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HOMOEOPATHIC MANAGEMENT OF CHOLELITHIASIS WITH NUX VOMICA AND FEL TAURI: A CASE REPORT

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ABSTRACT

Cholelithiasis, or gallstone disease, is a common hepatobiliary : characterized by the formation of stones in the gallbladder. The ɔn affects a significant proportion of the population, with risk including obesity, rapid weight loss, hormonal changes, and habits. Although many individuals with gallstones remain ɔmatic, symptomatic cases can manifest as biliary colic, nausea, yspepsia. Conventional treatments often involve surgical ıtions like cholecystectomy, which, while effective, may lead to :ations or long-term metabolic concerns. This case report es the use of homeopathic remedies, specifically *Fel Tauri* and *nica*, for managing symptomatic gallstone disease. The patient, a -old woman, presented with pain in the right upper quadrant of n since 2 weeks with occasional nausea and vomiting, which ed after exertion, food and at night. The administration of *Fel* as aimed at improving bile function, while *Nux vomica* was given quent repetitions to address digestive disturbances. The case trates promising results with symptom relief, highlighting the l of homeopathy in managing gallstone-related complaints.

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INTRODUCTION

Cholelithiasis, or gallstone disease, is a prevalent gastrointestinal condition characterized by the formation of gallstones within the gallbladder or biliary ducts.[1] Gallstones form due to an imbalance in bile components, primarily cholesterol, bile salts, and lecithin, leading to supersaturation of bile and subsequent stone formation. These stones are categorized into cholesterol stones, pigment stones, and mixed stones.[2] Risk factors for cholelithiasis include obesity, female sex, pregnancy, rapid weight loss, advanced age, and metabolic disorders such as diabetes and dyslipidemia.[3,4] Although many individuals with gallstones remain asymptomatic, symptomatic cases can manifest as biliary colic, nausea, and dyspepsia. Complications such as acute cholecystitis, cholangitis, and pancreatitis can arise if gallstones obstruct the cystic or common bile duct.[5]

Globally, the prevalence of cholelithiasis varies significantly, ranging from 10% to 20% in Western populations to less than 5% in Asian and African populations.[6]

Diagnosis involves imaging such as Ultrasonography which has high sensitivity and specificity.[5] Advanced imaging techniques such as magnetic resonance cholangiopancreatography (MRCP) and endoscopic retrograde cholangiopancreatography (ERCP) are employed for complicated cases.[7]

Allopathic management of cholelithiasis primarily focuses on symptomatic relief and definitive interventions. Non-surgical options include the use of oral bile acid dissolution therapy which limited applicability.[8] In symptomatic or complicated cases, laparoscopic cholecystectomy is employed.[9] Despite these advancements, recurrence and post-cholecystectomy syndrome are notable concerns, emphasizing the need for complementary approaches that address the disease holistically.[10]

Homeopathy offers a holistic and individualized approach to treating cholelithiasis, addressing both acute symptoms and underlying constitutional predispositions. *Fel Tauri*, a homeopathic preparation derived from ox bile, is traditionally employed for its specific action on the biliary system. It facilitates bile secretion and helps mitigate the formation of gallstones.[11] *Nux Vomica*, a constitutional remedy derived from the seeds of *Strychnos nux-vomica*, addresses lifestyle factors and digestive complaints such as dyspepsia, nausea, and intolerance to rich or spicy foods, which are commonly associated with gallstone disease.[12]

This article explores the combined use of Fel Tauri as a specific remedy and Nux Vomica as a constitutional remedy in a case of cholelithiasis, emphasizing the importance of

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organo-specific drugs in homoeopathy, along with constitutional medicine.

CASE REPORT

A 42-year-old Hindu married female, who works as a labourer in Basaveshwara Nagar, Bengaluru presented with the complaint of pain in the right upper quadrant of abdomen since 2 weeks, on 13th March 2024.

History of Presenting Complaint

Patient was apparently well 2 weeks back. She gradually started with pain in the right upper quadrant of abdomen which is gradually progressing. Complaint is aggravated on exertion, after food, at night and is slightly better on rest. She also has nausea and vomiting occasionally. There is decreased appetite and disturbed sleep along with the complaints.

There is no h/o palpitation, chest pain, giddiness, headache, nausea, vomiting, restlessness, tremors, tingling, numbness in the extremities.

Past Medical History

Dengue 10 years ago

Family History

Elder brother – Type 2 diabetes mellitus

Personal History

Patient follows a mixed diet and has experienced a decreased appetite for the past two weeks. She drinks about 1-2 liters of water daily and has a strong desire for spicy food, with no aversions. Her bowel movements are regular, occurring once a day without any difficulty. She urinates 4-5 times a day and once at night. Perspiration is generalized, and she has been experiencing disturbed sleep for the last two weeks. She is thermally more towards chilly and has no history of addiction.

Life space investigations

Patient belongs to poor socio- economic family. Her Father was a farmer and mother is a housewife. She has 1 elder brother who is a who is a worker in a factory. Her childhood was uneventful, was moderate at studies. She studied up to 8^{th} std, after which she discontinued due to financial difficulties. She got married at the age of 18, it is an arranged marriage. Relationship with husband is good. She has 2 children, 1 daughter and 1 son who are studying.

As a person, she is anxious about her health and about her family, prefers company, gets irritated if any work is not done on time.

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General Physical Examination & Vitals

Moderately built and well nourished

Conscious & well oriented with time, place, and person

No signs of pallor, cyanosis, clubbing, icterus, oedema, lymphadenopathy

BP- 120/70mm Hg, Right arm supine position

Pulse rate - 86 beats/ min, regular rhythm, moderate volume, vessel wall not palpable

Respiratory rate- 16 breaths/ min

Temperature - afebrile at the time of examination

SYSTEMIC EXAMINATION

Respiratory system

B/L normal vesicular breathing sounds- heard all over the lung fields

No added sounds

Cardio-vascular system

S1 & S2 heard, no murmurs

Central nervous system

No focal neurological deficits

Gastrointestinal system

Tenderness present over right hypochondrium

Murphy's sign- negative

Normal bowel sounds heard

PROVISIONAL DIAGNOSIS

Cholelithiasis

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INVESTIGATION & FINDINGS

13/03/24

- **USG abdomen & pelvis**

Gallbladder is distended with few calculi largest measuring 6mm

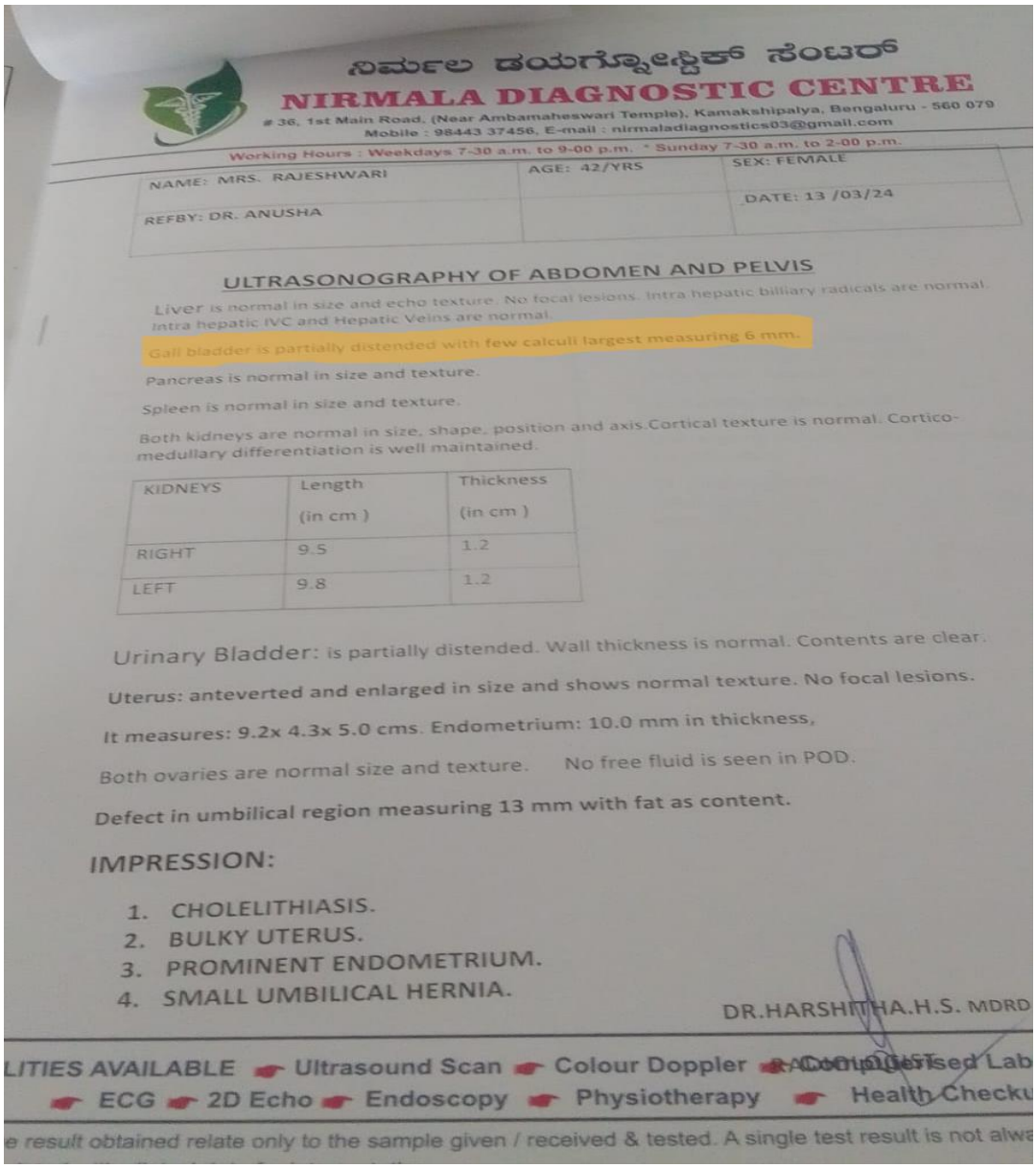

FIGURE 1: Ultrasound image showing the gallstone size, largest measuring 6mm before homeopathic treatment.

CLINICAL DIAGNOSIS: Cholelithiasis

ICD- 11 code for diagnosis[13]: DC11.Z

Classification of Disease: Chronic Miasmatic disease

Fundamental and dominant miasm: Sycotic

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School of philosophy: Kent school of philosophy

Analysis of case

Common symptoms	Uncommon symptoms
Pain in the right hypochondrium+2 < exertion+2 < After food+2 < Night+1 >rest+1 Nausea+ Vomiting + (occasionally) Decreased appetite+ Disturbed sleep+	Desire- spicy+1 Thermals- More towards chilly patient Anxiety about health+2 Company desire+1 Irritable+

TABLE 1: Analysis of case

Evaluation of symptoms

Mental generals	Physical generals	Characteristic particular
Anxiety about health+2 Company desire+1 Irritable+	Desire- spicy +1 Thermals - More towards chilly patient	Pain in the right hypochondrium+2 < exertion+2 < After food+2 < Night+1 >rest+1 Nausea+ Vomiting + (occasionally) Decreased appetite+ Disturbed sleep+

TABLE 2: Evaluation of symptoms

Totality of symptoms

Anxiety about health+2
Company desire+1
Irritable+
Desire- spicy +1
Pain in the right hypochondium+2
< exertion+2

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< After food+2
< Night+1
>rest+1
Nausea+
Decreased appetite+
Disturbed sleep+

Repertorial approach – Vithoulkas repertory

Repertorial Totality

1. MIND- ANGER, irascibility
2. MIND - ANXIETY - health; about
3. MIND - COMPANY - desire for
4. STOMACH - NAUSEA – Abdomen – during pain
5. ABDOMEN - PAIN - Hypochondria- right
6. ABDOMEN - PAIN - Hypochondria- night
7. ABDOMEN - PAIN - Hypochondria- right - eating- agg.
8. GENERALITIES – EXERTION, physical – agg.
9. GENERALITIES - FOOD and DRINKS - spices – desire

Repertorization proper

- Nux v 19/8
- Kali-c 14/7
- Sep 13/7
- Ars 14/6
- Phos 14/6

Flat Repertorisation

No sort | By Chapter | By Degree | Options | Remedies (Score/No. of symptoms) | Remedy filter

(By Chapter)	Degree	Nux-v. 19/8	Kali-c. 14/7	Sep. 13/7	Ars. 14/6	Phos. 14/6	Sulph. 12/6	Aur. 8/6	Lyc. 14/5	Arg-n. 12/5	Bry. 10/5	Calc. 10/5	Merc. 10/5
1. MIND - ANGER, irascibility	1	4	3	3	2	1	1	3	3	1	3	2	3
2. MIND - ANXIETY - health, about	2	1	2	2	3	3	2	1	3	4	1	2	2
3. MIND - COMPANY - desire for	1	2	3	2	3	3			3	3	1	2	1
4. STOMACH - NAUSEA - abdomen - during pain ...	1	3	2	1	1		1			2			
5. ABDOMEN - PAIN - Hypochondria - right	2	3	1	1	2	2	2	1	3		2		2
6. ABDOMEN - PAIN - Hypochondria - night	1		1					1				1	
7. ABDOMEN - PAIN - Hypochondria - eating, af...	2	2						1					
8. GENERALITIES - EXERTION, physical - agg.	1	2	2	3	3	2	3	1	2	2	3	3	2
9. GENERALITIES - FOOD and DRINKS - spices - ...	1	2		1		3	3						

FIGURE 2: Repertorisation results

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Prescription (on 13/03/24)

1. Nux vomica - 200, TID, 3 days
2. Fel Tauri-3x, BD, 7 days

BASIS OF PRESCRIPTION

Based on analysis of mental generals, physical generals, particulars and reportorial result Nux vomica was coming as the first remedy of choice and was selected for the prescription. 200C potency was chosen based on the susceptibility and nature of the disease. Fel Tauri 3x was given as a specific for Cholelithiasis and was frequently repeated.

FOLLOW UP

DATE	SYMPTOMS	PRESCRIPTION
20/03/23	C/o Disturbed sleep- improved C/o Decreased appetite- slightly improved C/o Pain over right hypochondium- slightly reduced C/O Nausea better No new complaints All other generals are good	1. Fel Tauri - 3x BD
21/07/23	Complaints are better Generals- good	Patient was adviced to repeat USG abdomen and pelvis

TABLE 3: Follow up of case

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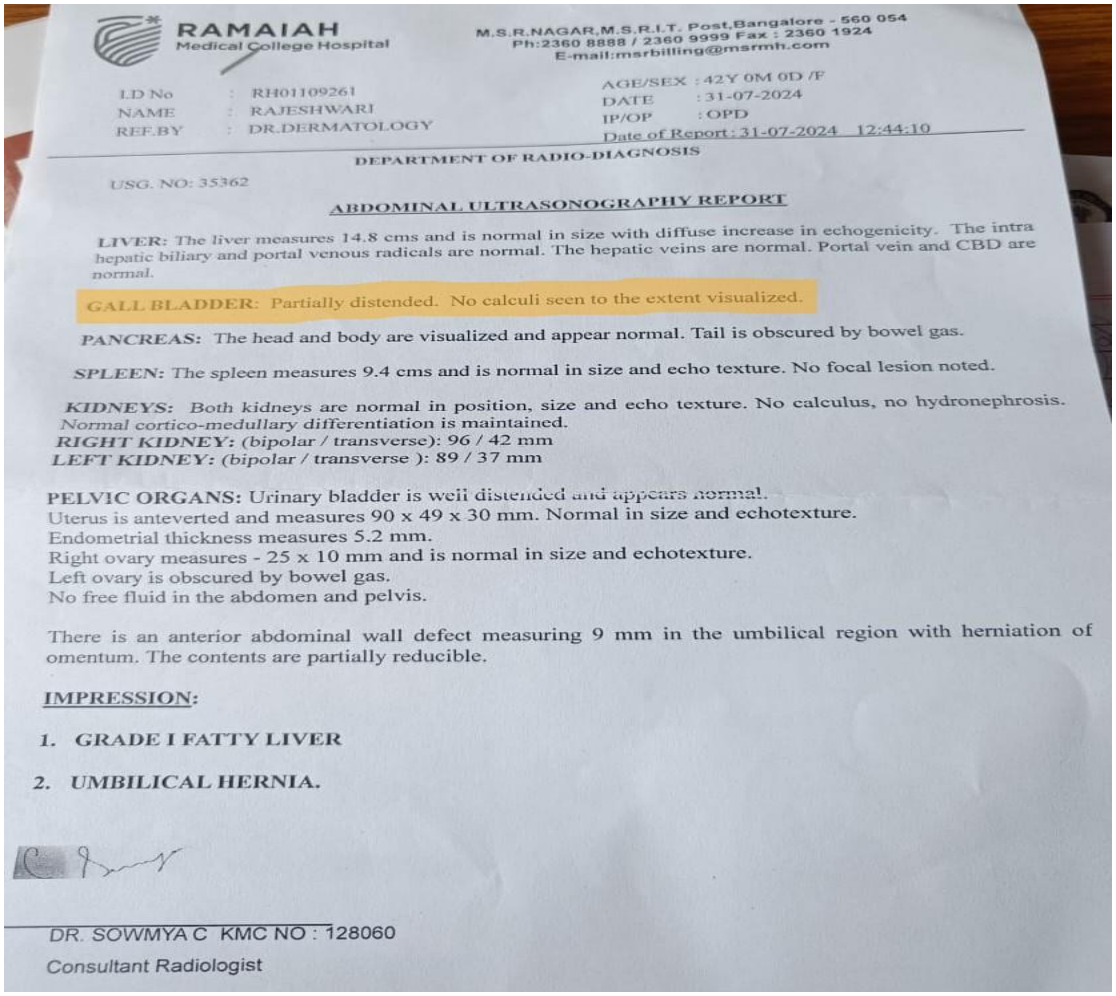

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NAME : RAJESHWARI
REF.BY : DR.DERMATOLOGY

AGE/SEX : 42Y 0M 0D /F
DATE : 31-07-2024
IP/OP : OPD
Date of Report : 31-07-2024 12:44:10

DEPARTMENT OF RADIO-DIAGNOSIS

USG. NO: 35362

ABDOMINAL ULTRASONOGRAPHY REPORT

LIVER: The liver measures 14.8 cms and is normal in size with diffuse increase in echogenicity. The intra hepatic biliary and portal venous radicals are normal. The hepatic veins are normal. Portal vein and CBD are normal.

GALL BLADDER: Partially distended. No calculi seen to the extent visualized.

PANCREAS: The head and body are visualized and appear normal. Tail is obscured by bowel gas.

SPLEEN: The spleen measures 9.4 cms and is normal in size and echo texture. No focal lesion noted.

KIDNEYS: Both kidneys are normal in position, size and echo texture. No calculus, no hydronephrosis. Normal cortico-medullary differentiation is maintained.
RIGHT KIDNEY: (bipolar / transverse): 96 / 42 mm
LEFT KIDNEY: (bipolar / transverse): 89 / 37 mm

PELVIC ORGANS: Urinary bladder is well distended and appears normal.
Uterus is anteverted and measures 90 x 49 x 30 mm. Normal in size and echotexture.
Endometrial thickness measures 5.2 mm.
Right ovary measures - 25 x 10 mm and is normal in size and echotexture.
Left ovary is obscured by bowel gas.
No free fluid in the abdomen and pelvis.

There is an anterior abdominal wall defect measuring 9 mm in the umbilical region with herniation of omentum. The contents are partially reducible.

IMPRESSION:

1. GRADE I FATTY LIVER
2. UMBILICAL HERNIA.

DR. SOWMYA C KMC NO : 128060
Consultant Radiologist

FIGURE 3: Ultrasound image showing the dis-appearance of gallstones after homeopathic treatment.

DISCUSSION

This case report upholds the efficacy of specific remedies in homoeopathy along with individualised homoeopathic medicines. In this case, Cholelithiasis was completely cured after administration of homoeopathic remedy. Homoeopathy offers a holistic approach, addressing both the acute pathology and the patient's constitutional tendencies. *Fel Tauri* is known in homeopathy for its action on the biliary system, specifically regulating bile composition and supporting the dissolution of gallstones.[11,14] This remedy was employed in this case to alleviate biliary colic and improve overall gallbladder function. *Nux vomica*, as a constitutional remedy, is particularly effective for individuals with sedentary lifestyles, stress, and digestive irregularities, addressing the predisposition to gallstone formation.[11,14] The combined use of these remedies highlights the dual strength of homoeopathy in offering symptomatic relief while preventing recurrence. However, while the case report demonstrates

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the efficacy of homoeopathic remedies in the treatment of cholelithiasis, as this report is based on a single patient's experience, it limits the generalizability of the findings. A larger sample size is required to establish the consistency and effectiveness of the treatment. Potential areas of future researches like Randomized Controlled Trials (RCT), larger cohort studies can help to establish the treatment's effectiveness. The improvement of complaints was assessed with the help of ultrasound imaging technique.

CONCLUSION

Homoeopathy offers a holistic approach to cholelithiasis, addressing both acute symptoms and underlying predispositions. The use of Fel Tauri to regulate bile composition and Nux vomica for constitutional support highlights the effectiveness of this dual approach in managing gallstone disease. These remedies provide symptom relief while potentially preventing recurrence. Further research is needed to validate their role in mainstream treatment, emphasizing homoeopathy as a safe, non-invasive alternative for cholelithiasis management.

Conflict of interest - Nil

Funding - Nil

Consent for publication - written informed consent was obtained from the patient for publication of this case report.

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