



“बेटी बचाओ, बेटी पढ़ाओ”

Efficacy of Homoeopathy in Case of Acute Calculous Cholecystitis : A Case Study

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Abstract: The inflammation of the gallbladder is called Cholecystitis. It most commonly occurs due to obstruction of the cystic duct by a gallstone. It is characterized by sudden pain in the right upper quadrant of abdomen that progressively worsens with vomiting accompanied by jaundice and low grade fever. Patient comes with acute symptoms occurring mostly at night and patient becoming restless, causing lot of troubles to the family. When approached the physicians of the modern medicine advise for immediate surgery, but Homoeopathy offers rapid relief of symptoms in such cases, preventing unwanted surgery.

Keywords: Gall bladder, Cholelithiasis, cystic duct, Murphy's sign, BBCR, LM potency, lysolecithin

Introduction : Gall bladder is a pear shaped organ situated below the liver. Its function is to store and concentrate the bile which helps in digestion of lipids in the small intestine. Cholecystitis is the inflammation of the gall bladder. Depending on the duration and occurrence it can be classified into acute or chronic. The acute attack can be due to gall stone called calculous or can be due to absence of calculus called acalculous cholecystitis. Most common occurring acute type is calculous one, occurring in 90% of the cases.

Pathophysiology : Acute obstruction of the cystic duct by gall stone causes obstruction to the bile flow which mediates immune response leading to inflammatory changes in the gall bladder.

The inflammatory response is evoked by 3 mechanisms viz, mechanical inflammation from increased intraluminal pressure, chemical inflammation from release of lysolecithin and bacterial inflammation from *Escherichia coli*, *Klebsiella*, *Streptococcus* species, etc. The inflammation is responsible for acute pain and development of other symptoms in case of acute cholecystitis.

Case : A male patient aged 49 Years of age came to the emergency department with sudden and severe constricting and pricking pain in right hypochondrium which started suddenly at night during sleep, few hours after meal. The pain worsened gradually. It radiated to right shoulder and was felt evenly in the surrounding areas. There was persistent vomiting since night due to which the patient was prostrated. He was having fever of 99.8 degree F. There was distension of abdomen with heaviness. There was desire for warm drinks which disagreed causing vomiting. He was anxious, he was restless and in great agony. On examination tenderness with guarding and rigidity was experienced in the right hypochondriac region. When asked to take deep breath, the effort of inspiration was ceased suddenly at a point (Murphy's Sign). Lab investigations were done which indicated leucocytosis, The serum amylase level was elevated, electrolytes were reduced due to persistent vomiting All these findings with no previous history of any such pain indicated that it was a case of acute cholecystitis. USG Upper abdomen confirmed the diagnosis.

Case workout: On taking the acute symptoms, the case was repertorized by using BCCR repertory due to presence of pathological symptoms. The following medicines were shortlisted from the repertory sheet.

Chelidonium 6/8

Lycopodium clavatum 6/5

Berberis vulgaris 5/4

Sulphur 5/4

Nux vomica 4/4

A comparison of symptoms was made from Boericke Materia Medica and Chelidonium LM 1 potency was selected and given by reducing cup method in repeated doses every 15 minutes for next 2 hours.

Follow ups :

1. Dose 1- There was no change in the intensity of pain.
2. Dose 2 – The intensity of pain was a little bit reduced. Other symptoms were same.
3. Dose 3- The pain was reduced further with no vomiting or nausea.
4. Dose 4 - The intensity of pain reduced further with reduction in anxiety and restlessness was markedly reduced.
5. Dose 5 -The pain was reduced to a greater extent, the temperature was 98.6 F, and the guarding and rigidity were greatly reduced.
6. Dose 6 - The patient fell asleep and the next doses were given after 3 hours when he woke up. On waking up the pain was miraculously absent, he was feeling better, and there was relief in almost all of the complaints.

Conclusion: This was an acute case of Cholecystitis due to cholelithiasis which presented with the classical picture. There is a misconception that Homoeopathy works slowly, but through this case it was seen that the severe pain, restlessness and agony and other symptoms were relieved effectively within few hours without the need of surgery. Although gall stone was not removed by the treatment but the patient is still under treatment and since then there is no pain. It paved a way of the medicinal treatment for alleviating the complaints of gall stone colic.

Through this case we have seen how effectively a homoeopathic medicine can work efficaciously within no time causing relief of the symptoms.

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