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# Conservative Management of *Saththi Pitham* (Cholelithiasis) With Classical *Siddha* Formulations: A Case Report

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**ABSTRACT:**

Cholelithiasis is one of the most common hepato-biliary disorders worldwide, with a global prevalence of 6.1% and Indian adult prevalence of 4–7%. Surgical removal of the gallbladder remains the standard treatment for symptomatic gallstones. Evidence regarding traditional medical management is limited. This case report describes the clinical and ultrasonographic outcome of a patient with multiple gallbladder calculi managed with Siddha medication and lifestyle modification. A 33-year-old female presented with recurrent episodes of upper abdominal pain associated with dyspepsia and intolerance to fatty meals. Ultrasonography of the abdomen demonstrated multiple gallbladder calculi, the largest measuring 9 mm, with normal gallbladder wall thickness, a non-dilated common bile duct, and diffuse increase in hepatic echotexture. The patient opted for Siddha management and received *Neermulli Kudineer* and *Amirthathi Chooranam* along with dietary and lifestyle modifications for three months. At follow-up, the patient reported complete symptomatic relief. Repeat ultrasonography revealed a normal-sized gallbladder with smooth walls, no evidence of gallstones, no biliary ductal dilatation, and normalisation of hepatic echotexture. This case demonstrates complete clinical and ultrasonographic resolution of multiple gallbladder calculi following three months of Siddha treatment. Although the outcome is encouraging, larger prospective clinical studies are required to determine the efficacy, safety, and possible mechanisms of Siddha interventions in the management of cholelithiasis.

**KEYWORDS**: *Amirthathi Chooranam*, Cholelithiasis, *Neermulli Kudineer, Piththappai Kalladaippu, Saththi Pitham*, *Siddha* medicine.

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**INTRODUCTION:**

Cholelithiasis is a common gastrointestinal disorder affecting 10–15% of adults worldwide and represents a major global health burden due to its prevalence and associated complications. The global prevalence is estimated at 6.1%, with an incidence rate of 0.47 per 100 person-years. In India, the prevalence among the adult population has been reported at approximately 4 - 7% , with notable geographic variation [1,2]. Gallstones develop because of alterations in bile composition, gallbladder dysmotility, and cholesterol supersaturation. Cholesterol stones account for approximately 80% of cases, while pigment stones predominate in regions with high incidence of haemolytic disease or biliary infections. Patients commonly present with biliary colic, dyspepsia, nausea and intolerance to fatty foods. Untreated symptomatic gallstones may progress to acute cholecystitis, choledocholithiasis, pancreatitis and obstructive jaundice.

Laparoscopic cholecystectomy remains the gold standard treatment for symptomatic management of gallstones. Non-surgical options, though available, are limited. Oral dissolution therapy using ursodeoxycholic acid (UDCA) can dissolve certain cholesterol gallstones, but requires prolonged use, is costly, often results in incomplete dissolution and carries a significant recurrence risk following discontinuation. Post-cholecystectomy complications including chronic diarrhoea, bile reflux, and long-term metabolic impact on lipid metabolism have further driven interest in non-surgical alternatives.

In *Siddha* medicine, conditions resembling cholelithiasis are described under the concept of *Piththappai Kalladaippu* or *Saththi Pitham* (gallbladder obstruction by calculi), where vitiated *Pitham* (*Azhal*) and derangement of *Vali* (*Vatham*) contribute to impaired bile secretion, cholesterol accumulation, and stone formation. An imbalance in the *Tridosha*- encompassing *Azhal* vitiation with *Iyam* (*Kabam*) accumulation- is considered the fundamental pathological basis. Traditional *Siddha* formulations emphasising choleretic, hepatoprotective, anti-inflammatory, digestive and litholytic properties are prescribed to restore this balance. [3] The present case describes the successful management of multiple gallbladder stones using *Siddha* medicines with complete ultrasonographic resolution following three months of treatment.

**CASE REPORT:**

A 33-year-old female presented to the *Siddha* outpatient department with a history of intermittent right upper abdominal pain after meals, abdominal bloating, dyspepsia and intolerance to oily foods. There was no history suggestive of jaundice, pancreatitis, diabetes mellitus or previous abdominal surgery. General physical examination revealed stable vital signs. Abdominal examination demonstrated mild tenderness over the right hypochondrium without guarding or

rigidity. Ultrasonography of the abdomen and pelvis revealed the following pertinent findings:
Gallbladder: Adequately distended. Multiple gallbladder stones, largest measuring 9 mm. Wall thickness normal. Common bile duct (CBD) not dilated.

Based on the clinical presentation and ultrasonographic findings (figure-1), a diagnosis of symptomatic cholelithiasis (*Piththappai Kalladaippu*/*Saththi Pitham*) was established.

**THERAPEUTIC INTERVENTION:**
The patient elected conservative *Siddha* management. The following medicines were prescribed for a duration of three months after meals: Medicine Dose Frequency Duration *Neermulli* Kudineer[5] 30mL Twice daily 3 months *Amirthathi Chooranam* [6] 2gm Twice daily 3 months

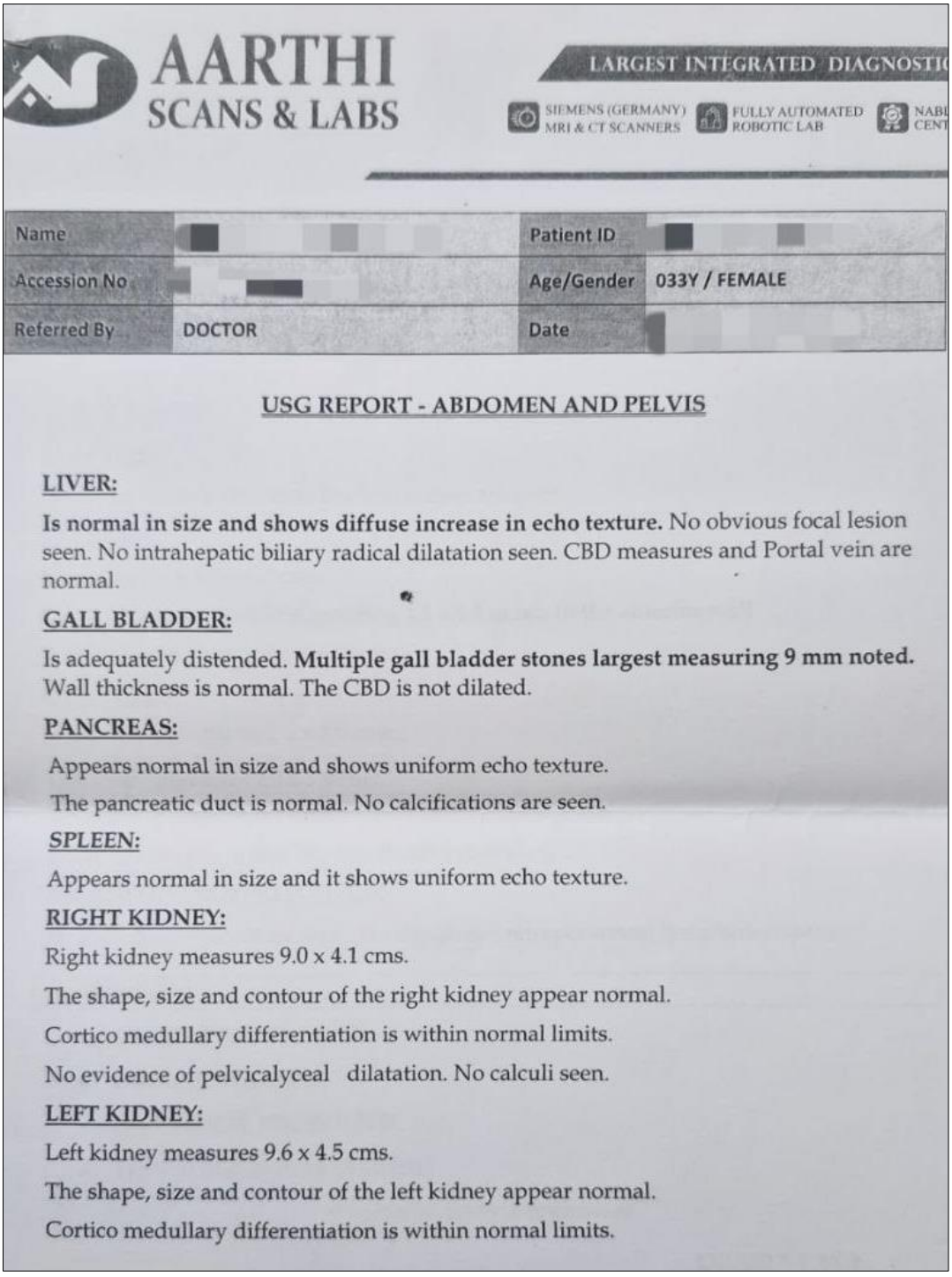
**3.1 Dietary and Lifestyle Advice**
• Low-fat diet with avoidance of fried and oily foods
• Adequate hydration (minimum 2–3 litres of water daily)
• Regular meal timings with avoidance of prolonged fasting
• Daily moderate physical activity[4]
The patient was reviewed periodically during treatment. No adverse drug reactions were reported, and compliance with therapy was satisfactory.

**Follow-up and Outcome**
Following completion of three months of Siddha treatment, the patient reported complete resolution of abdominal pain, dyspepsia, and postprandial discomfort.
Repeat ultrasonography of the abdomen demonstrated the following findings:
Gallbladder: Normal sized and smooth walled. No calculus detected. No intra or extra hepatic biliary ductal dilatation.

The follow-up ultrasonogram therefore confirmed complete disappearance of the previously detected multiple gallbladder stones, with additional normalisation of hepatic echotexture (Figure-2).

**Table-1 Comparative Ultrasonographic Findings**

| Organ | Pre-treatment | Post-treatment |
|---|---|---|
| Gallbladder | Multiple calculi (largest 9 mm); normal wall thickness; common bile duct (CBD) not dilated | Normal size; smooth wall; no calculi; no biliary ductal dilatation |



AARTHI SCANS & LABS

LARGEST INTEGRATED DIAGNOSTI

SIEMENS (GERMANY) MRI & CT SCANNERS | FULLY AUTOMATED ROBOTIC LAB | NABL CENT

| | | | |
|---|---|---|---|
| Name | [redacted] | Patient ID | [redacted] |
| Accession No | [redacted] | Age/Gender | 033Y / FEMALE |
| Referred By | DOCTOR | Date | [redacted] |

**USG REPORT - ABDOMEN AND PELVIS**

**LIVER:**

**Is normal in size and shows diffuse increase in echo texture.** No obvious focal lesion seen. No intrahepatic biliary radical dilatation seen. CBD measures and Portal vein are normal.

**GALL BLADDER:**

Is adequately distended. **Multiple gall bladder stones largest measuring 9 mm noted.** Wall thickness is normal. The CBD is not dilated.

**PANCREAS:**

Appears normal in size and shows uniform echo texture.

The pancreatic duct is normal. No calcifications are seen.

***SPLEEN:***

Appears normal in size and it shows uniform echo texture.

**RIGHT KIDNEY:**

Right kidney measures 9.0 x 4.1 cms.

The shape, size and contour of the right kidney appear normal.

Cortico medullary differentiation is within normal limits.

No evidence of pelvicalyceal dilatation. No calculi seen.

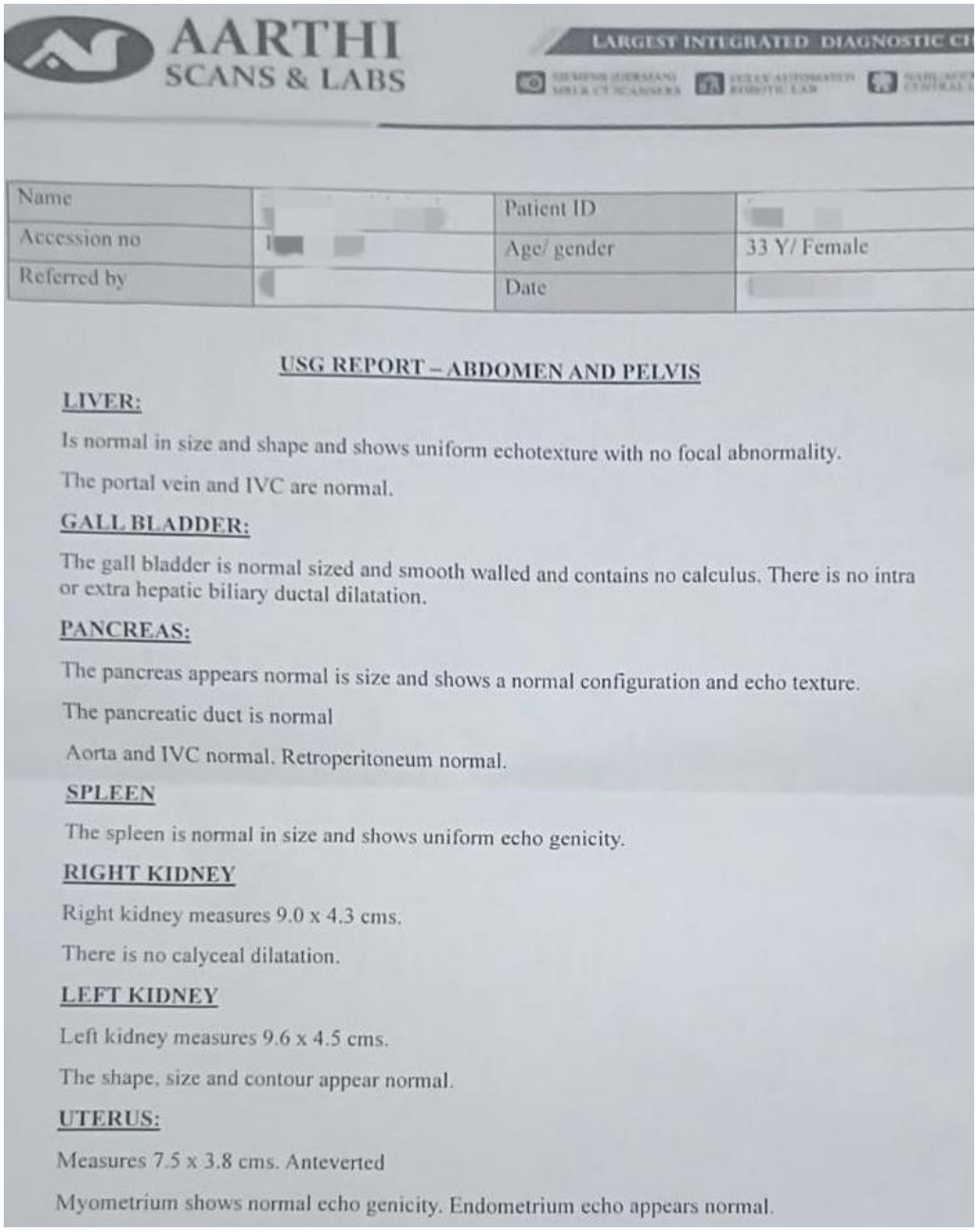
**LEFT KIDNEY:**

Left kidney measures 9.6 x 4.5 cms.

The shape, size and contour of the left kidney appear normal.

Cortico medullary differentiation is within normal limits.

**Figure-1: USG abdomen Before treatment**



AARTHI SCANS & LABS

LARGEST INTEGRATED DIAGNOSTIC CE

| | | | |
|---|---|---|---|
| Name | | Patient ID | |
| Accession no | | Age/ gender | 33 Y/ Female |
| Referred by | | Date | |

**USG REPORT – ABDOMEN AND PELVIS**

**LIVER:**

Is normal in size and shape and shows uniform echotexture with no focal abnormality.

The portal vein and IVC are normal.

**GALL BLADDER:**

The gall bladder is normal sized and smooth walled and contains no calculus. There is no intra or extra hepatic biliary ductal dilatation.

**PANCREAS:**

The pancreas appears normal is size and shows a normal configuration and echo texture.

The pancreatic duct is normal

Aorta and IVC normal. Retroperitoneum normal.

**SPLEEN**

The spleen is normal in size and shows uniform echo genicity.

**RIGHT KIDNEY**

Right kidney measures 9.0 x 4.3 cms.

There is no calyceal dilatation.

**LEFT KIDNEY**

Left kidney measures 9.6 x 4.5 cms.

The shape, size and contour appear normal.

**UTERUS:**

Measures 7.5 x 3.8 cms. Anteverted

Myometrium shows normal echo genicity. Endometrium echo appears normal.

**Figure-2: USG after treatment**

**DISCUSSION:**

Gallstone disease is managed through surgical intervention when symptomatic in general. Medical dissolution therapy using UDCA is limited by patient selection, prolonged treatment duration and recurrence following discontinuation. Post-cholecystectomy complications, including altered bile flow, chronic diarrhoea and metabolic consequences, have further motivated patients to explore traditional non-surgical alternatives.

In the *Siddha* system, the pathogenesis of cholelithiasis (*Piththappai Kalladaippu/Saththi Pitham*) is understood through the framework of *Tridosham* imbalance — vitiated *Azhal* accompanied by *Iyam* accumulation leads to impaired bile secretion,

cholesterol accumulation, and eventual stone formation; *Vali* involvement manifests as pain. This conceptual framework closely parallels the modern understanding of bile supersaturation, gallbladder hypomotility, and cholesterol crystal
nucleation as the primary pathogenic mechanisms in cholelithiasis.[1]

The present case demonstrated complete disappearance of multiple gallstones after three months of Siddha treatment. Although spontaneous passage of small gallstones cannot be entirely excluded, the serial ultrasonographic documentation of stone clearance — together with complete symptom resolution — supports a favourable clinical outcome attributable to the prescribed therapeutic regimen.

**CONCLUSION:**

This case report documents complete symptomatic and ultrasonographic resolution of multiple gallbladder calculi following three months of *Siddha* treatment with *Neermulli Kudineer, Amirthathi Chooranam* and lifestyle modification. The additional normalisation of hepatic echotexture represents a secondary beneficial observation potentially reflecting hepatoprotective activity of the prescribed formulations.

**Limitation of study:**

Although the findings are encouraging, they represent the outcome of a single patient and should be interpreted cautiously. Well-designed prospective clinical studies are warranted to evaluate the therapeutic role of Siddha medicine in the management of cholelithiasis.

**Patient Perspective:**

The patient reported marked improvement in abdominal pain and digestive symptoms during treatment and expressed satisfaction with the outcome following confirmation of complete stone clearance on follow-up ultrasonography.

**Declaration of Patient consent:**

Written informed consent for publication of the clinical details and imaging findings was obtained from the patient.

**Conflict of interest:** The author declares that there is no conflict of interest.

**Guarantor*:*** The corresponding author is the guarantor of this article and its contents.

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