International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(4): 820-823
Received: 15-09-2025
Accepted: 20-10-2025

Dr. Avnish Kumar
Associate Professor
Department of Homoeopathic Pharmacy, Solan Homoeopathic Medical College and Hospital Solan, Himachal Pradesh, India

Dr. Vinod Kumar Negi
Associate Professor
Department of Organon of Medicine, Solan Homoeopathic Medical College and Hospital Solan, Himachal Pradesh, India

Dr. Virendra Singh Khichee
Associate Professor
Department of Surgery
Solan Homoeopathic Medical College and Hospital Solan, Himachal Pradesh, India

Dr. Sumi Sharma
Associate Professor
Department of Community Medicine, Solan Homoeopathic Medical College and Hospital Solan, Himachal Pradesh, India

Corresponding Author:
Dr. Avnish Kumar
Associate Professor
Department of Homoeopathic Pharmacy, Solan Homoeopathic Medical College and Hospital Solan, Himachal Pradesh, India

Non- surgical resolution of gallstones: A homoeopathic approach

Avnish Kumar, Vinod Kumar Negi, Virendra Singh Khichee and Sumi Sharma

DOI : https://www.doi.org/10.33545/26164485.2025.v9.i4.M.2003

Abstract
The presence of one or more gallstones anatomically located at two possible sites in the gall bladder are known as cholelithiasis and in the common bile duct known as choledocholithiasis [1]. These stones are crystallized deposits either formed in the gall bladder or biliary tree and are mostly composed of cholesterol, bilirubin, and bile [2]. High biliary protein and lipid concentrations are risk factors for the formation of gallstones, while gallbladder sludge is thought to be the usual precursor of gallstones. A common disease spreading globally as a result of lifestyle changes associated with excessive junk food consumption and an increase in sedentary behaviour. Gallstone disease is more common in women. Obesity, diabetes mellitus, and hormonal imbalance are a few risk factors for gallstone formation.

Keywords: Gallstone, cholelithiasis, bile, lifestyle, homoeopathy, gall bladder

Introduction
Gallstones are hardened deposits of bile, formed within the gallbladder. They vary in size and shape from as small as a grain of sand to as large as a golf ball [3]. Gallstones occur when there is an imbalance in the chemical constituents of bile that result in precipitation of one or more of the components. Usually mobile within the gallbladder, they can also become fixed, either within the body of the gallbladder or at the opening of the cystic duct and can disrupt the gallbladder contractility and can promote infection. When gallstones impede gallbladder function and block bile flow, biliary colic results. Persons with chronic gallstones may develop progressive fibrosis and loss of gallbladder motility [4].
Typically there are three types of gallstones [5] (i) Pure cholesterol stones, which contain at least 90% cholesterol, (ii) Pigment stones either brown or black, which contain at least 90% bilirubin and (iii) Mixed composition stones, which contain varying proportions of cholesterol, bilirubin and other substances such as calcium carbonate, calcium phosphate and calcium palmitate [3]. Brown pigment stones are mainly composed of calcium bilirubinate whereas black pigment stones contain bilirubin, calcium and/or tribasic phosphate [6]. Pure cholesterol crystals are quite soft, and protein contributes importantly to the strength of cholesterol stones [7]. To simplify, cholesterol gallstones form when the cholesterol concentration in bile exceeds the ability of bile to hold it in solution, so that crystals form and grow as stones.

Case Profile
A 36-year-old female presented to the clinic with the following complaints:

Present Complaints
- **Pain:** Dull, aching pain in the right hypochondrium, occasionally radiating to the back.
- **Acidity:** Complaints of sour belching, heartburn, and heaviness after meals.
- **Perspiration:** Profuse sweating, especially on the head and neck region, even in cool
- weather.
- **Aggravation:** After fatty food and by exertion.
- **Amelioration:** By rest and lying on painful side.
- **Duration of pain:** Approximately 2 months prior to presentation.

Past History
No history of jaundice, hepatitis, or previous gallbladder disease. No history of diabetes mellitus, hypertension, or tuberculosis. No history of major surgery or prolonged medication.

Family history: Mother had gallstones in her 40s.

Mental Generals
Calm, responsible, and affectionate by nature but tends to worry easily about family and
future. Mildly anxious and sensitive to criticism. Prefers company; dislikes being alone.
Fear of illness and misfortune. Dreams of falling or of past events or dead persons.

Physical Generals
Appetite: Ravenous with perspiration; prefers eggs and sweets.
Thirst: Thirsty 7-8 glasses per day.
Stool: often constipated.
Urine: Normal.
Sleep: unsound and feels unrefreshed on waking.
Thermals: Chilly patient; dislikes cold air and prefers warm covering.
Perspiration: Profuse, particularly on the head and neck region.
Build: Moderately obese, fair complexion.

Systemic Examination
Abdomen: Mild tenderness in right hypochondrium, no palpable mass, liver not enlarged.
Other systems: Within normal limits.

Investigations
Ultrasonography (Initial): Multiple small calculi in the gallbladder; no biliary obstruction.

SIGMA DIAGNOSTIC CENTRE
Ultrasound • Colour Doppler • X-Ray • IVP • Laboratory Tests
Unwanted Hair Removal with Diode Laser

NAME: Mrs. DIVYA AGE/SEX: 36Y/F

INVESTIGATION: USG: ABDOMEN DATE: 03.07.2025

LIVER: It is normal in size, shape & echotexture. Intrahepatic billiary radicles are not dilated. The portal vein is normal in course and caliber. The hepatic veins appear normal.

GALL BLADDER: *It is minimally distended (post prandial) and shows multiple small echogenic foci measuring 2-3 mm in size within its lumen casting PAS.* Wall thickness measurs 2.2 mm. No pericholecystic collection seen.
C.B.D. is not dilated (4.0 MM). No definite calculus seen in the visualized part.

PANCREAS: It is normal in size, shape & echotexture. No focal lesion seen. Pancreatic duct is not dilated.

KIDNEYS: Both kidneys are normal in size shape and echotexture. The pelvicalyceal system appears normal. Corticomedullary differentiation is maintained. The cortical thickness is normal. No focal lesion or calculus seen. The peri/ paranephric spaces are normal.

SPLEEN: It is normal in size & echotexture.

U. BLADDER: It is distended. Outlines are smooth. No focal lesion or calculus seen.

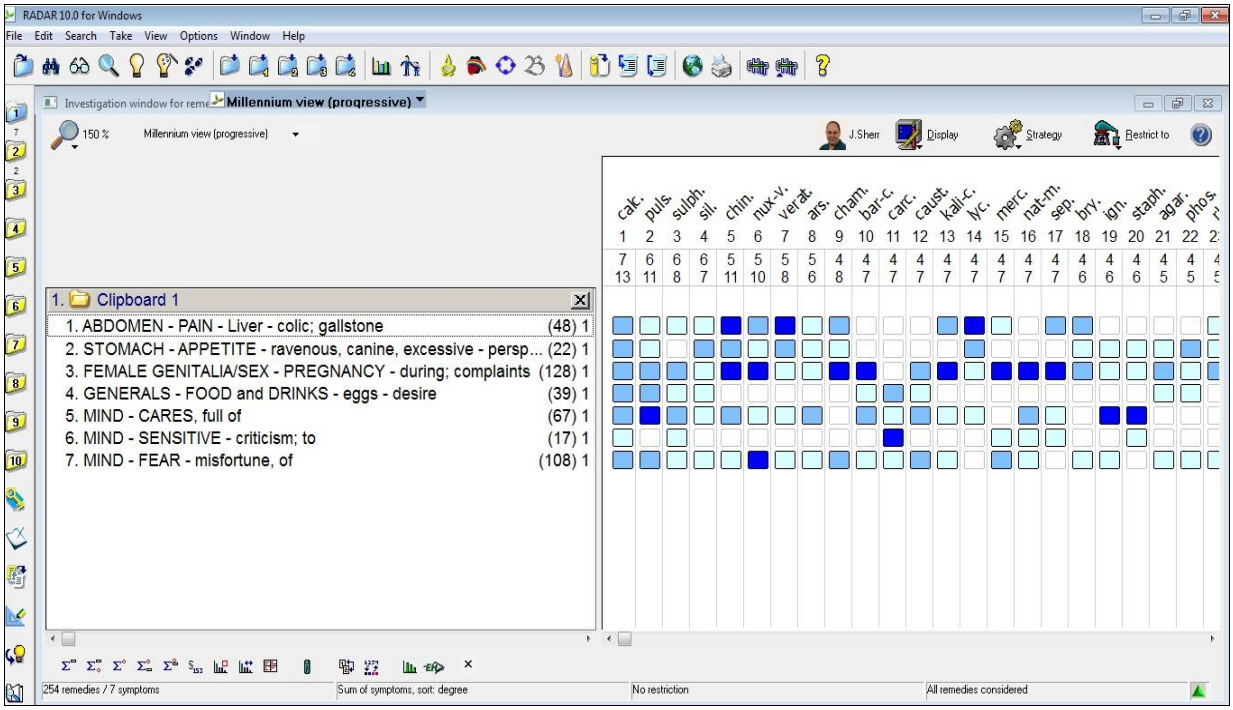
UTERUS: It is bulky in size (post partum) **with fluid in endometrial cavity.** No focal lesion seen. Endometrial thickness is within normal limits.

ADENEXAE: No adenexal mass seen.

No free fluid seen in abdomen or pelvis.
No e/o appendicitis seen.

IMPRESSION: CHOLELITHIASIS

Repertorial Totality on First Visit

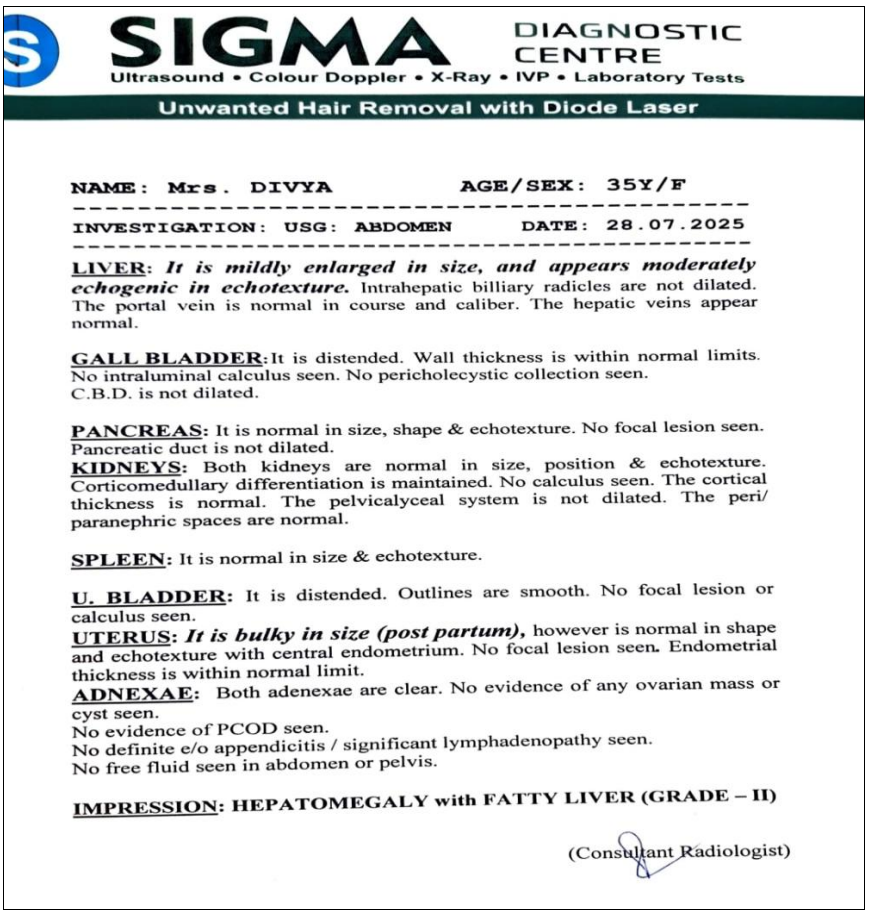


Prescription and Follow-up
Medicine: Calcarea carbonica 30C, one dose daily (OD)
Placebo: 4globules thrice daily (TDS)
Duration: 7 days initially, followed by repetition for 3-4 weeks.
Advice: Maintain light diet, avoid fatty/spicy foods.

Follow-up
After 7 days: Pain and acidity markedly reduced.

After 4 weeks: Symptom-free; follow-up USG confirmed absence of gallstones.

Follow-up of ultrasound
After 1 month of treatment: Gallbladder clear; no evidence of Calculi - remarkable recovery. Ultrasonography after approximately one month revealed a remarkable recovery with resolution of gallstones.



SIGMA DIAGNOSTIC CENTRE
Ultrasound • Colour Doppler • X-Ray • IVP • Laboratory Tests
Unwanted Hair Removal with Diode Laser

NAME: Mrs. DIVYA AGE/SEX: 35Y/F
INVESTIGATION: USG: ABDOMEN DATE: 28.07.2025

LIVER: *It is mildly enlarged in size, and appears moderately echogenic in echotexture.* Intrahepatic billiary radicles are not dilated. The portal vein is normal in course and caliber. The hepatic veins appear normal.

GALL BLADDER: It is distended. Wall thickness is within normal limits. No intraluminal calculus seen. No pericholecystic collection seen. C.B.D. is not dilated.

PANCREAS: It is normal in size, shape & echotexture. No focal lesion seen. Pancreatic duct is not dilated.
KIDNEYS: Both kidneys are normal in size, position & echotexture. Corticomedullary differentiation is maintained. No calculus seen. The cortical thickness is normal. The pelvicalyceal system is not dilated. The peri/ paranephric spaces are normal.

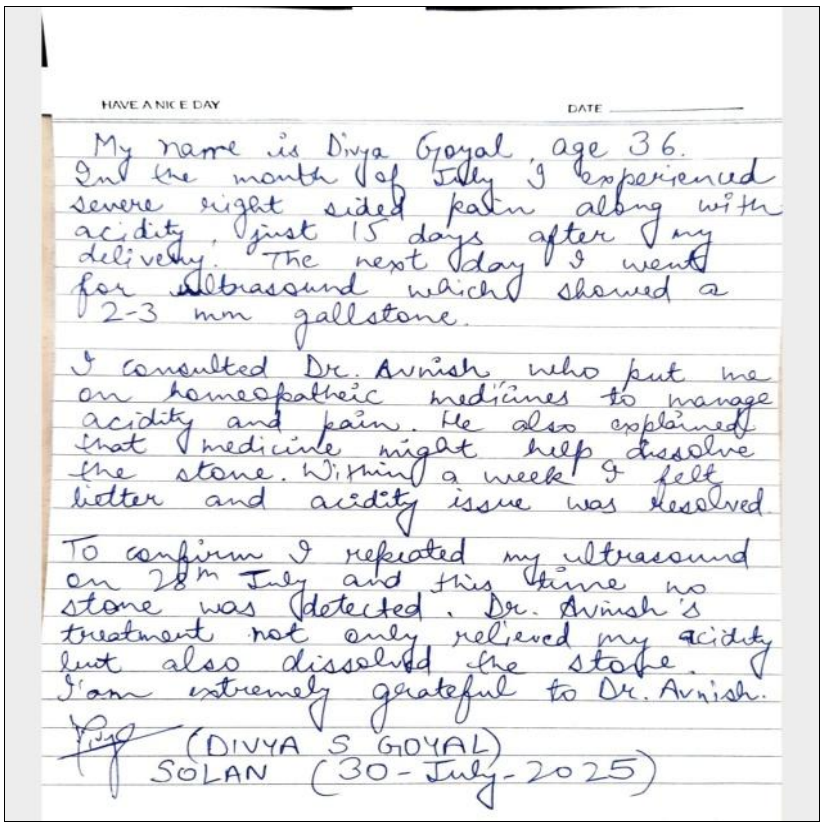
SPLEEN: It is normal in size & echotexture.

U. BLADDER: It is distended. Outlines are smooth. No focal lesion or calculus seen.
UTERUS: *It is bulky in size (post partum),* however is normal in shape and echotexture with central endometrium. No focal lesion seen. Endometrial thickness is within normal limit.
ADNEXAE: Both adenexae are clear. No evidence of any ovarian mass or cyst seen.
No evidence of PCOD seen.
No definite e/o appendicitis / significant lymphadenopathy seen.
No free fluid seen in abdomen or pelvis.

IMPRESSION: HEPATOMEGALY with FATTY LIVER (GRADE – II)

(Consultant Radiologist)

Patient's Perspective of Treatment



HAVE A NICE DAY DATE

My name is Divya Goyal, age 36.
In the month of July I experienced severe right sided pain along with acidity, just 15 days after my delivery. The next day I went for ultrasound which showed a 2-3 mm gallstone.

I consulted Dr. Avnish who put me on homeopathic medicines to manage acidity and pain. He also explained that medicine might help dissolve the stone. Within a week I felt better and acidity issue was resolved.

To confirm I repeated my ultrasound on 28th July and this time no stone was detected. Dr. Avnish's treatment not only relieved my acidity but also dissolved the stone. I am extremely grateful to Dr. Avnish.

(DIVYA S GOYAL)
SOLAN (30-July-2025)

Written Consent of Patient
Was taken.

Conflict of Interest
None**.**

Source of Funding
None.

Conclusion
This case illustrates the efficacy of Calcarea Carbonica 30C in the management of Cholelithiasis, when prescribed on the basis of totality of symptoms and constitutional similarity. The patient showed significant symptomatic and ultrasonographic improvement within one month of treatment. Since, the condition of gall stones was observed after pregnancy and the patient was on post partum rich diet, it could have been a factor for fatty liver as well. This is being managed by slight alteration in diet and lifestyle.

References
1. Iqbal MN, Iqbal MA, Javaid R, Abbas MW, *et al.* Gall stones: a fundamental clinical review. International Journal of Research in Medical Sciences. 2019;7(7):2869-2874.
2. Bhatikar K, Da Costa S, *et al.* A case of cholelithiasis and its homoeopathic management. International Journal of Homoeopathic Sciences. 2025;9(2):829-832.
3. Channa NA, Khand FD, Khand TU, Leghari MH, Memon AN, *et al.* Analysis of human gallstone by Fourier transform infrared (FTIR). Pak J Med Sci. 2007;23(4):546-550.
4. Tsai TJ, Chan HH, Lai KH, Shih CA, Kao SS, Sun WC, *et al.* Gallbladder function predicts subsequent biliary complications in patients with common bile duct stones after endoscopic treatment. BMC Gastroenterol. 2018;18(1):32.
5. Beckingham IJ, *et al.* Gallstone disease. Br Med J. 2001;322(7278):91-94.
6. Trotman BW, *et al.* Pigment gallstone disease. Gastroenterol Clin North Am. 1991;20(1):111-126.
7. Trotman BW, Petrella EJ, Soloway RD, Sanchez HM, Morris TA III, Miller WT, *et al.* Evaluation of radiographic lucency or opaqueness of gallstones as a means of identifying cholesterol or pigment stones: correlation with calcium and mineral content. Gastroenterology. 1975;68(6):1563-1566.
8. Boericke W, *et al.* Pocket manual of homoeopathic materia medica & repertory. 3rd ed. New Delhi: B Jain Publishers; [year not provided].
9. Hahnemann S, *et al.* Organon of medicine. 6th ed. New Delhi: B Jain Publishers; [year not provided].

How to Cite This Article
Kumar A, Negi VK, Khichee VS, Sharma S. Non- surgical resolution of gallstones: A homoeopathic approach. International Journal of Homoeopathic Sciences 2025; 9(4): 820-823.