

Clinical Evaluation of Ayurvedic Interventions in Pittashmari (Cholelithiasis): A Case Report

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Abstract—Background: Ayurveda recognizes that some diseases may not be explicitly named, yet can be managed using the principles of *Nidana Panchaka*. Such conditions are termed *Anukta Vyadhi*. Cholelithiasis, with an increasing prevalence of 5–6% in India, can be correlated with *Pittashmari*, as gallstone formation occurs in the *Pittashaya* (gallbladder). In modern medicine, cholecystectomy is the gold standard treatment but is associated with risks and long-term complications, including post-cholecystectomy syndrome in about 40% of patients. Hence, alternative non-surgical management is essential.

Methodology:

A single case of a 63-year-old male presenting with symptoms of cholelithiasis was studied. Diagnosis was confirmed by ultrasonography (USG) showing gallbladder calculi. Ayurvedic management was designed based on classical Ayurvedic references, contemporary literature, and previous research.

Results:

After three months of Ayurvedic treatment, repeat USG revealed no gallstones, and all symptoms resolved.

Conclusion:

Ayurvedic management of *Pittashmari* proved effective, offering a safe, affordable, and non-invasive treatment. Further clinical research is required to validate these findings.

Index Terms—Anuktavyadhi, Pittashay, Yakrit-uttejak, Post cholecystectomy syndrome.

I. INTRODUCTION

Ayurveda emphasizes that it is not always possible to assign a specific name to every disease; however, treatment can still be effectively administered based on the principles of *Nidana Panchaka*.^[1] With the emergence of several new diseases in the modern era, many remain unmentioned in the classical *Samhitas*. Still, by identifying the *Dosha*, *Dushya*, and *Samprapti* (pathogenesis), management is possible, provided the

four essential components of treatment (*Chatushpad*) are present.

Diseases not specifically described in the classical texts are categorized as *Anukta Vyadhi*. Among the conditions explained in detail, Ayurveda describes *Ashmari Vyadhi*. The term *Ashmari* literally means stone and is elaborated in relation to *Bastigata Ashmari* (urinary calculi), with clear descriptions of etiology, pathogenesis, clinical features, and management.^[2] Though gallstones are not explicitly described in Ayurveda, based on clinical similarity, *Cholelithiasis* may be correlated with *Pittashmari*.

In modern medicine, the gallbladder is described as a reservoir that stores and concentrates bile secreted by the liver, releasing it into the intestine to facilitate fat digestion. When bile remains stored for prolonged periods, cholesterol, bile salts, or pigments may crystallize to form stones, leading to Cholelithiasis (gallstone disease). Over recent decades, the prevalence of gallstones has risen markedly, linked to dietary changes, obesity, sedentary lifestyle, and socioeconomic improvements. From an Ayurvedic perspective, bile secretion can be correlated with *Achha Pitta*^[3], and the gallbladder is termed *Pittashaya*.^[4] Thus, stone formation in this organ is referred to as *Pittashmari*.

The existence of gallstones has been recognized since antiquity. The earliest known descriptions date back to ancient Egyptian mummies, where gallstones were identified on autopsy, suggesting the disease has afflicted humans for millennia. Hippocrates, Galen, and later medieval physicians also documented biliary colic and jaundice associated with gallstones. In Ayurveda, while urinary calculi (*Mutrashmari*) received detailed attention, the conceptual framework of *Pittashmari* can be inferred from descriptions of *Ashmari* pathogenesis and the role of *Pitta* in metabolic disorders.

Surgical removal of the gallbladder (cholecystectomy) was first performed in the late 19th century and gradually became the gold standard. With the advent of laparoscopy in the 20th century, minimally invasive cholecystectomy gained widespread acceptance. However, despite surgical advancements, nearly 40% of patients develop Post-Cholecystectomy Syndrome, emphasizing the need for safer, non-surgical interventions.

Although many patients with gallstones remain asymptomatic, symptomatic disease can range from dyspepsia and right upper quadrant pain to severe complications like acute cholecystitis, pancreatitis, or gallbladder perforation. Conservative management in modern medicine is limited, and surgery is not always acceptable or feasible. Therefore, an Ayurvedic approach, integrating classical principles with modern understanding, may provide a safe, cost-effective, and holistic alternative for managing Pittashmari (Cholelithiasis).

Patient Information

Age/Sex: 63-year-old male

Occupation: Pharmacist

Chief complaints:

Udarshool (abdominal pain, right hypochondrium radiating to epigastrium)

Amlodgar (eructation)

Hrillasa (nausea)

Intermittent *Chhardi* (vomiting)

Malavibandha (constipation)

Mutradaha (burning micturition)

Timeline

Date	Intervention	Clinical findings	Investigations
03-03-2025	USG abdomen	Gall bladder calculus 2.7 mm + cystitis changes	Baseline diagnosis
05-03-2025	Start Ayurvedic treatment	Pain +++, Nausea ++, Constipation ++	
20-03-2025	On treatment	Pain reduced, no vomiting, constipation resolved	
05-04-2025	<i>Shankhavati & Aarogyavardhini</i> stopped	Pain +, other symptoms absent	
20-04-2025	Continued <i>Kwath + Guggulu</i>	Asymptomatic	
07-05-2025	Repeat USG	No calculus, gall bladder normal	Confirms resolution
20-05-2025	End of course	Stable, symptom free	

II. HISTORY OF PRESENT ILLNESS

Symptoms began 2 months prior. Pain persisted despite analgesics. USG abdomen (03/03/2025) revealed 2.7 mm gall bladder calculus with cystitis changes. Advised cholecystectomy but opted for Ayurveda.

Past history: No hypertension, diabetes, asthma, ischemic heart disease, or major illnesses. No prior surgery.

Family history: Not significant.

Psychosocial history: Mental stress (*Chinta, Bhay*). No addictions.

Ahar:Katu-Lavan -Amla Rasa, Virudhha Ahar, Ruksha Anna Paryushit Aahar, Vishamashana, Ushapan (2 glass of lukewarm water at 6:00am).

•*Vihar:Diwaswap* -1 hrs, *Ratrijagaran* -No, *Kshudha Vega Dharan*.

Clinical Findings

Vitals: BP 130/80 mmHg, Pulse 80/min, Temp 98.2°F, SpO₂ 98%.

Abdomen: Distension, tenderness in right hypochondrium, abdominal guarding. Murphy’s sign negative.

Ashtavidha Pariksha:

•*Nadi* (pulse) -80/min.

•*Mala* (stool) -*Malavastambha*(1time/alternate day)

•*Mutra* (urine) , *Sadaha IshatPeet*,(Pale yellow)

•*Jeehva* (tounge) -*Saam*(Coated)

•*Shabda* (speech)- *Prakrut*(Normal).

•*Sparsh-Anushna Shit*

•*Druka*(eyes) -*Prakrut*

•*Akruti-Madhyam*(Medium) BMI -21.2kg/m²

<i>Aarogyavardhini Vati</i>	500 mg	BD	Lukewarm water	After meal
<i>Patolkaturohinyadi Kwatha</i>	20 ml	BD	Lukewarm water	After meal
<i>Avipattikar Churna</i>	3 g	BD	Lukewarm water	Before meal

Shankhavati & *Aarogyavardhini Vati* discontinued after 1 month.

Kwatha & *Guggulu* continued till 20/05/2025.

Follow-up and Outcomes

Symptoms: Complete resolution of abdominal pain, nausea, vomiting, eructation, and constipation by April 2025.

USG outcome (07/05/2025): No calculus, liver and gall bladder normal.

Adverse events: None reported.

Patient compliance: Good.

III. DISCUSSION

Pittashmari (cholelithiasis) is considered a *Tridoshaja Vyadhi*, where derangement of *Vata*, *Pitta*, and *Kapha* collectively contribute to stone formation. The pathogenesis (*Samprapti*) can be explained as follows: Habitual intake of *Pitta-Kapha prakopaka ahara-vihara* leads to the accumulation of vitiated *Pitta* and *Kapha* in the *Pittashaya* (gall bladder), resulting in *Strotorodha* (obstruction). This blockage disturbs the natural flow of *Vata*. The aggravated *Vata*, owing to its *Ruksha guna* (dry quality), dries the *Pitta-Kapha* mixture, initiating crystallization and eventually forming *Ashmari* (stone).

Thus, the Ayurvedic line of treatment emphasizes *Yakrututtejana* (stimulation of liver activity), restoration of *Pitta vaha srotas*, *Strotoshodhana*, and *Ashmari bhedana* to facilitate dissolution and expulsion of gallstones.

In the present case, multiple classical formulations were administered with specific pharmacological actions:

- *Aarogyavardhini Vati* ^[5,6]

Owing to its predominant content *Kutaki* (*Picrorhiza kurroa*), it exerts *cholagogue* action, stimulating bile secretion and preventing bile stasis. *Kutaki* is *tikta rasa pradhana* and *sheet veerya*, promoting *Pitta shodhana* and protecting hepatocytes. It also regulates lipid metabolism, supports regeneration of hepatic

tissue, and prevents fatty infiltration. Thus, *Aarogyavardhini Vati* corrected *Yakrit dushti* and improved bile dynamics, preventing further lithogenesis.

- *Avipattikar Churna*

With its *Rechana* and *Shothahara* properties, it facilitates *Pitta virechana*. Pharmacological studies show it has anti-secretory and anti-ulcerogenic effects ^[7]. Volatile oils of *Ela*, *Lavanga*, and *Tamala patra* act as carminative and antispasmodic agents ^[8], relieving colicky pain and improving digestion.

- *Shankh Vati*

Contains *Vatsanabha*, which exerts analgesic and antispasmodic properties. This was beneficial in reducing abdominal colic associated with gallstones.

- *Patolkaturohinyadi Kwath* ^[9]

A classical formulation from *Ashtanga Hridaya*, it combines *Patola*, *Katurohini*, *Raktachandana*, *Murva*, *Guduchi*, and *Patha*. Collectively, these herbs act as *Pittaghna*, *Vishaghna*, *Raktaprasadaka*, and *Yakrututtejaka*. Modern pharmacological evidence supports its hepatoprotective, anti-inflammatory, cholagogue, and cholesterol-regulating actions. Its ability to regulate bile secretion, detoxify the liver, and break down cholesterol stones contributed significantly to dissolution of the gall bladder calculus in this patient.

- *Gokshuradi Guggulu* ^[10]

Traditionally indicated in *Ashmari*, it possesses *Ashmari bhedana*, *Mutrala* (diuretic), *Shothahara* (anti-inflammatory), and *Srotoshodhana* properties. In this case, it not only supported gallstone dissolution but also alleviated cystitis symptoms through antimicrobial and urogenital cleansing actions. Experimental studies support its role in reducing urinary infections, inflammation, and preventing recurrence.

Overall, the synergistic action of these medicines addressed the underlying *dosha-dushya* imbalance, restored *Agni*, promoted bile regulation, reduced

inflammation, and facilitated stone dissolution. The complete clinical and radiological resolution in this case validates Ayurvedic principles of *Ashmari chikitsa* and demonstrates the relevance of traditional formulations in gall bladder pathologies.

IV. CONCLUSION

This case report demonstrates that *Ayurvedic Shamana Chikitsa* can play a significant role in the management of cholelithiasis (*Pittashmari*). The patient not only achieved complete clearance of gall bladder calculus, but also experienced marked improvement in associated symptoms and overall health status. The therapeutic approach based on *Ayurvedic* principles—*Yakrututtejana*, *Pitta-Kapha shodhana*, *Strotoshodhana*, and *Ashmari bhedana*—proved effective without the need for surgical intervention. These findings suggest that, when applied judiciously, Ayurveda may offer a safe and holistic alternative for selected cases of gallstones while also reducing the risk of recurrence. However, further well-designed clinical studies are warranted to validate these outcomes and establish standardized treatment protocols.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report.

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