



Case Report

Cholelithiasis (*Pittashmari*) with clinical insights –A case report

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Abstract

Cholelithiasis, a chronic hepatobiliary condition caused by abnormalities in the metabolism of bile acids, cholesterol, and bilirubin, is becoming increasingly common in India, with an incidence of 2–29%. While conventional management depends mostly on cholecystectomy, non-surgical medical treatment remains limited. Ayurveda conceptualises gallstone disease as *Pittashmari* by understanding the development of calculi within the gallbladder (*Pittashaya*) as an outcome of *Pitta-Kapha* vitiation, *Strotorodha* (blockage of channels), and crystallisation. Management aims to normalize *Dosh Dushya Samprapti* (pathogenesis) through *Shamana* (pacification), *Shodhana* (purification), and *Rasayana* (rejuvenation). The present case report documents successful non-surgical management of *Pittashmari* in a male patient aged 18 years with a complaint of pain in the abdomen radiating to the back, distension of the abdomen, constipation, and indigestion. Ultrasonography report showed a few 2-3 mobile calculi, with the largest measuring about 10mm in the gall bladder, suggesting the diagnosis of Cholelithiasis (*Pittashmari*). The patient had a treatment history of allopathic medicine with temporary relief. Physical examination showed *Pitta-Kapha* predominance with *Vata* involvement, and the patient was diagnosed through ultrasound as cholelithiasis. Treatment included *Shamana Chikitsa* (Shad-Dharan yoga, Shankhavati, Dashmula Haritaki Leha, Arogyavardhini Vati), *Ashmarighna Dravyas* (Pashan Bheda, Narikel Lavan), *Shodhana* (Virechana with Dadimadi Ghrit and Abhayadi Modak), and *Rasayana* therapy (Amalaki Rasayana). Regimen was reinforced with Bhaishajya Kala-specific administration and rigorous dietary and lifestyle modification. Marked clinical improvement was achieved within weeks, with resolution of distension, pain, and constipation. No recurrence was observed on followup. The findings indicate that a structured *Ayurvedic regimen may treat both symptoms and underlying metabolic factors, supporting gallstone dissolution, metabolic correction, and preventing recurrence.*

Keywords: Cholelithiasis, Pittashmari, Gallstones, Shamana, Shodhana, Rasayana

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Introduction

Cholelithiasis is a recurrent chronic disease of the hepatobiliary apparatus. The disordered metabolism of cholesterol, bile acids, and bilirubin is differentiated by gallstone formation. The incidence of cholelithiasis varies and has been reported to be 2-29% in India, reflecting regional and demographic variations, and has risen in the last few years.(1) On a clinical level, it can be asymptomatic or present with epigastric fullness, biliary colic, jaundice, or complications in the form of cholecystitis and pancreatitis.(2) Gallstones are mainly cholesterol stones (~90%),

and their frequency is determined largely by risk factors such as age, body mass index (obesity), female sex, metabolic syndrome, and diet.(3)

In *Ayurveda*, Cholelithiasis (gallstone disease) can be explained in terms of *Pittashmari*. Although gallstones are not specifically described in the classical *Ayurveda* texts, the phenomenon of *Ashmari* (calculi) is discussed mainly in connection with *Bastigata Ashmari* (urinary stones). Considering that the gallbladder is regarded as the *Pittashay* (the anatomical site of storage of *Pitta*), the calculi developed within this organ can be interpreted as *Pittashmari*.(4)

Dietary and lifestyle elements that aggravate *Kapha* and *Pitta oshas* result in *Srotorodha* (blockage of channels) and, following crystallization, a process that is similar to gallstone formation. The pathogenesis consists of the vitiation of *Pitta*, often in combination with *Kapha*, which undergoes processes similar to those of viscosity, aggregation, and solidification within the

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biliary tract, leading to the formation of calculi. As such, *Pittashmari* can be understood as a metabolic systemic disorder(5) for which therapeutic management requires total *Dosha-Dushya-Samprapti* normalization using a combination of *Shamana* (pacification therapy), *Shodhana* (purificatory treatment), and *Rasayana* (Rejuvenative therapy).

The current case is special in that it illustrates the effective treatment of Pittashmari (gallstone disease) in an 18-year-old male without surgery. An *Ayurveda* regimen was followed, including *Shamana* (*Shad-Dharana Yoga*, *Shankhavati*, *Dashmula Haritaki leha*), *Ashmarighna Dravya* (*Pashanbhedha*, *Narikel Lavana*, *Tamra Bhasma*), *Shodhana Karma* (*Virecana* with *Dadimadya Ghrit* and *Abhayadi Modak*), and *Rasayana Chikitsa* (*Amalaki Rasayana Arogyavardhini Vati*). Notably, therapy was harmonized with *Bhaishajya Kala*, providing symptomatic relief in combination with recurrence prevention.

The importance of this case lies in treating the Nidana and Samprapti—unusual dietary habits, Vegavidharana (suppression of natural urges), and vitiated Kapha–Pitta—by a comprehensive regimen supported by Ayurveda classics such as *Sushruta Samhita* and *Sharangdhara Samhita*. Although contemporary management is predominantly dependent on cholecystectomy, this case emphasizes the treatment efficacy of *Ayurveda* in gallstone dissolution, metabolic correction, and prevention of recurrence. Few reports have documented such a well-integrated Shamana, Shodhana, and Rasayana sequence; hence, the present study is a significant addition to evidence-based Ayurvedic management of cholelithiasis.

Patient Information

Patient-specific information

Patient name- XYZ

Age- 18 years

Sex- male

Occupation –student

Chief Complaint -

- Severe abdominal distension for **1 day**, occurring frequently.
- Abdominal pain (right side) for **7 days**, with referred pain to the back.
- Constipation and indigestion for the last **3 months**.

History of Present Illness

The patient first noticed dull aching pain in the right abdomen, which progressively worsened over the last week and was accompanied by radiation to the back. Abdominal distension worsened in the last 24 hours and was accompanied by bloating and discomfort. He also gave a history of long-standing constipation and indigestion for the last 3 months. The relief from allopathic drugs used previously was only symptomatic, not a significant improvement.

The patient had no significant past medical, surgical, or family history. On personal assessment, the patient reported decreased appetite, constipation, normal micturition, sleeplessness because of abdominal pain and no addiction. In lifestyle and dietary analysis, excessive intake of non-vegetarian, oily, spicy, and fatty foods (cheese, paneer, fried foods), Irregular dietary timings due to academic and work pressure, and the habit of suppression of

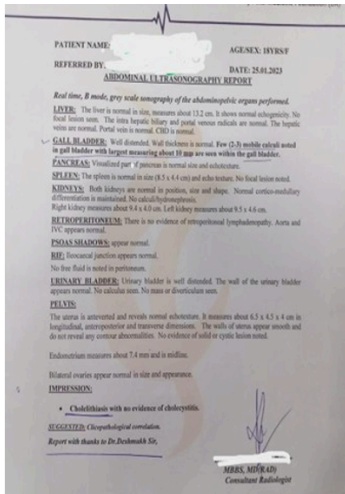
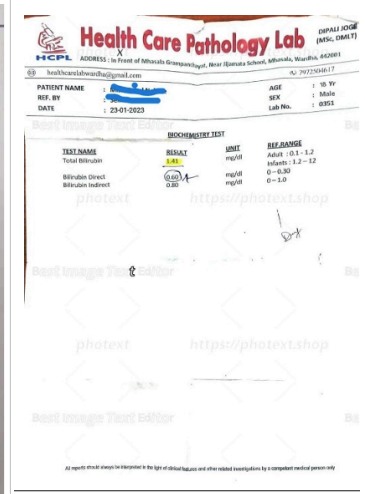
natural urinary urges (*Vegavidharana*) due to classes and hygiene issues were noted.

On general examination, the patient's vital signs were normal: pulse rate 84/min, respiratory rate 19/min, BP 110/70 mmHg, and body temperature 98.7°F. The patient's general condition was normal, with no findings of lymphadenopathy, icterus, or pallor. On systemic examination, the patient had an enlarged abdomen with tenderness in the right hypochondrium; bowel sounds were present but no peristalsis, whereas all other systemic examinations were within normal limits. According to the *Dashavidha Pariksha*, the patient showed a predominance of *Kaphavata prakruti*, whereas the *Vikruti* showed predominance of *Pitta-Kapha*. In addition to this, the other parameters like *Sara*, *Samhanana*, *Satmya*, and *Satva* were of *madhyama* quality, *Vyayamashakti* was *Uttama*, and *Abhyavaharana Shakti* was *Madhyama*, and *Jarana Shakti* was *Hina*, which suggested impaired digestion. According to *Ashtasthana Pariksha*, the patient's *Nadi* was *Vata pradhana*; *Mala* suggested constipation; *Mutra* was normal; *Jihva* was *sama*-coated tongue; whereas *Shabda*, *Sparsha*, and *Druk* were all normal; and *Akruti* was *Madhyama*.

Diagnostic Assessment

On the basis of the clinical picture and radiological examination, the ultrasonographic study showed the presence of movable stones (2-3 in number) in the gallbladder, with the largest measuring 10 mm. The biochemical studies showed a slight increase in bilirubin levels. On the above basis, a diagnosis of Cholelithiasis (*Pittashmari*) was made.

Figure 1: Diagnostic reports before treatment

 ABDOMINAL ULTRASONOGRAPHY REPORT Real time, B mode, grey scale sonography of the abdominalic organs performed. LIVER: The liver is normal in size, measures about 13.2 cm. It shows normal echogenicity. No focal lesions seen. The intra hepatic biliary and portal venous radicals are normal. The hepatic veins are normal. Portal vein is normal. CSD is normal. GALL BLADDER: Well distended. Wall thickness is normal. Few (2-3) mobile echot solid in gall bladder with largest measuring about 10 mm are seen within the gall bladder. PANCREAS: Visualized part of pancreas is normal size and echotexture. SPLEEN: The spleen is normal in size (8.5 x 4.4 cm) and echo texture. No focal lesions noted. KIDNEYS: Both kidneys are normal in position, size and shape. Normal cortico-medullary differentiation is maintained. No calculi/hydronephrosis. Right kidney measures about 9.4 x 4.3 cm. Left kidney measures about 9.5 x 4.4 cm. RETROPERITONEUM: There is no evidence of retroperitoneal lymphadenopathy. Aorta and IVC appear normal. PROSTATE GLAND: appear normal. BLV: Increased junction appears normal. No free fluid is noted in peritoneum. URINARY BLADDER: Urinary bladder is well distended. The wall of the urinary bladder appears normal. No calculus seen. No mass or distention seen. PELVIS: The uterus is anteverted and reveals normal echotexture. It measures about 6.5 x 5.5 x 4 cm in longitudinal, anteroposterior and transverse dimensions. The walls of uterine appear smooth and do not reveal any normal abnormalities. No evidence of solid or cystic lesion noted. Endometrium measures about 7.4 mm and is regular. Bilateral ovaries appear normal in size and appearance. IMPRESSION: Cholelithiasis with no evidence of cholecystitis. RECOMMENDATION: Cholelithological consultation. Report with thanks to Dr. Pradeep K. Sr. Dr. Pradeep K. Sr. Consultant Radiologist	 Health Care Pathology Lab ADDRESS: In Front of Miraculous Group Hospital, Near Haryana School, Gurgaon, Haryana PATIENT NAME: XYZ REF. BY: Dr. Pradeep K. Sr. DATE: 23-01-2023 AGE: 18 Yr SEX: Male Lab No.: 00001 BIOCHEMISTRY TEST <table> <tr> <th>TEST NAME</th><th>RESULT</th><th>UNIT</th><th>REF. RANGE</th></tr> <tr> <td>Total Bilirubin</td><td>1.2</td><td>mg/dl</td><td>Adult: 0.1 - 1.2 Infants: 1.2 - 12</td></tr> <tr> <td>Bilirubin Direct</td><td>0.8</td><td>mg/dl</td><td>0 - 0.30</td></tr> <tr> <td>Bilirubin Indirect</td><td>0.4</td><td>mg/dl</td><td>0 - 1.0</td></tr> </table>	TEST NAME	RESULT	UNIT	REF. RANGE	Total Bilirubin	1.2	mg/dl	Adult: 0.1 - 1.2 Infants: 1.2 - 12	Bilirubin Direct	0.8	mg/dl	0 - 0.30	Bilirubin Indirect	0.4	mg/dl	0 - 1.0
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Before Treatment (25/01/2023)	Before Treatment (23/01/2023)																

Diagnosis –Pittashmari (Cholelithiasis)

Therapeutic Intervention

Given the clinical presentation and *Dashavidha–Ashtavidha Pariksha* evaluation, it was clear that there was *Pitta-Kapha* vitiation with *Vata Dosha*. Depending on these vitiated components and the site of pathology (*Amashaya* and *Yakrit*), the treatment plan was structured. The therapeutic concept revolved around pacification of deranged *Doshas*, enhancement of digestion and metabolism, and litholytic action with detoxification. It was further supported by rejuvenation and by changes in diet and lifestyle.

The chosen herbal medicines had cholagogue, choloretic, and liver tonic effects. The following medicines were selected to reduce toxins, enhance digestive function, and facilitate the expulsion of

biliary sludge and stones. Along with the treatment, a strict diet was recommended.

Table 1: Treatment Timeline

Date	Complaints	Treatment	Dose	Anupan	Time of administration	
18/01/2023-26/01/2023	Pain in the abdomen & Back	Tab <i>Shad-Dharan Yog</i> 500 mg	2 tablets twice daily	Lukewarm water.	Before food (<i>Pragbhakta</i>)	7days
	Distension of the abdomen	<i>Shankhavati</i> 500 mg	2 tablets twice daily	Lukewarm water.	After food (<i>Adhobhakta</i>)	
	Constipation Indigestion	<i>Dashamula Harithaki leham</i>	5gm	Lukewarm water.	At nigh (<i>Nishi Kal</i>)	
27/01/2023-12/02/2023	Pain in the abdomen and back	<i>Churna</i> Combination: <i>Tamra bhasma</i> 100 mg + <i>Narikel lavan</i> 1gm + <i>Pashan bhed Churna</i> 2 gm + <i>Kutaki churna</i> 1gm +	5gm twice daily	Ghee	After food (<i>Adhobhakta</i>)	15 days
		<i>Shankhavati</i> 500 mg	2 tablets twice daily	Lukewarm water.	After food (<i>Adhobhakta</i>)	
		<i>Patolakaturohinyadi kashaya</i>	20ml	Lukewarm water.	After food (<i>Adhobhakta</i>)	
		<i>Dashamoola harithaki leham</i>	5gm	Lukewarm water.	At nigh (<i>Nishi Kal</i>)	
13/02/2023-28/02/2023	Pain in the abdomen & Back (occasionally)	Same as above for the next 15 days				
01/03/2023-15/03/2023	Pain in the abdomen & Back Abdominal discomfort (occasionally)	<i>Virechana karma</i> 5 days <i>Snehapana</i> with <i>Dadimadi Ghrit</i>	30ml 60ml 90 ml 120 ml 150 ml	Lukewarm water	morning. (<i>Pragbhakta</i>)	
		<i>Virechana yoga- Abhayadi Modak</i> 500 mg	4 tablets	Lukewarm water.	morning. (<i>Pragbhakta</i>)	
		<i>Samsarjan kram</i>	5 days			
16/03/2023-04/04/2023	No fresh Complaints	<i>Arogya vardhini</i> 250 mg	1 tablet twice daily	Lukewarm water	After food (<i>Adhobhakta</i>)	15 days
		<i>Amalaki Rasayana</i>	10 gm		Early in the morning.	
		<i>Dashamula harithaki leham</i>	5gm	Lukewarm water.	At nigh (<i>Nishi Kal</i>)	
05/04/2023-19/04/2023	No fresh Complaints	Same as above for 15 days				
20/04/2023-30/04/2023	No fresh Complaints	Same as above for 10 days				

Table 2. Diet and Regimen

	Dos	Don'ts
Ahar	Green gram, all fruity vegetables, Rice, jawar, khichadi, amla, pomegranate, raisin, papaya	Milk and milk products, Oily, Spicy, and fried; stale and heavy to digest; overeating. Junk food, aerated drinks, alcohol,
Vihar	Langhan once a week, adequate night sleep, and an adequate amount of water.	Suppression of urges, smoking, and excessive exposure to heat and sunlight. Late-night sleep, day sleep

Treatment was carried out in three stages within 80 days:

Stage I: Shamana and Deepana-Pachana (30days)- Focused on correcting *Agnimandya* and pacifying *Pitta-Kapha Dosha* using *Shad-Dharana Yoga*, *Shankhavati*, *Dashamula Haritaki Leha*, and a *churna* combination with *Patolakaturohinyadi Kashaya*, aiming at improving digestion and initiating litholysis.

Stage II: Shodhana (10 days)- Included *Snehapana* with *Dadimadi Ghrita* followed by *Virechana* with *Abhayadi Modak* and *Samsarjana Krama*, facilitating elimination of vitiated *Doshas* and clearing *Srotorodha*.

Stage III: Shamana and Rasayana (40 days)- Incorporated the administration of *Arogyavardhini Vati*, *Amalaki Rasayana*, and *Dashamula Haritaki Leha* for restoring hepatobiliary health, avoiding relapse, and promoting rejuvenation.

Thus, the three-stage treatment regimen took into consideration the etiology

Results

Clinical symptoms showed marked improvement within 3 months of Ayurvedic treatment. There was significant alleviation of

abdominal pain, distension, and constipation within the first one to two weeks of therapy, after which there was only occasional mild pain. Post-Virechana therapy, there were no irregularities in bowel movements and appetite was restored. The patient became entirely asymptomatic and remained so at followup (01/05/2023). Ultrasound examination confirmed the absence of gallbladder calculi, and all biochemical parameters were normal.

Figure 2: Diagnostic reports after treatment

NAME: _____ AGE: _____ BYRS: _____ REF BY: _____ 01.05.2023 UNG OF WHOLE ABDOMEN Real time of UNG OF THE WHOLE ABDOMEN done using 3.5 to 5 MHz probe. > LIVER: Liver is normal in size, shape and position. It presents normal echotexture. No c/o any focal lesion is noted. The portal vein and its branches and the hepatic veins are normal in course, caliber and outflow. > GALL BLADDER: Gall bladder is physiologically distended. Wall thickness is normal. No c/o calculi cholelithiasis noted. The CBD appears normal. > PANCREAS: The pancreas is normal in size, shape and echotexture. No focal lesion is noted. PD is not dilated. > SPLEEN: The spleen is normal in size, shape and echotexture. No focal lesion is noted. Splenic vein is not dilated. > KIDNEYS: Both kidneys are normal in size and echotexture. The kidneys show normal cortico-medullary differentiation. No calculus & hydroureter noted in the left kidney. Mild right hydroureter & hydroureter seen upto middle third. Further course of ureter is obscured due to gas. Right kidney measures 110 x 54mm. Left kidney measures 101 x 46mm. > URINARY BLADDER: The urinary bladder is well distended. It shows normal wall thickness. No c/o mass, lesion or calculus noted within. > UTERUS: Uterus is inverted, normal in size and echotexture. It measures 70 x 38 x 48mm. No focal lesion is seen in the uterus. Endometrial echoes are normal. Both ovaries are normal size & shape. Small amount of free fluid is seen in POD. IMPRESSIONS: Mild right hydroureter/hydroureter, c/o 3 uterine calculi. Small amount of free fluid seen in POD & POD. Suggest: Clinical correlation, X-Ray KUB. MBBS, DNB (MD)	CLINICAL DIAGNOSTIC LABORATORY DEPARTMENT OF BIOCHEMISTRY NAME: _____ AGE: _____ SEX: _____ REF BY: _____ 01.05.2023 <table border="1"> <thead> <tr> <th>TEST</th> <th>RESULT</th> <th>REFERENCE RANGE</th> <th>UNIT</th> </tr> </thead> <tbody> <tr> <td>Glucose</td> <td>100</td> <td>70 - 100</td> <td>mg/dL</td> </tr> <tr> <td>HbA1c</td> <td>5.4</td> <td>4.0 - 5.6</td> <td>%</td> </tr> <tr> <td>Urea Nitrogen</td> <td>10.0</td> <td>8.0 - 12.0</td> <td>mg/dL</td> </tr> <tr> <td>Creatinine</td> <td>0.8</td> <td>0.6 - 1.2</td> <td>mg/dL</td> </tr> <tr> <td>ALT</td> <td>24</td> <td>10 - 40</td> <td>U/L</td> </tr> <tr> <td>AST</td> <td>24</td> <td>10 - 40</td> <td>U/L</td> </tr> <tr> <td>ALP</td> <td>100</td> <td>40 - 120</td> <td>U/L</td> </tr> <tr> <td>GGT</td> <td>100</td> <td>10 - 60</td> <td>U/L</td> </tr> <tr> <td>Bilirubin</td> <td>1.0</td> <td>0.2 - 1.2</td> <td>mg/dL</td> </tr> <tr> <td>Albumin</td> <td>4.0</td> <td>3.5 - 5.0</td> <td>g/dL</td> </tr> <tr> <td>Total Protein</td> <td>7.0</td> <td>6.0 - 8.0</td> <td>g/dL</td> </tr> <tr> <td>Calcium</td> <td>9.0</td> <td>8.5 - 10.0</td> <td>mg/dL</td> </tr> <tr> <td>Phosphorus</td> <td>3.0</td> <td>2.5 - 3.5</td> <td>mg/dL</td> </tr> <tr> <td>Magnesium</td> <td>1.0</td> <td>0.7 - 1.0</td> <td>mg/dL</td> </tr> <tr> <td>Sodium</td> <td>135</td> <td>130 - 145</td> <td>mEq/L</td> </tr> <tr> <td>Potassium</td> <td>4.0</td> <td>3.5 - 5.0</td> <td>mEq/L</td> </tr> <tr> <td>Chloride</td> <td>100</td> <td>95 - 105</td> <td>mEq/L</td> </tr> </tbody> </table> MBBS, DNB (MD)	TEST	RESULT	REFERENCE RANGE	UNIT	Glucose	100	70 - 100	mg/dL	HbA1c	5.4	4.0 - 5.6	%	Urea Nitrogen	10.0	8.0 - 12.0	mg/dL	Creatinine	0.8	0.6 - 1.2	mg/dL	ALT	24	10 - 40	U/L	AST	24	10 - 40	U/L	ALP	100	40 - 120	U/L	GGT	100	10 - 60	U/L	Bilirubin	1.0	0.2 - 1.2	mg/dL	Albumin	4.0	3.5 - 5.0	g/dL	Total Protein	7.0	6.0 - 8.0	g/dL	Calcium	9.0	8.5 - 10.0	mg/dL	Phosphorus	3.0	2.5 - 3.5	mg/dL	Magnesium	1.0	0.7 - 1.0	mg/dL	Sodium	135	130 - 145	mEq/L	Potassium	4.0	3.5 - 5.0	mEq/L	Chloride	100	95 - 105	mEq/L
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After Treatment (01/05/2023)

After Treatment (01/05/2023)

Discussion

The history of excess consumption of greasy/spicy/fatty foods, poor dietetics, and suppressing normal physiological needs of nature (*Vegavidharana*) is well-acknowledged as the causative agents of *Agnimandya*, production of *Ama*, and ultimately *Pitta-Kapha* dosha vitiation, which cause *Ashmari*-like pathology in the gallbladder. *Dashavidha* and *Ashtavidha Pariksha* were used to ascertain the constitutional status and current imbalances of *Dosha* in the patient, helping in arriving at a personalised treatment modality. Notably, the patient had previously been advised surgical intervention (cholecystectomy) under allopathic management; However, due to young age and preference for less invasive measures, the patient turned towards the Ayurveda treatment. A key challenge during the course of treatment was maintaining dietary discipline and avoiding *Nidana Sevana* in a young patient with irregular lifestyle habits. However, the appropriate use of *Deepana-Pachana* drugs for correction of *Agni* and *Ama*, *Shodhana* through *Virechana* for elimination of vitiated *Pitta*, and *Rasayana* therapy administered in proper *Bhaishajya Kala*, proved vital for achieving successful non-surgical management. The uniqueness of this case lies in the effective management of a large gallbladder calculus (10 mm) without surgical intervention.

The role of classical formulations in the current case

1. *Shad-Dharana Yoga* - A polyherbal tablet preparation of *Chitraka* (*Plumbago zeylanica* Linn), *Indrayav* (*Holarrhena antidysenterica* Wall), *Patha* (*Cissampelos pareira* Linn), *Ativisha* (*Aconitum heterophyllum* Wall. ex-Royle), and *Abhaya* (*Terminalia chebula* Retz) works mainly by stimulating digestion and metabolism, curing constipation, abdominal distension, and thus alleviating pain through modulation of gut motility and decrease in toxin build-up.(6) In this formulation, each ingredient should be taken in a specific unit of measure called *Dharana* (4.8gm).(7)

2. *Shankhavati* - A herbo-mineral preparation that includes *Hingu*, *Trikatu*, *Trijat*, *Saindhava*, and lemon juice, acts as an effective stimulant to the digestive system and carminative; it alleviates gaseous distension, constipation, and colicky abdominal pain, with contemporary pharmacological effects similar to an antispasmodic, anti-flatulent, and biliary secretion promoter.(8)

3. *Dashamula Haritaki Leha* - It is made using *Haritaki* and *Dashamula* decoction, has a weak purgative effect, decreases inflammatory modifications in the gall bladder and biliary tract, and possesses antioxidant and hepatoprotective actions, thus preventing recurrence and enhancing overall digestive function.(9)

4. *Tamra Bhasma* - With Herbal Powders (*Churna* Combination: *Narikel Lavan*, *Pashanbheda*, *Kutaki*, *Sharpunkha*) This formulation has gallstone-dissolving and hepatobiliary effects. *Tamra Bhasma* promotes bile secretion and liver metabolism, whereas *Narikel Lavan* is a litholytic agent that helps break down stones. *Pashanbheda* is classically known to break stones and is confirmed in contemporary research for its diuretic and lithotriptic properties. *Kutaki* facilitates liver detoxification and bile secretion through its potent hepatoprotective and cholagogue actions, while *Sharpunkha* adds hepatoprotective, anti-inflammatory, and antioxidant activity. Combined, this preparation addresses both gallstone size reduction and recurrence prevention.(10)

5. *Patolakaturhinyadi Kashaya* - A traditional decoction used in liver and biliary tract disorders. It has anti-inflammatory, hepatoprotective, and detoxifying effects. Recent pharmacological research reveals its action in enhancing bile metabolism, lowering raised liver enzymes, and offering antioxidant activity. It also relieves dyspepsia and abdominal pain, thereby acting as an adjuvant treatment for biliary colic and related gastrointestinal symptoms.(11)

6. *Virechan Karma* with *Dadimadi Ghrut* and *Abhayadi Modak*, therapeutic purgation was conducted to remove irritated bile and toxins. *Dadimadi Ghrut* is the initial *Snehapana* (oleation), enhancing digestion, providing hepatoprotective effects, and lubricating the gastrointestinal tract. *Abhayadi Modak*, a mild purgative, causes gradual evacuation of bile-stained secretions, thereby overcoming biliary congestion and preventing renewed stone formation. From a contemporary perspective, this process is similar to detoxification and bowel purification, decreasing hepatic burden and enhancing bile drainage.

7. *Arogyavardhini Vati* - A commonly used herbo-mineral preparation with pronounced hepatoprotective, detoxifying, and lipid-regulating properties. It enhances liver function, promotes bile secretion, and alleviates biliary tract inflammation. Recent studies have demonstrated its effectiveness in reversing liver enzyme derangements and promoting hepatobiliary health, making it a logical option in the management of gallstones.(12)

8. *Amalaki Rasayana* - Rejuvenative (*Rasayana*) preparation made from *Embllica officinalis* (*Amalaki*), with high content of Vitamin C, antioxidants, and bioactive molecules. It improves liver function, avoids oxidative damage, enhances digestion, and boosts immunity. In gallstone disease, it maintains hepatobiliary function and helps prevent recurrence by enhancing bile metabolism and quality.(13)

Strengths and Limitations of the study –

Strengths

1. Demonstrates a structured Ayurveda protocol (*Deepana-Pachana*, *Virechana*, *Rasayana*) providing symptomatic relief and holistic management.

- Shows effectiveness in a refractory case unresponsive to allopathy, highlighting the potential of Ayurveda in the conservative management of gallstones.

Limitations

- Single case study** with short followup, limiting generalizability and long-term outcome assessment.
- Absence of control group:** No comparative analysis with standard allopathic or other Ayurveda regimens, limiting the strength of conclusions.

Future scope

This case highlights the need for larger clinical trials to validate Ayurvedic protocols for gallstone management.

Conclusion

The current case illustrates that a systematic *Ayurveda management, including Deepana–Pachana, Virechana, and Rasayana therapy, can provide* remarkable relief in symptomatic gallstone disease (Cholelithiasis) where standard management yielded only temporary relief. Although from a single patient, the observation suggests a possible role for Ayurveda as a complementary or alternative therapeutic modality in the conservative management of gallstones. More carefully designed clinical trials with objective diagnostic criteria are needed to confirm these findings and study *Ayurveda* as a complementary or alternative therapeutic modality.

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