

Ayurveda Management of Pittashmari with Special Reference to Cholelithiasis-A Case Report

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Abstract—Cholelithiasis (gallstone formation) is a common gastrointestinal disorder. While *Ayurvedic* classics do not explicitly describe cholelithiasis, the term *Ashmari* is mentioned in the context of urinary calculi. Surgery is the most common treatment for gallstones; however, the need to remove the entire gallbladder has led to a growing interest in non-surgical alternatives. Currently, allopathic medical management of gallstones remains limited in efficacy. This study explores the potential of *Ayurvedic* treatment as a safe and effective non-surgical approach to cholelithiasis. A 79-year-old male patient presented to the OPD in National Institute of Ayurveda, Jaipur with complaints of severe abdominal pain, anorexia, abdominal distension, and vomiting. The diagnosis of cholelithiasis was confirmed through physical examination and diagnostic investigations. The patient was administered *Arogyavardhini Vati*, *Varunadi Kashaya*, *Yavakshara*, *gokshuradi guggulu*, *rohitakarishtha* and *Katuki Churna* for three months. Follow-up after three months showed significant improvement in clinical symptoms and ultrasonography (USG) findings. These findings suggest that *Ayurvedic* management may offer a promising non-surgical treatment for cholelithiasis. Further studies with larger sample sizes are recommended to validate these results.

Index Terms—Cholelithiasis, gall bladder stone formation, *pittashmari*, *arogyavardhini vati*, *varunadi kashaya*, *yavakshara*, *gokshuradi guggulu*, *rohitakarishtha*, *katuki churna*, *Ayurveda*.

I. INTRODUCTION

The gallbladder is susceptible to several diseases, one of which is cholelithiasis (gallstone formation). Studies indicate that 8.2% of cases occur in individuals aged 21–30 years, while the prevalence rises to 24.7% in those aged 61–70 years. Women are more frequently affected than men, with a female-to-male ratio of approximately 4:1. Additionally, research suggests that North Indians have a higher

predisposition to cholelithiasis compared to South Indians. Currently, recurrent cholelithiasis is primarily managed through surgical removal of the gallbladder (cholecystectomy). However, this procedure can lead to impaired digestion of fats and proteins due to the loss of bile storage and regulated bile release.¹ In *Ayurveda*, cholelithiasis is not explicitly described in classical texts. However, the term *Ashmari* (stone) is mentioned in the context of urinary calculi. Since the gallbladder serves as the *Pittashaya* (reservoir of Pitta), gallstones may be considered *Pittashmari* in *Ayurvedic* terminology.² This case study aims to explore the potential of *Ayurvedic* treatment in the management of cholelithiasis as a non-surgical alternative. By evaluating the efficacy of *Ayurvedic* formulations, this study contributes to the growing interest in holistic and conservative approaches to gallstone treatment.

II. CASE REPORT

A 79-year-old married Hindu male visited the Outpatient Department (OPD) of the National Institute of Ayurveda, Jaipur, on November 26, 2024, with a USG report and complaints of severe abdominal pain, abdominal distension, and vomiting.

History of Present Illness

The patient was asymptomatic six months prior but suddenly developed pain in the right side of the abdomen, which was non-radiating. This was accompanied by abdominal distension, vomiting, and anorexia. He consulted an allopathic physician, who advised an ultrasound (USG) of the abdomen and pelvis. The USG confirmed the presence of multiple gallstones with largest sized a single gallstone measuring 5.8 mm, and the patient was advised to undergo surgical removal (cholecystectomy).

However, as he was unwilling to undergo surgery, he opted for *Ayurvedic* treatment.

Personal History

Diet: Mixed diet with reduced appetite

Sleep: Good

Micturition frequency: 4–5 times/day, 2–3 times/night

Addictions: None

Systemic Examination

Per abdomen (PA) inspection: Mild abdominal distension observed

Palpation: Severe tenderness in the right hypochondriac region

USG Findings

Diagnosis: Cholelithiasis

Stone size: 5.8 mm (larger gallstone, along with multiple gallstones)

TREATMENT PROTOCOL:

The patient was prescribed the following *Ayurvedic* medications for three months:

1. *Arogyavardhini Vati*³ – 2 tablets twice daily after food with warm water

2. *Katuki Churna*⁴ – ½ teaspoon internally with warm water

3. *Varunadi Kashaya*⁵ – 30 ml twice daily with 30 ml warm water before food, along with 1 Ratti (pinch) of Yavakshara

4. *Gokshuradi Guggulu* – 2 tablets twice daily

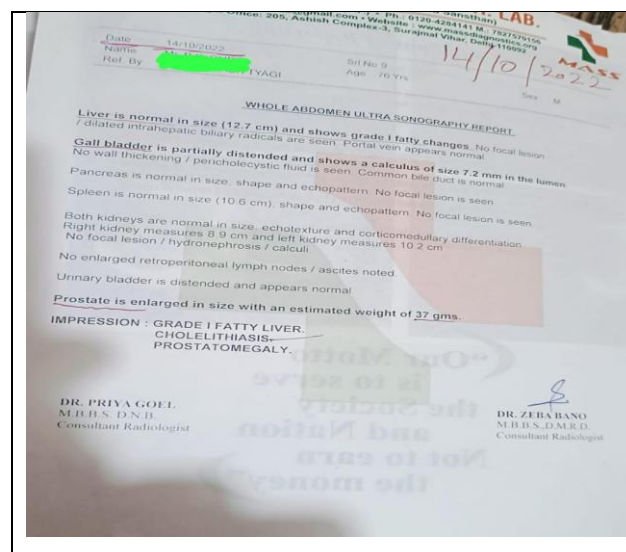
5. *Rohitakarishtha* – 4 teaspoons twice daily with same quantity of plain water

FOLLOW-UP & OUTCOME:

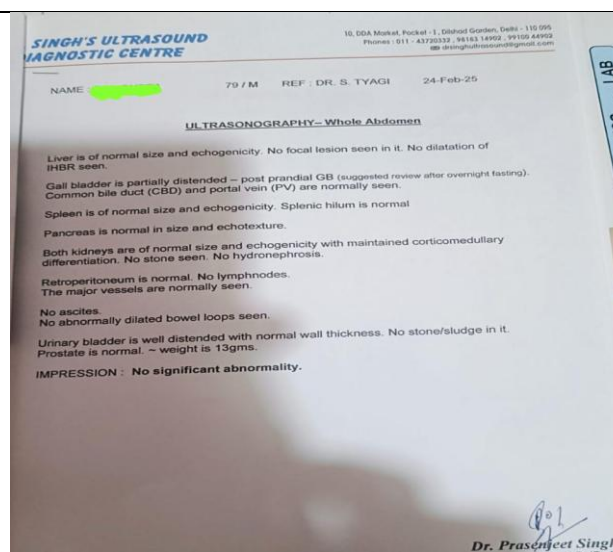
The patient was assessed at regular follow-up visits, and symptoms were monitored throughout the three-month treatment period.

III. OBSERVATION AND RESULTS

SYMPTOMS	BEFORE TREATMENT	FIRST FOLLOW UP (AFTER ONE MONTH OF TREATMENT)	SECOND FOLLOW UP (AFTER THREE MONTHS OF TREATMENT)
PAIN ABDOMEN	SEVERE	MILD	NIL
ANOREXIA	PRESENT	ABSENT	ABSENT
DISTENSION OF ABDOMEN	MILD	NILL	NILL
VOMITING	1-2 EPISODE AFTER FOOD	NO	NO



USG BEFORE TREATMENT



USG AFTER TREATMENT

IV. DISCUSSION

According to *Ayurveda*, the patient was diagnosed with *Pittashmari* (gallstones) with predominant *Kapha* and *Vata Dosha* involvement. The clinical symptoms, including abdominal pain, anorexia, abdominal distension, and vomiting, align with this diagnosis. Therefore, the line of treatment primarily focused on:

Shoolahara (pain-relieving)

Shothahara (anti-inflammatory)

Deepana-Pachana (appetizer and carminative)

Agni Deepaka (digestive stimulant)

Ashmari Bhedaka (calculus-dissolving)

Role of *Ayurvedic* Medications in Management

1. *Arogyavardhini Vati*

Arogyavardhini Vati contains ingredients with *Madhura* (sweet), *Tikta* (bitter), and *Kashaya* (astringent) rasa, which help in *Pitta-Kapha* pacification. The key therapeutic actions include:

Deepana-Pachana – Enhances digestion and metabolism

Agnivardhana – Improves digestive fire

Bhedana Karma – Breaks down gallstones

Shothaghna – Reduces inflammation

Yakrit Prasadaka – Acts as a liver tonic, aiding in liver detoxification

Additionally, *Shuddha Shilajatu*, one of its mineral components, is known for its anti-aging and antioxidant properties, which contribute to overall digestive and hepatic health. The oleo gum resin of *Guggulu* (*Commiphora mukul*) plays a significant role in cholesterol metabolism, promoting bile secretion and aiding in fat metabolism and gallstone dissolution. *Chitraka* (*Plumbago zeylanica*) further supports digestion by stimulating appetite and improving liver function.

2. *Katuki Churna* (*Picrorhiza kurroa*)

Tikta Rasa (bitter taste) balances *Kapha* and *Pitta Dosha*

Deepana – Stimulates digestion, correcting *Agnimandya* (digestive weakness)

Bhedana – Helps in breaking down *Pittashmari* (gallstones)

Studies suggest that *Picrorhiza kurroa* has hypolipidemic effects, reduces fatty liver infiltration, and supports gallbladder health by preventing cholestasis (bile stagnation)

3. *Yavakshara*⁶

Ushna (hot) and *Teekshna* (sharp) properties help in dissolving gallstones

Kaphavatahara action prevents *Kapha-Vata* stagnation, a major cause of *Ashmari* (stone formation)

When combined with *Shunthi* (dry ginger), *Gokshura* (*Tribulus terrestris*), and *Varuna* (*Crataeva nurvala*) *Kwatha*, *Yavakshara* enhances *Shoolahara* action, effectively relieving pain associated with gallstones

4. *Varunadi Kashaya*

Acts as an *Ashmari Bhedaka*, promoting disintegration of gallstones

Possesses *Deepana-Pachana* properties, improving digestion and metabolism

Shothahara action reduces inflammation, aiding in the natural expulsion of gallstones.

Most ingredients are *Kaphavatahara*, which helps in breaking the pathogenesis (*Samprapti Vighatana*) of gallstone formation

5. *Gokshuradi guggulu*⁷

Acts as an *ashmari bhedaka*

6. *Rohitakarishtha*⁸

Acts as *pittarechaka*

V. CONCLUSION

This case study demonstrates encouraging results in the *Ayurvedic* management of Cholelithiasis (*Pittashmari*). As per the follow-up USG abdomen, the patient successfully eliminated a 5.8 mm gallstone within three months of treatment. Additionally, there was a notable improvement in the patient's overall health and digestive function. Based on the observations and outcomes of this study, it can be inferred that the combination of *Arogyavardhini Vati*, *Varunadi Kashaya* with *Yavakshara*, *Gokshuradi Guggulu*, *Rohitakarishtha*, and *Katuki Churna* contributed significantly to gallstone dissolution, symptom relief, and overall well-being. These findings highlight the potential of *Ayurvedic* formulations as a non-surgical alternative for cholelithiasis management, warranting further clinical studies to validate their efficacy.

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