Medicinal plants of Muzaffarnagar district used in treatment of urinary tract and kidney stones

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A floristic survey of ethnomedicinal plants was conducted at Muzaffarnagar district of Uttar Pradesh to assess the potentiality of plant resources. The study revealed that 15 plant species belonging to 13 families are used as anti-urolithiatic agents in local remedies. The information on medicinal uses is based on the exhaustive interviews with local healers and herbalists, practicing traditional system of medicine. Details of the plants, parts used, method of preparation, dosage and mode of administration have been reported. *Equisetum debile* Roxb. and *Gomphrena celosioides* Mart. are most effective and commonly used in treatment of urinary tract and kidney stones. These may prove precious potential source of bioactive compounds of therapeutic value against uro- and nephro-lithiasis and hence need further critical scientific testing, phytochemical examination and clinical evaluation for the purpose.

Keywords: Medicinal plants, Traditional medicine, Ethnomedicine, Kidney stone, Urolithiasis, Urinary tract stone, Calculi, Uttar Pradesh

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Urinary tract and kidney stones ailments have affected human beings since antiquity. Ancient Vedic literature describes stones as Ashmari. The occurrence of these stones has been increasing in rural and urban societies¹⁻². A large population of India suffers from urinary tract and kidney stones, formed due to deposition of calcium, phosphates and oxalates. The chemicals start accumulating over a nucleus, which ultimately takes the shape of a stone. These stones may persist for indefinite time, lead to secondary complications causing serious consequences to patient's life. It is very painful and a proper cure is very much needed to get rid of the problem¹. Though the treatment of urinary tract and kidney stones has been revolutionized by the development of noninvasive methods of stone disruption but the patient's always try to refrain from surgical procedures. Moreover, it also carries the factors like high cost, availability, side effects, etc.; the recurrence rate is also high $(50-80\%)^2$. As no suitable medical therapy is available for such stone disorders, it is imperative to search for some new or less known medicinal plants, which may be a potential source for new

bioactive compounds of therapeutic value. Such exploration assumes tremendous significance when herbal medicine is gaining importance throughout the world³⁻⁷. Of late, there has been a growing resurgence and revival of interest in indigenous systems of medicine and traditional herbal remedies, which are regarded as quite safe, with minimal or no side effects, cost effective, readily available and easily affordable³⁻¹⁰. People living in interior and inaccessible remote rural areas have excellent knowledge about medicinal utility of the local flora. People in such areas of the district have been traditionally using indigenous folk remedies to cure various diseases for generations and passing on this knowledge orally. Because of prompt and positive effect of herbal treatment they have strong faith in their own folk medicinal preparations or crude formulations^{6,11}.

Muzaffarnagar district lies in the extreme Northwest of Uttar Pradesh (UP) in the semi-arid region of upper Ganga-Yamuna *doab*. It is situated between the North latitudes –29°11 to 29°43 and East longitudes 77°04 to 78°77, bounded by rivers-Ganges and Yamuna in East and West, respectively. District Bijnor in UP, and Panipat and Karnal districts

of Haryana lie in the East and West sides, respecttively, across Ganga and Yamuna. Its northern border is shared by district Saharanpur of UP and Hardwar of Uttarakhand, while southern border by district Meerut of UP (Fig. 1). The district covers an area of 4,008 sq km with maximum length and width of 98 km and 58 km (average 84 km and 50 km), respectively. The slope of the district is from North to South. It is traversed by 4 small rivers, Katha, Krishna, Hindon and Kali, respectively from West to East, flowing almost parallel (Fig. 2). The district may generally be described as an alluvial plain consisting of 3 main geographical tracts - Khadar, Bangar and Bhood zone. The riverain khadar zone consists of rural countryside having many small human settlements and tiny hamlets in interior areas with poor connectivity. The total population of the district according to 2001 census is 35,41,952; of which 26, 38,123 (74.48%) live in 1,027 villages¹². Due to a large number of villages and huge rural population with rich tradition of utilization of plants for medicinal uses, the district constitutes a suitable and significant area for ethnobotanical studies.

Extensive floristic studies of the district have been carried out earlier¹³⁻¹⁵. Due to its very rich and diverse flora, with a majority of the same being used in traditional folk medicine, there is immense scope for their potential commercial use as well. However studies relating to their ethnobotany have not been attempted yet and thus there is a complete lack of information about their traditional usage. The paper attempts to present briefly the information about some of the plants being used in this area for their anti-urolithiatic, litholytic and litho-expulsive properties.

Methodology

The study was conducted as per prescribed standard methodology of ethnobotanical studies 16-18. Frequent field visits were regularly conducted throughout the year in the *khadar* areas of the district. The plants were collected with the help of herdsmen, farmers and other local people. The information about ethnomedicinal uses, local names of plants, plant parts used, formulation and preparation of recipes, dose regimen, duration and mode of administration were sought from local healers and herbalists practising traditional system of medicine more specifically, the holymen, priests, *hakims vaidyas*, *ojhas*, *bhagats*, etc. Besides this village headmen, aged and experienced elderly knowledgeable men and women, and other rural folks were also consulted. The collected plants

were properly preserved and correctly identified with the help of local and regional florasin consultation with herbaria of FRI, Dehradun and BSI Northern circle, Dehradun^{15,19-22}. Herbarium sheets were maintained in the herbarium of the Botany Department of CCR (PG) College, Muzaffarnagar for record and further reference.

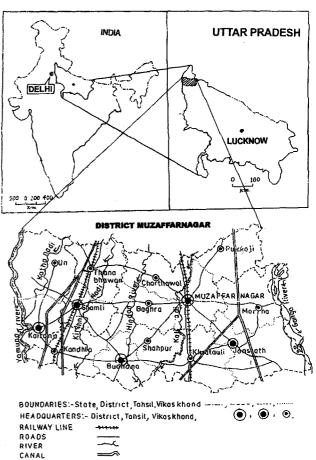


Fig. 1—Location map of the study area

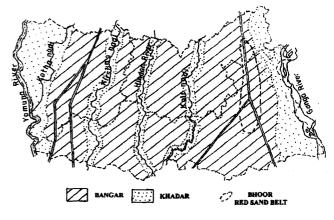


Fig. 2—Physiographic condition of the study area

Results and discussion

Ethnomedicinal properties of the plants being used in the treatment of urinary tract and kidney stones is given mentioning plant names, families, local names and their medicinal uses, including plant parts used, method of recipe preparation, dose regimen and mode of administration as reported by the local people (Table 1). Occurrence of urinary tract and kidney stones is a common clinical disorder, which has afflicted mankind since ancient times. Urolithiasis is an entity, which has high morbidity and low mortality but having serious and significant socio-economical impact. The prevalence of urolithiasis is estimated to be 1-5%. However, its frequency varies with

differences in dietary habits of different people, food and water contamination in different geographical areas and their level of development and environmental pollution, etc. The overall probability of forming stones differs in various parts of the world. Its worldwide prevalence is estimated to be 2-5%, while it is 2-13% in developed in countries².

During ethnobotanical survey of district Muzaffarnagar, 15 plant species belonging to 13 families were recorded as effective remedies used by local people to treat and cure stone ailments of urinary tract and kidney. These crude drug preparations inhibit further stone formation and their enlargement, dissolve or break the calculi and stones, expel them

Table 1-Medicinal plants used in treatment of urinary tract and kidney stones

Plant name/family/ local name

Abutilon indicum (Linn.) Sweet (Malvaceae), Kanghi

Aerva lanata (Linn.) Juss. (Amaranthaceae), Chaya

Boerhaavia diffusa Linn. (Nyctaginaceae), Bishkapra, Punarnava

Bryophyllum pinnatum (Lamk.) Oken. (Crassulaceae), Patharchata, Ajuba, Ghavpatta, Parnbeej

Crataeva nurvala Buch-Ham. (Capparaceae), Barna, Varuna

Cynodon dactylon (Linn.) Persoon (Poaceae), Doobghas, Doobra, Hari Doob

Daucas carota Linn. (Apiaceae), Gajar

Equisetum debile Roxb. (Equisetaceae), Jode tode ki ghas

Gomphrena celosioides Martius (Amaranthaceae), Kasia

Musa balbisiana Colla. (Musaceae), Kela

Ricinus communis Linn. (Euphorbiaceae),

Arandi, Arand Andi, Chian

Solanum surattense Burm (Solanaceae), Ber Kateli, Neeli Kateli

Trianthema portulacastrum Linn. (Ficoidae), Saunthi, Lalsubuni Patharchata, Bishkapra

Tribulus terrestris Linn. (Zygophyllaceae), Gokhuru, Chhota gokhuru

Zea mays Linn. (Poaceae), Makka, Makki Mode of intake and use

Leaf juice taken twice daily for two weeks is efficacious for the treatment of urinary tract and kidney stones.

Whole plant decoction of *Chaya*, along with castor (*Ricinus communis* Linn.) root and *Gokhuru* (*Tribulus terrestris* Linn.) fruits is given twice a day for two weeks to cure stones. Root decoction is also used.

Root decoction is taken daily for one month to expel kidney stones.

Fresh leaf juice along with 2-3 Kalimirch (Piper nigrum Linn.) powder is taken twice a day for 15 days to expel stones.

Bark decoction twice daily for seven days is given in urinary tract infection (UTI) and for removal of stones from urinary tract.

Root decoction is given with honey or *misri* (clarified and crystalised sugar) twice daily for 3 weeks to cure urolithiasis.

One glass *gajar* juice is taken regularly for a fortnight to remove stones from urinary bladder and kidney.

Whole plant juice is given along with 1 gm *Piper nigrum* Linn. twice a day for 7 days for removal of both urinary tract as well as kidney stones.

Whole plant juice along with 4 *Piper nigrum* Linn. and lemon juice twice a day is taken for 10 days to cure urolithiasis.

Decoction of *Musa* roots and *gulli* (axis of maize cob, *Zea mays* Linn.) is given twice daily for 7 days in complaints of kidney and urinary tract stones and severe pain.

Root decoction along with half a gram *sunthi* (dried and powdered rhizomes of *Zinziber officinale* Rosc.), one pinch of *heeng* (*Ferula asfoetida* Linn.) and common salt is taken twice daily for 7 days to treat kidney stones.

Root powder along with Bari Kateli (Solanum indicum Linn.) root powder is given with curd daily for two weeks to expel kidney stones.

Fresh leaf juice is given twice a day for a week in case of stones problem in both urinary tracts and kidneys.

Fruits and root decoction thrice a day is taken regularly for a fortnight to help in expelling kidney stones.

Decoction of styles obtained from female inflorescence or immature cobs are given twice daily for 7 days to expel stones from kidney.

and reduce and relieve the suffering and pain. Some of these plants have also been reported earlier, being used in anti-urolithiatic and lithotriptic preparations from different parts of the country 1,23-29. A survey of *Vedic* literature was conducted to elucidate pharmacognostic aspects of herbal crude drugs of plant sources for the cure of urinary tract stones 1. *Boerhaavia diffusa* Linn. was among the important medicinal plants used for the treatment of stones during *Vedic* period. Decoction of *B. diffusa* Linn. whole plant is employed in the treatment of calculi by tribal people of Saurashtra, Gujarat, while its roots are used in the treatment of urinary stones by tribals of Akola and Sangamner talukas of Ahmednagar, Maharasthra 23,24.

Fruit decoction of Tribulus terrestris Linn. or their powder is taken in the treatment of renal calculi by tribal people of Gwalior and Saurashtra^{23,25}. Decoction of its roots and leaf is used to cure kidney stones by local communities of Kanyakumari district of Tamil Nadu²⁶. Bark decoction of Crataeva nurvala Buch-Ham is also given in calculi treatment by Saurashtrian tribals²³. Seeds of Abutilon indicum (Linn.) Sw. are employed by tribals of Saurashtra for stone problems²³. Leaf and tender shoots decoction of Aerva lanata (Linn.) Juss, are taken for the treatment of urinary bladder stones in Kanyakumari²⁶. Fruits of Solanum surattense Burm. are used in controlling calculi and stones in urinary bladder in Talaja taluka of Bhawnagar district of Gujarat and some other places in India^{27,28}. Decoction of Trianthema portulacastrum Linn. is given in calculi treatment by rural and tribal people of Talaja taluka, Gujarat²⁷.

In some rural areas of Aligarh district in Uttar Pradesh, tassels (female floral parts) of Zea mays Linn. is used for treating kidney stones. Decoction of corn silk (modified style) is taken daily for few days to break kidney stones and help to pass out with urine²⁹. Crataeva nurvala Buch-Ham, and Tribulus terrestris Linn. are already tested for their efficacy against nephrolithiasis and urolithiasis 30-32. However, other plants reported here are not mentioned in literature for their anti-urolthiatic activity and can be tested with scientific experimentation for their efficacy and safety³³⁻⁴¹. Among all the plants surveyed, Equisetum debile Roxb. and Gomphrena celosioides Mart. are most effective and most commonly used preparations for their anti-lithiatic properties by the local people of the area due to their prompt action and positive results. The study emphasizes the need for the critical scientific examination and proper clinical evaluation of these plant species for their therapeutic ingredients, which could be used against different stone disorders and diseases.

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