



A cured case of cholelithiasis with homeopathic medicines

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ABSTRACT

Gallbladder stones are common presentations these days. Medical response of gall bladder stones is considered to be very poor and most symptomatic patients are ultimately referred for cholecystectomy. A 26 year old, female patient presented with pain in upper abdomen and Ultrasonography report showed gall bladder stone of 2.8mm. *Nux v 30C* followed by *1M* was given. Patient reported gradual relief of symptoms and her two follow up ultrasounds showed no gall bladder stones. The case shows that the Homoeopathic medicine, chosen on the basis of individualization, helps in the treatment of seemingly untreatable cases like gall bladder stones

KEYWORDS

case report, gall bladder stone, homoeopathy, nausea

Homoeopathy in a Case of Gall Bladder Stone: A Case Report

INTRODUCTION

Gall stone disease is one of the major health problems encountered by the medical profession today. In developed countries, gallstones occur in 7% of males and 15% of females aged 18-65 years, with overall prevalence of 11% . In individuals under 40 years, there is 3:1 preponderance, whereas in elderly the incidence is almost equal. In developed countries,

the incidence appears to be increasing and they occur at an early age. ¹

Clinical features are: asymptomatic (80%), acute cholecystitis, biliary colic and chronic cholecystitis. Ultrasound is the investigation of choice for diagnosing gall stones. Most cases are diagnosed by transabdominal ultrasound, which has greater than 92% sensitivity and 99% specificity ¹ Asymptomatic gall stones are not treated because majority never causes symptoms. Symptomatic gallstones are best treated surgically by cholecystectomy, with the severity of symptoms being balanced against the individual patient risk in deciding whether surgery is warranted¹

Presentation of the case: XY, a 25 year old previously healthy unmarried woman, presented with

- Pain (dull aching) in upper abdomen aggravated by pressure, ³⁺
- constant nausea aggravated after eating and ³⁺
- loss of appetite since a month. ²⁺
- Thermal reaction: chilly ²⁺
- Mental general: obstinate ³⁺ and punctual. A scientist by profession and sincere about work.

Her ultrasound showed: Gall bladder partially distended. Small calculus measuring 2.8 mm is seen in lumen. Wall is mildly thickened (5.6 mm).

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 ROCKLAND HOSPITALS 1107, Sector - 12, Phase - I, Dwarka, New Delhi - 110079 Tel: +91-11-48222222 Email: info@rocklandhospitals.com		No obvious focal pathology is noted. HAD Pucker - B, Sector - 12, Phase - I, Dwarka, New Delhi - 110079 Tel: +91-11-48222222 Email: info@rocklandhospitals.com	
Name : [Redacted] Age / Gender : 25 Year(M)/Female App No : C8336562 Primary Consultant : Dr CMO Station : OP Date of Billing : 13-Dec-2014 12:00 am		UHID : ROC3.0000047624 Patient's Name : [Redacted] Registration No. : 245434 Date of Reporting : 13-Dec-2014 10:57:44	

ULTRASONIC WHOLE ABDOMEN FEMALE

Findings-

The liver is normal in size and outline. It shows a uniform echotexture. No obvious focal pathology is noted. The Intra and Extra Hepatic Biliary passages are not dilated. Portal vein appears normal.

Gall bladder is partially distended. Small calculus measuring approx 2.8 mm is seen in lumen. Wall is mildly thickened (5.6 mm). The CBD appears normal.

Spleen is normal in size and echogenicity. No obvious focal lesion, calcification or ductal dilation is seen.

Right kidney measures 9.3 x 3.8 cms and left kidney measures 9.2 x 4.7 cms in size. Both kidneys are normal in position, outline and echogenicity with maintained corticomedullary differentiation. No evidence of calculi or calyceal dilation is seen on either side.

There is no evidence of ascites or free fluid is seen in abdomen.

The Urinary bladder is normal in size and outline. There is no evidence of any obvious intraluminal or perivesical pathology.

The Uterus is anteflexed and of normal size 7.5 x 3.9 x 3.2 It measures cm. The myometrial and endometrial echoes are normal. The endometrial thickness measures 3.3 mm.

Right ovary measures 1.7 x 1.5 cms and **Left ovary** measures 2.0 x 1.3 cms. in size. Both ovaries are normal in size and show uniform parenchymal echogenicity and smooth outlines.

There is no evidence of free fluid in Pouch of Douglas.

Impression: Cholelithiasis. Partially distended GB with mildly thickened walls.

--- End of Report ---


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improvement of symptoms like nausea. Patient was given *Nux v 1M* and patient reported absence of pain and nausea next week. Gradually the appetite also improved.

The ultrasound was repeated after 3 months and it showed: gall bladder appears normal in size, shape and position with no evidence of any calculus. Gall bladder wall appears normal. no significant abnormality detected in ultrasound of upper abdomen.


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Name : [Redacted]
 Age / Gender : 26 Year(s)/Female
 Bill No. : CS35567
 Primary Consultant : Dr. CMO
 Station : OP
 Date of Billing : 14-Mar-2015 12:00 am

UNID : ROC2.000047624
 Patient's Phone : [Redacted]
 Registration No. : 259194
 Date of Reporting : 14-Mar-2015 11:46:00

ULTRASOUND UPPER ABDOMEN

The Liver is normal in size and outline. It shows a uniform echotexture. No obvious focal pathology is seen. The Intra and Extra hepatic biliary passages are not dilated.

Gall bladder appears normal in size, shape and position with no evidence of any calculus. Gall bladder wall appears normal. The CBD appears normal.

The Pancreas is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilation is seen.

Spleen is normal in size & echogenicity. There is no evidence of collaterals.

Right kidney measures 9.0 x 3.7 cms and **left kidney** measures 9.5 x 4.1 cms in size. Both kidneys are normal in position, outline and echogenicity with maintained corticomedullary differentiation. No evidence of calculi or calyceal dilation is seen on either side.

There is no evidence of pleural effusion or lymphadenopathy is seen in upper abdomen.

Impression: No significant abnormality detected in ultrasound of upper abdomen.

--- End of Report ---

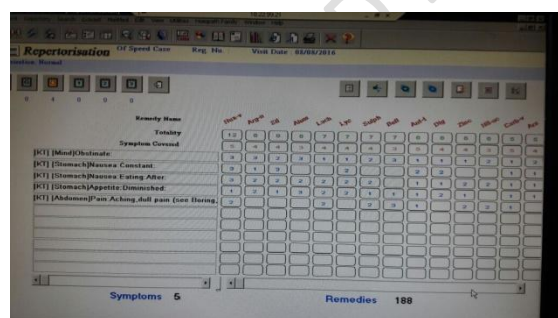

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Her routine blood tests (HB, TLC, DLC and ESR), blood sugar, lipid profile, kidney function tests and liver function tests were normal.

On examination: slight tenderness was present in right hypochondria. No other abnormality seen

Reportorial result:



Patient continued to report improvement in health hence was kept on placebo and the ultrasound was again repeated after 2 months. Ultrasound showed: gall bladder appears normal in size, shape and position. Non visualization of GB calculus. Gall bladder wall appears normal.

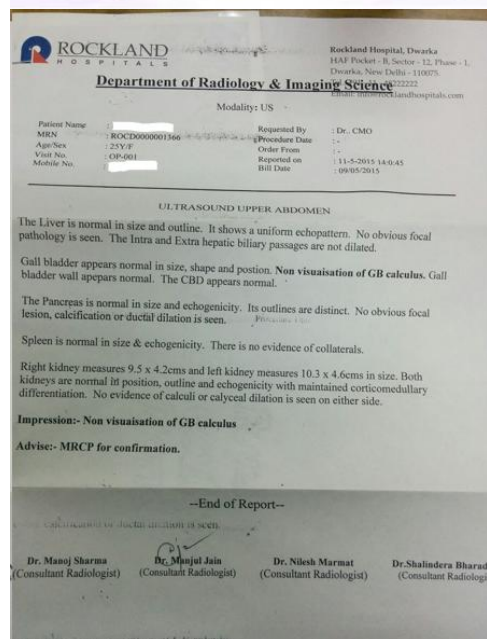
On the basis of repertorization, patient was given *Nux* ν *30C*, four times a day for week with slight

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Patient was followed up for 3 years to see development of any symptom or complication like biliary colic, empyema, porcelain gall bladder, fistula, mirizzi syndrome, gallstone ileus.

Discussion: There are very few published case reports and studies in the homeopathic treatment of gall stones cases are present.² one study found no effect of homeopathic medicine on gall bladder stones.³ Most gall bladder stones are silent which may be the reason of physicians not able to individualize the case and give medicine. Small stones can cause complications like biliary colic. Large stones predispose to ca baldder and are sent for prophylactic cholecystectomy now a day. This leaves a very few cases for homeopathic treatment of gall bladder stones.

Upon further study of the medicine *Nux v*, Dr J T kent said the remedy that ameliorates, or some of its cognates, will overcome the tendency to form stones healthy bile dissolves gall-stones in the sac; healthy urine does the same to a stone in the pelvis of the kidney.⁴

But will *Nux v* work as effectively in cases of asymptomatic gall bladder stones is a matter of further investigation

The strength of the case was patient presented with individualizing symptoms and was sincere about follow up and getting the timely investigations done.

ACKNOWLEDGEMENT

I thank the patient for providing me with the opportunity of treating a rare case, timely follow up and to publish it.

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