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A Case Report on Mutrashmari(Vesicle Calculus): Combining Suprapubic Cystolithotomy and Ayurvedic Management

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Abstract

Introduction:A 52-year-old male presented with a 2-day history of pain, burning during micturition, increased frequency, and dribbling of urine, alongside occasional constipation. Investigations revealed a large urinary bladder stone and cystitis. The patient was diagnosed with **Mutrashmari**(vesical calculus) with associated cystitis.**Case Presentation**:The patient, a 52-year-old male, complained of pain and burning during urination, along with increased frequency and dribbling of urine for the past 2 days. He also had occasional constipation but no history of similar urinary issues or other systemic diseases like hypertension or diabetes. Ultrasound revealed a large bladder stone (33 mm) and cystitis. The patient was diagnosed with **Mutrashmari**and planned for surgical management.**Management**:The patient underwent **suprapubic cystolithotomy** under spinal anesthesia. Intraoperative procedures included a 5 cm suprapubic incision, identification of the bladder, and stone removal through bladder fundus incision. The bladder was closed in double layers, and appropriate hemostasis was achieved. Post-operatively, Ayurvedic interventions were initiated to support recovery: **Internal medications**: Gokshuradi Guggulu, Punarnavashtak kwath, Chandraprabha Vati, and Erandbhrusta Haritaki.**Dietary modifications**: Vata-pacifying foods, adequate hydration, and avoidance of spicy foods.**Drain placement** was performed to manage any residual secretion.**Results**:The patient tolerated the surgery well, with stable post-operative recovery. The Ayurvedic medications and lifestyle modifications were initiated to support healing and prevent recurrence of vesical calculus. Post-operative follow-up showed no complications. **Conclusion**:This case highlights the effective management of **Mutrashmari(vesical calculus)** through a combination of modern surgical intervention (suprapubic cystolithotomy) and Ayurvedic support. The prognosis is favorable, with no recurrence expected if appropriate Ayurvedic and dietary guidelines are followed.

Introduction

A 52-year-old male presented with complaints of pain and burning during micturition for the past 2 days, along with dribbling and increased frequency of urination. Additionally, the patient reported occasional constipation. There was no history of hypertension, diabetes, or any previous urinary stone disease. Upon investigation, the patient was

diagnosed with Mutrashmari(vesical calculus) with associated cystitis.

History of Present Illness:The patient, a 52-year-old male, presented to the clinic with a 2-day history of pain and burning sensation during urination. He also reported an increased frequency of urination and dribbling of urine. He denied any hematuria or urinary retention. Additionally, the patient experienced occasional constipation but had no associated symptoms such as fever, nausea, or vomiting. Notably, the patient had no previous history of similar urinary complaints, trauma, surgeries, or catheterization.

Past Medical and Surgical History: The patient has no history of hypertension (HTN) or diabetes mellitus (DM). He has not undergone any surgeries and has no prior history of stone disease.

Personal History: The patient follows a mixed diet and has a normal appetite. His bowel habits are occasionally irregular with reports of constipation. He has increased frequency and dribbling of urine, with burning during micturition. There are no addictions, and his sleep patterns are normal.

Family History: The patient has no family history of kidney or bladder stones, nor a history of hypertension or diabetes.

General Examination: On examination, the patient appeared in stable general condition. His vital signs were as follows: pulse of 78 beats per minute, blood pressure of 130/80 mmHg, respiratory rate of 18 breaths per minute, and afebrile temperature. Abdomen examination revealed mild tenderness in the suprapubic region, with no palpable masses. Cardiovascular, respiratory, and central nervous system (CNS) examinations were within normal limits. **Investigations**: Blood investigations revealed normal hemogram, ESR, and biochemical tests, including random blood sugar (RBS), blood urea, serum creatinine, and serum uric acid levels. Coagulation profile was also normal. Urine routine and microscopy showed evidence of mild cystitis. Serology tests, including HIV antibodies, HBsAg, and VDRL, were negative. X-ray KUB & Ultrasound of the abdomen revealed a large urinary bladder stone measuring 33 mm, with evidence of cystitis.

Diagnosis: Based on the clinical presentation and investigations, the patient was diagnosed with **Mutrashmari(vesical calculus) with associated cystitis**.

Ayurvedic Correlation: In Ayurveda, Mutrashmaricorresponds to vesical calculus, which results from an imbalance of the Vata dosha. This imbalance causes dryness and obstruction in the urinary tract, leading to the formation of stones. The associated symptoms of burning

micturition, dribbling of urine, and constipation are consistent with the involvement of Vata dosha.

The management plan for the patient incorporated both modern and Ayurvedic interventions. The patient was scheduled for a suprapubic cystolithotomy to remove the bladder stone, which was the primary modern intervention. Post-operatively, Ayurvedic treatments were initiated to support recovery and prevent recurrence. The internal medications included Gokshuradi Guggulu (2 tablets twice daily after meals) to support urinary health, Punarnavashtak Kwath (40 ml twice daily before meals) for diuresis and inflammation reduction, Chandraprabha Vati (2 tablets twice daily after meals) to alleviate burning micturition and urinary discomfort, and Erandbhrusta Haritaki (3 grams at night) to address constipation. Additionally, dietary and lifestyle modifications were recommended, including a Vata-pacifying diet consisting of warm, moist, and easily digestible foods, adequate hydration, and the avoidance of spicy and oily foods. With the combination of prompt surgical intervention and supportive Ayurvedic management, the patient's prognosis is favorable, and the combination of modern surgical procedures and Ayurvedic therapies is expected to promote recovery and reduce the risk of recurrence.

Management Plan:

- **Modern Intervention**:
  The patient was planned for a **suprapubic cystolithotomy** to remove the bladder stone.
- **Ayurvedic Management**:
  Post-operatively, Ayurvedic interventions were initiated to support recovery and prevent recurrence:
  - **Internal medications** including:
    - **Gokshuradi Guggulu 2 tds after meal** to support urinary health.
    - **Punarnavashtak kwath 40 ml twice before meal** for diuresis and reducing inflammation.
    - **Chandraprabha Vati 2 bd after meal** to alleviate burning micturition and urinary discomfort.
    - **Erandbhrusta Haritaki 3 hs** to clear constipation**.**
  - **Dietary and lifestyle modifications**:
    - Vata-pacifying diet, consisting of warm, moist, and easily digestible foods.
    - Adequate hydration and avoidance of spicy and oily foods.

Operative Note

Patient Details:

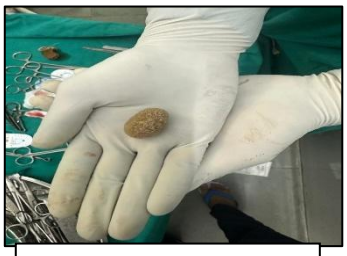
- **Pre-Operative Diagnosis**: Vesical calculus (Mutrashmari)
- **Procedure Performed**: Suprapubic cystolithotomy
- **Anesthesia**: Spinal anesthesia

Pre-Operative Phase

- The patient was shifted to the operating theater with stable vital signs.
- The patient was placed in a **sitting position**, and **spinal anesthesia** was administered.
- Once the anesthetic effect was confirmed, the patient was repositioned into the **supine position**.
- The anesthetic effect was verified using a tooth forceps.
- The surgical site was painted with antiseptic solution and draped under sterile conditions.

Intra-Operative Phase

1. **Incision**:
   - A **suprapubic incision** of approximately **5 cm** was taken using a **Blade No. 22**.
   - Dissection was carried out **layer by layer** from the skin → subcutaneous fat → rectus sheath → detrusor muscle.
2. **Bladder Identification**:
   - The bladder was identified through its characteristic **criss-cross venous pattern** of the detrusor muscle.
   - Confirmation of bladder location was done via the **aspiration method**.



Vesicle Calculus

3. **Bladder Incision and**

Stone Removal:

- An incision was made at the **fundus of the bladder** using **Blade No. 15**.
- The stone was successfully removed manually with the aid of continuous **suction** and **normal saline (NS) infusion** to inflate the bladder through a catheter.

4. **Bladder Closure**:
    - The bladder was sutured in **double layers**:
        - **Mucosa and muscle** layers were closed using **Prolene 2-0**.
    - The suture line was checked for any **leakage**.
5. **Hemostasis and Wound Closure**:
    - Hemostasis was achieved, and the surgical wound was thoroughly cleaned and washed with **Betadine** solution.
    - The **muscle layer** was closed using **Vicryl 2-0** in continuous interlocking sutures.
    - The **subcutaneous fat** was sutured, and the **skin** was closed with **Ethilon**.
6. **Drain Placement**:
    - A **convoluted drain** was placed between the bladder and the muscle to manage any residual secretions.
    - The drain was fixed with **Vicryl 2-0**.
7. **Dressing**:
    - A sterile dressing was applied under **aseptic precautions**.

Post-Operative Phase

- The patient was shifted to the **recovery room** with **stable vital signs** for post-operative monitoring.
- The patient's condition was satisfactory, and appropriate post-operative care was initiated.

Discussion

The management of the 52-year-old male patient with vesical calculus (Mutrashmari) was approached with a

combination of modern surgical intervention and Ayurvedic therapies. The patient was initially planned for a **suprapubic cystolithotomy**, which is a common procedure for removing bladder stones, and the procedure was performed under **spinal anesthesia**. The pre-operative phase proceeded smoothly with the patient's stable vitals, and the anesthetic effect was confirmed before the incision was made. A suprapubic incision of approximately 5 cm was made using a blade, and the dissection was carried out layer by layer until the detrusor muscle was reached. Identification of the bladder was confirmed by its criss-cross venous pattern, and the stone was removed using continuous suction and saline infusion to inflate the bladder. After removal of the stone, the bladder was closed in two layers with Prolene sutures, ensuring no leakage at the suture line. Hemostasis was achieved, and the wound was thoroughly cleaned before closure in layers, with a drain placed to manage any residual secretions. Post-operatively, Ayurvedic interventions were incorporated to aid in the patient's recovery and to prevent recurrence. The patient was prescribed **Gokshuradi Guggulu**, **Punarnavashtak Kwath**, **Chandraprabha Vati**, and **Erandbhrusta Haritaki** to support urinary health, promote diuresis, reduce inflammation, alleviate discomfort, and address constipation. These herbal formulations were chosen based on their ability to balance the **Vata dosha** and support the urinary system. Additionally, a **Vata-pacifying diet** was recommended, consisting of warm, moist, and easily digestible foods, alongside adequate hydration and avoidance of spicy or oily foods. The post-operative recovery was uneventful, and the patient was closely monitored in the recovery room. His vitals remained stable, and he was provided with appropriate post-operative care. The combination of modern surgical techniques and Ayurvedic therapies is anticipated to support the patient's full recovery, enhance the healing process, and reduce the risk of recurrence of bladder stones. By integrating both approaches, the treatment aimed to address the root cause of the condition through Ayurvedic methods while ensuring the immediate issue (bladder stone) was resolved through surgical intervention. This multidisciplinary approach, combining modern and traditional practices, provides a holistic method of treatment that caters to both the physiological and functional needs of the patient.

Conclusion

In conclusion, the 52-year-old male patient with vesical calculus (Mutrashmari) was successfully treated using a combination of modern surgical

techniques and Ayurvedic interventions. The suprapubic cystolithotomy procedure was performed without complications, and the patient's post-operative recovery was uneventful. Ayurvedic treatments, including Gokshuradi Guggulu, Punarnavashtak Kwath, Chandraprabha Vati, and Erandbhrusta Haritaki, along with a Vata-pacifying diet, were initiated to support recovery, reduce inflammation, and prevent recurrence. The patient responded exceptionally well to the treatment plan, with no complications noted during recovery. This multidisciplinary approach, integrating both modern medicine and Ayurveda, was effective in addressing the patient's immediate condition and supporting long-term health. The favorable outcome emphasizes the potential benefits of combining conventional and traditional treatments to achieve optimal patient care and holistic healing.

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