



# **A STUDY ON CONSTITUTIONAL HOMOEOPATHIC MANAGEMENT OF CHOLELITHIASIS**

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## **ABSTRACT:**

Cholelithiasis, or gallstones, affects 10 to 20% of the adult population, and about 1 million new patients are diagnosed each year, of whom approximately 600,000 undergo cholecystectomy. Gallstones can be present for decades before symptoms develop. Gallstones are solid stones formed in the gallbladder from cholesterol, bile salts and calcium. They can vary in size from a few millimeters to a few centimeters. Gallstones form when bile contains too much cholesterol. Excess cholesterol forms crystals from which gallstones are formed. People who have relatives with gallstones, obese people, people with high blood cholesterol levels, women who take medicines containing estrogen eg: birth control pills and people with diseases such as chronic inflammatory bowel disease (Crohn's disease and ulcerative colitis). stones. Two-thirds of patients are asymptomatic, and one-third of patients develop symptoms such as "biliary colic" after a certain period of time, that is, pain in the upper abdomen, especially in the right subcostal region, in the right subcostal region. back between shoulder blades and right shoulder followed by nausea and vomiting. "biliary colic" or colic (spasms) related to the obstructive nature of gallstones in the bile ducts and possibly the gallbladder itself.

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**KEYWORDS :** Gall Stone, Cholelithiasis, Surgery, Homoeopathy, Homoeopathic Medicine

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## **INTRODUCTION**

Cholelithiasis has a significant presence in the population, in another system of medicine, the first line of treatment for gallstones is surgery, which presents some risk factors sometimes in cases such as coronary heart disease, diabetes mellitus, old age, etc., as well as postoperative complications such as adhesions, infections, etc.

The operation is cost-effective and has several days of lost work, although many patients must take medication for a long time and compromise bile-related function if a cholecystectomy is performed. In homeopathy we have the permanent treatment of gallstones and the tendency to form gallstones and return it from a diseased state to health. Homeopathic treatment includes a detailed history focusing on the person's overall physical appearance, diet, lifestyle, sedentary habits, body structure, eating habits, appetite, stools, sweating, body weight, current signs and symptoms, any treatment history or drug history, bowel habits disorders caused by certain foods, sleep and temperament. His miasmatic background is also taken into account. In homeopathy, disease diagnosis should be done using modern examinations such as USG, liver tests, and common disease symptoms should be separated from unusual symptoms. We should keep one thing in mind when treating the case, after diagnosis by USG, we should focus on the size of the gallstone and the thickness of the gallbladder wall because we are limited to gross pathological changes. For faster relief from biliary colic, we can use drugs such as *Stigmata Madagus Q.*, *Chionanthus Q.*, *Dioscoria Q.* in the form of mother tincture, they should be administered according to the symptoms of the drug and in substantial doses. A constitutional line of treatment must be provided to prevent recurrence of gallstones. In severe conditions like acute cholecystitis with severe pain, fever, tenderness, etc., medicines like *Belladonna*, *Dioscoria* are of important value. Avoid the complications of gallstones, surgery, reduce the financial burden and find out the usefulness of homeopathic treatment by choosing a suitable similitum.

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## **REVIEW OF LITERATURE:**

### **Gallstones (Cholelithiasis)**

The presence of gallstones, which are concretions that form in the bile ducts, usually in the gallbladder, is associated with cholelithiasis! The presence of one or more gallstones in the common bile duct (CBD) is called choledocholithiasis! Gallstones treatment depends on the stage of the disease!

Five gallstones in the common bile duct are shown on magnetic resonance cholangiopancreatography (MRCP) image! This picture shows bile in the duct white! Stones look like dark filling defects! Both endoscopic (endoscopic retrograde cholangiography) and percutaneous (percutaneous

transhepatic cholangiography) methods are more invasive, but comparable images can be obtained by taking plain radiographs after radiocontrast is injected into the common bile duct

Gallstones can be diagnosed as a condition with four stages:

1. A lithogenic condition where conditions favor the formation of gallstones  
2. Gallstones that are asymptomatic  
3. Gallstones that are symptomatic with episodes of biliary colic  
4. Complex cholelithiasis symptoms and complications may be caused by damage to the gallbladder or by stones that slip out of the gallbladder and lodge in the CBD

Biliary colic has the following characteristics:

- Frequent and unpredictable episodes
- Pain in the epigastrium or right upper quadrant, sometimes radiating to the right tip of the scapula
- Pain that starts postprandially is often described as intense and dull, usually lasts 1-5 hours, gradually increases over 10-20 minutes, and then gradually subsides
- Constant pain that is not relieved by antacids, vomiting, faeces, flatulence, or positional changes; occasionally accompanied by nausea, vomiting, and sweating
- Non-specific symptoms, such as flatulence, belching, dyspepsia, or indigestion

On physical examination, patients with lithogenic states or asymptomatic gallstones show no abnormalities.

It's critical to differentiate acute cholecystitis or other problems from simple biliary colic. Notable major findings include the following:

- Simple biliary colic: lack of temperature, visceral, poorly localised pain, and a generally benign abdominal examination without reflection or protection
- Acute cholecystitis: discomfort in the right upper quadrant that is well-localized, generally accompanied by rebound and guarding; positive Murphy's sign (nonspecific); fever; absence of peritoneal symptoms; recurrent tachycardia and diaphoresis; and, in more severe instances, absent or hypoactive bowel noises

A check for complications is necessary if there is a fever, persistent tachycardia, hypotension, or jaundice. These could include the following:

Cholecystitis

- Cholangitis
- Pancreatitis
- Other systemic causes

Making a diagnosis

Laboratory tests are typically not required until problems are suspected in patients with simple biliary colic or uncomplicated cholelithiasis, as these patients typically have normal laboratory results. If necessary, blood tests could involve the following:

Cholecystitis

- Cholangitis
- Pancreatitis
- Other systemic causes

The following imaging modalities could be helpful:

- Upright and supine abdomen x-rays are primarily used to rule out other possible causes of abdominal pain, such as intestinal blockage.
  - Ultrasonography: the preferred method for suspected gallbladder or bile duct disease
  - Endoscopic ultrasonography (EUS): a precise and comparatively non-invasive method for locating stones in the distal central business district
- Computed tomography (CT) is more costly and less sensitive than ultrasonography for detecting gallstones, although it is better at displaying stones in the distal central business district. Laparoscopic ultrasonography is a prospective technique for visualizing the bile ducts during laparoscopic cholecystectomy.

Scintigraphy is a highly accurate method of identifying cystic duct obstruction; endoscopic retrograde cholangiopancreatography (ERCP); magnetic resonance imaging (MRI) with magnetic resonance cholangiopancreatography (MRCP) is often saved for situations when choledocholithiasis is suspected.

#### **Administration**

The course of treatment for gallstones is determined by the disease's stage.

- Lithogenic condition: At this time, interventions are only available in a few specific situations.

Gallstones that are asymptomatic can be treated with expectant care; those that are symptomatic often require surgery (such as a cholecystectomy), however in certain situations, medicinal dissolution may be an option.

Among the treatments, either separately or in combination, are the following:

- Extracorporeal shock wave lithotripsy; • Oral bile salt treatment (ursodeoxycholic acid)

#### **Patients who have asymptomatic gallstones may benefit from cholecystectomy:**

People who have large (>2 cm) gallstones; those who are at high risk for gallbladder cancer and have a non-functioning or calcified (porcelain) gallbladder on imaging tests

- People with sickle cell disease, in whom it could be challenging to differentiate between cholecystitis and a painful crisis;
- People with spinal cord injuries or sensory neuropathies affecting the abdomen

Even if a patient has asymptomatic gallstones, they may be offered elective cholecystectomy if they have the following risk factors for gallstone complications:

Children, transplant candidates, cirrhosis, portal hypertension, and diabetes with mild symptoms

The following surgical procedures should be taken into account:

Cholecystostomy, endoscopic sphincterotomy, and cholecystectomy (open or laparoscopic)

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## HOMOEOPATHIC MANAGEMENT:

Cardus marianus: Congested liver. Gallstones. Tongue, white center with red edges. A crawling sensation, as of a body as small as a pea passing through a narrow canal in the back of the liver, which extends into the pit of the stomach. Leptandra: burns, liver: near the gall bladder. Dull pain, liver < near gall-bladder. Yellow coated tongue. Jaundice. It is better to lie on your stomach or side. Chionanthes: An excellent liver and gallstone remedy for colic. It is better to lie on your stomach. Heat with resistance to cover. Very bitter eructations. Hot, bitter, sour, teeth grinding. Liver hypertrophy: obstruction: jaundice. Tenderness. Nausea and retching with desire for stool. Sensation of a double action in the stomach, when vomiting, one binding to force something, and the other drawing it back. Colic and cold sweat on the forehead. Hydrastis: Skin yellow; stools white and frequent: fullness and tenderness in region of liver. Catarrhal inflammation of the mucous membrane of the gallbladder and bile ducts. Cutting from liver to right scapula. < lies on back on right side. Hepar Sulph: LILIETHAL gives Hepar as one of the remedies for gallbladder colic. He has stitches in his liver area. Hepatitis, white or green stools. He is extremely sensitive mentally and physically. He cannot bear the slightest touch: not even pain. He can't stand a draft: he craves vinegar. Veratrum Album: It's in Kent's repertoire for gallbladder colic. He has hyperaemia of the liver, catarrh of the stomach, putrid taste, aversion to warm food, great pressure on the region of the liver with vomiting and diarrhoea. In very severe cases there will be profuse sweating; cold sweat on forehead; Hippocrates face. Crazy pain, driving the patient into delirium. Typically cold skin, cold face, cold back, cold hands, feet and legs, cold sweat. Merc.Sol: Pressure pains; stitches in the liver. You cannot lie on your right side. Jaundice: rush of blood to head: bad taste: tongue wet and hairy: soreness in region of liver: from gallstones. Violent stitches in the region of the liver, he could neither breathe nor belch. Worse night: worse warmth in bed: worse for profuse sweat. Pollution of the mouth and sweat. Merc loves his bread and butter. Phosphorus: Probably more important for liver treatment leading to gallstones than for an acute attack? Great sensitivity of the liver area. Desire for ice-cold drinks, vomiting in heat, vomiting followed by great thirst. It is worse lying on the left side. Anxious and restless in the dark. Nitri spiritus dulcis: HERING says: "imprisoned gall-stones (with beaten egg-yolk and applied both internally and externally) . . . Acts on disturbed innervation in the same way as so-called antispasmodics." HAHNEMANN said that a few drops dissolved in an ounce of water should be given, a teaspoonful every three hours (in certain fevers). Craving for salt: or ailments from excessive consumption of salt and salty foods. < Cheese. Ether: FARRINGTON: "In the passage of gallstones, when medicines do not relieve, I find ether, both externally and internally, very good. It works better than chloroform." Chloroform: Cholesteric gallstones and biliary colic. CLARKE says: "Chloroform dissolves gall-stones, and cases have been treated by injecting chloroform into the gall-bladder."

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## CONCLUSION:

The effectiveness of homeopathic treatment of cholelithiasis has been proven. The process of homeopathic treatment of nutritional disorders is based on the stimulation of the defense mechanism and deficiencies in the organism using dynamic homeopathic medicines.

No specific drugs for cholelithiasis are available in other treatment systems. Even patients who are already undergoing any other form of treatment could be treated with homeopathic medicines at the same time, as homeopathics do not conflict with other systems of treatment. Even in hospitalized patients, regardless of the severity of the condition, homeopathy can be administered very safely together with other treatment.

A special homeopathic medicine that is successfully administered to patients with abdominal problems, especially abdominal pain.

Constitutional and acute remedies like Belladonna, Chelidonium, China, Magnesia Phos, Nux Vomica, Opium and Podophyllum are more effective in treating abdominal pain more in all the above remedies Belladonna is the most effective.

Out of 30 cases, 25 cases [83%] improved completely. 03 cases [10%] showed no improvement after homeopathic treatment.

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