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A central image showing a wooden mortar and pestle filled with green herbs. In front of it are two small glass bottles with cork stoppers, one containing a yellow liquid. To the right is a small wooden bowl filled with green powder. The scene is surrounded by various green leaves and small white flowers.

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“A CASE STUDY ON AYURVEDIC MANAGEMENT OF PITTASHMARI AND DAKSHIN VRUKKASHMARI W.S.R. TO CHOLELITHIASIS AND RIGHT RENAL CALCULI”

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ABSTRACT:

Background: Ayurveda explains that diseases can be diagnosed and treated based on Nidanpanchak, even if not explicitly named. Cholelithiasis, with a prevalence of 5–6% in India, is increasing and can be correlated with Pittashmari, where stone formation occurs in Pittashaya. Renal calculi are described as Vrukkashmari.

Purpose of Study: The aim of the study is to evaluate an effective, non-surgical Ayurvedic management approach for Pittashmari (cholelithiasis) and Dakshin Vrukkashmari (right renal calculi), considering the cost, risks, and patient associated with surgical treatment.

Methodology: A single case study of a 45-year-old male presenting with clinical features of cholelithiasis and right renal calculi, confirmed by USG abdomen and pelvis. Management was planned based on classical Ayurvedic texts, contemporary literature, and research on Pittashmari and Vrukkashmari.

Result: After 3 months of Ayurvedic treatment, no calculi were detected in the gallbladder or right kidney on USG, and all symptoms were completely resolved.

Conclusion: Pittashmari and Dakshin Vrukkashmari can be effectively managed with Ayurveda, offering a safe, non-invasive, and cost-effective alternative to surgery.

KEY WORDS:- Cholelithiasis, Pittashmari, Ayurveda, Herbal Medicine, Renal Stone, Renal Calculi, Vrukkashmari

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INTRODUCTION

According to modern science, the gallbladder plays an important role in storing and concentrating bile produced by the liver, and releasing it into the intestine leads to fat digestion and absorption. When bile remains in the gallbladder for a prolonged period due to various factors, it may solidify into stone-like structures, a condition known as cholelithiasis. The incidence of cholelithiasis has increased considerably in recent decades, largely due to sedentary habits, improved socioeconomic status, and increased consumption of processed, high-calorie foods. In Ayurveda, bile can be correlated with Achha Pitta[1], which is stored in the gallbladder, referred to as Pittashaya[2]. Therefore, the stone formed in this gallbladder is termed Pittashmari.

Renal calculi, commonly referred to as kidney stones, represent a prevalent urological disorder affecting populations worldwide. Epidemiological studies indicate that nearly 12% of individuals are likely to develop renal stones during their lifetime, with a recurrence rate of approximately 50% within five years in the absence of adequate preventive measures[3]. The rising incidence of this condition has been closely associated with modern lifestyle factors such as obesity, diabetes mellitus, sedentary habits, and dietary patterns rich in processed and high-calorie foods.

From a modern medical perspective, renal calculi are composed of crystalline substances such as calcium oxalate, uric acid, struvite, and cystine. Their formation is influenced by factors including dietary habits, fluid intake, metabolic abnormalities, and genetic predisposition. Clinically, the condition often manifests when a stone obstructs the urinary tract, resulting in severe pain, urinary disturbances, and the need for prompt medical intervention.

In Ayurveda, renal calculi are described under the term Mutrashmari, where Mutra denotes urine, and Ashmari signifies stone formation. Classical Ayurvedic texts attribute the development of Mutrashmari to the imbalance of Tridoshas—Vata, Pitta, and Kapha.[4] Specifically, the aggravation of Vata Dosha leads to the vitiation of Pitta and Kapha, resulting in the crystallization and accumulation of waste materials within the urinary system. This understanding differs from the modern biochemical explanation and offers a more holistic perspective on disease pathogenesis.

The Ayurvedic approach to the management of Mutrashmari emphasizes restoring the balance of Doshas through a comprehensive regimen that includes dietary modifications,

lifestyle changes, and the administration of specific herbal medicines. Drugs such as Gokshura (*Tribulus terrestris*), Varuna (*Crataeva nurvala*), and Pashanabheda (*Bergenia ligulata*) are widely used for their Mutral (diuretic), Ashmari Bhedana (lithotriptic), and anti-inflammatory properties.[5]

This article aims to explore the correlation between pittashmari and Dakshin vrukkashmari with cholelithiasis with right renal calculi and evaluate the efficacy of ayurvedic interventions in its management based on classical references and clinical experiences.

Aim:

To assess the effectiveness of Shaman Chikitsa in the management of cholelithiasis and Right renal calculus.

MATERIALS AND METHODS

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 Kalaspurkar Ayurvedic Hospital, Yavatmal, DMM Ayurved College and Hospital, Yavatmal.

Case Report :

A 45-year-old male patient presented to the Kayachikitsa OPD at L.K Ayurved Hospital, Yavatmal. The patient complained of right flank pain, nausea, and occasional painful urination, with a history of renal colic one month earlier. His symptoms included pain in the right hypochondriac region radiating to the epigastrium, nausea, intermittent vomiting, and constipation for 1 month.

He was a known case of cholelithiasis, with a well-distended gallbladder containing multiple calculi (5–7), each measuring 4–6 mm.

He also had a 4 mm stone in the lower calyx of the right kidney.

Past Medical History:

N/H/O – Hypertension / DM-2 / Hypothyroidism/hyperthyroidism. Bronchial Asthma / Pulmonary Tuberculosis / COPD / Emphysema / Covid-19.

N/H/O – other major illness.

Surgical History :

No surgical history found.

Personal History

Ahar: Katu-Lavan Amla Rasa, Virudhha Ahar, Ruksha Anna, Paryushit Aahar, Vishamashana, Ushapan (2 glasses of lukewarm water at 6:00 am).

Vihar: Diwaswap – 1-2 hrs, Ratrijagaran – No, Kshudha Vega Dharan.

Addiction history: No

Family History:

No similar complaints were found in the family.

Ashtavidha Pariksha

Nadi (Pulse): 80/min

Mala (Stool): Malavastambha (once in alternate days)

Mutra (Urine): Ishat Peet (pale yellow)

Jeehva (Tongue): Saam (coated)

Shabda (Speech): Prakrut (normal)

Sparsha (Touch): Anushna Sheeta (neither hot nor cold)

Druka (Eyes): Pitabh (yellowish)

Akruti (Build): Madhyam (moderate)

General examination

Gc – moderate

Temperature: Afeb

Blood Pressure: 120/80 mm/Hg.

Pulse:80/min

Respiratory rate: 19/ min

Systemic examination

CNS – conscious oriented

CVS -S1S2: Normal

Respiratory- AEBE clear

Per Abdomen:

Inspection: Distended abdomen

Palpation: Tenderness in the right Hypochondriac region.

Investigation :

USG of abdomen and pelvis

Report on day 1 - multiple calculi in the gall bladder (5–7 in number), each measuring 4–6 mm.

He also had a 4 mm stone in the lower calyx of the right kidney.

VANDANA
Diagnostic

Age: 45 Y
Sex: M

Date: 24-Nov-2025
Study: ABDOMEN PELVIS

USG ABDOMEN & PELVIS.

Liver: Normal in size (14.7 cm), shape and echotexture.
Intrahepatic portal radicles and intrahepatic biliary radicles appear normal.
No focal lesion seen.

PV - normal in caliber. No e/o thrombosis.
CBD - normal in caliber. No e/o calculus.

Gall bladder:
Gall bladder is well distended with few 5 to 7, calculi measuring 4 to 6 mm in diameter seen within.
Wall thickness appear normal. No e/o pericholecystic collection.

Pancreas: Pancreas show normal size and echotexture. No focal solid or cystic lesion.

Spleen: Normal in size (10.7 cm). No focal lesion.

Kidneys: (Right kidney - 10.1 x 5.1 cm, Left kidney - 10.4 x 4.8 cm)
Both kidneys are normal in size, shape and position.
The Cortical echogenicity of both kidneys is raised and CMD appear normal.
No e/o calculus or hydronephrosis on left side.
A single, calculus measuring 4 mm seen in lower calyx of right kidney. No e/o hydronephrosis.

Simple cyst measuring 4.5 cm in diameter seen in mid part of left kidney.

Urinary bladder: It is well distended. No e/o intraluminal mass or calculus seen.
Wall thickness appear normal.

Prostate: Normal in size (20 cc), No e/o focal lesion.

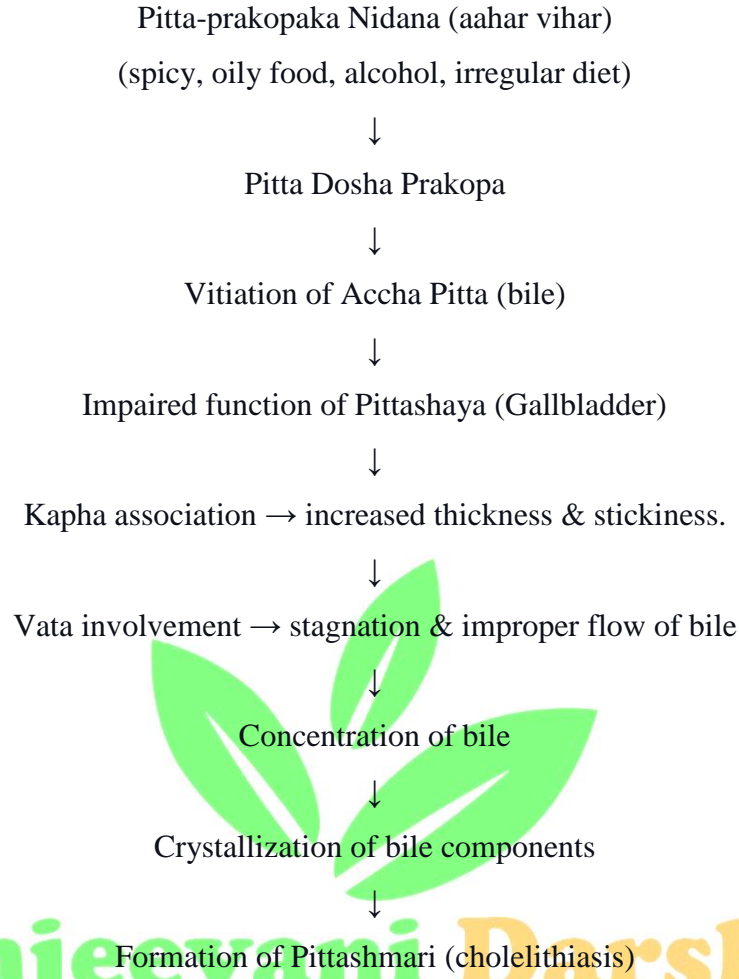
Visualized bowel loops appear normal.
No evidence of free fluid in abdomen and pelvis.
No evidence of retroperitoneal lymphadenopathy.
Visualized aorta and IVC appear normal.

IMPRESSION - Single, nonobstructive right renal calculus.
Cholelithiasis without features of cholecystitis.
Bilaterally raised renal cortical echogenicity, s/o medical renal disease.

Thanks for referral.

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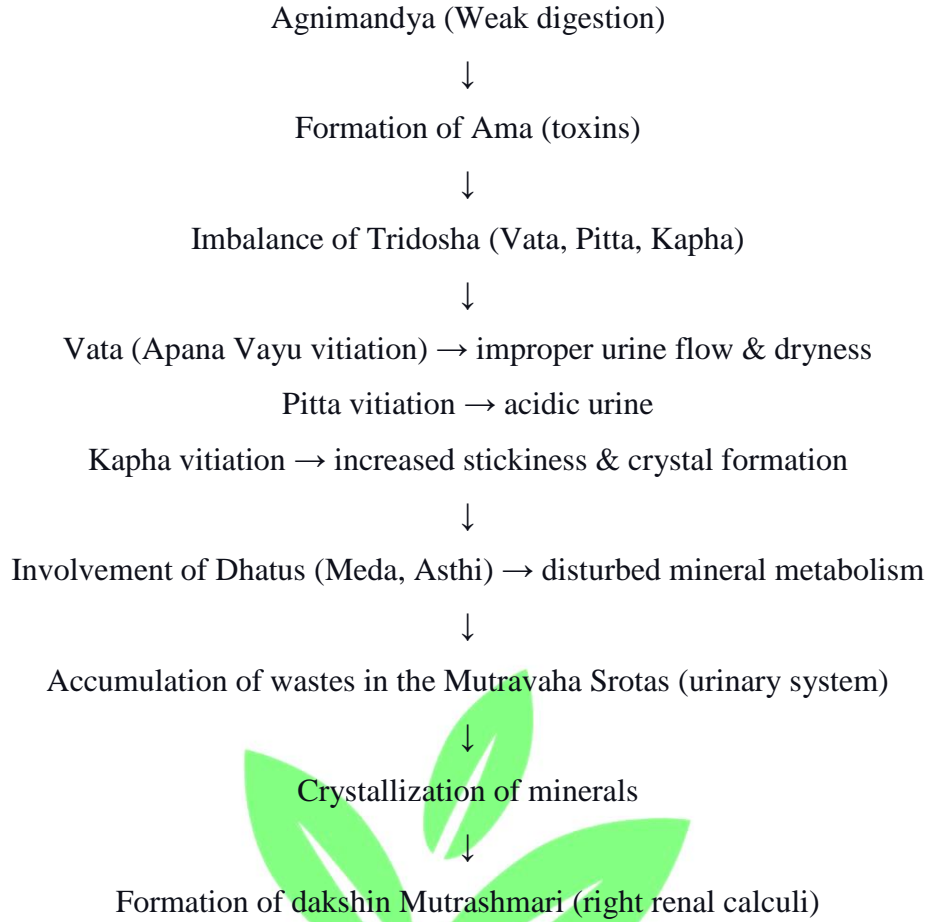
Pittashmari Samprapti [6]

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Samprapti Ghatak:

- **Dosha:** Pachak Pitta, Saman Vayu, Kledak Kapha, Apan Vayu
- **Dushya:** Rasa Dhatu, Rakta Dhatu
- **Strotas:** Annavaaha Strotas, Raktavaaha Strotas
- **Strotodushti:** Sanga
- **Agni:** Agnimandya
- **Adhishthana:** Pittashay
- **Sadhyata:** Krichhasadhya

Samprapti of Dakshin vrukkashmari[7] :



Samprapti Ghataka

- **Dosha:** Tridosha involvement (mainly Vata predominant; with Kapha and Pitta)
- **Dushya:** Mutra (urine), Meda, Asthi
- **Srotas:** Mutravaha Srotas
- **Srotodushti:** Sanga (obstruction), Srotorodha
- **Udbhava Sthana (Origin):** Pakvashaya (intestine)
- **Vyakti Sthanan:** right lower calyx (urinary system)
- **Adhithana:** Mutravaha Srotas
- **Rogamarga:** Madhyama Rogamarga
- **Vyadhi Swabhava:** Ashmari (stone formation)

Diagnosis: Pittashmari (cholelithiasis) with Dakshin vrukkashmari

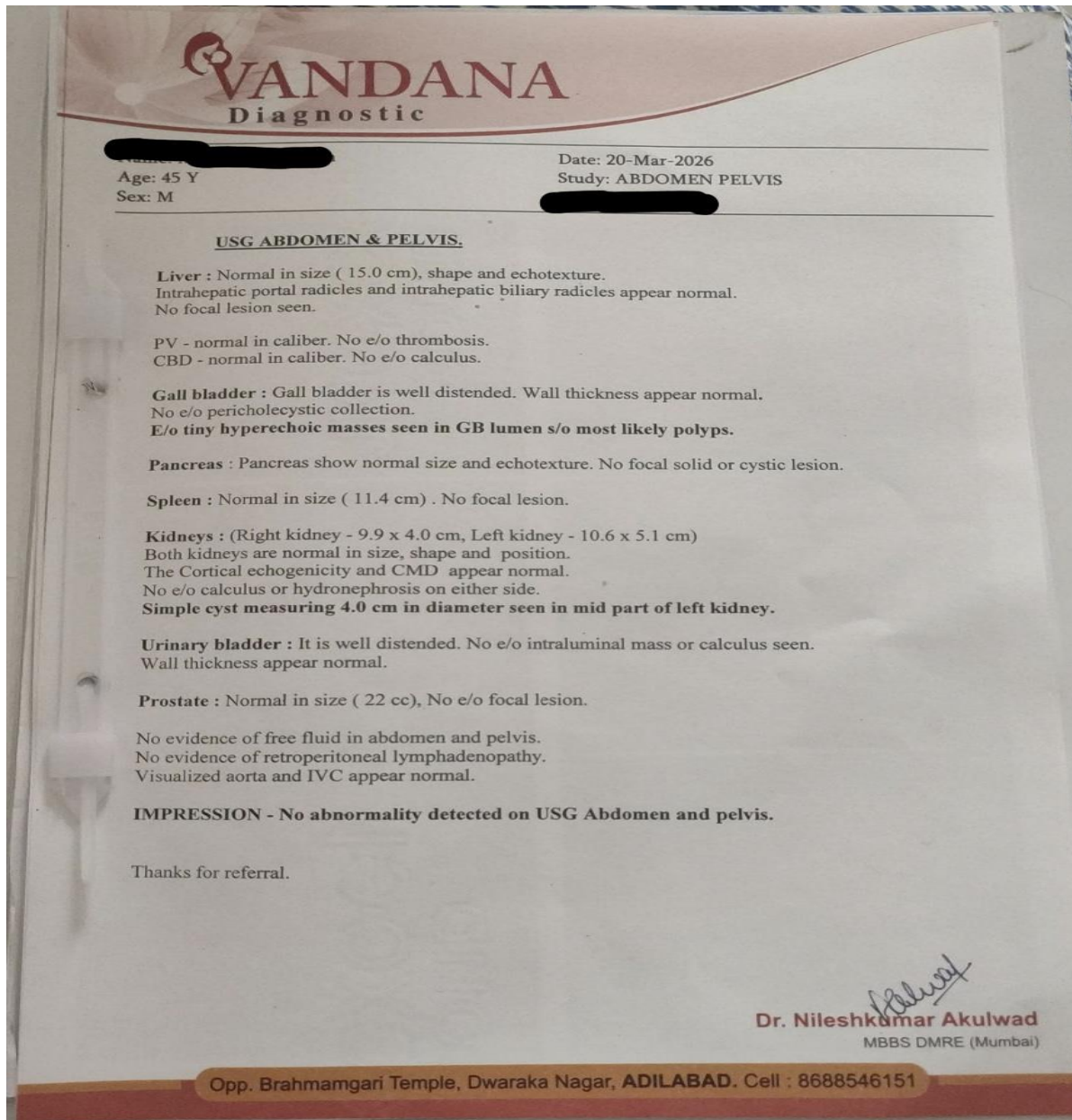
Treatment :

Treatment of Pittashmari:

Sr.no	Medicines	Dose	Time	Anupan
01.	Arogyvardhini vati	250mg	Twice a day	Lukewarm water
02.	Punarnava Guggul	500mg	Twice a day	Lukewarm
03.	Kumariasav + punarnavaasav	15ml	Twice a day	Lukewarm water
04.	Kashay of punarnava,nimb Haritaki ,kutki Guduchi ,pittpapda , Shunthi daruharidra	30ml	Twice a day	Lukewarm water
06.	Gukshur guggul	500mg	Twice a day	Lukewarm water
07.	Chandraprabha vati	250mg	Twice a day	Lukewarm water
08.	Pashanabheda punarnva, gokshur	1 gm each	Twice a day	Lukewarm water
09.	Panchasakar churn	03gm	HS	Lukewarm water

Observation and Results :

After 3 months of treatment and ahara vihar USG of abdomen and pelvis report shows impression of no abnormality detected in USG,also patient got rid of stone and symptoms.



DISCUSSION

Pittashmari is considered to arise from the imbalance of all three Doshas. The primary approach to its management emphasizes Yakrutottejana (stimulation of liver function), which promotes proper secretion and flow of Achha Pitta (pure bile), thereby aiding in the dissolution of the stone.

Based on the analysis of Nidan Panchaka and Samprapti Ghataka, it is understood that dietary and lifestyle factors that aggravate Pitta and Kapha lead to the accumulation of

vitiated Pitta and Kapha in the Pittashaya (gallbladder region). This accumulation results in Srotorodha (obstruction of channels).

Due to this obstruction, the normal movement of Vata is hindered, leading to its aggravation. The aggravated Vata, owing to its Ruksha (dry) quality, causes drying and condensation of the accumulated Pitta and Kapha, ultimately resulting in the formation of Ashmari (stone).

The Ayurvedic management of Mutrashmari (renal calculi) focuses on balancing the Doshas and clearing the Srotas to dissolve stones and prevent recurrence. This is achieved through herbal medicines along with appropriate diet and lifestyle changes.

Herbs like Gokshura (*Tribulus terrestris*) help by increasing urine output and preventing stone formation, while Varuna (*Crataeva nurvala*) and Pashanabheda (*Bergenia ligulata*) support stone breakdown and expulsion due to their anti-urolithiatic and antioxidant properties.

Formulations such as Mutravardhak Vati act by correcting Vata and Pitta, improving Agni, and reducing Ama, thereby preventing crystallization in the urinary tract. This helps in dissolving existing stones and avoiding new ones.

Improved digestion and gut function also aid in toxin elimination, while medicines like Brahmi Vati and GIT stimulants help reduce stress, which in turn helps control Vata and supports overall balance.

Arogyavardhini Vati: Its contents, due to their cholagogue nature, help in the stimulation of the secretion of bile from the liver and also aid in washing out excessive bile from the body before being absorbed, and thus help in the prevention of liver, spleen, and gall bladder disorders.

Almost 50% of its content is Kutaki. Kutaki is bitter in taste, cooling, and removal of excessive fire energy from the body, best for the removal of excessive Pitta from the body via the colon.

Kutaki helps in the restoration of Liver functions by overcoming fatty liver changes. It also promotes liver regenerating activities by restoring cytochrome.

1. Punarnava Guggulu exhibits Shothahara and Mutrala properties, reducing edema and promoting urine flow, thereby facilitating expulsion of calculi. It also acts as Srotoshodhaka, clearing obstruction in Mutravaha Srotas and reducing Kapha accumulation responsible for stone formation [8,9].

2. Gokshura Guggulu acts as Mutrala and Ashmari-bhedana, promoting diuresis and

aiding in the fragmentation and expulsion of urinary stones. It pacifies Vata and Kapha, relieving pain and dysuria associated with Ashmari [8,9].

3. Arogyavardhini Vati improves Agnideepana and Amapachana, correcting metabolic dysfunction and preventing further stone formation. It also performs Srotoshodhana, clearing obstruction and supporting proper metabolism [8,9].

4. Chandraprabha Vati acts as Mutrala, Shothahara, and Balya, improving urinary flow, reducing inflammation, and strengthening the urinary system. It helps in relieving symptoms like dysuria and frequency [8,9].

5. Pashanbheda + Punarnava + Gokshura

This combination has strong Ashmari-bhedana and Mutrala action.

Pashanbheda helps in breaking stones

Punarnava reduces inflammation and edema

Gokshura enhances urine flow

Together, they facilitate the disintegration and expulsion of calculi [8,9].

6. Panchasakar Churna acts as Mridu Rechaka and Vatanulomaka, promoting bowel evacuation and correcting Apana Vata. This helps reduce intra-abdominal pressure and supports proper urinary flow, indirectly aiding in Ashmari management [8].

CONCLUSION

This case study has shown encouraging results for the treatment of

Cholelithiasis can be treated just by using Shaman Chikitsa. Not only did the patient get rid of the stone, but there was also a marked improvement in his overall health

Based on the observations and results of this study, it can be concluded that Ayurveda principles, when applied accurately, give positive results and also help prevent the recurrence of the disease.

The effective management of renal calculi in this patient through Ayurvedic practices exemplifies the profound capabilities of traditional medical systems in addressing modern health concerns. Within a 3-month treatment framework, the patient achieved complete dissolution of a 4 mm renal calculus, an impressive outcome underscoring the treatment's efficacy. The Ayurvedic interventions were carefully designed to disrupt the pathogenesis of

the disease by balancing the doshas involved, enhancing the digestive fire (Jatharagni), and facilitating the elimination of toxins that contribute to stone formation. Investigations prior to initialization of the treatment confirmed the presence of the calculus and helped in tailoring the intervention precisely. Over the course of treatment, follow-up assessments were crucial in monitoring the reduction in stone size and the improvement in vital parameters, confirming the disappearance of the right kidney stone. In conclusion, the holistic and individualized approach of Ayurveda not only addressed the immediate clinical symptoms presented by the renal calculi but also promoted an overall enhancement of health, validating the integration of traditional medicinal practices to provide comprehensive patient care.

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