

AN AYURVEDIC OUTLOOK OF CHOLELITHIASIS

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ABSTRACT

Cholelithiasis (gall stone disease) involves the presence of gall stones which are concretions that form in the biliary tract, usually in the gallbladder. Gall stones constitute a significant health problem in developed societies, affecting 10% to 15% of the adult population¹. Women most commonly have gallstones than men and they occur more commonly after the age of 40. Cholelithiasis is the most common gastrointestinal disorder requiring hospitalisation. An Ayurvedic orientation of the same could avoid the complications and also help in prevention. Though there is no direct correlations for the condition of cholelithiasis an attempt of understanding it with phenomenon of *ashmari* has been made.

Keywords: Gallstones, Cholelithiasis, *Ashmari*, gallbladder

INTRODUCTION

The presence of stones in the gallbladder is referred to as cholelithiasis, from the greek chol - (bile), lith - (stone) and iasis- (process)². The term cholelithiasis may refer to the presence of gallstones or to the diseases caused due to gallstones³. Gallstones are the most common disorder affecting the biliary system. The true prevalence rate is difficult to determine because calculous disease can often be asymptomatic. There is a high variability regarding the worldwide prevalence of cholelithiasis. High rates of incidence occur in the United States, Chile, Sweden, Germany and Austria. Asian populations appear to have the lowest incidence of gall stone disease⁴. Most people with gallstones (80%) never have symptoms⁵. The clinical presentations can vary from dyspepsia to severe forms such as pancreatitis and perforation of the gall bladder⁶. Female sex,

Obesity, Maturity onset diabetes and age greater than 40 are said to be the main risk factors⁷ involved in cholelithiasis.

An Ayurvedic outlook of cholelithiasis primarily focuses on the phenomenon of *ashmari*. Though directly *ashmari* told in Ayurveda cannot have any correlations with cholelithiasis, a broad idea on the formation of gall stones and its *chikitsa* (treatment) can be understood.

MODERN REVIEW

Types of gall stones⁸

Cholesterol stone - are 6% common, often solitary.

Mixed stones- are 90% common. It contains cholesterol, calcium salts of phosphate, carbonate, palmitate, proteins and are multiple faceted.

Pigment stones – are small, black or greenish black, multiple, often they can be sludge like. **Aetiology⁹-**

1. Metabolic causes- increased cholesterol secretion is a main cause in formation of gall stones. Obesity, high caloric diet and medications are the primary reasons for the increased secretion of cholesterol.
2. Infection- It is most common cause responsible for gall stone in 80% of patients. Sources of infection are tonsils, tooth, bowel etc.
3. Bile stasis- Pregnancy, oestrogens following vagotomy and prolonged total parental nutrition are associated with bile stasis.
4. Haemolytic anemia
5. Parasitic infestations

Clinical features/ effects of Gallstones¹⁰ –

- Silent asymptomatic stones occur in majority of the cases.
- Biliary colic with periodicity, severe within hours after meal. Biliary colic is spasmodic in nature often severe in right upper quadrant and epigastrium radiating to chest, upper back and shoulder.
- Fever
- Acute cholecystitis, Chronic cholecystitis, Empyema gallbladder, perforation causing biliary peritonitis or pericholecystic abscess, Mucocele of Gallbladder, Limey gallbladder, Carcinoma gallbladder may occur as a complication.

AYURVEDIC REVIEW

The word *Ashmari* is derived from the word “*ashma*” which means a stone or a pebble. This condition is related to the *mutravaha srotas* (urinary system). The main nidanas¹¹ of *ashmari* as stated by *Acharya sushruta* are *asamshodhana sheela* (not undergoing purificatory therapies) and *apathya sevana* (unhealthy food and activities). They are said to be of 4 kinds¹² – *Vataja*, *Pittaja*, *Kaphaja* and *shukraja*. The formation of *ashmari* has been beautifully explained by *Acharya vagbhata* with the help of *upama pramana* (analogy) that slowly *ashmari* gets formed just like the formation of pebbles of gall from the bile of the cow or like slush formation even in clean water¹³. The involvement of *vata* is mandatory for the production of *ashmari* as *vata* causes the *shoshana* (dryness) of *mutra*. This *vata* could be as-

sociated with the *pitta*, *kapha* or *shukra* based on which different types of *ashmaris* are formed¹⁴. The *lakshanas* (features) of *ashmari* include pain in the area of *nabhi* (umbilicus), *basti* (bladder), *sevani* (raphae) and other areas nearby during micturation and other symptoms related to *muta pravartana*. The *doshaja ashmaris* have respective characteristics¹⁵. The calculus produced due to *kapha* is white in colour, unctuous big like a hen’s egg and similar to *madhuka* flower in colour. *Pittaja ashmari* is slightly red (*rakta*), yellowish (*peetha*) or black (*Krishna*) and resembles the seed of *bhallataka* or *madhu* (honey) in colour. *Vataja ashmari* is *shyava* (brown), *parusha* (coarse), *vishama* (uneven), *khara* (hard) covered with projections similar to that of *kadamba* flower.

DISCUSSION

Cholelithiasis has become one of the most common diseases of the biliary tract. Though it can be managed conservatively a majority of the cases need surgical intervention. This may further lead to other complications and chances of recurrence are also present. The most effective alternative to this will be Ayurveda. Though there is no mentioning of cholelithiasis directly in the classics, the understanding of gall stone disease with the view of *ashmari* is really appreciable. Ayurveda believes that it the vitiated *doshas* that are the real culprit in causing a disease. Based on the *dhushyas* (site of affliction) various *vyadhis* are produced. In *ashmari* the *vyakta sthaana* is *basti* (bladder) whereas in cholelithiasis it is the gallbladder (*pittashaya*) that is affected. Though the sites of afflictions are different, the main process of *samprapti*, i.e. the disease formation is the same because in both these cases the calculus formation is a mandatory factor. The *dosha* involved in the case of gall stone disease can be *vata*, *pitta* or *kapha*. But when looked into the characteristics of gall stone it appears to resemble that of *pittaja ashmari*. The colour of the gallstones are said to be yellow, dark brown or black. These are also the same colours as that of *pittaja ashmari*. Another point that adds to the resemblance is the very organ- gall blad-

der (*pittashaya*). As known *pittashaya* is the abode of *pitta dosha*, the *samprapti* will be involving the *shoshana* of *pitta* by the *vata dosha* leading to the formation of gall stones. But it cannot be strictly told that the remaining doshas cannot be contributing. It is also possible that *kapha* can take *anya sthaana gamana* (movement to other sites) to the *pittashaya* and ultimately form into an *ashmari*. Thus it can be said that the phenomenon of formation of *ashmari* can also be understood in case of cholelithiasis. Thus an Ayurvedic orientation should always focus on the *doshaja lakshanas* exhibited by the patient and later the treatment has to be planned out. Understanding of gallstones not only acts as curative way but also as preventive. Not undergoing purificatory therapy and indulging in unhealthy food and activities are one of the prime causes in *ashmari*. If importance is given to avoiding these *nidaana sevana* it will definitely bring about prevention of all types *ashmari* including gall stones. The *chikitsa* in cholelithiasis should also focus on the lines of *ashmari chikitsa* told in the classics be it *shaman* (palliative) or *shodhana* (purificative).

CONCLUSION

There are certain diseases seen during the present era that are not mentioned in the classics. Based on the *yukti* of the physician, the involvement of *dosha* and *dushyas* is to be analysed and accordingly the disease is to be understood. Cholelithiasis is one such disease that has a striking resemblance with the phenomenon of *ashmari* though the *vyakta sthaana* are entirely different. There is a considerable similarity between *pittaja ashmari* and gall stones; but it would be more appealing to consider the involvement of other *doshas* too based on the signs and symptoms. This orientation of gall stone disease with that of *ashmari* will definitely benefit in planning the *chikitsa*.

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Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Saifudheen. P et al: An Ayurvedic Outlook Of Cholelithiasis. International Ayurvedic Medical Journal {online} 2018 {cited September, 2018} Available from: http://www.iamj.in/posts/images/upload/2126_2128.pdf