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Holistic management of Gallbladder Stones (Pittashmari): A Case Study

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ABSTRACT

Cholelithiasis, commonly known as gallstone disease, affects a significant portion of the global population, often leading to debilitating symptoms like biliary colic and digestive discomfort. This condition is caused by an imbalance in bile composition, stasis and infection within the biliary system. In *Ayurveda*, cholelithiasis is referred as "Pittashmari," with an imbalance of *Pitta* and *Kapha Doshas* leading to the formation of stones in the gallbladder. The aim of this case study was to explore the effectiveness of *Ayurvedic* treatment in managing cholelithiasis by addressing its root cause through *Dosha* - balancing therapies. A 23-year-old male patient with a solitary intraluminal gallstone, underwent two and a half-month *Ayurvedic* treatment protocol consisting of *Ayurvedic* formulations, including GBS Powder, Stoni Cap, Amla Pittanashak Powder and Yakrit Shothhar Vati. Pre and post-treatment evaluations using ultrasonography and subjective pain assessments revealed significant improvement. The gallstone size reduced, with no stones detected on follow-up ultrasound and the patient reported the complete relief from biliary colic and digestive symptoms. These findings suggests that *Ayurvedic* therapies targeting *Pitta* and *Kapha* imbalances, along with lifestyle modifications, offers an effective and holistic approach to manage gallstones. This integrated treatment strategy aligns with *Ayurvedic* principles of detoxification, digestion and systemic balance.

Key words: Cholelithiasis, Pittashmari, Ayurvedic Medicines, Gall Bladder

INTRODUCTION

Cholelithiasis, commonly known as gallstone disease, occurs when stone-like formations develop within the gallbladder. These gallstones primarily consist of cholesterol, bile pigments and calcium salts, stemming from imbalance in bile composition, bile stasis or infections within the biliary system. Clinically, cholelithiasis presents a spectrum of manifestations,

ranging from asymptomatic stage to severe symptoms such as biliary colic, acute cholecystitis, cholangitis and pancreatitis. It affects approximately 10-15% of the adult population globally, with higher incidence rates noted in females, individuals with obesity and those over the age of 40.^{[1],[2]}

From a classical *Ayurvedic* viewpoint, this condition correlates with "Pittashmari", merging "Pitta" (bile) and "Ashmari" (stone), symbolizing the pathological formation of stones due to a disturbance in bodily energies. Key references in *Ayurvedic* literature like the *Charaka Samhita* and *Sushruta Samhita* discuss the nature of *Ashmari* extensively, covering its aetiology, pathogenesis and therapeutic methods.^{[3],[4]}

This suggest that an aggravation of *Pitta* and *Kapha Doshas* plays a critical role in cholelithiasis. *Ayurvedic* management of *Pittashmari* involves dietary and lifestyle modifications, *Ayurvedic* formulations such as *Pashanabheda* (*Bergenia ligulata*) and *Gokshura* (*Tribulus terrestris*) and detoxification therapies like

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Panchakarma, aiming to restore *Doshic* balance and prevent future stone formation.^{[5],[6]}

Modern medical perspectives on cholelithiasis, align with *Ayurveda* in recognizing the importance of metabolic imbalances and lifestyle factors, in the pathology of the disease. Advanced diagnostic tools and imaging technologies now plays a crucial role in the accurate detection and assessment of gallstones, enhancing treatment precision and efficacy. Integrating these contemporary diagnostic techniques with traditional *Ayurvedic* treatment strategies holds promise for a holistic approach to manage cholelithiasis, addressing both symptomatic relief and the root causes to reduce recurrence rates.^[7]

CASE REPORT

A 23-year-old male presented with a six-month history of intermittent colicky pain localized to the upper right abdomen and epigastric region, which exacerbated particularly after meal consumption. Accompanying symptoms included occasional nausea, bloating and discomfort following the intake of fatty or spicy foods. Over the previous three months, the patient noticed a decreased appetite and had experienced recurrent episodes of indigestion. He also reported disturbances in his sleep pattern during the same period.

Upon diagnostic evaluation using ultrasound imaging, gallbladder stones were identified, confirming the condition of cholelithiasis. The patient disclosed that, he did not have any significant previous medical, surgical or familial history of related conditions. However, he admitted to a dietary pattern irregular in nature, predominantly consisting of high-fat and spicy foods, which likely contributed to the present condition.

In terms of treatment history, the patient had not taken any specific allopathic or *Ayurvedic* medicines for gallstones before this consultation. Until his diagnosis, there was no therapeutic intervention for his gastrointestinal symptoms. The patient's lifestyle was noted to include sporadic physical activity and significant periods of sedentary behaviour, which, combined with his dietary habits, might have

contributed to the onset and progression of the gallstone formation.

The onset of his symptoms was gradual, commencing subtly with digestive discomfort and progressively leading to more pronounced abdominal pain and other digestive issues over several months. This progression suggests a gradual increase in either the size or number of gallstones, exacerbating the obstruction of bile flow and the associated symptoms.

Investigation Assessment

The patient was diagnosed with *Cholelithiasis* based on clinical symptoms and imaging. Ultrasonography revealed solitary intraluminal calculi of ~5.0mm in the neck region of the gallbladder. His *Ayurvedic* diagnosis was based on the principles of *Samprapti* (pathogenesis), which reflects a disturbance in the balance of the doshas and their effects on the bodily systems.

Ayurvedic Disease Assessment

Dominant *Doshas*: *Pitta* and *Kapha*

Doshic imbalance: Aggravated *Pitta* (heat) and *Kapha* (congestion) leading to obstruction of the gallbladder (*Pitta Ashrita Kapha*), resulting in the formation of *Pitta Ashrita Shleshma* (bile-dominant mucus).

Samprapti (Pathogenesis)

In *Ayurveda*, the pathogenesis of gallstones is understood through the following process:

- 1. Imbalance of Doshas:** An aggravated *Pitta* causes increased bile secretion and a tendency to form cholesterol stones. The *Kaphadosha*, when disturbed, contributes to stagnation and improper elimination of bile.
- 2. Utklesha (Movement of Doshas):** The disturbed *Pitta* circulates through the liver and gallbladder, thickens bile, while *Kapha* stagnates bile flow. This results in the formation of solidified deposits, leading to stone formation.
- 3. Srotorodha (Obstruction of Channels):** The disturbed *Doshas* obstruct the bile ducts, leading to symptoms such as nausea, vomiting, and upper abdominal pain.

4. **Shoshana (Dehydration of Tissues):** The chronic imbalance of *Doshas* can lead to the dehydration of the gallbladder wall, further contributing to the solidification of bile.

Systemic Examination

- General Appearance:** No visible abnormalities
- Cardiovascular System (CVS):** No Abnormality detected.
- Respiratory System (RS):** Normal breath sounds.
- Gastrointestinal System (GIT):** Hyperacidity, Heart Burn
 - Inspection: No visible abnormalities.
 - Palpation: Tenderness in the right hypochondrium, particularly over the gallbladder region (Murphy's sign), indicates gallbladder inflammation.
 - Percussion: Normal
 - Auscultation: Bowel sounds reduced.
- Central Nervous System (CNS):** Normal findings
- Skin:** No Abnormality detected.

Ayurvedic Examination

Table 1: *Dashavidha Pariksha (Tenfold Examination)*

SN	Examination	Findings
1.	Nadi (Pulse)	<i>Pitta-Kaphaja</i>
2.	Mutra (Urine)	<i>Peeta Varna</i>
3.	Mala (Stool)	<i>Avikrita</i>
4.	Jihva (Tongue)	<i>Saam</i>
5.	Shabda (Voice)	<i>Spashta</i>
6.	Sparsha (Touch)	<i>Anushna Sheeta</i> , tenderness in the right hypochondrium on palpation.
7.	Drik (Eyes)	<i>Shweta</i>
8.	Akriti (Appearance)	<i>Sthoola</i> ; signs of abdominal distension.

Table 2: *Timeline*

Event	Details
09/09/2024	Consultation for Ayurveda treatment and medicines started
16/11/2024	Significant results achieved

Diagnostic Assessment

Ayurvedic Diagnosis: *Pittashmari* (cholelithiasis)

Objective Parameters:

- Ultrasonographic evaluation of gallbladder for size, number and composition of stones.
- To reduce in gallstone size or complete resolution post-treatment.

Subjective Parameters:

- Assessment of pain severity using a Visual Analogue Scale (VAS) (0–10, where 0 = no pain and 10 = worst possible pain).^[8]
- Frequency and intensity of biliary colic episodes, categorized as
 - Mild (1–3 episodes/month)
 - Moderate (4–6 episodes/month)
 - Severe (≥ 7 episodes/month).^[9]
- Improvement in digestive symptoms such as bloating, nausea and indigestion, rated on a Likert scale (0 = no symptoms, 5 = severe symptoms).^[10]
- Quality of life assessment using standardized questionnaires such as SF-36 or WHOQOL-BREF, with higher scores indicating better quality of life.^[11]
- Patient-reported satisfaction with treatment outcomes, rated on a 5-point scale (1 = very dissatisfied, 5 = very satisfied).^[12]

Treatment Plan

I. Diet Plan:^[19]

The dietary guidelines provided by Jeena Sikho Lifecare Limited Clinic Allahabad were included the following key commendations:

a. Foods to be avoided:

- Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
- Avoid eating after 8 PM.
- During solid consume as small bite and chew 32 times.

b. Hydration:

- During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
- Drink about 1 liter of alkaline water 3 to 4 times throughout the day.
- Include Herbal tea, living water and turmeric-infused water part of daily routine.
- Boil 2 liters water & reduce up to 1 liter and consume.

c. Millet Intake:

- Incorporate five types of millet in to diet: Foxtail (*Setariaitalica*), Barnyard (*Echinochloaesculenta*), Little (*Panicumsumatrense*), Kodo (*Paspalumscrobiculatum*) and Browntop (*Urochloa ramosa*).
- Use only steel cookwares for preparing the millets
- Cook the millets only using mustard oil.

d. Meal Timing and Meal Structure:

- Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.
- Breakfast (9:00-10:00 AM): The patient had given steamed fruits (Seasonal), steamed sprouts (according to the season) and fermented millet shake (4-5 types).
- Morning Snacks (11:00AM): The patient had given carrot juice (150 ml) and soaked almonds.
- Lunch (12:30 PM - 2:00 PM): The patient had received Plate 1 and Plate 2. Plate 1 included a steamed salad, while Plate 2 with cooked millet-based dish along with raw ginger and turmeric.

- Evening Snacks (4:00 – 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.
- Dinner (6:15-7:30 PM): The patient had served a steamed salad, chutney and soup, as Plate 1, along with millet khichdi as Plate 2 along with raw ginger and turmeric.

e. Fasting:

- It is advised to observe one-day fasting.

f. Special Instructions:

- Express gratitude to the divine before consuming foods or drinks.
- Sit in *Vajrasana* (a yoga posture) after each meal.
- 10 minutes slow walk after every meal.

g. Diet Types:

- The diet comprises salt-less solid, semi-solid and smoothie options.
- Suggested foods include Herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds and steamed salads.

II. Lifestyle Recommendations

- Includes meditation for relaxation.
- Practice barefoot brisk walk for 30 minutes.
- Ensure 6-8 hours of quality sleep each night.
- Adhere to a structured daily routine.

Medicines Given

Table 1: First month – 09/09/2024

Medications	Dose	Anupana	Duration
GBS Powder	1/2 Tsf BD	Lukewarm Water (<i>Koshna Jala</i>)	<i>Adhobhakta</i> (After Meal)
Stoni Cap	1 Capsule BD	Lukewarm Water (<i>Koshna Jala</i>)	<i>Adhobhakta</i> (After Meal)
Amla Pittanashak Powder	1/2 Tsf BD	Lukewarm Water (<i>Koshna Jala</i>)	<i>Pragbhakta</i> (Before Meal)

YakritShothHarVati	1 Tab BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
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Table 2: Second Month - 16/11/2024

Medications	Dose	Anupana	Duration
Stoni Cap	1 Capsule BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
Avipattikar Powder	1/2 TsfBD	Lukewarm Water (Koshna Jala)	Pragbhakta (Before Meal)
Yakrit Shothhar Vati	1 Tab BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)

RESULTS AND OUTCOME

After 2 months of Ayurvedic treatment, the results that were seen are-

Table 3: Outcomes – Objective Parameters

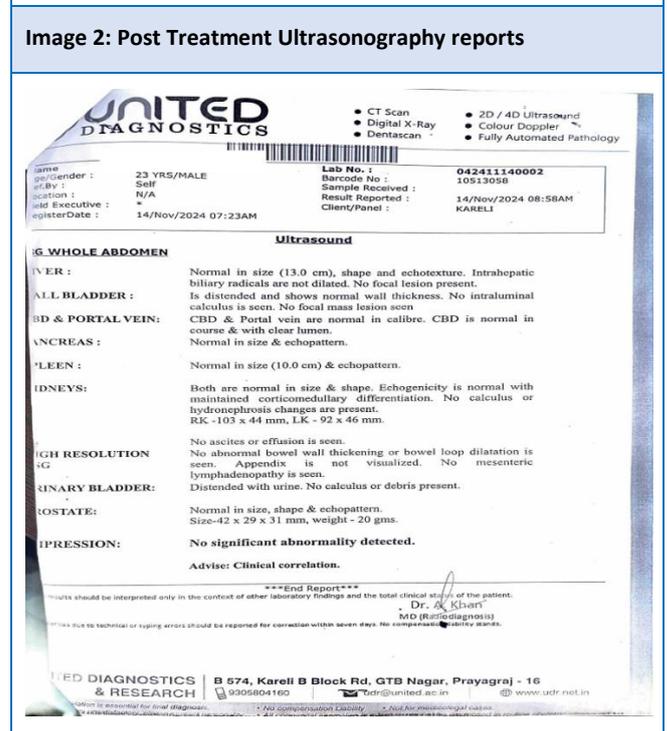
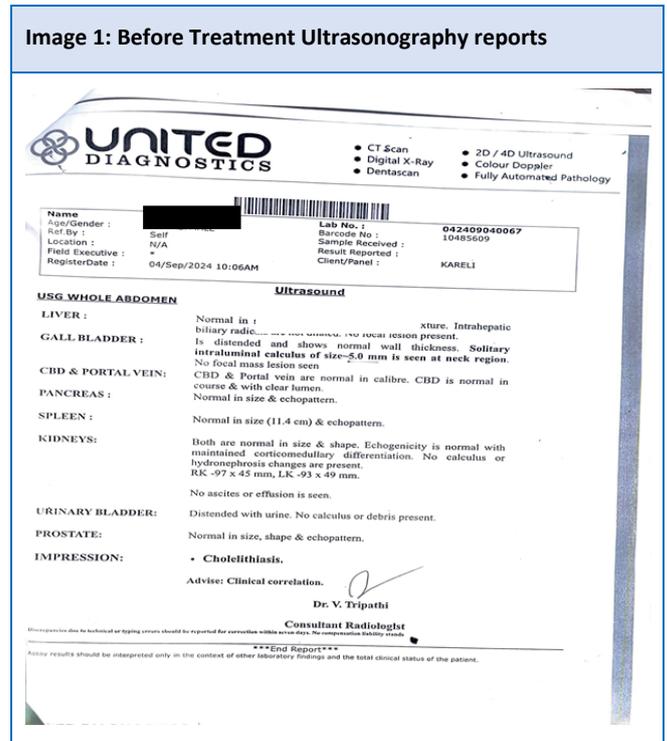
Parameters	Pre-Treatment	Post-Treatment
Ultrasonographic Evaluation	Solitary intraluminal gallstone of ~5 mm observed	No Significant Abnormality detected.
Reduction in Gallstone Size	Average stone size was 5 mm	No gall stones

The changes in the subjective parameters that were observed are-

Table 4: Outcomes – Subjective Parameters

Parameters	Pre-Treatment	Post-Treatment
Pain Severity (VAS)	Average score of 8 (severe pain).	Average score reduced to 0 (No pain).
Frequency of Biliary Colic Episodes	Severe frequency (7-8 episodes/month)	No frequency of colicky pain.
Digestive Symptoms (Likert Scale)	Average score of 4 (moderate-to-severe symptoms).	Average score reduced to 1 (mild-to-no symptoms).

Quality of Life (SF-36 or WHOQOL-BREF)	Average score of 40 (poor quality of life).	Average score increased to 75 (good quality of life).
Patient's Satisfaction	Average satisfaction score of 1 (very dissatisfied).	Average satisfaction score of 4 (satisfied).



DISCUSSION

Cholelithiasis represents a complex interplay of pathophysiological factors from both modern and Ayurvedic perspectives. Modern medicine identifies key factors such as supersaturation of bile, impaired gallbladder motility and chronic inflammation leading to stone formation. Diagnostic advancements like ultrasonography and biochemical markers aids in early detection and monitoring. In contrast, Ayurveda correlates this condition with "Pittashmari" emphasizing the role of aggravated *Pitta* and *Kaphadoshas* and the subsequent formation of calculi due to systemic and local imbalances.

The treatment strategy employed in this case aimed to address the root cause of gallstone formation by breaking the *Samprapti* (pathogenesis) through a combination of oral medications and dietary modifications. During the first month, GBS Powder, Stoni Cap, Amla Pittanashak Powder and Yakrit Shoth Har Vati were administered to reduce *Pitta-Kapha* imbalance and to promote the dissolution of gallstones. These formulations, rich in lithotriptic, anti-inflammatory and hepatoprotective properties, facilitated the breakdown of stones and alleviated associated symptoms.^{[13],[14]}

In the second month, **Avipattikar Powder** was introduced to enhance digestion and reduce acidity, alongside continued use of **Stoni Cap** and **Yakrit Shoth Har Vati** to sustain the anti-lithogenic effect. The gradual improvement observed in ultrasonographic parameters and subjective outcomes, such as pain reduction and enhanced quality of life, underscores the efficacy of this integrated approach. The therapeutic protocol aligns with Ayurvedic principles emphasizing detoxification and systemic balance.¹⁵

The probable mechanism of action of the formulations in this study are **GBS Powder**, such as *Varsabhu*, *Patherchat*, and *HajrulyahoodBhasam*, targets the imbalance of *Pitta* and *Kaphadoshas*, which are the key contributors to *Pittashmari* (gallstone disease). Their lithotriptic properties helps to disintegrate calculi, while anti-inflammatory actions reduce associated symptoms. Additionally, herbs like *Gokshura* and

Sfatika Bhasam promotes bile flow and prevents recurrence.

Stoni Cap, comprising *Pashan Bhed*, *Gokhru Chota*, *Kulthi*, *Pather Bar*, *Elaichi Badi*, *Jawakhar*, *Akshar*, *Shudh Shilajeet*, and *Hajrulyahood Bhasam*, offers a comprehensive approach to manage gallstones through its lithotriptic, diuretic and anti-inflammatory properties. *Pashan Bhed* and *Gokhru Chota* aids in breaking and expelling gallstones, while *Kulthi* and *Pather Bar* enhance bile flow and digestion, addressing bile stasis. *Elaichi Badi* alleviates associated symptoms like bloating and nausea. *Jawakhar* and *Akshar*, with their alkalizing and litholytic effects, contribute to stone dissolution. *Shudh Shilajeet* acts as a hepatoprotective and adaptogen, improving liver function and bile metabolism. *Hajrulyahood Bhasam* specifically targets the disintegration of calculi, preventing recurrence by maintaining the balance of bile composition. These combined actions align with Ayurvedic principles of detoxification and dosha equilibrium, effectively breaking the pathogenesis of *Pittashmari*.

Amla Pittanashak Powder includes ingredients like *Shunti*, *Maricha*, *Pippali*, *Amalaki*, *Bibhitaka*, and *Haritaki*, which balances aggravated *Pitta* and *Kaphadoshas* while enhancing digestive fire (*Agni*). *Shunti*, *Maricha*, and *Pippali* (*Trikatu*) improves digestion and alleviates bloating by promoting bile secretion. *Amalaki*, *Bibhitaka* and *Haritaki* (*Triphala*) possess antioxidant and anti-inflammatory properties, aiding in detoxification and digestion. *Musta* and *Sukshmaila* regulates acid production and prevent gastritis, while *Tvak Patra*, *Vidanga*, *Lavanga*, and *Bid Lavana* exhibit carminative and antimicrobial properties. *Trivrita* and *Sharkara* acts as mild laxatives, supporting gut health and clearing *Ama* (toxic metabolites). Together, these ingredients promote the bile flow, reduce inflammation, and support the resolution of gallstones. **Yakrit Shoth Har Vati** is composed of herbs like *Punarnava*, *Kalimirch*, *Pippali* and *Kutki*, which exhibit anti-inflammatory, hepatoprotective and detoxifying properties. *Punarnava* reduces hepatic inflammation and acts as a diuretic, while *Kutki* supports liver function by

enhancing bile secretion and detoxification. *Kalimirch*, *Pippali*, and *Vayavidanga* stimulate digestion and metabolism, preventing bile stasis. Other ingredients like *Chitrak*, *Devdaru* and *Amla Danti* helps in breaking down *Ama* (toxic metabolites) and reduce congestion in the biliary tract. *Mandur Bhasam* aids in correcting anaemia and improving liver health. Together, this formulation helps to alleviate symptoms of gallstones by addressing the underlying *Pitta-Kapha* imbalance and improving liver function.

A study by Pandya et al. (2022) examined the effects of a combination of *Ayurvedic* formulations in the management of cholelithiasis. The research indicated that *Ayurvedic* treatments, particularly those targeting *Pitta* and *Kaphadosha* imbalance, helped in reducing gallstone size and improving gallbladder motility. Their findings suggested that the lithotriptic properties of certain herbs like *Chitrak*, *Kutki* and *Bhumyamalaki* contributed to the dissolution of stones and reduction of symptoms.^[16] Similarly, a study by Mishra and Tiwari (2021) investigated the use of *Kanchanar Guggulu*, an *Ayurvedic* formulation known for its anti-inflammatory and anti-lithogenic properties. The research found significant improvements in gallstone size and the reduction of pain and discomfort associated with the condition.^[17]

Furthermore, research by Kumar et al. (2020) highlighted the role of *Amla Pittanashak Powder* and *Yakrit Shoth Har Vati* in managing cholelithiasis by restoring the balance of digestive fire (*Agni*) and reducing systemic inflammation. The study concluded that these formulations were effective in treating the root causes of gallstone formation, as they targeted the aggravated *Pitta* and *Kaphadoshas* that contribute to the disease process.^[18]

These studies align with the *Ayurvedic* view of cholelithiasis as a disease resulting from internal imbalance, with an emphasis on addressing the pathogenesis rather than merely the symptoms. The promising results from *Ayurvedic* treatments in managing cholelithiasis, as observed in these studies, underscores the importance of combining traditional knowledge with modern diagnostic methods for holistic treatment approaches.

Need for Further Research

Although promising results have been observed with the integration of *Ayurvedic* and modern approaches in managing cholelithiasis, there remain significant gaps in the literature. Most studies exploring *Ayurvedic* formulations, such as *Pashanabheda* and *Gokshura*, are limited to small sample sizes and lack standardization in methodology. Large-scale randomized controlled trials are necessary to validate their litholytic efficacy, safety and reproducibility.

Additionally, the pharmacodynamics and pharmacokinetics of *Ayurvedic* formulations in the context of gallstone dissolution requires further investigation. Advances in biochemical and molecular analyses could shed light on the mechanisms by which these herbs interact with bile metabolism and inflammation pathways. Comparative studies assessing *Ayurvedic* therapies alongside conventional bile salt's treatments, such as ursodeoxycholic acid, would help to establish evidence-based integrative protocols.

CONCLUSION

This case study highlights the efficacy of *Ayurvedic* treatment in managing cholelithiasis, focusing on rectifying the imbalance of *Pitta* and *Kaphadoshas*, which are vital factors in the onset and progression of the disease. The patient presented with symptoms including abdominal pain, nausea and indigestion, which are characteristic of gallstone disease. Through the use of *Ayurvedic* formulations designed to enhance bile flow, alleviate inflammation and dissolve gallstones, there was a significant improvement in both the physical symptoms and the underlying condition. Diagnostic investigations like ultrasound imaging confirmed a reduction in gallstone size. By integrating these traditional *Ayurvedic* treatments with modern diagnostic techniques, the approach not only addressed the immediate symptoms but also contributed to the long-term management and prevention of gallstones. This holistic strategy underscores the therapeutic potential of *Ayurveda* in treating complex conditions such as cholelithiasis.

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