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Case Study

CONSERVATIVE AYURVEDIC MANAGEMENT OF SYMPTOMATIC CHOLELITHIASIS WITH CHOLEDOCHOLITHIASIS

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ABSTRACT

Gallstone disease is a frequently encountered disorder of the biliary system and is an important cause of right upper abdominal pain in adults. When a stone migrates into the common bile duct, it may obstruct the flow of bile and produce abnormal liver function tests with serious complications if untreated. Ayurveda describes disorders involving the hepatobiliary system under the principles of *Pitta-Kapha Dushti, Pittashaya Vikara,* and *Ashmari*, where treatment is directed towards restoring normal digestive and biliary physiology. **Case Presentation:** A 26-year-old woman presented with intermittent pain in the right hypochondrium, nausea, dyspepsia, and discomfort after consuming fatty meals. Ultrasonography performed on 05 June 2026 demonstrated a contracted gall bladder containing multiple calculi (largest 4.4mm), dilatation of the common bile duct (10.9mm), and a calculus within the distal common bile duct measuring approximately 5.1 mm. Biochemical evaluation revealed markedly elevated serum transaminases (SGOT 338 IU/L and SGPT 294 IU/L). **Intervention:** The patient underwent conservative *Ayurvedic* treatment with *Mahashakti Detox Powder, Mahashakti Pitt Shuddhi Capsule,* and *Mahashakti Pittrakshak* Tablet, along with dietary regulation and lifestyle modifications for approximately one month. **Outcome:** Follow-up ultrasonography performed after completion of treatment showed disappearance of the common bile duct calculus, normalization of the common bile duct caliber to 5mm, and persistence of only minimal gall bladder sludge with a few tiny calculi. The patient reported marked relief in abdominal pain, nausea, and digestive discomfort. **Conclusion:** This case highlights the potential role of an individualized Ayurvedic therapeutic approach in improving both clinical symptoms and radiological findings in a patient with cholelithiasis associated with choledocholithiasis. Further clinical investigations are required to validate these observations.

INTRODUCTION

Gallstone disease represents one of the most common disorders of the hepatobiliary tract worldwide. Its occurrence has increased steadily because of changes in dietary habits, obesity, sedentary lifestyle, and metabolic disturbances. While many gallstones remain asymptomatic, symptomatic disease usually manifests as recurrent pain in the right upper abdomen, nausea, postprandial fullness, and intolerance to fatty foods.[1] Obstruction of the common bile duct by migrating calculi may result in choledocholithiasis, producing biochemical evidence of hepatocellular injury and increasing the risk of cholangitis or acute pancreatitis.[2]

Conventional treatment mainly includes laparoscopic cholecystectomy with or without endoscopic removal of common bile duct stones. However, in carefully selected patients without emergency indications, conservative management may be considered under close observation.[3]

Ayurvedic literature explains disorders of the biliary system through derangement of *Pitta* and *Kapha Dosha,* impaired *Agni*, and obstruction of the body channels (*Srotorodha*). Accumulation of pathological material within the biliary passages may eventually lead to stone formation, producing pain (*Shoola*), digestive impairment (*Agnimandya*), nausea,

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and other gastrointestinal complaints.[4] Therapeutic measures are therefore aimed at restoring digestive function, pacifying vitiated *Doshas*, promoting normal bile flow, and preventing recurrence.[5]

The present report describes the successful conservative management of symptomatic cholelithiasis associated with choledocholithiasis using an Ayurvedic treatment regimen, with improvement documented by serial ultrasonographic examinations.

Case Report

Patient Information

A 26-year-old female attended the outpatient department with complaints of intermittent pain in the right upper quadrant of the abdomen for nearly two weeks. The pain was accompanied by nausea, abdominal heaviness after meals, bloating, and poor tolerance to oily foods. There was no history of fever, jaundice, vomiting, diabetes mellitus, hypertension, or previous abdominal surgery.

History of Present Illness

The patient was in her usual state of health until approximately two weeks before consultation, when she began experiencing dull aching pain over the right hypochondrium, particularly after consuming fried or fatty meals. Over the following days, the episodes became more frequent and were associated with nausea and indigestion. Because of persistent symptoms, ultrasonography of the abdomen was performed, which demonstrated multiple gall bladder calculi with associated common bile duct dilatation and choledocholithiasis. Liver function tests revealed significantly raised hepatic transaminases, and magnetic resonance cholangiopancreatography (MRCP) was advised. The patient opted for Ayurvedic treatment and subsequently presented to our centre for conservative management

Personal History

- Appetite (*Ahara*): Moderately reduced due to abdominal discomfort.
- Diet: Mixed diet with frequent consumption of oily and spicy food.
- Bowel (*Mala*): Regular
- Micturition (*Mutra*): Normal
- Sleep (*Nidra*): Disturbed occasionally because of abdominal pain.
- Addiction: No history of smoking, alcohol consumption, or tobacco use.

General Examination

- Build: Moderate
- Height: 160 cm
- Weight: 58 kg
- BMI: 22.7 kg/m^2
- Pulse Rate: 78/min
- Blood Pressure: 118/76 mmHg
- Respiratory Rate: 18/min
- Temperature: Afebrile
- Pallor: Absent
- Icterus: Absent
- Cyanosis: Absent
- Clubbing: Absent
- Pedal Edema: Absent

Ashtasthana Pareeksha

- *Nadi: Pitta-Kaphaja*
- *Mutra: Prakruta*
- *Mala: Prakruta*
- *Jihwa:* Slightly coated
- *Shabda: Prakruta*
- *Sparsha: Ushna*
- *Drik: Prakruta*
- *Aakruti: Madhyama*

Dashavidha Pareeksha

- *Prakruti: Pitta-Kaphaja*
- *Vikruti: Pitta-Kapha Dushti*
- *Sara: Madhyama*
- *Samhanana: Madhyama*
- *Pramana: Madhyama*
- *Satmya: Madhyama*
- *Satva: Madhyama*
- *Ahara Shakti: Madhyama*
- *Vyayama Shakti: Madhyama*
- *Vaya: Yuva*

Systemic Examination

Abdomen- Mild tenderness over the right hypochondrium.
Murphy's sign mildly positive.
No guarding or rigidity.
No palpable abdominal mass.
Liver and spleen not palpable.

Cardiovascular System

S1 and S2 heard normally. No added sounds.

Respiratory System

Bilateral air entry equal. No adventitious sounds.

Central Nervous System

Conscious, oriented, with no focal neurological deficit.

Diagnostic Assessment

Ultrasonography (05 June 2026)
Contracted gall bladder.
Multiple cholelithiasis.
Largest calculus measuring 4.4 mm.
Common bile duct dilated (10.9 mm).
Choledocholithiasis measuring approximately 5.1 mm.
MRCP advised for further evaluation

Liver Function Test

Parameters	Value
Total Bilirubin	1.00 mg/dL
Direct Bilirubin	0.37 mg/dL
Indirect Bilirubin	0.63 mg/dL
SGOT(AST)	338 IU/L
SGPT (ALT)	294 IU/L

Ayurvedic Diagnosis

Pittashmari (cholelithiasis) associated with *Pittashaya Dushti* and *Pitta-Kapha Pradhana Tridoshaja Vikara.*

Treatment Protocol

The patient received conservative Ayurvedic management for approximately one month.

Table 1: Treatment Schedule

Medicine		Dose	Duration	Route
Mahashakti Detox Powder	*Haritaki (Harad), Bibhitaki (Baheda), Amalaki (Amla), Amaltas (Aragvadha), Svarnapatri (Sanay), Kokam (Vrukshamla), Shunthi, Maricha, Pippali, Yavani (Ajwain), Tvak (Dalchini), Shatapushpa (Saunf), Jeeraka,* and *Saindhava Lavana (Kala Namak).*	6 g at bedtime	30 days	Oral
Mahashakti Pitt Shuddhi Capsule	*Indrayava, Krishna Jeeraka, Punarnava, Kalmegha, Vidanga, Kakamachi (Makoy), Apamarga, Sharapunkha, Talmakhana (Ikshura), Daruharidra, Bhringaraja, Kutaki, Shweta Parpati, Yava Kshara,* and *Krishna Lavana.*	2 capsules twice daily after food	30 days	Oral
Mahashakti Pittrakshak Tablet	*Pittapapada, Bhumyamalaki, Punarnava, Kalmegha, Kumari (Aloe vera), Kakamachi (Makoy), Apamarga, Sharapunkha, Talmakhana (Ikshura), Daruharidra, Guduchi, Bhringaraja, Parijata, Kutaki, Haritaki, Amalaki, Vasa (Adusa),* and *Dhamasa.*	2 capsules twice daily after food	30 days	Oral

Lifestyle and Dietary Advice *(Pathya)*

- Consume freshly prepared light meals.
- Avoid fried, oily, spicy, and processed foods.
- Drink 2.5–3 litres of water daily.
- Prefer boiled vegetables, fruits, and easily digestible food.
- Avoid prolonged fasting.
- Take meals at regular timings.
- *Apathya*
- Deep-fried foods
- Excess ghee and butter
- Bakery products
- Carbonated beverages
- Alcohol
- Excess tea and coffee
- Late-night meals

RESULTS AND OBSERVATIONS

The patient was reviewed periodically during treatment. A gradual reduction in abdominal pain and dyspeptic symptoms was observed. No adverse drug reactions were reported, and the patient remained compliant with the prescribed medications and dietary advice.

Table 2: Clinical Progress During Treatment

Day	Intervention	Clinical Observation
Day 1	Initiation of *Mahashakti Detox Powder, Pitt Shuddhi Capsule and Pittrakshak* Tablet	Moderate right hypochondriac pain (+++), nausea (++), dyspepsia (++), fatty food intolerance present

Day 7	Continued oral medication	Pain reduced (++), nausea occasional (+), appetite improving
Day 15	Continued treatment	Mild pain (+), dyspepsia markedly reduced, no nausea
Day 30	Completion of treatment	No abdominal pain, normal appetite, no nausea, patient comfortable after meals.

Follow-up Ultrasonography (12 July 2026)

1. Findings
2. Contracted gall bladder.
3. Internal sludge present.
4. Few micro-cholelithiasis noted.
5. Common bile duct measured 5 mm.
6. No evidence of choledocholithiasis.
7. No intrahepatic biliary dilatation.

Table 3: Comparison of Findings Before and After Treatment

Parameter	Before Treatment	After Treatment
Right hypochondriac pain	Present (+++)	Absent
Nausea	Present	Absent
Dyspepsia	Present	Absent
Fatty food intolerance	Present	Markedly improved
Gall bladder	Contracted with multiple calculi	Contracted with sludge and few micro-calculi
Largest calculus	4.4 mm	Only tiny residual calculi
CBD diameter	10.9 mm	5 mm
Choledocholithiasis	Present (5.1 mm)	Not detected

DISCUSSION

Cholelithiasis develops through a complex interaction of altered bile composition, impaired gall bladder motility, and biliary stasis.[6] Migration of a gallstone into the common bile duct produces choledocholithiasis, which may obstruct bile flow and cause elevation of hepatic enzymes, biliary colic, or more serious complications if not managed appropriately.[7]

From an Ayurvedic perspective, this condition can be interpreted as a disorder involving *Pitta-Kapha Dushti, Mandagni,* and *Srotorodha* affecting the hepatobiliary system. Vitiated *Kapha* contributes to the formation of dense concretions, while aggravated *Pitta* promotes inflammation and pain. Therefore, the management was aimed at *Deepana, Pachana, Amapachana, Pittashamana, Srotoshodhana*, and restoration of normal bile flow.[8]

The treatment protocol comprised *Detox Powder, Pitt Shuddhi Capsule,* and *Pittrakshak* Tablet (Table 1). Detox Powder primarily acted as a *Deepana-Pachana, Anulomana*, and *Mridu Virechana* formulation, facilitating the elimination of *Ama* and improving gastrointestinal and biliary function.[9] *Pitt Shuddhi Capsule* provided *Pittashamaka, Yakrit-Uttejaka, Shothahara,* and *Srotoshodhaka* actions, thereby supporting hepatobiliary function and reducing inflammation.[10] *Pittrakshak* Tablet exerted hepatoprotective, antioxidant, anti-inflammatory, and *Rasayana* effects, which may have contributed to restoration of normal liver and biliary physiology.

The patient showed progressive improvement in abdominal pain, dyspepsia, and associated symptoms during the treatment period. Follow-up ultrasonography demonstrated complete resolution of the common bile duct calculus with normalization of the common bile duct diameter. Although spontaneous passage of a small common bile duct stone cannot be completely excluded, the concurrent clinical and radiological improvement observed after conservative Ayurvedic management suggests a beneficial therapeutic role of the treatment protocol.

Since this is a single case report, definitive conclusions regarding efficacy cannot be drawn. Well-designed prospective studies with larger sample sizes are required to validate these findings and further explore the role of Ayurveda in the conservative management of symptomatic cholelithiasis with choledocholithiasis.

CONCLUSION

This case highlights the potential role of conservative Ayurvedic management in selected patients with symptomatic cholelithiasis associated with choledocholithiasis. The treatment protocol comprising *Detox Powder, Pitt Shuddhi Capsule,* and *Pittrakshak Tablet* was associated with significant clinical improvement, including complete relief from abdominal pain and dyspeptic symptoms, along with ultrasonographic resolution of the common bile duct calculus and normalization of the common bile duct diameter. The observed outcome may be attributed to the combined *Deepana, Pachana, Pittashamana, Srotoshodhana*, *Anulomana*, and hepatoprotective actions of the prescribed formulations. Although the findings are encouraging, they are derived from a single case report and cannot be generalized.

Further well-designed prospective clinical studies with larger sample sizes and long-term follow-up are warranted to establish the safety, efficacy, and reproducibility of this conservative Ayurvedic approach.

REFERENCES

1. Townsend CM, Beauchamp RD, Evers BM, Mattox KL. Sabiston Textbook of Surgery. 21st ed. Philadelphia: Elsevier; 2022.
2. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J. Harrison's Principles of Internal Medicine. 21st ed. McGraw-Hill; 2022.
3. Sushruta. Sushruta Samhita, Nidana Sthana, Ashmari Nidana Adhyaya. Varanasi: Chaukhambha Orientalia.
4. Agnivesha. Charaka Samhita, Chikitsa Sthana. Varanasi: Chaukhambha Sanskrit Sansthan.
5. Vagbhata. Ashtanga Hridaya. Nidana Sthana. Chaukhambha Sanskrit Sansthan.
6. Portincasa P, et al. Gallstone disease: Pathophysiology and management. Lancet. 2018.
7. European Association for the Study of the Liver (EASL). Clinical Practice Guidelines on Gallstones. J Hepatol. 2016.
8. Bhavamishra. Bhavaprakasha Nighantu. Chaukhambha Bharati Academy.
9. Sharma PV. Dravyaguna Vijnana. Vol. II. Chaukhambha Bharati Academy.
10. Ministry of AYUSH. The Ayurvedic Pharmacopoeia of India. Government of India.

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