



Case Study

## ROLE OF AYURVEDA IN THE MANAGEMENT OF *PITTASHAYA ASHMARI* (CHOLELITHIASIS)

Smeetha Havaragi<sup>1\*</sup>, N. Uma Srinivas Rao<sup>2</sup>, K. Laxmikantham<sup>3</sup>, P. Srikanth Babu<sup>4</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>Professor, <sup>3</sup>Professor and Incharge HOD, Department of Kayachikitsa, Dr. BRKR Government Ayurveda College Hyderabad, Telangana.

<sup>4</sup>PG Professor and Directorate of AYUSH Government of Telangana, India.

### Article info

#### Article History:

Received: 10-01-2026

Accepted: 15-02-2026

Published: 15-03-2026

#### KEYWORDS:

*Pittashaya Ashmari*,  
Cholelithiasis,  
*Chandraprabha Vati*,  
*Punarnava Churna*,  
*Goksura Churna*,  
*Sariva Churna*,  
*Dhaniya Churna*,  
Neeri KFT Syrup,  
Tab Pithorin,  
*Hajrul Yahood Bhas.*

### ABSTRACT


*Pittashaya Ashmari*, clinically correlated with cholelithiasis, is a common hepatobiliary disorder with a global prevalence of approximately 10–15% and an estimated prevalence of 6–9% in India. In Ayurveda, this condition is attributed to vitiation of *Pitta Pradhana Tridosha* affecting the biliary system, resulting in symptoms such as abdominal pain, dyspepsia, nausea, abdominal distension, and intolerance to fatty foods. This case report describes a 24-year-old female who presented with severe abdominal pain, distension, anorexia, and nausea. Ultrasonography confirmed a distended gallbladder with a hyperechoic focus measuring 5mm suggestive of gallbladder calculus, along with mildly increased echotexture of both kidneys. The patient was managed conservatively with Ayurvedic formulations including *Chandraprabha Vati*, *Punarnava Churna*, *Goksura Churna*, *Sariva Churna*, *Dhaniya Churna*, and Neeri KFT Syrup, Tab Pithorin, *Hajrul Yahood Bhasma* for a duration of four months. During the treatment period, the patient experienced gradual and complete relief from abdominal pain and associated symptoms, indicating a favourable clinical response. Follow-up Ultrasonography showed a reduction in stone size to 3.7mm and subsequent imaging confirmed complete resolution of the gallbladder calculus without any adverse effects. This case highlights the Potential role of Ayurvedic therapy as a safe, non-invasive, and cost-effective option in the conservative management of early and uncomplicated *Pittashaya Ashmari* alternative to surgical management.

### INTRODUCTION

Cholelithiasis is a common hepatobiliary disorder characterized by the formation of calculi within the gallbladder due to alterations in Bile composition and gallbladder motility. Established risk factors in contemporary medicine are classically summarized as the four “F”s-Female, Fat, Forty, and Fertile with Fair complexion described by some authors as an additional predisposing factor. Pathogenetically, gallstone formation involves bile supersaturation, nucleation of crystals, and gallbladder hypomotility, leading to clinical manifestations ranging

from asymptomatic disease to biliary colic, dyspepsia, nausea, vomiting, and intolerance to fatty foods<sup>[1]</sup>. Gallbladder stones are found in about 5% of children, up to 10% of males and 19% of females between the ages of 30 and 69, and between 30% and 40% of those aged 70–80.<sup>[2]</sup>

Ayurveda describes *Ashmari Vyadhi* in detail. The word *Ashmari* stands for stone, which is described only in the context of *Bastigata Ashmari* based on their given symptoms<sup>[3]</sup>. Acharya Vagbhata provides a significant analogy stating that *Ashmari* forms in the Basti in a manner similar to the formation of Rocana (*Go-rochana*) in the *Pittashaya* of a cow (*Ashtanga Hrudaya*). On this basis, stone formation in the human gallbladder resembling *Go-rochana* can be appropriately designated as *Pittashaya Ashmari*<sup>[4]</sup>. Cholelithiasis can be conceptually correlated with *Pittashaya Ashmari* and is understood through the broader spectrum of hepatobiliary disorders described as *Gulma*, *Pittaja Udarashula*, *Shakashrita Kamala*, and

Access this article online	
Quick Response Code	
	<a href="https://doi.org/10.47070/ayushdhara.v13i1.2509">https://doi.org/10.47070/ayushdhara.v13i1.2509</a>
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

*Yakrutodara*. These conditions reflect derangements of *Pitta*-dominant pathology affecting the liver and biliary system.

From a *Doshic* perspective, gallstone formation involves the interplay of all three *Doshas*. Excessive intake of *Ushna*, *Tikshna* and *Madhya* leads to *Pitta* vitiation, forming the pathological substrate. *Kapha Dosh* aggravated by *Snigdha* and *Guru Ahara* combines with *Pitta* to produce a dense, sticky (*Picchila*) bile matrix. Subsequently *Vata dosha* induces *Shosha* and *Sanghata* facilitating solidification and moulding of this mixture into calculi. This *Tridoshaja* mechanism closely parallels the modern understanding of bile thickening, stasis, and crystallization. Thus, *Pittashaya Ashmari* represents an Ayurvedic elucidation of cholelithiasis grounded in classical references and *Dosha-Dushya Sammurchana*, providing a robust conceptual foundation for integrative research and therapeutic exploration.

### Case Study

#### MATERIALS AND METHODS

**Place of Study:** Out-Patient Department of Kaya Chikitsa, Dr.BRKR Government Ayurvedic College & Hospital Erragadda, Hyderabad, Telangana, India.

**Study Type:** Single Case Study.

#### Patient Information

A 24-year-old female patient reported to the Kayachikitsa OPD of Government Ayurveda Hospital, Erragadda, Hyderabad on 16<sup>th</sup> June 2025, with a one-year history of full-fledged symptoms and a confirmed diagnosis of cholelithiasis on ultrasonography.

1. *Udara shoola* (Pain in rt hypochondriac region)
2. *Hrillasa* (Nausea)
3. *Adhmana* (Abdominal distension)
4. *Aruchi* (Anorexia)

#### History of Present Illness

The patient was apparently normal one year ago, she gradually developed abdominal pain accompanied by anorexia, abdominal distension, and persistent nausea, which did not resolve with analgesics or antispasmodics. subsequently, an abdominal ultrasonography was performed, revealing cholelithiasis. Although Allopathic Physicians advised cholecystectomy, But the patient was reluctant to undergo surgery and thus, she came to Kayachikitsa OPD of GAH Erragadda Hyderabad for Ayurvedic Treatment.

#### History of Past illness

#### Past Medical History

- No/H/O Hypertension/DM2/Hypothyroidism/Hyperthyroidism

- No/H/O-Bronchial Asthma/Pulmonary Tuberculosis / COPD/ Emphysema/Covid-19
  - No/H/O-Angina/Myocardial infarction
  - No/H/O-HIV/Hepatitis B

#### Past Surgical History

- No any history of surgery found.

**Family History:** Nothing particular

#### Personal history

- *Ahara:* *Katu Lavan Amla Rasa, Virudha Ahara, Vishamashana*
- *Vihara:* *Diwaswapna (1-2hrs) Kshudha Vega Dharana*
- *Manasik Hetu:* *Chinta*
- Addiction history: No
- Occupation: Housewife

#### Ashtavidha Pariksha

1. *Nadi* (Pulse): 79 bpm
2. *Mala* (Stool): *Prakruta* (2 times /day)
3. *Mutra* (Urine): *Prakruta* (4-5 times/day)
4. *Jeehva* (Tongue): *Saama* (coated)
5. *Shabda* (Speech): *Prakruta* (normal)
6. *Sparsha:* *Anusha Sheeta*
7. *Druka* (Eyes): *Prakruta*
8. *Akruti:* *Madhyama* (medium)

#### General Examination

- Conscious- Coherent
- Built- Medium
- Nourishment- Moderately Nourished
- Pallor- Absent
- Icterus- Absent
- Cyanosis- Absent
- Clubbing of fingers/toes- Absent
- Oedema- Absent
- Lymphadenopathy- Absent

#### Vitals

- Blood Pressure: 110/70 mm/Hg.
- Pulse: 77bpm
- SPO2: 98%
- Respiratory rate: 19cpm
- Temperature: 97<sup>o</sup> F

#### Systemic examination of the patient

#### Abdominal examination

- Inspection: Distended Abdomen, No any Scar marks
- Palpation: Tenderness in the Right Hypochondriac region  
Liver: Non palpable

Murphy's Sign: Negative

- Percussion: Abdominal Guarding present
- Auscultation: Bowel sounds heard

**Samprapti Ghataka**

1. *Dosha- Pachaka Pitta, Samana Vayu, Apana Vayu, Kledaka Kapha*
2. *Dushya -Rasa Dhatu, Rakta Dhatu*
3. *Strotas- Annavaha Strotas, Raktavaha Strotas*
4. *Srotodushti- Sangha*

**Therapeutic Intervention (16/6/25)****Table 1: Medicines Prescribed for the patient on 16/6/25**

S.no	Aushadhi	Matra	Anupana	Kala
1.	<i>Chandraprabha Vati</i>	2 Tablets	Lukewarm water	Twice a day after food
2.	1. <i>Punarnava choornam-100gms</i> 2. <i>Gokshura Choornam-100gms</i> 3. <i>Sariva Choornam-100gms</i> 4. <i>Daniya Choornam-100gms</i> Mixed together	5gms of powder+ 50ml water boiled and reduced to 25ml		25ml twice a day after food
3.	Neeri KFT Syrup	15ml	Lukewarm water	Twice a day after food

**Therapeutic Intervention (10/07/25)****Table 2: Medicines Prescribed for the patient on 10/07/25**

S.no	Aushadhi	Matra	Anupana	Kala
1.	<i>Chandraprabha Vati</i>	2 Tablets	Lukewarm water	Twice a day after food
2.	1. <i>Punarnava choornam-100gms</i> 2. <i>Gokshura Choornam-100gms</i> 3. <i>Sariva Choornam-100gms</i> 4. <i>Daniya Choornam-100gms</i> Mixed together	5gms of powder+ 50ml water boiled and reduced to 25ml		25ml twice a day after food
3.	Neeri KFT Syrup	15ml	Lukewarm water	Twice a day after food
4.	Tab. Pithorin	1Tablet	Lukewarm water	Twice a day after food
5.	<i>Hajrul Yahood Bhasma</i>	500mg	Lukewarm water	Twice a day after food

**Therapeutic Intervention (12/10/25)**-Same medications followed as prescribed on 10/07/25**Table 3: Medicines Prescribed for the patient on 12/10/25**

S.no	Aushadhi	Matra	Anupana	Kala
1.	<i>Chandraprabha Vati</i>	2 Tablets	Lukewarm water	Twice a day after food
2.	1. <i>Punarnava choornam-100gms</i> 2. <i>Gokshura Choornam-100gms</i> 3. <i>Sariva Choornam-100gms</i> 4. <i>Daniya Choornam-100gms</i> Mixed together	5gms of powder+ 50ml water boiled and reduced to 25ml		25ml twice a day after food
3.	Neeri KFT Syrup	15ml	Lukewarm water	Twice a day after food
4.	Tab. Pithorin	1Tablet	Lukewarm water	Twice a day after food
5.	<i>Hajrul Yahood Bhasma</i>	500mg	Lukewarm water	Twice a day after food

✓ Duration of Treatment-for 4 months

## OBSERVATION AND RESULTS

Table 4: Observations and results

	<i>Udara shola</i> (Pain in Rt Hypochondriac region)	<i>Hrillasa</i> (Nausea)	<i>Adhmana</i> (Abdominal Distension)	<i>Aruchi</i> (Anorexia)
16/06/2025	+++	+++	+++	++
10/07/2025	++	++	++	++
12/10/2025	-	+	-	+
31/12/2025	-	-	-	-

Table 5: USG Report

Before Treatment 02/07/24	Mid of Treatment 12/08/25	After Treatment 31/12/25
Cholelithiasis-distended gallbladder with hyperechoic focus m/s 5mm likely calculus and no wall thickening noted.	Cholelithiasis-distended gallbladder with Hyperechoic focus m/s 3.7 mm calculus noted at neck, with normal wall thickening noted.	Distended, wall thickness is normal. No calculi, no pericholecystic collections seen.
Mild raised echotexture of both kidneys.	Normal in size and echotexture of both kidneys.	Normal in size and echotexture of both kidneys

## DISCUSSION

The patient was diagnosed with *Pittashaya Ashmari*, with a predominance of *Kapha* and *Vata Doshas*, presenting symptoms of abdominal pain, anorexia, distension, and nausea. *Pittashaya Ashmari* is caused by the vitiation of all three *Doshas*. The treatment was aimed at *Yakrututtejana* to enhance proper *Pitta* flow and support stone dissolution. The therapeutic regimen included *Shoolahara* (analgesic), *Shothahara* (anti-inflammatory), *Deepana-Pachana* and *Agni Deepaka* (appetizers and digestives), and *Ashmari Bhedaka* (calculi breaking). These prescribed drugs work to restore *Dosha* balance and facilitate the elimination of calculi.

**Chandraprabha Vati** is a classical Ayurvedic formulation primarily indicated for *Mutravaha srotas* disorders, but its *Deepana-Pachana*, *Lekhana*, *Shothahara*, and *Yakrit-Pliha-uttejaka*<sup>[5]</sup> properties make it useful in gallbladder stones. Gallstones are associated with *Mandagni* and *Ama*, and this formulation enhances digestive fire while reducing *Ama*. Its *Lekhaneeya* action helps to reduce excess *Kapha* and *Medha* which are key factors in *Pittasaya Ashmari* pathogenesis. Ingredients such as *Guggulu*, *Trikatu*, *Musta*, and *Haridra* support liver and biliary function by improving bile secretion and reducing Bile stasis. It also acts as *Ashmari Bhedaka* to help dissolve and expel stones. It relieves right hypochondriac pain and inflammation through its *Shothahara* and *Vedanasthapana* actions.

**Punarnava (*Boerhavia diffusa*)** supports gallbladder stone management by correcting *Mandagni*, *Ama* formation, and *Kapha-Pitta* imbalance involved in *Pittashaya Ashmari*. It enhances digestion and

metabolism, improves liver function and bile flow, and reduces bile stasis, thereby helping prevent further stone formation. Its *Shothahara* and *Vedanasthapana* actions relieve gallbladder inflammation and pain, while *Lekhana* and *Srotoshodhana* effects reduce excess *Kapha-Meda* and clear micro-obstructions in the biliary channels.

**Sariva (*Hemidesmus indicus*)** plays an important supportive role in gallbladder stones by acting mainly on the *Pitta*-dominant pathogenesis of cholelithiasis, where vitiated *Pitta*, *Aama*, and *Rakta* lead to bile thickening and gallbladder irritation. Its *Pittashamana* and *Raktaprasadana*<sup>[6]</sup> properties help normalize bile composition and reduce biliary inflammation.

**Daniya (*Coriandrum sativum*)** exhibits choleric action, enhancing bile secretion and preventing bile stagnation, a key factor in gallstone formation. It pacifies *Pitta* and reduces inflammation, thereby relieving symptoms such as burning sensation, nausea, and discomfort commonly seen in *Pitta*-dominant gallstones. Additionally, it supports liver and gallbladder function by aiding metabolic waste elimination and helps alleviate bloating, indigestion, flatulence, and mild abdominal pain associated with gallbladder disorders.

**Gokshura (*Tribulus Terrestris*)** supports *Yakrit* (liver) function by promoting proper bile synthesis and regulated secretion. By maintaining the quality and flow of bile, it helps prevent bile thickening and stagnation, which are key factors in gallstone formation. Additionally, *Gokshura* enhances the efficacy of formulations containing *Punarnava* (anti-edematous), *Bhumyamalaki* (hepatobiliary corrective),

and *Daniya* (choleric) by stabilizing tissues and reducing irritation that may be caused by stronger drugs.

The above drugs- *Punarnava*, *Gokshura*, *Sariva*, and *Dhaniya* also support kidney function by reducing inflammation, improving urine output, and protecting nephrons from oxidative stress. *Punarnava* decreases edema and renal congestion, *Gokshura* improves urinary flow and microcirculation, *Sariva* reduces inflammatory heat, and *Daniya* provides mild diuretic and anti-oxidant support. Together, they help in maintaining kidney function.

**Neeri KFT** is advised in this case because the ultrasound has revealed a mild increase in the echotexture of the kidneys, indicating early changes in renal tissue. The formulation is intended to support kidney health, improve overall renal function, and help in normalising kidney parameters to maintain optimal kidney performance<sup>[6]</sup>.

**Tab. Pithorin** is an Ayurvedic proprietary medicine used in gall bladder stones (cholelithiasis), which in Ayurveda are considered a result of *Pittaja-Kaphaja dushti* in the *Pittavaha srotas* leading to *Ashmari* formation. It contains *Pitta-shamaka* and *Tikta dravyas* such as *Kutki*, *Kalamegha*, *Bhumyamalaki*, *Punarnava*, *Triphala*, and *Daruharidra*. These drugs act through *Deepana*, *Pachana*, *Pitta-shamana*, *Lekhana*, and *Shothahara* properties. It improves bile secretion, prevents bile stasis, reduces inflammation, and supports liver function. By correcting *Pitta* imbalance, clearing *Srotorodha*, and enhancing bile flow, it helps in managing small, non-obstructive gall bladder stones and preventing further growth.

**Hajrul Yahood Bhasma** (*Lapis Judaicus*) also called as *Badarashma*, is a traditional Ayurvedic and Unani mineral formulation known for its lithotriptic properties. Being alkaline and containing minerals like calcium and magnesium salts, it is believed to reduce crystal aggregation and prevent further stone formation. In gallbladder stones, it is considered beneficial due to its litholytic and *Kapha-medohara*

actions. As most gallstones are cholesterol-based and linked to *Kapha-medo dushti* and bile stasis, it is thought to soften small calculi, prevent aggregation, and improve bile flow through its *Sukshma* and *Tikshna* properties along with mild metabolic correction.

## CONCLUSION

This case study demonstrates positive outcomes in the treatment of cholelithiasis (*Pittashaya Ashmari*) using only *Shamana Chikitsa*. Not only was the patient relieved of the gallstones, but also normalised the raised echotexture of both kidneys and significant improvement in overall health was also observed. Based on these findings, it can be concluded that the accurate application of Ayurvedic principles yields positive therapeutic results and may help to prevent the recurrence of the disease.

## REFERENCES

1. Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J. (2008). Harrison's principles of internal medicine (17th ed.). New York: McGraw-Hill Medical Publishing Division. Page No.1993-94
2. Dancygier H. Clinical Hepatology: Principles and Practice of Hepatobiliary Diseases. Vol.2 Berlin: Springer Science and Business Media; 2009. Page No. 1459
3. Sharma A R, Sushrut Samhita, Sushrut Vimarshini Hindi commentary, Vol-1, Chaukhamba Surbharati Prakashan, Varanasi, Reprint 2015, Nidansthana, Adhyaya 3, verse 4, Page No. 481
4. Kunte AM, Shastri KR. Astanga Hridayam Published by Krishnadas academy Varanasi; Reprint 2000. Page No.958
5. Sharangdhara, Gutika kalpana, sharangdhara samhita, translated by Prof.Srikanta murthy, 2<sup>nd</sup> edition: Chaukhamba Orientalia, shloka 40-49. Page No.105-6
6. AIMIL Pharmaceuticals (India) Ltd. Neeri KFT: A polyherbal Ayurvedic formulation for urinary tract disorders. Indian patent IN 214686. 2008.

### Cite this article as:

Smeetha Havaragi, N. Uma Srinivas Rao, K. Laxmikantham, P. Srikanth Babu. Role of Ayurveda in the Management of Pittashaya Ashmari (Cholelithiasis). AYUSHDHARA, 2026;13(1):299-303.

<https://doi.org/10.47070/ayushdhara.v13i1.2509>

**Source of support: Nil, Conflict of interest: None Declared**

### \*Address for correspondence

**Dr. Smeetha Havaragi**

PG Scholar

Department of Kayachikitsa

Dr. BRKR Government Ayurveda

College Hyderabad, Telangana.

Email: [havaragismeeta@gmail.com](mailto:havaragismeeta@gmail.com)

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.