



## GALLSTONE DURING PREGNANCY WITH HOMOEOPATHIC MANAGEMENT

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**ABSTRACT** Gallstone is one the complication during pregnancy due to decreased secretory function of gallbladder. Now days due to sedentary life style, increased body weight, diet with excess in sugar, unsaturated oil, prolonged use of contraceptive pills, hormonal changes are common causes of gallstone during pregnancy in women. Homeopathy helps to prevent such condition.

**KEYWORDS :** Gallstone, Pregnancy, Homoeopathy

### INTRODUCTION

Gallstones are twice more frequent in women than in men. Women on oestrogen therapy or on birth control pills have higher incidence of gallstones. Obesity is associated with increased cholesterol synthesis and excretion resulting in higher incidence of gallstones in obese patient. There is increased frequency of gallstones in first degree relatives of patients with cholelithiasis, advancing age which may be related to increased cholesterol content in the bile. Deficiency of dietary fiber content is linked to higher prevalence of gallstones. Crohn's disease, ileal resection, ileal bypass surgery etc. are associated with interruption in enterohepatic circulation followed gallstone formation. Pigment stones weather pure are mixed type, are more frequently associated with the hemolytic anemia.<sup>(1)</sup>

Gallstones are formed because of abnormal bile composition. Cholesterol gallstone usually contains > 50% cholesterol monohydrate with admixture of calcium salts, bile pigments, proteins and fatty acids. Pigment gallstone is composed of calcium bilirubinate, 20% cholesterol and is classified in to 'black' and 'brown' type.<sup>(2)</sup>

Gallstones are prevalent in almost the entire western world. In northern India, gallstones found at least 7.4% in adult population.<sup>(3)</sup> Pregnancy is a well-known predisposing factor for the formation of cholesterol gallstones. It has been reported in 3.3- 12.2% of pregnant women.

Recurrent biliary colic, acute cholecystitis and acute biliary pancreatitis (ABP) are common complication of gallstones and second most common non gynecological condition in pregnant women.<sup>(4)</sup>

### PATHOGENESIS

During pregnancy oestrogen level get increased, it affects the hepatic secretion of biliary cholesterol. Supersaturated bile with cholesterol and is more lithogenic. High level of cholesterol and progesterone could impair motility function of gallbladder by inhibiting gallbladder smooth muscle contractile function, resulting gallbladder stasis. This stasis promotes the formation of biliary sludge and gallstone in pregnant women. The incidence of disease appears to be increased in the last 2 trimester of pregnancy. Approximately one third of pregnant women with gallstone are asymptomatic. When symptom present in pregnant women biliary colic, acute cholecystitis, gallstone, pancreatitis and jaundice are common clinical presentation.

High cholesterol level, high fat diet, increased body weight, insulin resistance, altered gut microbiota and immune function are other contributing factor for formation of gall stone in women.<sup>(5)</sup>

### DIAGNOSIS

1. Plain radiograph will demonstrate calcified gallstones in 20% of cases.
2. Ultrasonography is useful in diagnosis of gallstone.
3. Oral cholecystography show whether or not the gallbladder is functioning.
4. MRI may demonstrate gallstones or their complication.<sup>(6)</sup>

### COMPLICATION

Possible complications of gallstone are inflammation of the gallbladder, bile duct, pancreas and bowel obstruction. Large calculi

can produce cancer of gallbladder and bile duct.

Inflammation in gallbladder begins after obstruction in bile flow which produces pain in right upper abdomen, fever, and chill. On examination tenderness and pain in right hypogastric region will present. Pain radiate to the right shoulder. If this condition is not treated properly it produce septicemia. In chronic inflammatory condition wall of gall bladder get thickened and calcified this is known as porcelain gallbladder. Gallbladder cannot contract properly, which increases the risk of cancer of gallbladder.

Inflammation of bile duct can produce severe pain in upper abdomen with fever, chill and jaundice. This inflammation can spread to the neighboring structures. If stone lodged in the common bile duct which can block the duct opening that is linked by gallbladder and pancreas. Then pancreatic juice produced in the pancreas is unable to drain and attack the pancreas itself. Pancreatitis is a life threatening condition.

People with very large gallstone and porcelain gallbladder have a higher risk of gallbladder and bile duct cancer.<sup>(7)</sup>

### DIET MANAGEMENT IN GALLSTONE

Low fat diet; avoid animal product such as butter, ghee, cheese, meat, cakes, biscuit, and pastries. Use Low fat dairy product, sunflower oil, olive oil, avocados, nut and seed in small amount. Consume high fiber diet, fruit and vegetable; Starchy carbohydrate includes bread, rice, cereals, pasta, potato, chapattis, and plantain. Drink plenty of fluid daily.<sup>(8)</sup>

The general management and treatment of gallstones have not changed much recently. However, the methods and techniques have improved dramatically. Laparoscopic cholecystectomy is considered today as one of the most important interventions in treating gallstones.<sup>(9)</sup>

### HOMOEOPATHY VIEW ON GALLSTONE DISEASE

Homeopathy treatment is based on holistic approach. During pregnancy secretory function of gallbladder becomes sluggish due to hormonal changes. Dietary and medicinal approach can helpful for normal secretion of bile during pregnancy for prevention of gallstone.

### SOME IMPORTANT HOMOEOPATHIC MEDICINE FOR GALLSTONE

Bry., Calc.; Card.m.; Chel.; Lach.; Lept.; Merc.; Phos.; Berb.; Chin.; Chion.; Dios.; Fab.; Fel.; Gel.; Hydra.; Nux.vom.<sup>(10)</sup>

### DESCRIPTION OF HOMOEOPATHY MEDICINE

1. **Bryonia:** stomach sensitive to touch. Pressure in stomach after eating, as of a stone. Sensitiveness of epigastrium to touch.
2. **Berberis vulgaris:** stitches in region of gall bladder. < Pressure, extending top stomach, catarrh of the gall bladder with constipation and yellow complexion.
3. **Calcarea Carb:** Gall stone colic. Liver region painful when stooping. Cutting pain in abdomen.
4. **Cinchona officinalis:** Pain in right hypochondrium. Gall stone colic. Liver and spleen swollen and enlarged. Jaundice.
5. **Cardus marianus:** Gallstone disease with enlarged liver. Pain in region of liver, left lobe very sensitive. Swelling of gall bladder

with painful tenderness.

6. **Chelidonium majus:** jaundice due to hepatic and gall bladder obstruction. Gallbladder colic. Liver enlarged. Gallstones.
7. **Chionanthus:** Gallstones, bilious colic. Tongue heavily coated. No appetite. Hepatic region tender. Enlarged liver with jaundice and constipation.
8. **Dioscorea villosa:** Gallstone colic. Person of feeble digestive power.
9. **Fabiana:** It has also tonic and chologogue properties. Increase the secretion of bile. Cholelithiasis and liver affections.
10. **Feltauri:** Biliary calculi, jaundice, liquefy bile and acts as a purgative and chologogue.<sup>(11)</sup>
11. **Natrum Sulph:** Bilious vomiting, acid dyspepsia, with heartburn and flatulence. Liver sore to touch, with sharp, stitching pains.

## CONCLUSION

Healthy life style and Homoeopathy can prevent formation of gallstone, management of biliary colic, and dissolves small and medium sized gallstone during and after pregnancy.

## REFERENCES

1. Mohan H. Textbook of pathology, 5th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2008. p. 359.
2. Harrison's principles of internal medicine, 9th edition, Mc Graw Hill Education 2015
3. Sandeep sachdeva, Zulfia Khan, M Athar Ansari, Najam Khaliq- Lifestyle and gallstone disease: Scope for primary prevention, year 2011, volume: 36; Issue: 4; page 263-267
4. Moammed Hamad Al- Akeely; Management of complicated gallstone disease during pregnancy, 2003, volume 9, issue 9, page 135-138
5. Ornella De Bari, Tony Y. Wang, Min Liu, November- December, Cholesterol cholelithiasis in pregnant women: pathogenesis, prevention and treatment; Vol. 13, No.- 6, 2014: 728-745
6. Davidson's principles and practice of medicine, 19th edition, Elsevier Science Limited 2002, p. 882-884
7. [https://www.ncbi.nlm.nih.gov/books/NBK424898/Complications\\_of\\_gallstones/](https://www.ncbi.nlm.nih.gov/books/NBK424898/Complications_of_gallstones/); Created: October 24, 2012; Last Update: February 8, 2017; Next update: 2020.
8. <https://patient.info/news-and-features/gallstones-diet-sheet>
9. The Egyptian Journal of Hospital Medicine (January 2018) Vol. 70 (8), Page 1416-1420 Received: 20/12/2017 DOI: 10.12816/0044658 Accepted: 30/12/2017 Surgical Management of Cholelithiasis.
10. Synthesis Repertory, Version 9.1 by Frederik Schroyens.
11. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. New Delhi: B. Jain Publishers Pvt. Ltd; 1994