I J R H

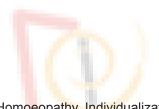
CASE REPORT

A case of gallstone with prostatomegaly

Madhu Sudan Ghosh, Ratan Chandra Shil1, Abhijit Chakma

ABSTRACT

Gallstone formation is the most common disorder of the biliary tree. Surgical intervention is the choice of treatment in most of the cases. In many occasions, this surgical intervention can be avoided through proper homoeopathic treatment. This case of gallstone with prostatomegaly treated with homoeopathic medicines, reported here is such an example. After going through detailed case-taking and repertorization, initially *Sulphur* and later on *Medorrhinum* was prescribed based on symptom totality. The case has been cured in respect of both symptomatologically and pathologically as evident by follow up investigations.



Keywords: Cholecystectomy, Gallstones, Homoeopathy, Individualization, Murphy's sign, Prostatomegaly

Access this article online Website: www.ijrh.org DOI: 10.4103/0974-7168.147324 Quick Response Code:

Department of Ayush, Central Council for Research in Homoeopathy, Ministry of Health and Family Welfare, Government of India, Krishnanagar, Agartala, ¹Department of Ayush, Medical Officer, Integrated Ayush Hospital, Health and Family Welfare Society, Government of Tripura, Rajiv Gandhi Memorial Hospital, Unakoti, Tripura, India

Address for correspondence:
Dr. Abhijit Chakma,
Clinical Research Unit (H),
Agartala, ¼ Main Road, Colonel
Chowmuhani, Krishnanagar,
Agartala - 799 001, Tripura, India
E-mail: dr.abhijit24@gmail.com

Received: 21-10-2013 Accepted: 09-12-2014

INTRODUCTION

Gallstone formation is the most common disorder of the biliary tree and it is unusual for the gallbladder to be diseased in the absence of gallstones. In developed countries, the incidences of symptomatic gallstones appear to be increasing. Gallstones are less frequent in India, Far East and Africa.[1] It is estimated that gallstones are present in 10-15% of the adult population in USA.[2] Gallstones may be present at any age but are unusual before the third decade. The prevalence is two to three times higher in women than men, although this difference is less marked in the sixth and seventh decade.[3] Gallstones are of two major types cholesterol stones (80%) and pigment stones (20%). Pigment stone are again subdivided into "black" and "brown" types. Pigment stones are composed primarily of calcium bilirubinate and contain <20% cholesterol. [4] Brown

pigment stones are mostly the consequence of bacterial or parasitic infection in the biliary tree. In chronic hemolytic diseases, formation of black pigment stones occurs.^[1] Risk factors for cholesterol stones can be summed up in four Fs-Fat, Female, Fertile (multipara) and Forty.^[5] Note- Here word 'Forty' should be kept, not numerical '40'.

Gallstones are asymptomatic in the majority of cases (>80).^[2] Over a period of 10-15 years, approximately 20% of these stones produce symptoms. Gallstones usually produce symptoms by causing inflammation (acute cholecystitis) or obstruction following their migration into the cystic duct or common bile duct (Biliary colic). In biliary colic, the initial site of pain is epigastrium or right upper quadrant of abdomen. Radiation may occur over right shoulder and right sub-scapular region. It begins suddenly and may persist for 30 minutes to 5 hours, subsiding gradually or rapidly. Nausea and

Ghosh, et al.: Case of gallstone with prostatomegaly

vomiting frequently accompany episodes of biliary pain. The pain may be precipitated by eating a fatty meal, consumption of large meal after fasting. It is frequently nocturnal, occurring within few hours of retiring. In acute cholecystitis, the initial features are similar to biliary colic. However, over a number of hours there is progression with severe localized right upper abdominal pain. An episode of biliary pain persisting beyond 5 hours causes suspicion for acute cholecystitis. Pain is associated with tenderness or muscle guarding or rigidity (Positive Murphy's sign tenderness of right upper quadrant of abdomen that is exacerbated by the examiner's right sub-costal palpation during inspiration).[3] As diagnostic aid, ultrasonography is very accurate in the identification of cholelithiasis. Radioisotope scan can accurately identify cystic duct obstruction and simultaneous assessment of bile duct.[4] Cholecystectomy is one of the most common operations performed by general surgeons.^[2]

are few homoeopathic books where considerable numbers of medicines are mentioned covering the pathogenesis of gallstones and enlarged prostate gland. A meticulous search of different literatures and thorough internet sources (i. e., AYUSH Research Portal, Pubmed/Medline, ClinicalTrials.gov, ScienceDirect.com, etc.) reveal very few writings on treatment of gallstones and management of prostate gland enlargement through Homoeopathy, but most of them are of clinical trials with assigned or particular homoeopathic drugs like Fel tauri in the management of cholelithiasis. [6] Works carried out on gallbladder diseases like effects of homoeopathic drugs in gallbladder diseases, [7,8] evaluation post-therapeutic of gall disease cases by ultrasonograpgy in response to homoeopathic treatment, [9] evidence-based clinical study in cases of cholelithiasis in response to homoeopathic treatment are encouraging for the profession, but need further evaluation.[8] Treating benign prostatic hyperplasia in elderly,[10] a clinical trial on constitutional, organopathic and combined homoeopathic treatment of benign prostatic hypertrophy,[11] an evidence-based case study of benign prostatic hyperplasia,[12] analysis and homoeopathic treatment of benign prostatic hypertrophy,[13] evidence-based clinical study to assess the usefulness of homoeopathic medicines in patients of benign prostate hyperplasia[14] are few works worthy to mention on prostatomegaly.

CASE REPORT

A man aged 54 years of moderate built attended the Outpatient Department (OPD) with following complaints:

- Dull pain in back (lumber region) for 1 year with aggravation (<) on walking and amelioration (>) on pressure. This pain started gradually and may be occupational; patient took analgesics when pain gets aggravated
- Difficulty in passing urine with unfinished, burning sensation for 2 months which may be due to enlarged prostate; more urination during and morning. No treatment adopted so far for this complaint.
- Mild dull, aching pain in right hypochondria for 3 months; pain may be due to gallbladder stone, having gradual onset and more on exertion, less on rest; no medicine taken yet
- Burning soles for 3 months; aggravation at night and amelioration by putting feet in water; no medicine taken yet.

Before attending homoeopathic OPD, patient had consulted an allopathic physician for above-mentioned complaints who advised Ultrasonography (USG) of whole abdomen for this complaint. On USG, a biliary calculus of 0.54 cm was detected with prostatomegaly. The size of prostate was 26.3 gm and a residual urine volume of 60.5 cc. The doctor advised patient to undergo surgery. But the patient came for homoeopathic treatment to avoid the surgery.

The patient had chicken pox and typhoid at 7 years and 17 years of age, respectively, with family history of prostatomegaly (father) and hypertension (mother). Patient by occupation is a local mechanic, belonging to low socio-economic group with habit of occasional smoking. His appetite is good, cannot endure hunger which causes irritability; there is increased appetite before attack of any disease. He has desire for sweets, spicy food with aversion to meat. Thirst is more at night with dryness of tongue in the morning after rising from bed; regular bowel movement with mild offensive perspiration on trunk. Patient is hot and has dream of ghosts. Patient was found to be mild, gentle who desires company. On local and systemic examination, no significant findings found except mild pain and tenderness on right hypochondria.

While analyzing the case, general as well as particular symptoms were classified into common, uncommon and evaluated as per their merit. Characteristic mentals,

Ghosh, et al.: Case of gallstone with prostatomegaly

physicals generals, particulars and few diagnostic symptoms were considered for erecting the totality of symptoms. Desire for company, mildness, hot patient, desire for sweets and spices, dream of ghosts, increased appetite before onset of any disease, burning sole, thirst at night, dryness of tongue were important generals, taken for totality. Low back pain, burning in urethra and pain abdomen were the particulars included in the totality. Diagnostic symptoms of gallstones and swelling of prostate gland were also considered for totality. Miasmatic analysis of all the presenting symptoms was processed with the help of Repertory of miasm, [15] which shows the predominance of psora. Considering above symptomatology, synthesis repertory^[16] was selected and using RADAR 10 software, [17] systemic repertorization was done. The repertorization chart is given in Table 1.

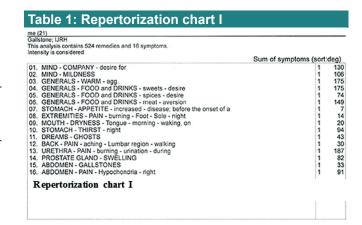
Treatment and follow-up

Sulphur was prescribed on 1st visit considering the repertorial totality, and miasmatic background. With change of symptoms, *Medorrhinum* was prescribed in subsequent follow-up. Patient improved symptomatologically and no stone in gallbladder with absence of prostatomegaly was observed as evident from subsequent USG findings. The details of the follow-up, response of prescribed medicines are given in Table 2.

DISCUSSION AND CONCLUSION

In modern medicine, there is very limited scope of conservative treatment for gallstones. The

only treatment for symptomatic gallstones is surgery. [2,20] In asymptomatic cases, they just observe the patient or perform prophylactic



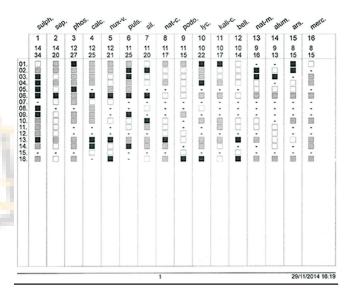
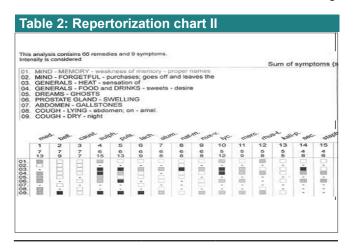


Table 2: Follow up		
Date of first visit	Indications for prescription	Medicines with doses, repetition
13/05/2013	Repertorial totality with consultation of Materia Medica[18,19]	Sulphur 200C; 2 doses, OD followed by placebo for 28 days; patient is advised not to take fatty food
12/06/2013	Low back pain is same as before. Difficulty in passing urine is same, but burning during urination is slight improved. Mild tenderness on right hypochondrium still present. Few new symptoms found-acute forgetfulness for 5 days and dry nocturnal cough > lying on abdomen for last 12 days. The repertorization chart is shown in table 3	Medorrhinum 200C; 1 dose, OD followed by placebo for 28 days
13/07/2013	Acute forgetfulness and nocturnal cough disappeared. All other complaints also improved notably. No tenderness in right hypochondrium	Placebo for 21 days
05/08/2013	Low back pain and difficulty in micturition is slight aggravated. No tenderness in right hypochondria	Medorrhinum 1M; 1 dose, OD followed by placebo for 29 days
03/09/2013	All complaints have disappeared except slight trace of low back pain	Placebo for 21 days; USG of whole abdomen was advised
25/09/2013	There is no new complaint or recurrence of old symptoms. USG shows no calculus in gallbladder. Prostate gland is normal and volume is 14.2 gm	No medicine prescribed

USG: Ultrasonography; OD: Once a day

Ghosh, et al.: Case of gallstone with prostatomegaly



cholecystectomy.^[2] Homoeopathy is a specialized system of medicine which treats the patient not the disease. [21] Sonologically, disappearance of gallstone is a documentary evidence of cure in the light of modern medicine. In this case, after repertorization, a group of medicines were found and Sulphur, Sepia, Calcarea carb, Phosphorus were the leading remedies. After consultation of Materia Medica, Sulphur was prescribed on the basis of totality of the symptoms. [18,19,22-24] But in next visit, new medicine was prescribed on the basis of some new striking symptoms which the patient previously never felt and those were not symptoms of Sulphur. So, it was necessary to change the remedy depending on the existing totality^[25] and thus after fresh case-taking, Medorrhinum was prescribed on the basis of totality of symptoms of the patient marked during 2nd visit, i. e., acute forgetfulness about the names of people, [26] makes purchases and forgets to bring them, [16] desires sweet, dry nocturnal cough which >lying on abdomen, [16,26] enlarged prostate[27] and dreams of ghosts.[16] Individualization is the prime and foremost necessity in homoeopathic treatment. In introduction part, it shows that many works were already done on prostatic hyperplasia but very little is documented. Thus, this case of gallstone with prostatomegaly has significance to report and shows that such surgical conditions can be well managed with Homoeopathy. This system of medicine has lots to offer to medical profession, especially where surgical intervention is the primary choice of treatment.

ACKNOWLEDGEMENT

Authors are grateful to Dr. Sujit Chakma, MBBS, MS for his valuable suggestions and supplying required books and journals to us.

REFERENCES

- Bouchier IA, Finlayson ND, Richmond F. Liver and biliary tract disease. In: Boon NA, Colledge NR, Walker BR, Hunter JA, editors. Davidson's principles and practice of medicine. 20th ed. New York: Churchill Livingstone Elsevier Ltd; 2006. p. 991-2.
- Conlon K. The gall bladder and bile ducts. In: Williams NS, Bulstrode CJ, O'Connel PR, editors. Bailey and Love's short practice of surgery. 25th ed. London: Edward Arnold (Publishers) Ltd; 2008. p. 1119-21.
- Burroughs AK, Westaby D. Liver, biliary tract and pancreatic disease.
 In: Kumar P, Clark M, editors. Kumar and Clark's clinical medicine.
 17th ed. New York: Saunders Elsevier Ltd; 2009. p. 368.
- Greenberger NJ, Paumgartner G. Diseases of the gallbladder and bile ducts. In: Kasper DL, Fauci AS, Longo DL, Braunwald E, Hauser SL, Jameson JL, et al., editors. Harrison's principles of internal medicine. 17th ed. vol. II. New Delhi: McGraw-Hill Medical Publishing Division; 2008. p. 1992-4.
- Mohan H. Textbook of pathology. 5th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2008. p. 359.
- Manchanda RK, Paul VK, Singh K, Oberai P, Sharma A, Mishra A. Fel tauri in the management of cholelithiasis. Clinical Research Studies – Series II. New Delhi: Central Council for Research in Homoeopathy (CCRH); 2009. p. 7-13.
- Gupta G. Effects of homoeopathic drugs in gallbladder diseases. Indian J Homoeopath Med 1989.
- Sarkar S. Reminiscence CCRH quarterly bulletin. Vol. 11. 1989.
 Indian J Res Homoeopath 2014;8:175-6. Note- Here volume no is 8 and issue no 3 of IJRH, 2014.
- Gupta G. Post-therapeutic evaluation of gall bladder disease cases by ultrasonograpgy in response to homoeopathic treatment [Internet].
 Asian Homoeopathic Journal. 1996. Available from: www.njhonline. com/abstarct/synopsis97v2shtml. [Last updated on 1996; cited on 2014 Nov 25].
- Reddy GR, Singh V, Oberai P, Nayak C. Treating benign prostatic hyperplasia in elderly men. Indian J Res Homoeopath 2009;3:37-43.
- Hati AK, Paital B, Naik KN, Mishra AK, Chainy GB, Nanda LK. Constitutional, organopathic and combined homeopathic treatment of benign prostatic hypertrophy: A clinical trial. Homoeopathy 2012;101:217-23.
- Gupta G, Singh S. An evidence based case study of benign prostatic hyperplasia. Indian J Res Homoeopath 2012;6:26-30.
- Weinstein C. Benign prostatic hypertrophy: Analysis and homoeopathic treatment. J Am Inst Homoeopath 2008;101:149-55.
- Gupta G, Singh JP, Tandon S, Singh S, Nayak C, Singh H, et al. Evidence based clinical study to assess the usefulness of homoeopathic medicines in patients of benign prostate hyperplasia. Indian J Res Homoeopath 2010;4:49-56.
- Patel RP. Repertory of miasms. Indian ed. Kerala: Hahnemann Homoeopathic Pharmacy; 1996. p. 11, 62, 372, 436, 441, 476, 505, 583, 603, 814, 1012, 1157, 1242.
- Schroyens F. Repertorium homoeopathicum syntheticum. 9.1
 Version. New Delhi: B Jain Publishers (P) Ltd; 2004. p. 40, 663, 782, 847, 884, 1052, 1060, 1210, 1225, 1481, 1770, 1951, 1957-8, 1966.
- 17. RADAR 10. Archibel Homoeopathic Software. Belgium. 2009.
- Hahnemann S. The chronic diseases, their peculiar nature and their homoeopathic cure. New Delhi: B. Jain Publishers (P) Ltd; 1999. p. 1460-524.
- Herring C. The guiding symptoms of our materia medica.
 7th impression. vol. 10. New Delhi: B Jain Publishers (P) Ltd; 2010.
 p. 96-193.
- In: Anthony JS, editor. The Gale encyclopaedia of surgery: A guide for patients and caregivers. vol. 1. New York: The Gale Group; 2004. p. 293.
- Hahnemann S. Organon of medicine. 5th ed. New Delhi: B Jain Publishers (P) Ltd; 2010. p. 63-4.
- Gibson DM. Studies of homeopathic remedies. BHJ; 1987. (Available from: Encyclopaedia homoeopathica. RADAR 10).

Ghosh, et al.: Case of gallstone with prostatomegaly

- Murphy R. Homoeopathic medical repertory. 3rd revised ed. New Delhi: B Jain Publishers (P) Ltd; 2010. p. 901.
- Vermeulen F. Concordant materia medica. New Delhi: Indian Books and Periodicals Publishers; 2001. p. 920-9.
- 25. Kent JT. Lectures on homoeopathic philosophy. New Delhi: B Jain Publishers (P) Ltd; 2005. p. 239.
- 26. Allen HC. The mateia medica of the nosodes with proving of the x-ray. New Delhi: B Jain Publishers (P) Ltd; 2007. p. 295-344.
- Ghegas V. Medorrhinum. New Engl J Hom 1996;5. (Available from encyclopaedia homoeopathica. RADAR 10).

How to cite this article: Ghosh MS, Shil RC, Chakma A. A case of gallstone with prostatomegaly. Indian J Res Homoeopathy 2014:8:231-5.

Source of Support: Nil, Conflict of Interest: None declared.

पौरुष ग्रंथि के असामान्य परिवर्धन के साथ पित्ताश्म का प्रकरण

सार

पित्ताश्म का निर्माण, पित्त पथ का सबसे सामान्य विकार है। अधिकांश प्रकरणों में शल्यक्रियात्मक हस्तक्षेप ही उपचार विकल्प होता है। कई अवसरों पर, उचित होम्योपैथिक उपचार के माध्यम से इस शल्यक्रियात्मक हस्तक्षेप से बचा जा सकता है। यहां सूचित पौरुष ग्रंथि के असामान्य परिवर्धन के साथ पिताश्म का यह होम्योपैथिक औषधियों द्वारा उपचारित प्रकरण ऐसा ही एक उदाहरण है। विस्तृत प्रकरण ग्रहण एवं लक्षणसूचीबद्धन के बाद, लक्षणों की समग्रता के आधार पर आरंभ में सल्फर तथा बाद में मेडोरिनम को विहित किया गया था। लक्षणविज्ञआन एवं विकृतिविज्ञान, दोनों ही दृष्टियों से प्रकरण ठीक हो चुका है जो कि अनुवर्ती अन्वेषणों द्वारा प्रमाणित है।