



Gall Stones (Cholelithiasis) Removal Without Surgery Through Homoeopathy

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Abstract: Formation of stones in the gall bladder is known as cholelithiasis. Gallstone disease is the most common disorder affecting the biliary system. It is a major health problem worldwide, most commonly-reported in United States. In India, gallstones are more prevalent in north India. Gallstones are composed mainly of cholesterol, bilirubin, and calcium salts. In most of the cases patients are undiagnosed as gallstones often do not have any symptoms i.e silent stones. Based on components gallstones are of three types pure, mixed, combined stones. Gallstones occur most commonly at the age of 60 years or above, and it is two to three times higher than women as compared to men. Risk factors for gallstones include obesity, pregnancy, steroids & family history and patients should be encouraged to incorporate these healthy habits into their lifestyle in order to reduce their risk of gallbladder disorders. The clinical presentations include acute cholecystitis and febrile illness with pain and tenderness in the right upper quadrant (Murphy sign). 1 Generalized body weakness and weight loss are considered as generalized symptoms of gallstones. Gallbladder disease diagnosed through various imaging techniques However, laboratory values such as CBC, liver-function testing, and serum amylase and lipase should be included to help distinguish the type of gallbladder disease and/or identify associated complications. The complications include cholangitis, empyema of gall bladder, pancreatitis, abscess formation, porcelain gall- bladder and gall bladder perforation. The differential diagnosis of gall stones is carried out based on endoscopy, ALT and AST serum levels.

Keywords: Gallstone, Cholelithiasis, Homoeopathy, Similimum, Cholecystectomy

1. Introduction

Gallbladder is a pouch like small organ located in upper right abdomen, just below the liver. It stores bile, a greenish-yellow fluid that helps in digestion [8].

Major gallstones are formed when these bile pigments, like cholesterol supersaturated and causes obstruction. Gallstones can range from a grain of a sugar to a tennis ball. However, in severe cases this cholesterol deposits hardened and obstructs the bile duct leads to obstructive jaundice. Presence of a gallstone in gallbladder itself is known as cholelithiasis, in the common bile duct is known as choledocholithiasis. Gallbladder attacks usually occur after heavy meals. It usually stops when gallstones move and no doesn't block the bile ducts. However, if the bile duct stay blocked for more than a few hours, it may develop gallstone complications. Gallstones that don't block bile ducts do not cause any

symptoms. Gallstones are composed mainly of cholesterol, bilirubin, and calcium salts [1, 2, 9].

Gallstone may also migrate from the gallbladder to the bile duct, where they can block the normal flow of bile to the intestine, causing jaundice. Gallstones within the ampulla of Vater can obstruct the exocrine system of the pancreas, which leads to major health problem called pancreatitis. According to report a lack of melatonin can cause gallbladder stones, as melatonin inhibits cholesterol secretion from the gallbladder, further increases the conversion of cholesterol to bile, which is an antioxidant, and is able to reduce oxidative stress to the gallbladder [2, 15].

In this article we will discuss how the homoeopathic medicines act on an individual and helpful in reducing the size of the gall stone with only single medicine and without any operational procedure.

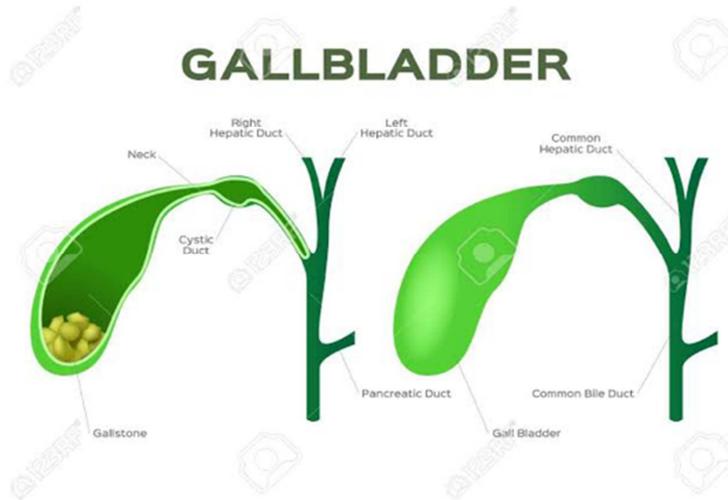


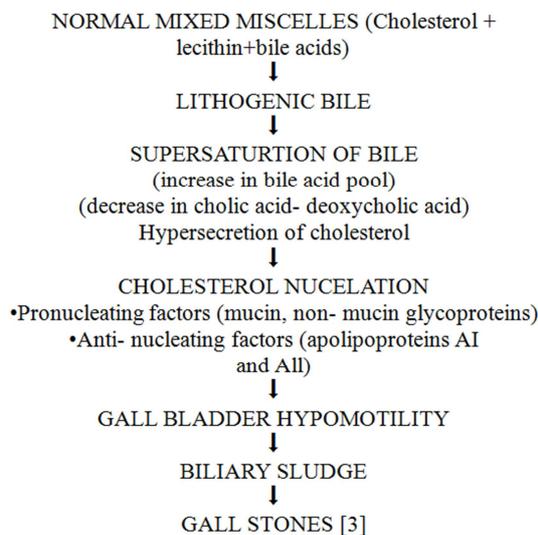
Figure 1. Cholelithiasis (Gallstone).

2. Literature Review

Cholelithiasis is a biliary disease that ranges from asymptomatic patients to patients with frequent episodes of biliary colic. Complications related to gallstones may develop, such as choledocholithiasis and cholecystitis. Definitive treatment for symptomatic stones in modern system is cholecystectomy. Ultrasound is the primary modality for diagnosing gallstones. Point-of-care ultrasound has been shown in the hands of trained operators to be as accurate as radiology ultrasound in the detection of gallstones. The majority of patients present to the emergency department with right upper quadrant pain and the workup reveals gallstones. The management of gallstones depends on patient symptoms. Asymptomatic patients should be educated on a low-fat diet, exercise, and weight loss. There is little evidence to support surgery for patients with asymptomatic gallstones [13].

2.1. Pathogenesis

Cholesterol gallstones formed when



2.2. Causes and Risk Factors

2.2.1. Causes

- 1) Bile contains too much cholesterol.
If the liver excretes more cholesterol than the bile can dissolve, then the excess cholesterol stores and may form into crystals and further into stones.
- 2) Bile contains too much bilirubin.
If the liver excretes too much bilirubin, then the excess bilirubin leads to the formation of gallstone.
- 3) Gallbladder doesn't empty correctly.
If the gallbladder doesn't empty completely or often enough, bile may become very concentrated, which leads to the formation of gallstones [4].

2.2.2. Risk Factors

- Gallstones are common in 4 F's 'Fat, Female, Fertile (multipara) and Forty'.
- 1) Age- Over 60 years
 - 2) Obesity
 - 3) Family history
 - 4) Gender- Female
 - 5) Steroids
 - 6) Pregnancy
 - 7) Metabolic syndrome
 - 8) Rapid weight loss
 - 9) Prolonged fasting
 - 10) Bariatric surgery [4, 11].

2.3. Where Does Gallstone Form

Gallstones are mostly formed in the gallbladder. It can also travel in the common bile duct, where it blocks the duct and leads to more serious problem known as obstructive jaundice. It can also cause pancreatitis, a disease in which there is acute inflammation of the pancreas [16].

2.4. Types

2.4.1. Pure Gallstones

They consists only single component of bile pigment, and

constitute about 10% of all gallstones. They are further divided into 3 types:-

(i). *Pure Cholesterol Gallstones*

They are usually solitary or oval, single stone in the gall bladder. They are smooth, whitish-yellow and glistening. Pure cholesterol stones are radiolucent but some contains calcium carbonate in them which makes them opaque [3].

(ii). *Pure Pigment Gallstones*

They are generally multiple, jet-black and small in size. They are soft and can be easily crushed. These gallstones most commonly form in conditions of stasis like parenteral nutrition or surplus unconjugated bilirubin like hemolysis [3].

(iii). *Pure Calcium Carbonate Gallstones*

These gallstones are most commonly multiple, greyish-white, hard, small in size, and multifaceted. They are rare [3].

2.4.2. *Mixed Gallstones*

Mixed gallstones constitutes maximum (80%) and contains cholesterol monohydrate plus addition of calcium salts, bile pigments and fatty acids. They are multiple, multifaceted and vary in size [3].

2.4.3. *Combined Gallstones*

They constitute around 10% of all gallstones. These gallstones are mostly solitary, large and smooth-surfaced. They have a pure nucleus (cholesterol, bile pigment or calcium carbonate) and outer shell of mixed gallstone or vice versa. These are commonly associated with chronic cholecystitis [3].

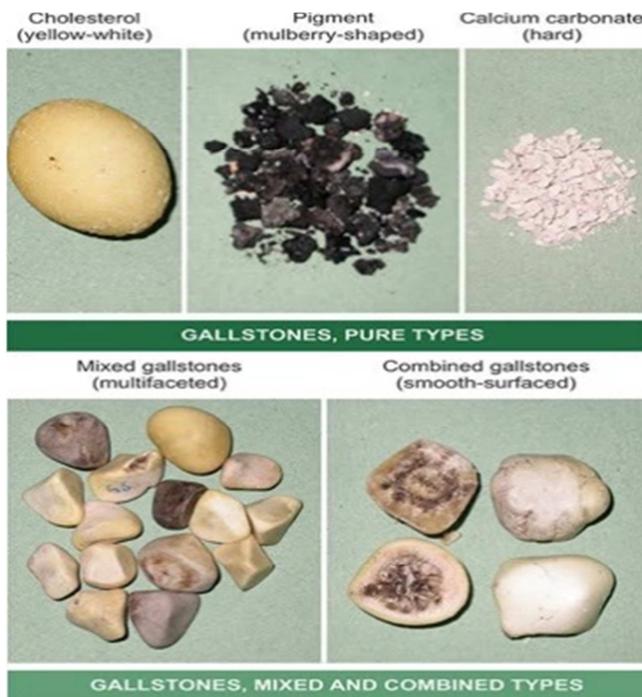


Figure 2. Pure, mixed and combined gallstones. [3].

According to the American College of Gastroenterology, about 80 percent of persons who have cholelithiasis have “silent gallstones.” Due to this, maximum number of people

with cholelithiasis don't experience any pain or have any type of symptoms. They get to diagnose only through any abdominal surgery or during X-ray [1].

2.5. *What Is the Biliary Tract*

Biliary tract is a tract which is made up of gallbladder and bile ducts, which helps in digestion by releasing bile salts.

The bile ducts of the biliary tract include the hepatic ducts, common bile duct, and cystic duct. Bile ducts also carry waste and digestive juices from the liver and pancreas to the duodenum.

Function:-

- 1) Helps in draining the waste product from the liver.
- 2) Helps in secreting bile in a balanced manner.
- 3) Helps in transporting bile and pancreatic juices to help in digestion [17].

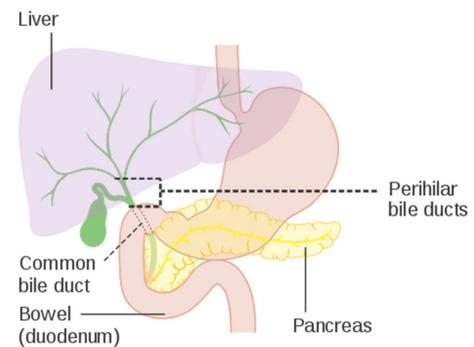


Figure 3. Biliary tract.

Liver produces bile, which is most commonly made of cholesterol, bile salts, and bilirubin. The gallbladder stores the bile until it's needed. After eating the gallbladder releases bile into your duodenum to mix with food and helps in digestion. The bile ducts carry the bile from your gallbladder to the duodenum [10].

2.6. *Signs and Symptoms*

- 1) Pain in the upper mid abdomen or upper right abdomen, usually every few days, weeks, or months.
- 2) Pain usually begin within 20-30 mins after a fatty meal.
- 3) Pain is severe, constant and lasts for one to five hours.
- 4) Associated pain in the right shoulder or back.
- 5) Nausea, vomiting and diarrhoea.
- 6) Loss of appetite.
- 7) Jaundice with itching.
- 8) Night sweats.
- 9) Dark urine.
- 10) Rapid heartbeat.
- 11) Yellowing of the skin and whites of the eyes.
- 12) Light-coloured stools [5, 12, 14, 15].

2.7. *Complications*

2.7.1. *Inflammation of Gallbladder*

If a gallstone obstruct in the bile duct it leads to infection

and causes inflammation of the gallbladder. It is known as acute cholecystitis.

2.7.2. Jaundice

If a gallstone blocks the bile duct and obstructs the flow of bile then it may lead to jaundice.

2.7.3. Acute Gallstone Ileus

When a gallstone travels from bile duct to the bowels, where it may obstructs the bowel and it leads to acute gallstone ileus. It is a rare complication of gallstone.

2.7.4. Blockage of Pancreatic Duct

When gallstone travel from bile duct and blocks the opening of the pancreatic duct, it causes severe condition known as acute pancreatitis.

2.7.5. Gallbladder Carcinoma

It is a rare but serious complication. It occurs mostly in family history of gallstones [4].

2.8. Diagnosis

2.8.1. Ultrasound Scan

Ultrasound scan confirms the gallstone size through high frequency sound waves which creates the image of the inside of the body.

2.8.2. MRI Scan

MRI Scan helps to confirm the gallstone magnetic fields and radio waves which produces detailed image of the body.

2.8.3. Cholangiography

Cholangiography helps not only in confirming the gallstone but also tells about further information. It uses a dye to show up on x-ray, the dye can be injected into the bloodstream directly or through the endoscope passing through the mouth. In this, any abnormality in pancreatic duct, common bile duct, can be detected.

2.8.4. CT Scan

A CT Scan can be helpful for scanning gallstone in the gallbladder [6].



Figure 4. Ultrasound showing gallstone in the gallbladder.

2.9. Prevention

- 1) Eat fewer refined carbs and less sugar.
- 2) Eat healthy fat and avoid saturated fats.
- 3) Proper amount of fibre in diet.

4) Physical activity.

5) Keep yourself properly hydrated [4].

2.10. Treatment

Gallbladder removal is known as cholecystectomy. Nowadays, Laparoscopic cholecystectomy is done as it causes small incisions as compared to open surgery. A laparoscope is a narrow tube with a camera. The camera helps to see the gallbladder on a TV screen. From this the whole procedure is done and gall bladder is removed out [1].

Is there any non-surgical treatment for gallstones?

Homoeopathic medicines.

Homoeopathy is based on similibus. It will cure the patient harmoniously in any type of disease. It is based on the philosophy of treating the diseased person based on mind, and life force. It is a holistic approach. Homoeopathy take signs and symptoms which are related or not related to a particular disease. This is the reason homoeopathy cures more efficiently. In homoeopathy selection of medicine depends upon the individuality of the patient, physical as well as mental symptoms.

Homeopathic medicines are very helpful in reducing the size of the stones. Homeopathic medicines are very efficacious in relieving pain as well as chronic inflammation of gallbladder. With homeopathic medication, the secretion of cholesterol is controlled causing the stones to melt. Homeopathy successfully dissolves gallstones and help to avoid the gallbladder removal. Homeopathy can also be helpful in providing fast pain relief in gallbladder attacks.

3. A Case Story

3.1. Chief Complaint

A 21 year old male patient came to me with pain in right hypochondriac region since 6 months.

Table 1. Chief complaint of the patient.

Location	Sensation	Modalities	Concomitant
Pain in Right hypochondriac	Needle like pain	<night, eating after	
Pain in back	Dull pain	<night	

He had taken many allopathy drugs which relieves it for some time only not permanently.

3.2. History of Present Illness

Patient was apparently healthy 6 months back, when he developed sudden pain in right hypochondriac region. He was so distressed with the pains and gastric troubles after eating small amount of food. He stated Nauseated feelings, diarrhoea past few months, sometimes pain in chest and back comes at night which remains for approximately 30 mins.

3.3. Past History

History of jaundice at early age. There is no history suggestive of high blood pressure, diabetes mellitus, tuberculosis, or cancer.

3.4. Family History

Father and mother suffering from Diabetes mellitus type 2.

3.5. Treatment History

No treatment history

3.6. Personal History

- 1) Diet and food habits- Vegetarian
- 2) Education- 12th class
- 3) Marital status- Unmarried
- 4) Habits- Reading books, Playing cricket

3.7. General Symptoms

Physical generals

Appearance- Slim statured
 Appetite- Easily satiety
 Taste- Normal
 Thirst- 1-2L per day
 Craving- Sweets, hot food, junk food

Aversion- NS
 Stool- Unsatisfactory
 Urine- Normal
 Sweat- Decreased
 Sleep- Sound sleep
 Dreams- NS
 Thermal reactions- Hot

3.8. Mental Generals

- 1) Anger, if contradicted
- 2) Ambitious nature
- 3) Love of power
- 4) Confidence lacking
- 5) Wants to become famous
- 6) Hardworking
- 7) Religious
- 8) Secretive
- 9) Timid
- 10) Anxiety before exams

Laboratory Investigations & Findings and Special Investigations

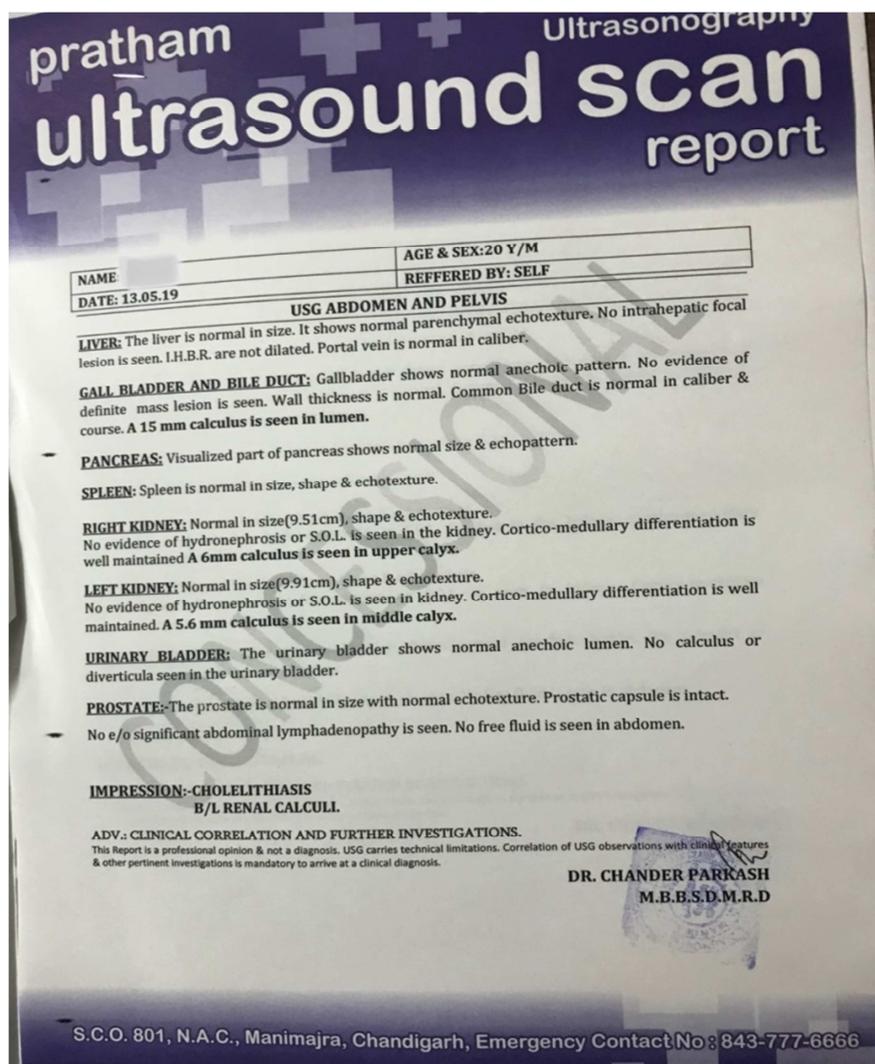


Figure 5. Ultrasound of the patient showing 15 mm of gallstone.

3.9. Provisional Diagnosis

Gallstone (Cholelithiasis)

3.10. Totality of Symptoms

- Pain right hypochondriac region
- Pain in abdomen after eating
- Desire for sweets
- Anger from contradiction
- Lack of confidence
- Ambitious
- Dictatorial

4. Repertorial Result

Remedy	Lyc	Nux-v	Sulph	Ars	Aur	Chin	Bry	Staph	Verat	Sil	Bell	Sep	Calc	Kali-c	Lach	Cham
Totality	23	18	16	14	14	14	13	13	13	11	11	11	10	10	10	10
Symptoms Covered	7	7	7	7	6	5	6	5	5	6	5	5	5	5	5	4
Kingdom																
[Murphy] [Abdomen]PAIN, HYPOCHONDRIA :Right, side :...	3	3	2	2	3	3	2			1	3	1	1	1	3	1
[Murphy] [Abdomen]PAIN, ABDOMEN :Eating, pain, after ...	2	2	2	2	1	2	1	3	3	1	1	1		2	1	2
[Kent] [Stomach]DESIRES:Sweets: (36)	3	1	3	1		3	2					2	2	2		
[Complete] [Mind]ANGER:Contradiction, from: (84)	4	3	3	1	4		3	3	3	3	2	4				4
[Murphy] [Mind]AMBITIOUS : (26)	3	4	2	2	2			1	2	1			2		2	
[Murphy] [Mind]CONFIDENCE, LACKING, NO SELF ESTEE...	4	2	1	2	3	2	2	4	1	4	1		2	2	1	

Figure 6. Repertorial result.

- Prescribing symptoms-
- Hot patient
- Dictatorial
- Ambitious
- Right sided complaint
- Desire for sweets
- Selection of medicine
- Lyc
- Selection of potency and dosage
- 200 tds 1 day
- Prescription
- Rx Lyco 200 tds for 1 day
- SBR tds for 21 days
- General management
- Avoid milk products and fatty food
- Avoid junk food and seedy fruits
- Drink apple cider
- Exercise daily
- Follow up.

Table 2. Case record of the patient showing improvement in the size of the gallstone.

Date	Symptoms	Prescription	USG Image
12-05-19	1 st prescription	Lycy 200 tds for 1 day	
13-05-19	Slight better with pains and gastric troubles	SBR tds for 21 days	
10-06-19	Sometimes pains comes after eating	Rx Lycy 200 tds 3 doses	
05-07-19	Much better	SBR for 21 days	
10-08-19	Much better	Rx SBR tds for 1 month	
15-09-19	Patient was feeling much better so he didn't go for USG	Rx SBR tds for 1 month Come next time with USG report	
17-10-19	Patient came with USG report in which the size of gallstone was reduced to 12mm from 15mm.	Rx SBR tds for 1 month	

5. Some of the Homoeopathic Medicines for Gallstones

5.1. *Berberis Vulgaris*

It is a great remedy for gall stones. Stitches in region of gall-bladder; worse, pressure, extending to stomach. Catarrh of the gall-bladder with constipation and yellow complexion. Sticking deep in ilium. All *Berberis* pains radiate, are not worse by pressure, but worse in various attitudes, especially standing and active exercise. Wandering, radiating pains, Heartburns [7].

5.2. *Calcarea Carbonica*

It is the best remedy for gall stone colic. Increase of fat in abdomen. Frequent sour eructations; sour vomiting. Dislike of fat. Loss of appetite when overworked. Cannot bear tight clothing around the waist. *Calcarea* patient is fat, fair, flabby and perspiring and cold, damp and sour. Averse to work or exertion. Distention with hardness. Liver region painful when stooping [7].

5.3. *Carduus Marianus*

Eructations, gurgling in stomach and epigastric region. Swelling of gall bladder with painful tenderness. vomiting of green, acid fluid. Constipation; stools hard, difficult, knotty; alternates with diarrhoea. Stools bright yellow. Gallstone disease with enlarged liver. Abuse of alcoholic beverages, especially beer [7].

5.4. *Chelidonium Majus*

This remedy has wonderful action over liver and gall bladder. The jaundiced skin, and especially the constant pain under inferior angle of right scapula. Prefers hot food and drink. Gall-colic. Distention. Gall-bladder obstruction, alternation of diarrhoea and constipation. Gastralgia. Eating relieves temporarily, especially when accompanied with hepatic symptoms [7].

5.5. *China Officinalis*

Gall-stone colic Much flatulent colic; better bending double Vomiting of undigested food. Disposition to hurt other people's feelings. Slow digestion Darting pain crosswise in hypogastric region. Milk disagrees. Flatulence; belching of bitter fluid or regurgitation of food gives no relief; worse eating fruit. Extreme sensitiveness to touch, but hard pressure relieves [7].

5.6. *Fel Tauri*

Liquefies bile and acts as a purgative and chologogue, Obstruction of gall ducts. Biliary calculi. Jaundice. Disordered digestion, diarrhoea, and pain in nape of neck are among its chief symptoms. Eructations, gurgling in stomach and epigastric region [7].

5.7. *Lycopodium Clavatum*

It is the good remedy for gall stone colic. Right sided

remedy. Hurried when eating. Constant fear of breaking down under stress. Cannot read what he writes. Intolerant of cold drinks; craves everything warm. Pains come and go suddenly. Loss of self-confidence Immediately after a light meal, abdomen is bloated, full. Pain shooting across lower abdomen from right to left. Incomplete burning eructations rise only to pharynx there burn for hours [7].

5.8. *Natrium Sulphuricum*

Remedy for bilious vomiting. They are worse in rainy weather, water in any form. Suicidal tendency; Liver sore to touch, with sharp, stitching pains; cannot bear tight clothing around waist, worse, lying on left side. Diarrhoea yellow, watery stools. Loose morning stools, worse, after spell of wet weather. Stools involuntary, when passing flatus. Great size of the fecal mass [7].

5.9. *Nux Vomica*

It is a good remedy for gallstones, Colic from uncovering. Colic, with upward pressure, causing short breath, and desire for stool. Cannot bear noises, odors, light, etc. Even the least ailment affects her greatly. Disposed to reproach others. Sullen, fault-finding. Nausea and vomiting, with much retching. Dyspepsia from drinking strong coffee. Difficult belching of gas. Wants to vomit, but cannot [7].

6. Conclusion

This article is an attempt to accustom Gall bladder stone disease that has provided a more complete understanding in ways of management of gallbladder stone disease non-surgically. This article is inclusive of introduction pathogenesis, causes, risk factors, types of gall stones, signs and symptoms, complications, diagnosis, prevention, treatment, homoeopathic therapeutic which found to be useful and beneficial and treat gallbladder stone cases fortuitously. This article also presented a detailed case study with investigation and with homoeopathic treatment has proven over and again the strength of individualised homoeopathic prescription. The case study findings shows their result and the efficacy of individualised homoeopathic intervention in gallstone disease.

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