

EFFICACY OF HOMOEOPATHIC DRUGS IN GALL BLADDER DISEASES

Dr. Girish Gupta*
B.Sc.,G.H.M.S(Gold Medallist)

Abstract

To scientifically establish efficacy of homoeopathic drugs in various gall bladder ailments with or without complications, a pilot study has been undertaken. The cases comprised of patients suffering from poorly functioning gall bladder, non-functioning gall bladder, fibrosed gall bladder and gall bladder with singular or multiple calculi. Of these cases, a few were silent ones whereas a few were accompanied by repeated biliary colics and jaundice. Most of the cases were fatty, fertile females of over forty years of age while only a few were of male sex. The diagnosis of the cases was made by Oral Cholecystography (OCG) and Ultrasonography (USG) besides, in few cases, by the C—T scan of abdomen. The drugs which yield cholagogue and calculolytic effects were *Calcarea carb* 30 to 10M, *Chelidonium majus* 30, *Berberis vulgaris* 30, *Hydrastis canadensis* 30, *Chelidonium Q*, *Carduus marianus Q*, *Chionanthus Q* and *Cholesterinum* 3x. A few drugs which were used intercurrently for associated problems were *Lycopodium* 30 to 1000, *Cinchona officinalis* 30 to 1000, *Nux vomica* 30, *Pulsatilla* 200, 1000 and *Phosphorus* 200, 1000. The results obtained are encouraging and clearly exhibit that these drugs have property to improve and reinstate function of gall bladder, to break and dissolve the biliary calculi, to dilate the common bile duct, to a certain extent to enable the impacted calculi to pass out of it and thus help improve obstructive jaundice caused by them.

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Abstract was presented at the scientific session of International Homoeopathic Medical Organisation held in Rome on 30.4.88. However, the detailed paper was presented in the Premier Congress of Asian Homoeopathic Medical League held at New Delhi in October, 1988.

Introduction

Gall Bladder diseases are on increase affecting mostly the female sex who are usually obese, multiparous, above forty years of age and have history of consuming more of fats. The cause may be over strain of the gall bladder and repeated abdominal infections. There have been several claims of practising homoeopathic physicians of curing gall bladder diseases including those with stones in the past. These claims, however, have neither been scientifically evaluated nor been universally accepted particularly by allopathic physicians. To prove or disprove such claims; the present scientific study has been taken up to screen the therapeutic effect of homoeopathic drugs, both in potentised and mother tincture form, in acute and chronic cholecystitis, cholelithiasis, acalculus cholecystitis, choledocholithiasis with partial and complete absence of gall bladder function.

Materials And Methods

Patients : About 100 established cases of gall bladder diseases were taken up for this study comprising mostly of nulliparous and multiparous females including a few male cases. They were suffering from repeated biliary colic resorting mostly to strong analgesics like Spasmaproxyvon, Baralgin, Fortvin and pethidine and were advised surgery after recovering from acute infection or jaundice, if present. A few cases were deeply jaundiced and diabetic and therefore, refused for surgical procedure at the moment.

Drugs: The drugs employed were *Calcarea carb* 30, 1000 & 10M, *Pulsatilla* 200, 1000, *Lycopodium* 30 to 1000, *Chelidonium majus* 30, *Berberis vulgaris* 30, *Hydrastis Canadensis* 30, *Cinchona officinalis* 30 to 1000, *Phosphorus* 200, 1000 and *Nux Vomica* 30. The mother tinctures used were *Chelidonium Q*, *Carduus Q* and *Chionanthus Q*. *Cholesterinum* 3x was the only drug used in low potency.

Oral Cholecystography (OCG) and Cholangiography : This technique was used to elicit size of the gall bladder, size and number of the gall stones,

concentrating power of dye by the gall bladder and its response to fatty meal. The latter also showed bile ducts and impaction of calculus in the neck of gall bladder.

Ultrasonography (U.S.G.): This latest technique was employed in such cases where gall bladder could not be visualized by OCG method due to its failure to concentrate dye and get opacified. It also elicited fibrosis, false septa, thickening of wall of gall bladder, malignant secondaries and impaction of calculus in common bile duct (CBD). It not only doubly confirmed the presence of calculi but removed doubts created by overlapping of gas shadows over gall bladder as visualized in OCG. The condition of pancreas and liver parenchyma with or without repercussions of biliary calculi was also noted by this technique. Ultrasonography was advised to those patients also who were reluctant to take 100 gms of butter as required in OCG as it might have precipitated acute attack of biliary colic due to contraction of pathological gall bladder in response to it.

C—T Scan: This most modern technique was used in a very few cases to have an overall glance of the viscera like liver, gall bladder, pancreas and kidneys where case in question was being confused for biliary colic with that of Right renal colic malignancy and Amoebic liver abscess etc.

Haematological examination: To settle clinico-pathological correlation and to see clinical response of the patients to homoeopathic treatment, time to time blood tests were performed comprising of level of serum bilirubin, serum cholesterol and blood sugar in cases of jaundice, hypercholesteraemia and diabetes respectively.

Results And Discussion

The results of this study have been quite encouraging and for convenience can be grouped in ten categories, viz. 1) Cases of well functioning gall bladder with single or multiple but *small calculi*, 2) Cases with single or multiple but *bigger calculi* occupying whole lumen of gall bladder, 3) Cases of poorly functioning gall bladder 4) Cases with non-functioning of gall bladder 5) Cases of gall bladder with poor function and multiple stones, 6) Cases with completely non-functioning gall bladder with number of stones, 7) Cases with fibrosed gall bladder, 8) Cases with calcified stones 9) Cases with impaction of gall stone in CBD and 10) Cases with malignant diseases of gall bladder.

The best results were obtained in cases of well functioning gall bladder with smaller calculi. Next in the order were cases of poorly functioning gall bladder

with or without stones. However, poor response was seen in the patients of non-functioning gall bladder with or without stones, with calcified stones, with malignant diseases and with fibrosed gall bladder. Success was also achieved in cases presented with jaundice due to impacted stones in CBD which was evidenced by clinical amelioration in pain, gradual fall of serum bilirubin level and dilatation of CBD confirmed by ultrasonography.

The cases which were referred for surgery outright or even unsuccessful attempt to treat them with homoeopathic drugs comprised of those with large, singular or with number of stones occupying whole lumen of the gall bladder, those with absolutely non-functioning gall bladder and those with fibrosed and malignant gall bladder. However, it is worthwhile to mention that in some cases of non-functioning gall bladder, the function was restored to some extent and thickness of the wall of the gall bladder also reduced.

The patients were put to strict diet restriction and were asked to take fat free diet, to avoid consumption of tomato and spinach and also to avoid over eating. They were also allowed to take analgesics as and when required in case pain was of intense nature and did not respond to homoeopathic drugs. Since most of the cases were F.F.F. and fond of taking rich, fatty diet followed by G.I.T. upsets, *Calcarea carb* and *Pulsatilla* respectively in high potencies were the constitutional drugs used. *Chelidonium* and *Berberis* were employed in cases of repeated biliary colics whereas *Carduus Q* and *Chionanthus Q* were of help in cases with jaundice. *Cholesterinum 3x* was administered in all the cases of *Cholelithiasis*. All the cases were diagnosed before commencement of treatment by either or all the three parameters like OCG, USG and C-T scan. After patients started showing signs of improvement clinically, at least one of the three parameters was repeated to assess the true response in the pathology of gall bladder. Time to time advise of radiologists and surgeons was also sought to confirm the response and to refer those to surgery who did not show signs of recovery.

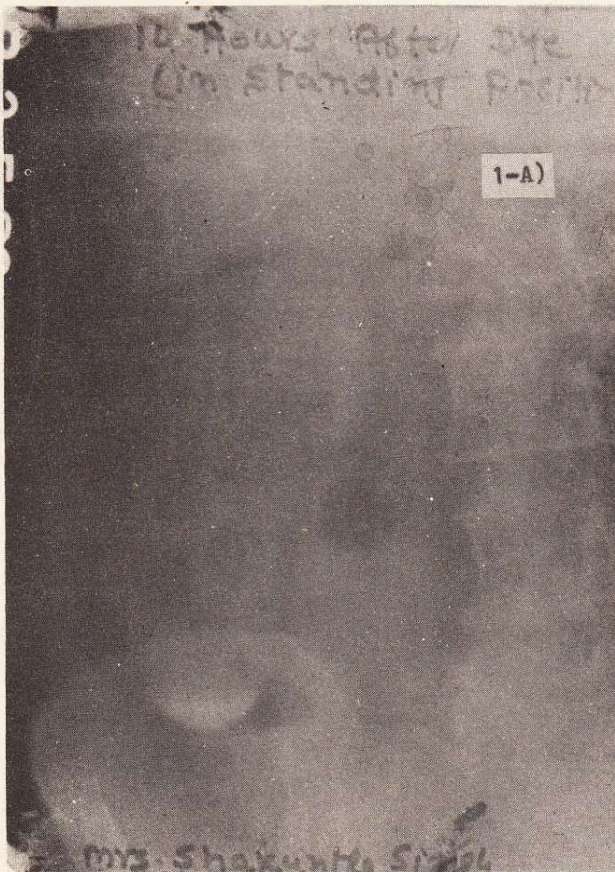
Inference

The overall impact of this study reveals that homoeopathic drugs have potentiality to effectively deal with most of the acute and chronic diseases of gall bladder which otherwise are amenable to no treatment other than surgery. The results obtained are in contrary to general belief by laity, by physicians and surgeons of modern medicine including even a sect of homoeopathic physicians that there is no remedy to dissolve the gall bladder stones, as happens in cases of renal calculi. The results also reveal that these drugs

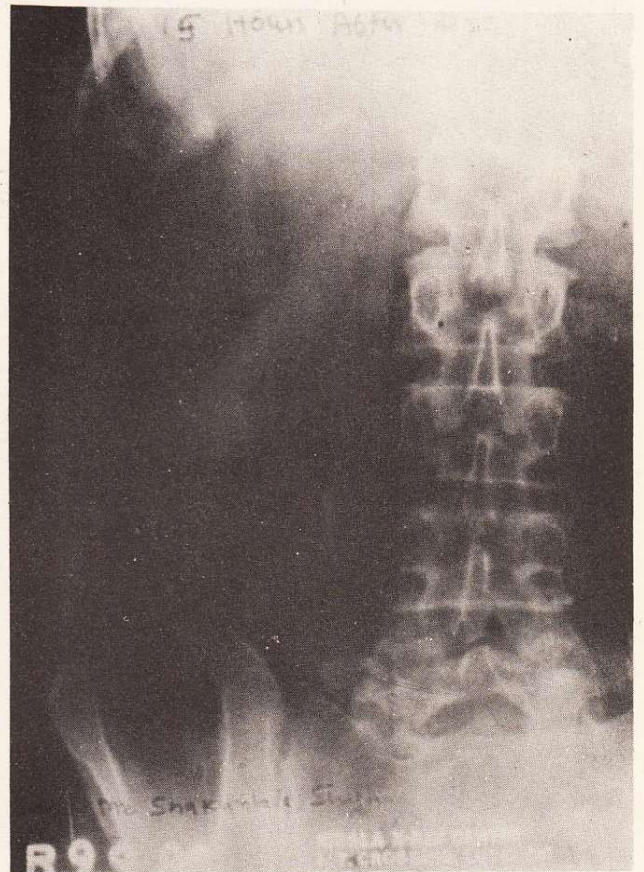
have potential to improve and re-initiate function of the gall bladder and even help cases of impacted stones with consequent jaundice.

It can, therefore, be inferred that a wide spectrum of gall bladder ailments are treatable with homoeopathic drugs barring a few with irreversible and malignant changes where the surgery is a *sine qua non*. Since these drugs do not excite so called side effects,

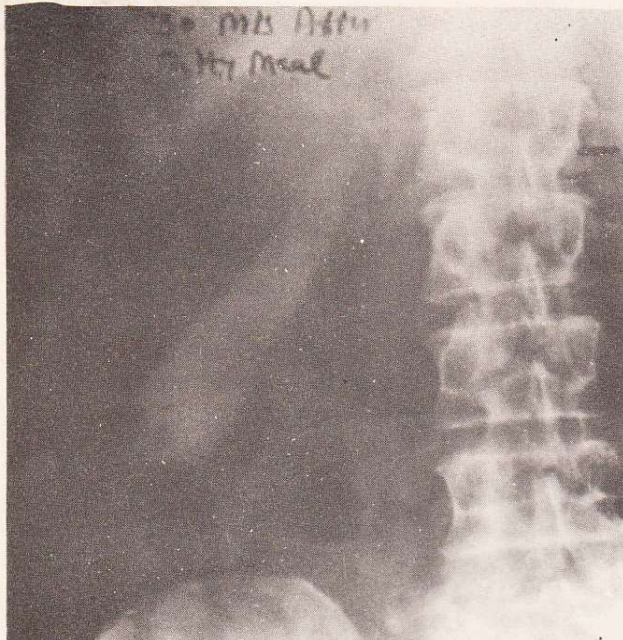
administered in minute and palatable doses besides being economical, they should find their way in the management of biliary disorders without any prejudice. This study confirms to a great extent, the claims of homoeopaths having successfully dealt with gall bladder problems and removes the phobia of those who dare not tackle such problems with confidence.



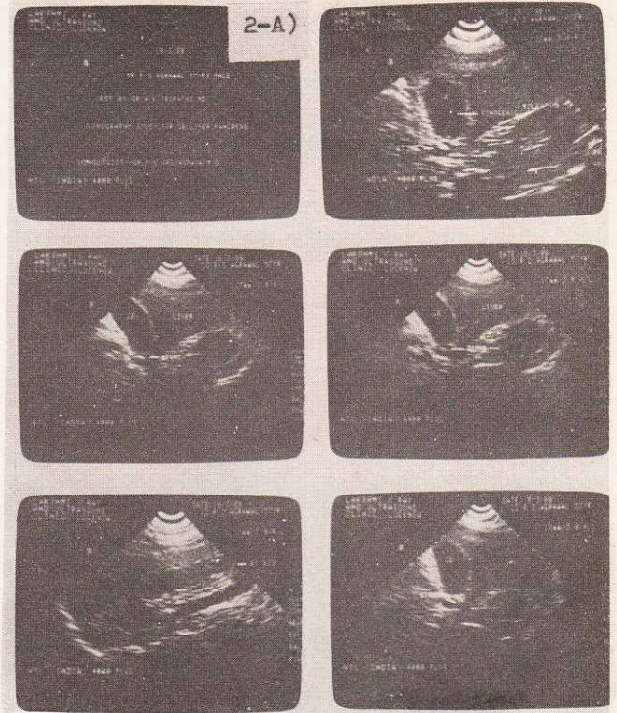
(1-A)
OCG dated 3-5-1986 showing markedly enlarged and faint shadow of gall bladder. It is full of multiple, radioluscent shadows of Calculi. Fundus of gall bladder is touching iliac crest of right hip bone due to gravity effect of stones. (Please see report No. 1-A dated 3-5-1986)



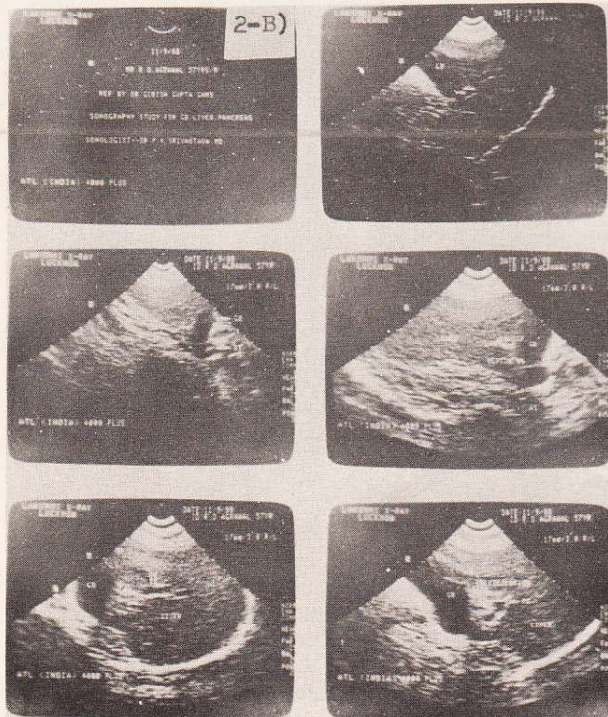
(1-B)
OCG dated 9-9-1986 showing gall bladder in normal position and shape with good concentration of dye. Few small negative shadows of calculi seen reduced in number as compared to plate No. 1-A. (Please see report No. 1-B dated 9-9-1986).



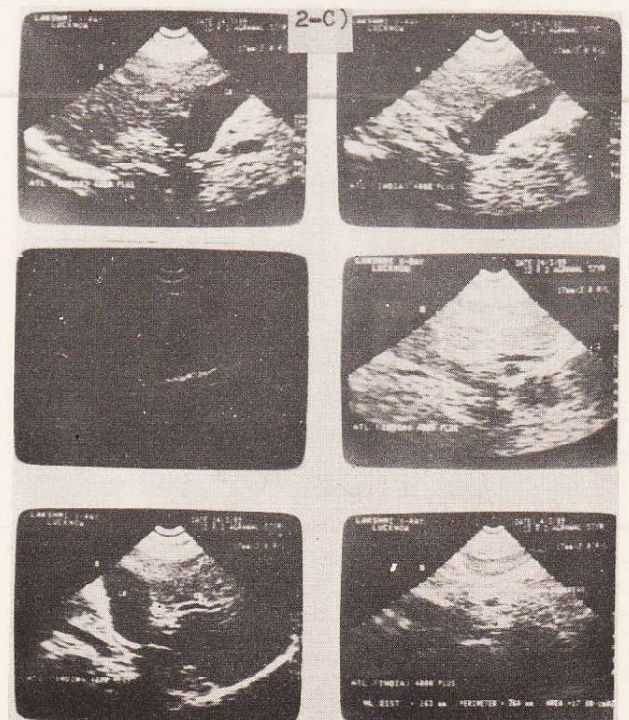
1-C)
OCG dated 14-6-1987 showing fair concentration of dye in well visualised gall bladder. Only three radioluscent shadows of gall stones seen in the fundus reduced in numbers as compared to plate No. 1-B.
(Please see report No. 1-C dated 14-6-1987)



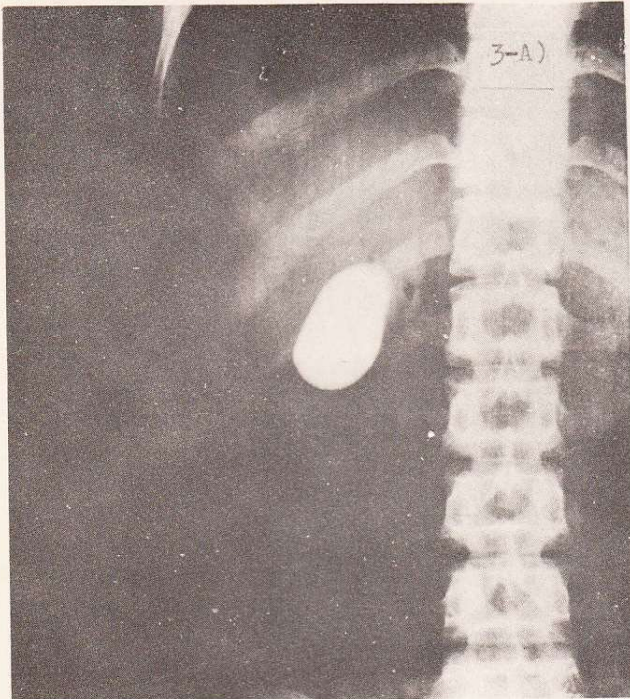
2-A)
Ultrasonogram dated 18-3-1988 showing distended gall bladder with oedematous walls, echogenic bile and a shadow of calculus in the neck region.
(Please see report No. 2-A dated 18-3-1988).



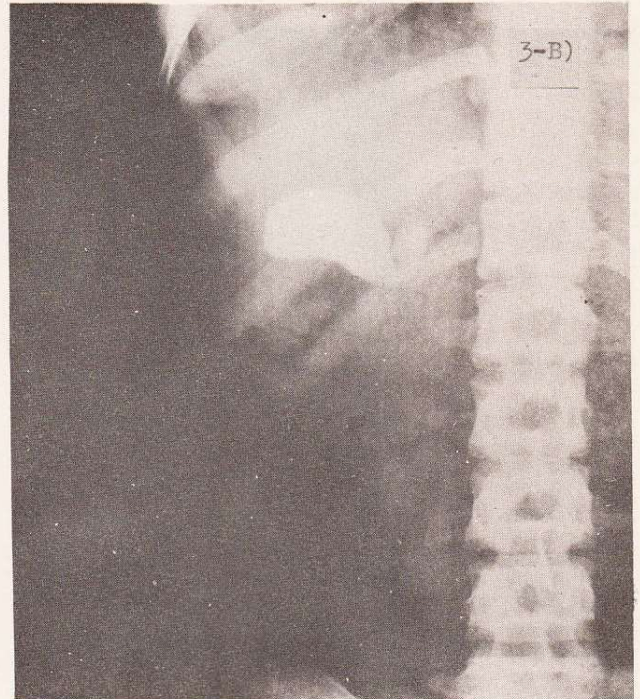
2-B)
USG dated 11-9-1988 showing improvement in the condition of gall bladder as evident from the reduction in the size of stone, absence of echogenic bile and disappearance of oedema of walls. Compare with plate No. 2-A.
(Please see report No. 2-B dated 11-9-1988).



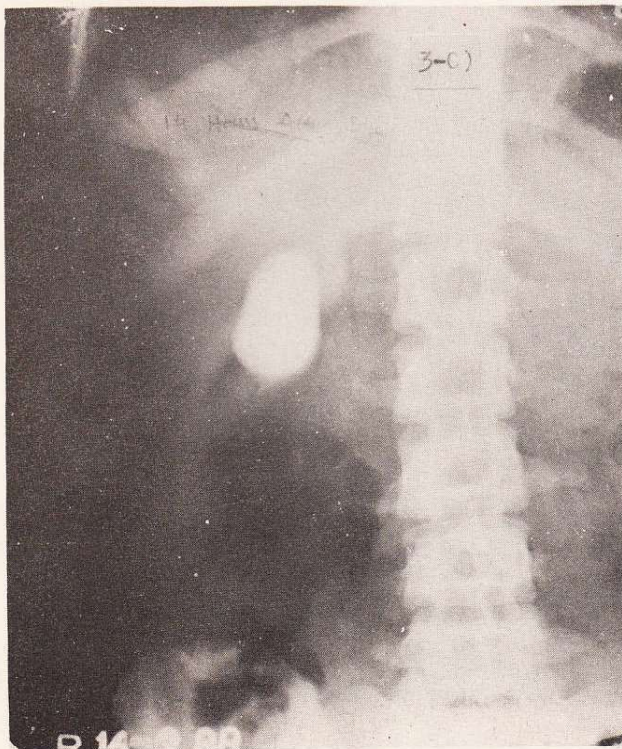
2-C)
USG dated 24-3-1989 showing anechoic gall bladder due to absence of stone and echogenic bile as compared to plate No. 2-B.
(Please see report No. 2-C dated 24-3-1989).



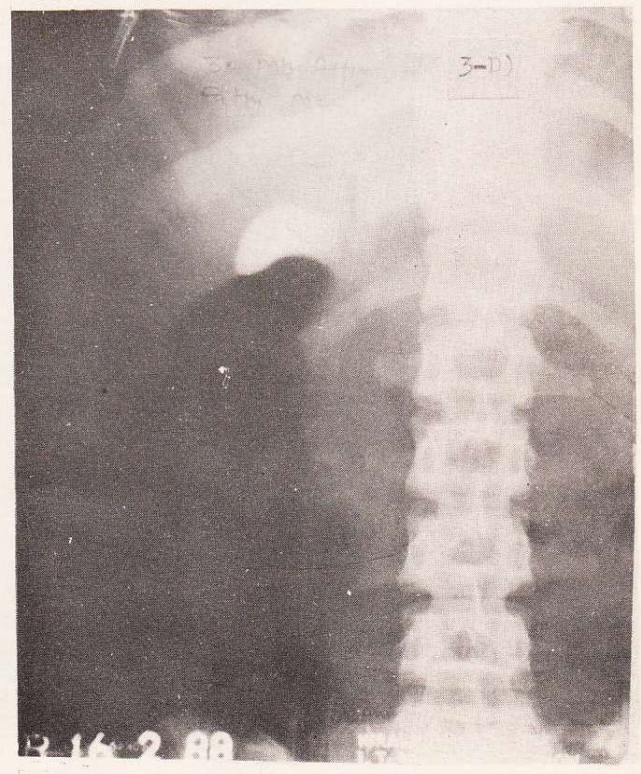
3-A)
OCG dated 28-12-1987 showing good concentration of dye in acutely inflamed gall bladder.
(Please see report No. 3-A dated 28-12-1987).



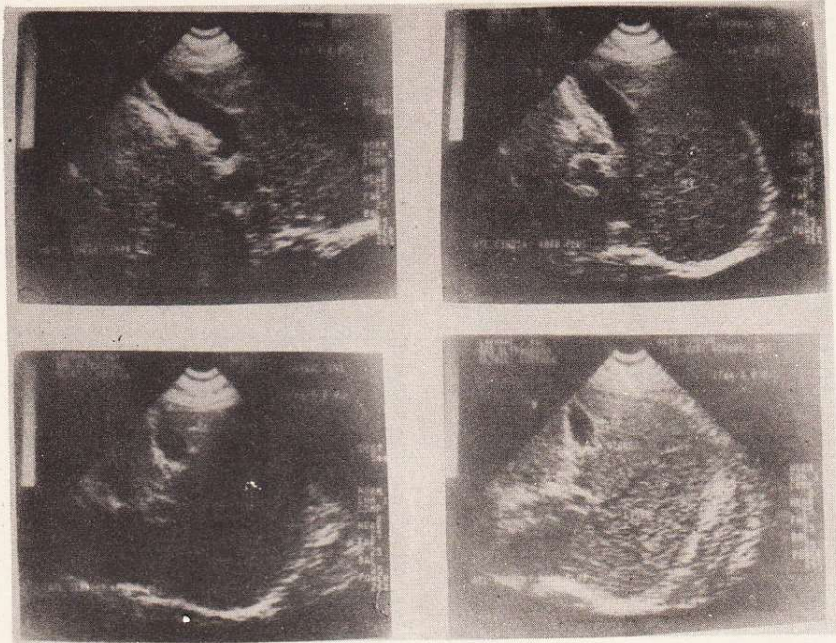
3-B)
OCG showing no response to fatty meal by gall bladder.
Compare with plate No. 3-A.
(Please see report No. 3-A dated 28-12-1987).



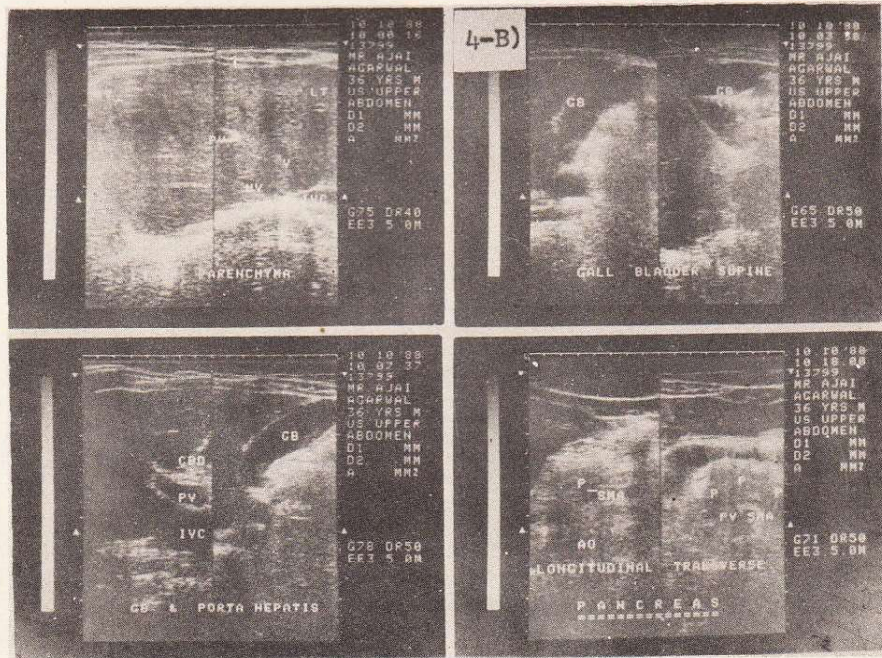
3-C)
OCG dated 16-2-1988 showing gall bladder in normal size and shape.
(Please see report No. 3-C dated 16-2-1988).



3-D)
Same OCG dated 16-2-1988 showing good response of gall bladder to fatty meal. Compare with plate No. 3-C.
(Please see report No. 3-C dated 16-2-1988).



4-A)
 Ultrasonogram dated 7-2-1988 showing thickened wall of gall bladder which is 6 mm and small, multiple echogenic shadows of calculi in the neck region accompanied with dense acoustic shadowing.
 (Please see report No. 4-A dated 7-2-1988).



4-B)
 Ultrasonogram dated 10-10-1988 showing normal anechoic gall bladder with normal walls and no calculi as compared to plate No. 4-A.
 (Please see report No. 4-B dated 10-10-1988).

Clinic 73395
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1-A

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Dr. K. L. ARORA
M.D., D.M.R.E.
RADIOLOGIST

X-RAY REPORT

S. No. 11
Dated. 3.5.86

Name of Patient Mrs. Shakuntla Singh Age & Sex 55 Years, Female

Referred by Dr. GIRISH GUPTA
B.Sc, HES (Poona)
G.H.S. (Gold Medalist)

Part Exposed & View
X-RAY FINDINGS

ORAL CHOLECYSTOGRAM
(DOUBLE DOSE)

A faint shadow of Gall Bladder is seen (Concentration of Dye in Gall Bladder is poor).

Gall Bladder is markedly enlarged in size.

Multiple small Radio-luscent (negative) shadows of Gall Stones are seen.

Skiagram taken in Standing position shows Gall Stones in Lower part of Gall Bladder as a result of gravity.

Skiagram taken 30 minutes after Fatty Meal shows poor response.

CHRONIC CHOLECYSTITIS WITH CHOLECETHIASIS.

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1-B

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RADIOLOGIST

X-RAY REPORT

S. No. 11
Dated. 9.9.86

Name of Patient Mrs Shakuntla Singh Age & Sex 57 Years, Female

Referred by Dr. GIRISH GUPTA
B.Sc, HES (Poona)
G.H.S. (Gold Medalist)

Part Exposed & View
X-RAY FINDINGS

ORAL CHOLECYSTOGRAM
(DOUBLE DOSE)

Gall Bladder is visualised in normal position and shape appears elongated.

Concentration of Dye in Gall Bladder is good.

Few small Radio-luscent shadows are seen in Gall Bladder (Markedly reduced in number as compared to previous X-Ray)

Response to Fatty Meal is present but sluggish.

As compared to previous skiagram there is marked improvement in the condition of Gall Bladder.

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Dr. K. L. ARORA
 M.D., D.M.R.E.,
 RADIOLOGIST

X-RAY REPORT

S. No. 4

Dated. 14.6.87

Name of Patient. Mrs. Shakuntla Singh Age & Sex 56 years, Female

Referred by ... DR GIRISH GUPTA
 B.Sc, HES(Poona)
 GHMS...(Gold.. Medalist)

Part Exposed & View
 X-RAY FINDINGS

ORAL CHOLECYSTOGRAM
(DOUBLE DOSE)

Gall Bladder is visualised, appears elongated.
 Concentration of Dye in Gall Bladder is fair.
 3 Radio-luscent(Negative) shadows of gall stones seen in Fundus of Gall Bladder.
 Response to Fatty Meal is present but sluggish.
 As compared to previous examination, multiple Radio Luscent shadows of Gall Stones are no more seen and condition of Gall Bladder is remarkably improved and concentration of Dye in Gall Bladder is much better.

Phone : 7 1 2 6 8



Clinic Time : 8 A.M. to 8 P.M.

2-B

LAKSHMI X-RAY CLINIC & ULTRA-SOUND CENTRE

B - 178, NIRALA NAGAR, (Near Daliganj Railway Crossing),
LUCKNOW - 226 007.

Hony. Consultants :

Dr. V. K. TANDON
M.D. DMRE.

Prof. and Head of Department Radio Diagnosis, K. G's. Medical College, Lucknow.

Dr. P. K. SRIVASTAVA
M.D.

Ultrasonologist & Diagnostic Radiologist, Whole Body C. T. Scanner, K. G's. Medical College, Lucknow.

SONOGRAPHY REPORT

No..... Date 11.9.83.
1 Name of Patient Mr. R.D. Agarwal Age 57yrs. Sex M
2 Referred by Dr. Girish Gupta, GHMS
3 Organ/Part Scanned.....

Sonographic Findings :-

Gall bladder is well visualised. A small calculus shadow seen in gall bladder. Echogenic thickening seen in anterior wall of gall bladder. No evidence of any echogenic bile seen in gall bladder, which was evident in earlier study. C.B.D. is normal in study. Liver is homogenous and normal in echopattern.

Obstetrical Findings :-

1	<u>PLACENTAL POSITION</u>	<u>ANTERIOR</u>	<u>POSTERIOR</u>	<u>OTHERS</u>
2	<u>FOETAL AGE PARAMETRES</u>			
	<u>M. M.</u>	<u>WEEKS</u>	<u>DAYS</u>	<u>+</u>
1	C. R. L.			
2	B. P. D.			
3	O F D.			
4	F. L.			
5	T. A. D.			

INFERENCE :- Small calculus decreased in size in gall bladder with localized anterior wall thickening at the neck.

PKS
SONOLOGIST

Phone : 7 1 2 6 8



Clinic Time : 8 A.M. to 8 P.M.

LAKSHMI X-RAY CLINIC & ULTRA-SOUND CENTRE

B-178, NIRALA NAGAR, (Near Daliganj Railway Crossing)
LUCKNOW - 226007

Hony. Consultants :

Dr. V. K. TANDON
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Prof. and Head of Department Radio Diagnosis,
K. G's. Medical College, Lucknow.

Dr. P. K. SRIVASTAVA
M.D.
Ultrasonologist & Diagnostic Radiologist, Whole Body C.T. Scanner,
K. G's. Medical College, Lucknow.

SONOGRAPHY REPORT

No. Date 24.3.89.
1. Name of Patient..... Mr. R.D. Agarwal Age 57yrs. Sex **M**
2. Referred by..... Dr. Girish Gupta, GHMS
3. Organ/Part Scanned.....

Sonographic Findings :-

Gall bladder is well visualised. There is no evidence of any echogenic shadow suggestive of calculus seen in gall bladder. Walls are mildly thickened. Lumen is anechoic. C.B.D. is normal in calibre. No intrahepatic biliary channel dilatation seen. Portal system is normal. Liver and pancreas ^{is} normal.

Obstetrical Findings :-

1. PLACENTAL POSITION ANTERIOR POSTERIOR OTHERS

2. FOETAL AGE PARAMETRES

M. M. WEEKS ±

- 1. C. R. L.
- 2. B. P. D.
- 3. O. F. D.
- 4. F. L.
- 5. ABD. C.

INFERENCE :

A calculus cholecystitis . No suggestive of calculus seen in present study.

Garg Diagnostic Centre

Dr. M. D. Garg
M. B. B. S.
Regd. No. 15042 U. P. M. C.

Phone : 2481
Near Lucknow Naka
SULTANPUR

3-A

28.12.87

Sudha

XRay report oral cholecystography

No calculi shadow is visible. Bony outlines are normal. On giving the oral dye the gallbladder is visible. After fatty meal it has shown poor contraction.

Dr.
28/12/87

Clinic 73395
Tele. Residence 74271

3-C

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Dr. K. L. ARORA
M.D., D.M.R.E.
RADIOLOGIST

X-RAY REPORT

S. No.....

Dated..... 16.2.88

Name of Patient... Smt. SUDHA SINGH Age & Sex 23 Yrs. FEMALE

Referred by... Dr. GIRISH GUPTA, B.Sc., G.H.M.S. (Gold Medallist)

Part Exposed & View
X-RAY FINDINGS

(ORAL CHOLECYSTOGRAM WITH DOUBLE DOSE)

- Gall Bladder is seen in normal size, shape & position.
- No evidence of Gall stone.
- Response to fatty meal and concentration of Dye in Gall bladder is good, suggestive of normal functioning Gall bladder.

[Signature]

Phone : 7 1 2 6 8

4-A



Clinic Time : 8 A.M. to 8 P.M.

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B - 178, NIRALA NAGAR, (Near Daliganj Railway Crossing),
LUCKNOW - 226 007.

Hony. Consultants :

Dr. V. K. TANDON
M.D., D.M.R.E.

Prof. and Head of Department Radio Diagnosis, K. G's. Medical College, Lucknow.

Dr. P. K. SRIVASTAVA
M.D.

Ultrasonologist & Diagnostic Radiologist, Whole Body C. T. Scanner, K. G's. Medical College, Lucknow.

SONOGRAPHY REPORT

No..... Date 7.2.88.....

1 Name of Patient..... Mr. Ajay Agarwal Age..... 35yrs. Sex..... M

2. Referred by..... Dr. S.P. Agarwal, M.S.

3. Organ/Part Scanned.....

Sonographic Findings :-

Gall bladder is well visualised . There is evidence of thickening of the wall of gall bladder. It is 6 mm. in thickness. Few small echogenic shadows seen in neck of gall bladder which are accompanied with acoustic shadowing. C.B.D. is normal. Liver parenchyma is normal. Portal system normal.

Obstetrical Findings :-

1. <u>PLACENTAL POSITION</u>	<u>ANTERIOR</u>	<u>POSTERIOR</u>	<u>OTHERS</u>
2. <u>FOETAL AGE PARAMETRES</u>			
	<u>M. M.</u>	<u>WEEKS</u>	<u>DAYS</u>
1. C. R. L.			<u>+</u>
2. B. P. D.			
3. O. F. D.			
4. F. L.			
5. T. A. D.			

INFERENCE :- Cholecystitis with small calculi in neck of gall bladder.

SONOLOGIST



Gram : CATSCAN

Phone : 35375

UTTAR PRADESH MEDICAL CENTRE

ULTRA SOUND CENTRE
16, RANA PRATAP MARG, (NEAR TIMES OF INDIA)
LUCKNOW - 226 001

4-B

REPORT FORM

PATIENT'S NAME Mr. Ajai Kumar
DOCTOR'S NAME Dr. T.C. Ghosh

R. T. No. 13799
DATE OF SCAN 10/10/88

REPORT :

ULTRASOUND OF UPPER ABDOMEN:

Liver is normal in size with homogeneous parenchyma.

Gall bladder normal with anechoic lumen. No calculus is seen.

CBD & Portal venous system is normal.

Pancreas is normal.

Both kidneys are normal in size, position and echotexture.

OPINION: NORMAL ULTRASOUND.

NORMAL ULTRASOUND.

DR. S.V. GUPTA
(RADIOLOGIST)