

Journal of Ayurveda and Integrated Medical Sciences

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An International Journal for Researches in Ayurveda and Allied Sciences



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Journal of

Ayurveda and Integrated Medical Sciences

REVIEW ARTICLE

March 2022

A conceptual study on effect of Pashanabhedadi Kwatha in the management of Pittashmari

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ABSTRACT

Ashmari formed in Pittashaya is explained as Pittashmari in classics. The clinical features may be correlated as Udara Shola, Ajirna, Chardi, Agnisanga and Aruchi. It can be correlated with cholelithiasis in contemporary science. Symptoms in general include right hypochondriac region pain radiating to back, nausea, vomiting, indigestion, anorexia. Prevalence of cholelithiasis varies according to geographical distribution, sex and age. The treatment modalities of cholelithiasis in conventional science are conservative medications and surgical procedures which are expensive, involve invasive treatments, needs hospitalization and in most of the medical management case recurrence rate is high. Ayurveda explains variety of Yogas for the management of Ashmari. A Pashanabhedadi Kwatha is indicated in Pittashmari as per Bharath Bhaisaja Ratnakar. So, this study is taken up, to explore the effect of Pashanabhedadi Kwatha in Pittashmari keeping in view the shortcoming of different modern medical treatments.

Key words: Pittashmari, Pashanabhedadi Kwatha, Ayurveda, Cholelithiasis

INTRODUCTION

Cholelithiasis (Gall stones) are formed from constituents of bile, cholesterol, bile pigments, calcium salts, bilirubin, phosphate carbonate, palmitate and proteins. The prevalence of cholelithiasis 10 to 20% of the world population. The prevalence in India has been reported as 2 to 29% and seven times more common in North India. Women are affected more than men, and the ratio is 4:1. It is said that the gallstones are common in fat, fertile, forty, female.

50% gall stones, after a long follow up, turned with

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Submission Date: 17/01/2022 Accepted Date: 23/02/2022

Access this article online

Quick Response Code

Website: www.jaims.in

Published by Maharshi Charaka Ayurveda Organization, Vijayapur, Karnataka (Regd) under the license CC-by-NC-SA serious complications like, acute and chronic cholecystitis, empyema and mucocele of gallbladder and Carcinoma in 20%. The medical management include oral bile acids like urodeoxycholic acid for longer duration (6 to 38 months) it is effective only in cholesterol stone and recurrence is common once the medication is stopped. Gall stones can be broken up by Lithotripsy, which is suitable only when there is small number of gall stones and after cholecystectomy complications like infection, subphrenic abscess, bleeding from cystic artery and from liver bed, injury to CBD, hepatic duct, colon, duodenum, biliary stricture and fistula formation by overall view it is very much clear that there is no desired conservative effect in modern medicine for the management of cholelithiasis and sometimes patients are unfit for the surgery so there is large scope in Ayurveda to manage Cholelithiasis.

In this study the reference is from Kwatha preparation of Bharatha Bhaisaja Ratnakar, Pashanabhedadi Kwatha contains Pashanabheda Kwatha, Sudha Shilajatu and Khand Sharkara Choorna. Pashana Bheda is best in Tridosaghna, Ashmariaghna, Shoolahara,

ISSN: 2456-3110 REVIEW ARTICLE March 2022

Dahahara, Pliha Rogahara and Vranahara. Shilajatu is having properties of Ashmariaghna, Shoothara, cures Agnimandya, Udarashoolahara and useful in all Udara Vikaras. Pashanabhedadi Kwatha is indicated in Pittashmari. To evaluate the effect of Pashanabhedadi Kwatha in Pittashmari the following study has been undertaken.

Nidana of Pittashmari

There is no direct reference for *Nidana* available in the texts.

The following *Nidanas* can be taken to be considered in *Pittashaya Ashmari*.

Vatakara Ashmari Nidana

Ratri Jagarana, Ruksa and Laghu Ahara

Pittakara Ashmari Nidana

Madhya, Mamsa, Katu, Amla, Lavana Ahara

Kaphakara Ashmari Nidana

Avyayama, Diva Swapna, Snigdha and Madhura Ahara Sevana

Lakshana

The clinical features may be correlated as *Agni Sanga*, *Udara Soola*, *Ajirna*, *Chardi* and *Aruchi*.

Samprapti

The reference of *Pittashaya Ashmari Samprapti* is delt in *Rasatarangini*. Under the concept of *Narikela Lavana Guna Karma*, *Rasataranginikaara* quotes, *Vata Prakopa* in the *Pittashaya* causes the *Shoshna* of *Pitta Dosha* in the *Pittashaya* later leads to which manifestation of *Shola*.

Chikitsa

Susrutha Samhita

Susruta quotes based in the nature of the Ashmari, drugs should be selected and administered in the form of Kshara, Yavagu, Yusha, Kashaya or milk.

Bharata Bhaisja Ratnakara

Pashanabheda Kwatha with Sudha Shilajatu and Khanda Sharakara Choorna cures the Pittashmari.

Method of Pashanabhedadi Kwatha preparation

Pashanabheda (Aerva lanata) Moola Choorna is boiled in 16parts of water reduced to 1/8th part. Pashanabheda kwatha + Sudha Shilajatu and Khanda Sharakara Choorna.

Probable mode of action of *Pashanabhedadi Kwatha* in *Pittashmari*

Pashanabheda is best in Tridosaghna, Ashmariaghna, Shoolhara, Dahahara, Pliha roga hara and Vranahara.

Shilajatu is having properties of Ashmariaghna, Shoothara, cures Agnimandya, Udarashoolahara and useful in all Udara Vikaras.

Khanda Sharkara having properties of Vatapittahara and Dahahara.

There for *Pashanabhedadi Kwatha* is indicated in *Pittashmari*.

DISCUSSION

Properties of Pashanabhedadi Kwatha

Pashanabheda used in Pashanabhedadi Kwatha will be having properties like Tridosaghna, Ashmariaghna, Shoolhara, Dahahara, Pliha Rogahara and Vranahara along with hepatoprotective, anti-protozoal, anticancer, anti-lithitic, anti-inflammatory due to phytochemicals like Bergenin, pashanalactone, beta sito sterol, tannic acid, gallic acid, parasorbic acid and isovaleric acid.

The Shilajatu having properties like Ashmariaghna, Shoothahara, cures Agnimandya, Udarashoolahara and useful in all Udara Vikaras and its acts as anti-inflammatory, antioxidant, anti-aging property, immunity booster and also helps in reducing weight loss. Sharakara having properties like Dahahara and Vatapittahara.

CONCLUSION

Hence Pashanabhedadi Kwatha is simple, safe and minimally invasive it can be used in Pittashmari. Pittashmari having the symptoms like Agnisanga, Udarashoola, Ajirna, Chardi and Aruchi which are subsides by the properties of Pashanabhedadi Kwatha.

ISSN: 2456-3110 REVIEW ARTICLE March 2022

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How to cite this article: Shubhangi, Shilpa P. N. A conceptual study on effect of Pashanabhedadi Kwatha in the management of Pittashmari. J Ayurveda Integr Med Sci 2022;2:41-43.

Source of Support: Nil, **Conflict of Interest:** None declared.

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