Scope Of Murphy's Repertory in The Homoeopathic Management of Cholelithiasis: A Comparative Clinical Study

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Abstract—**Background: Cholelithiasis, or gallstone disease, is a common hepatobiliary disorder characterized by the formation of calculi within the gallbladder. Symptomatic patients may experience recurrent abdominal pain, nausea, vomiting and dyspeptic complaints. Murphy's Repertory provides a systematic approach to the identification of clinical and characteristic symptoms for individualized homoeopathic remedy selection. Objective: To evaluate the clinical utility of Murphy's Repertory in guiding individualized homoeopathic prescriptions for patients with cholelithiasis and to assess changes in pain intensity compared with a placebo group. Materials and Methods: An experimental comparative study involving 30 patients diagnosed with cholelithiasis was conducted. Participants were divided into two groups: Group A (n=15), receiving individualized homoeopathic medicines selected with the help of Murphy's Repertory, and Group B (n=15), receiving placebo. Patients were selected based on clinical assessment and ultrasonographic confirmation of gallstones. Pain intensity was assessed before and after intervention using the Visual Analogue Scale (VAS). Paired comparisons were reported for both groups. Results: The homoeopathy group demonstrated a reduction in mean VAS score from 7.87 at baseline to 2.07 after treatment, representing a mean reduction of 5.80 points. The placebo group showed a reduction from 7.33 to 5.60, representing a mean reduction of 1.73 points. The dissertation reported paired t-test results of t=31.84 for Group A and t=6.38 for Group B, with p<0.0001 in both groups. Lycopodium was the most frequently prescribed remedy, followed by Chelidonium, Nux vomica, Calcarea carbonica and Phosphorus. Conclusion: The study observed a greater reduction in pain scores in the homoeopathy group than in the placebo group. Murphy's Repertory served as a clinical aid for individualized remedy selection. However, the small sample size, inconsistencies in outcome classification and absence of a reported between-group statistical comparison limit the conclusions. Further adequately powered and rigorously designed studies are required.**

Index Terms—**Cholelithiasis, Murphy's Repertory, Homoeopathy, Repertorization, Individualized Homoeopathic Treatment, Visual Analogue Scale.**

I. INTRODUCTION

Cholelithiasis, commonly known as gallstone disease, is characterized by the formation of solid concretions within the gallbladder due to alterations in the composition of bile. Gallstones are broadly classified into cholesterol stones, pigment stones and mixed stones. The condition may remain asymptomatic for prolonged periods; however, symptomatic patients may present with right hypochondriac pain, epigastric discomfort, nausea, vomiting, abdominal distension and dyspepsia.

Several factors contribute to gallstone formation, including female gender, increasing age, obesity, sedentary lifestyle, dietary habits, hormonal influences, metabolic disorders and genetic predisposition. Gallstone disease is clinically important because it may lead to complications such as acute cholecystitis, choledocholithiasis, obstructive jaundice, cholangitis and gallstone pancreatitis.

The conventional management of symptomatic gallstones primarily involves laparoscopic cholecystectomy, depending on clinical indications. Patients with complications require timely medical or surgical intervention.

Homoeopathy follows an individualized approach to case analysis and remedy selection. The prescription is based on the totality of symptoms, including characteristic physical symptoms, modalities, concomitant symptoms and constitutional features.

Repertories play an important role in systematic symptom analysis and remedy differentiation. Murphy's Repertory is a comprehensive repertorial reference incorporating clinical as well as classical rubrics. Its clinical rubrics relating to the liver, gallbladder, biliary colic and gallstone formation may assist practitioners in identifying possible remedies during repertorization.

Some important rubrics in Murphy's Repertory related to cholelithiasis include:

- Liver – Gallstone – Colic pain from.
- Liver – Gallstones – Formation of.
- Gallbladder – Stones.
- Gallbladder – Colic – Biliary.
- Abdomen – Pain – Gallbladder.

The present study was undertaken to explore the clinical utility of Murphy's Repertory in the individualized homoeopathic management of patients with cholelithiasis and to observe changes in pain intensity following treatment.

II. AIM AND OBJECTIVES

Aim

To evaluate the scope of Murphy's Repertory in the homoeopathic management of cholelithiasis.

Objectives

1. To assess the clinical utility of Murphy's Repertory in the selection of individualized homoeopathic medicines for patients with cholelithiasis.
2. To study the changes in pain intensity using the Visual Analogue Scale before and after treatment.
3. To identify the commonly indicated homoeopathic remedies in the study population.

III. MATERIALS AND METHODS

Study Design

An experimental comparative study involving a homoeopathy group and a placebo group.

Study Population

Thirty patients diagnosed with cholelithiasis were included in the study.

Study Groups

- Group A – Homoeopathy group: 15 patients received individualized homoeopathic medicines selected through detailed case-taking and repertorization using Murphy's Repertory.
- Group B – Placebo group: 15 patients received placebo.

Sampling Technique

The dissertation reports simple random sampling for allocation into the two groups.

Inclusion Criteria

1. Patients diagnosed with gallbladder stones.
2. Positive ultrasonographic findings confirming gallstones.
3. Gallstone size up to 10 mm.

Exclusion Criteria

1. Immunocompromised patients.
2. Patients with other comorbidities.
3. Patients requiring emergency medical or surgical intervention.
4. Complicated cases, including obstructive jaundice, perforation, fistula, empyema, gangrene, gallbladder carcinoma, cholangitis and pancreatitis.

Study Instruments

The following instruments were used:

- Detailed case-taking and clinical examination.
- Ultrasonography (USG) of the abdomen.
- Murphy's Repertory.
- RADAR OPUS repertorization software.
- Visual Analogue Scale (VAS).
- Clinical follow-up and observation records.

Intervention

In Group A, detailed individualized case-taking was performed, followed by symptom analysis, evaluation of characteristic symptoms and repertorization using Murphy's Repertory. The final remedy was selected after considering the repertorial findings and materia medica confirmation.

Group B received placebo according to the study protocol.

Outcome Assessment

Pain intensity was evaluated using the Visual Analogue Scale before and after treatment.

The dissertation classified treatment outcomes as:

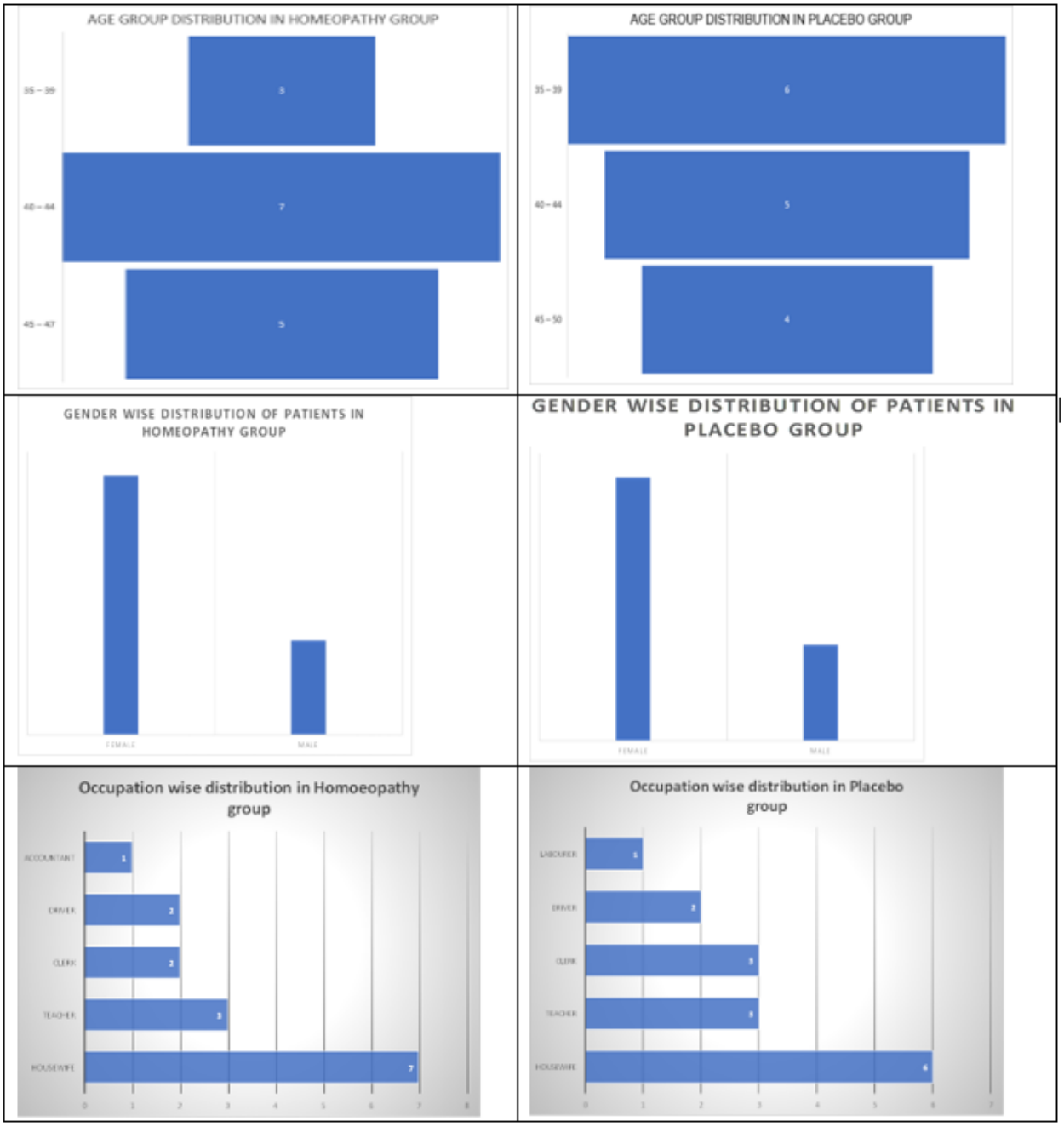
- Improved: Absence of clinical signs or symptoms.
- Partially improved: Partial improvement in clinical signs or symptoms.
- Not improved: No change in clinical signs or symptoms.

Statistical Analysis

Descriptive statistics were used to summarize the observations. Paired t-tests were reported to assess changes in VAS scores within each group.

A p-value of less than 0.05 was considered statistically significant in the dissertation.

IV. OBSERVATION AND RESULTS



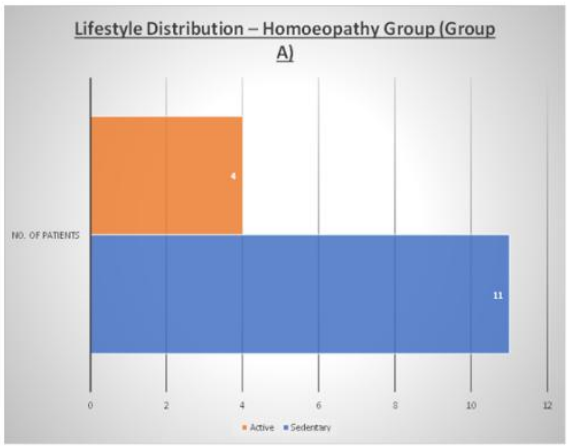
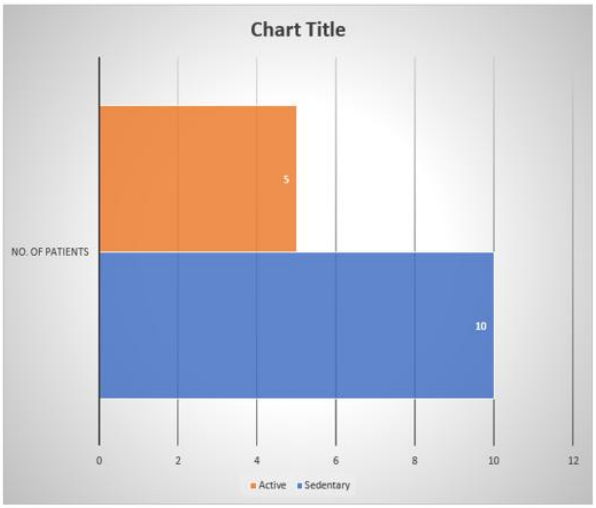
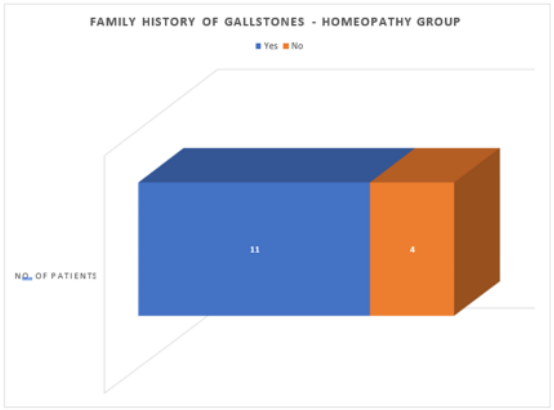


Figure 5– Lifestyle Distribution – Placebo Group (Group B)





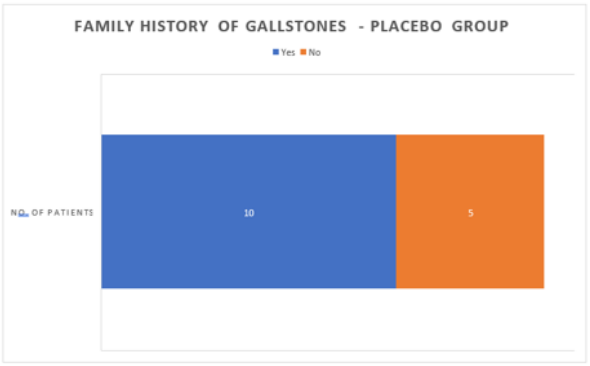


FIGURE NO 7 - Remedy Prescribed – Homoeopathy Group (Group A)

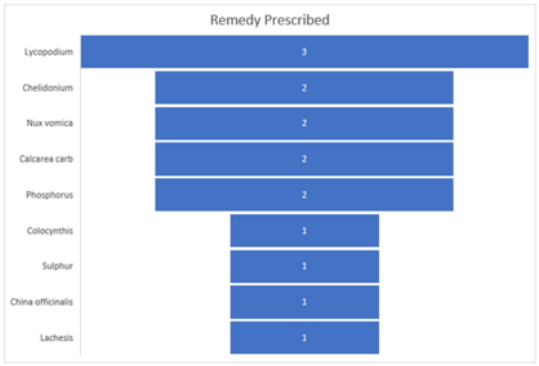
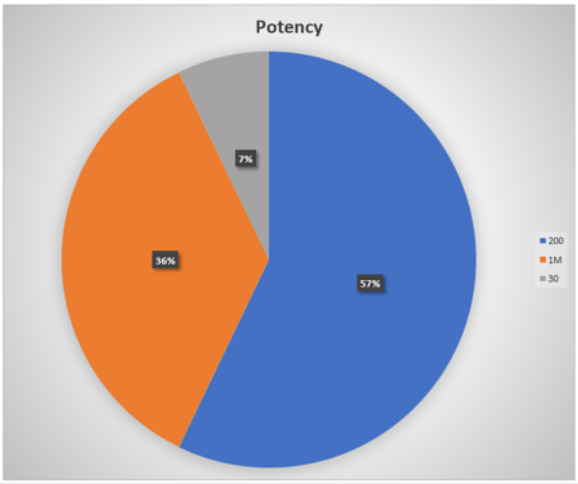
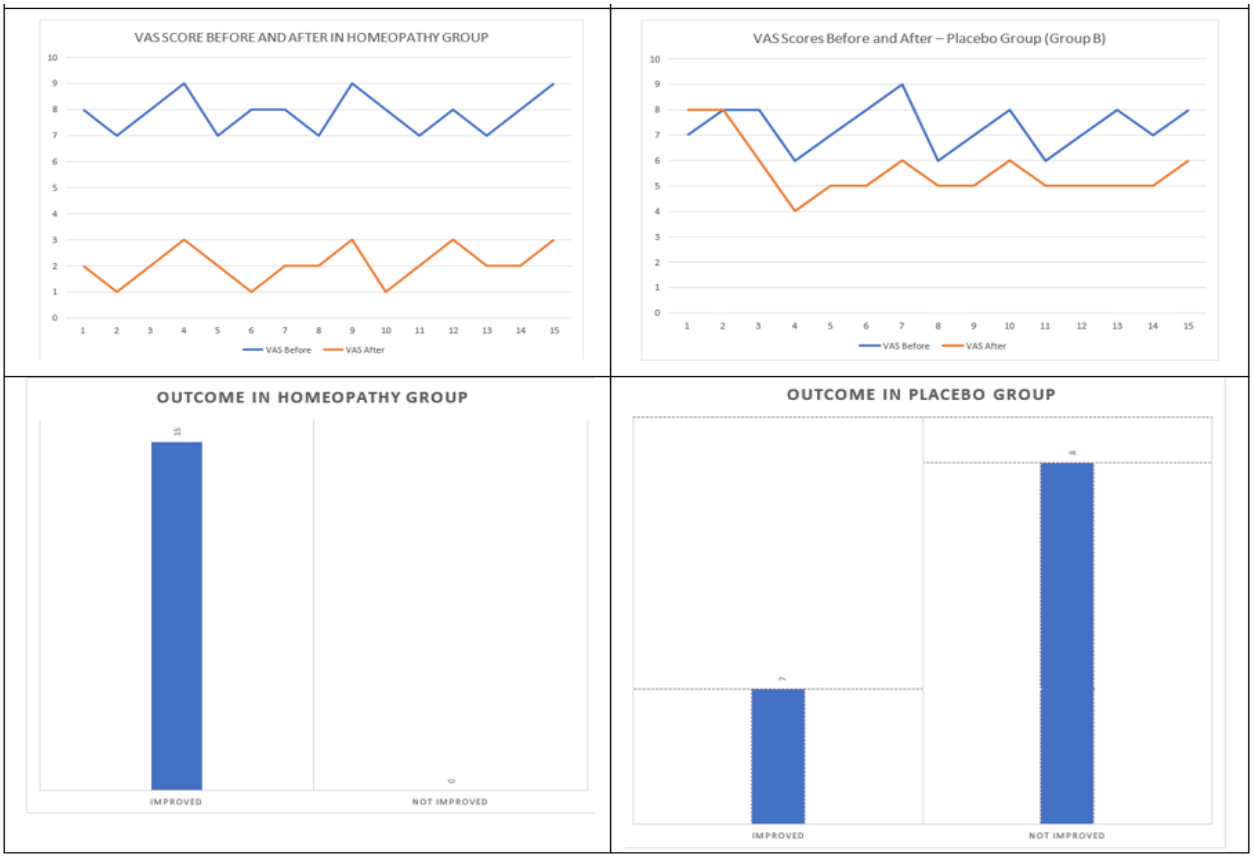


Fig - Potency Distribution – Homoeopathy Group (Group A)





Lifestyle:
A sedentary lifestyle was observed in 73.3% of Group A and 66.7% of Group B.

Family history:
A positive family history of gallstones was reported in 73.3% of Group A and 66.7% of Group B.

Distribution of Homoeopathic Remedies
Individualized remedies were prescribed according to the symptom totality and repertorial findings.

Homoeopathic remedy	Patients	Percentage
Lycopodium	3	20.0%
Chelidonium	2	13.3%
Nux vomica	2	13.3%
Calcarea carbonica	2	13.3%
Phosphorus	2	13.3%
Colocynthis	1	6.7%
Sulphur	1	6.7%
China officinalis	1	6.7%
Lachesis	1	6.7%
Total	15	100%

Lycopodium was the most frequently prescribed remedy in Group A.

Potency Distribution
The dissertation reported the following potency distribution:

Potency	Patients	Percentage
30C	1	6.7%
200C	8	53.3%
1M	6	40.0%
Total	15	100%

Assessment of Pain Using VAS
The changes in pain intensity were assessed before and after treatment.

Table 1. Comparison of VAS scores in the homoeopathy group

Parameter	Mean VAS score
Before treatment	7.87
After treatment	2.07
Mean reduction	5.80

Table 2. Comparison of VAS scores in the placebo group

Parameter	Mean VAS score
Before treatment	7.33
After treatment	5.60
Mean reduction	1.73

The homoeopathy group demonstrated a greater reduction in mean pain scores than the placebo group.

Statistical Analysis

Parameter	Homoeopathy group	Placebo group
Sample size	15	15
Mean VAS reduction	5.80	1.73
Standard deviation of differences	0.68	1.03
Standard error	0.18	0.27
t-value	31.84	6.38
Degrees of freedom	14	14
Reported p-value	<0.0001	<0.0001

Both groups demonstrated statistically significant within-group changes according to the reported paired t-tests. The magnitude of the mean reduction was greater in Group A.

These within-group tests do not, by themselves, establish a statistically significant difference between the two treatment groups.

Treatment Outcome

Outcome	Homoeopathy group (n=15)	Placebo group (n=15)
Improved	15 (100%)	7 (46.7%)
Not improved	0 (0%)	8 (53.3%)

The placebo percentages above are calculated from the reported patient counts. The dissertation contains an inconsistent percentage entry for this table, which requires verification against the original case records.

V. DISCUSSION

The present study explored the clinical utility of Murphy's Repertory in the individualized homoeopathic management of cholelithiasis. Thirty patients were included and divided into two groups to observe changes in pain intensity following the respective interventions.

Demographic Profile

The study population showed a predominance of females in both groups. This observation is consistent with the recognized higher prevalence of gallstone disease among women.

The majority of patients belonged to the middle-aged population, particularly the 40–44-year age group in Group A.

A considerable proportion of patients had a sedentary lifestyle and a positive family history of gallstones. These findings highlight the importance of assessing lifestyle and hereditary factors during clinical evaluation.

Role of Murphy's Repertory

Murphy's Repertory was used as the primary repertorial reference for analyzing the characteristic symptoms of the patients.

The rubrics relating to gallstones, biliary colic, gallbladder pain and liver complaints provided a systematic framework for symptom evaluation and remedy differentiation.

The repertorial findings were subsequently correlated with materia medica to individualize prescriptions.

This approach demonstrates the practical application of a clinical repertory in organizing symptoms and supporting the selection of individualized remedies.

Selection of Homoeopathic Remedies

Lycopodium was the most frequently prescribed medicine, accounting for 20% of the prescriptions.

Other prescribed remedies included Chelidonium, Nux vomica, Calcarea carbonica and Phosphorus.

The selection of different remedies reflects the individualized approach adopted in the study rather than the use of a single medicine for all patients with the same diagnosis.

Changes in Pain Intensity

The homoeopathy group showed a reduction in mean VAS scores from 7.87 to 2.07, with a mean reduction of 5.80 points.

In comparison, the placebo group showed a reduction from 7.33 to 5.60, with a mean reduction of 1.73 points.

The observed difference in the magnitude of pain reduction is noteworthy. Nevertheless, a direct between-group statistical comparison is necessary

before concluding that the difference is statistically significant.

Furthermore, improvement in pain scores should not be interpreted as evidence of gallstone dissolution or prevention of complications, as these outcomes require separate objective assessment.

Clinical Significance

The findings suggest that Murphy's Repertory can be used as a structured reference during the repertorization process in patients presenting with hepatobiliary symptoms.

The study also highlights the importance of detailed case-taking, characteristic symptom evaluation and materia medica confirmation in individualized homoeopathic prescribing.

However, the observations should be considered preliminary and hypothesis-generating rather than definitive evidence of therapeutic efficacy.

Strengths of the Study

1. Inclusion of a comparative placebo group.
2. Use of ultrasonographic confirmation for diagnosis.
3. Individualized remedy selection using Murphy's Repertory.
4. Assessment of pain using a standardized VAS instrument.
5. Documentation of demographic, lifestyle and family-history characteristics.

VI. LIMITATIONS OF THE STUDY

1. The sample size was limited to 30 patients.
2. The study population was relatively small for establishing treatment effectiveness.
3. Details of allocation concealment and blinding were not available in the dissertation's reported methodology.
4. The duration of follow-up and long-term recurrence outcomes require clearer documentation.
5. Objective changes in gallstone size or number were not presented as comparative outcome measures.
6. The dissertation contains inconsistencies in the reported placebo outcome percentages and statistical interpretation.
7. A direct between-group statistical comparison was not reported.
8. Adverse-event monitoring and reporting require more detailed documentation.

VII. CONCLUSION

The present study evaluated the clinical utility of Murphy's Repertory in the individualized homoeopathic management of cholelithiasis.

The homoeopathy group demonstrated a greater reduction in mean VAS pain scores compared with the placebo group. Lycopodium was the most frequently prescribed remedy, followed by Chelidonium, Nux vomica, Calcarea carbonica and Phosphorus.

The study highlights the usefulness of Murphy's Repertory as a clinical reference for systematic symptom analysis and individualized remedy selection.

However, the findings are preliminary and do not establish that homoeopathic treatment dissolves gallstones, prevents complications or replaces established medical and surgical management.

Larger, well-designed controlled studies with standardized ultrasonographic assessment, appropriate statistical comparisons and longer follow-up are required to further investigate these observations.

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