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AN AYURVEDIC MANAGEMENT OF PITTASHAYA ASHMARI (CHOLELITHIASIS)-A PILOT STUDY

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ABSTRACT

Introduction*: Pittashaya ashmari (Cholelithiasis) is the presence of one or more calculi (gallstones) in the gallbladder. In children the gall bladder stone found in approximately 5%, between 30-70yrs of age the prevalence is up to 10% in male and 19% in females and increase in 70-80years old people to 30-40%. Its comparatively low in South India.*

Materials and Methods*: A Hindu male patient aged about 48yrs, Married, working as Supervisor in private company, during his annual company check-up accidentally detected with 12.6 mm gall stone, since patient was Asymptomatic not taken any treatment for next 7 months. After 7 months due to his family physician advise, patient visited, Shalya tantra OPD, Shri Dharmasthala Manjunateshwara institute of Ayurveda & Hospital, Bengaluru. Patient was treated with Kadali Paneeya kshara - 1gm (capsule) for 45days, after morning food.*

Outcome and results: *Usg Abdomen & pelvis impression: Cholelithiasis within the lumen of gall bladder; largest measures 6.8mm.*

Discussion*: Kadali Paneeya kshara which reduces the size of the stone without causing the any adverse effect to a patient.*

KEY WORDS: *Cholelithiasis, Gall stone, Paneeya Kshara, Pittashaya Ashmari, Kadali*

INTRODUCTION

Pittashaya ashmari (Cholelithiasis) is the presence of one or more calculi (gallstones) in the gallbladder.[1]

In children the gall bladder stone found in approximately 5%, between 30-70yrs of age the prevalence is up to 10% in male and 19% in females and increase in 70-80years old people to 30-40%.[1] Its comparatively low in South India. [2]

As a matter of fact, surgery (cholecystectomy) is the most common form of treatment for *Pittashaya ashmari* (Cholelithiasis). Which has led to a growing interest in para-surgical procedure.

Cholecystectomy having risks includes common surgical, anaesthesia and post operative risks like bile leakage, bile duct injury, further leads to repeated surgery. No confirmed or defined treatment are present in any contemporary healing system. Although ursodiol or chenodiol in the form of oral bile acid pills, extracorporeal shock-wave lithotripsy (ESWL), contact dissolution therapy [injecting a solvent known a Methyl tertiary-butyl ether (MTBE) into the gallbladder to dissolve the gallstones], Percutaneous Cholecystostomy are good non-surgical measures, their roles are either limited or these are not free from adverse effects.[1]

In Ayurveda classics, *Kshara* is *pradhanatama* (best) among *Shastranushastra*. *Kadali Paneeya kshara* is indicated in *Ashmari chikitsa* in *Sushruta samhita* and *Astanga hrudaya*.

Kadali is cost effective easily available, easily administrable and potent drug useful in *Ashmari*.

Drug *Kadali* has been explained in *Sushruta samhita*, *Dhanwantari-nigantu* and *Kaiyadeva-nigantu.* In *Sushruta samhita* while explaining general preparation of *Kshara, Kadali has been* enlisted as one among them.[3] *Kadali Paneeya kshara* has explained in *Ashmari chikitsa* of *Sushruta samhita* and *Astanga hrudaya*.[4]

MATERIAL AND METHODS

Case Report

A Hindu male patient aged about 48yrs, Married, working as Supervisor in private company, during his annual company check-up accidentally detected with 12.6 mm gall stone, since patient was Asymptomatic not taken any treatment for next 7 months. After 7 months due to his family physician advise, patient visited, Shalya tantra OPD, Shri Dharmasthala Manjunateshwara institute of Ayurveda & Hospital, Bengaluru.

Patient was not a known case of DM2, HTN, non-Alcoholic, non-smoker, indulging both veg & non veg food (More of Katu, Lavana, Amla rasa pradhana ahara). Having weight of 65kg, height 5.9ft, having stressful professional work.

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Table no 1: ***Asta sthana pariksha***

Nadi	*Pitta -Vata (*78/min)
Mala	1-2 times/day
Mutra	5-6 times day,
Jihwa	*Alpa lipta*
Shabha	*Prakruta*
Sparsha	*Sama sheetoshna*
Druk	*Samyak*
Akruti	*Samyak*

Per Abdominal examination reveals no discolouration, no swelling, umbilicus placed centrally and inverted, no tenderness, no organomegaly.

Blood Investigation
Hb %-13.0gms%, T C- 7300 Cells/cumm, DC N- 69%, L-18%, E-01%, M-02%, B-00%, ESR-10mm/hr, BT-2min10sec, CT- 4min 5sec, FBS 106mg/dl PPBS-123mg/dl.

USG Abdomen & Pelvis (04/02/2023)
Impression: Cholelithiasis. Calculus measuring 12.6mm

Therapeutic Intervention
Kadali Paneeya kshara (*mrudu*) in capsule form- 1gm

Mrudu Kshara Preparation [3]
The procured drug was cut into small pieces and dried well. The dried pieces were put in earthen pot and burnt into ash. First, a few pieces were put in fire and ignited. As they burn more and more pieces were added, when all the pieces burnt to ash, left it for self-cooling. *Avimutra* was then added to the ash in the ratio of 4:1 and mixed well. This mixture had filtered through a piece of cloth for 21 times till a clear liquid was obtained. The filtered solution was taken in an earthen or iron vessel and heated over a moderate fire till the water evaporates, leaving a solid salty white substance which had collected at the bottom of the vessel. Obtained *Kshara* was stored in a sterile glass container.

Dosage – 1gm (capsule form)
Time of Administration: 15 minutes after morning food
Anupana: *Jala* 100ml
Days: 45days

Outcome and Results
Usg Abdomen & pelvis (1/11/2023)
Impression: Cholelithiasis within the lumen of gall bladder; largest measures 6.8mm.

Table no 2: Treatment Protocol and its timeline

Sl no	Date	Events	Observation
1	04/02/2023	USG done, Cholelithiasis detected	12.6mm calculi
2	12/09/2023	Visited SDMIAH,	Consultation done
3	14/09/2023	Medicine started	Kadali Paneeya kshara 1gm 1-0-0 After food
4	1/11/2023	After 45 days treatment, USG done	6.8mm calculi in lumen.



IMG 1: Before treatment USG

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IMG 2: After treatment USG

DISCUSSION

In the above Gall stone case *Mrudu Kadali Paneeya kshara* were using to treat. *Kshara* has *Kapha* and *Vata doshahara* property. *Kadali kanda* also has the property of resolving the *Kapha dosha*, here *Kadali Kanda Paneeya Kshara* had taken as drug of choice to resolve *Ashmari's*, Because *Ashmaris* were mainly formed out of *Kapha dosha* predominantly along with other *dosha*. Here *Kshara* acts upon *Kapha dosha* and do resolve of *Ashmari*. Along with *Kaphahara* property *Kshara* has *Bhedhana* and *Lekhana guna* which were also contributing in reducing size of the stone. *Kshara* also called as *Shiva (Soumya)* which doesn't harm, if properly used. Usage of *Avimutra* had been seen in *Ashmari Chikitsa* of *Sushruta samhita*, which was *Pittaavirodhini* in nature. In Above patient 1 gm *Kadali Paneeya kshara* was given for 45days morning after food, i.e in *vyanakala*. No Adverse effect seen in patient. Throughout the course of treatment patient remind as asymptomatic only.

CONCLUSION

Above illustration was a pilot study showing effect of *Kadali Paneeya kshara* in *Pittashaya Ashmari.* Depending upon Condition of patient & number of stones, modulation in Dosage, *Anupana*, and days of administration can be adopted to see fruitful results without causing any adverse effect to a patient. Proper history taking and not having a serious co-morbidity should be ruled out before administration of *Kshara*.

Consent: Patient consent taken
Source of support: Nil
Conflict of interest: None

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