

HOMOEOPATHIC PERSPECTIVES ON CHOLECYSTITIS: A HOLISTIC APPROACH TO GALLBLADDER INFLAMMATION

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Abstract: Cholecystitis is a condition that causes the gallbladder to become inflamed, swollen, and red. It occurs when bile builds up in the gallbladder, often due to gallstones blocking the tube that drains bile. About 15% of the world's population has gallstones, and about 20% of these will have complications from gallstones, which include cholecystitis. In this review article, the primary focus is to highlight the homoeopathic approach to cholecystitis, emphasizing individualized treatment strategies and the holistic management of gallbladder inflammation through homoeopathic remedies.

Keywords: Cholecystitis management, Homoeopathy and cholecystitis, holistic approach to cholecystitis, Gall stones and homoeopathy, homoeopathic key remedies for cholecystitis

Review:

➤ OVERVIEW OF CHOLECYSTITIS:

❖ **Definition:** Cholecystitis is defined as the acute or chronic inflammation of the gallbladder, most commonly resulting from obstruction of the cystic duct by gallstones (calculous cholecystitis). It can also occur without gallstones (acalculous cholecystitis), particularly in critically ill patients.

❖ **Aetiology:** Cholecystitis, or inflammation of the gallbladder can be caused by several factors including:

- 1. Gallstones (Calculous Cholecystitis):** The most common cause, where hardened deposits of bile block the cystic duct, leading to bile accumulation and inflammation.
- 2. Bile Duct Obstruction:** Besides gallstones, tumors or strictures can obstruct the bile ducts, preventing proper bile flow and causing inflammation.
- 3. Infections:** Bacterial infections (such as *Escherichia coli*, *Enterococcus*, or *Klebsiella*) can develop in the bile, leading to inflammation.
- 4. Acalculous Cholecystitis:** Inflammation without gallstones, typically seen in critically ill patients. It can be triggered by conditions like severe trauma, burns, or major surgery.
- 5. Tumors:** Gallbladder or bile duct tumors can block the flow of bile, leading to gallbladder inflammation.
- 6. Vascular Complications:** Decreased blood supply to the gallbladder, which can occur due to diabetes or other vascular diseases, can lead to cholecystitis.
- 7. Bile Sludge:** Thickened bile, also known as bile sludge, can obstruct the bile ducts and result in cholecystitis.
- 8. Biliary dyskinesia:** This is a functional gallbladder disease that affects gallbladder's motility, or muscle activity i.e. the gallbladder doesn't contract enough to move bile out.

❖ **Types of Cholecystitis:**

Acute Cholecystitis: Acute cholecystitis is inflammation of the gallbladder that occurs due to occlusion of the cystic duct or impaired emptying of the gallbladder. Often this impaired emptying is due to stones or biliary sludge.

- **Symptoms:** Sudden and intense pain in the upper right abdomen, pain that radiates to the shoulder or back, nausea, vomiting, fever, and tenderness over the gallbladder (Murphy's sign).
- This condition can lead to complications if untreated, such as gallbladder rupture, infection, or abscess formation.

Differential diagnosis:

Biliary Colic, Acute Pancreatitis, Peptic Ulcer Disease, Acute Hepatitis, Right-Sided Pneumonia or Pleurisy, Myocardial Infarction (MI), Appendicitis., Perforated Duodenal Ulcer, Pyelonephritis, Acute Cholangitis, Subphrenic Abscess

Chronic Cholecystitis: Chronic cholecystitis is a chronic condition caused by ongoing inflammation of the gallbladder resulting in mechanical or physiological dysfunction its emptying. The two forms of chronic cholecystitis are calculous (occurring in the setting of cholelithiasis), and acalculous (without gallstones). However, most cases of chronic cholecystitis are commonly associated with cholelithiasis.

- **Symptoms:** Recurrent mild pain, indigestion, bloating, and discomfort after eating fatty meals.
- Chronic cases can eventually lead to a shrunken or hardened gallbladder.

Differential Diagnosis:

Acute cholecystitis, Gall bladder cancer, Peptic ulcer disease, GERD, Myocardial infarction, Mesenteric ischemia, Mesenteric vasculitis.

❖ **Pathophysiology:****1. Acalculous Cholecystitis:**

Bile stasis and increased lithogenicity



Increased bile viscosity due to fever and dehydration



Prolonged absence of oral feeding

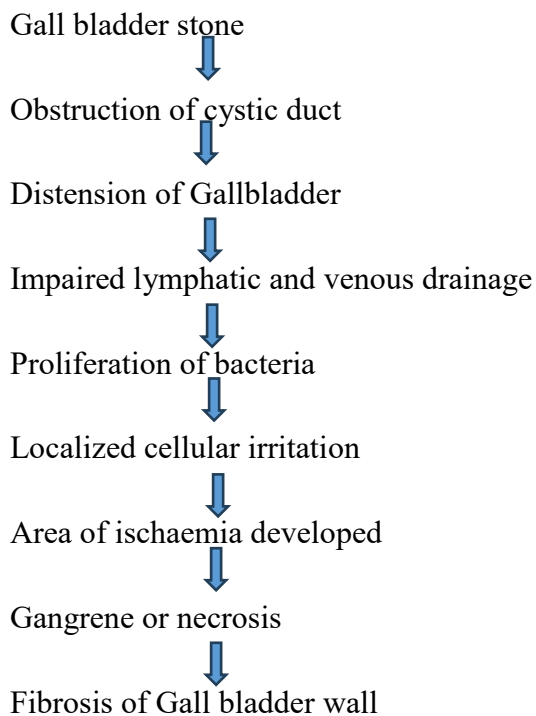


Decreased or absence of cholecystokinin induced gall bladder contraction



Gallbladder wall ischemia

2. Calculous Cholecystitis:



❖ Complications Of Cholecystitis:

The overview of cholecystic complications:

1. **Gangrenous cholecystitis.** Transmural inflammation and ischemic necrosis of the gallbladder wall.
2. **Emphysematous cholecystitis.** This is characterized by intraluminal or intramural proliferation of gas-forming organisms (e.g., *Klebsiella*, *Clostridium*, or *Escherichia coli*)
3. **Gallbladder empyema** (suppurative cholecystitis). This complication develops when purulent material accumulates within a distended gallbladder in the course of AC
4. **Gallbladder perforation.**
5. **Biliary peritonitis.** Rarely, free perforation into the peritoneum can occur. The consequent bile leakage in the peritoneal cavity leads to biliary peritonitis, a condition associated with high mortality
6. **Pericholecystic and hepatic abscess.** Gallbladder perforation can evolve into a pericholecystic or even hepatic abscess, which is due to the spread of bacterial infection
7. **Cholecystoenteric fistula.** This is an uncommon complication of gallstone disease characterized by a fistula between the gallbladder and the gastrointestinal tract, mainly with the duodenum, rarely with the colon, and exceptionally with different gastrointestinal segments
8. **Mirizzi syndrome:** A stone impacted in the cystic duct or in the gallbladder neck can determine a common hepatic duct obstruction by means of extrinsic compression, with consequent cholestasis.
9. **Gallstone ileus and Bouveret syndrome.** Very rarely, gallstones may pass through a cholecystoenteric fistula and, if more than 2.5 cm in size, they can impact the terminal ileum

at the level of the ileocecal valve, leading to mechanical bowel obstruction (gallstone ileus). Exceptionally, the gallstone impacts in the duodenum, causing a gastric outlet obstruction (Bouveret syndrome)

10. **Haemorrhagic cholecystitis.** The presence of blood inside the gallbladder lumen is mainly due to the rupture of a hepatic artery pseudoaneurysm. Traditionally, the clinical presentation consists of Quincke's triad (biliary colic, jaundice, and overt upper gastrointestinal bleeding)

❖ **Diagnosis:**

1. Clinical presentation and physical examination:

Acute cholecystitis should be suspected in patients presenting with right upper quadrant pain, sometimes accompanied by fever, nausea, and vomiting. On physical examination, the presence of a **positive Murphy sign** (arrest of inspiration during palpation of the right upper quadrant) is very suggestive of Acute cholecystitis with a specificity of 87% to 97%.

Other symptoms to be taken into consideration are **tenderness, pain, or a palpable mass in the right upper quadrant.**

Jaundice is not typical for Acute cholecystitis but can be found in patients with chronic condition and may suggest severe pain with common bile duct stones, with or without concurrent acute cholangitis.

2. Laboratory findings:

- **Complete Blood Count (CBC):** Elevated white blood cells (**Leucocytosis**) count indicates infection or inflammation.
- **Liver Function Tests (LFTs):** These include:
 - **Bilirubin:** Elevated levels suggest bile duct obstruction.
 - **Alkaline Phosphatase (ALP):** Increased in cases of bile duct obstruction or liver involvement.
 - **Aspartate Transaminase (AST) and Alanine Transaminase (ALT):** May be elevated if liver damage is present due to prolonged blockage.
- **C-Reactive Protein (CRP):** A marker for inflammation that can be elevated in cholecystitis.

3. Imaging Tests:

- **Ultrasound:** The most common diagnostic test for cholecystitis, showing gallstones, gallbladder wall thickening, or fluid around the gallbladder.
- **Hepatobiliary Iminodiacetic Acid (HIDA) Scan:** Used to evaluate gallbladder function and detect blockages.
- **CT scan or MRI:** May be used to rule out complications like abscesses or perforation.

4. Serum Amylase and Lipase:

These are tested if **pancreatitis** is suspected, as it can sometimes occur concurrently with gallbladder inflammation.

5. Blood Cultures:

Performed if there are signs of systemic infection (sepsis), especially in severe or complicated cases of cholecystitis.

➤ HOMOEOPATHIC APPROACH:

Homeopathy offers a holistic approach to treating cholecystitis, **emphasizing the individualization** of treatment based on a comprehensive understanding of the patient's physical, emotional, and lifestyle factors. By utilizing highly diluted remedies that stimulate the body's innate healing responses, **homeopathy aims to alleviate the symptoms of gallbladder inflammation while addressing underlying imbalances that contribute to the condition.** This approach is particularly valuable for patients seeking alternatives to conventional treatment methods, allowing for a focus on long-term health and well-being.

In homeopathy, understanding miasms is crucial for effectively treating conditions like cholecystitis. Miasms represent inherited predispositions to diseases and can significantly influence an individual's susceptibility to various health issues. The following miasms are particularly relevant to cholecystitis:

1. Psora

- **Characteristics:** This miasm is associated with a deficiency of vital force, leading to a variety of chronic conditions, including functional disturbances.
- **Relation to Cholecystitis:** Individuals with a psoric miasm may experience cholecystitis symptoms due to lifestyle factors, emotional stress, or dietary indiscretions. Symptoms may include sensitivity to certain foods and a tendency for inflammatory responses

2. Sycosis

- **Characteristics:** This miasm is linked to chronic conditions characterized by excessive growth and fluid retention.
- **Relation to Cholecystitis:** It may manifest in gallbladder issues associated with gallstone formation and stagnation of bile. Symptoms could include recurrent biliary colic and inflammation, reflecting a more chronic presentation

3. Syphilis

- **Characteristics:** Represents destructive processes, often leading to severe degeneration and tissue breakdown.
- **Relation to Cholecystitis:** In advanced or untreated cases, this miasm may relate to severe complications of cholecystitis, such as gangrenous inflammation or perforation of the gallbladder

- **Key Homoeopathic Remedies for managing cholecystitis:**

Chelidonium majus:

It is the **head remedy** for cholecystitis with gall stones.

Constant pain in right scapula. Nausea in the morning with biliary vomiting. Pain in the epigastrium temporary relieved by eating. Distension of Abdomen. Constipation with hard clay coloured stool and alternate diarrhoea. Pruritus ani.

Better after meals by pressure and heat

Worse in the morning, open air and by lying on right side.

If taken for a long time, it expels stone from the gall bladder and prevent their formation.

Carduus marianus:

Elective action on the liver and biliary ducts. Pain on the left below the ribs. Enlargement of the liver and spleen. Constipation with hard knotty evacuation, expelled with great difficulty or diarrhoea with alcoholic bright evacuation. Bilious fever.

Iris versicolor:

Epigastric burning. Heart burn. Colic in region of gall stone. White dry coated tongue with red streak in the centre.

Myrica Cerifera:

Jaundice with progressive loss of weight, asthma and marked weakness. Bitter taste and terrible nausea. Itching of the skin due to retention of biliary salts. Longing for acid food. Nausea increases after eating and is relieved by walking.

Cholesterin:

For chronic cholecystitis with congestive hepatitis of a pre-cancerous or cancerous form. Burning pain in hepatic region spreading to the right scapula. Great weakness and loss of strength with anaemia. It removes congestion and cures fever due to upsetting of gall bladder.

Manganum aceticum:

It dissolves stone in healthy bile. Gall stone colic. Jaundice. It cures congestion and tumefaction of the liver.

Natrum sulphuricum:

Gall stone colic coming on after indigestion. Pain in the region of gall bladder. Pain on the right side which extends up to breast. Dribbling of urine after urination.

Hydrastis Canadensis:

Cutting type of pain extending from liver region to right scapula. Yellow skin. Liver area so tender. Yellowish skin. Gall bladder catarrhal inflammation. Complaints more while lying on right side and back.

Aresnicum album:

Restlessness. Pain, all burning in nature. Great exhaustion. Restlessness. All complaints increase after cold drinks, physical exertion between 12-2 am. Fear of death with anxiety. Offensive putrid discharges. Burning pain relived by heat. Sight of smell of food causes gastric complaints.

Lycopodium clavatum:

Gallstones, pain in right kidney. Fear and anxiety. Ravenous hunger with nausea and vomiting. Hepatic abnormalities. Red sand like urine. Gastric distension with pain in right hypochondrium and lumbar regions. Complaints more while lying on right side and 4-8pm, better in open air and while taking warm foods

Nux vomica:

Irritation and hypersensitivity of all organs. Severe constricting pains with sensation as if pressure of stone; Flatulency. Constipation alternates with diarrhoea. Nauseating feeling which is relieved by vomiting. Ailments due to spicy food, chronic intake of drug alcohol consumption. Ineffectual urging to stool. Complaints more during stress, early morning, relieved by vomiting, rest and strong pressure.

Colocynth:

Twitching and shortening of muscles. Intense neuralgia. Irritability and anger. Cutting, grinding, twisting pain in abdomen. Flatulence. Jelly like dysentery. Calf cramps. Complaints more while eating and drinking, anger and better by hard pressure, bending double.

Dioscorea:

Umbilical pain radiates to other parts. Paroxysmal, intense pain. Spasmodic and neuralgic pain in liver. Complaints more while doubling, better by hard pressure.

Belladonna:

Constant retching. Burning and constrictive pains. Active congestion. Flushed red skin more in face. Sensitive liver. Appendicitis with spasmodic pain in stomach. Over sensitiveness. Complaints more on movement, touch, draft of air. Better by sitting erect or standing.

Podophyllum:

Pain in epigastrium with distension and sense of vacuum therein. Longing for acids food with great thirst for large amount of water. Diarrhoea painful, green, watery, too profuse, foetid, expelled like water jet, alternately constipated as under Chelidonium.

Pain > by warmth externally and forward bending.

Chionanthus virginica:

Cold sweat with pain in forehead. Eructation bitter. Aversion to cover even though heat. Desire to pass stool with retching and nausea. Liver hypertrophy. Obstructive jaundice.

Leptandra:

Jaundice. Tongue is yellow coated. Burning and dull aching pain in liver and gall bladder. Enlargement of liver, painful on palpitation.

Berberis vulgaris:

Bright red thick mucus in urine. Gall bladder colic. Severe constipation. Shifting type of pain in abdomen aggravated by pressure. Jelly like stools. Pain in renal angle. Pan more on standing and movement.

Cinchona officinalis:

Tenderness in region of liver. Periodical pain more at 12 am. Conjunctiva and skin are yellow. Dark greenish hard stool with constipation. Pain in right hypochondrium. Gall bladder calculi.

Magnesium phosphoricum:

Distension of abdomen. Severe colicky and crampy pain in abdomen. Pain worse by cold and better by pressure, bending double and warmth.

Mercurius soulubilis:

Furred moist tongue. Gallstones causes soreness in hepatic region. Jaundice. Stitching pain in liver area. Blood rushes suddenly into the head. Oppression of chest as if cannot able to take breath. Bad smell from sweat and in mouth. complaints more due to warmth of bed and during night.

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