

Clinical Outcome of Ardraka Kshara in the Non-Surgical Management of Pittashaya Ashmari Wrt Gallstones – A Single Case Report

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Abstract—Gallstones are solid concretions formed within the gallbladder or biliary tree due to an imbalance in the solubility of cholesterol, bile salts, and phospholipids. Clinically, they often present with right upper quadrant pain, nausea, and dyspeptic symptoms, particularly after fatty meals. While laparoscopic cholecystectomy remains the standard treatment in modern practice, conservative management is required for patients who are unfit for surgery or unwilling to undergo operative intervention. In Ayurvedic literature, diseases not directly described are termed *Anukta Vyadhi* and are managed based on *Nidana Panchaka*. Cholelithiasis can thus be correlated with *Pittashaya Ashmari*. Acharya Sushruta recommends measures such as *Ksharayavagu*, *Yusha*, and *Kashaya* in such conditions. Internal therapies including *Paneeya Kshara*, with its *Lekhana* (scraping) and *Bhedana* (penetrating) properties, hold therapeutic potential in the management of gallstones.

This case report presents the outcome of *Ardraka Kshara* in management of cholelithiasis. A 39-year-old female with multiple gallstones (largest 10mm) presented with right upper quadrant pain, nausea, and fatty dyspepsia. She was administered *Ardraka Kshara* along with dietary modifications for three months. Within one month of starting the treatment, she reported complete relief from symptoms, had improved digestion, and absence of abdominal pain and tenderness. She remained symptom-free during follow-up, with no recurrence.

This case highlights the effectiveness of *Ardraka Kshara* in uncomplicated gallstone disease, offering a non-invasive and holistic alternative. Conservative management may thus serve as a safe and effective option for patients who are unwilling or unsuitable for surgery

Index Terms—Ardraka kshara, cholelithiasis, pittashmari

I. INTRODUCTION

Gallstone disease (cholelithiasis) is the formation of stones within the gallbladder due to imbalance in bile composition, particularly bile salts, cholesterol, and lecithin. These stones, composed mainly of cholesterol, bilirubin, and calcium salts, are classified as cholesterol, pigment, or mixed types. Cholelithiasis is a global health problem with a prevalence of 10–20%, increasing to 30–40% in the elderly. Women, especially in their reproductive years, are more commonly affected due to hormonal influences. The pathogenesis involves supersaturation of bile with cholesterol, gallbladder hypomotility or stasis, and nucleation of crystals, with risk factors including obesity, rapid weight loss, pregnancy, hemolytic disorders, cirrhosis, total parenteral nutrition, and genetic predisposition.

Although nearly 80% of gallstones remain asymptomatic, symptomatic patients typically present with biliary colic—sudden, severe pain in the right upper quadrant or epigastrium, radiating to the back or shoulder, often after fatty meals.

The most frequent complication is acute calculous cholecystitis, occurring in up to 10% of symptomatic cases due to cystic duct obstruction, which may progress to gangrene, empyema, or perforation if untreated. Other complications include choledocholithiasis, acute pancreatitis, Mirizzi syndrome, gallstone ileus, and gallbladder carcinoma, underscoring the clinical importance of timely diagnosis and management.

Non-surgical options such as ursodeoxycholic acid (UDCA) and extracorporeal shock wave lithotripsy

(ESWL) are used in carefully selected patients unfit for surgery with radiolucent stones, while they carry high recurrence rates and limited efficacy. Laparoscopic cholecystectomy remains the gold standard for symptomatic gallstones, effectively relieving symptoms and preventing recurrence. However, 10–15% of patients may develop Post-Cholecystectomy Syndrome (PCS), characterized by persistent or new biliary or gastrointestinal symptoms. From an Ayurvedic perspective, the condition of gallstone disease is described under broader concept of *Ashmari* (calculi, either urinary or biliary in nature). *Acharya Vagbhata* specifically illustrates the pathogenesis of *Pittāshaya Ashmari* as the solidification of bile within the gallbladder, drawing an analogy to the coagulation of bile in the gallbladder of a cow. Hence, cholelithiasis can be correlated with *Pittāshaya Ashmari*. *Acharya Suśruta* recommends therapeutic measures in such conditions, including *Kṣhāra*, *Yavāgu*, *Yūṣa*, and *Kaṣhāya Dravya Prayoga*. Among the *Kṣhāra Dravyas*, *Ārdrāka Kṣhāra* is mentioned in *Rāja Nighaṇṭu* under *Kṣhāra Daśaka Prakaraṇa*. It is described as possessing *Mūtrala* (diuretic), *Vedana Śāmaka* (analgesic), and *Lekhana* (scraping) properties, making it a rational choice in the management of *Pittāshaya Ashmari* or gallstone disease.

This case highlights the therapeutic potential of *Ardraka Kshara* in the conservative management of uncomplicated gallstone disease. By providing symptomatic relief and improving digestive function

without surgical intervention, it offers a non-invasive, holistic alternative

II. CASE REPORT

A 39-year-old female patient, a medical practitioner, vegetarian by diet, and a resident of Uttara Kannada, visited the Shalya Tantra OPD – 10 at GAMC, Bengaluru on 04/04/2025. She was a diagnosed case of cholelithiasis.

Her main complaints were dull aching and pricking pain in the right upper abdomen, nausea, and reduced appetite. She gave a history of a sudden episode of severe right upper abdominal pain three months ago (in December 2024), with pain radiating to the back and right shoulder. This episode was associated with nausea and one episode of vomiting. The pain lasted for 8–10 hours and subsided on its own without medication. The pain tends to worsen after consuming fried, oily, or fatty food and gets relieved by drinking hot water.

The patient is not a known case of Type 2 diabetes mellitus, hypertension, thyroid dysfunction, or any other systemic illness, and no prior surgical interventions.

Dietary history revealed a vegetarian food pattern. Lifestyle assessment indicated diwaswapna (daytime sleep) and kshud vega dharana (suppression of hunger urges). The patient reported chinta (mental stress). Regular habits included consumption of tea twice daily.

Ashtavidha pariksha:

1	Nadi	78bpm
2	Mala	regular once per day
3	Mutra	4-5 times per day
4	Jihva	liptha+
5	Shabda	Prakrutha
6	Sparsha	Prakrutha
7	Druk	Prakrutha
8	Akruthi	Sthula

Fig no: 1

Physical Examination:

1.	Blood Pressure	120/80 mmHg
2.	Heart Rate	78 beats/min
3.	Respiratory Rate	20 breaths/min
4.	Temperature	Afebrile
5.	SpO ₂	99% on room air
6.	Weight:	80 kg
7.	Height	5 feet 6 inches
8.	Body Mass Index (BMI)	29.03 kg/m ² (Obesity Class I)
9.	Pallor	Absent
10.	Icterus	Absent
11	Cyanosis	Absent
12	Clubbing	Absent
13	odema	Absent
14	Lymphedema	Absent

Fig no: 2

Systemic Examination:

On systemic examination, the patient was conscious and well oriented to person, place, and time, with higher mental functions intact. Cardiovascular system examination revealed normal heart sounds (S1 and S2) without any murmurs. Respiratory system examination showed normal vesicular breath sounds with bilateral air entry and no added sounds.

Local examination:

Per abdomen-

On inspection, the abdomen showed no scar marks or discoloration. The abdominal contour was mildly distended, with the umbilicus centrally placed and inverted. No visible peristalsis or masses were noted.

On palpation, there was tenderness in the right hypochondrium. No organomegaly. Murphy’s sign was found to be negative.

INVESTIGATION:

Ultrasonography (USG) of the abdomen and pelvis dated 1/4/2025: Revealed the presence of gallstones without any signs of cholecystitis. The imaging showed multiple calculi located in the body and fundus of the gallbladder, with the largest stone measuring 10 mm. The gallbladder wall and caliber appeared normal.

Laboratory tests including complete blood count (CBC), liver function tests (LFT), renal function tests (RFT), fasting blood sugar, postprandial blood sugar, were all within normal limits, serology was non-reactive.

TREATMENT GIVEN:

Sl. No.	Aushadhi	Matra	Anupana
1	Ardaka kshara	500mg twice a day	Sukhoshna jala
2	Avipattikara churna	3gms twice a day	Sukhoshna jala
3	Arogya vardhini vati	2tbs twice a day	Sukhoshna jala

Fig no: 3

Course of treatment: After there was improved digestion and reduction in symptoms, avipattikara churna was stopped after one month, ardaka and arogya vardhini vati was continued for two more months till 1-7-2025. And repeat usg was done.

OBSERVATION:

Subjective parameters:

Date	Pain in right hypochondrium	Nausea	vomiting	Fatty dyspepsia
Before treatment	(VAS-8)	+(occasional)	+(one episode)	+++
30 th day	(VAS-5)	+(occasional)	-	+
60 th day	(VAS-3)	-	-	-
90 th day	(VAS-0)	-	-	-
After Treatment	(VAS-0)	-	-	-
% Improvement	80%	90%	90%	80%

Fig no: 4

Objective parameter:

Before treatment (1/4/2025)	After treatment (10/7/2025)
Few calculi noted in body and fundus, largest measuring 10mm. Cholelithiasis without cholecystitis	Gall Bladder sludge with no evidence of cholelithiasis.

Fig no: 5

III. DISCUSSION

From an Ayurvedic perspective, *Pittashaya ashmari* is formed due to the vitiation of all three *Doṣhas*. The main line of treatment emphasizes *Yakṛtuttejana* (stimulation of liver function), which ensures proper flow of *Āccha Pitta* (healthy bile) and helps in the dissolution and expulsion of calculi. Based on the principles of *Nidānapañchaka* and *Samprapti Ghaṭaka*, it can be understood that *Pitta* and *Kapha-prakopaka āhāra-vihāra* lead to the accumulation of vitiated *Pitta* and *Kapha* in the *Pittāśaya*. This results in *Srotorodha* (obstruction of channels), which further disturbs the flow of *Vāta*. The aggravated *Vāta*, by virtue of its *Rūkṣha Guna*, desiccates the accumulated *Pitta* and *Kapha*, eventually leading to *Āshmari* (stone) formation. In this case, the drugs administered exhibited specific actions relevant to the pathogenesis:

- **Ardraka Kṣhāra**
Ārdraka Kṣhāra, mentioned in *Rāja Nighanṭu* under *Kṣhāra Daśaka*, is endowed with *Mūtrala* (diuretic), *Lekhana* (scraping), *Bhedana* (penetrating), and *Vedana Śāmaka* (analgesic) properties. These actions collectively contribute to the probable dissolution and symptomatic relief in *Pittāshmari*:
- **Lekhana & Bhedana**: Help in disintegrating and reducing the size of calculi, facilitating gradual dissolution.

- **Mūtrala**: Promotes enhanced bile and fluid flow, reducing bile stasis and flushing lithogenic material.
- **Vedana Śāmaka**: Provides relief from biliary colic and associated pain.
- **Katu-Uṣhṇa-Tikṣṇa Guna**: Counteracts *Kapha* and *Meda*, preventing further crystal aggregation and assisting in maintaining bile fluidity.
- **Yakṛtuttejana effect** (probable modern correlation): Ginger-derived alkaloids and salts stimulate bile secretion, improve gallbladder emptying, and may reduce cholesterol saturation—thereby supporting gallstone dissolution.
- **Arogyavardhini Vati**: Its ingredients act as *Yakṛtuttejaka* (liver stimulants) and *Pittahara*. The formulation, contains *Kutaki* (*Picrorhiza kurroa*), exhibits bitter, cooling, and hepatoprotective properties. *Kutaki* aids in eliminating excess *Pitta* from the body via *Anulomana* and promotes restoration of liver function. Experimental studies have also demonstrated its role in reducing fatty liver changes and enhancing hepatocellular regeneration through cytochrome restoration. Thus, *Arogyavardhini* helps normalize bile secretion, prevents stasis, and reduces lithogenic risk.
- **Avipattikara Churna**: Possessing *Rechana* and *Śothahara* properties, it facilitates *Pitta Virechana*, thereby reducing excess *Pitta* from the

system. Modern studies have shown its *anti-secretory* and *anti-ulcerogenic* effects, which aid in protecting the gastric mucosa while maintaining digestive balance. Additionally, its constituents like *Ela*, *Lavanga*, and *Tamala patra* contain essential oils with proven *carminative* and *antispasmodic* actions, helping to relieve colicky pain associated with gallstone.

IV. CONCLUSION

This case study demonstrates encouraging results in the Ayurvedic management of Cholelithiasis (Pittashya shmari). As per the follow-up USG abdomen, the patient successfully eliminated a 10 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, Ardraka kshara and avipattikara 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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