

## AYURVEDIC MANAGEMENT OF CHOLELITHIASIS -A CASE STUDY

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### ABSTRACT

Cholelithiasis (Gallstone formation) is a common in western countries and diet plays a significant role in etiology of stone. In India the incidence is increasing in higher socio-economic group. The disease Cholelithiasis has not been described directly in *Ayurvedic* classics. The word *Ashmari* is described only in the context of *Ashmari* (Urinary calculi). In *ayurveda* we use term *pittashmari* (Gallstone). Treatment of gallstone is cholecystectomy. However in cholecystectomy entire gall bladder is removed organ that's why interest for non-surgical treatment is growing rapidly. But there is no any medical management for gallstone in allopathic system. Hence our article is a step in the direction of making an availability of a safe and effective non-surgical management of Cholelithiasis. A 15-year-old male patient reported to OPD Ujjain with the complaints of severe pain abdomen, anorexia, distension of abdomen and vomiting. The patient was diagnosed as cholelithiasis with physical symptoms and with the help of all investigation. Oral medication capsule *Gallex* (*kokilakshakshar*, *tamrabhasma*) was given to the patient for 2 month a significant response was observed over clinical symptoms and USG report.

**KEYWORDS:** Cholelithiasis, Gallstone, *Pittashmari*, *Ayurveda*, capsule *Gallex*, *Ashmari*.

### INTRODUCTION

Gall stone is common in western countries and diet plays a significant role in etiology of stone. In India the incidence is increasing in higher socio-economic group. Gallstones are the

most common biliary pathology. Women are affected more often than men in the ratio of 4:1. It is said that gallstone is more common in Fat, Fertile, Forty and Females. Composition of gallstone varies considerably. But the majority elements in gallstone are cholesterol, bile pigment and calcium. Gallstone also includes iron, carbonates, phosphorus, protein, cellular debris, mucus and carbohydrates. Galls stones are crystalline bodies formed from the constituents of bile and are made up of varying chemical composition.

1. Cholesterol stones -6%- solitary stones.
2. Mixed stones - 90%-cholesterol, calcium bicarbonate, calcium phosphate calcium carbonate and protein. - Multiple stones
3. Pigment stones - composed of calcium bicarbonate small black and multiple.

Pathogenesis of stone- Mainly there are four factors which contributes to the formation of gallstones. These are;

1. Metabolic factor,
2. Reflux factor
3. Stasis factor and
4. Infective factor.

The disease cholelithiasis is not been described directly in the classics of *Ayurveda*. The term *Ashmari* in *Ayurveda* stands for stone which is described only in the context of *Ashmari* (urinary calculi). Gall bladder stores *Pitta*, hence the organ gall bladder is considered as *Pittashaya* in *Ayurveda* and the stone formed in it can be considered as *Pittashmari*.<sup>[2]</sup> Hence this case study was considered with the aim to describe the potentiality of *Ayurvedic* drugs in the management of cholelithiasis.

## Aetiology

### 1. Metabolic causes

- Cholesterol is produced from the liver which gives rise to bile acids. Normal ratio of bile acids: chole - terol is 25: 1. This ratio is necessary to maintain the cholesterol in liquid form by forming micelles. When the ratio drops down to 13: 1, this is called critical ratio at which the cholesterol gets precipitated.

### 2. Infection

- It is the most common cause responsible for a gall stone in 80% of patients. Sources of infection are tonsils, tooth, bowel, etc. Organisms such as *E. coli*, *Proteus*, anaerobic

organisms, Streptococci, etc., through the blood stream reach the gall bladder wall and form a focus/nidus around which cholesterol and bile salts get precipitated, Over a period of many years, this results in a mixed stone. They are usually multiple and occur in an infected bile.

### **3. Bile stasis**

- Pregnancy, oestrogens, following vagotomy and prolonged TPN (Total Parenteral Nutrition).

They are prone for mixed stones as a result of bile stasis.

### **4. Haemolytic anaemia**

Examples: Hereditary spherocytosis, sickle cell anaemia, etc.

Because of increased break down of RBC's, the bilirubin production is increased. Since the production is more, they cannot conjugate with glucuronic acid, which is produced at normal levels.

Such unconjugated bilirubin combines with the calcium and is excreted in the biliary tree resulting in calcium bilirubinate stones (Pigment stones) not only in the gall bladder, also in the entire ductal system.

### **5. Saint's triad**

1. Gall stones
2. Diverticulosis of colon
3. Hiatus hernia

### **6. Parasitic infestation**

In oriental countries, Clonorchissinensis (Chinese liver fluke) infestations can cause stone in biliary tree. Ascarislumbricoides in the biliary tree may produce stones in our country (India).

### **7. Due to abnormal mucus**

It is produced in congenital cystic fibrosis, gall stones occur in these children due to impairment of bile flow.

### **CASE REPORT**

A Hindu, unmarried, 15 years old male patient visited to the OPD in Ujjain, MP for the complaints of severe pain abdomen, distension of abdomen and vomiting.

**History of the present illness:-** patient was asymptomatic 6 months back. One fine day he suddenly noticed pain in the right side of the abdomen .It was not radiating in nature, he had distension of the abdomen, vomiting and anorexia. He went to allopathic hospital where USG abdomen and pelvis was advised and it has been diagnosed as Gall bladder stones which was single and 8-9mm in size and advised surgery for the same. As he was not willing to do surgery, he consulted *Ayurvedic* physician and taken treatment for the same.

### Personal history

**Food habit:-** The patient had taken a mixed diet

**Appetite:-** Reduced appetite,

**Sleep:-** Good sleep

**Urine:-** Frequency of micturition 4-5 times at Day 2-3 times at Night

**Addiction:-** The patient had no addiction.

### Systemic examination of the patient

**P/A - On Inspection:** Mild Distension of the abdomen observed.

**On Palpation:** Severe tenderness noted over right hypochondriac region.

**USG impression:** Cholelithiasis (8-9 mm calculus impacted in GB neck)

The following treatment protocol was followed

Capsule *Gallex* was given for 2 month. in *gallex* there were *kokilakshakshar* 400 mg and *tamrabhasma* 100 mg in *gallex* tablet.

These medications were continued for 2 month and follow up visits, symptoms were assessed.

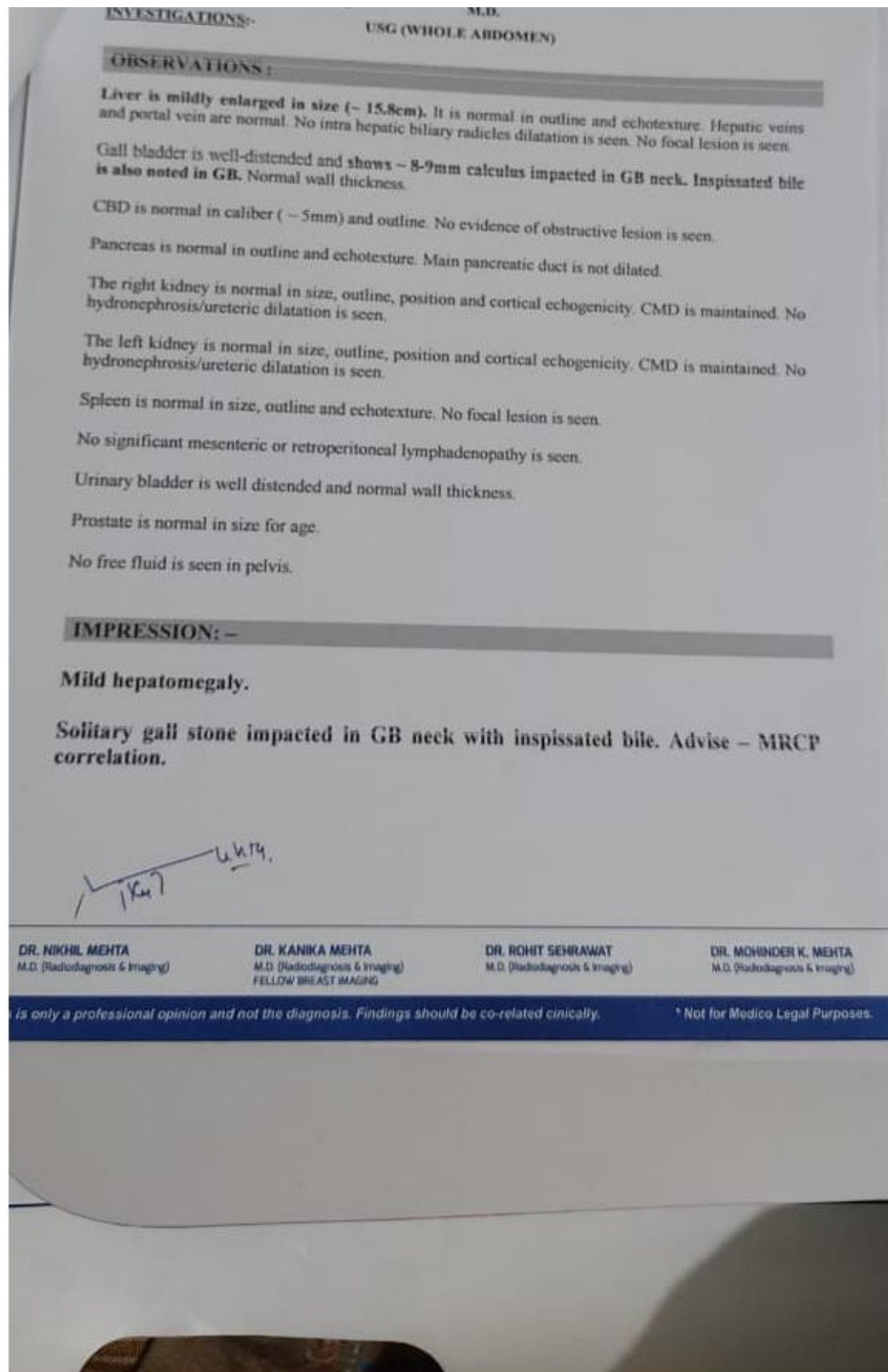
**Total duration:** 2 month

## RESULTS

### OBSERVATION AND RESULTS – NO. 1

| Symptom               | Before treatment        | After treatment |
|-----------------------|-------------------------|-----------------|
| Pain abdomen          | Severe                  | nil             |
| Anorexia              | Present                 | absent          |
| Distension of abdomen | Mild                    | no              |
| Vomiting              | 1-2 episodes after food | no              |

### USG report before Treatment – NO. 2



USG after Treatment – NO. 3

**OBSERVATIONS :**

Liver is normal in size, outline and echotexture. Hepatic veins and portal vein are normal. No intrahepatic biliary radicles dilatation is seen. No focal lesion is seen.

Gall bladder is well-distended and shows normal wall thickness.

CBD is normal in caliber (~ 5mm) and outline. No evidence of obstructive lesion is seen.

Pancreas is normal in outline and echotexture. Main pancreatic duct is not dilated.

The right kidney is normal in size, outline, position and cortical echogenicity. CMD is maintained. hydronephrosis/ureteric dilatation is seen.

The left kidney is normal in size, outline, position and cortical echogenicity. CMD is maintained. hydronephrosis/ureteric dilatation is seen.

Spleen is normal in size, outline and echotexture. No focal lesion is seen.

No significant mesenteric or retroperitoneal lymphadenopathy is seen.

Urinary bladder is well distended and normal wall thickness.

Prostate is normal in size, outline and echotexture. No focal lesion is seen.

No free fluid is seen in pelvis.

**IMPRESSION: –**

**Normal study.**

**DISCUSSION**

According to *Ayurveda*, the patient was diagnosed as a case of *Pittashmari* with predominant *Kapha* and *Vata Dosha*. Excessive increase of *Pitta* (Caused by hot, spicy food, alcohol etc.) creates the basis for stone formation. *Kapha* increased by fatty, heavy foods mixes with *Pitta* and produces a highly sticky mixture. *Vata* dries this mixture and moulds it into shape of a stone. *Ayurvedic* treatment eliminates the need for surgery by assisting the body to expel the stones naturally. The clinical presentation is characterized by pain in abdomen, anorexia, distension of abdomen and vomiting. Hence the line of treatment mainly includes *Shoolahara* (Pain reliving), *Shothahara* (Anti-inflammatory), *Deepana-Paachana* (Appetizer and carminative), *Agni Deepaka* (Appetizer) and *Ashmari Bhedaka* (helps to eliminate calculi).

**Tamrabhasma:-** RASA (Taste), KASAYA (Astringent), MADHURA (Sweet), TIKTA (Bitter), AMAL (Sour)

**GUNA (Main Quality):-** LAGHU (Light), RUKSHA (Dry), TIKSHNA (Sharp)

*VIRYA* (Potency):- *USHNA* (Hot)

*VIPAKA* (Resultant):- *KATU* (Pungent)

### ***Dosha karma***

*Tamrabhasma* mainly reduces *Kapha Dosha*. It detoxifies *Pitta Dosha*. It promotes a proper flow of *Pitta Dosha* due to its cholagogue action. Due to this action, it also pacifies *Pitta Dosha*. It has *Lekhana*, *Chhedana*, *Bhedana*, *Deepana*, *Paachana*, *Vedanaasthaapana* and *Kaphashaamaka* properties.

### ***Kokilaksha***

*Madhura* and *Tikta rasa* cause *Pittashamaka* and *Amla rasa* causes *Vatashamana* thereby, reduces *daha* and *vedana* respectively. *Pichchila*, *Sheeta* and *Snigdha guna* cause *Vranaropana* and *Khara guna* of *Vayu* which is responsible for cumulative consolidation is countered by *Pichchila* and *Snigdha guna*. *Madhuravipaka* is responsible for *Vata-pitta shamana* thereby, it reduces specially *vedana* and *daha*.

### ***Kshar***

*Kshara* which possesses properties like *chedana*, *lekhana*, *bhedana* and *mutrala* for facilitating the disintegration of urinary stones. *Kshara* having properties of *tridoshagna*, *bhedana*, *chedana*, *lekhana* acts on compact molecules of stones and causes fragility which helps in fragmentation. *Darana* property of *Kshara* will help in breakage of stone. *Vilayana* property of *Kshara* helps in dissolution and slow fragmentation of stone.

This *kshar* it acts as anti-inflammatory property and thereby reduce hepatobiliary obstruction.

## **CONCLUSION**

In this case study, the patient has shown encouraging results during the management of Cholelithiasis (*Pittashmari*). As per the USG abdomen, the patient got rid of 9mm stone within 2 months of treatment and the general condition of the patient also improved. Therefore, on the basis of observation and results of this case study it can be inferred that *Gallex capsule Prayogahas* shown marked improvement.

## **REFERENCES**

1. Jameson, Harrison's Principle of Internal Medicine Edition, United States of America, The McGraw-Hill companies, Inc, 1777: 2, 15.

2. *Sushruta, Sushruta Samhitha, Nibandha Sangraha* commentary by *Dalhana*, Edition, Ed by *Vaidya Yadavji Trikamji, Nidanasthana*, chapter *Varanasi, Chaukhamba Surbharati Prakashan*, 278, 5: 3-9.
3. *Nageendas Chaganlal Shah, Bharata Bhaishajya Ratnakara, Aakaradi Rasa Prakarana, Prathama Bhaga*, Jain Publishers, Verse no. Edition, New Delhi, 154: 448- 3.
4. *Govinda dassena, Bhaishajya Ratnavali, Vidyotini* commentary by *Ambika dutta shashtri, Ashmari Chikitsa Prakarana*, Verse *Varanasi. Chaukhambha Prakashan*, 2021; 3: 712.
5. *Sharangadhara, Sharangadhara Samhitha, Gudartha Deepika* commentary by *Adhamalla, Purvakhanda*, Chapter, *Chaukhambha Orientalia, Varanasi*, 4, 5: 35.
6. *Sadananda Sharma, Rasatarangini*, Chapter, Verse, Edited by *Pandith Kashinath Shastri*, Delhi, *Motilal Banarasidas*, 2009; 308: 13-6.