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INTEGRATED AYURVEDIC MANAGEMENT OF *PITTASHMARI* (CHOLELITHIASIS) PRESENTING WITH *UDARSHOOL* (ABDOMINAL PAIN): A CASE REPORT

***Dr. Srushti Sunil Deshpande[1], Dr. Prachi Vishwakarma[2], Dr. Amar Sahu[3], Dr. Naresh Kore[4]**

[1]MD Scholar, Department of Kayachikitsa, Parul Institute of Ayurveda and Research, Khemdas Hospital Vadodara.

[2]Assistant Professor, Department of Kayachikitsa, Parul Institute of Ayurveda and Research, Khemdas Hospital Vadodara.

[3]MD Scholar, Department of Rasa Shastra Evum Bhaishajya Kalpana, Parul Institute of Ayurveda and Research, Khemdas Hospital Vadodara.

[4]Professor, Department of Kayachikitsa, Parul Institute of Ayurveda and Research, Khemdas Hospital Vadodara.

**Corresponding Author's Email: srushtideshpande01091999@gmail.com*

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Abstract

Background: Cholelithiasis is a common hepatobiliary disorder characterised by gallstone formation in the gallbladder. This condition is clinically correlated as Pittashmari in Ayurveda. Though the conventional treatment for symptomatic cases is surgical removal of gall-bladder, Ayurvedic treatment focuses on non-invasive Shamana Chikitsa which aims to restore balance of Doshas, improve Agni (digestive and metabolic fire) and correct the underlying metabolic disturbances.

Objective: To assess the clinical efficacy of an integrated Ayurvedic treatment protocol in the management of Pittashmari with Udarshoola (abdominal pain).

Methodology: A 60-year-old female patient with complaints of abdominal pain and recurrent nausea was treated with complete Ayurvedic treatment protocol including selected herbal formulations (Aushadhi) along with therapeutic Yoga practices. The patient was followed up clinically with symptomatic evaluation and radiology.

Results: The patient's abdominal pain, nausea and digestive function were significantly improved after treatment. Follow-up ultrasonography showed a reduction of biliary sludge and small gall stones indicating a good therapeutic response.

Conclusion: The results suggest that the integrated Ayurvedic approach may be an effective non-surgical management option in selected cases of cholelithiasis. Ayurvedic therapy can improve clinical outcomes and overall digestive health by addressing gallstone pathology and the underlying metabolic imbalance.

Introduction

Cholelithiasis is a very common hepatobiliary disorder. It is defined as the formation of gallstones in the gall bladder due to crystallisation of the constituents of bile which include cholesterol, bilirubin and calcium salts. This condition is a public health problem because it is frequent, recurrent and can cause

complications such as biliary colic, acute cholecystitis, obstructive jaundice and pancreatitis. Epidemiological studies indicate that the prevalence of gallstone disease is 10%–35% worldwide, and the gallstones account for almost 75-80% of all hepatobiliary calculi. The disease is reported more frequently in women and in people living in the northern and eastern parts of India indicating the role of demographic as well as regional factors in its occurrence [1, 2].

Laparoscopic cholecystectomy is the treatment of choice for symptomatic cholelithiasis. Surgery is generally successful but may not be appropriate for all patients, especially the elderly, those with associated systemic illnesses or those who prefer conservative management. Also, removal of the gallbladder can change the normal storage and release of bile which can affect fat digestion and gastrointestinal function in some individuals [3]. These fears have led to the exploration of safe, minimally invasive, and holistic therapeutic approaches capable of alleviating symptoms and treating the underlying disease process.

Gallstones are not specifically described in the classical texts. Cholelithiasis is clinically correlated to Pittashmari in Ayurveda as it is similar in pathophysiology and clinical presentation. The gall-bladder is theoretically called Pittashaya, the principal seat of Pitta, and the bile as Accha Pitta. As per the principles of Ayurveda, taking spicy, oily, heavy and incompatible foods in excess causes aggravation of Pitta. On the other hand, increased Kapha causes stagnation and thickening of bile and aggravated Vata dries and hardens the accumulated material leading to stone formation. This pathological process is further aggravated by Agnimandya (impaired digestive and metabolic fire) and accumulation of Ama (metabolic toxins) which interfere with normal metabolism and predispose to recurrence [2,4].

The Ayurvedic approach to treating Pittashmari is to balance the underlying Doshic imbalance, rather than just treating the stone. Therapeutic principles such as Shamana Chikitsa, Amapachana, Pittashamana and Ashmaribhedana are aimed at restoration of digestive and metabolic homeostasis along with breakdown and elimination of calculi. It has been reported that the herbal formulations like Pashanbheda, Yavakshara, Gokshura, Arogyavardhini Vati and Varunadi Kashaya have hepatoprotective, litholytic, anti-inflammatory and cholagogue properties which may improve bile flow, reduce pain and help in dissolving biliary calculi. Supportive measures like Yoga, Pranayama and dietary regulation further enhance the treatment by improving digestion, reducing stress and minimising chances of recurrence [3,5].

Recent case reports and observational studies have reported encouraging results of individualised ayurvedic management in selected patients with cholelithiasis, especially in those with small gallstones, biliary sludge or functional digestive disturbances. These trials have recorded significant symptomatic relief, positive ultrasonographic changes and improved overall quality of life in the patients after integrated Ayurvedic approaches [4,6]. Such findings indicate the potential of Ayurveda as a complementary or alternative therapeutic option for carefully selected cases and support the integration of classical principles of Ayurveda with evidence-based clinical practice.

The present case report was done to evaluate the clinical effectiveness of an integrated ayurvedic treatment protocol in a patient diagnosed with Pittashmari presenting with Udarshoola (abdominal pain). AIM: The study is aimed at evaluation of symptomatic improvement, radiological changes and restoration of digestive function after conservative ayurvedic management.

Presentation

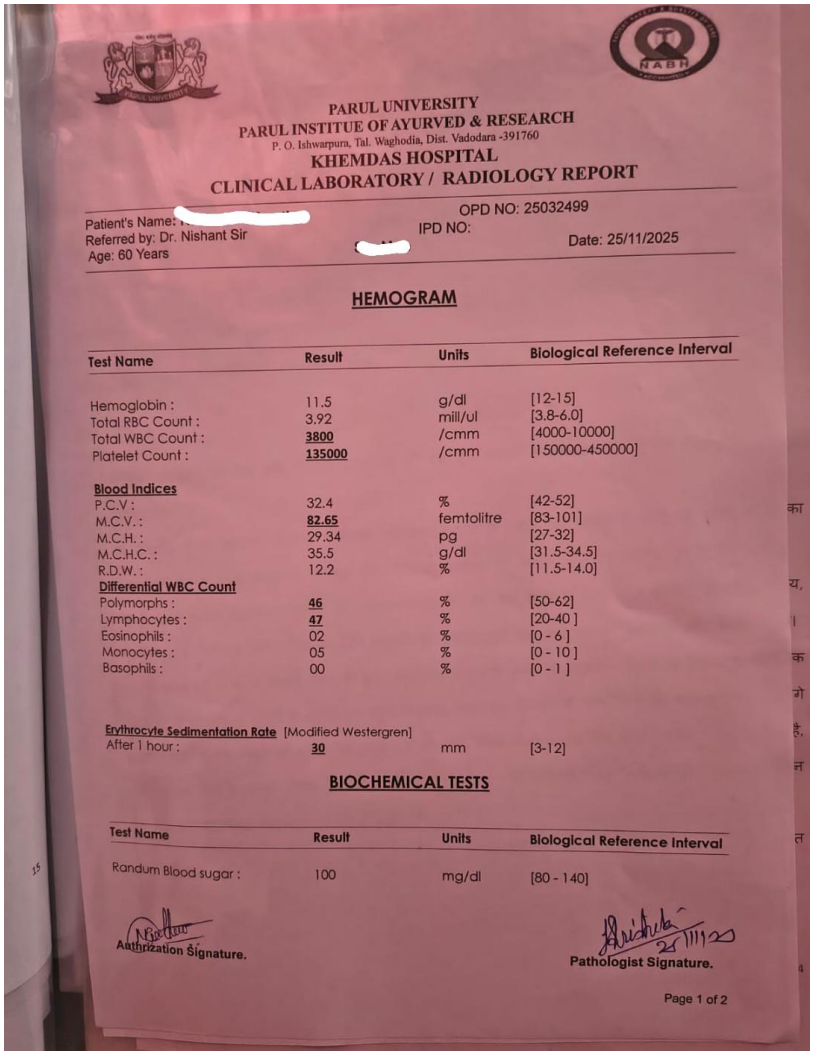
- **Patient Profile:** 60-year-old female (XYZ) presented at Khemdas Hospital in March 2026.
- **Chief Complaints with duration :**
- Pain in the abdomen ,radiating from the lower back. – 4 months.
- Burning sensation in the epigastric region reaching the chest.- 3 months.

- Nausea and disturbed sleep.- occasionally
- Generalized weakness. – 4 months.
- Backache – 3 months.
- **Clinical Findings:**

O/E

- Vitals: BP 130/80 mmHg, PR 74 bpm, Temp 95.8°F.
- Tenderness on palpation in the right hypochondriac region.
- Murphy's sign positive
- **General Examination :**
- Gait : Normal
- Facies: Absent
- Pallor: Absent
- Icterus: Absent
- Synosis: Absent
- Edema: Absent
- No Organomegally

Investigations



PARUL UNIVERSITY
PARUL INSTITUE OF AYURVED & RESEARCH
P. O. Ishwarpura, Tal. Waghodia, Dist. Vadodara -391760
KHEMDAS HOSPITAL
CLINICAL LABORATORY / RADIOLOGY REPORT

Patient's Name: [redacted] OPD NO: 25032499
Referred by: Dr. Nishant Sir IPD NO:
Age: 60 Years Date: 25/11/2025

HEMOGRAM

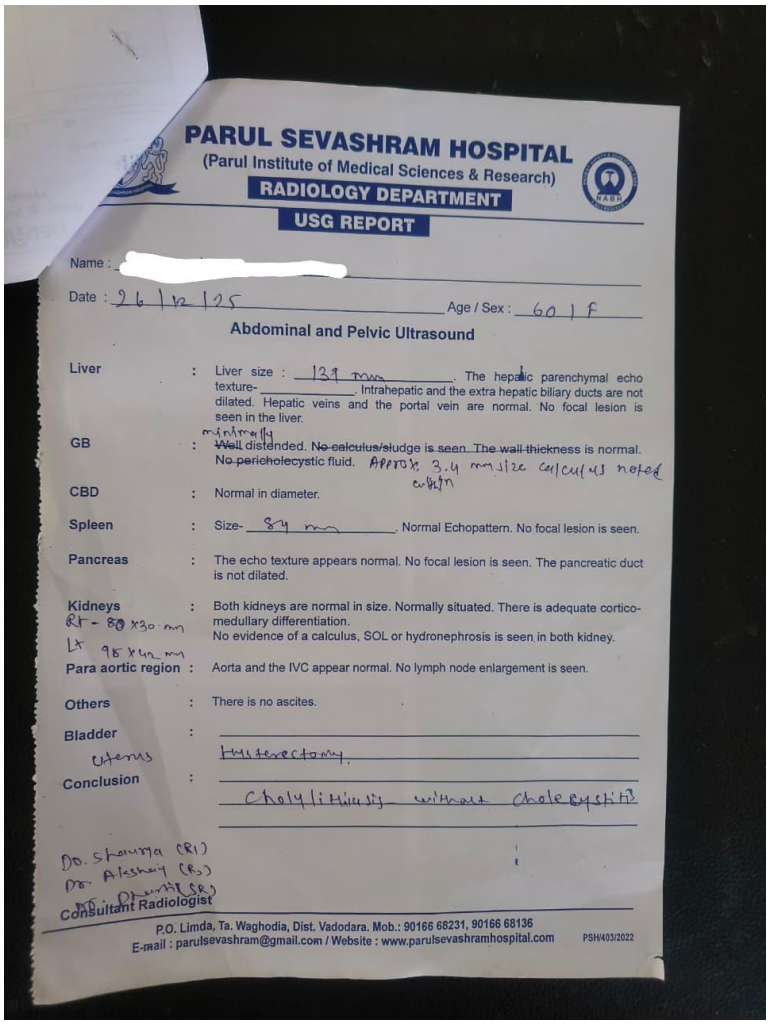
Test Name	Result	Units	Biological Reference Interval
Hemoglobin :	11.5	g/dl	[12-15]
Total RBC Count :	3.92	mill/ul	[3.8-6.0]
Total WBC Count :	3800	/cmm	[4000-10000]
Platelet Count :	135000	/cmm	[150000-450000]
Blood Indices			
P.C.V :	32.4	%	[42-52]
M.C.V. :	82.65	femtolitre	[83-101]
M.C.H. :	29.34	pg	[27-32]
M.C.H.C. :	35.5	g/dl	[31.5-34.5]
R.D.W. :	12.2	%	[11.5-14.0]
Differential WBC Count			
Polymorphs :	46	%	[50-62]
Lymphocytes :	47	%	[20-40]
Eosinophils :	02	%	[0 - 6]
Monocytes :	05	%	[0 - 10]
Basophils :	00	%	[0 - 1]

Erythrocyte Sedimentation Rate [Modified Westergren]
After 1 hour : 30 mm [3-12]

BIOCHEMICAL TESTS

Test Name	Result	Units	Biological Reference Interval
Randum Blood sugar :	100	mg/dl	[80 - 140]

Authrization Signature.
Pathologist Signature.
Page 1 of 2



PARUL SEVASHRAM HOSPITAL
(Parul Institute of Medical Sciences & Research)
RADIOLOGY DEPARTMENT
USG REPORT

Name : [redacted]

Date : 26/12/25 Age / Sex : 60 / F

Abdominal and Pelvic Ultrasound

Liver : Liver size : 139 mm. The hepatic parenchymal echo texture- ____. Intrahepatic and the extra hepatic biliary ducts are not dilated. Hepatic veins and the portal vein are normal. No focal lesion is seen in the liver.

GB : minimally ~~Well~~ distended. ~~No calculus/sludge~~ is seen. ~~The wall thickness~~ is normal. ~~No pericholecystic~~ fluid. Approx 3.4 mm size calculus noted within

CBD : Normal in diameter.

Spleen : Size- 84 mm. Normal Echopattern. No focal lesion is seen.

Pancreas : The echo texture appears normal. No focal lesion is seen. The pancreatic duct is not dilated.

Kidneys : Both kidneys are normal in size. Normally situated. There is adequate cortico-medullary differentiation.
No evidence of a calculus, SOL or hydronephrosis is seen in both kidney.
Rt - 80 x 30 mm
Lt 95 x 40 mm

Para aortic region : Aorta and the IVC appear normal. No lymph node enlargement is seen.

Others : There is no ascites.

Bladder :
Uterus Hysterectomy.

Conclusion :
Cholylithiasis without cholecystitis

Dr. Shaurya (R1)
Dr. Akshay (R3)
Dr. Dhruvil (SR)
Consultant Radiologist

P.O. Limda, Ta. Waghodia, Dist. Vadodara. Mob.: 90166 68231, 90166 68136
E-mail : parulsevashram@gmail.com / Website : www.parulsevashramhospital.com PSH/403/2022

Methodology

The patient was treated by a holistic 15 days integrated Ayurvedic treatment protocol comprising Shamana Chikitsa (conservative Ayurvedic therapy) along with selective oral herbal formulations to correct the underlying Doshic imbalance, enhance hepatobiliary function, promote digestion and aid in the resolution of biliary calculi.

Shamana Aushadhi (Oral Medications)

• Guduchyadi Kashaya (30 mL twice a day before meals): Given for its hepatoprotective and Pitta-pacifying properties for support of liver and gallbladder function.

• Combination Powder: The formulation containing Pashanbheda Churna (2 g), Gokshura Churna (2 g) and Yavakshara (125 mg) was given twice daily (1-0-1) after meals with lukewarm water. This combination is selected for its Ashmaribhedana (litholytic) action to disintegrate and remove the biliary calculi and to enhance the bile flow.

• Shankhavati (2 tablets twice daily after meals): Given with lukewarm water to relieve abdominal colic, improve digestive function, and reduce gastrointestinal discomfort.

• Swadishta Virechana Vati (2 tablets at bedtime): Given with lukewarm water, it helps in mild Virechana (therapeutic purgation) by which aggravated Pitta is removed and normal digestive and metabolic functions are supported.

• Kamdudha Ras (1 tab twice daily after meals): Given for hyperacidity, epigastric burning and Pitta dominant symptoms.

• Hingvastaka Churna (1 teaspoon twice daily after meals): Given with lukewarm water to aid in Amapachana (digestion of Ama), boost Agni, relieve flatulence, and improve overall gastrointestinal health.

Results

The patient exhibited marked clinical improvement with significant relief in symptoms and functional status after completion of 15 days integrated Ayurvedic treatment protocol.

The intensity of udarshoola (abdominal pain) was significantly reduced which meant symptomatic management. The gastrointestinal symptoms were also significantly improved with the complete subsidence of nausea (Hrillasa) and the restoration of a healthy appetite, suggestive of improvement in digestive function and Agni.

A follow-up radiological assessment demonstrated a reduction of biliary sludge and small gallstones on ultrasonography, indicating a favourable therapeutic response to the treatment. The polypoidal lesions that were previously identified were stable and were being regularly surveilled for further evaluation.

In conclusion, combined Ayurvedic intervention produced significant symptomatic relief, improved digestive health and encouraging radiological outcomes without the need for surgery.

Discussion

Surgical removal of gall bladder is the mainstay of treatment in cholelithiasis especially in symptomatic patients. Laparoscopic cholecystectomy is regarded as the standard treatment, but it may not be the treatment of choice in the elderly, patients with associated comorbidities or patients who wish to have conservative management. The present case shows that an integrated Ayurvedic treatment protocol can be an effective non-surgical alternative providing significant relief of Udarshoola (abdominal pain) along with reduction in biliary sludge and small gall stones on follow up ultrasonography [4].

In Ayurveda, Pittashmari is said to be due to Agnimandya (reduced digestive and metabolic fire) and accumulation of Ama (metabolic toxins) which disturbs the normal metabolism of Accha Pitta (bile) in the Pittashaya (gallbladder). Excessive Kapha increases the viscosity and stagnation of bile and excessive Vata promotes drying and solidification, which in turn leads to the formation of calculi. Therefore, the therapeutic approach in this case was planned to restore Tridosha balance, improve digestion and metabolism, and help dissolve and eliminate gallstones [4].

The principal Ashmaribhedana (litholytic) therapy consisted of a combination of Pashanbheda Churna, Gokshura Churna and Yavakshara. Pashanbheda is well known for stone breaking and Yavakshara, because of its Ushna (hot) and Tikshna qualities, helps in softening and liquefying the hardened biliary deposits. Gokshura complements these actions by supporting metabolic clearance and healthy functioning of the urinary and biliary systems [3–5].

Guduchyadi Kashaya was added due to its hepatoprotective and Pitta-pacifying properties, thus improving liver function and maintaining healthy bile secretion. Shankhavati improved digestion, cured abdominal colic and stimulated physiological bile flow, which helped to reduce biliary stasis and the discomfort associated with it [1,4].

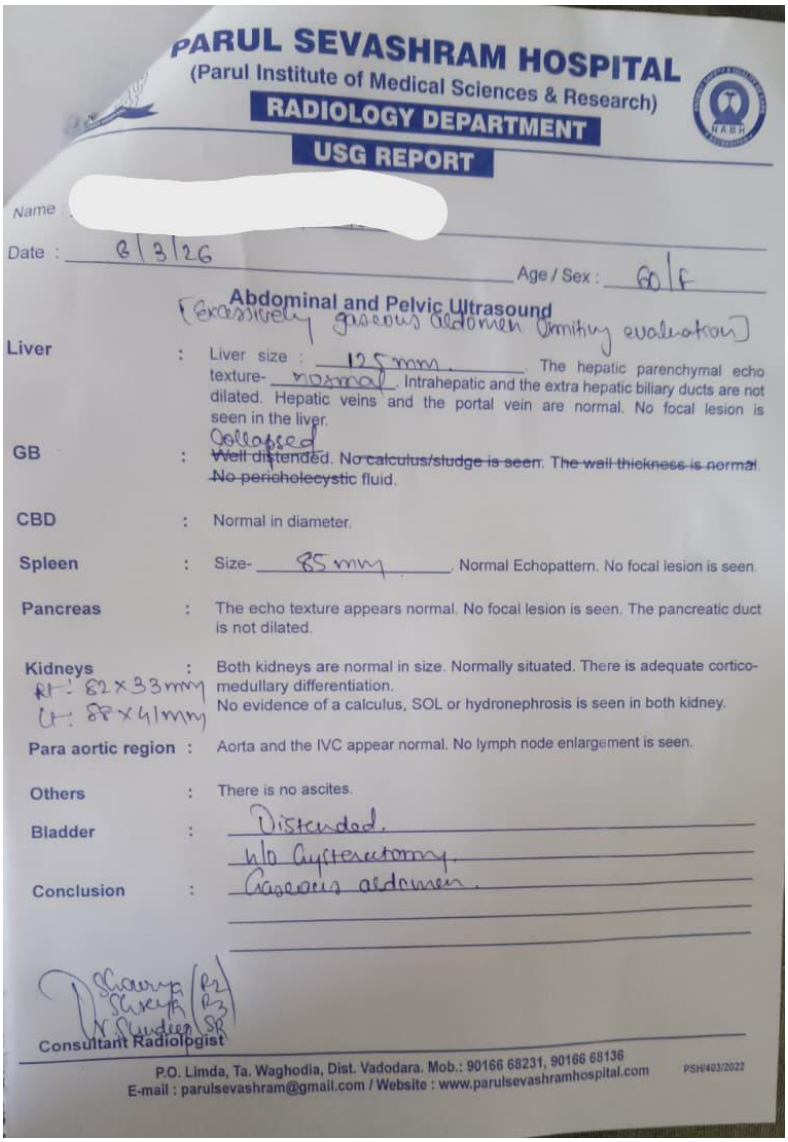
Kamdudha Ras is classically indicated in Pitta predominant disorders and was effective in controlling the patient's complaints of epigastric burning and hyperacidity. Moreover, Shankhavati and Hingvastaka Churna showed carminative, digestive and antispasmodic properties which helped in relieving nausea (Hrillasa), abdominal discomfort and impaired digestion by correcting Agnimandya and promoting Amapachana [1,4,6].

Mild Virechana with Swadishta Virechana Vati was an integral part of treatment strategy. Therapeutic purgation helps clear the body of aggravated Pitta and reduces hepatobiliary congestion. Since gallbladder (Pittashaya) is considered one of the important sites of Pitta, classical Ayurvedic literature suggests Mridu Virechana (gentle purgation) or Anulomana to be an effective systemic measure to re-establish Pitta equilibrium and improve hepatobiliary function.

Adjunctive therapies also helped to promote the efficacy of the oral medications. Abhyanga followed by Sek (local fomentation) relieved the Vata induced pain and muscular spasm. Bhujangasana and Shashankasana were added with Pranayama to improve abdominal circulation, digestive function, reduce stress and support gallbladder motility as therapeutic Yoga practices. Following proper dietary restrictions (Apathya Varjana) further minimised aggravation of Dosha and helped to prevent recurrence of disease.

The favourable clinical and radiological outcomes in this case suggest that integrated Ayurvedic treatment protocol can be effective in addressing the underlying metabolic disturbances as well as the clinical manifestations of Pittashmari. The present findings give some evidence in support of the potential role of Ayurveda as a safe holistic and non-invasive treatment modality for carefully selected patients of cholelithiasis although larger controlled clinical studies are needed to establish definitive evidence [3].

Following image show sonography report (After treatment)



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(Parul Institute of Medical Sciences & Research)
RADIOLOGY DEPARTMENT
USG REPORT

Name : [redacted]
Date : 8/3/26 Age / Sex : 60/F

Abdominal and Pelvic Ultrasound
[Excessively gaseous abdomen limiting evaluation]

Liver : Liver size : 125 mm. The hepatic parenchymal echo texture- normal. Intrahepatic and the extra hepatic biliary ducts are not dilated. Hepatic veins and the portal vein are normal. No focal lesion is seen in the liver.

GB : Collapsed ~~Well distended. No calculus/sludge is seen. The wall thickness is normal. No pericholecystic~~ fluid.

CBD : Normal in diameter.

Spleen : Size- 85 mm. Normal Echopattern. No focal lesion is seen.

Pancreas : The echo texture appears normal. No focal lesion is seen. The pancreatic duct is not dilated.

Kidneys : Both kidneys are normal in size. Normally situated. There is adequate cortico-medullary differentiation.
Rt: 82×33mm
Lt: 88×41mm
No evidence of a calculus, SOL or hydronephrosis is seen in both kidney.

Para aortic region : Aorta and the IVC appear normal. No lymph node enlargement is seen.

Others : There is no ascites.

Bladder : Distended.

Conclusion : w/o Cystectomy.
Gaseous abdomen.

Consultant Radiologist

P.O. Limda, Ta. Waghodia, Dist. Vadodara. Mob.: 90166 68231, 90166 68136
E-mail : parulsevashram@gmail.com / Website : www.parulsevashramhospital.com PSH/403/2022

Conclusion

The present case shows that an integrated Ayurvedic treatment protocol can effectively control Pittashmari with Udarshoola with significant symptomatic relief and positive clinical and radiological outcome in selected patients. The use of hepatoprotective herbal formulations, Ashmaribhedana (litholytic) therapies, Pitta-pacifying measures and supportive Yoga practices helped to reduce biliary sludge and small calculi and improved the digestive function by correcting Agnimandya and restoring Doshic balance. These findings indicate that Ayurveda may be a safe, holistic and non-invasive therapeutic option for selected cases of cholelithiasis. Nevertheless, additional well-designed clinical studies on a larger number of patients are required to confirm these observations and to determine the long-term efficacy of this treatment approach.

References

1. **Mahajan NP, Godbole MM.** Management of Cholelithiasis (*Pittashamari*) with Ayurveda and Yoga Intervention: A Case Report. *World Journal of Pharmaceutical and Medical Research (WJPMR)*. 2025 May; 11(6): 176-180.
2. **Neha, Baghel P, Kestwal A, Chaudhary DL.** Ayurvedic Management of *Pittashamari* (Cholelithiasis): A Case Study. *European Journal of Pharmaceutical and Medical Research (EJPMR)*. 2025 Sep; 12(10): 138-143.
3. **Lekhrao OP, Nathani S.** Ayurveda Management of *Pittashmari* with Special Reference to Cholelithiasis - A Case Report. *International Journal of Innovative Research in Technology (IJIRT)*. 2025 Jul; 12(2): 4224-4227.
4. **Gaikwad MA, Gulhane JD.** An Ayurvedic management of *Pittashmari* (Cholelithiasis): A Case Study. *Journal of Ayurveda and Integrated Medical Sciences (JAIMS)*. 2024 Sep; 9(9): 316-320.
5. **Kumar P, Sahu SK.** Ayurvedic Management of Cholelithiasis (*Pittashmari*): A Case Study. *World Journal of Pharmaceutical Research (WJPR)*. 2016 Jul; 5(8): 1376-1383.
6. **Dileep P, Shailesh Y, Kamath T S.** Conceptual study on Cholelithiasis in Ayurveda. *Journal of Emerging Technologies and Innovative Research (JETIR)*. 2022 Jan; 9(1): c89-c94.
7. **Bansal A, Akhtar M, Bansal AK.** A clinical study: prevalence and management of cholelithiasis. *International Surgery Journal (ISJ)*. 2014 Nov; 1(3): 134-139.
8. **Kolhe NS, Ghaywate RB.** An Integrative Ayurvedic Approach to Cholelithiasis: A Case Study-Based Evaluation of Efficacy and Clinical Outcomes. *Journal of Emerging Technologies and Innovative Research (JETIR)*. 2025 Dec; 12(12): e128-e139.
9. **Sowmya H, Sreenidhi GS, Pooja BA.** Ayurvedic Management of Cholelithiasis - A Case Study. *International Journal of Ayurveda and Pharma Research (IJAPR)*. 2022 Apr; 10(4): 48-50.
10. **Kumbar PA, Singh G, Rajput L.** An Ayurvedic Management of Cholelithiasis - A Case Report. *International Journal of Ayurvedic Medicine (IJAM)*. 2021; 12(2): 379-382.