

AYURVEDIC MANAGEMENT OF PITTASHAMARI (CHOLELITHIASIS): A CASE STUDY

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ABSTRACT

Gallstones are crystallized deposits forming in the gall bladder or biliary tree, primarily composed of cholesterol, bilirubin and bile. These stones often remain asymptomatic and detected during imaging. Many complications can occurred such as biliary colic, acute cholecystitis etc. if remain untreated. Gall stones are found in about 5% children, up to 10% males and 19% females between the ages of 30 and 69, and between 30% and 40% of those aged 70-80 it arise from metabolic, environmental and genetic factors and their composition depends on etiology. Middle-aged women are more likely to get affected. Improper life style consuming more junk and street food leads to the development of such diseases. In India, it is very common in women in north, upper east and east. Gallstones pose a significant health concern globally, often need invasive interventions. This case study validates the successful Ayurvedic management of Cholelithiasis implying Ayurvedic principles in a 48-year-old male patient presenting with continual biliary colic and evidence of Cholelithiasis on ultrasound imaging. The patient underwent all-inclusive Ayurvedic treatment regimen, including dietary modifications and lifestyle adjustments, adapted to balance the aggravated *Doshas* (fundamental constituents of the body) involved in the pathogenesis of biliary calculi.

KEYWORDS: *Pittashamari*, Gallstone, Cholelithiasis, Ayurvedic management.**INTRODUCTION**

When bile stored in gall bladder gets harden into stones like material it leads to the formation of Gallstones (Cholelithiasis). Factors responsible are super saturation of bile with cholesterol, stasis of bile, delayed emptying of gall bladder due to impaired motility of gall bladder.

There is no direct description of gall bladder and gallstones in Ayurveda. Ayurveda states that naming of every disease is not possible; they can be treated on the basis of *Nidan panchak* (clinical manifestation). Unmentioned disease in *Samhitas* are known as *Anukt Vyadhi*. Any illness can be treated by proper identification of *Dosha*, *dushya* and *samprapti* of disease. In Ayurvedic texts *Ashmari* (stone) refers to the *Bastigat Ashmari* (Urinary calculi).

On the basis of analogous function and location the bile released by the gall bladder is associated with the *Accha Pitta*. Hence the organ that stores *Pitta* is known as the *Pittashya* in Ayurveda and the stones formed in it is

known as *Pittashmari* (Gall stones). Acharya Vagbhata describes *Ashmari* formation in *Pittashya* as being analogous to formation of *Rochan* in *Pittashya* of cow.^[1]

The Pathogenesis of disease occurs due to abnormal function of all three *doshas* *pitta* imbalance is caused by alcohol and hot spicy food etc. It forms the base for stone formation. *Kapha* is increased by fatty heavy foods which when mixed with *pitta* produces a highly sticky mixture.^[2] *Vata* dries that mixture and moulds it into stone.

These dried mixture gradually grow over years into solid stones which can be as small as sand grains or large as pebbles.

On the basis of consistency and colour there are three types of *ashmari* - *Vataj*, *Pittaj*, *Kaphaj*.

***Kaphaj ashmari* - Cholesterol stones**- yellowish white in appearance, contains 80% of cholesterol.^[3]

Pittaj ashmari - Pigmented type - yellowish brown-red in appearance and round, composed of bilirubin and calcium salts found in bile, contains less than 20% of cholesterol.^[3]

Vataj ashmari - mixed type - black in colour have an irregular shape. 20- 80% of cholesterol, calcium carbonate, bilirubin and other bile pigments, arise secondary to the infection of biliary tract.^[3]

AIMS AND OBJECTIVES

To assess the role of *Shaman Chikitsa* in the management of cholelithiasis.

CASE REPORT

A 48-year-old male patient reported at OPD in April 2025 as a diagnosed case of Cholelithiasis with its full-fledged signs and symptoms since one month.

- *Udarshool* (Pain in abdomen) - Right hypochondriac region radiating to epigastric region.
- *Amlodgar* (Eructation)
- *Hrillaas* (Nausea)
- *Chhardi* (Vomiting intermittently)
- *Malavibandha* (Constipation)

Investigation Assessment

The diagnosis of cholelithiasis was made on the basis of patient's clinical symptoms and imaging. Ultrasonography revealed calculi of ~5.0mm in the gallbladder. His *Ayurvedic* diagnosis was based on the principles of *Samprapti* (pathogenesis), which reflects a disturbance in the balance of the *Doshas* and their effects on the body functions.

Ayurvedic Disease Assessment

Dominant *Doshas*: *Pitta* and *Kapha*

Imbalance *Doshas*: Aggravated *Pitta Dosha* & *Kapha Dosha* leading to obstruction of gallbladder (*Pitta Ashrita Kapha Dosha*), resulting in formation of *Pitta Ashrita Shleshma* (bile-dominant mucus).

Samprapti (Pathogenesis)

In *Ayurveda* literature, the pathogenesis of Cholelithiasis can be explained through the following process:

1. Imbalance of *Doshas*: Aggravated *Pitta Dosha* results increased the bile secretion and a tendency to form cholesterol stones in the body. The imbalance of *Kapha dosha*, leads to bile stasis and impaired excretion of bile.
2. *Utklesha* (Movement of the *Doshas*): The disturbed *Pitta Dosha* circulates through the liver and gallbladder, and causes thicken bile, while *Kapha Dosha* stagnates bile flow. This causes the formation of solidified deposits thus leading to stone formation.
3. *Srotorodha* (Obstruction of Channels): The disturbed *Doshas* obstruct the bile ducts, leading to symptoms such as nausea, vomiting, and upper abdominal pain.
4. *Shoshana* (Dehydration of Tissues): The prolonged disturbance of *Doshas* can lead to the dehydration of the gallbladder wall, further contributing to the solidification of bile.

Present History

Patient's condition was stable a month ago but in February 2025 he reported moderate abdominal pain that did not resolve following analgesic and antispasmodic administration, therefore an ultrasound Abdomen was advised which revealed Cholelithiasis, hepatomegaly & Grade 1 prostatomegaly. He was advised Cholecystectomy.

Past Medical History

- No/H/O – Hypertension / DM-2 / Thyroid
- No/H/O - Asthma / Pulmonary Tuberculosis / COPD / Covid-19.
- No/H/O - Myocardial Infarction.
- No/H/O - HIV/ Hepatitis B.
- No/H/O - other major illness.
- No any other surgical history found.

Personal History

- **Aahar:** *Amla Katu-Lavan Rasa, Virudhha Ahar, Ruksha Anna, Paryushit Aahar, Visham ashana, Ushapan* (2 glass of lukewarm water at 6:30 a.m).
- **Vihar:** *Diwaswap* - 1-2 hrs, *Ratrijagran* – no,
- **Manasik Hetu** : *Chinta* ++
- **Addiction history:** No
- **Occupation** : self-business.
- **Nadi (pulse)** : 82/min.
- **Mala (stool)** : *Malavastambha* (1time/alternate day)
- **Mutra (urine):** *Ishat Peet* (Pale yellow)
- **Jeehva (tongue):** *Saam* (Coated)
- **Shabda (speech):** *Prakrut* (Normal).
- **Sparsh** : *Anushna Sheet*
- **Druka (eyes):** *Prakrut*
- **Akruti** : *Madhyam* (Medium) BMI - 24.2kg/m2

Systemic Examination

- **Blood Pressure** : 128/75 mm/Hg.
- **Pulse** : 79/min
- **SPO2** : 96% O2
- **S1S2** : Normal
- **RS** : 17/min
- **Temperature** : Afebrile

Per Abdomen

- **Inspection:** Distended abdomen
- **Palpation:** Tenderness in the right Hypochondriac region.

Liver: Non-palpable.

Murphy's Sign: Negative.

- **Percussion:** Abdominal Guarding present.

Samprapti Ghatak

- *Dosha* - *Pachak Pitta, Saman Vayu, Kledak Kapha, Apan Vayu*
- *Dushya* - *Rasa Dhatu, Rakta Dhatu*
- *Strotas* - *Annavaha Strotas, Raktavaha Strotas*
- *Strotodushti* - *Sanga*

- *Agni* - *Agnimandya*
- *Adhishtana* - *Pittashay*
- *Sadhyata* - *Krichhasadhya*

MATERIAL AND METHODS

Abdominal pain was measured using visual analogue scale. It varies from 0 to 10, with 0 means no pain and 10 means extreme pain.

Hrillas was assessed using Nausea severity scale.

Table 1: Therapeutic Interventions.

Date	Medicine	Dose	Anupana
24/04/25	<i>Avipattikar Churna</i> , <i>tamra Bhasma</i> , <i>kutaki churna</i>	3 gm Twice a day 60 mg Twice a day 2 gm Twice a day	<i>Madhu</i> (honey)
	<i>Arogyavardhini Vati</i>	2 tab Twice a day	<i>Koshna jal</i> (lukewarm water)
	<i>Kumariasav</i>	4 tsp (20ml) twice a day	<i>Koshna jal</i> (lukewarm water)

Table 2: Observations and Results.

	<i>Udarshool</i>	<i>Amlodgar</i>	<i>Urodaah</i>	<i>Hrillas</i>	<i>Chhardi</i>	<i>Malavibandh</i>
24/4/25	+++	+++	+++	++	+	++
10/5/25	++	+	+	-	-	-
24/5/25	+	-	-	-	-	-
24/5/25	-	-	-	-	-	-

DISCUSSION

Formation of *Pittashmari* (Gall stones) is due to the imbalance of all 3 *Doshas*. The treatment focuses on *Yakrututtejana* that will ensure a good flow of *Achha Pitta* (bile) and it will help dissolve the stone.

Analysis of the *Nidanpanchak* and *Samprapti Ghatak* indicates that dietary and lifestyle patterns aggravating *Pitta* and *Kapha* have resulted in the build up of *Vikrut Pitta* and *Kapha* in *Pittashay* which leads to *Stroto avrodha*.

This *Strotoavrodha* further leads to obstruction in the flow of *Vaat* leading to its vitiation. This vitiated *Vaat* makes the mixture of *Pitta* and *Kapha* dry due to its *Ruksha Guna* and leads to *Ashmari* formation. The drugs used have the following mechanism of action:

***Arogyavardhini Vati*:** It stimulates bile secretion from the liver owing to its cholagogue effect and also facilitates the elimination of surplus bile prior to its reabsorption in the body and thus helps in prevention of liver, spleen and gall bladder disorders.

50% of its content is *Kutaki*. *Kutaki* is bitter in taste, cooling and removal of excessive fire energy from the body, best for removal of excessive *Pitta* from the body via colon.

Kutaki aids in restoration of normal Liver functions by counteracting fatty liver alterations.^[4] It also supports hepatic regenerating through the restoration of cytochrome function.^[5,6]

Avipattikar Churna has *Rechana* and *Shothahara* property which leads to excess *Pitta Virechana*. It shows anti-secretory and anti-ulcerogenic effects.^[7]

Essential oil of *Ela*, *Lavanga*, *Tamala Patra* possess carminative and antispasmodic effect, which reduces colicky pain.^[8]

***Kumariasav*:** It acts as *Mridu Virechak* and leads to *Agni Deepan*.

It has also shown evidence in reduction of serum SGOT, SGPT, ALP levels and is hepatoprotective in nature.^[9]

***Tamra bhasma*:** *Tamra* by its *ushna*, *teekshna* and *srotoshodhak* property induces secretion and circulation of *pitta*. It reduces inflammation with its *lekhana* property.

CONCLUSION

Positive developments have been observed in the patient's condition while receiving treatment of *Pittashmari* (Cholelithiasis). According to USG, the patient's condition improved within 1 month of treatment just by using *Shaman Chikitsa*. Patient successfully eliminated the stones leading to significant improvement in his overall health. This case study demonstrate the Ayurvedic management with *Shaman aushadhi* (palliative treatment). A large scale randomized controlled trials are necessary to access its long-term effectiveness.

CONSENT OF PATIENT

The written consent was taken from the patient is obtained where the patient had been informed about the Ayurveda management to cure this disease. The patient also gave the consent to utilize his clinical information and photographs to be published in the journal.

CONFLICT OF INTEREST: Author declares that there is no conflict of interest.

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ATTACHED USG REPORTS

1. USG report before treatment

ARYAN HOSPITAL
We care for life A MULTI-SPECIALITY HOSPITAL

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E-mail : aryanhospital@yahoo.com
billing.aryanhospital@gmail.com

DEPARTMENT OF RADIOLOGY

Name : Mr. [REDACTED]	Age / Sex : 48 Y(s)/Male
Bill Date : 22-Apr-2025 11:04 AM	UMR No : UMR287629
Rept. Date : 22-Apr-2025 12:22 PM	Bill No : BIL25011368
Ref By : Dr.EMERGENCY TEAM	Result No : RES25021346

USG WHOLE ABDOMEN

Liver : is normal in size and shows normal echotexture. Focal echogenicity is seen in right lobe of liver measuring 11mm. I.H.B.R. are not dilated.

Gall Bladder : Sludge is seen. Wall edema is seen measuring ~5.3mm. Neck is obscured by gases.

Spleen : obscured by gases.

Pancreas : obscured by gases.

Right Kidney : is normal in site, shape and size. Cortical echogenicity appears normal. Corticomedullary differentiation is maintained. Pelvi calyceal system is not dilated. No calculus /mass lesion seen.

Left Kidney : is normal in site, shape and size. Cortical echogenicity appears normal. Corticomedullary differentiation is maintained. Pelvi calyceal system is not dilated. No calculus /mass lesion seen.

Urinary Bladder : is distended. No intra-luminal calculus /focal mass lesion noted. Wall thickness appears normal. No bladder diverticulum noted.

Prostate : is mildly enlarged in size & vol measures 30cc.

IMPRESSION

No free fluid is seen in abdomen / pelvis.
Excessive bowel gases are seen in abdomen.

**** Focal echogenicity seen in right lobe of liver - likely hemangioma.**
**** GB sludge with edematous GB wall.**
**** Grade I prostatomegaly.**

Suggested LFT & subsequent MRCP correlation.

Please correlate clinically




Verified By

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"NOT FOR A MEDICOLEGAL PURPOSE"

2. USG report after treatment

		<h2 style="margin: 0;">विवेकानन्द आरोग्य केन्द्र</h2> <p style="margin: 0;">466 P, सेक्टर 12 A, नजदीक माधव भवन, गुरुग्राम (भारत विकास परिषद् महासभा प्रताप न्यास, गुरुग्राम द्वारा संचालित) सम्पर्क सूत्र: 8683061905, 8683061906, 8882846755, 9971559005 www.vakhospital.com/in/co.in</p>	
Patient Name : Mr. [REDACTED] Phone : [REDACTED] Age/Sex : 48 y /Male Address : N/A		Bill Date : 24-05-2025 10:14 Reporting Date : 24-05-2025 12:03 UHID : 151144 Consultant : Dr. Self Panel : Cash	

ULTRASOUND ABDOMEN

LIVER: Liver is normal in size & shows normal echogenicity & normal echotexture. Intrahepatic biliary radicals are not dilated. Portal & hepatic vein are normal.
No free fluid is seen in peritoneal cavity.

GALL BLADDER : GB is normal in shape, outline & shows normal wall thickness. Its lumen shows echofree content.

CBD: appears normal in calibre & outline.

PANCREAS : appears normal in size & shows normal echotexture.

SPLEEN: is normal in size; echogenicity is normal.

LYMPH NODES: No significant lymphnode enlargement seen.

AORTA& IVC: No mass or thrombus seen in their lumen.

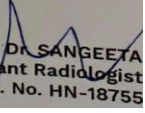
KIDNEYS: Both kidneys are normal in shape outline & normal in dimensions. Cortical thickness & echogenicity is normal on both sides. Pelvi-calyceal systems are not dilated on both sides.

URINARY BLADDER: It shows normal wall thickness. Its lumen shows echofree contents.

PROSTATE: is normal in size and echotexture.

IMPRESSION: NORMAL STUDY.

Please correlate clinically.
Not for medicolegal purpose.


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