Evaluating the effectiveness of Homoeopathic Remedies in Gall stone Dissolution

Dr. Pakala Vineela Rao[1], Dr. Kamalpuri Shanmukhi[2], Dr. Kalva Sahithi[3], Dr. Mani Chandana[4], Dr. Mahvish afzal[5]

[1] *Assistant Professor, Department of Human Physiology and Bio-Chemistry Hamsa Homeopathy Medical College Hospital & Research Centre Ksheerasagar(V), Mulugu(M), Siddipet Dist. Telangana State.*

[2,3,4] *Internee Batch 2024, Hamsa Homeopathy Medical College Hospital & Research Centre Ksheerasagar(V), Mulugu(M), Siddipet Dist. Telangana State.*

[5] *Kaloji Narayana Rao University of Health Scicnes Warangal. Hamsa Homeopathy Medical College Hospital & Research Centre Ksheerasagar(V), Mulugu(M), Siddipet Dist. Telangana State.*

***Abstract*—Gallstones are crystallized deposits forming in the gallbladder or biliary tree, primarily composed of cholesterol, bilirubin, and bile. Anatomically, they may be located either in the gallbladder, known as Cholelithiasis, or in the common bile duct, referred to as choledocholithiasis. The formation of gallstones is influenced by multiple factors, including a high-cholesterol diet, reduced bile salt concentration, and decreased gallbladder motility. Clinically, gallstones may remain asymptomatic for years or present with symptoms such as right upper quadrant pain and tenderness, often accompanied by fever and a positive Murphy's sign, indicating acute cholecystitis. In many cases, gallstones are discovered incidentally during imaging for other conditions. Complications arising from untreated gallstones include cholangitis, empyema of the gallbladder, pancreatitis, abscess formation, porcelain gallbladder, and perforation. Management of gallstones may be either non-surgical or surgical. Non-surgical treatment primarily involves oral dissolution therapy, which is reserved for specific cases where surgery is not feasible. The standard and most effective treatment is cholecystectomy, the surgical removal of the gallbladder.**

***Index Terms*—Murphy's Sign, Cholelithiasis, Cholesterol stones, pigment stones, Homeopathy, Gall Bladder Motility, Acute Cholecystitis, Cholangitis**,

Epidemiology

Gallstones are a common health problem occurring worldwide, though their frequency varies across different populations. They are particularly prevalent among North American Indians and Hispanic groups, while their occurrence is much lower among Asian and African populations. In the United States alone, around 6.3 million men and 14.2 million women between 20 and 74 years of age are estimated to have gallstones, with the prevalence increasing steadily with age. More than one-fourth of women above 60 years are affected.(2)

Risk factors (4)

There is a traditional saying of the "4 F's"—fat, female, fertile, and forty—which describes the population groups most susceptible to gallstone formation.

Non-Modifiable Risk Factors

Gender: Women are two to three times more likely to develop gallstones than men, largely due to hormonal factors.

Age: The risk increases with age, particularly after the age of 40.

Ethnicity: Gall stones are highly prevalent throughout Western countries, with American Indians exhibiting the greatest incidence.

Family history: Higher frequency of gallstones is observed among first-degree relatives of affected individuals.

Genetics: Mutation in the CYP7A1 gene, which leads to a deficiency of cholesterol 7-hydroxylase an enzyme crucial for bile acid synthesis has been linked with hypercholesterolemia and a greater tendency to form gallstones.

I. MODIFIABLE RISK FACTORS AND LIFESTYLE FACTORS

Obesity and Overweight: Excess weight, especially with a high Body Mass Index (BMI), increases the amount of cholesterol in bile, which can lead to gallstones.

Diet: A diet high in fat and cholesterol and low in fiber is associated with an increased risk.

Sedentary Lifestyle: Lack of physical activity is a risk factor.

Diabetes: People with diabetes often have higher levels of fatty acids (triglycerides), which can increase the risk.

Hormonal Factors (primarily in women):

Pregnancy: Increased estrogen levels during pregnancy.

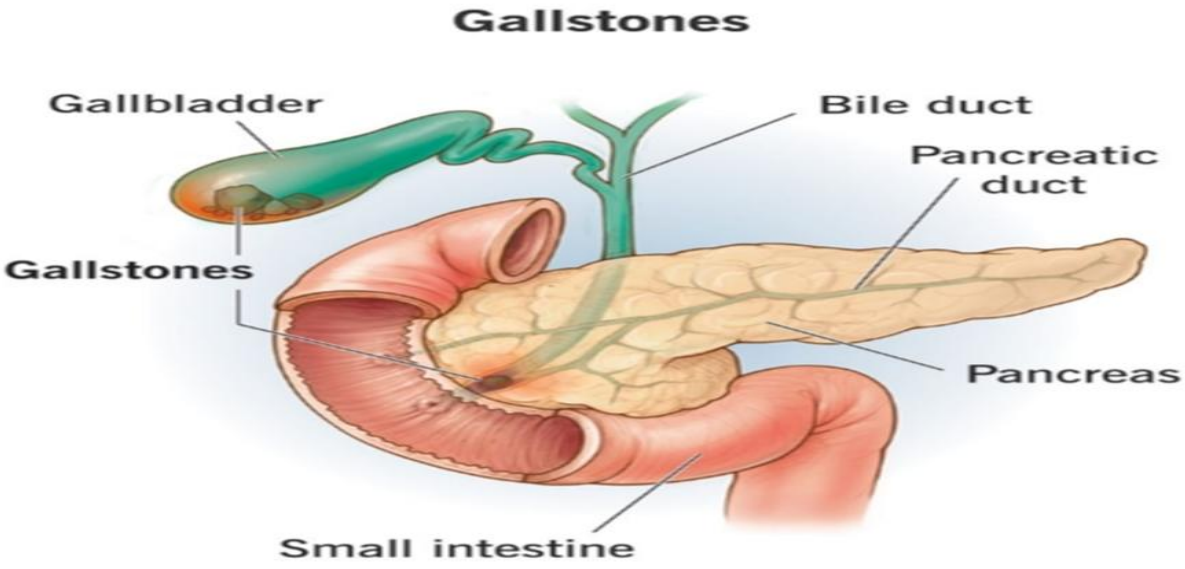
Hormone Replacement Therapy (HRT) and Oral Contraceptives: Medications containing estrogen.

Anatomy of gall bladder [5]

Gall bladder is a pear-shaped reservoir of bile situated in a fossa on the inferior surface of the right lobe of the liver. The fossa for the gallbladder extends from the right end of the porta hepatis to the inferior border of the liver. The gall bladder is 7 to 10 cm long ,3 cm broad at its widest part and about 30 to 50 ml in capacity. Gallbladder has three parts fundus, body and neck. The cystic artery is the chief source of blood supply to the gallbladder and it usually arises from the right hepatic artery. Its Venous drainage is by cystic veins which further drains into portal vein. Lymphatics from the gallbladder drains into cystic nodes.

Functions of Gall bladder [6]

1) storage of bile, and its release into the duodenum when required.
2) Absorption of water, and concentration of bile. Bile may be concentrated as much as ten times.
3) The normal gallbladder also absorbs small amounts of a loose bile salt-cholesterol compound. When the gallbladder is inflamed, the concentration function becomes abnormal and the bile salts alone are absorbed leaving cholesterol behind. Bile salts have a powerful solvent action on cholesterol which tends to be precipitated. This can lead to the formation of the gallstones.
4) It regulates pressure in the biliary system by appropriate dilatation or contraction. Thus the normal, choledochoduodenal mechanism is maintained.



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Pathogenesis of Gall stones

The development of gallstones is a multifactorial process influenced by several interacting

mechanisms. Four major factors are recognized in their pathogenesis—metabolic, reflux, stasis, and infective factors—each contributing in varying degrees to the initiation and growth of gallstones within the biliary system.

The metabolic factor plays a fundamental role in gallstone formation. The solubility of cholesterol in bile depends largely on the proportion of conjugated bile salts and phospholipids, with lecithin being the most abundant phospholipid. Cholesterol, which is normally insoluble in water, remains in solution through the formation of micelles, structures in which cholesterol is surrounded by bile salts and lecithin. Under normal physiological conditions, the ratio of bile acids to cholesterol is approximately 25:1. When this balance decreases to around 13:1, cholesterol begins to crystallize, setting the stage for gallstone development.

The reflux factor involves the backflow of pancreatic enzymes into the gallbladder. This reflux disturbs the normal balance of bile components. Enzymes such as trypsin alter the colloidal stability of bile, while phospholipase A converts lecithin into lysolecithin, a toxic compound that promotes cholesterol precipitation and contributes to stone formation.

The stasis factor refers to conditions where bile flow is temporarily halted or markedly reduced, leading to stagnation within the gallbladder. Such stasis disrupts the enterohepatic circulation and results in reduced secretion of bile salts and phospholipids, thereby decreasing cholesterol solubility. Stagnant bile often provides a favorable environment for microbial proliferation, further facilitating gallstone development.

The Infective factor remains one of the most significant contributors to gallstone formation. As aptly summarized by Moynihan's classic statement, "a gallstone is a tombstone erected in the memory of the organisms within it." In many cases, bacteria can be isolated both from the gallbladder wall and from the Centre of gallstones. Commonly implicated organisms include Escherichia coli, Salmonella typhi, and Streptococcus species, while Actinomyces has been detected in over half of the cases in some studies. These microorganisms can reach the gallbladder either via the bloodstream from other infected sites or through lymphatic spread from the intestine. Stones that develop due to such infections are usually mixed in composition, containing both cholesterol and pigment material.[1,7]

Types of stones [4,7]

Types and frequency	Composition	Etiology	Location of stone	Appearance of stone
1.Pure gall stones (10%)	Cholesterol	Aseptic static bile	Hartmann's pouch	Solitary, oval ,large, smooth , yellow white
	Bile pigment	Excessive hemolysis	Gall bladder	Multiple, small, black or dark brown, soft , putty like masses
	Calcium carbonate	Increased alkalinity of bile	Gall bladder	Multiple, small grey, white, smooth, faceted
2.Mixed gall stones (80%)	Cholestrol,bilepigment and calcium carbonate in varying combination	Inflammation and infection of gall bladder	Gall bladder	Multiple, multifaceted, variable size
3.Combined gall stones ,(10%)	Pure gall stones nucleus with mixed gall stones shell or mixed gall stone nucleus with pure gall stones shell	Inflammation and infection of gall bladder	Gall bladder	Solitary, large, smooth

Clinical features

Mostly in about 50% of cases gallstones cause no symptoms and may be diagnosed by chance during investigations for some other condition (silent gall stones).

Symptomatic gall stone disease appears only when complications develop.

II. EFFECTS AND COMPLICATIONS OF GALLSTONE [7]

1.In the gallbladder.

(i) Asymptomatic gallstones;
(ii) Hydrops of the gallbladder
(iii) Flatulent dyspepsia;
(iv) Gallstone colic- colic gives rise to excruciating pain at the upper and right quadrant of the abdomen. The pain may shoot to the back towards the inferior angle of the right scapula or may complain of referred pain at the right shoulder.
(v) Acute obstructive cholecystitis, which may lead to (a) Mucocele. (b) Empyema, (c)Gangrene, (d) Perforation and fistula formation
(vi) Chronic cholecystitis
(vii) Carcinoma.

2. In the common bile duct.
(i) Obstructive jaundice.
(ii) Liver failure.
(iii) Cholangitis.
(iv) Acute or recurrent pancreatitis.

3. In the pancreas.
(i) Acute pancreatitis.
(ii) Acute relapsing pancreatitis.
(iii) Chronic pancreatitis.

4. In the intestine -Gallstone ileus.

Gallstones may be associated with other diseases in the body.

Saint's triad. – Gallstones, hiatus hernia and diverticulosis of the colon may coexist.

Investigations: [3,7]

Blood: Leucocytosis presents in 85% of the cases with high polymorphonuclear count there maybe elevation of serum bilirubin and serum amylase.

Straight x ray: It demonstrate radio opaque stone in 10% of cases only.

ECG : it should be done in all patients above 40 years of age.

Ultrasonography: it can detect calculi within the gallbladder as also right upper quadrant mass and enlargement of the bile duct and pancreas.

Cholescintigraphy: Cholescintigraphy—also called a hydroxyl iminodiacetic acid scan, HIDA scan, or hepatobiliary scan—uses a safe radioactive material to produce pictures of your biliary tract. It diagnoses abnormal contractions of your gallbladder or a blockage in the bile ducts.

Endoscopic retrograde cholangiopancreatography (ERCP) : used to detect gall stones in the affected bile ducts.

Homoeopathic management of Gall stones:

Bryonia alba (Bry.)[8,10]

- Physical: Sharp, stitching pain in right upper quadrant or chest; pain worse from slightest motion, better from pressure and lying on painful side; constipation, hard dry stools; jaundice with soreness of liver.
- Mental: Irritable, angry, wants to be left alone.

Carduus marianus / Carduus (Card-m)[10,11]

- Physical: Liver/gall complaints; soreness and enlargement of liver, jaundice, pain in hepatic region; digestive weakness after fatty foods.
- Mental: Anxious about health; apprehension.

China officinalis (Cinchona)[10]

- Physical: Intermittent pains, distension and great abdominal flatus; weakness after loss of fluids; bloating, tendency to jaundice that is intermittent.
- Mental: Apathy, irritability, oversensitivity; exhaustion.

Lycopodium clavatum (Lyc.)[8]

- Physical: Right-sided symptoms (pain in right hypochondrium, liver/gall complaints), bloating, distension, flatulence, digestive disturbances after sweets or certain foods; often worse late afternoon/early evening (4–8 pm).
- Mental: Anxiety about health, lack of self-confidence, fear/anticipation, palpitations; many have carbohydrate cravings or digestive troubles after sweets.

Chionanthus virginica (chion)[8,12]

- Pain in hepatic region with enlargement jaundice and constipation.
- Jaundice with arrest of menses.
- Gall stone colic.
- Gall stones with diabetes mellitus.
- Chronic jaundice. Jaundice recurring every summer.

Cholesterinum(chol) [11,12]

- Jaundice with gall stones.
- Indicated for obstinate gall stones, obstinate hepatic engorgements, and for cancer of liver. < Touch or jar , bending.

Chloroformium(chlf)[8,11]

- Acute, cramping, or spasmodic pain in the right hypochondrium radiating to the back and shoulder, often from the passage of gallstones.
- Intense biliary colic, with faintness, nausea, and cold perspiration.
- Useful in gall-bladder irritation caused by nervous or emotional disturbance.

Chelidonium (chel)[9,12]

- Pain in the region of liver radiating to backward or constant pain under the lower and inner angle of right scapula.
- Liver enlarged; tender.
- It is closely related to Lycopodium; when lyc fails to act then Chelidonium should be given.

Natrum Sulphuricum (Nat sulph) [10,12]

- Pain, soreness, tenderness in liver region .
- Clawing like sensation in gall bladder.
- Agg by deep breathing, stepping, jar , lying on left side.
- Amel by rubbing or kneading abdomen.
- Liver is disturbed by mental exertion and anger.

Berberis Vulgaris (berb) [8,12]

- Stitching pain in region of gall bladder, extending to stomach. Worse from pressure.
- Catarrh of the gall bladder with constipation ,clay colored stools.
- Fistula in ano, with bilious symptoms and itching of parts.

Iris versicolor (Iris) [11,12]

- Pain in region of liver ; biliary colic <motion > by bending forward, by discharge of flatulence.
- Colicky pain in liver before each spell of vomiting and purging.

Hydrastis canadensis(hydr) [10,12]

- Cutting pain from liver to right scapula agg by lying on back or right side.
- Jaundice.
- The stool is light, even white, showing the absence of bile and there is distress in the region of the liver.

Fel tauri [8,11]

- Indicated for gall stones.
- Jaundice.
- It liquefies bile and acts as a purgative and chologogue .
- Eructation's , gurgling in stomach and epigastric region. Violent peristaltic movements.

Taraxacum officinale [8,9]

- Indicated in gall stones.

- Liver is enlarged and indurated.
- Bilious attacks with characteristically mapped tongue and jaundiced skin.
- Debility, loss of appetite, profuse night sweats especially when convalescing from bilious fever.
- Worse when sitting, lying down and resting.

Dolichos pruriens [8,10]

- Indicated for liver complaints associated with skin symptoms .
- Jaundice with white stools and desperate itching without any rash preventing the sleep at night.

Some important rubrics: [13]

- Eructation's – Gall stones with: Dioscorea, Lycopodium.
- Liver – colic from gall stones, with swollen hard liver – Chelidonium, China.
- Burning – heaviness- stitches, burning of one spot in region of liver with passage of gall stones: Phosphoric acid.
- Gall stone colic with jaundice and twisting pain: Podophyllum.
- Jaundice from gall stones – with aversion to food and faintness: Nux vomica.
- Gall bladder – Jaundice – with gall stones – pain from stomach towards gall bladder with excessive nausea: Podophyllum.
- Respiration difficult – concomitants- gall stones with: Morg-g.
- Gall stones -Jaundice- with constipation - Chionanthus virginica.
- Gall stones with diabetes- Bryonia, but-acid, card-marinus, china, cuprum met, ferrum- sulph, gels, Lycopodium, merc , Nat-sulph, phos, sulph.

III. CASE

A 50-year-old female came to Hamsa Homoeopathy OPD with complaints of pain in right hypochondrium extending to right scapular region with burning sensation since 5 months which was aggravated by lying on back associated with distension and tightness of lower abdomen. She also complained of belching and eructations since 3 months which was aggravated by eating spicy food. The complaints started gradually about 5 months back. At first ,the patient had consulted an allopathic physician who advised her for ultrasonography of whole abdomen. On USG, Grade 1Fatty liver with calculi in Gall bladder is seen. The doctor advised her to undergo cholecystectomy but the patient was reluctant to undergo any surgery and came for homeopathic treatment as the discomfort gradually increased. In the past ,she had a history of fall 1 year back and k/c/o Diabetes Mellitus since 5 years. She underwent hysterectomy 5 years ago. She got married at an early age and had 2 children and her husband died in accident 12 years ago . In physical generals, her appetite was decreased, sleep disturbed, stools were regular but hard , occasionally she had burning micturition and thirst was normal. She was found to be hot patient. Mentally she is anxious towards her health. She want love, care from her sons. She doesn't share her feelings with others. She feels as if being neglected by his sons(forsaken feeling) . Despair feeling. On local and systemic examination, tenderness is elicited in right hypochondrium and murphy's sign was positive. While analyzing the case, mental generals and physical generals and characteristics particulars and few diagnostic symptoms were considered for erecting the totality of symptoms.

Totality of symptoms
Forsaken feeling.
Despair.
Anxiety about health.
Hot patient.
Pain in right hypochondrium extending to right scapular region< by lying on back.
Distension of abdomen with belchings and eructations < After eating spicy food.
Considering The totality, complete repertory was selected and repertorisation
Was done with HOMPATH ZOMEO [14]software. After repertorisation, From the list of drugs Lycopodium 200 c 3 doses was selected after Further confirmation from Materia medica. And we asked the patient for further follow up after 1 month.

Remedy Name	Lyc	Bry	Nat-m	Ars	Sep	Lach	Calc	Bell	Puls
Totality	22	18	18	18	17	17	16	16	16
Symptoms Covered	7	6	6	5	6	5	6	5	5
Kingdom									
[Complete] [Abdomen]Pain:Liver region:Extending to:Back:Scapul...	3	3	3				3		
[Complete] [Abdomen]Pain:Liver region:Gallstone colic: (148)	4	3		4	3	3	3	4	1
[Complete] [Abdomen]Pain:Liver region:Lying:Agg.: (33)	3	3	1		3			4	
[Complete] [Abdomen]Distension:Eating:After: (150)	4	3	3	3	3	3	1	1	3
[Complete] [Mind]Forsaken feeling: (313)	1		3	3	1	3	1		4
[Complete] [Mind]Despair: (347)	4	3	4	4	3	4	4	3	4
[Complete] [Mind]Anxiety:Health, about: (317)	3	3	4	4	4	4	4	4	4

Follow up

Date	Symptoms	Medicine prescribed
21/9/25	Pain in right hypochondrium is slightly better and heaviness , distension is still persists. Sleep is unrefreshing. Appetite slightly better.	Lycopodium 200c,1 dose.
24/10/25	Pain in right hypochondrium is slightly better and pain comes on and off. Appetite better.	Lycopodium 200c,1 dose.
20/11/25	Pain in right hypochondrium reduced. Appetite better. Sleep improved. Heaviness with distension of abdomen is slightly better.	Sac lac200c,1 dose. Case is still under treatment for further evaluation

IV. DISCUSSION

This case concerns a 50-year-old woman experiencing chronic right hypochondriac pain radiating to the right scapula, along with dyspeptic symptoms such as abdominal distension, belching, and eructations. Clinical findings—including a positive Murphy's sign and ultrasonography showing gallstones with Grade I fatty liver—supported a diagnosis of cholelithiasis. Although surgical intervention was advised, the patient chose a homeopathic approach due to reluctance toward cholecystectomy.

The case was examined holistically, giving attention to mental and physical generals, characteristic particulars, and diagnostic cues. Emotionally, the patient displayed feelings of being forsaken, persistent anxiety about health, and deep sadness rooted in early marriage, widowhood, and perceived neglect by her sons. These emotional factors significantly shaped the individualizing totality.

Physical generals such as heat intolerance, diminished appetite, disturbed sleep, and occasional burning micturition, combined with marked local symptoms—right-sided abdominal pain radiating to the back, aggravation from lying on the back, flatulent distension, and sensitivity to spicy food—pointed toward a typical hepatobiliary pattern.
Repertorisation using the Complete Repertory in HOMPATH ZOMEO highlighted **Lycopodium** as the leading remedy. Its materia medica profile closely fits right-sided complaints, digestive troubles with excessive flatulence, and gallbladder-related disorders. The patient's emotional characteristics—anticipatory anxiety, desire for affection, low confidence, and suppressed emotions—also aligned strongly with Lycopodium's psychological picture. Additionally, Lycopodium is particularly suitable in individuals with metabolic issues such as diabetes, which was also present.

Considering the close correspondence between the patient's totality, repertorial indications, and the remedy's clinical sphere, Lycopodium 200C was chosen to address both the physical pathology and the underlying emotional state, offering a personalized and integrative therapeutic plan.

V. CONCLUSION

Gallstones represent a multifactorial disorder arising from metabolic, infective, and stasis-related factors that disturb biliary equilibrium. While surgical removal remains the conventional treatment, homeopathy offers a scientific, individualized, and non-invasive approach aimed at restoring bile composition, enhancing gallbladder motility, and preventing recurrence. By addressing the root cause rather than the outcome, homeopathic remedies support physiological balance and contribute to long-term hepatobiliary health.

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VII. CONFLICT OF INTEREST

The authors declare no conflict of interest in the execution or reporting of this case study

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