



## Journal of Ayurveda & Holistic Medicine

[www.jahm.co.in](http://www.jahm.co.in)

eISSN-2321-1563

CASE REPORT

OPEN ACCESS

### PALLIATIVE MANAGEMENT OF PITTASHMARI (CHOLELITHIASIS)

VASANT PATIL<sup>1\*</sup> SHRUTHI NAIK<sup>2</sup> MADHURI RODD<sup>3</sup>

#### ABSTRACT

Gall stones are common medical problem in the general population often leading to surgical intervention. It is more often seen in women than men with the ration of 4:1. It is said that gall stones are more common in Fat, Fertile, Forty and Females i.e., four F's. A case of cholelithiasis is discussed in this case report. A female patient of aged 45years came with the complaints of pain in the right hypochondriac region and back which was moderate in nature, associated with occasional vomiting since 20 days with normal bowel movements, no difficulty in micturition and moderate appetite. The USG reports had impression of cholelithiasis with mildly inflamed gall bladder. Common biliary duct is dilated with mild dilated intrahepatic biliary ducts due to calculi in proximal CBD. This condition is correlated with *Pittashmari* as per *Ayurvedic* Classics. The symptoms of cholelithiasis resemble to that of *Pittashmari*, so taking under consideration to this, a palliative treatment modality was planned to avoid the surgical intervention. Oral administration of *Ayurvedic* drugs was decided based on the pathogenesis involved with appropriate dietary regimen and the patient was advised to take the medications for 5 months. After the completion of the course, the patient was assessed and asked for USG scan, the impression showed no obvious sonological abnormality detected in visualized parts of abdomen.

**KEYWORDS:** Cholelithiasis, gallstones, *Pittashmari*, common biliary duct, CBD

<sup>1\*</sup> Consultant and Director, Atreya Ayurveda Centre, HUBLI

<sup>2,3</sup>PG Scholar, Dept. of PG Dept. of Panchakarma, Ayurveda Mahavidyalaya, HUBLI, India

Corresponding Email id: [ayurvasant@gmail.com](mailto:ayurvasant@gmail.com)

Access this article online: [www.jahm.co.in](http://www.jahm.co.in)

Published by Atreya Ayurveda Publications under the license CC-by-NC-SA

## INTRODUCTION

Gall stones are common medical problem in the general population often leading to surgical intervention. It is more often seen in women than men with the ration of 4:1. It is said that gall stones are more common in Fat, Fertile, Forty and Females i.e., four F's<sup>[1]</sup>.

Cholelithiasis can be co-related with *Pittashmari* according to *Ayurvedic* classics. The disease gallstone has not been described directly in *Ayurvedic* classics. The word *Ashmari* stands for stone, which is described only in the context of *Bastigata Ashmari*. Gall bladder stores Pitta, hence the organ gall bladder is considered as *Pitta Ashaya* and the stone formed in it can be considered as Pittashmari<sup>[2]</sup>.

The prevalence of cholelithiasis varies and has been reported as 2 – 29% in India and increased in the recent years<sup>[3]</sup>. Gallstones are conveniently classified into cholesterol stones and pigment stones, although the majority are of mixed composition. Gallstones contain frequent quantities of calcium salts, including calcium bicarbonate, phosphate and palmitate, which are radio-opaque. Gallstone formation is multifactorial, and the factors involved are related to the type of gallstone<sup>[4]</sup>.

Gallstones usually produce symptoms by causing inflammation or obstruction following their migration into cystic duct or common biliary duct. The most specific and

characteristic symptom of gallstone is biliary colic that is constant and long-lasting pain. Obstruction of the cystic duct or CBD by as stone produces increased intraluminal pressure and distention of the viscus that cannot be relieved by repetitive biliary contractions. The resultant visceral pain is characteristically a severe, steady ache or fullness in epigastrium or right upper quadrant of abdomen with frequent radiation to the interscapular area, right scapula or shoulder. Nausea and vomiting frequently accompany episodes of biliary pain. Biliary colic may be precipitated by eating a fatty meal, or by consumption of large meal following a period of prolonged fasting, or by eating a normal meal; it is frequently nocturnal, occurring within a few hours of retiring<sup>[5]</sup>.

Complications requiring cholecystectomy are much more common in gallstones who have developed symptoms of biliary pain. Patients found to have gallstones at a young age are more likely to develop symptoms than are patients >60years at the time of initial diagnosis. Patient with diabetes mellitus and gallstones may be somewhat more susceptible to septic complications, but the magnitude of risk of septic biliary complications in diabetic patients is incompletely defined<sup>[6]</sup>. Thus, to avoid surgical intervention and possible risk, palliative treatment is being discussed in the following case paper.

## **MATERIALS AND METHODS**

The word *Pittashmari* has been taken from various Ayurvedic text. The words, cholelithiasis and gallstones have been taken from modern texts like Davidson, Harrison etc.

## **CASE REPORT**

A female patient of aged 45years came with the complaints of pain in the right hypochondriac region and back which was moderate in nature, associated with occasional vomiting in the past 20 days with normal bowel movements, no difficulty in micturition and moderate appetite. Patient had negative history of hypertension and diabetes. None from the family had any complaints mentioned above.

### **General Examination**

PR – 64bpm

BP – 120/70 mm of Hg

RR – 20cpm

Pallor - Absent

Icterus - Absent

Cyanosis - Absent

Clubbing - Absent

Lymphadenopathy - Absent

Edema - Absent

### **Systemic Examination**

Central nervous examination - conscious, well oriented to time, place and person

Cardiovascular examination - S1 and S2 heard clearly

Respiratory examination - Air entry bilaterally equal

Abdominal examination – slight tenderness at right hypochondriac region and back

### **Local Examination**

Inspection – No distension, no discoloration

Palpation – Slight tenderness at right hypochondriac region and back, Boas' sign absent

### **Asthavidha Pariksha**

*Nadi* – 64bpm

*Mala* - *Prakruta*

*Mutra* - *Prakruta*

*Jihva* - *Alipta*

*Shabda* - *Prakruta*

*Sparsha* - *Anushnasheeta*

*Drik* - *Prakruta*

*Akri*ti – *Madhyama*

### **Investigations**

USG Abdomino- pelvis 27/08/2020

Impression – Cholelithiasis with mildly inflamed gall bladder. Distended and shows multiple (8-10) calculi measuring up to 10-11mm.

Common biliary duct is dilated with mild dilated intrahepatic biliary ducts due to calculi in proximal CBD.

### **Samprapti Ghataka**

*Dosha* – *Pitta Kapha*

*Dushya* – *Rasa*

*Agni* – *Jatharagni*

*Ama* – *Jatharagnimandya janya ama*

*Srotas – Rasavaha srotas*

*Srotodusti – Sanga*

*Vyadhi Udhbavasthana – Amashaya*

*Vyakta Sthana – Pitta Ashaya*

*Sanchara Sthana - Koshta*

*Vyadhi Svabhava – Chirakari*

#### Treatment Given

1. Tab *Arogyavardhini Vati* 2BD with *Karavellaka Swarasa* 20ml and honey before food
2. Tab *Rajapravartini Vati* 2BD with honey before food

3. *Kumaryasava* 15ml BD with warm water after food

Above mentioned medicines were continued for 5 months

#### Results:

The pain at the right hypochondriac region and back and vomiting were resolved completely. Patient got rid of calculi of size 10 -11mm in the span of 5 months. After the regular follow ups, it was found that there were no calculi present and no any inflammatory changes in the gall bladder.

**Table: Effect of therapy on Sonography**

Investigation	BT (27/08/2020)	AT (23/01/2021)
<b>Abdomen &amp; Pelvis USG</b>	<ul style="list-style-type: none"> <li>• Liver – Normal</li> <li>• CBD is dilated(9mm) with mild dilated intrahepatic biliary ducts due to calculi in proximal CBD measuring 8-9mm. Portal vein is normal. Hepatic veins and IVC are normal.</li> <li>• Gall bladder – Distended and shows multiple (8-10) calculi measuring up to 10-11mm. Wall shows mildly thickened measuring 5mm.</li> <li>• Pancreas – Normal</li> <li>• Spleen – Normal</li> <li>• Kidneys – Normal</li> <li>• Urinary bladder – Normal</li> <li>• Uterus – Normal</li> </ul> <p><b>IMPRESSION –</b></p> <ul style="list-style-type: none"> <li>• CHOLELITHIASIS WITH MILDLY INFLAMMED GALL BLADDER.</li> <li>• CBD IS DILATED WITH MILD DILATED INTRAHEPATIC BILIARY DUCTS DUE TO CALCULI IN PROXIMAL CBD.</li> </ul>	<ul style="list-style-type: none"> <li>• Liver – Normal</li> <li>• Gall bladder – Well distended. No calculi. Wall thickness normal. CBD not dilated.</li> <li>• Pancreas – Normal</li> <li>• Spleen– Normal</li> <li>• Kidneys – Normal</li> <li>• Urinary bladder – Well distended. Wall thickness normal. No internal echoes.</li> <li>• Uterus – Normal</li> <li>• Ovaries – Normal</li> </ul> <p><b>IMPRESSION-</b></p> <p>NO OBVIOUS SONOLOGICAL ABNORMALITY DETECTED IN VISUALIZED PARTS OF ABDOMEN.</p>

#### DISCUSSION

In *Ayurveda* classics, the condition cholelithiasis can be compared to the

*Pittashmari*. Here, the stone is formed by the *pitta* along with the *sleshma*.

*Arogyavardhini Vati* <sup>[7]</sup> with the ingredients, *Haritaki, Bibhitaka, Amalaki, Shudha Shilajatu, Shuddha Guggulu, Chitrakamoola, Katuki, Shuddha rasa,*

*Shuddha Gandhaka, Lauha Bhasma, Abhraka Bhasma, Tamra Bhasma* and *Nimba*, having *Katu Rasa pradhana dravyas*, with *Rechaka* property, the cholagogue nature in the herbal medication helps in stimulation of secretion of bile from the liver into small intestine and also aids in washing out excessive bile from the body before being absorbed, and thus helps in prevention of liver, spleen and gall bladder disorders.

*Karavellaka swarasa* <sup>[8]</sup> having *Tikta Rasa, Laghu Guna, Sheeta Virya* and *Kapha-Pitta Nashaka*. It has properties of *Deepana, Pachana* and *Bhedana*, thus helping breaking of the gallstones.

*Rajapravartini vati* <sup>[9]</sup> with ingredients *Kumari, Kaseesa, Tankana* and *Hinga*, with *Vata* and *Pitta* alleviating properties, along with *Tikshna Guna* and *Srotoshodhaka*.

*Kumaryasava* <sup>[10]</sup> having ingredients *Kumari Swarasa, Guda, Makshika, Trikatu, Lauha bhasma, Chitraka, Pippalimoola, Gajapippali, Chavya, Hapusha, Dhanyaka, Pramuka, Katurohini, Musta, Triphala, Rasna, Devadaru, Haridra, Daruharidra, Murva, Yashtimadhu, Danti, Pushkaramoola, Bala, Atibala,*

*Kapikacchu, Gokshura, Shatapushpa, Hingupatri, Akarakarabha, Utingana, Shweta & Rakta Punarnava, Lodhra, Makshika Bhasma* and *Dhataki* with properties of *Deepana* and *Pachana*. Furthermore, it has properties like *Paktishula nivarana* and *Ashmari Nashana*.

## CONCLUSION

In this case study, as per the USG reports, in the span of 5 months patient got relief from the symptoms and got rid of gallstones from 8-10mm size. As Ayurveda is becoming more popular for its palliative treatment protocols, and better prognosis for many other chronic and non-communicable disease conditions. In the conditions like cholelithiasis, where now a days surgical intervention has become boon, by the help of treatment protocols of Ayurveda one can adopt this method for avoiding possible risks and surgical interventions.

## REFERENCES

1. A concise textbook of surgery by S. Das, 9<sup>th</sup> edition, 2016, published by Dr. S. Das, chapter 37: 869
2. The concept of Cholelithiasis as per Ayurvedic text, Londhe P D  
<https://doi.org/10.47552/ijam.v7i1.801>
3. A clinical study: prevalence and management of cholelithiasis, Arpit Bansal, Murtaza Akhtar, Ashwani Kumar Bansal.  
<https://www.ijurgery.com/index.php/isj/article/download/455/454>

4. Davidson's principles and practice of medicine by Brian R. Walker, Nicki R. College, Stuart H. Ralston, Ian D. Penman, 22<sup>nd</sup> edition, 2014, published by Churchill Livingstone, chapter 23; 981
5. Harrison's principles of internal medicine by Jameson, Fauci, Kasper, Hauser, Longo, Loscalzo, 20<sup>th</sup> edition, 2018, chapter 339;2426
6. Harrison's principles of internal medicine by Jameson, Fauci, Kasper, Hauser, Longo, Loscalzo, 20<sup>th</sup> edition, 2018, chapter 339; 2427
7. Ayurveda Sara Sangraha by Shri Baidyanath, reprint 2009, published by Kadambari printers, Nagpur; 261
8. Dravyaguna-vijnana vol.II by Prof.P.V.Sharma, published by chaukhamba Bharati academy Varanasi; 684
9. Bhaishajya Ratnavali of Kaviraj Govind Dasji Bhashagratna Vol-3, commented by Ambikadatta Shastri, English translation by Dr. Kanjiv Lochan, Published by Chaukhamba Orientalia, Varanasi, Yonivyapada Chikitsa, chapter 67, shloka 58-60;369
10. Sharangdhara Samhita, Pandit Sharangdhara Acharyavirachita. Edited by Pandit Parasurama Shastri, Vidyasagar, published by Chaukhamba Surabharati Prakashan, Varanasi, reprint - 2012, Madhyama khanda chapter 10, shloka: 18-27; 235-236.

**CITE THIS ARTICLE AS**

Vasant Patil, Shruthi Naik, Madhuri Rodd. Palliative management of Pittashmari (Cholelithiasis), *J of Ayurveda and Hol Med (JAHM)*.2021; 9(5):28-33

Source of support: Nil

Conflict of interest: None Declared