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Clinical Efficacy of Yawa Kshara and Pippali in the Management of Gallstone Disease: A Case Report

Vishwajeet G. Mehetre,[1*] Rohan R. Patil [2]

[1] I/C Principal, Professor & HOD, [2] Assistant Professor, Dept. of Kayachikitsa, Vasantdada Patil Ayurvedic Medical College Sangli, Maharashtra, India

ABSTRACT:

The presence of stones in the gallbladder is known as gallstone disease or cholelithiasis. In the conventional medical system, there are currently no effective conservative treatments available, and surgery (open or laparoscopic cholecystectomy) is frequently recommended. However, there is an increasing demand for effective, non-invasive Ayurvedic interventions. This case report presents a 60-year-old female patient who experienced complaints of right upper quadrant abdominal pain, nausea, and belching for duration of two months. Upon diagnosis, the patient was diagnosed with single gallstones, measuring 23 millimetres. She was subsequently administered *Yawakshara* and *Pippali Churna* after food with lukewarm water for a period of 40 days. Following treatment, the patient reported complete symptom relief, and a substantial reduction in stone size was observed on ultrasound imaging. This report underscores the potential of Ayurvedic management in treating gallstone disease conservatively.

KEYWORDS: Ayurveda, Cholelithiasis, Gallstone disease, *Pippali, Yawa Kshara.*

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***Corresponding Author:**
Dr. Vishwajeet G. Mehetre
I/C Principal, Professor & HOD,
Dept. of Kayachikitsa, Vasantdada Patil Ayurvedic Medical College Sangli, Maharashtra, India
Email: vgmehetre@yahoo.com

INTRODUCTION:

Gallstones (*Ashmari in Pittashaya/pittaashmari*) are crystalline concretions formed within the gallbladder due to the accumulation of bile components.Gall Stones have been found during autopsies on mummies dating back to 1000 B.C. [1] Gallstone disease is prevalent among middle-aged females, frequently presenting with intermittent abdominal pain, dyspepsia, and bloating. The well-known mnemonic "5Fs" Fair, referring to factors such as being overweight, female [2] , fertile, and approaching the age of 40, serves as a useful reminder of common risk factors associated with the development of cholesterol gallstones. The majority of individuals with gallstones remain

asymptomatic. Approximately 10% develop symptoms within five years of diagnosis, while 20% do so within 20 years. The prevalence of gallstones tends to increase with age. Over 25% of women aged over 60 are affected by gallstones. In contemporary medical practice, surgical intervention serves as the primary treatment modality. However, in *Ayurveda*, *Kshara* [3] and *Deepana-Pachana* drugs such as *Pippali* [4],[5] are prescribed for *Ashmari* and *Shoola.* Notably, *Yawa kshara* is renowned for its *Lekhana* (scraping), *Bhedana* (breaking), and *Mutrala* (diuretic) properties.This report assesses the efficacy of a conservative *Ayurvedic* approach employing *Yawa kshara* and *Pippali.*

CASE HISTORY:

The presence of stones in the gallbladder is known as gallstone disease or cholelithiasis. In the conventional medical system, there are no effective conservative treatments available, and surgery (cholecystectomy) is frequently recommended. However, there is an increasing demand for effective, non-invasive *Ayurvedic* interventions. This case report presents a 60-year-old female patient who experienced complaints of right upper quadrant abdominal pain, nausea, and belching for a duration of two months. Upon diagnosis, the patient was diagnosed with gallbladder stone measuring 23 millimetres. Patient was not having any underlying history of abdominal pain. She was subsequently administered *Yawakshara* and *Pippali Churna* after food with lukewarm water for a period of 40 days. Following treatment, the patient reported complete symptom relief, and a substantial reduction in stone size was observed on ultrasound imaging after long term follow up. This report underscores the potential of *Ayurvedic* management in treating gallstone disease conservatively.

Clinical Examination:

On examination, pulse was 78/min, BP 130/80 mmHg, and temperature normal. Abdomen was soft with mild tenderness in the right hypochondrium, and Murphy's sign was positive. Pain score was 6/10 on the Wong Baker Pain Scale. Liver function tests and other routine investigations were within normal limits. Pre-treatment ultrasound revealed a single echo reflective gallstone measuring 23 mm.

Investigations:

Ultrasound (Pre-treatment): A Single echo reflective gallstone measuring 23
mm. Liver function tests (LFT) and other blood investigations: Within normal
limits.

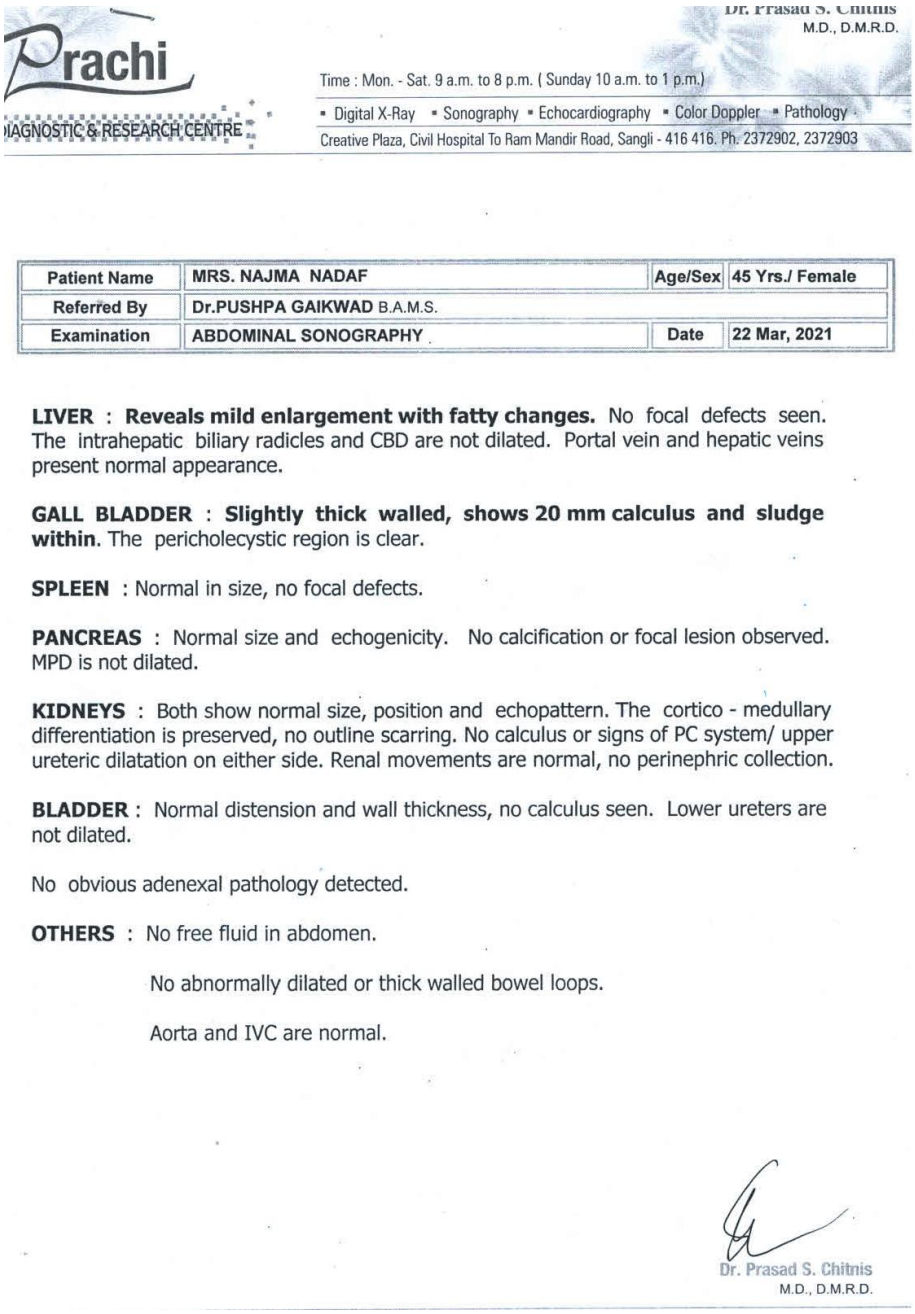
THERAPEUTIC INTERVENTION:

The patient was treated with the following *Ayurvedic* regimen for 40 days:
Yawa Kshara – 500 mg Twice daily with lukewarm water,
Pippali Churna – 1 gram
Twice daily with honey, after meals.

Dietary Advice:
Avoid fatty, fried, heavy, and non-vegetarian food.
A healthy diet includes high-fibre fruits, vegetables, whole grains, pulses, lean proteins, healthy fats, and low-fat dairy. Advised to stay hydrated with water, buttermilk, lemon water, and herbal teas.
Consume lukewarm water and light, digestible meals.
Pathya-Apathya in *Pittashaya Vikara Chikitsa.*
The patient underwent treatment with *Yawakshara* and *Pippali Churna* for a duration of 40 days. Dietary advice was provided to minimise the intake of fatty foods and light meals.

Table-1: Clinical and Ultrasonography Changes

Parameter	**Before Treatment**	**Before Treatment (surgery) advise by surgeon**	**II nd Follow up Treatment**	**III rd Follow up Treatment**	**After years of Treatment**
Gallstone Size (Largest)	20 mm	23 mm	20 mm	15.2 mm	10 mm
Symptoms	Present	Present	Completely relieved	Completely relieved	Completely relieved
Ultrasound Findings	A single well define eco reflective calculus	A single well define eco reflective calculus	A single well define eco reflective calculus	A single well define eco reflective calculus	A well define single echo reflective calculus



Prachi
DIAGNOSTIC & RESEARCH CENTRE

Dr. Prasad S. Chitnis
M.D., D.M.R.D.

Time : Mon. - Sat. 9 a.m. to 8 p.m. (Sunday 10 a.m. to 1 p.m.)

▪ Digital X-Ray ▪ Sonography ▪ Echocardiography ▪ Color Doppler ▪ Pathology

Creative Plaza, Civil Hospital To Ram Mandir Road, Sangli - 416 416. Ph. 2372902, 2372903

Patient Name	MRS. NAJMA NADAF	Age/Sex	45 Yrs./ Female
Referred By	Dr.PUSHPA GAIKWAD B.A.M.S.		
Examination	ABDOMINAL SONOGRAPHY	Date	22 Mar, 2021

LIVER : Reveals mild enlargement with fatty changes. No focal defects seen. The intrahepatic biliary radicles and CBD are not dilated. Portal vein and hepatic veins present normal appearance.

GALL BLADDER : Slightly thick walled, shows 20 mm calculus and sludge within. The pericholecystic region is clear.

SPLEEN : Normal in size, no focal defects.

PANCREAS : Normal size and echogenicity. No calcification or focal lesion observed. MPD is not dilated.

KIDNEYS : Both show normal size, position and echopattern. The cortico - medullary differentiation is preserved, no outline scarring. No calculus or signs of PC system/ upper ureteric dilatation on either side. Renal movements are normal, no perinephric collection.

BLADDER : Normal distension and wall thickness, no calculus seen. Lower ureters are not dilated.

No obvious adenexal pathology detected.

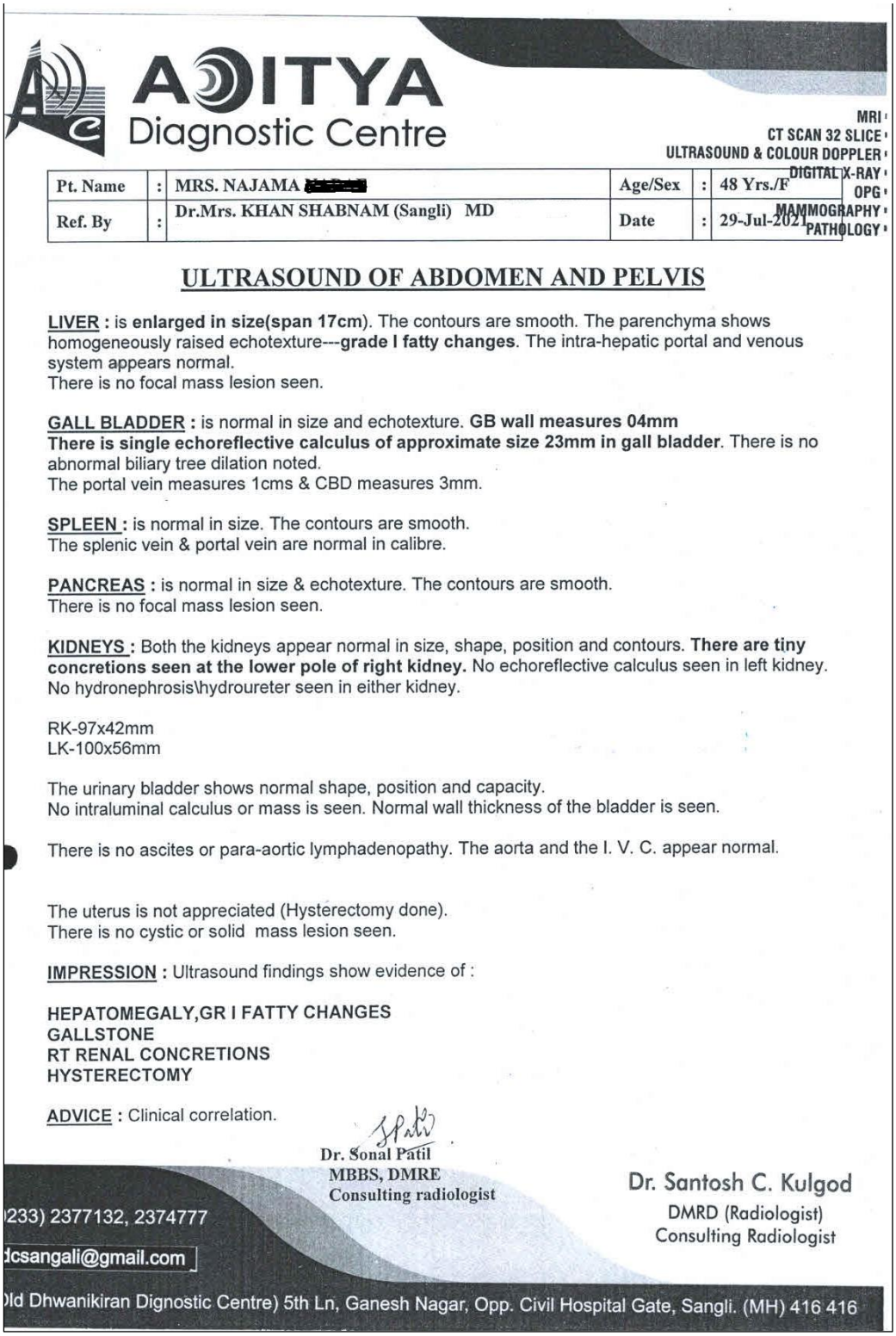
OTHERS : No free fluid in abdomen.

No abnormally dilated or thick walled bowel loops.

Aorta and IVC are normal.

Dr. Prasad S. Chitnis
M.D., D.M.R.D.

Figure-1: USG Before treatment on 22 March 2021



ADITYA
Diagnostic Centre

MRI
CT SCAN 32 SLICE
ULTRASOUND & COLOUR DOPPLER
DIGITAL X-RAY
OPG
MAMMOGRAPHY
PATHOLOGY

Pt. Name	:	MRS. NAJAMA [redacted]	Age/Sex	:	48 Yrs./F
Ref. By	:	Dr.Mrs. KHAN SHABNAM (Sangli) MD	Date	:	29-Jul-2021

ULTRASOUND OF ABDOMEN AND PELVIS

LIVER : is **enlarged in size(span 17cm**). The contours are smooth. The parenchyma shows homogeneously raised echotexture---**grade I fatty changes**. The intra-hepatic portal and venous system appears normal.
There is no focal mass lesion seen.

GALL BLADDER : is normal in size and echotexture. **GB wall measures 04mm**
There is single echoreflective calculus of approximate size 23mm in gall bladder. There is no abnormal biliary tree dilation noted.
The portal vein measures 1cms & CBD measures 3mm.

SPLEEN : is normal in size. The contours are smooth.
The splenic vein & portal vein are normal in calibre.

PANCREAS : is normal in size & echotexture. The contours are smooth.
There is no focal mass lesion seen.

KIDNEYS : Both the kidneys appear normal in size, shape, position and contours. **There are tiny concretions seen at the lower pole of right kidney.** No echoreflective calculus seen in left kidney.
No hydronephrosis\hydroureter seen in either kidney.

RK-97x42mm
LK-100x56mm

The urinary bladder shows normal shape, position and capacity.
No intraluminal calculus or mass is seen. Normal wall thickness of the bladder is seen.

There is no ascites or para-aortic lymphadenopathy. The aorta and the I. V. C. appear normal.

The uterus is not appreciated (Hysterectomy done).
There is no cystic or solid mass lesion seen.

IMPRESSION : Ultrasound findings show evidence of :

HEPATOMEGALY,GR I FATTY CHANGES
GALLSTONE
RT RENAL CONCRETIONS
HYSTERECTOMY

ADVICE : Clinical correlation.

Dr. Sonal Patil
MBBS, DMRE
Consulting radiologist

Dr. Santosh C. Kulgod
DMRD (Radiologist)
Consulting Radiologist

)233) 2377132, 2374777
dcsangali@gmail.com
)ld Dhwanikiran Dignostic Centre) 5th Ln, Ganesh Nagar, Opp. Civil Hospital Gate, Sangli. (MH) 416 416

Figure-2: USG during treatment on 29 July-2021

Patient Name: NAJAMA M[redacted]	Study Date: 13/09/2021
Patient ID: 235	Age: 47Years
Referred By: DR. ASHOK DHONDE	Sex: F
Reported By:	

SIGMA IMAGING AND INTERVENTIONAL RADIOLOGY

LTRASOUND OF ABDOMEN AND PELVIS

LIVER : is **enlarged in size (170.5 mm). It shows increased echotexture.** Its contours appear smooth. There is no focal mass lesion seen in visualised segments. The intra-hepatic portal and venous system appears normal. The portal vein appear normal. There is no abnormal biliary tree dilatation noted. CBD measures 5mm.

GALL BLADDER : is normal in size. **Walls of the gall bladder show mild thickening (4.5mm). There is calculus seen measuring 20 mm adherent to the fundal wall. Mild sludge seen in lumen. Few tiny hyperechoic specks with reverberation artifacts seen in wall.** Walls appear intact, no pericholecystic fluid.

SPLEEN : is normal in size (96.2 mm), shape and echotexture. Its contours appear smooth. The splenic vein is normal in calibre.

PANCREAS : is normal in size & echotexture. The contours are smooth. There is no focal mass lesion seen. Pancreatic duct is not dilated.

KIDNEYS : Both the kidneys appear normal in size, shape, position and contours. There is no echoreflective calculus seen in both kidneys. There is no evidence of hydronephrosis / hydroureter on both sides. There is normal cortico-medullary differentiation. **Left kidney shows lobulated cyst with thin septations measuring 13 x 11mm in midpole.**
The Rt. Kidney - 102.3 x 41.9 mm. The Lt. Kidney - 100.4 x 49.5 mm.

The abdominal aorta and the I. V. C. appear normal.

The urinary bladder is well distended and appears normal.

Uterus & cervix are not visualized, consistent with post-operative status status.
Both the ovaries are not visualized - Possibly atrophic.
There is no cystic or solid pelvic mass lesion seen.

Fluid filled small bowel loops are seen. No significant bowel wall thickening is seen.

There is no ascites nor detectable lymphadenopathy.

IMPRESSION :

1. **Mild hepatomegaly with Grade II fatty liver.**
2. **Gall bladder wall mild thickening with adherent calculus in fundal region, mild sludge in lumen.**
3. **Gallbladder wall cholesterolosis.**
4. **Left renal cyst.**

ADV- Needs clinical correlation.

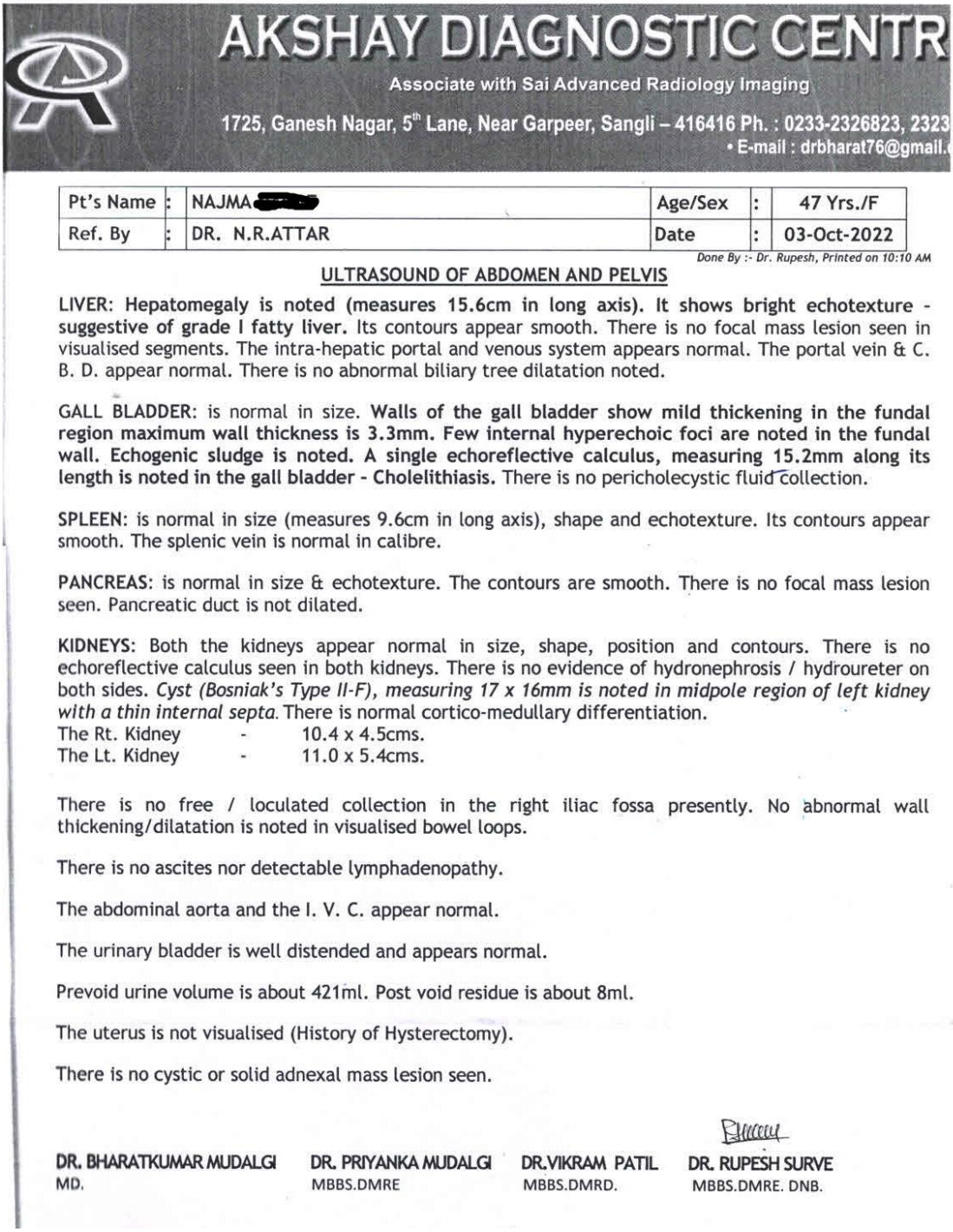
Dr.Nikhil Mehata	**Dr.Prasad Wavare**	**Dr.Rohit Sangolkar**	**Dr. (Maj) Prafulla Pinjarkar**
MBBS, DNB, EDiR, DICR	**MBBS, MD**	**MBBS, DMRD, DNB**	**MBBS, DMRE, (DNB)**

Digital Xray, OPG, Mammography, Ultrasonography, 32 Slice CT, 3T MRI, PETCT, Interventions

Near Civil Hospital, 2nd Lane, Ganesh Nagar, Garpir Road, Sangli 416416. Mobile: +91 8686 40 1001 | Hira Empire (Old Hira Hotel), Shivaji Road, Miraj 416410, Mobile: +91 8686 50 1001

Email: contact@sigmaimaging.in Web: www.sigmaimaging.in

Figure-3: USG during treatment on 13 September-2021



AKSHAY DIAGNOSTIC CENTR

Associate with Sai Advanced Radiology Imaging

1725, Ganesh Nagar, 5th Lane, Near Garpeer, Sangli – 416416 Ph. : 0233-2326823, 2323

• E-mail : drbharat76@gmail.

Pt's Name	:	NAJMA[redacted]	Age/Sex	:	47 Yrs./F
Ref. By	:	DR. N.R.ATTAR	Date	:	03-Oct-2022

Done By :- Dr. Rupesh, Printed on 10:10 AM

ULTRASOUND OF ABDOMEN AND PELVIS

LIVER: **Hepatomegaly is noted (measures 15.6cm in long axis). It shows bright echotexture - suggestive of grade I fatty liver.** Its contours appear smooth. There is no focal mass lesion seen in visualised segments. The intra-hepatic portal and venous system appears normal. The portal vein & C. B. D. appear normal. There is no abnormal biliary tree dilatation noted.

GALL BLADDER: is normal in size. **Walls of the gall bladder show mild thickening in the fundal region maximum wall thickness is 3.3mm. Few internal hyperechoic foci are noted in the fundal wall. Echogenic sludge is noted. A single echoreflective calculus, measuring 15.2mm along its length is noted in the gall bladder - Cholelithiasis.** There is no pericholecystic fluid collection.

SPLEEN: is normal in size (measures 9.6cm in long axis), shape and echotexture. Its contours appear smooth. The splenic vein is normal in calibre.

PANCREAS: is normal in size & echotexture. The contours are smooth. There is no focal mass lesion seen. Pancreatic duct is not dilated.

KIDNEYS: Both the kidneys appear normal in size, shape, position and contours. There is no echoreflective calculus seen in both kidneys. There is no evidence of hydronephrosis / hydroureter on both sides. *Cyst (Bosniak's Type II-F), measuring 17 x 16mm is noted in midpole region of left kidney with a thin internal septa.* There is normal cortico-medullary differentiation.

The Rt. Kidney - 10.4 x 4.5cms.
The Lt. Kidney - 11.0 x 5.4cms.

There is no free / loculated collection in the right iliac fossa presently. No abnormal wall thickening/dilatation is noted in visualised bowel loops.

There is no ascites nor detectable lymphadenopathy.

The abdominal aorta and the I. V. C. appear normal.

The urinary bladder is well distended and appears normal.

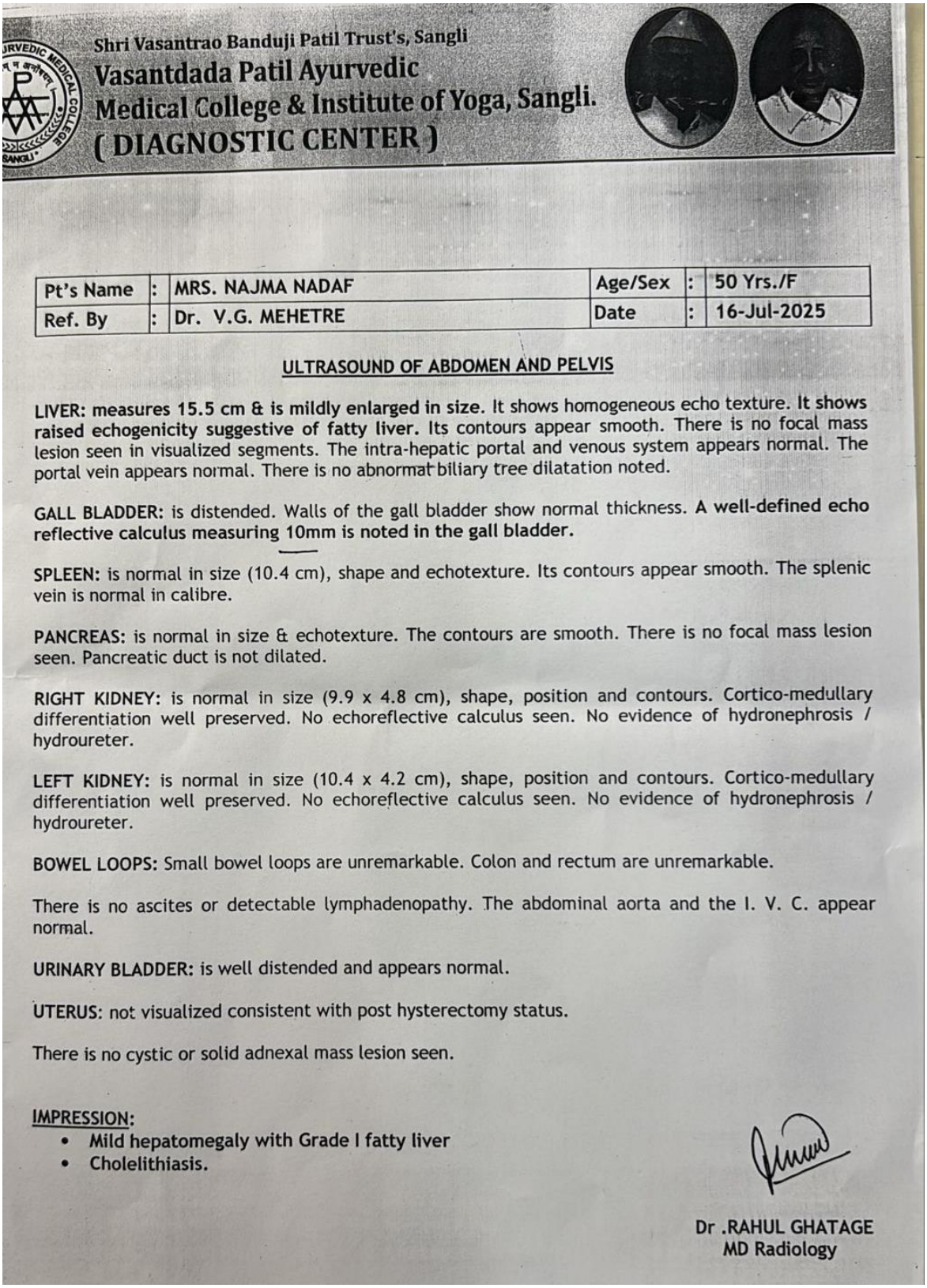
Prevoid urine volume is about 421ml. Post void residue is about 8ml.

The uterus is not visualised (History of Hysterectomy).

There is no cystic or solid adnexal mass lesion seen.

DR. BHARATKUMAR MUDALGI MD. | DR. PRIYANKA MUDALGI MBBS.DMRE | DR.VIKRAM PATIL MBBS.DMRD. | DR. RUPESH SURVE MBBS.DMRE. DNB.

Figre-4: USG after treatment on 3 October- 2022



Shri Vasantrao Banduji Patil Trust's, Sangli
Vasantdada Patil Ayurvedic
Medical College & Institute of Yoga, Sangli.
(DIAGNOSTIC CENTER)

Pt's Name	:	MRS. NAJMA NADAF	Age/Sex	:	50 Yrs./F
Ref. By	:	Dr. V.G. MEHETRE	Date	:	16-Jul-2025

ULTRASOUND OF ABDOMEN AND PELVIS

LIVER: measures 15.5 cm & is mildly enlarged in size. It shows homogeneous echo texture. **It shows raised echogenicity suggestive of fatty liver.** Its contours appear smooth. There is no focal mass lesion seen in visualized segments. The intra-hepatic portal and venous system appears normal. The portal vein appears normal. There is no abnormal biliary tree dilatation noted.

GALL BLADDER: is distended. Walls of the gall bladder show normal thickness. **A well-defined echo reflective calculus measuring 10mm is noted in the gall bladder.**

SPLEEN: is normal in size (10.4 cm), shape and echotexture. Its contours appear smooth. The splenic vein is normal in calibre.

PANCREAS: is normal in size & echotexture. The contours are smooth. There is no focal mass lesion seen. Pancreatic duct is not dilated.

RIGHT KIDNEY: is normal in size (9.9 x 4.8 cm), shape, position and contours. Cortico-medullary differentiation well preserved. No echoreflective calculus seen. No evidence of hydronephrosis / hydroureter.

LEFT KIDNEY: is normal in size (10.4 x 4.2 cm), shape, position and contours. Cortico-medullary differentiation well preserved. No echoreflective calculus seen. No evidence of hydronephrosis / hydroureter.

BOWEL LOOPS: Small bowel loops are unremarkable. Colon and rectum are unremarkable.

There is no ascites or detectable lymphadenopathy. The abdominal aorta and the I. V. C. appear normal.

URINARY BLADDER: is well distended and appears normal.

UTERUS: not visualized consistent with post hysterectomy status.

There is no cystic or solid adnexal mass lesion seen.

IMPRESSION:

- **Mild hepatomegaly with Grade I fatty liver**
- **Cholelithiasis.**

Dr .RAHUL GHATAGE
MD Radiology

Figure-5: USG after follow-up on 16 July 2025

RESULT:

Clinical Response (After 40 Days)

After 40 days of treatment, the patient experienced complete subsidence of pain, with no complaints of nausea or belching, and showed marked improvement in digestion and appetite.

Ultrasound Findings

There was single echo reflective gallbladder calculus which was reduced size of the largest stone from 23 mm to 15 mm and on long term follow up with restrictions of diet 10 mm after years.

DISCUSSION:

In *Ayurveda*, gallstone disease is not directly described but can be correlated with conditions like *Pandu, Kamala*, and *Yakrit-Pleeha rogas*. *Kshara* [6] preparations like *Yawa kshara* possess *Chedana, Lekhana*, and *Bhedana* properties, aiding in breaking and scraping calculi. Gallstones or *pittashmari* are similar to kidney stones, so *Ashmarihara* formulations are used. There's no direct *Saṃhita* reference for gallstones as *Ashmari,* but the use of *Ashmarihara yogas* is justified because they have a similar pathogenesis (super saturation → crystallisation → obstruction) and are supported by general *Ayurvedic* principles as described in *Charak Samhita Sutrasthana* 30/26.

Pippali, rich in *Piperine* [6], has documented hepato-protective, lipid-lowering, antioxidant, and anti-inflammatory effects, which may contribute to gallstone dissolution and symptom relief. A *Yawa Kshara*, a potent alkaline preparation, exhibits *Lekhana*, *Shodhana*, and *Ashmari bhedana* actions.

Pippali improves digestion, reduces *Ama*, and has mild *Ushna-Tikshna* properties that aid in stone dissolution. The synergistic action not only alleviated symptoms but also anatomically reduced the size of the stones. This case supports the traditional understanding of *Kshara* and *Pippali* [7] as effective in gallstone disease, providing a non-surgical option for selected patients.

On long term follow up with restrictions of diet the calculus size is decreased up to 10 mm after years.

CONCLUSION:

The combination of *Yawa Kshara* and *Pippali Churna* provided effective conservative management of gallstone disease, leading to complete symptom relief and significant reduction in stone size within a short period. This suggests a promising role for *Ayurvedic* formulations in non-surgical management of gallstones. Larger, controlled clinical studies are warranted to confirm these findings.

Acknowledgement:

The patient is thanked for their trust and consent. The staff and management of Vasantdada Patil Ayurvedic Medical College and Institute of Yoga are also thanked for their support.

Limitation of study:

This is a single case report and lacks a larger sample size. Long-term follow-up needed.

Patient consent:

The patient provided informed consent for publication of this case report.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

Source of support: None

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