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# A CASE STUDY OF PITTA ASHMARI (CHOLELITHIASIS) CHIKITSA THROUGH AYUREVDA

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### ABSTRACT

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, northeast 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 Bastigat 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. This present article deals with description of formation of gall stone and it's treatment in the present study, A case of gall bladder stone, A female patient aged 27 yrs suffering from pain in upper part of the abdomen associated with severe acidity Since 9 months. A case of Pitta Ashamri has been treated with few Ayurvedic formulations for 1 month of treatment with these drugs Trivikram Rasa, Hingwastaka Churna, Yavakshar significant improvement has been noted in parameter of symptoms and laboratory report.

**KEYWORDS:** Cholelithiasis, Pttashmari, Accha Pitta.

### INTRODUCTION

There are several diseases which arise in gall bladder and one among them is gall stones (cholelithiasis). The prevalence of gall stone disease is more common in the western society. In India it is more common in women in north, north-east and east as compared to other zones in the country. 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 %.<sup>[1]</sup>

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).<sup>[2]</sup>

Cholelithiasis (gallstone formation) results from a combination of several factors, including bile supersaturation with cholesterol, accelerated nucleation of cholesterol monohydrate in bile, and bile stasis or delayed gallbladder emptying due to impaired gallbladder motility. Cholesterol super saturation can result from an excessive concentration of cholesterol in bile, a deficiency of substances that keep cholesterol in solution (i.e., bile salts and phospholipids), or a combination of these factors. The phenomenon of Accelerated nucleation of cholesterol is not well understood. 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 Bastigat Ashmari (urinary calculi).<sup>[3]</sup>

#### CASE STUDY

A female patient aged 27 years visited the O.P.D of Parul institute of Ayurevda dated on 9.04.2018 with her Abdominal USG report with impression of 1.3 cm

gallbladder stone. Patient was asymptomatic one month ago. One day suddenly she noted severe pain in abdomen associated with vomiting and fever. She consulted a nearby physician, who provided medicine and patient got temporary relief. Later she observed that pain in abdomen, nausea, was persisting after few days, that doctor advised USG abdomen and after observing the reports, doctor advised her for surgery, tough she was not willing for surgery; she approached our hospital in search of alternative remedy. According to her statement, it was found that the pain was intermittent and colicky in nature and it was appreciated Pain in epigastric region of abdomen felt by patient normally at night and after food. There was no history of diabetes mellitus or hypertension. Diet history revels that her food intake was irregular in term of quality and quantity. On examination of abdomen there was no Organomegaly but Murphy's sign was positive and tenderness elicited in Epigastric region. Patient was told about the Ayurveda medications and time period of medication before starting the treatment.

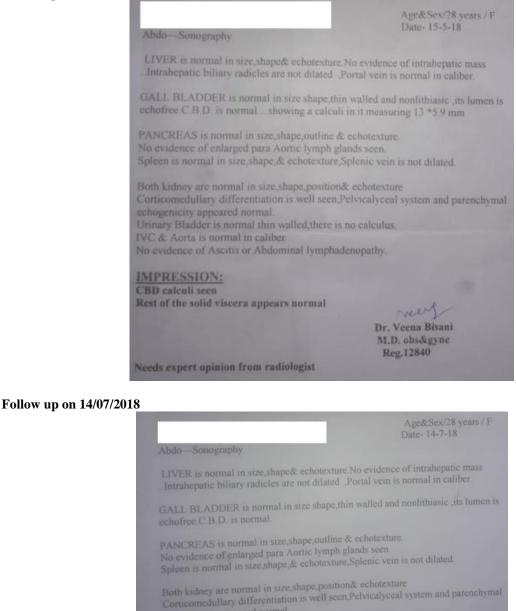
Plan of Treatment Before Treatment on date 9/4/2017

Drugs Dose		Anupana	Time of administration		
Apamarga1gm+	Took 1 teaspoon of				
Pasanbheda1gm+	the combination of				
Kutaki 1gm+	drug and made	Luke warm Water	Two times a day[before meal]		
Punarnava1gm+	decoction.				
Dashmoola1gm	30ml				
Trivikram Rasa	125mg	Luke warm Water	Two times in a day[after meal]		
Hingwastaka Churna	1/2 teaspoon	Ghrita	Twice a day[ between two bolus of food]		
Yavakshar	250 mg	Luke warm Water	Twice in a day		

#### Before treatment USG report of abdomen 9/04/2018

Patient Name:			MR No:	BH147225
Age/Sex:	27 Y / Female		Test Id	RAD177446
	Patel Onkar P		Test Date:	09-04-2018 14:19
Referred By:	Self			
Findings:		USG ABDOME	¥	
• Liver norm	al in size, shape an c billary dilatation is	id echotexture. No evid	ience of any focal	lesion is seen. No
* Gali bladd	er over distended	I. A calculus of size 1	.3cm at neck re	gion.
* Pancreas	Head, part of body	visualized normal.		
* Portal Vei	n, CBD are not dila	ted.		
* Spleen me	asures 9.2 cm, non	mat in size, shape and	echotexture.	
	iey measures appro ion is maintained. P	ximate10.3x5.7cm. No PCS compact.	ormal in size, shap	e & echotexture. CM
	y measures approx ion is maintained. P	imate11.9x S.2cm. Nor NCS compact.	mal in size, shape	8 echotexture. CM
* Urinary BI	adder - Well dister	nded. Normal wall thick	mess with normal	contents.
* Uterus me measuring		Normal in size, shape	and echotexture.	Endometrial thickness
* Bilateral A	denexa not enlarg	ed.		
• No ascitis. I	Retroperitoneum	obscured due to boy	vel gases.	
Impression: US	G study reveals:			
* G8 calculu	5.			
Advice : Clinica	correlation			
				1/
Dr.Kamles	BOILING STORE AND A ST	Dr.Sanjeev Kun MD	ıar	Dr.Rabdi Jain MD DNB

#### Follow up on 15/05/2018 with same medications



Urinary Bladder is normal thin walled, there is no calculus

No evidence of Ascitis or Abdominal lymphadenopathy

IVC & Aorta is normal in caliber.

ormal abdomen sonography

Needs expert opinion from radiologist

#### Probable mode of action of TrivikramRasa

Trivikram Rasa mainly consists of drugs of Vayu and Agni Mahabhuta. They are expected to act against vitiated Kapha Dosha, responsible for formation of stones which have dominance of Prithvi and Jala Mahabhuta. Ingredients of Trivikram Rasa have Vata Kapha Hara properties. Vata Dosha is considered to be main factor responsible for pain and vitiated Kapha Dosha responsible for formation of stones. So due to

Vata Kapha Hara properties of Trivikram Rasa it is most likely to provide relief in pain and stops formation of stones.Constituents of Trivikram Rasa mainly consists Katu, Tikta Rasa, Laghu, Sukshma and Snigdha Guna, Ushna Virya, Madhura and KatuVipaka. These pharmacological properties of Trivikram Rasa induce Vatakapha Shamaka, Agni Deepaka, AmaPachaka, Lekhana, VranaropanaKarma, Shotha Hara effects. Tamra have Deepana effect which regulates Jatharagni.

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Tamra and Gandhaka have Amapachana properties. Tamra has a strong Lekhana effect and thus it is supposed to reduce the size of the Ashmari and expelled it out from the body. Parada and Tamra Bhasma have SrotoShodhana effect.

## Probable mode of action of Kwath

Action of Pasanbheda-<sup>[4,5]</sup> According to ayurveda literature Pasanbheda is kasaya (Astringent) and Tikta (bitter) in rasa, Laghu (light) and Snigdha (smooth) in guna (properties) sita (cold) in virya (potency) and katu (Pungent) in vipaka (metabolism). Due to these properties, it pacifies tridosha Vat, Pitta and Kapha. It has mutra virechaniya (diuretic) karm (action).<sup>[6,7,8]</sup>

Action of kutaki- in Ayurevda kutaki is mentioned as katuki pitta virechana sarvasrestha" that is kutaki is best removal of excessive pitta from the body.it is made up vayu and akash mahabhuta, which is opposite properties of fire elements (pitta) earth and water elements (kapha).

Action of Dashmoola-<sup>[9]</sup> It has potent anti inflammatory, anti-oxidant and moderate analgesic action.

Action of Apamarg-<sup>[10]</sup> it act as hepatoprotactive and anti oxidant,hence it is useful in treating high cholesterol.

**Yavakshar action**<sup>[11]</sup> it is an alkaline preparation which is used in shoola, Anaha, adhyamana and resolvent so it is used to remove obstruction in the passages and in colic pain.

Action of punarnava- it is Tikta, katu paka,hima and laghu,vatala,grahani,shleshma pitta, rakta vinasini, it is shothagna hence it act as hepatoprotactive and antioxidant.

#### Action of Hingwasataka Churna

It helps in alleviating vata kapha and pitta. Sunthi churna due to its katu rasa and agnidiptikarma does the agnideepna and due to katu rasa tikshna guna does the pachana of aama dosha. Due its katu rasa and laghu, tikshan guna it causes shrotoshodana. Due to this it is help in flatulence pain in abdomen and indigestion. Hingu is katu rasa and katu vipaka hence increases pitta dosha, increased pitta dosha favours anuloman of vata. So it is choice of drugs when Anaha and shoola is chief complaints.

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