

A SINGLE-CASE STUDY OF MANAGEMENT OF CHOLELITHIASIS**Shivani J. Ghadigaonkar*¹ and Jai K. Kini²**¹PG Scholar, ²Associate Professor and PG Co-ordinatorRognidan Evum Vikruti Vindhyan Department, YMT Ayurved College, Kharghar, Navi
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Cholelithiasis or gall stones is one of the most common diseases of biliary tree. Modern medicine majorly relies on surgical management of the disease. Gallstone disease caused by cholesterol is a frequent clinical illness impacted by hereditary factors, advancing age, female gender, and metabolic variables. Cholelithiasis is a common preclinical condition which is silent but evolves into grave complications. Gall stones are formed of abnormal bile composition of cholesterol stones and pigment stones. . Since it is a Subclinical condition and has various life-threatening complications, surgical management is the main option in contemporary medicine. There is a need for Ayurveda treatment protocol as well as revalidating the establishing principles.

KEYWORDS: Ashmari, Cholelithiasis, Gallstones, Pittashmari.**INTRODUCTION**

Cholelithiasis is one of the life threatening condition, attributed to the obstruction in secretion of bile juice by the stones formed in it. In developed countries an overall prevalence of cholelithiasis is 7.9% men and 16.6% in women aged 18-65 years. In India it is found to be 6.12% in the adults. Although not common in children, gallstones are seen with increased incidence in paediatric patients with hematologic disorders Given the rising incidence of obesity in children in the United States, it is likely that cholelithiasis will also increase in this population with time. There are relatively sparse reports in the literature of a calcified gallstone in the paediatric population.^[2] The pathophysiology of the disease arises as a result of improper Kapha production during digestion and subsequent vitiation as a result of Vata. Recurrent episodes of cholelithiasis are treated only with surgery i.e., removal

of Gall bladder (Cholecystectomy) which leads to impaired digestion of fats and proteins. Hence this case study was considered with the aim to describe the potentiality of Ayurvedic drugs in the management of cholelithiasis.

CASE REPORT

A 3-year-old child came with following chief complaints: abdominal pain and fever since last 2 weeks.

History of present illness

The patient was alright before 14 days. After that, the patient had low grade fever and above symptoms so consulted as he got no relief from allopathic medicine.

Past history

His parents denied emesis, jaundice, icterus, pruritus, or symptoms of altered mental status.

Family history

No evidence of this type of disease in the family.

Physical examination

Vital signs revealed normal blood pressure, pulse, temperature, and respiratory rate.

Systematic examination (per abdomen)

Abdominal examination revealed mild tenderness on deep palpation at the right upper quadrant and negative Murphy's sign.

Pathya-Apathya

Diet was restricted to the patient and he was suggested to take Amla juice 4 tbsp Jesthamadh powder half spoon with half glass water and granulated sugar 1 spoon by combining, drink every morning on empty stomach and at 4 pm. Took ghee salt and warm soft rice, Mix fresh sorghum bread(bhakari) with warm milk with water and added granulated sugar, advised rice peya, took 2 handful of puff rice, coriander seeds with 2 litre water, boiled the mixture, keep half of the remaining and strain it when it cools down. a handful of raw rice washed twice. Then crushed by hand in a glass of water. The water became milky white. Strained and advised to take once a day. Advised six teaspoons of coriander juice with spoonful of honey, taken twice a day.

Investigation

Table 1: Investigations before and after treatment.

Parameters	Before treatment	After treatment
Total bilirubin	0.14	0.13
Direct bilirubin	0.06	0.06
SGOT	41.1	34
SGPT	19.4	16
Alkaline phosphate	167.2	160
Haemoglobin	12.9	13
USG Abdomen	Calculus is notes in gall bladder measuring 9.8mm Date -20-5-2021	Gall bladder is will distended and no evidence of cholelithiasis is seen Date – 4-9-2021

Treatment

Table 2: Shows the treatment schedule of the patient.

Date	Medicine	Dose	Anupan	Time
10-6-2021	Shishupal	15ml	Luke warm water	2 times/day
15-7-2021	Vidangarishta	10ml	Luke warm water	1 times/ week
	Diparka	5ml	Luke warm water	2 times/day
17-7-2021	Jwaraghnashatpeerya	10ml	Luke warm water	1 times/day
15-8-2021	Shishupal	15ml	Luke warm water	2 times/day
	Diparka	5ml	Luke warm water	2 times/day
17-8-2021	Jwaraghnashatpeerya	10ml	Luke warm water	1 times/day
10-9-2021	Shishupal	15ml	Luke warm water	2 times/day
	Diparka	10ml	Luke warm water	2 times/day
	Vidangarishta	5ml		
12-9-2021	Suvarna laghu malini vasant	65mg	Luke warm water	1 times/day
1-12-2021	Baljivan	10ml	Luke warm water	2 times/day
	Diparka	5ml	Luke warm water	2 times/day

RESULTS

Significant results were found in measurements in gall stones in usg and symptoms [Tables3-4].

Table 3.

Date	Udar shool	jwarprachiti	gudakandu
10-6-2021	+++	++	+++
17-7-2021	++	+	++
2-9-2021	+	–	–
1-12-2021	–	–	–

+ Indicates severity of symptoms where – indicates absence of sign or symptoms.

Table 4.

Status of gall bladder before treatment	Status of gall bladder before treatment
Calculus is notes in gall bladder measuring 9.8mm Date -20-5-2021	Gall bladder is will distended and no evidence of cholelithiasis is seen Date – 4-9-2021

DISCUSSION

Pittashmari, as described in Ayurveda, refers to biliary lithiasis, which affects people of all ages and is the most prevalent gastrointestinal illness. There is vikriti of pitta or rakta byproduct in Pittashmari, and Ashmari denotes stone/calculus.

Gallstones are documented in ancient and current literature, despite the fact that biliary lithiasis has a complex aetiology with no unifying explanation concerning nucleating agents.

After analysing the Ayurvedic texts, it was found that due to the similarity in location and function, the bile secreted from the gall bladder can be correlated with the Accha Pitta described in Ayurveda. Cholelithiasis is a common preclinical condition which is silent but evolves into grave complications.^[4]

Gall stones are formed of abnormal bile composition of cholesterol stones and pigment stones. Although not common in children, gallstones are seen with increased incidents in paediatric patients with hematologic disorders In adults, an increased risk of gallstones is seen with obesity.^[5]

According to Ayurveda, all the three Doshas viz. Vata, Pitta and Kapha play a role in formation of gallstones creates the basis for stone formation. Ayurvedic treatment eliminates the need for surgery by assisting the body to expel the naturally.^[8]

CONCLUSION

In this case study, the patient has shown encouraging results during the management of Cholelithiasis (Pittashmari). As per the USG-abdomen, the patient has got rid of 9.3mm of gall stone within only 2 months of short duration by adopting Ayurvedic treatment. In addition, the general condition of the patient has also improved positively.

Therefore, on the basis of observations and results of this case study, it can be inferred that Ayurveda has the potential to treat cholelithiasis effectively and hence the sufferers must be

advised to get benefitted from the Ayurvedic healing sciences and give active participation in national prosperity by leading enthusiastic and happy lives.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understand that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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