



ISSN 2456-3110

Vol 3 · Issue 4

July-Aug 2018

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

A Case Study on the management of *Pittashmari* w.s.r. to Gall Bladder Stone

Dr. Anil Kumar Bacha,¹ Dr. Nivedita Rampure,² Dr. Mrityunjay Kumar³

¹Associate Professor, Dept. of Kaya Chikitsa, ²Post Graduate Scholar, Dept. of Panchakarma, ³Post Graduate Scholar, Dept. of Shalya Tantra, N K Jabshetty Ayurvedic Medical College and PG Centre, Bidar, Karnataka, INDIA.

ABSTRACT

Gall stone disease is a worldwide medical problem, but the incidence rates show substantial geographical variation, Cholelithiasis (gallstone formation) results from a combination of several factors, including super saturation of bile with cholesterol, accelerated nucleation of cholesterol monohydrate in bile, and bile stasis or delayed gallbladder emptying due to impaired gallbladder motility. In India it is more common in women in north, north-east and east as compared to other zones in the country. The disease Gall Stone has not been described directly in Ayurvedic classics. The word *Ashmari* in Ayurveda stands for stone which is described only in the context of *Bastigata Ashmari* (urinary calculi). After analyzing the Ayurvedic texts it was found that the bile secreted from gall bladder can be correlated with *Accha Pitta* mentioned in Ayurveda due to the similarity in location and function. The pathogenesis of the disease occurs due to the abnormal formation of *Kapha* during the process of digestion and its vitiation due to *Vata*. Once gallstones become symptomatic, definitive surgical intervention with cholecystectomy is usually indicated (typically, laparoscopic cholecystectomy is first-line therapy at centers with experience in this procedure). The present article deals with "Management of *Pittashmari* - A Case Study"

Key words: Cholelithiasis, *Ashmari*, *Accha Pitta*, *Pittashmari*.

INTRODUCTION

Gallstone formation is the most common disorder of the biliary tract. The process of formation of gallstones is called cholelithiasis in modern medicine. In children the gall bladder stone found in approximately 5%, between 30 - 69 years of age the prevalence is up to 10% in male and 19% in females and increase in 70 - 80 year old people to 30 - 40 %.^[1]

Address for correspondence:

Dr. Anil Kumar Bacha

Associate Professor, Dept. of Kaya Chikitsa,
N K Jabshetty Ayurvedic Medical College and PG Centre, Bidar,
Karnataka, India.

E-mail: niveditha.sr44@gmail.com

Submission Date : 09/07/2018 Accepted Date: 16/08/2018

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.v3i4.13313

Though men and women both suffer from gallstones, their prevalence is much more in middle aged women. Also the people with obesity, high cholesterol, diabetes or genetic predisposition are more prone to suffer from gallstones. There are two types of gallstones, among them approximately 80 percent of gallstones contain cholesterol and the remaining 20 percent are pigment stones, which consist mainly of calcium bilirubinate. Cholesterol containing gallstones are divided into two subtypes: cholesterol stones (which contain 90 to 100 percent cholesterol) and mixed stones (which contain 50 to 90 percent cholesterol).^[2] Gallstones usually occur in conjunction with cholecystitis which means inflammation of the wall of the gall bladder. Ayurveda refers to gallstones as *Pittashmari* and has offered effective remedial measures against them.

Gallstones are hardened deposits of the digestive fluid bile, which can form within the gallbladder. These can range in size and number. Most commonly, multiple small gallstones measuring about 0.5 cm will be

present within the gallbladder. However occasionally there can be either one very large gallstone present measuring upto 5 cm diameter or hundreds of smaller stones of the size of a grain of sand. Gallstones occur when there is an imbalance in the chemical constituents of bile that result in precipitation of one or more of the components.

The disease Gall Stone has not been described directly in Ayurvedic classics. The word *Ashmari* in Ayurveda stands for stone which is described only in the context of *Bastigata Ashmari* (urinary calculi).^[3] The bile secreted from gall bladder can be correlated with *Accha Pitta* mentioned in Ayurveda due to the similarity in location and function. Gall bladder stores *Pitta*, hence the organ gall bladder is considered as *Pittashaya* in Ayurveda and the stone formed in it can be considered as *Pittashmari*.

Causes of gall stone formation:^[4]

- High caloric and high fat diet.
- Obesity - normal bile acid pool and secretion but increased biliary secretion of cholesterol.
- Weight loss - prolonged fasting causes gall stone formation. Mobilization of tissue cholesterol leads to increased biliary cholesterol secretion while enterohepatic circulation of bile acids is decreased.
- Female sex hormones;
 - a. Estrogen stimulates hepatic lipoprotein receptors, increased uptake of dietary cholesterol and increased biliary cholesterol secretion.
 - b. Natural estrogens, other estrogens and oral contraceptives lead to decreased bile salt secretion and decreased conversion of cholesterol to cholesterol esters.
- Increasing age - increased biliary secretion of cholesterol, decreased size of bile acid pool, decreased secretion of bile salt.
- Gallbladder hypo motility leading to stasis and formation of sludge, which is due to;
 - a. Prolonged parenteral nutrition

- b. Fasting
- c. Pregnancy
- d. Drug such as Otreotide
 - Drug induced - Increased biliary secretion of cholesterol due to Clofibrate therapy.
 - Genetic factors - as per modern science genetic factors accounted for 25%.

Signs and symptoms of cholelithiasis

- Dull aching pain in right hypochondriac region.
- Heaviness in right hypochondriac region.
- Ultrasonographically visualized gall stone.

Case Study

A 69 year old male patient reported at Kayachikitsa OPD of Shri Siddharoodha Hospital attached to N. K. Jabsheety Ayurvedic Medical College and PG Center, Bidar, in August 2014 as a diagnosed case of Cholelithiasis with its full fledged signs and symptoms. As per the patient he had developed these symptoms in past 2 years. In an attempt to get rid of these problems he consulted many renowned Allopathic doctors, but owing to no improvement in the condition the patient was advised to undergo surgery. Very much reluctant to surgery, the patient visited our hospital for a conservative treatment.

Ayurvedic Management

As per the etiology and clinical presentations, Cholelithiasis is akin to *Pittashmari* described in Ayurveda. Therefore taking *Pittashmari* line of treatment into account, the patient was switched on to following Ayurvedic medicines in this way;

1. *Gokshura Churna* -
2. *Pashanabheda Churna*
3. *Punarnava Churna*
4. *Varuna Churna*
5. *Yavaka Kshara*
6. *Khalmishora*
7. *Hazrulayahuda Bhasma*
8. *Narikela Lavana*
9. *Sweta Parpati*

- 10. Muli Kshara
- 11. Sange Sarmayee
- 12. Musta Churna

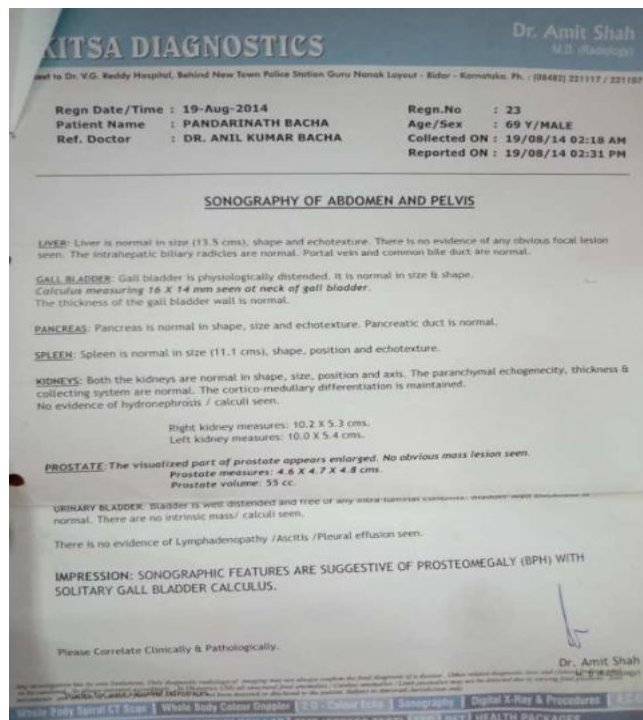
All the above ingredients are mixed in equal quantity and advised to take 5gm x BD

RESULTS

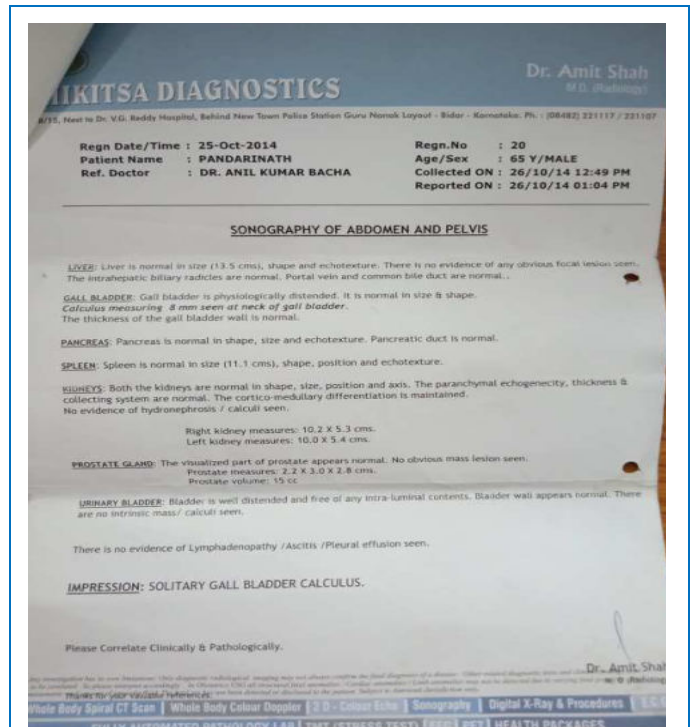
So far as subjective parameter is concerned, the patient started feeling better from the very beginning (i.e.15 days after the introduction of medicines). After 2 months of therapy he was advised to go for ultrasonography to check the effect of the drugs and was again repeated after 6 months which was compared with that of previous scan. The results obtained are as following;

Table 1: Status of Gall Bladder

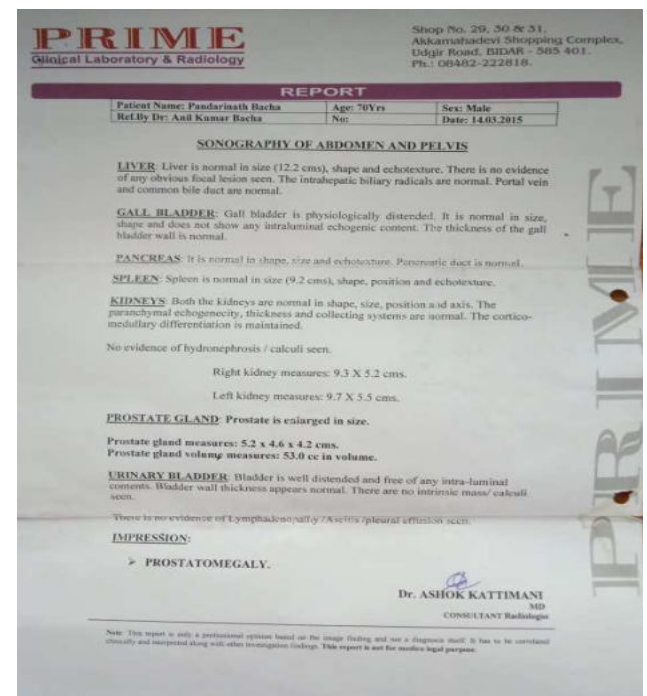
Before treatment (19/08/2014)	(26/10/2014)	(14/03/2015)
Gall Bladder normal in Shape and size. Calculus Measuring 16x14 mm at neck of gall bladder.	Gall Bladder normal in Shape and size. Calculus Measuring 8 mm at neck of gall bladder.	Gall Bladder normal in Shape and size. Does not show any intraluminal echogenic content.



Before treatment - 19/08/2014



During treatment - 26/10/2014



After treatment - 14/03/2015

DISCUSSION

According to Ayurveda, all the three *Doshas* viz. *Vata*, *Pitta* and *Kapha* play a role in formation of gallstones. Excessive increase of *Pitta* (caused by hot, spicy food,

alcohol etc.) creates the basis for stone formation. *Kapha* increased by fatty, heavy foods mixes with *Pitta* and produces a highly sticky mixture. *Vata* dries this mixture and moulds it into shape of a stone. Ayurvedic treatment eliminates the need for surgery by assisting the body to expel the stones naturally.

Cholelithiasis has been compared with *Pittashmari*. As the name suggests, *Pittashmari* borrows both *Pittavardhaka* and *Ashmari* producing etiological factors in its causation. Therefore management of *Pittashmari* / Cholelithiasis should incorporate the medicines having properties to nullify both the factors.

Ingredients of *Gokshura Churna*, *Varuna*, *Pasana Bheda*, *Khalmishora*, *Hazrulayahuda Bhasma*, *Punarnava Churna*, *Yavaka Kshara*, *Mulikshara* and *Sangesarmayee* have *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).

Narikela Lavana and *Sweta Parpati* have predominantly *Pittashmaka* property and thus these are responsible for inhibition of further stone formation.

CONCLUSION

In this case study, the patient has shown encouraging results during the management of Cholelithiasis (*Pittashmari*). As per the USG-abdomen, the patient has got rid of 16x14 mm of gall stone within only 5-6 months of short duration by adopting Ayurvedic treatment. In addition, the general condition of the

patient has also improved positively. Therefore, on the basis of observations and results of this case study, it can be inferred that Ayurveda has the potential to treat cholelithiasis effectively and hence the sufferers must be advised to get benefitted from the Ayurvedic healing sciences and give active participation in national prosperity by leading enthusiastic and happy lives.

REFERENCES

1. Henryk Dancygier. Clinical hepatology: Principles and practice of hepatobiliary diseases, volume 2; Springer science and business media; 2009. P. 1459
2. Alan R. Gaby et al, Nutritional approaches to prevention and treatment of Gallstones, Alternative medicine review, Volume 14, Number 3, 2009. P. 258
3. Ravidatta Tripathi, Charakasamhita with Vidyamanorama Hindi commentary, Chaukhamba Sanskrit Pratishthan, delhi, 2009. Chikitsasthana 26/36, Pg. 630
4. 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. Pg. 1993

How to cite this article: Dr. Anil Kumar Bacha, Dr. Nivedita Rampure, Dr. Mrityunjay Kumar. A Case Study on the management of Pittashmari w.s.r. to Gall Bladder Stone. J Ayurveda Integr Med Sci 2018;4:206-209.

<http://dx.doi.org/10.21760/jaims.v3i4.13313>

Source of Support: Nil, **Conflict of Interest:** None declared.
