



## Case Study

### NON-INVASIVE AYURVEDIC MANAGEMENT OF CHOLELITHIASIS - A CASE STUDY

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#### ABSTRACT

Cholelithiasis or gall stones is one of the most common diseases of biliary tree. Modern medicine majorly relies on surgical management of the disease as conservative treatment is usually futile. Although, Ayurvedic sciences has no mention of gallstones but the contextual representation of stones comes under *Bastigata Ashmari* (renal calculi). After thoroughly revising *Ayurvedic* texts, we discover that the bile secreted from gallbladder can correspond to *Accha Pitta* mentioned in Ayurveda due to its similarity in location and function. **Case Report:** A 64-year-old male patient approached with complaints of heaviness of abdomen, mild-to-moderate intermittent abdomen pain, nausea and with ultrasonography report which was suggestive of chronic cholecystitis with cholelithiasis measuring 0.44cm. **Conclusion:** The patient was diagnosed with *Pittashmari* and Ayurvedic treatment protocol was followed for approx. 2 months resulting in dissolution of stone and relief in signs and symptoms. Hence our article is a step further for understanding and pursuing conventional and non-surgical management of cholelithiasis.

#### INTRODUCTION

In the field of hepato-biliary sciences, cholelithiasis (gall stones) associated with cholecystitis is one of the most frequently occurring diseases nowadays. The term “cholelithiasis” basically means the precipitation of bile components resulting in hard stone like formation and the term “cholecystitis” implies inflammation of the gall bladder. Gall Stones have been found during autopsies on mummies dating back to 1000 BC [1]. With increase in unhealthy dietary habits and faulty lifestyle and daily routine, this disease has continuously been on the rise. Epidemiological reports show that the worldwide incidence rate of cholelithiasis is about 10% to 35%, while gallstone patients account for 75% to 80% of cholelithiasis, of which more than 15% are combined with common bile duct stones [2]. Ayurveda has no direct textual reference of gall stones but *Bastigata*

*Ashmari* has been extensively explained correlating to urinary calculi. However, the gall bladder is termed as *Pittashaya* in Ayurveda and the bile secreted from gall bladder has been mentioned under the name of *Accha Pitta*, thus its solidification can be inferred as *Pittashmari*. Also, Acharya 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*[3].

Cholelithiasis (gallstone formation) results from a combination of various factors, including excessive saturation of bile with cholesterol, accelerated nucleation of cholesterol monohydrate in bile, and bile stasis or delayed gallbladder emptying due to impaired gallbladder motility with associated risk factors such as obesity, above 40 years of age, family history, fasting, fat rich diet and many more. An inflammation in the inner wall of gallbladder leads to capillary dilatation which reuptakes the bilirubin from bile and cholesterol molecules are released thus becoming mass resulting in formation of gallstones. These 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. As per Ayurveda, gallstones

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are formed by all the three *Doshas*. Vitiation of *Pitta*, which is caused by excessive intake of hot, spicy food, alcohol etc. creates the foundation for gall stones formation. *Kapha dosha* which is increased by fatty, heavy foods gets mixed with *Pitta* and produces a highly sticky mixture<sup>[4]</sup>. *Vata dosha* dries this heterogeneous mixture and sculpts it into the shape of stone.

There are two kinds of gallstones and amongst them approximately 80 percent of gallstones contain cholesterol and the remaining 20 percent are pigment stones, which consist mainly of calcium bilirubinate. Further, there are two subtypes of cholesterol gall stones: cholesterol stone (which contain 90-100% of cholesterol) and mixed stones (which contain 50-90 % cholesterol) <sup>[5]</sup>. Most of the people with gallstones never have symptoms and in some cases the clinical presentations can vary from dyspepsia to severe forms like pancreatitis and perforation of the gall bladder<sup>[6]</sup>. Modern treatment includes cholecystectomy for symptomatic gallstones which incorporates both traditional open and laparoscopic approaches. Non-invasive treatment is oral dissolution therapy and extracorporeal shock wave lithotripsy. Bile acids in pill form are used to dissolve gallstones in oral dissolution therapy. 51 Ursodiol (ursodeoxycholic acid, Actigall) and chenodiol (Chenix) are the standard oral bile acid drugs used for dissolution<sup>[7]</sup>. Ayurvedic treatment protocol eliminates the surgical requirement by assisting the body to expel the stones naturally and chiefly the treatment modality used here is vitiation of *Kapha* and *Vata dosha* and balances *Pitta dosha*. Hence this case study was considered with the aim to describe the potentiality of Ayurvedic drugs in the management of cholelithiasis.

## Case Presentation

### Case History

A Hindu, married 64 years old male patient reported at Kayachikitsa O.P.D No. 14 of Patanjali Ayurved Hospital, Haridwar on 17 December, 2022 with HIN number 16712500238 and registration/annual number 107607/50325 as a pre-diagnosed case of cholelithiasis with its full-fledged signs and symptoms which included mild pain in right flank region of abdomen associated with nausea and feeling of heaviness after food. The patient had undergone many modern medications such as antispasmodics, NSAIDs and antacids but owing to no improvement in the condition he consulted our hospital for conservative treatment as he was very much reluctant to the surgical management.

Past medical history revealed no significant information relevant to the case. Personal history revealed that the patient is mixed diet with reduced appetite, good sleep, and frequency of micturition 5-6/D & 2-3/N. Addiction history was suggestive of no alcohol intake and smoking occasionally from last 20 years. During general examination, vital signs revealed normal blood pressure, pulse, temperature, and respiratory rate (Temp-98.3 F, PR-72/Min, RR-20/Min, BP-130/90 mmHg).

### Systemic Examination of Patient

**On Inspection:** Mild distension of the abdomen observed.

**On Palpation:** Abdominal examination revealed mild tenderness on deep palpation at the right upper quadrant and positive Murphy's sign but there was no muscle guarding.

**USG Impression (10/12/2022):** Cholelithiasis with chronic cholecystitis. (Multiple stones with a large stone measuring about 0.44cm in size)

### Ayurvedic Intervention

Considering the facts, following treatment plan was advised.

**Table 1: Medication/Sanshamana Aushadhi prescribed**

S. No.	Medication	Dose	Dosage	Anupana
1.	<i>Gokhru Kwath</i>	100ml	Twice daily before meals	With <i>Sukhoshana jal</i>
2.	<i>Churna</i> combination consisting of: <i>Hingvashtak churna</i> - 50gm <i>Arogyavardhini Vati</i> - 40gm <i>Kapardak Bhasma</i> - 5gm <i>Tamra Bhasma</i> - 1gm <i>Praval Panchamrit</i> - 10gm <i>Shankh Bhasma</i> - 10gm	1 teaspoon	Twice daily before meals	With lukewarm water/honey
3.	Tab. Lithom	2-0-2 tablets	Twice daily after meals	With <i>Sukhoshana jal</i>
4.	<i>Saptavinshati Guggulu</i>	2-0-2 tablets	Twice daily after meals	With <i>Sukhoshana jal</i>

Total duration of treatment: 2 months (approximately)

### **Pathya-Apathya**

1. Patient should drink at least 2-3 litres 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.

### **RESULTS**

After completing two months of medicine course, the patient was called to discuss the further line of treatment. The patient was advised to undergo USG abdomen to check the prognosis. Also, MR-MRCP was advised to more clearly differentiate the findings and effects of treatment.

**Table 2: Subjective Assessment of Symptoms**

Sr.No.	Symptoms	Grading	BT	AT
1	Heaviness of the abdomen	0- No heaviness after taking food 1- Mild heaviness after taking food 2- Moderate after taking food 3- Severe after taking Food	2	0
2	Nausea	0- No nausea 1- Mild nausea not requesting pharmacological rescue 2- Moderate nausea requesting pharmacological rescue 3- Severe resistant to pharmacological rescue	1	0
3	Pain	0- No pain 1- Mild pain 2- Moderate pain 3- Severe pain	2	0

**Table 3: USG Abdomen Findings**

Before Treatment (10/12/2022)	After Treatment (25/02/2023)
GB distended; GB wall thickened. e/o multiple calculi larger one measuring 0.44cm & presence of echogenic debris.	GB has normal shape and size. No wall thickness seen. No echogenic focus or GB sludge seen.

### **DISCUSSION**

According to Ayurveda, the patient was diagnosed as a case of *Pittashmari* with predominant *Kapha* and *Vata Dosha* and unbalanced *Pitta dosha*. The clinical presentation is characterized by pain and heaviness in abdomen and nausea. Hence the line of treatment mainly includes *Shoolahara* (pain relieving), *Shothahara* (anti-inflammatory), *Deepana-Paachana* (appetizer and carminative), *Agni Deepaka* (appetizer) and *Ashmari Bhedaka* (helps to remove calculi). *Gokhru* being an excellent *Ashmaribhedaka* in urinary calculi will work on the same principle and act on gall stones as well. *Churna* preparation comprising of *Hingvashtak churna*, *Arogyavardhini Vati*, *Kapardak Bhasma*, *Tamra Bhasma*, *Praval Panchamrit*, *Shankh Bhasma* has *Lekhana*, *Chedana*, *Bhedana*, *Mootrala*, *Basti Shodhana*, *Anulomana*, *Deepana*, *Paachana*, *Vedanaa Sthaapana* and *Kapha Shaamaka* properties, so it is also helpful to dissolve/reduce the size of *Ashmari* (stone). Tablet Lithom is an Ayurvedic proprietary medicine of Divya

Pharmacy. Its contents include Extracts of: *Gokhru*, *Kulath Dal*, *Varun*, *Punarnava*, *Pashanbhed*, *Methi*, and Powders of: *Yava Ksara*, *Hazrul Yahud Bhasma*, *Kalmi Shora*, *Mulaka Ksara* & *Swet Parpati* which is highly useful in stones, anti-inflammatory and anti-oxidant property. *Saptavinshati guggulu* consists of 27 ingredients and *Guggulu* being the main ingredient. It acts as *Aam Pachak* (detoxifier), anti-inflammatory, antioxidant, carminative, digestive stimulant and analgesic.

### **CONCLUSION**

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. Therefore, based on observation and result of this case report it can be inferred that *Ayurveda* has the potential to treat *Pittashmari*/

Cholelithiasis effectively and hence the sufferers must be advised to get benefitted from *Ayurvedic* sciences.

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