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Effective of Hydrastis in Treatment of Cholelithiasis – An Observation Study

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ABSTRACT

Studies using Homoeopathy have reported beneficial effects from treating in cholelithiasis. Cholelithiasis is a clinical syndrome characterized by pain in the upper abdomen especially in the right hypochondriac region, back between the shoulder blades and right shoulder followed by nausea and vomiting. Cholelithiasis is a global health problem that is often treated with homeopathy. The objective of this review will be to evaluate the effectiveness of homeopathic medicines in Cholelithiasis with Hydrastis. The clinical study was undertaken with on aim to prove the efficacy of Homoeopathic medicines in cases of Cholelithiasis at Bhartish Homoeopathic Medical College, Hospital and Research center, Karnataka. All indicated homeopathic medicines on the base of the totality of symptoms which prove beneficial for all the case and thus the effectiveness of homeopathic medicines was proved in the treatment of Cholelithiasis with Hydrastis. Material Methods: Total 30 patients of cholelithiasis are selected in this observational study. Result: over a period of December 2014 to December 2016, all indices throughout the follow-up period, this reduction was seen in cholelithiasis. Result: out of 30 cases, 22 (73.33%) patients are not recovered, 6 (20%) patients are improved and 2 (6.66%) patients are not improved. Conclusion: There is a significant re-education of pain and other symptoms of cholelithiasis.

Keywords: *Cholelithiasis, Hydrastis, Homoeopathy, and Outcome.*

I. INTRODUCTION

Gallstones afflict 10 to 20 % of the adult population and about 1 million new patients annually are found to have gallstones of which approximately 600,000 undergo cholecystectomy. Gallstones may be present for decades before symptoms develop. Gallstones are solid stones formed in the gallbladder from cholesterol, bile salts, and calcium. They can vary in size from a few millimeters to a few centimeters. Gallstones are formed when bile contains too much cholesterol. The excess cholesterol forms crystals from which gallstones are formed. People who have relatives with gallstones, obese people, people with a high blood cholesterol level, women who take drugs containing estrogen e.g.: contraceptive pills and people with diseases such as chronic intestinal inflammation (Crohn's disease and ulcerative colitis) are more prone to develop gallstones.

Two third of patients are asymptomatic and one-third of the patient will at some time experience symptoms like "Biliary colic" i.e. pain in the upper abdomen especially in the right hypochondriac region, back between the shoulder blades and right shoulder followed by nausea and vomiting. "Biliary colic" or colicky (spasmodic) owing to the obstructive nature of gallstones in the biliary tract and perhaps in the gallbladder itself. Inflammation of the gallbladder in association with obstructing and non-obstructing stones also generates pain. The larger the calculi,

the less likely they are to enter the cystic or common duct to produce obstruction, a small stones or gravel are more dangerous.

In Homoeopathic Materia Medica Hydrastis Canadensis is mentioned as a remedy in the treatment of gallstone, which acts especially on mucus membrane, relaxing them and producing a thick, yellow, ropy secretion. Hydrastis is especially useful in the constitution on which are easily tired, cachectic individuals with great debility, weak muscular power, poor digestion and obstinate constipation.

Also, there is a bitter taste, pulsation in the epigastrium, atonic dyspepsia; gastritis with gastroduodenal catarrh, liver torpid, tender jaundice and gall stone which includes a maximum symptom of gall stone and this drug have been proven by many authors. In another system of medicine first line of treatment of gall stone is surgery which constitutes some risk factors some time in cases like ischemic heart disease, diabetes mellitus, and Old age etc and also post-operative complication like adhesions, infection etc. So, it is my sincere attempt to study the utility of Hydrastis Canadensis in the treatment of gallstones by internal medication.

REVIEW OF LITERATURE

Gallstones formation is the most common disorder of the biliary tree and it is unusual for the gall bladder to be diseased in the absence of gallstones.

Pathology

Gallstones are conveniently classified into cholesterol or pigment stones. Gallstones contain varying quantities of calcium salts including calcium bilirubinate, carbonate, phosphate & palpitite which are radio-opaque.

Epidemiology

Age & sex: Gall stones are common & occur in 7 % of males and 15 % of females of aged 18-65 years with an overall prevalence of 11 %. In those under 40 years, there is a 3:1 female preponderance whereas in the elderly the sex ratio is about equal. In India, the incidence of asymptomatic and symptomatic gallstones appears to be increasing and they occur at an earlier age. Increase in the dietary cholesterol, fat, total calorie & refined carbohydrate or lack of dietary fiber cause gallstones.¹

Symptoms

Pain known as biliary colic, situated most frequently in the epigastrium and radiating to the subcostal region and the right subscapular region or interscapular region, which makes patient restless. The cause of biliary colic is impaction of the stone in Hartmann's pouch or the cystic duct. Pain with fever and localized tenderness in the right upper quadrant, often with a positive Murphy's sign (this is inhibition of inspiration when examined the right upper quadrant, due to the fact the inflamed gall bladder impinges on the fingertips of the examining hand). Jaundice: The presence of jaundice of the obstructive type with fever in a patient who is proven to have gall bladder stones indicates either that a stone has migrated and impacted in the common bile duct, producing obstruction to bile flow, or that a stone has impacted in Hartmann's pouch, creating either considerable oedema with ascending infection or, if the situation becomes more advanced, erosion of the stone into the bile duct, producing a cholecystocholedochal fistula (Mirizzi syndrome type 1 and 2 respectively) .²

Mechanism of Gall Stone Formation

Three principles Cholesterol supersaturation accelerated nucleation and gall bladder hypomotility. Basically, bile i.e. supersaturated with cholesterol will result in cholesterol gall stone formation and bile that is supersaturated with unconjugated bilirubin may lead to pigment gallstones.³

Risk Factors

Within population-specific risk factors have been identified that predict gall stone formation. These are older age, female gender, obesity, weight loss, total parental nutrition, pregnancy, hypertriglyceridemia, genetic predisposition and drugs like Clofibrate, oral contraceptives, ceftriaxone, and octreotide.

The predisposing of factors for gallstone formation are Cholesterol stones:

Demography / genetic factor; North America, North Europe; probable familial, hereditary aspects, Obesity – high-calorie diet. (cholesterol output), Clofibrate therapy (cholesterol output), Malabsorption of bile acids (eg; ileal diseased or resection), Female sex hormones: women > men after puberty; oral contraceptives and other estrogens (bile salt secretion), Age especially among males and Other factors: Pregnancy , Diabetic Mellitus, dietary polyunsaturated fats (cholesterol output).

Pigment stones

Demographic/ Genetic factors; orient, rural setting, Chronic hemolysis, Alcoholic Cirrhosis, Chronic biliary tract infection, parasite infections and Increasing age. ⁴

Hydrastis in treatment of gallstones

T.F. Allen says Hydrastis act on abdomen especially in hypochondria – cutting pain in left hypochondrium and stomach, after dinner severe cutting pain in left hypochondrium sharp pain in the right side in the region of liver extending to shoulder blade not constant nor coming on at stated times but mostly in morning between 8 and 2 o clock. ⁵William Boericke in his pocket manual of Homoeopathic Materia Medica and repertory says that it causes liver torpid, tender Jaundice, gall stones dull dragging in right groin with cutting sensation in right testicles.⁶ C. Hering says it cause fullness and dull aching pain right hypochondrium, hepatic tenderness that is great aching in shoulder blades and catarrhal inflammation of mucus lining of gall bladder and biliary duct.⁷ When we undertake to treat pathological miasmatic formations we get no permanent results. Famous potentized remedies unless we do base our prescription upon the true miasmatic symptoms in the case and naturally we may see that this might be true for the growth formation or whatever it may depend upon the miasmatic principle in the life force or in the other words the life force is in the pathological business and is prepared to manufacture any pathological formation depending upon the nature of the internal existing or acting miasm. If the miasm is psoric we have psoric manifestation, if it is sycotic we have psychotic pathology.

If syphilitic we have the polymorphic pathological formations. If that other creates lust miasm or if we have the miasm syphilis and psora combined we have the multiplied changes and infinite destructive processes known as tubercular pathology.⁸ According to Frans vermeulen in concordant Materia Medica liver torpid, tender, jaundice, gall stones, cutting (intermittent acute) pain from liver to right scapula, < Lying on back.⁹

2. MATERIAL AND METHODS

The study was conducted on the cases available from December 2014 to December 2016. The present study was carried out in Department of Pharmacy at Bhartish Homoeopathic Medical College, Hospital and Research Center, Belgaum, Karnataka, India. 30 patient and range between 20 to 50 years age are enrolled in this study. They are taken regular OPD after eligibility criteria. Inclusion and exclusion criteria, history and interview were taken as per the proforma. Reference to a different medicine, surgery, and Homoeopathic Materia Medica, Repertory and therapeutics book will be done. The patient will be reviewed every 15 days for 6 months and after 6 months up to two years or as per requirement of the case.

Inclusion Criteria

Patients who are diagnosed clinically as gallstones by an authorized physician, surgeon and by ultrasonography (USG) will be considered. Patients of age 20 years and above irrespective of their sex, socioeconomic background and occupation will be selected, based on clinical history, clinical examination and investigation.

Exclusion Criteria

Subject having active treatment for the other chronic diseases. Cases which need surgical intervention and complications like obstructive jaundice, perforation, fistula, empyema, gangrene, carcinoma, liver failure, cholangitis, gallstone ileus or pancreatitis etc.

Follow up and symptomatic assessment

This study was conducted over the two years duration. Clinical reexamination was performed at the end of one month and six months up to two years. The test applied for analysis of data was T-Test. This was used to identify statistically significant between the treatments in each time section.

Research Hypothesis: Hydrastis Canadensis show an effect in the treatment of Gall Stone.

3. RESULT

30 cholelithiasis with mean \pm SD, maximum cases were observed in age group (30 - 50 years).

Table: 1 Distribution of Cholelithiasis to Age Group

Age Group	No. of Cases	Percentage (%)
20-30	7	23.33 %
30-40	14	46.66 %
40-50	9	30 %
Total	30	100%

Among 30 Cholelithiasis patients with mean \pm SD, maximum cases were observed in the age group of 20 - 30 years in 7 (23.33%) cases, 30 – 40 years in 14 (46.66%) cases, 40 - 50 years of age group had 9 (30%) cases.

Table: 2 Distribution of Cholelithiasis According To Sex

Sex	No. of Cases	Percentage (%)
Male	19	63.33 %
Female	11	36.66 %
Total	30	100 %

Patients were in the male 19 (63.33%) and 11 (36.66%) patients were females out of 30 cases. In the research of Homoeopathic medicines in the treatment of Cholelithiasis. Hydrastis were prescribed to all patients according to the symptoms similarity and the following observations were made. Hydrastis is the most effective medicine for the study.

Table No. 3: Distribution of cases according to patients who dropped out during treatment

S. No.	Results	No. of Cases	Percentage (%)
1.	Recovered	22	73.33
2.	Improved	6	20
3.	Not improved	2	6.66
	Total	30	100%

The above 30 cases, 22 (73.33%) patients are got recovered, 6 (20%) patients are improved and 2 (6.66%) patients are not improved.

DISCUSSION & CONCLUSION

The research shows that Hydrastis play an important role in the treatment of Cholelithiasis. The study depicts that most of the patients got relief from Hydrastis and this is not a small number. There were no side effects during the treatment and it can be concluded that Hydrastis can help the patient to take a new lease on life. During the study, it was observed that in almost all the cases the Hydrastis responded well and the patient not only got rid of the main complaints of Cholelithiasis but also got rid of the associated complaints with the restoration of health. With the help of use of homeopathic medicines even surgical intervention was avoided. Thus we can conclude that Hydrastis used with a holistic approach is very effective in treating the cases of Cholelithiasis.

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