



Management of Cholelithiasis with Chandabhaskara Rasa: An Ayurvedic Case Study

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ABSTRACT

In this modern era, high levels of stress and strain precipitated by urbanization, sociocultural and lifestyle modifications, irregular dietary habits, and diminished physical activity have led to a resurgence of various Non-Communicable Diseases (NCDs). In India, nearly 5.8 million people die from NCDs every year. The majority of premature NCD deaths are preventable. Hepato-biliary disorders are among these NCDs. Cholelithiasis is the most common disorder of the biliary tree, and it eventually results in severe life-threatening complications if not treated. Current treatment modalities aim at the expulsion of existing calculi but cannot break down the pathogenesis behind the formation or recurrence of stones. This case study aims to understand the pathophysiology of gall bladder stones with respect to Ayurvedic literature, to contribute to a cure for this disease.

Keywords: Pittashaya Ashmari, Cholelithiasis, Chandabhaskara Rasa.

INTRODUCTION

The presence of stones in the gallbladder is called Cholelithiasis. The term is derived from the Greek words: "chol" meaning bile, "lith" meaning stone, and "iasis" meaning process¹. Gallstones are concretions that form in the biliary tree, usually in the gallbladder. In developed countries, the overall prevalence of Cholelithiasis is 7.9% in men and 16.6% in women, commonly in those aged 18-65 years². In India, it is found to be 6.12% in adults. Compared to males, there is a 19-20% higher prevalence in females.

Cholelithiasis occurs due to several defects, including super-saturation of bile with cholesterol, nucleation of cholesterol monohydrate with subsequent crystal retention resulting in stone growth, and abnormal motor function with delayed emptying or stasis of bile³. It is often asymptomatic but can present with Murphy's sign, dyspepsia, fatty food intolerance, flatulence, and infrequent episodes of steady severe pain in the epigastrium or right upper quadrant, radiating to the inter-scapular region or the tip of the right scapula⁴.

Spectrum of features and management of Cholelithiasis can be outlined among various Pitta Pradhana Kaphanubandhi disorders like Pittaja Ashmari, Gulma, Shakhashrita kamala, etc.

In Rasa Tarangini, 14th Taranga, mentions the term 'Pittasosha,' a condition arising due to the invasion of Pitta in Pittashaya by Vata, resulting in the drying of Drava Guna of Pitta and causing severe excruciating pain⁵.

In the Samprapti of Shakhshrita kamala, due to Sevana of Pittavardhaka Ahara, Pitta Vruddhi takes place, and due to Vyayama, Ruksha, Sheeta, and Madhur Ahara intake, the Avaruddha Vayu, by the action of Kapha, obstructs Pitta from entering the Koshta, leading to Shakhshrita Kamala, which can be correlated to the pathogenesis of bile sludge obstructing the biliary tract⁶.

CASE REPORT

A 42-year-old female patient approached to Ayurveda Mahavidyalaya and Hospital on 5th January 2023, reporting pain in the right hypochondriac region and dyspepsia since five months.

Chief Complaints: Right hypochondriac pain and acidity (since 5 months).

Associated Complaints: Occasional nausea and vomiting.

History of Present Illness: The patient was normal five months prior. She gradually developed symptoms like pain in the right hypochondriac region, acidity, and occasional nausea and vomiting. Based on clinical features and the USG report, the case was diagnosed as Cholelithiasis/Pittashaya Ashmari.

No specific family or past history was found.

Personal History:

- Appetite: Low
- Bowel: Irregular
- Micturition: Regular
- Sleep: Disturbed
- Food: Non-vegetarian and junk food

Vital Data:

- Pulse: 74/min
- BP: 120/80 mmHg
- Respiratory Rate: 20/min
- Weight: 78 kg

GIT Examination:

- P/A – Distended
- Pain in the right hypochondriac region
- Murphy's sign - Negative

Nidana Panchaka:

- **Nidana:** The Nidanas of Pittaja Gulma, Shakhshrita Kamala, and Pittaja Ashmari are considered: Kashaya Tikta Katu, Amla, Lavana Kshara Rasa Sevana, intake of Ruksha Ahara, Ativyayama, Ratrijagarana, Vegadharana, and Divaswapna.
- **Poorva-roopa:** Atopa, Avipaka, Mala Baddhata, Aruchi, Adhmana.
- **Roopa:** Pain in the right hypochondriac region, acidity, vomiting.
- **Samprapti:** Vata prakopa in the Pittashaya causes the Shoshana of Drava guna of Pitta Dosha, causing severe excruciating pain. The Shoshana leads to the Khara and Murta Swaroopa of Ashmari.
- The Pitta Dosha in Pittashaya, having Drava Guna and Sara Guna, gets converted into Ghana and Sthira due to Prakopita Kapha accumulation, and Khara and Shosha increase due to Prakopita Vata (Saamana Vata). The Murta Swaroopa and hardness of the Ashmari are attributed to Vata Dosha,

having Vayu and Akash Mahabhuta, and the binding and Sthiratva are attained due to Kapha Dosha, having Prithvi and Aap Mahabhuta, thus forming Pittashaya Ashmari.

- **Samprapti Ghatakas**

Dosha	Pitta Pradhana Kaphavatanubandhi
Dushya	Rasa,Rakta
Agni	Jataragni Mandhya
Ama	Jataragni Janya Ama
Srotas	Rasavaha,Raktavaha Srotas Annavaha
Sroto Dushti	Sanga
Udhhava Sthana	Amashaya
Sanchara Sthana	Pittavaha Srotas
Adhithana	Pittashaya
Vyakta sthana	Pittashaya
Roga marga	Abhyantara
Vyadhi swabhava	Chirakari
Sadhyasadhyata	Krichra sadhya

TREATMENT GIVEN

1.	Amapachana	Bhunimbadhya Choorna 5gm BD Anupana - Gudasheetambu until Nirama Lakshanas
2.	Koshta Shodhana	Gomutra Haritaki. (01 day)
3.	Shamana Oushadhi(4 sets)	1. Chandabhaskara Rasa 1-1-1 with Guda as Anupana, After Food (21+21 days with 15 days of washout period in between) 2. Laghusutashekhara Rasa 1-0-1 before food

ASSESSMENT

Subjective Parameters:

TABLE 01: GRADING OF SUBJECTIVE PARAMETERS

SUBJECTIVE PARAMETERS	GRADE 01	GRADE 02	GRADE 03	GRADE 04
1. PAIN	0=Absence of pain	1-3=Pain present, but does not disturb routine and sleep (mild pain)	4-7=Pain present which disturbs routine and sleep (moderate)	8-10=Severe pain
2. NAUSEA	0-1 episodes	2-3 episodes	4-5 episodes	>5 episodes
3. VOMITING	0=No vomiting or getting comfort after a single day vomiting	1-3 episodes per day	3-6 episodes per day	>6 episodes per day
4. DYSPEPSIA	No dyspepsia (normal)	1-2 times per day (mild)	3-4 times per day (bearable)	5-6 times per day (severe or unbearable)

TABLE 02: OBSERVATION TABLE

S.No.	Clinical Features	Before Treatment	After Treatment	After Last Follow-up
1	Pain	++++	++	-
2	Nausea	++	+	-
3	Vomiting	++	+	-
4	Dyspepsia	++++	+	-

Objective Parameter: USG Abd and Pelvis (Before and After Treatment)

USG Findings:

- 05/01/23 - Gall Bladder : 21mm sized calculi noted
- 31/07/23 - Gall Bladder : 2 echogenic calculi noted, the biggest being 16.8mm
- 10/11/23 - Gall Bladder : Pericholecystic fat stranding, no calculi

REPORTS:

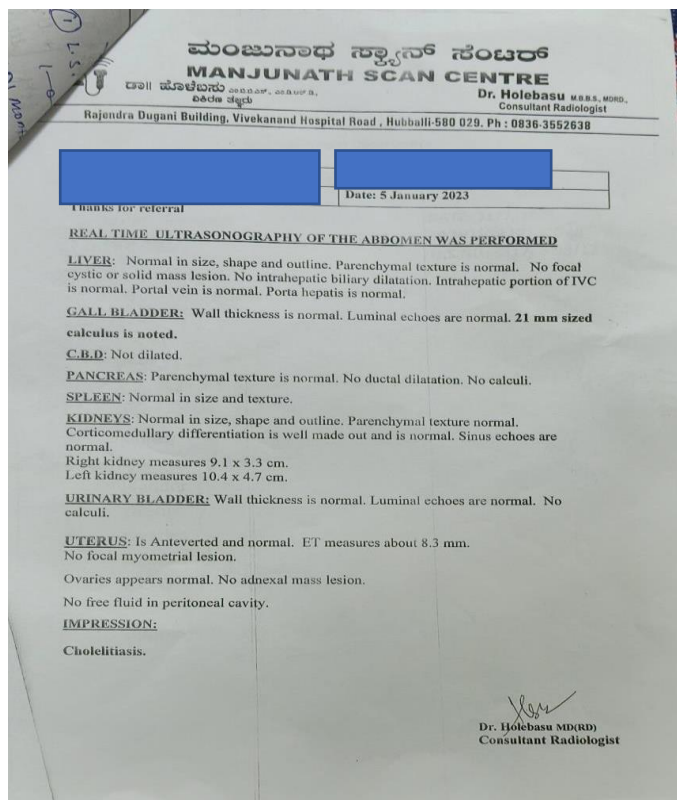


Fig 01: USG Report before treatment

Fig 02: USG Report after 2 sets of treatment

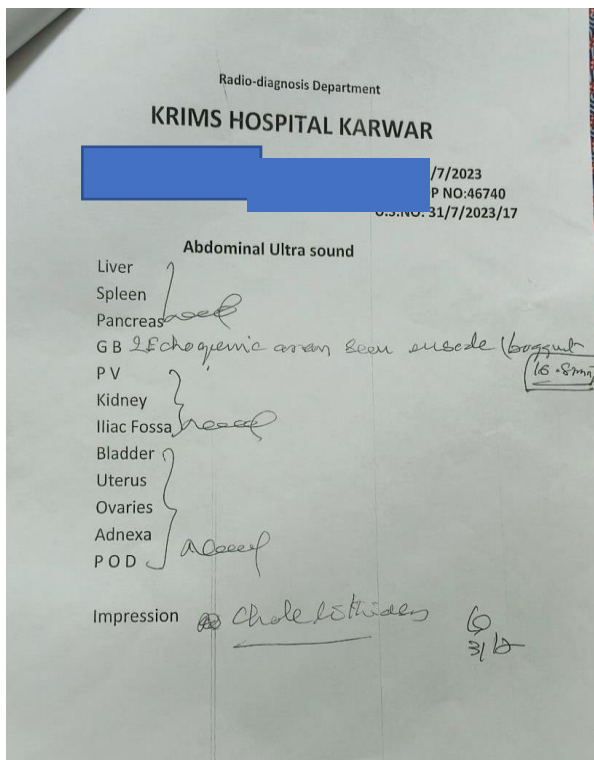
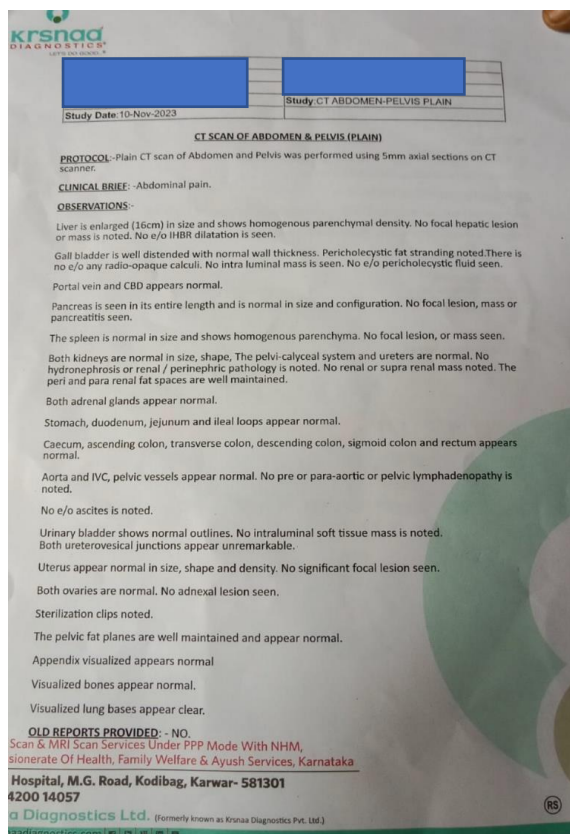


Fig 03: USG Report after treatment



RESULT:

After the treatment, all the symptoms were reduced along with USG Report suggesting Pericholecystic fat stranding with no calculi in Gall Blader.

The patient was advised to follow up. Proper diet was explained.

DISCUSSION

The Chandabhaskara Rasa⁷ contains Shodhita Parada(1part), Shodhita Gandhaka(1part), Shodhita Vatsanabha(1part), Shodhita Tankana(10 parts) and Shodhita Jaipala(20 parts).

It is indicated in Shopha, Gulma, Pleehodara and Ashmari Roga exhibiting Agnideeptikara, Kapha Vata Shamana, Lekhana, Ropana, Ashmarighna, and Pitta Rechaka properties.

Chandabhaskara rasa was given for four sets of 21 days, as it is a Rasaoushadhi, with a 15-day washout period in between.

It has anti-hyperlipidemic, anti-urolithiatic, Diuretics and Cathertics properties, stimulates secretary glands of GIT. Gandhaka is involved in the formation of bile acids and increases the bile secretion and produce a mild laxative effect. Jaipala is digestive carminative and possess anti-inflammatory, analgesic effect and drastic purgative. It increases the gastrointestinal motility by affecting contractile frequency and amplitude of intestinal smooth muscle i.e muscarnic activity which Helps in case of stagnation of bile and decreased activity of Gallbladder. Vatsanabha is Hepato-stimulant, Antipyretic, Analgesic, Anti-rheumatic, Anti-inflammatory, and has Digestive properties. By these properties Chandabhaskara Rasa disintegrates Ashmari, Reduces colic Pain, nausea and vomiting and aids in reversing the pathology of formation of Pittashaya Ashmari.

CONCLUSION:

Cholelithiasis represents a group of *Pitta-Pradhana Kaphavatanubandhi Rogas. Prakopita Kapha* due to its *Sthira and Ghana Guna* obstructs the normal flow of *Pitta causing Sanga and Samana Vayu Dushti*. This further develops *Rukshana and Shoshana of Pitta* causing formation of *Ashmari*. Kaphavatahara and Pitta Rechaka Chikitsa was adopted to treat the patient.

Pittashaya Ashmari is more prevalent in the persons having less physical activity, more work pressure and stress with improper dietary habits.

No disease can manifest without the vitiation of Dosha. Therefore, any disease, even if not explained in the classics, should be treated according to the Lakshanas of Doshas involved. Based on Yukti, treatment can be adopted. With patience and continuity, diseases with limitations in alternate systems of medicine can be cured.

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