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Procurement and decisive emulation of pulsatilla in cholelithiasis

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Abstract

Emphasis of prima causa morbi in occurrence of Cholelithiasis and accumulation of bile fluid anthologized the miasmatic spectra, emulation of homoeopathic similimum by dint of reportorial strata and approach.

Keywords: Chole-lithiasis, miasm, pulsatilla, biochemic.

Introduction

Tiny organ beneath liver having role in keeping bile fluid in its sac is gall bladder. Same fluid seeks importance and compiles main cause in Chole-lithiasis. The primary function of this particular fluid is to help in digestion. Formation of stony depositions and structure of this digestive fluid in cavity of sac is gallstone. Role of homoeopathy with conventional case taking and chance to succour the proper similimum for attaining thorough cure is much remarkable. Since long the aura of constitutional homoeopathic similimum and efficacy of reportorial approach in disorders related with gastrointestinal system was always been remain in curative spectrum of homoeopathy. In same aspect the pulsatilla has wide range of curative action as well as constitutional role in following case.

Definition

Cholelithiasis: Formation of stony depositions and structure of this digestive fluid in cavity of sac is gallstone.

Cholecystitis: Painful and tender inflammation of paranchyma of gall bladder

Anatomy & Physiology

Tiny organ beneath liver having role in keeping bile fluid in its sac is gall bladder. Same fluid seeks importance and compiles main cause in cholelithiasis

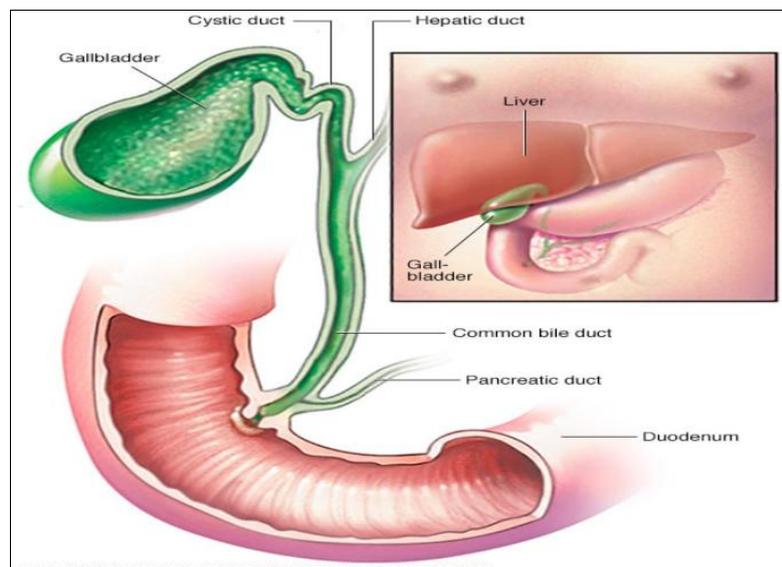


Fig 1: Anatomy of Gall bladder and biliary apparatus.

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Causes & Risk factors: Gallstones.

Most common cause

A stony deposition blocks the duct which arises from gall bladder and unites with hepatic duct to form common bile duct. Bladder sac contains the accumulated bile fluid.

Infection- role of viral infection like HIV, VIRAL Hepatitis has vital role in gallbladder inflammation.

Severe illness comprising damage to blood vessels and lumen wall with severe injuries to paranchyma and tissue structure.

Symptoms

- Pain-Extreme, right sided, around umbilical region
- Pain-Radiating-back, specifically shoulder (Right side).
- Tenderness over your abdomen when its touch.
- Nausea.
- Vomiting.
- Fever.

Complications

- Long standing infection of gallbladder (without treatment) progress to severe functional disorder.
- Formation of stony depositions and structure of this digestive fluid in cavity of sac is gallstone.
- Tissue necrosis of parenchyma of gallbladder
- Excessive bile fluid accumulation and severe inflammation can complicate and further results in rupture of gallbladder.
- Torn gallbladder: Laxity of supporting muscles of gall bladder may increase due to prolong inflammation.
- Prolong and long standing inflammation may result in perforation on the wall of gall bladder.

Prevention

- WT Reduction-10% / within 45 days (Rapid reduction may exaggerate risk of gallstones).
- Diet-Brown rice, oats, beans, peas, citrus fruits, broccoli, kiwis, leafy green veg. apple, piper mint juice, legumes. Low fat-milk (goat milk).

Homoeopathic Approach

Classification of the disease: Chronic miasmatic disease

Diathesis: Uric Acid Diathesis

Miasmatic Co-relation

Sycosis

Growths of various sizes and colour.

Fleshy growth on body part may be unusual.

Proliferation of tissues.

Chronic mucous secretions.

Hydrogenoid constitution.

Colic – better hard pressure, bending double.

Appendicitis, peritonitis, cholecystitis.

Case Report

Date: 23rd May 2022.

Name: NF.

Age/sex: 38/Female.

Education: BA.

Occupation: House wife.

Address: Surat.

Marital status: Married.

Diet: Vegetarian.

History of present illness (O/D/P)

38year old patient came with husband and complain of indigestion & gas with pain in abdomen, more on RT side from about 1-2 yrs. From last 2 month pain increased, taken allopathic medicines which > complaint but again it comes off and on. Pain extending from front to back, it get < Meat, Eggs > butter milk. Last episode of pain before 3-4 days and it was very severe than previous all episodes, for this again took allopathic medicines which > pain for some times. She had presently fever with vomiting, nausea, constipation & abdomen feels heavy on eating. This time doctor advice for operation and date of operation was fixed very next day. She had Fear of complication in operation.

Table 1: Chief complaint

Location	Sensation	Modalities	Concomitant
GIT Abdomen Extend to back Since 1 to 2 years F: On off	Pain Indigestion gas Nausea Vomiting Constipation	< Meat < Eggs > Butter milk	Fear of Complication in operation

Physiological functions

1. **Appetite:** Poor/ Bad.
2. **Thirst:** +++++ If not get water then vertigo.
3. **Bowel:** Constipation 2-3 days interval.
4. **Urine:** Normal.
5. **Perspiration:** Perspiration +++head and face.
6. **Desire:** Nothing specific.
7. **Aversion:** Non veg.
8. **Sleep:** Normal with Fan +++ Wants open air < close room.
9. **Dreams:** laughing, outing, exam. Study.
10. **Thermal:** Ambithermal.
11. **Tendencies:** Nothing.
12. **Allergy:** Nothing Specific.

O/H

1. FTIUD.
2. FTND (8yrs and 13yrs both female child).

P/H: She had some eye trouble in past but no diagnosis was available.

F/H: No major illness in family.

Mental symptom

Fear of Disease incurable.

Fear of narrow place.

Physical examinations

General appearance with built

Weight: 49 kg.

Pulse: 74/min

BP: 120/80 mmhg.

Temperature: AF.

Throat: NAD.

Nails: Pink.

Conjunctiva: Pink.

Tongue: Moist.

Systemic examination

CVS: S1S2.

RS: AE-BLE.

CNS: NAD LOCO.

Motor System: NAD.

GIT: Tenderness of abdomen.

Investigations

Upper Abdomen USG dated 29/4/22 shows distal CBD calculi with proximally dilated CBD Fig 2.

Upper Abdomen USG dated 29/8/22 shows normal gallbladder & CBD. Fig 3.

Differential diagnosis

1. Pancreatitis.
2. Colicystitis.

Diagnosis of the disease: Chole-lithiasis

Diagnosis of the phase of the disease: Chronic

Classification of Disease: Chronic Miasmatic.

Diagnosis of the Dominant miasm: Sycotic.

Diagnosis of the Fundamental miasm: Psycho tubercular.

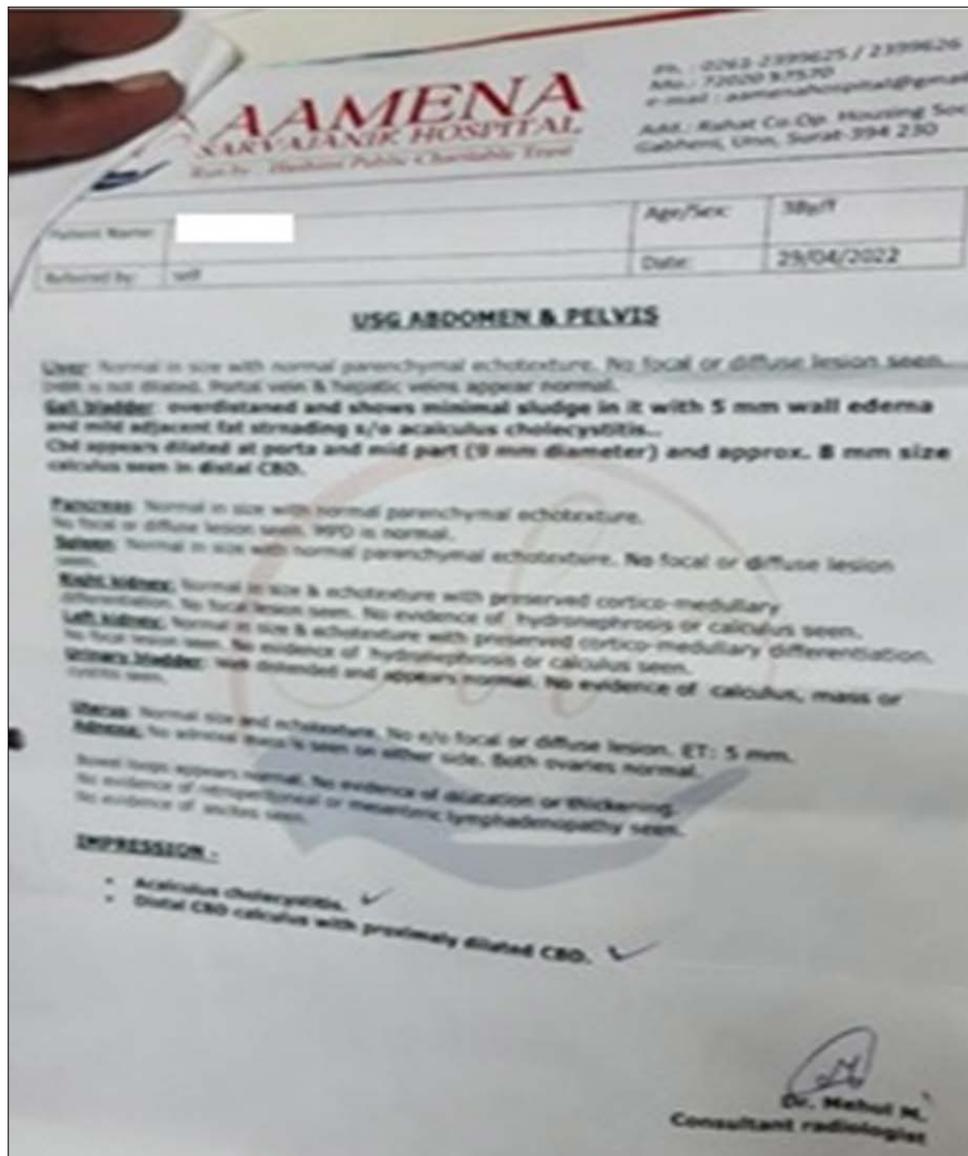


Fig 2: Abdominal USG Dated 29/4/22

Collection of rubrics

1. Abdomen- Obstruction - Gall ducts; of
2. Abdomen- Obstruction - Gall ducts; of - Duodenum; of the opening of the gall duct into the duodenum
3. Abdomen - Pain - Liver - colic; gallstone
4. Generals- Food and Drinks - eggs - Agg.
5. Generals- Room - Close Room Agg.
6. Mind- AIR; in open - amel.
7. Mind- Delusions - disease - incurable disease; he has an
8. Mind- Fear - disease, of impending - incurable, of being

9. Mind- Fear - narrow place, in
10. Mind- THOUGHTS - disease, of - incurable, of some
11. Stomach- Thirst
12. Stomach- Thirst - extreme
13. Stomach- Thirst - large quantities, for
14. Stomach- Thirst - unquenchable

Mind and disposition of pt. gave important to following rubrics only

Mind - Fear - narrow place, in

Mind- Air; in open - Amel.
 Stomach- Thirst
 Generals- Food and Drinks - eggs - Agg.
 Abdomen- Pain - Liver - colic; gallstone

ar. COCC.
 5/10 5/8 4/7 4/7 4/7 4/6 3/6 3/5 3/5 3/5

Prescription
 1. Puls 200 3dose.
 2. SL 7 days.

Result of repertorisation shows following medicines
 Calc. PULS. BRY. LYC. Sulph. Nux-v Bell. ARS. Chinin-

Table 2: Follow up & prescription.

Follow Up Date	Changes in symptoms	Prescription
30.5.22	Feel better, Hot eructation, Abd feels hot. Constipation better than before But indigestion. No pain, Appetite still less, Sleep better by last 4 days, No nausea, Vomiting, Perspiration now less.	Puls 200 3d NP 3x tds 7days SL 7 days
6.6.22	Pain but less intense, Appetite Normal, Stool Normal But weakness, Body ache, Slight fever, Sleep good, Dreams nit remember.	NP 3x tds 7days SL 15days
20.6.22	Better overall, Occ. taken medicine knees pain and fever.	Puls 200 3d NP 3x tds 7days SL 15 days
20.7.22	Better all, Burning by oily food, Middle finger RT pain slight now.	SL 3d SL 15 days
20.8.22	Better, Acidity and numbness of fingers still.	Puls 1000 3d NP 3x tds 7days SL 15 days
7.9.22	Better USG on 29.8.22 NAD	Sulph 30 2d SL 15 days



Fig 3: Abdominal USG Dated 29/8/22

Result: Cure**Discussion and Conclusion**

This case shows that Final selection of medicine is always depends on Materia medica. In this case though Calc carb was covering height marks Puls was selected on referring material medica. It is also observe that Puls is not always shirtless medicine in acute phase of disease Puls may become thirsty. It is also interesting to note the adjuvant roll of Biochemic medicine, which has assist in curative process beautifully and help to control the acute discomfort of patient. This case shows power of homoeopathic medicine to treat so called surgical case and can prevent unnecessary removal of gall bladder -a important organs given by God thus human being can enjoy healthy and happy life for his higher purpose of existence.

Conflict of Interest

Not available

Financial Support

Not available

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