

AN AYURVEDIC MANAGEMENT OF PITTASHAYA ASHMARI (CHOLELITHIASIS)- A CASE STUDY

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ABSTRACT

Acharya mentioned *Pittashaya* as one of the eight *ashaya*. Due to similarity in action bile secreted from gall bladder can be correlated with *Achha pitta*, so gall bladder can be considered as *Pittashaya* and *Ashmari* formed in it can be considered as *Pittashaya Ashmari*. Cholelithiasis is condition where there is formation of stones in the gall bladder due to various causes. *Acharya Sushruta* mentioned *Paniya Kshara prayoga* in *Ashamri roga*, also *Kshara* has *Chedana*, *Bhedan*, *Lekhana* property so it can help to dissolve *Ashmari*. *Kokilaksha* is *Shita virya* and usefull in *Ashmari*. So *Kokilaksha Kshar* can be useful in *Pittashaya Ashmari*. *Trikatu churna* has property of *Medoghna* and *Kapha sandhanhara* so it can be beneficial in *Pittashaya Ashmari*. We hereby report a successfully managed case of a 40-year-old female patient with multiple gall bladder calculi of size around 5-6 mm, was dignosed as *Pittashaya Ashmari* (Cholelithiasis) came to *Shalyatantra*

department OPD at GAAC, Ahmedabad having OPD no. 9133 with complaints of abdominal pain, occasional vomiting and nausea. The patient was treated with “*Kokilaksha kshara* and *Trikatu churna*”. The patient got complete recovery from all above complaint in 45 days.

KEYWORDS: *Pittashaya Ashmari*, Gall stone, *Paniya Kshar*, Gall bladder.

INTRODUCTION

Ayurveda deals with the healthy life of human beings. Moreover, it is concerned with a disease-free life. *Acharyas* divided Ayurveda into Eight branches among them according to

Acharya Sushruta Shalya Tantra is the *pradhana* branch. *Ashmari* is one of the important diseases of *Shalyatantra*. *Ashmari* comprises two words, i.e. 'Ashma' and 'Ari'. Where 'Ashma' means a stone and 'Ari' means enemy. *Ashmari* is a disease in which there is the formation of stone, resulting in severe pain as given by the enemy. The word *Ashmari* in Ayurveda stands for stone which is described only in the context of *Bastigat Ashmari* (Urinary calculi).

None of the authors of Ayurveda mentioned *Pittashaya Ashmari* on human beings but the word *Gorochana* (Gall-stone of cow) is formed in bile inside the gallbladder of the cattle.^[1] *Acharya Sushruta* explained *Pittashaya* as one of the *Ashtha Ashayas*. Bile secreted from the Gall bladder can be correlated with the *Achha Pitta*, hence the organ gall bladder is considered as *Pittashaya*^[2] in Ayurveda and the stone formed in it can be considered as *Pittashaya Ashmari*. *Acharya Chakrapani* while commenting on *shakhashritha kamala*, says that *kamala* is produced due to obstruction of *shakhashritha pitta* entering to *koshtha* by *shleshma*, which can be correlated to the pathogenesis of gallstones obstructing biliary tract.

Cholelithiasis (Gallstone formation) results from a combination of several factors, including bile supersaturated with cholesterol, accelerated nucleation of cholesterol monohydrate in bile, and bile stasis or delayed gallbladder emptying due to impaired gallbladder motility. Cholesterol supersaturation can result from an excessive concentration of cholesterol in bile, a deficiency of substances that keep cholesterol in solution (i.e., Bile salts and Phospholipids), or a combination of these factors. Gallbladder hypomotility may occur during pregnancy, due to the use of oral contraceptives, after surgery or burns, and in patients with diabetes. However, in many cases, the cause is not clear.

There are two types of gallstones, Cholesterol stones (80%) and Pigment stones (20 %), which consist mainly of calcium bilirubinate. Cholesterol-containing gallstones are divided into two subtypes: cholesterol stones and mixed stones. Women are affected more than men, (4:1). It is said that Cholelithiasis is more in fatty, fertile, forty and female.

A surgical treatment (Cholecystectomy) is very expensive and shows post-cholecystectomy syndrome. Cholesterol gallstones can sometimes be dissolved by oral medicine, but it may be required that the patient takes this medication for 2 years. Also, there are high chances of recurrence once the drug is stopped and probable side effects (diarrhea, elevated blood cholesterol, and liver enzyme levels).

Hence this case study was considered with the aim to describe the potentiality of Ayurvedic drugs in the management of cholelithiasis.

CASE REPORT

Patient details

- Name- ABC
- Age- 40 Years
- Sex- Female
- Religion- Hindu
- Address- Ahmedabad
- OPD no.- 9133

Chief complains

- Pain in abdomen
- Nausea and Vomiting
- Distention of Abdomen

History of present illness

A 40-year-old female patient was having above mentioned complaints for the last 5 days, so she went to a gastrologist and did USG, there she was diagnosed with Cholelithiasis and was advised for surgery. She came to the Shalya Tantra department, GAAH, Ahmedabad for alternative treatment for the above complaints.

Past history

No past history of DM or HTN.

Personal history

- *Nadi*- 78/min
- *Malpravritti*- 1 times/day
- *Mutrapravritti*-3,4 times/day
- *Ahar*- vegetarian

Habit of excessive Fast food and oily items.

- *Nindra*- Alpa

General examination

- Blood pressure-130//80 mm/Hg
- Pulse rate- 82/min
- Respiratory rate- 18/min
- Weight- 72 kg
- Agni- Mandagni
- Akruti- Sthula
- Bala- Avara

Systemic examination

- CNS- conscious, well oriented
- RS- BLAE clear
- CVS- S1 S2 heard
- PA- mild tenderness at right hypochondriac region.

Disease specific examination

- Inspection- Mild distention of abdomen
- Palpation- mild tenderness at right hypochondriac region.

Treatment and methodology

The patient was treated with classical Ayurveda medicines.

Internal medicine has been given as below

| No | Medicine | Route | Dose | Time | Duration |
|----|---|-------|--------|------------------|----------|
| 1 | <i>Kokilaksha Kshara</i> ^[3] | Oral | 750 mg | BD (Before food) | 45 Days |
| 2 | <i>Trikatu Churna</i> ^[4] | Oral | 2gm | BD (Before food) | 45 Days |

All this medicine is given with *Shital Jala*.

Pathya- Apathya

The patient was advised to avoid dairy products and a high-fat diet and to take *Laghu, Supachya Ahara*.

Observation and Follow up

| Symptoms | Before treatment | After 15 Days | After treatment |
|--------------|------------------|---------------|-----------------|
| Pain abdomen | Moderate | Mild | Absent |
| Nausea | Present | Mild | Absent |

| | | | |
|-----------------------|--------|----------|--------|
| Distension of abdomen | Mild | Absent | Absent |
| Vomiting | Severe | Moderate | Absent |
| Size of Stone | 5-6 mm | - | 2mm |

| | |
|----------------------------------|--|
| Before treatment (03/05/2022) | The gall bladder is distended and shows multiple variable size calculi, the largest measures about 5-6 mm in size. |
| After treatment (19/06/2022) | The largest calculi size is about 2 mm. |

USG

Before treatment

PATIENT NAME [REDACTED]
AGE / SEX 40 Y / F
REF. DOCTOR DR BAKULESH MADHU MD
DATE 03.05.2022

ULTRASOUND WHOLE ABDOMEN (FEMALE)

LIVER : Liver is normal in size and in echopattern. No focal intra-hepatic lesion detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and caliber.

GALL BLADDER : Gall bladder appears Distended and show multiple 5-6 mm mobile calculi with normal wall thickness .
Common Bile duct appears normal. No evidence of calculus or mass lesion seen within CBD.

After treatment

PATIENT NAME [REDACTED]
AGE / SEX 40 Y / F
REF. DOCTOR DR BAKULESH MADHU MD
DATE 19.06.2022

ULTRASOUND WHOLE ABDOMEN (FEMALE)

LIVER : Liver is normal in size and in echopattern. No focal intra-hepatic lesion detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and caliber.

GALL BLADDER : Gall bladder appears Distended and show multiple 2 mm mobile calculi with normal wall thickness .
Common Bile duct appears normal. No evidence of calculus or mass lesion seen within CBD.

DISCUSSION

We made an effort to break the pathogenesis of the disease and the patient got remarkable relief with eradication of all symptoms.

According to Ayurveda, the patient was diagnosed as a case of *Pittashay Ashmari* with *avarodh* of *Pitta dosha* with *Kapha* and *Vata Dosha*. The clinical presentation is characterized by pain in the abdomen, anorexia, distension of the abdomen, and vomiting. Hence the line of treatment mainly includes *Shoolahara* (Pain relieving) *Shothahara* (Anti-inflammatory), *Agni Deepaka* (Appetizer), and *Ashmari Bhedaka* (Helps to eliminate calculi).

Acharya Sushruta very specifically indicated *Paneeya Kshara* in the management of *Ashmari*.^[5] Also, symptoms of *Pittashaya Ashmari* are similar to *Gulma*, *Shula*, and *Vidradhi* and in all these conditions *Paneeya Kshara* is indicated. *Kshara* has *Chedana*, *Bhedan*, *Lekhana* property so it can help to dissolve *Ashmari*. *Darana* property of *Kshar* help in breakage of stone and *Vilayana* property helps in dissolution of stone.

As mentioned by *Acharya Bhavmishra Kokilaksha* has a lithotriptic effect and a Previous study has shown that *Kokilaksha* has Hepato protective properties^[6] and effective in gall bladder stone. Due to its various properties it acts as analgesic and anti-inflammatory agent, which helps to reduce hepatobiliary obstruction and pain in abdomen.

Trikatu churna having properties like *Kapha vatahara*, *Anahaghna*, *Vibandhnashana*, *Medohara*, *Chedan*. Which help in breaking pathogenesis of stone formation by *Kapahara guna*. Also, it reduces Cholesterol levels by improving liver functions and its *Medohar guna*. Which helps in proper functioning of hepatobiliary mechanism.

CONCLUSION

In this case study, the patient has shown encouraging results during the management of Cholelithiasis (*Pittashay ashmari*). As per the USG abdomen, the patient has a reduction in size from 5-6 mm stone within 45 Days of treatment, and the general condition of the patient also improved. Therefore, based on observation and results of this case study it can be inferred that *Kokilaksha kshar* with *Trikatu churna Prayoga* has shown remarkable improvement.

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