



Conceptual Understanding Of Cholelithiasis According To Ayurveda

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Abstract

Cholelithiasis is a common preclinical condition which is silent but evolves into grave complications. Cholelithiasis is one of the most common disease of biliary tree. It is a condition characterized by the formation of calculi within the gallbladder or biliary tract which results from a combination of several factors, including super saturation of bile with cholesterol, accelerated nucleation of cholesterol monohydrate in bile, and bile stasis or delayed gallbladder emptying due to impaired gallbladder motility. In India it is more common in women in north, north-east and east as compared to other zones in the country.

In Ayurveda cholelithiasis is referred as "*Pittashmari*" with an imbalance of *Pitta* and *Kapha* *Doshas* leading to the formation of stones in the gallbladder. Features and management of cholelithiasis can be outlined among various disorders like *Gulma*, *Pittaja Udarashoola*, *Shakashritha Kamala* and *Yakruthdalyodhara*.

This paper aims to delve into the Ayurvedic understanding of cholelithiasis, concept of *Accha Pitta*, explore the role of *Dosha* imbalance, *Agni* dysfunction, *Ama* formation, and *Srotas* obstruction as a cause for gall bladder stone formation and *Samprāpti* interpretation of *Pittashmari with colelithiasis* and the clinical features and its management is outlined among various disorders like *Gulma*, *Pittaja Udarashoola*, *Shakashritha Kamala* and *Yakruthdalyodhara*. A conceptual bridge is built to integrate traditional insights with contemporary knowledge.

Keywords Cholelithiasis, *Pittashmari*, Gall stones, *Ashmari*, *Accha Pitta*

Introduction

Gall stones are one of numerous disorders that can develop in the gallbladder. The prevalence of gall stone disease is more common in the western society. In India it is more common in women in north, north-east and east as compared to other zones in the country. In children the gall bladder stone found in approximately 5% between 30 - 69 years of age the prevalence is up to 10% in male and 19% in females and increase in 70 - 80 year old people to 30 - 40%. (1)

Cholelithiasis is influenced by a mixture of causes, including excess cholesterol saturation of bile, rapid nucleation of cholesterol monohydrate in bile, and bile stasis or delayed gallbladder emptying due to decreased gallbladder motility. (2)

The word *Ashmari* in Ayurveda stands for stone or calculus which is described only in the context of *Bastigata Ashmari*. (3) Gall bladder stores Pitta, hence the organ gall bladder is called as *Pittashaya* in Ayurveda and the stone formed in it can be considered as *Pittashmari*. In Ayurveda there is no clear description of gallstone so from clinical presentations as a disease of the Hepato-biliary system it may be correlated to *Gulma*, *Pittaja Udarashoola*, *Shakashritha Kamala* and *Yakruthdalyodara*. The pathophysiology may be correlated with *Pittaja Vikara*, *Kapha-Pitta Sanghata*, *Kostha Ashmari*, and *Yakrit-Pliha* disorders.

1. Aims and Objective

- To understand the concept of cholelithiasis in *Ayurveda*.
- To comprehensively analyse cause, pathophysiology of cholelithiasis according to ayurveda and its management.

2. Materials and Methods

This article is a conceptual review, designed to explore the Ayurvedic perspective on cholelithiasis with reference to *Pittashmari on basis of Kriyakala*. The study was conducted using traditional Ayurvedic texts, classical commentaries, and contemporary literature.

An effort was made to collect & interpret various references pertaining to Cholelithiasis along with its Ayurvedic correlation as *Gulma*, *Pittaja Udarashoola*, *Shakashritha Kamala* and *Yakruthdalyodara*, across relevant texts to its Lakshana's and Chikitsa.

3. Conceptual Framework

3.1 Concept of *Accha Pitta* vis bile:

The *Accha Pitta* generated in the second stage of digestion bears striking similarity with bile which is stored in gall bladder. Hence the gall bladder can be named as '*Pittashaya*'. Daily basal secretion of hepatic bile is around 500 – 600 ml (4) which promotes digestion and absorption of dietary fat, eliminate certain catabolites (including bilirubin), emulsify the fat soluble vitamins to enable their absorption, acts as bacteriocides destroying many of the microbes that may be present in the food. According to Ayurveda, all these functions are similar to *Pachana Karma* of *Accha Pitta*. Moreover, the two enzymes produced from bile viz. stercobilin and urobilin gives the normal colour to the faeces and urine respectively. This function is nothing but the *Ranjana Karma* of *Pitta* i.e. to give the *Prakrita Varna* to *Purisha* and *Mutra*.

Acharya Sushruta has mentioned '*Pitavabhasata*' as one of the symptom of *Pittasanchaya*. *Pitavabhasata* indicates the yellowish appearance of the body which according to modern science is due to the increased secretion of bile. Hence the *Achha Pitta* can be considered as bile on the basis of similarity in location, functions and abnormality. (5)

3.2 Ayurveda view

Ashmari is described mainly in *Sushruta Samhita* and *Vagbhaṭa Samhita*. Though classical texts discuss *Mutrashmari* more elaborately, Ayurveda commentators later correlate *Pittaja Ashmari* with biliary calculi (gallstones) due to its anatomical and pathological compatibility.

3.3 Modern Biomedicine

Biomedicine defines cholelithiasis as:

Cholesterol stones: due to cholesterol supersaturation, bile stasis, mucin hypersecretion

Pigment stones: due to increased unconjugated bilirubin (e.g., hemolysis, infection)

4. Etiological Perspectives (6,7)

Table 1: Etiological factors responsible for cholelithiasis both Ayurvedic and modern correlation

Ayurvedic Causative Factor	Modern Causative factors	Explanation
<i>Pitta Prakopa</i> (hot, spicy, oily foods increase Pitta)	Excess cholesterol secretion in bile	Aggravated <i>Pitta</i> corresponds to concentrated, “hot” bile → correlates with cholesterol supersaturation.
<i>Kapha Saṅga / Kapha Avarana</i>	Thick, viscous bile; biliary stasis	<i>Kapha</i> causes heaviness & stagnation → matches reduced bile flow and thickening in modern pathology.
<i>Vata Dushti</i>	Gallbladder hypomotility (poor contraction)	<i>Vata</i> regulates movement; its disturbance = impaired gallbladder emptying → stone formation.
<i>Manda Agni</i>	Poor fat digestion; metabolic syndrome; obesity	Weak <i>Agni</i> leads to poor lipid metabolism → similar to high cholesterol in bile in modern terms.
<i>Ajirṇa / Ama formation</i>	Sludge formation; impaired bile composition	<i>Ama</i> sticky, toxic nature corresponds to biliary sludge that forms the nidus for stones.
<i>Ati-snigdha & Guru Ahara</i>	High fat diet → cholesterol stones	Both describe heavy lipid intake leading to bile cholesterol overload.
<i>Kṣhāra, Tikṣṇa & Amla Ahara</i> (alkaline, pungent, sour foods)	Bile supersaturation & dehydration	These foods increase <i>Pitta</i> → more concentrated bile → similar to dehydration of bile constituents.
<i>Divaswapna</i>	Sedentary lifestyle	Both slow down metabolism and bile flow → promoting stone formation.
<i>Vegavidharana</i>	Stress → dysmotility → biliary stasis	<i>Vata</i> imbalance from urge suppression produces dysfunctional motility like stress-induced gallbladder stasis.
<i>Alcohol → Pitta aggravation</i>	Alcohol → liver dysfunction → pigment stones	Alcohol aggravates <i>Pitta</i> and disrupts liver function, paralleling bilirubin-related pigment stones.
<i>Mental stress → Vata increase</i>	Psychological stress affecting gallbladder motility	Both recognize stress as a cause of abnormal motility → bile stasis → stone formation.
<i>Srotorodha</i>	Blocked cystic duct / slowed bile flow	Ayurvedic channel obstruction corresponds directly to mechanical or functional blockages of bile flow.

Doṣha imbalance (Pitta–Kapha predominance)	Cholesterol + mixed stones	Both systems identify a combination of factors leading to stone precipitation.
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5. Probable mode of *Samprapti* of *Pittashmari* and its interpretation with cholelithiasis (8,9)

Ayurvedic *Samprapti* (six stages of disease development) mapped to modern pathophysiology of gallstone formation.



6. LAKSHANAS

- We will not get a particular clinical manifestation for cholelithiasis in Ayurveda. But *Lakshanas* explained in *Gulma*, *Pittaja Udarashoola*, *Shakashritha Kamala* and *Yakruthdalyodara*, can be considered as complications occurred due to presence of gall stones.
- Apart from that, the *Lakshanas* explained for *Saama Vata* (*Vibhanda*, *Agni Saada*, *Antrakoojana*, *Anga Vedana*, *Ahoda*, *Angasaada*, *Snehaadi Vata Kramina Vruddi*, *Gouravata*, *Arochaka* (10). *Saama Kapha* (*Udgarabava*, *Pralepathwa*, *Picchilathva* and *Kshuda Naasha*).
- As comparing the Ayurvedic symptoms to modern symptoms of cholelithiasis as follows, if it is a
 Silent stones- *Gulma*
 Pain with stones- *Pittaja Udarashoola*
 Stone obstruction- *Shakashritha Kamala*
 Cholelithiasis causing further liver disorder- *Yakruthdalyodara*

All these features can be considered as prognosis of cholelithiasis from *Gulma* to *Yakruthdalyodara*. Flatulent dyspepsia, *Hrullasa*, *Gourava*, *Tandra*, *Angamarda*, *Jwara*, *Pandutva*, *Srothoroda* (11) are also some of the features of acute cholelithiasis.

7. CHIKITSA:

No disease can manifest without vitiation of doshas, Hence any disease even if it is not explained in the classics should be treated according to *Lakshanas* of *Doshas* involved. So based on *Yukthi* treatment can be adopted. *Ashmari* is a severely complicated disease as death, it can be treated only in early stages with medicine in later stages surgery is a must. The *Aushada Chikitsa* includes *Sneha*, *Kshara*, *Yavagu*, *Yusha* and *Kasaya Prayoga* with *Ashmarigna* drugs(12).

- *Pittaja Gulma Chikitsa*: As the symptoms are similar to *Pittaja Gulma* should be managed by virechana (bitter drugs and purgatives boiled with ghee) as *Pittahara Chikitsa* can be adopted. *Virechana*- given with *Kashaya* of *Draksha* and *Abaya* mixed with *Guda*.(13) And also *Kampillaka* can be given in the form of linctus by mixing it with *Madhu*. Some oral medications like *Trutydi churna*, *Trayamanadi Grutha*, *Tayamana Kshira Yoga*.
- *Pittaja Shoola Chikitsa*: In case of symptoms of cholelithiasis similar to *Pittaja Udarashoola* can be given with *Pittahara Chikitsa* and some oral medications like *Baladi Kwatha*, *Tumburvaadi Churna*. *Hingwadi Churna*, *Tripura Birava Rasa*, *Dhatri Loha*.(14)
- *Shakashritha Kamala Chikitsa*: In case of symptoms of cholelithiasis similar to *Shakashritha Kamala* can be given with *Kaphara Chikitsa* like *Katu*, *Thikshna*, *Ushna* and *Amla Upakramas*. *Mamsa Rasa*, *Ruksha* type *ahara*, juice of *Mathulunga*, *Pippali*, *Maricha*, and *Shunti*(15)
- *Yakruthodara Chikitsa*: In case of symptoms similar to cholelithiasis, patient can be given with *Pitta* and *Vatahara Chikitsa* like *Abyanaga*, *Swedana*, *Virechana* and *Niruha Basti*. The *Shamanaushadis* like *Sapthala Grutha*, *Pippali* with *Abaya* and *Guda*, *Paaniya Kshara* and *Aristas*(16) can be given.

7.1 Ayurvedic Medicines for Gallstones (17)

Ayurveda offers several herbal medicines for treating Gallstones, enhancing bile production, dissolving stones and soothing inflammation in the body. These natural treatments aim to balance the body's energy system, specifically the *Pitta* dosha associated with gallbladder problems.

Here are some effective Ayurvedic herbs used for the management of Gallstones:

- *Haridra* (*Curcuma longa*): The presence of curcumin in turmeric makes it a cholaretic and anti-inflammatory herb. Taking warm milk with turmeric after meals helps to dissolve Gallstones and improves liver health.
- *Kumari* (*Aloe vera*): It acts as a cholagogue and helps cleanse the gallbladder. Aloe vera gel mixed with honey and taken as a juice is known to treat Gallstones.
- *Gokshura* (*Tribulus terrestris*): It has alkaloids and phytosterols that can help combat Gallstones. Gokshura powder is also believed to detoxify the gallbladder.
- *Kalonji* (*Nigella Sativa*): Loaded with thymoquinone, Kalonji is a lipotropic and anti-inflammatory antioxidant. The seeds of kalonji are known to dissolve Gallstones when taken internally on an empty stomach.
- *Maricha* (*Piper nigrum*): It improves liver and gallbladder function due to its cholaretic properties. Black pepper powder with warm water before meals aids digestion and prevents Gallstones.
- *Ardra* (*Zingiber officinale*): This common spice stimulates the gallbladder, improves digestion and decreases nausea to help prevent and treat Gallstones.
- *Lashuna* (*Allium sativum*): Known for its ability to expel bile and stones, garlic also has antibacterial and antiviral properties.
- *Bhunimba* (*Phyllanthus niruri*): Known to dissolve Gallstones, reduce inflammation, and restore function of the liver and gallbladder.
- *Manjistha* (*Rubia cordifolia*): Cleanses blood, removes toxins & reduces inflammation to support liver health.
- *Bhringraja* (*Eclipta alba*): Known to improve bile flow and promote liver function as a digestive agent.

8. Discussion

Based on the location, function and abnormality the bile present in gall bladder (*Pittashaya*) can be correlated to the *Accha Pitta*. The stones formed in the gallbladder can be correlated to *Pittashmari* caused due to imbalance of Pitta and Kapha due to *Agnimandya* and *Strotorodha*.

Ayurveda and modern science offer complementary frameworks for understanding cholelithiasis. Ayurveda interprets gallstone formation as a systemic imbalance involving *Agni*, *Ama*, *Pitta-Kapha Dushti*, and *Srotas* obstruction, while modern medicine focuses on cholesterol supersaturation, crystal nucleation, and biliary motility defects.

Ayurvedic interpretation of cholelithiasis integrates metabolic, systemic, and psychosomatic concepts:

- Gallstone formation is a result of chronic dosha disturbance, not a local event.
- The interplay of *Ama-Pitta-Kapha* parallels modern understanding of cholesterol supersaturation, bile stasis, and pigment precipitation.
- The concept of *Sanghata* and *Ashmari*, though primarily used for urinary stones, provides a valid interpretative framework for gallbladder stones.

- The role of *Agni* compares to hepatic lipid metabolism and cholesterol solubility.
- Ayurvedic pathology correlates strongly with modern findings of biliary sludge, supersaturated bile and impaired gallbladder motility.
- Ayurveda sees cholelithiasis not merely as stones in the gallbladder, but as a systemic imbalance rooted in poor diet, digestive weakness, emotional disturbances, and toxin accumulation.
- Ignoring natural dietary discipline and lifestyle rules results in dosha derangement leading to stone formation.
- Gallstones are interpreted as the result of *Pitta-Kapha* vitiation, impaired *Agni*, *Ama* accumulation and obstruction of biliary channels.

This holistic conceptual understanding allows Ayurveda not only to address the symptoms but also to correct the root causes, focusing on restoration of digestive balance, detoxification, and *Dosha* harmonization and using herbs like *Yakrit-Uttejak* (liver-stimulators) to dissolve stones and relieve symptoms like colic, offering a non-surgical alternative to cholecystectomy.

An integrative perspective highlights that the Ayurvedic approach excels in prevention and holistic restoration, while modern medicine provides surgical cures. Together, they present a comprehensive understanding of this multifactorial disease.

9. Conclusion

The *Accha Pitta* can be considered as bile on the basis of similarity in location, function and abnormality. This *Accha Pitta* is generated from liver and stored in gall bladder, hence the gall bladder is considered as *Pittashaya*. The most important factor in gall stone formation is bile super saturation with cholesterol which can be correlated with *Vikrita Kaphasanchiti* in *Pittashaya* as per Ayurveda. The phenomenon of deficiency of anti-nucleating factors and accelerated nucleation of cholesterol monohydrate crystal is somewhat similar to *Kapha-Pitta Samsarga*. The third mechanism i.e, gall bladder hypo motility can be correlated with *Margavarodhajanya Vataprakopa*.

Ayurveda provides a clinically meaningful conceptual understanding of cholelithiasis through *Pitta* aggravation (altered bile quality), *Kapha* accumulation (thickening and stagnation), *Ama* formation (toxic residues), *Srotas* obstruction (biliary stasis) and *Sanghata* (solidification).

This integrative interpretation aligns with modern biochemical and physiological mechanisms and supports the holistic approach for prevention and management through diet, lifestyle, and detoxification.

10. References

1. Henryk Dancygier. Clinical hepatology: Principles and practice of hepatobiliary diseases, volume 2; Springer science and business media; 2009. P.1459
2. Londhe P D, International Journal of Ayurvedic Medicine, 2016; 7(1): 6-9. ISSN: 0976-5921
3. Ravidatta Tripathi, Charakasamhita with Vidyamanorama Hindi commentary, Chaukhamba Sanskrit Pratishthan, delhi, 2009. Chikitsasthana 26/36, Pg. 630
4. Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J. (2008). Harrison's principles of internal medicine (17th ed.). New York: McGraw-Hill Medical Publishing Division. Pg. 1991
5. Ravidatta Tripathi, Charakasamhita with Vidyamanorama Hindi commentary, Chaukhamba Sanskrit Pratishthan, delhi, 2009. Chikitsasthana 16/131, Pg. 412

6. Acharya Sushruta. Sushruta Samhita, with English Translation Written by prof. K.R.SrikanthaMurthy, Published by Chaukhamba Orientalia, Varanasi, Reprint Edition 2021, Vol-1, Chikitsa sthana 21/21-23, Pg.103-104
7. Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J. (2008). Harrison's principles of internal medicine (17th ed). New York: McGraw-Hill Medical Publishing Division. Pg. 1993
8. Acharya YT. Charaka Samhitha. Chaukhamba Sanskrit Pratishthan, Varanasi 2004. G 532
9. K Rujgupal Shan uy. Ai tha 3 henoy Mile swar Mri pul Manual of SurgeryFourth edition Published by CBS Publishers & Distributors pvt Ltd 2014 Pg353.
10. Acharya Agnivesha. Charaka Samhitha. Revised by Charaka, Compelled by Dridabala, Ayurveda deepika commentary of Acharya Chakrapaanidatta, Edited by Yadavji Triakam ji Acharya. Varanasi: Chaokamba Sanskrith Pratistana; 2004. P 738.
11. Acharya Sushrutha. Sushruta Samhita with Nibanda Sangraha commentary of Sri Dalhanacharya and Nyayachandrika Panjika of Sri Gayadasacharya on Nidana Stana. Edited by Vaidya Yadavji Trikamaji Acharya: Choukamba Orientalia;2010. P 824.
12. Acharya Agnivesha. Charaka Samhitha. Revised by Charaka, Compelled by Dridabala, Ayurveda deepika commentary of Acharya Chakrapaanidatta, Edited by Yadavji Triakam ji Acharya. Varanasi: Chaokamba Sanskrith Pratistana; 2004. P 435.
13. Acharya Agnivesha. Charaka Samhitha. Revised by Charaka, Compelled by Dridabala, Ayurveda deepika commentary of Acharya Chakrapaanidatta, Edited by Yadavji Triakam ji Acharya. Varanasi: Chaokamba Sanskrith Pratistana; 2004. P 532.
14. Acharya Bhavamishra. Bhava prakasha, Uttardha,Viyothini Hindi teeka by Bhrmha shankara Mishra, Shoolarogadikara. Varanasi: Choukamba Samskrita Pratistapana; 2002: P 836.
15. Acharya Agnivesha. Charaka Samhitha. Revised by Charaka, Compelled by Dridabala, Ayurveda deepika commentary of Acharya Chakrapaanidatta, Edited by Yadavji Triakam ji Acharya.Chap 16, Varanasi: Chaokamba Sanskrith Pratistana; 2004. 128-129.
16. Acharya Agnivesha. Charaka Samhitha. Revised by Charaka, Compelled by Dridabala, Ayurveda deepika commentary of Acharya Chakrapaanidatta, Edited by Yadavji Triakam ji Acharya. Chap 13, Varanasi: Chaokamba Sanskrith Pratistana; 2004. 75-89.
17. Source: Jiva Ayurveda <https://share.google/ehGUfPUsg2T1oIW3D> assessed date-10/11/2025