularly effective for immediate pain relief by alleviating aggravated *Vata* and relieving obstruction within the urinary tract channels.

Despite its classical importance and therapeutic potential, *Viddha Karma* remains largely neglected in contemporary

clinical practice. Therefore, there is a compelling need to scientifically evaluate and re-establish the clinical efficacy of *Viddha Karma* as a safe, rapid, and cost-effective modality in the management of renal calculi

This case study highlights the efficacy of *Viddhakarma* in managing renal colic due to ureteric calculus with immediate pain relief.

Need of the Study

Renal colic is a medical emergency requiring instant pain relief.

Long-term use of analgesics has limitations and adverse effects. *Viddhakarma* is a cost-, OPD-based, instant pain relieving parasurgical procedure. There is limited documented clinical evidence of *Viddhakarma* in *Ashmari-janya Shoola*. Hence, this study was undertaken to evaluate the clinical efficacy of *Viddhakarma* in renal colic.

Case Presentation**Patient Information**

Age: 26 years

Sex: Male

Occupation: Doctor

Socio-economic status: Middle class

Chief Complaints

Severe pain in left loin region, radiating towards groin, restlessness, nausea, burning micturition

Pain intensity: Severe, colicky

Duration: Acute onset (few hours)

History of Present Illness

The patient was apparently normal before the onset of symptoms. He developed sudden severe pain in the left loin region, which was intermittent, colicky in nature, and associated with restlessness. Pain aggravated on movement and was not relieved by rest.

Past History

No history of diabetes mellitus or hypertension

No previous episodes of similar pain

No surgical history

Personal History**Table no.1 Showing patient's personal history**

Parameter	Observation
Diet	Mixed
Appetite	Normal
Bowel	Regular
Micturition	Slight burning sensation
Sleep	Disturbed due to pain
Addiction	Nil

General Examination

Pulse: 92/min

Blood Pressure: 130/80 mmHg

Temperature: Afebrile

Built: Moderate

Tongue: Normal

Local Examination

Tenderness present in left renal angle

No palpable mass

No guarding or rigidity

Ashtavidha Pariksha**Table no.2 Ashtavidha Pariksha**

Parameter	Findings
Nadi	Vata-pradhana
Mala	Prakrita
Mutra	Sadaha
Jihva	Nirama
Shabda	Prakrita
Sparsha	Ushna
Drik	Prakrita
Aakruti	Madhyama

Dashavidha Pariksha**Table no.3 Dashavidha Pariksha**

Factor	Observation
Prakriti	Vata-Kapha
Vikriti	Vata-pradhana
Sara	Madhyama
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Madhyama

Satva	Madhyama
Ahara Shakti	Madhyama
Vyayama Shakti	Madhyama
Vaya	Yuva

Investigations

Ultrasonography (USG KUB):

5.8 × 3.6 mm left distal ureteric calculus
 Located 1.8 cm proximal to ureterovesical junction with resultant Grade I hydroureteronephrosis.

Samprapti

Nidana Sevana
 (Alpa Jala Sevana, Viruddha Ahara)

↓
 Kapha & Vata Prakopa

↓
 Mandagni

↓
 Kapha Sanchaya in Mutravaha Srotas

↓
 Ashmari Nirmana

↓
 Margavarodha in Mutravaha Srotas

↓
 Avarana of Apana Vata

↓
 Vata Prakopa (Teevra Gati)

↓
 Ashmari-janya Mutrashoola

(Teevra, Bhedana, Toda Yukta Shoola)

Nidana such as inadequate water intake and improper dietary habits lead to Kapha and Vata Dushti. Kapha contributes to Ashmari formation, while Vata causes obstruction and severe pain. The Ashmari causes Margavarodha of Mutravaha Srotas, leading to Avarana of Apana Vata, manifesting as severe Shoola.^[4]

Diagnosis

Ashmari-janya Mutrashoola

(Vata-pradhana Shoola due to Ashmari)

Table no.4 : Samprapti Ghataka

Component	Description
Dosha	Vata-pradhana (Apana Vata)
Dushya	Mutra
Srotas	Mutravaha

<i>Srotodushti</i>	<i>Sanga</i>
<i>Agni</i>	<i>Mandagni</i>
<i>Adhithana</i>	<i>Basti, Ureter</i>
<i>Vyakti</i>	<i>Teevra Shoola</i>

Intervention: Viddhakarma

Vedhya Sthana

Viparit paad Angushthamoola pradesh (lateral aspect of thumb of contralateral side of renal calculi) corresponding to classical *Viddhakarma* points indicated for *Shoola* and *Mutravaha* disorders.

Procedure

Informed consent taken

Patient placed in comfortable sitting position

Aseptic precautions followed

Sterile disposable 26 no. needle used

Vedhana performed at indicated site in perpendicular manner in *ardha vrihi matra*

No medication administered simultaneously.

Assessment Criteria

Table no. 5: VAS (Visual Analog Scale) Criteria

VAS Score	Pain Severity
0	No Pain
1-3	Mild Pain
4-6	Moderate Pain
7-9	Severe Pain
10	Worst Possible Pain

Table no.6 :Pain intensity assessed using Visual Analog Scale

Time	VAS score
Before <i>Viddhakarma</i>	9/10
Immediately after <i>Viddhakarma</i>	3/10
15 minutes after <i>Viddhakarma</i>	1/10

Result

The patient experienced instant and significant relief from pain within minutes of the procedure. No complications, excessive bleeding, or adverse events were

observed. The patient remained symptomatically improved during follow-up.

Discussion:

Viddhakarma at *Vedhya Sthana*

↓
Avarana Bhedana

↓
Vata Shamana

↓
Srotoshodhana

↓
Anulomana of Apana Vata

↓
Sadyo Vedanashamana
(Immediate Pain Relief)

Viddhakarma is indicated in *Vata*-dominant painful conditions, where immediate relief is required. The procedure helps in *Avarana Bhedana*, pacifies aggravated *Vata*, and restores normal flow of *Apana Vata*. By relieving *Srotoshodha*, it reduces spasm and pain instantaneously.^[5]

Viddha Karma increases the movement of the ureter and activates the smooth muscles of the urinary bladder that easily eliminates the crushed stone in a downwards direction. It is also an excellent pain relief tool exclusively elaborated by Acharya Sushruta. It helps to subside both intermittent colicky and constant dull pain in the left loin region & lower abdomen due to obstruction of the flow of Urine & flatus. The secretion of endorphins may induce its analgesic action due to painful mechanical stimulus at the time of procedure ^[6]

In *Ashmari-janya Shoola*, *Viddhakarma* acts at both *Dosha* and *Srotas* level, making it an effective parasurgical emergency intervention.

Conclusion:

Viddhakarma is a classical *Anushastra Karma* described in Ayurvedic literature as an effective intervention in *Vata*-dominant painful disorders. Acharya Charaka

explains that aggravated *Vata* is the principal cause of severe *Shoola* and emphasizes its prompt management to prevent complications¹. Acharya Sushruta specifically advocates parasurgical procedures like *Vedhana* in conditions of intense pain and obstruction, highlighting their immediate action in relieving *Vata-prakopa*^{2,3}. Vagbhata also supports puncturing procedures in localized obstructive disorders, stating their role in rapid *Vedanashamana*^{4,5}. The pathogenesis of *Ashmari* has been elaborately described in the Brihatrayi. Charaka attributes *Ashmari* formation to deranged *Kapha* along with *Mutra Dushti*⁶, while Sushruta provides a detailed description of *Ashmari Nidana* and its progression toward *Mutravaha Srotas* obstruction⁷. Vagbhata further correlates *Kapha Sanchaya* and *Vata Avarana* as the principal mechanisms behind *Ashmari-janya Shoola*^[8,9]. The clinical manifestation of *Teevra Toda-Bhedana Yukta Shoola* due to *Apana Vata* obstruction is also supported by classical references^[10,11,12,13]. Sushruta clearly mentions that removal of *Avarana* and restoration of *Vata Gati* leads to immediate relief of pain^[14,15]. Charaka emphasizes *Vata Anulomana* as the cornerstone of *Shoola Chikitsa*^[16], and similar principles are elaborated in *Vatavyadhi* management contexts^[17]. The concept of *Vedana Utpatti* and its pacification through appropriate interventions is discussed in *Ashtanga Hridaya*^[18]. Furthermore, understanding *Srotodushti* and *Sanga* as major pathological factors reinforces the rationale of *Viddhakarma* in relieving obstruction^[19, 20]. The present clinical outcome—showing immediate reduction in VAS score—correlates precisely with these Ayurvedic principles. No adverse effects were observed, supporting its safety when performed under proper aseptic

measures. Thus, integrating classical textual authority with clinical observation, *Viddhakarma* emerges as a safe, economical, OPD-based, and instant pain-relieving parasurgical procedure in renal colic due to ureteric calculus. Although this is a single case report, the outcome encourages larger controlled clinical trials to further establish standardized protocols and strengthen evidence for broader clinical application.

Patient Perspective

The patient reported immediate relief from severe pain without the need for analgesics and expressed satisfaction with the treatment.

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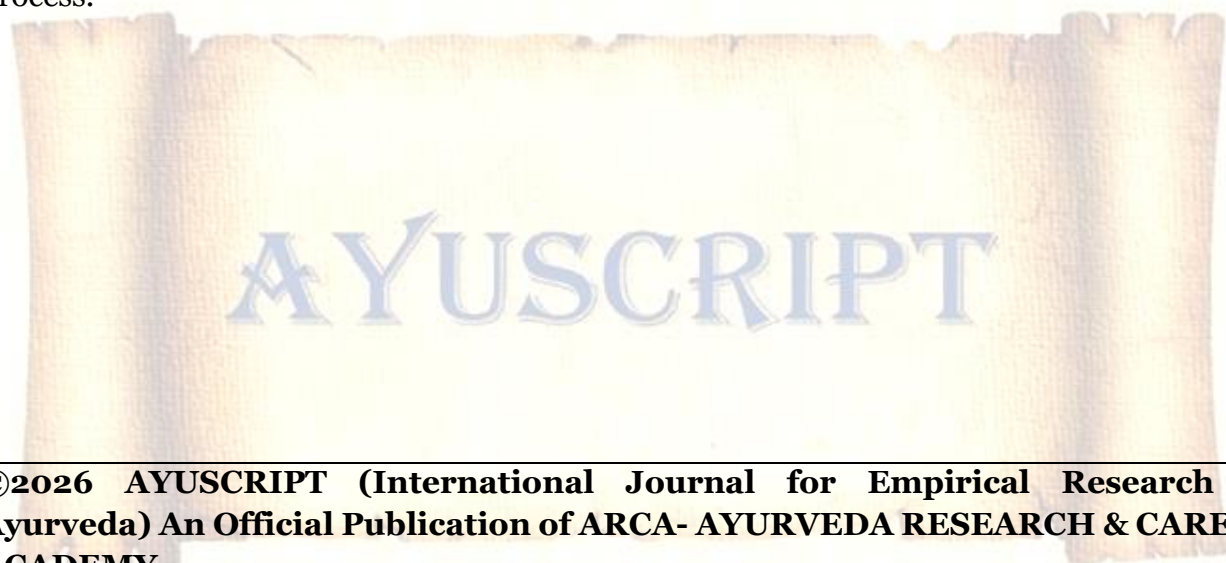
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