



Sanjeevani Darshan

ISSN: 2584-0304

<http://sanjeevanidarshan.com>



National Journal of
AYURVEDA & YOGA



Year - 2026

Volume 4, Issue 2

“CLINICAL EVALUATION OF SHAMANA CHIKITSA IN PITTASHMARI W.S.R. TO CHOLELITHIASIS: A CASE STUDY”**Dr. Nandalal Saste¹, Dr. S. B. Jamdhade², Dr. Pradnya Jamdhade³ Dr. Gangadhar Polawar⁴**

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ABSTRACT:

Background: Cholelithiasis is a common hepatobiliary disorder characterized by the formation of gallstones and is a frequent cause of abdominal pain and dyspeptic symptoms. In Ayurveda, it can be correlated with Pittashmari based on its clinical features and pathogenesis. Ayurvedic management aims to restore the balance of Doshas, improve Agni, and facilitate the resolution of pathological processes responsible for stone formation.

Aim: To evaluate the clinical outcome of Ayurvedic management in a case of Pittashmari w.s.r. cholelithiasis. **Materials and Methods:** A 35-year-old male patient presented with intermittent right hypochondriac pain, nausea, occasional vomiting, indigestion, loss of appetite, and burning sensation after intake of oily and spicy food. Ultrasonography revealed mobile gallbladder calculi measuring 3.7 mm and 3.3 mm without evidence of cholecystitis. The patient was managed with Aarogyavardhini Vati, Punarnava Mandura, Sutshekhar Rasa, Punarnavasava, a combination of Punarnava Guggulu, Kutaki Churna, Punarnava Churna, Hajral Yahud Bhasma, and Sukhvirechan Churna. Clinical symptoms and ultrasonographic findings were assessed before and after treatment. **Results:** The patient showed marked improvement in abdominal pain, nausea, indigestion, burning sensation, and appetite. Follow-up ultrasonography demonstrated complete resolution of the previously detected gallbladder calculi with no significant diagnostic abnormality. **Conclusion:** The present case indicates that Ayurvedic management may provide significant symptomatic relief and may facilitate the resolution of small gallbladder calculi in uncomplicated cases. Further well-designed clinical studies with larger sample sizes are required to validate these findings.

KEY WORDS:- Pittashmari; Cholelithiasis; ; Gallbladder Calculus; Shamana Chikitsa

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How to cite article:



Dr. Nandalal Saste, Dr. S. B. Jamdhade, Dr. Pradnya Jamdhade, Dr. Gangadhar Polawar
Clinical Evaluation of Shamana Chikitsa in Pittashmari w.s.r. to Cholelithiasis: A Case Study, Sanjeevani Darshan -
National Journal of Ayurveda & Yoga 2026; 4(2): 115-123 : <http://doi.org/10.55552/SDNJAY.2026.4213>

INTRODUCTION

According to Ayurveda, not every disease can be assigned a specific name; however, effective management is possible through an assessment of its Nidana Panchaka.

*विकारनामाकुशलो न जिहीयात् कदाचन ।
न हि सर्वविकाराणां नामतोऽस्ति ध्रुवा स्थितिः ॥ च. सु. 18/44 [1]*

Cholelithiasis is not directly described in the Ayurvedic classics; however, based on its etiopathogenesis, clinical manifestations, and anatomical location, it can be correlated with Pittashmari or Pittashaya Ashmari. According to Ayurveda, vitiation of Pitta and Kapha Dosha, along with Agnimandya, leads to the formation of Ashmari-like structures. The pathological process involves the accumulation, condensation, and solidification of morbid materials, ultimately resulting in stone formation. Symptoms such as Udarashoola, Aruchi, Agnimandya, Chardi, and Ajirna described in Ayurveda closely resemble the clinical features of cholelithiasis.[2]

Ayurveda advocates a holistic treatment approach aimed at correcting Dosha imbalance, enhancing Agni, eliminating accumulated pathological substances, and restoring normal physiological functioning. Several Ayurvedic formulations possessing Ashmaribhedana (lithotriptic), Deepana, Pachana, Pittashamaka, and Shothahara properties have been reported to be beneficial in the management of Pittashmari. Clinical observations and case reports have demonstrated encouraging outcomes in terms of symptomatic relief and reduction in gallstone size through Ayurvedic interventions. [3,4]

Gallstones are a common medical problem in the general population, often leading to Surgical intervention. It is more often seen in Women than men, with the ratio of 4:1.

It is said that gallstones are more common in Fat, Fertile, forty, and females, i.e., four F's.[5]

Cholelithiasis is a common biliary tract disorder characterized by the formation of gallstones within the gallbladder. Gallstones are broadly classified into cholesterol stones and pigment stones. While many gallstones remain asymptomatic, symptoms develop when stones cause inflammation or obstruct the cystic duct or common bile duct. The characteristic presentation is biliary colic, a severe and persistent pain in the right upper quadrant or epigastric region, often radiating to the back or right scapula and frequently associated with nausea and vomiting. Symptoms commonly occur after meals, particularly fatty foods, due to gallbladder

contraction and transient biliary obstruction. Management depends on the severity of symptoms and associated complications. Asymptomatic patients are generally managed conservatively, whereas symptomatic cholelithiasis is commonly treated with laparoscopic cholecystectomy, which remains the gold standard treatment. However, surgical intervention may not be suitable for all patients, highlighting the need for safe and effective conservative treatment approaches. [6]

AIM – To evaluate the efficacy of ayurvedic management of Pittashamri (cholelithiasis).

MATERIAL AND METHOD :

The present work is based on a review of Classical information, relevant published research work, and modern literature.

Method: single case study.

Place: PG Department of Kayachikitsa, Laxmanrao Kalasapurkar Ayurvedic College, Yavatmal, Affiliated with D. M.M Ayurved College, Yavatmal

Case report –

A 35-year-old male patient presented to the Outpatient Department (OPD) of Kayachikitsa, L.K. Ayurved Hospital, Yavatmal, on 18 February 2026 with complaints of

- Intermittent pain in the right hypochondriac region (Udarshoola) – 4 months
- Nausea, especially after meals (Hrillasa) – 3 months
- Occasional vomiting (Chardi) – 2 months
- Indigestion (Avipaka) – 4 months
- Loss of appetite (Aruchi) – 3 months
- Burning sensation after taking oily or spicy food – 3 months

History of Present Illness-

The patient was apparently healthy 4 months before presentation, after which he gradually developed episodes of right upper abdominal pain. Initially, the pain was mild and self-limiting, but later became more frequent and was aggravated by fatty meals. The patient had taken symptomatic treatment with temporary relief but experienced recurrent episodes. There was no history of jaundice, hematemesis, melena, or previous abdominal surgery.

Past History –

No history of diabetes mellitus or hypertension.

No previous major surgical intervention.

No known drug allergy.

No significant family history of gallstone disease.

Ashtavidha Pariksha-

Nadi (Pulse) - 82/min, regular, Pitta-Kapha predominant

Mutra (Urine) - Samyaka pravritti

Mala (Stool) - Regular, once daily, well-formed

Jihva (Tongue) - Slightly coated (Saama),

Shabda (Speech/Voice) - Clear and normal

Sparsha (Touch/Skin temperature) - Samashitoshna

Drik (Eyes) - Samayk

Aakruti (Build) - Madhyama Aakruti (moderate body build), moderately nourished

General Examination-

Pulse: 82/min, regular

Blood Pressure: 120/80 mmHg

Respiratory Rate: 18/min

Temperature: Afebrile

SpO₂: 98% on room air

Per Abdomen (P/A)

Abdomen soft

Mild tenderness is present in the right hypochondriac region.

Liver: non-palpable.

Murphy's Sign: Negative.

Investigation –

USG (18/02/2026)-

Few minimally edematous bowel loops in the lower quadrant of the abdomen S/O – Colitis.

Cholelithiasis (mobile calculus of 3.7mm and 3.3 mm at the fundus).

No signs of cholecystitis.



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Samprapti – [7]

Nidana Sevana (Kapha Prakopaka)



Accumulation of Kapha in Pittashaya



Kapha–Pitta Sansarga



Viscous Material Formation (Biliary Sludge)



Srotorodha



Provocation of Vata due to its Rukshadi Gunas



Formation of Gall Stone (Pittashmari)

Samprapti Ghataka – [8]

Dosha – Pitta Kapha

Dushya – Rasa

Agni – Jatharagni

Ama – Jatharagnimandya janya ama

Srotas – Rasavaha srotas

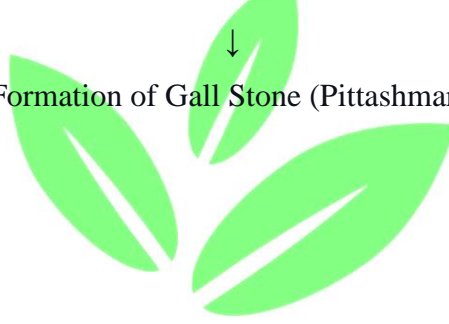
Srotodusti – Sanga

Vyadhi Udhbavasthana – Amashaya

Vyakta Sthana – Pitta Ashaya

Sanchara Sthana – Koshta

Vyadhi Svabhava – Chirakari



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Treatment –

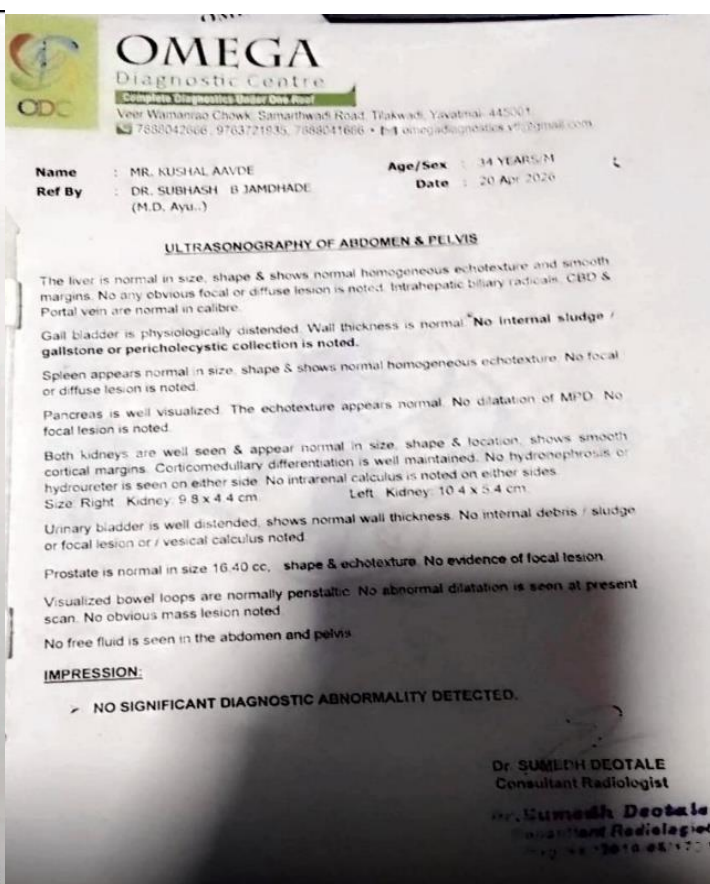
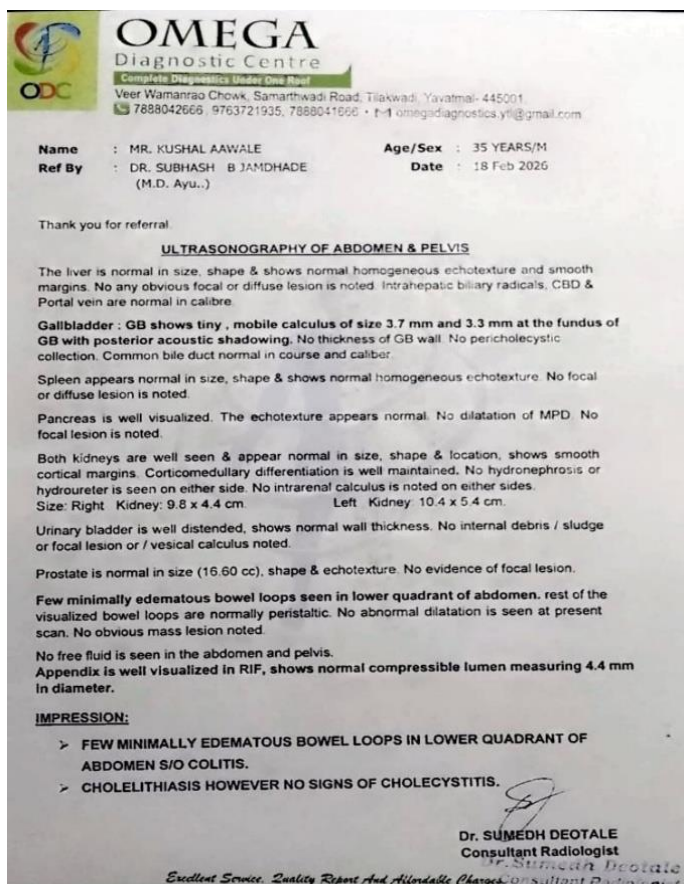
Sr.no	Drug	Dose	Kala	Anupana
1	Aarogyavardhini vati	250mg	Vyanodane	Koshnajala
2	Punarnava Mandura	250 mg	Vyanodane	Koshnajala
3	Sutshekar rasa	250mg	Vyanodane	Koshnajala
4	Punarnavasava	15ml	Vyanodane	Sheetal jala
5	Punarnava Guggulu 10 gm Punarnava mandur 10 gm Kutaki churna. 10gm Punarnava churna 10 gm Hajral Yahud Bhasma 20 gm Combine and prepare 60 equal parts	1 part	Vyanodane	Honey
6	Sukhvirechan churna	3gm	Nishakale	Koshnajala

Observations and Results

Dae	Udarshool	Amlodgar	Hrillasa	Chhardi	Urodaha
18/02/2026	+++	+++	+	+	++
20/04/2026	+	+	-	-	-

National Journal of Ayurveda & Yoga**USG**

Before treatment (18/02/2026)	After treatment (20/04/2026)
Cholelithiasis with tiny mobile gallbladder calculi measuring 3.7 mm and 3.3 mm, without any sonographic signs of cholecystitis.	No significant diagnostic abnormality detected



DISCUSSION

The treatment protocol was planned with the objectives of correcting Agni, pacifying Pitta and Kapha, reducing inflammation, improving biliary flow, and facilitating the disintegration and elimination of calculi.

Arogyavardhini Vati possesses Deepana, Pachana, Pittashamaka, and Yakrit-Uttejaka properties. It helps improve liver and biliary functions, corrects impaired digestion, and promotes proper metabolism, thereby reducing the conditions favourable for gallstone formation.

Punarnava Mandura acts as Shothahara, Mutrala, and Rasayana. It helps reduce inflammatory changes, improves tissue metabolism, and supports normal hepatobiliary function. Its action also assists in reducing oedema and maintaining physiological balance.

Sutshekhar Rasa is well known for its Pittashamaka and Amlapittahara properties. It relieves burning sensation, nausea, and indigestion by regulating aggravated Pitta and improving digestive capacity, thereby providing symptomatic relief.

Punarnavasava enhances Agni and digestion while reducing Kapha accumulation and inflammation. It supports metabolic correction and helps restore normal physiological functioning of the hepatobiliary system.

The combination containing **Punarnava Guggulu, Punarnava Mandura, Kutaki Churna, Punarnava Churna, and Hajral Yahud Bhasma** was selected for its synergistic action. Punarnava Guggulu provides anti-inflammatory and Shothahara effects and helps clear obstructed channels. Kutaki acts as a hepatoprotective, Pittarechaka, and mild cholagogue, promoting healthy bile secretion and improving liver function. Hajral Yahud Bhasma is traditionally described as Ashmaribhedana and has been widely used in Ayurvedic practice for the management of stone disorders. Together, these formulations may assist in reducing biliary sludge, improving bile flow, and facilitating the gradual breakdown and elimination of small calculi.

Sukhvirechan Churna was administered to achieve mild Virechana, which is considered one of the principal therapies for Pitta disorders. It aids in the elimination of vitiated Pitta, improves bowel regularity, enhances Agni, and contributes to the overall correction of the disease process.

CONCLUSION

The present case study demonstrates that an Ayurvedic treatment protocol focused on Agni correction, Pitta-Kapha pacification, Shothahara action, and Ashmaribhedana principles was associated with significant clinical improvement in a patient with cholelithiasis correlated with Pittashmari. The patient experienced substantial relief from abdominal pain, nausea, indigestion, and burning sensation, while follow-up ultrasonography revealed complete resolution of previously documented small gallbladder calculi. The combined actions of Deepana, Pachana, hepatoprotective, cholagogue, and lithotriptic formulations may have contributed to improved biliary physiology and gradual elimination of calculi. Although this is a single-case observation and cannot establish definitive efficacy, it highlights the potential role of Ayurvedic management as a conservative therapeutic approach in selected patients with uncomplicated cholelithiasis. Further well-designed randomized controlled trials with larger sample sizes and long-term follow-up are needed to scientifically validate these findings.

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Source of Support : None Declared

Conflict of Interest : Nil

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