

A Ray of Light on Pittashmari (Gall Bladder Stones) as per Ayurvedic Principle- Case Series

Sujaya Koti ^{1*}, Manjula Karlwad²

¹PG Scholar, ² Associate Professor, Department of Kayachikitsa, Ayurveda Mahavidyalaya and Hospital, Hubli, Karnataka, India.

ABSTRACT

Gallstones form when bile stored in the gallbladder hardens into stone-like material. Too much cholesterol, bile salts, or bilirubin (bile pigment) can cause gallstones. In this era of where lifestyle of people is improper who consume more junk and street foods there are developing cases seen under this disease condition. As per contemporary science the main treatment modality for this condition is surgery due to distress from the surgical procedure people are turning towards science of medicine for non-surgical procedures. The context *Ashmari* in *Ayurveda* represents stone which is described under the context of *Bastighata Ashmari*. After revising *Ayurvedic* texts we come across the bile secreted from gallbladder can be correlated with *Accha Pitta* mentioned in ayurveda due to similarity in location and function. In ayurvedic context *Pittaashmari* is not directly explained. In this theory of *Pittaashmari* is explained as the *Ashmari* (stone) which usually combines with urine here it gets combined with pitta with help of *Vata* and get lodged in *Pittaashaya* to form *Pittaashmari*. The present article an attempt is made to manage and portray the non-surgical management through *Ayurvedic* point of view.

KEYWORDS: *Ashmari*, Cholelithiasis, Gallstones, *Pittasahaya*, *Pittaashmari*.

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*Corresponding Author:

Dr. Sujaya K.

PG Scholar, Department of Kayachikitsa,
Ayurveda Mahavidyalaya and Hospital, Hubli,
Karnataka, India.

E-mail : sujayak111@gmail.com

INTRODUCTION:

Ayurveda endorses the classic and outstanding treatment modalities through which many forms of disease can be treated through non-surgical ways and improve the quality of living. Here one such condition is cholelithiasis said to be *Pittaashmari* as of *Ayurveda* term. Cholelithiasis is the medical term for Gallstones. It is a hard deposit of cholesterol or bilirubin and pigmented stones that form in the gallbladder. The prevalence among American adults is about 10% while in European countries it ranges

from 5.9% to 21.9%. In Asian countries it rates of 3.2% to 15.6% is reported. Investigation reports about 4% Indians are affected.^[1]

In *Ayurveda* clinical manifestation, explained in *Gulma*, *Pittaja udarashoola*, *Shakashritha kamala* and *Yakruthdalyodara*, represents different hepato-biliary disease that includes cholelithiasis. *Vagbhata* says that *Ashmari* is formed in the *Basti* like the formation of *rochana* in the *pittashaya* of a cow. Hence, the *Ashmari* (stones) formed in *pittashaya* of humans resembling the

(go)rochana can be considered as *Pittashaya ashmari*.^[2]

The traditional risk factors for gallstones are 4 "F" s: female, fat, forty and fertile. Being fair skinned has been described by some as being a fifth factor. Even studies indicate that Pima Indians and Mexicans populations have high prevalence of gallstones. Numerous studies observed cholesterol gallstones and many predisposing factors including obesity, westernized diet, type 2 DM, and other metabolic syndrome.^[3] On the other side, rapid active weight loss and weight cycling strongly increases the risk for development of gallstones.

As per *Ayurveda* gallstones are formed by all the three *doshas*. Vitiating of *pitta*, which is caused by hot, spicy food alcohol etc. creates the basis for stones formation. *Kapha* dosha which is increased by Fatty, heavy foods mixed with *pitta* and produces a highly sticky mixture^[4]. *Vata dosha* dries this mixture and molds it into the shape of stone.

An inflammation in the inner wall of Gallbladder causes capillary dilatation which reuptakes the bilirubin from bile and cholesterol molecules are liberated and become mass this results in formation of Gallstones. The chemical imbalances cause tiny crystals to develop in the bile. These gradually grow over many years into solid stones that can be as small as grain of sand or large as pebbles.

The first is how often and how well the gallbladder contracts; incomplete and infrequent emptying of the gallbladder may cause the bile to become over concentrated and contribute to gallstone formation. This can be caused by high resistance to the flow of bile out of the gallbladder due to the complicated internal geometry of the cystic duct.

The next factor is the presence of proteins in the liver and bile that either promote or

inhibit cholesterol crystallization into gallstones.^[5] Modern Treatment-elective therapy for symptomatic gallstones is cholecystectomy which includes both traditional open and laparoscopic approaches. Non-Invasive treatment is oral dissolution therapy and extracorporeal shock wave lithotripsy. Oral dissolution therapy uses bile acids in pill form to dissolve gallstones. Dissolution therapy with bile acids was first used in 1970. 51 Ursodiol (ursodeoxycholic acid, Actigall) and chenodiol (Chenix) are the standard oral bile acid drugs used for dissolution.^[6]

Ayurvedic mode of treatment eliminates the need for surgery by assisting the body to expel the stones naturally. mainly the treatment modality used here is *kapha hara* and *vatahara* and balances *pitta*. by *kapha hara* the *guru picchila guna* reduces further formation of gallstones as obesity and the raised level of cholesterol is one of the reasons for Gallstones. As of *vatahara* the *rukshata* of the *stana* is reduced and helps in proper functioning of *pitta*. The symptoms are like *pittaja gulma* which is managed through *Virechana*. *Pittahara* and *vatahara chikitsa* like *abhangya*, *swedana*, *virechana* and *niruha basti* can be adopted.^[7]

CASE HISTORY:

This study is done with 4 patients including either sex and age between 25-55 years [Table-1]. A case series of 4 patients of middle age includes both genders reported at OPD of Ayurveda Mahavidyalaya college and Hospital Hubli in 2022. A diagnosed case of Cholelithiasis with full-fledged signs and symptoms. This diagnosis was done primarily on the basis of *Ashmari* symptoms and then further final diagnosis on the diagnostic tool USG (Table-1). These patients who have visited our OPD to get rid of this problem have undergone many modern medications such as antispasmodic,

NSAIDs and antacids but owing to no improvement in their condition they consulted our hospital for conservative treatment.

THERAPEUTIC INTERVENTION:

The treatment schedule is based on *shamana aushadhi* (Table-2). The Same treatment protocol is given to all the four patients which are undergone. For the period of 6 months. *Pathya-apathya* is Advised. This is explained in detail below. Duration of Treatment-6-8 months (since the patient registered in our college OPD).

Following *Pathya-Apathya* were advised during treatment to all patients.

Pathya-Apathya

1. Patient should drink at least 2-3 liters of water per day
2. Barley water, tender coconut water is useful here.
3. Consuming *kulattha*, green gram, old rice, wheat, *gogritha*, *dadima yavakshara*, juice of *kushmanda*, vegetables prepared from leaves of *varuna*, *shigru*
4. Avoid black *gram*, *amla*, *lavana*, *katu*, brinjal, tomato, spinach

Table 1: Case details of four Patients.

Characters	Patient 1	Patient 2	Patient 3	Patient 4
Age	25 years	40years	48 years	55years
Gender	Male	Female	Female	Male
Past History	Nothing significant	Nothing significant	Nothing significant	Nothing significant
Symptoms				
1. Pain Abdomen	+	+	+	+
2. Pain In Flanks	+	-	-	+
3. Nausea	+	+	-	+
4. Vomiting	+	+	-	+
5. Back Pain	-	+	-	+
6. Malaise	+	+	+	+
7. Fever	-	-	+	+
Duration Of Lakshanas	May 2022	August 2022	July 2022	March 2022

Table 2: Medication/Shamanaaushadi Prescribed

Medication	Dose	Dosage	Anupana
1. <i>Patoladi Kashaya</i>	15ml	Twice a day. Before food	with <i>sukoshana Jala</i>
2. Capsule Pithorin	1 tablet[600mg]	1-1-0[1BD]/After food	With <i>jala</i>
3. <i>Arogyavardhini Vati</i>	1 tablet[500mg]	1-0-1[1BD]/After food	With <i>jala</i>
4. <i>Madiphala Rasayan</i>	5ml	Twice a day. After food	With <i>sukoshana jala</i>

Table 3: Symptomatic Relief:

Symptoms	Patient 1		Patient 2		Patient 3		Patient 4	
	BT	AT	BT	AT	BT	AT	BT	AT
1. Pain Abdomen	++	-	++	+	++	-	++	-
2. Pain In Flanks	++	-	-	-	-	-	++	-
3. Nausea	++	-	++	+	-	-	++	-
4. Vomiting	++	-	++	+	-	-	++	-
5. Back Pain	-	-	++	-	-	-	++	+
6. Malaise	++	-	++	+	++	-	++	-
7. Fever	-	-	-	-	++	-	++	-

Table-4: Relief on investigations:

Characters	Patient 1		Patient 2		Patient 3		Patient 4	
	BT	AT	BT	AT	BT	AT	BT	AT
HB%	12.8 g/dl	13.6 g/dl	12.5 g/dl	12.8 g/dl	11.0 g/dl	12.2 g/dl	13.2 g/dl	13.8 g/dl
RBS	108 mg/dl	98mg/dl	126 mg/dl	115mg/dl	109.7mg/dl	117.8 mg/dl	115mg/dl	102mg/dl
SGOT	47U/L	34U/L	23U/L	14U/L	32.8U/L	23.4U/L	29U/L	23U/L
SGPT	52U/L	29U/L	37U/L	17U/L	27.8U/L	20.4U/L	46U/L	35U/L
Serum Creatinine	1.06mg/dl	0.54mg/dl	0.78mg/dl	0.96mg/dl	0.79mg/dl	0.3mg/dl	1.03mg/dl	0.37mg/dl
Uric Acid	5.6mg/dl	2.5mg/dl	3.6mg/dl	1.7mg/dl	4.8mg/dl	3.1mg/dl	3.5mg/dl	2.0mg/dl
Total Cholesterol	196mg/dl	156mg/dl	174mg/dl	132mg/dl	210mg/dl	165mg/dl	184mg/dl	146mg/dl

Table 5: USG Abdomen Findings:

	BT	AT
Patient 1	Small calculus/Polyp in gallbladder measuring 3*4mm	No evidence of Gall Bladder stone in present study.
Patient 2	Solitary Gallbladder Calculus Measuring -12mm	Solitary Gallbladder Calculus Measuring -7mm
Patient 3	Features suggestive of Solitary Gall Bladder Stone Measuring-9mm	Features suggestive of Solitary Gall Bladder stone measuring-5mm
Patient 4	6mm of solitary calculus is seen, no evidence of acute cholecystitis	No obvious Abnormality seen; no gallbladder stone seen

RESULT:

Table 3,4,5 showing the symptomatic relief, before treatment and after treatment improvement of the patients symptoms, investigations and USG findings respectively.

DISCUSSION:

The medication prescribed in this condition and the effect of the disease management is discussed below. *Patoladi Kashaya* used in this act upon the liver and promotes the improvement of liver function and prevents liver damage. [8] This also acts as a detoxifier on the body. *Kashaya* helps in protection of layers over mucous membrane and relieves inflammation.

Capsule Pithorin is an *Ayurvedic* Proprietary Medicine of IMIS Pharmaceuticals which is known to disintegrate gallbladder stone and also prevent the formation of calculi in gallbladder. [9] The *rasapanchaka* in the drugs used in pithorin are *tikta, katu, kashaya rasa* with *tikshna* and *snigdha guna katu vipaka* and *ushna veerya* which leads in balances mainly *tridosha* and mainly *vatakapshaya*. This medicine regularizes lipid metabolism and stimulates bile secretion and flow. Each capsule contains *Lashuna* extract, *Gomutra Silajith*, *Sunthi*, *Pippali*, *Maricha*, *Arjuna*, *Pashanabedi*, *Punarnava* these drugs act as *chedana*, *bedana*, *lekana* which helps in decrease in size or wash out of calculi.

Arogyavardini vati balances *tridosha*. Act as *lekhana*, *chedana*, treat acute and chronic fever, liver disorder, obesity etc. [10] *Madiphala Rasayana* helps in curing nausea, vomiting, loss of appetite, aids in digestion. Act as anti-bilious cooling tonic for all ages.

Among these 4 patients selected in this study we can see the improvement in both symptomatically and further changes in the USG findings also. Hence the patients have shown encouraging results throughout the

management of the condition Cholelithiasis/*Pittaashmari*. As per the diagnostic tool USG abdomen patient have got rid of 4-6mm of gallstone and even some of them completely the stone was washed away from the site, within period of 6 months in this short duration of adopting ayurvedic treatment. Even the symptomatic and general condition of the patient is progressively improved.

CONCLUSION

Therefore, based on observation and result of this case series it can be inferred that *Ayurveda* has the potential to treat *Pittaashmari*/Cholelithiasis effectively and hence the sufferers must be advised to get benefitted from *Ayurvedic* science.

LIMITATION OF STUDY:

- Non-Obstructive GB stones with size up to 20mm was selected in this study.
- Number of stones- Solitary, Sludge, and Multiple was selected
- Subjects of middle age from 20-55 years is taken for study.
- Patients with Gallstones associated with complications such as acute obstructive cholecystitis, acute pancreatitis, liver failure, congenital anomalies of gall bladder, calcified gall bladder, carcinoma of gall bladder, cirrhosis of liver and hepatomegaly are excluded in this study.

CONSENT OF PATIENTS:

The written consent was taken from all the patients before starting the treatment.

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