# ROLE OF HOMOEOPATHIC MEDICINES IN GALL BLADDER STONES

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**ABSRACT-**
Gall stone formation is the most common disorder of the biliary tract and it is unusual for the gall bladder to be diseased in the absence of gall stones. Cholelithiasis or gallstone disease is a very common problem worldwide. The prevalence is more in females than males. Although cholecystectomy is considered the gold standard treatment for symptomatic cholelithiasis, it has its own limitations, risks and post-operative complications. Here, an alternative system of medicine, especially Homoeopathy, plays an important role in treating cholelithiasis.

**KEYWORDS –** Cholecystitis, Cholelithiasis, Gall bladder stone, Homoeopathy.

**INTRODUCTION –**

Gallstone unwellness refers to the presence of stones within the gall bladder (GB) (cholelithiasis) or common common bile duct (choledocholithiasis) and also the symptoms and complications they cause. lithiasis and its associated complications like inflammation, redness and inflammation ar one in all the main health issues worldwide. Chronic inflammation is nearly invariably related to gallstones. The imbalance of the chemical constituents of gall leads to precipitation of 1 or additional of the parts and ultimately forms gall stones. Nearly 37%–86% of gallstones are cholesterol-rich stones, 2%–27% are pigment stones and 4%–16% are mixed stones. totally different| completely different} medicine studies have prompted a good variation within the overall prevalence between different populations. The prevalence of gallstones will increase with age, rising markedly when the age of forty years. Older individuals are 4–10 times additional seemingly to possess gall stones than younger individuals. Gallstones are often found in individuals of high socioeconomic standing and in multiparous females. additionally, patients with lithiasis have considerably higher BMI compared to the common population. feminine gender is one in all the main risk factors of lithiasis. compared to men, ladies have 2 to a few times higher prevalence of gallstones. gestation is additionally a significant risk issue for lithiasis. Sex hormones are largely liable for the magnified risk as sex hormone will increase biliary cholesteric secretion, inflicting cholesteric supersaturation within the gall. Chronic calculus inflammation normally presents with perennial attacks of higher abdominal pain. [1,2,3,4,5,6]

Liver perform tests and abdominal ultrasound are the prompt investigational procedures in suspected bile stone unwellness. extirpation is that the main selection of treatment in symptomatic bile stone cases,

and cholecystectomy (LC) is that the wide accepted operative management of bile stone unwellness worldwide. However, there ar patients WHO are either reluctant to bear surgery or are at high surgical risk. additionally, LC has some disadvantages because it could result in common common bile duct and intestine injury (2.6%), post-operative gall leak (2.3%), stone spillage (2%), post-operative colonic fistula (0.3%), post-operative biliary fistula (0.3%) or post-operative hemorrhage (0.3%) in some cases. Here, medical aid plays a crucial role in combating the sufferings because of bile stone unwellness. There are many medicines within the homoeopathic pharmacological medicine which might be thought of for gall stone disease; some distinguished medicines are common barberry, Calcareacarbonica, asterid dicot genus marianus, China, Chamomilla, genus Chionanthus, Lycopodium, genus Veratrum album, etc. However, there are only a few studies found in literature, that show positive results of well-selected personal homoeopathic medicines in these conditions. [13,14,15] during this context, the most objective of this case report is to point out the effectiveness of personal homoeopathic medication within the treatment of this often-dreaded condition, sometimes or thought of surgical, with any stress on the need of additional analysis during this field. [1,2,3,4,5,6]

**REVIEW OF LITRETURE –**

Gallstones square measure laborious, pebble-like items of fabric, sometimes manufactured from sterol or hematoidin, that kind in your bladder. Gallstones will zero in size from a grain of sand to a golf equipment. The bladder will build one giant concretion, many small stones, or each little and enormous stones.

When gallstones block the digestive juice ducts of your biliary tract, the gallstones will cause unforeseen pain in your higher right abdomen. This pain is named a bladder attack, or biliary hurting. If your symptoms continue and they're left untreated, gallstones will cause serious complications. However, most gallstones don't cause blockages and square measure painless, conjointly referred to as "silent" gallstones. Silent gallstones sometimes don't want medical treatment.

**Types of gallstones**

The two main kinds of gallstones square measure

a) cholesterol stones
b) pigment stones

Cholesterol stones square measure sometimes chromatic in color and square measure manufactured from principally hardened sterol. In some countries, sterol stones form up concerning seventy-five % of gallstones. Pigment stones square measure dark in color and square measure manufactured from hematoidin. Some folks have a mixture of each sorts of stones. [19,20,21]

**Pathogenesis**[1]

Gallstones square measure composed primarily of sterol, bilirubin, and Ca salts, with smaller amounts of macromolecule and different materials. There square measure 3 kinds of gallstones

(i) Pure sterol stones, that contain a minimum of ninetieth sterol,

(ii) pigment stones either brown or black, that contain a minimum of ninetieth hematoidin and

(iii) mixed composition stones, that contain variable proportions of sterol, hematoidin and different substances like carbonate, inorganic phosphate and Ca palmitate.

Brown pigment stones square measure primarily composed of Ca hematoidinate whereas black pigment stones contain bilirubin, Ca and/or tribasic phosphate. In Western societies and in Asian country over seventieth of gallstones square measure composed primarily of sterol, either pure or mixed with pigment, muco compound protein, and carbonate. Pure sterol crystals square measure quite soft, and

macromolecule contributes significantly to the strength of sterol stones.
In the simplest sense, sterol gallstones kind once the sterol concentration in digestive juice exceeds the power of digestive juice to carry it in resolution, so crystals kind and grow as stones. sterol is just about insoluble in solution, however in digestive juice it's created soluble by association with digestive juice salts and phospholipids within the style of mixed micelles and vesicles.
Three kinds of abnormalities are thought-about to be accountable for sterol concretion formation. sterol supersaturation, the essential demand for sterol concretion formation, would possibly occur via excessive sterol synthesis, that is that the main lithogenic mechanism in weighty persons. within the non-obese, defective conversion of sterol to digestive juice acids, thanks to an occasional or comparatively low activity of sterol sterol hydroxylase, the speed limiting protein for steroid synthesis and sterol elimination may end in excessive sterol secretion. Finally, interruption of the enterohepatic circulation of digestive juice acids may increase digestive juice saturation. Temporary interruption of the enterohepatic steroid circulation throughout nightlong fast ends up in a better cholesterol/phospholipid quantitative relation within the vesicles secreted by the liver. steroid hormone treatment conjointly reduces the synthesis of steroid in ladies.
High biliary macromolecule and lipide concentrations square measure risk factors for the formation of gallstones. bladder sludge, i.e., thickened bladder mucoprotein with small entrapped sterol crystals is assumed to be the same old precursor of gallstones. Sludge will generally cause biliary pain, rubor, or acute inflammation, [33] however sludge may resolve while not treatment. The sources of sludge square measure physiological condition, prolonged total duct nutrition, starvation, or speedy weight loss. The antibiotic cephalosporin may precipitate within the bladder as sludge and infrequently, as gallstones.
The biliary Ca concentration plays a vicinity in hematoidin precipitation and concretion calcification. several patients with gallstones have magnified biliary Ca, with supersaturation of carbonate.
Impaired motility of the bladder as seen in patient with high medulla spinalis injury or with the employment of the somatostatin analogue octreotide, has been cited as another contributory consider the event of gallstones. In theory, microscopic sterol crystals would often be washed out of the bladder if its contractions were effective enough. viscus hypomotility has been recently recognized as a primary consider sterol lithogenesis. Fiber could shield against concretion formation by dashing viscus transit and reducing the generation of secondary digestive juice acids like deoxycholate that has been related to magnified sterol saturation of the digestive juice.

**Epidemiology**

In westerners, seven-membered of males and 15 August 1945 of female's square measure affected within the age-group eighteen – sixty-five years. In >40 years, age-group, there's a 3:1 feminine preponderance and in old, the quantitative relation is equal. Gallstones square measure additional common in North America, Europe and Australia, and square measure less frequent in Asian country, the Far East and Africa. In developed countries, the incidence of symptomatic gallstones seems to be increasing and that they occur at associate early stage. There has been a lot of discussion over the role of diet in sterol concretion disease; a rise in dietary sterol, fat, total calories and refined saccharide or lack of dietary fiber are all involved.

**Aetiology**

Bile stone formation is complex, and therefore the factors concerned are associated with the sort of gallstones.
Cholesterol gallstones: cholesterin is control in resolution in digestive juice by its association with digestive juice acids and phospholipids within the type of micelles and vesicles. Biliary lipoproteins may additionally have a job in solubilizing cholesterin. In bile stone illness, the liver produces digestive

juice that contains associate way over cholesterin either as a result of there's a relative deficiency of digestive juice salts or a relative way over cholesterin. Such bile, that is concentrated with cholesterin, is termed “lithogenic”.

Disorders with the potential to induce the assembly of lithogenic digestive juice are:

a) Defective salt synthesis
b) Excessive enteric loss of digestive juice salts
c) Over-sensitive salt feedback
d) Excessive cholesterin secretion
e) Abnormal vesica operate.

Factors initiating crystallization of cholesterin in lithogenic digestive juice (nucleation factors) also are important; patient with cholesterin gall stones have gall bladder digestive juice kinds cholesterin crystals quicker than equally saturated digestive juice from patients WHO don't form gallstones.

Pigment stones: Brown breakable pigment stones ar nearly always the consequence of microorganism or parasitic infection within the biliary tree. they're found unremarkably within the Far East, wherever infection within the biliary tree permits microorganism beta-glucuronidase to hydrolyse conjugated animal pigment to its morpheme, that then precipitates as metal bilirubinate. haematolysis is very important as these stones occur in chronic haemolytic illness.

Biliary slug: The term ‘biliary sludge’ describes digestive juice that is in an exceedingly gel kind that contains various crystals of microspheroliths of metal bilirubinate granules and cholesterin crystals moreover as glyco-proteins. it's a vital precursor to the formation of gallstones within the majority of patients. Biliary sludge is often shaped underneath traditional conditions, then again either dissolves or is cleared by the gallbladder; solely in regarding 15 August 1945 of patients will it persists to create cholesterin stones. Fasting, duct nutrition and maternity also are related to sludge formation.

**Clinical features**

The bulk of gallstones are well, and stay thus, solely regarding 100% of these with bilestones develop clinical proof of gallstone illness.

Symptomatic gallstones manifest either as biliary pain [biliary colic] or as a consequence of rubor. If a bile stone becomes acutely wedged within the cystic duct, the patient can expertise pain. The term ‘biliary intestinal colic’ could be a name as a result of the pain will nor rhythmically increase or decrease in intensity as in colic intimate in enteric and urinary organ illness. Instead, the pain is often of abrupt onset and is sustained for regarding a pair of hours. Its continuation for over half-dozen hours suggests that a complication like rubor or rubor has developed. Pain is felt within the region (70% of patients) or right higher quadrant (20% of patients) and radiates to the inter-scapular region or to the tip of right shoulder bone, however different sites embrace the left higher quadrant, the region and therefore the lower chest; the pain will be confused with intra-thoracic illness, rubor, infarct or dissecting cardiovascular disease.

Combinations of fatty food intolerance, upset stomach and flatulence not attributably to different causes are observed as ‘gall stones dyspepsia’. These symptoms don't seem to be currently recognized as being caused by gall stones and are best thought to be non-ulcer upset stomach.

**Diagnosis**

Blood tests showing high levels of exocrine gland enzymes (amylase and lipase) typically indicate an identification of rubor. Elevated levels of the liver accelerator amino acid aminopherase (ALT) are terribly specific in characteristic bile stonerubor.

Imaging techniques are helpful in confirming an identification – Ultrasound, X-radiation (CT) scan, alongside laboratory tests, will verify the severity of the condition.

**Laboratory Tests**

Bilirubin and therefore the accelerator alkalescent enzyme are typically elevated in acute rubor, and particularly choledocholithiasis (common bile duct stones)

Levels of liver enzymes called aspartate aminopherase (AST) and amino acid aminopherase (ALT) are elevated once common common bile duct stones are gift. A threefold or additional increase in altitude powerfully suggests rubor.

A high white blood corpuscle count could be a common finding in several (but not all) patients with rubor.

A number of techniques – scrutiny retrograde cholangiopancreatography (ERCP), scrutiny ultrasound (EUS) and resonance roentgenography (MRC) – effective for police investigation common common bile duct stones. Only ERCP, however, permits removal of the stones.

Imaging Techniques

Ultrasound. Ultrasound could be a straightforward, rapid, and noninvasive and diagnostic methodology to discover gallstones, acute rubor. Air within the vesica wall could indicate gangrene. X-Rays. commonplace x-rays of the abdomen could discover calcified gallstones.

**Complications**

In the gallbladder:

a) Silent stones
b) Chronic rubor
c) Acute rubor
d) Gangrene
e) Perforation
f) Empyema
g) Mucocele
h) Carcinoma

In the digestive juice ducts:

a) Obstructive jaundice
b) Cholangitis
c) Acute rubor

In the gut

a) Acute obstruction (‘gallstone ileus’)

Occlusions of the cystic duct for any prolonged amount of your time ends up in acute rubor. different complications embrace chronic rubor, and a mucocele of the gall-bladder, within which there's slow distension of the gall bladder from continuous secretion of mucous secretion. If this material becomes infected, associate inflammatory disease develops. metal could also be secreted into the lumen of the hydropic vesica, inflicting limy digestive juice and if metal salts ar precipitated within the gall bladder wall, the tomography looks of ‘porcelain’ vesica results.

Gall stones within the vesica (cholecystolithiasis) migrate to the vesica (choledocholithiasis) in or so 15 August 1945 of patients and cause biliary intestinal colic, however they will be well. Rarely, fistulae develop between the gall bladder and small intestine, colon or abdomen. Air is going to be seen within the biliary tree on plain abdominal radiographs. If a stone larger than a pair of.5 cm in diameter has migrated into the gut it should impact either at the terminal small intestine or often within the small intestine or sigmoid flexure. The resultant obstruction could also be followed by ‘gallstone ileus’.

Rarely, gallstones wedged within the cystic duct cause stricting within the common duct (Mirizzi's syndrome), leading to clogging jaundice.
Carcinoma of vesica is rare, though it's recognized additional oftentimes in an exceedingly ageing population and in a 'porcelain' vesica. Cancer is sometimes diagnosed as associate incidental microscopic anatomy finding following extirpation for bile stone illness.

**Prevention**
Diet may play a role in gallstones.
Fats. Although fats (particularly saturated fats found in meats, butter, and other animal products) have been associated with gallstone attacks, Fiber. High intake of fiber has been associated with a lower risk for gallstones. Nuts. Studies suggest that people may be able to reduce their risk of gallstones by eating more nuts (peanuts and tree nuts, such as walnuts and almonds).
Fruits and Vegetables. had the lowest risk of developing symptomatic gallstones that required removal of the gallbladder.
Lecithin. Lecithin is a key component of bile. It contains choline and inositol, two compounds that are important for the breakdown of fat and cholesterol. Low levels of lecithin may precipitate the formation of cholesterol gallstones. Dietary lecithin is available in health food stores and is found in eggs, soybeans, liver, wheat germ, and peanuts. There is no evidence, however, that lecithin supplements or foods containing it can prevent gallstones in humans.
Sugar. High-intake of sugar has been associated with an increased risk for gallstones.
Alcohol. A few studies have reported a lower risk for gallstones with alcohol consumption. Preventing Gallstones during Weight LossMaintaining a normal weight and avoiding rapid weight loss are the keys to reducing the risk of gallstones.

**Management**
Asymptomatic gallstones found incidentally are not usually treated because the majority will never give symptoms. Symptomatic gallstones are best treated surgically, and minimal access techniques have largely replaced non-surgical treatment. Gallstones can be dissolved and fragmented in the gallbladder or removed mechanically from the common bile duct.
Medical dissolution of gallstones can be achieved by oral administration of the bile acid, ursodeoxycholic acid. Radio-lucent gallstones, a gallbladder that opacifies on oral cholecystography. Stones not larger than 15 mm in diameter, moderate obesity and no or almostmild symptoms are the features which suggest that drug therapy may be feasible. Success can be expected in approximately 75% of patients who fulfill their criteria. Occasionally, direct contact dissolution therapy is attempted via percutaneous catheters or catheters placed at ERCP. ESWL is expensive and not widely available. Bile salt therapy is necessary following lithotripsy to dissolve the gallstone fragments within the gallbladder. As in the case of oral bile salt therapy, only 30% of all patients with gallbladder disease are suitable for lithotripsy. All the therapeutic regimens which retain the gall bladder have a 5% reoccurrence of stones after 5 years.
Some rubrics related to it in different repertories:
**In synthesis, ver 10.2:**
Abdomen, gallstones: (Pain – liver – colic) ARS, aur, bapt, bell, berb, bold, Bry, calc, calc-f, card-m, Cham, chel, chin, chion, chlf, chol, coloc, cupr, dig, dios, eberth, euon, euon-a, euonin, fab, fel, ferr-s, fuma-ac, gels, guat, hed, Hydr, jug-c, lach, Lept, lith-c, lob, lyc, mag-p, mag-s, mand, mang, MERC, merc-d, myric, morg-g, morg-p, nat-s, nat-sal, nit-s-d, nux-v, Phos,podo, ptel, sang,sulph, tarax, thlas,

verat, vichy-g.
Abdomen, gallstone colic: (see pain – liver –colic) ars, atro, atro-s, Bapt, BELL, BERB, Bry, cal-bil, Calc, CARD-M, Cham, Chel, CHIN, Chion, Chlf, Chlol, colch, Coloc, cupr, dig, Dios, Fab, gels, hep, hydr,Ip, Iris, kali-ar, Kali-bi, Kali-c, Lach, laur, Lept, Lith-c, LYC, mag-bcit, Mag-m,Mag-s, mand, mang, menth, merc, Merc-d,morph-act, NAT-S, Nux-v, op, podo, puls, rhus-t,ric, Sep, sil, staph, sulph, tab, ter, trios,VERAT.

**In Boericke's repertory:**
Abdomen, gall-bladder – biliary calculi (cholelithiasis) – Aur.; Bapt.; Berb.v.; Bolod.; Bry.; Cal.c.; Card.m.; Chel.; Chionanth.; Cholest.; Cinch.; Diosc.; Feltauri; Ferr.s.; Gels.; Hydr.; Jug.c.; Lach.; Lept.; Myr.; Nux-v.; Pichi.; Pod.; Ptel.; Tarax.
Abdomen, gall-bladder, Biliary colic – Ars.; Atrop. sul.; Bell.; Berb.v.; Calc.c.; Card. m.; Chionanth.; Cinch.; Col.; Dig.; Diosc.; Gels.; Hydr.; Ipec.; Lyc.; Morph. acet.; Nux v.; Op.; Tereb.

**In complete repertory:**
Abdomen, pain, general, liver, colic, gall-stones – Aml-n, Arge, Ars, Atro, Aur, Bamb-a, Bapt, BELL, BERB, Bold, Bry, Calc, Calc-f, CARD-M, Cham, Chel, CHIN, Chion, Chlf, Chlol, Chol, Coloc, Cupr, Dig, Dios, Erig, Euon, Fab, Fel, Ferr-s, Gels, Hep, Hydr, Ip, Iris, Jug-c, Kali-ar, Kali-bi, Kali-c, Kreos, Lach, Laur, Lept, Lith-be, Lith-c, Lob, LYC, Mag-c, Mag-m, Mag-p, Mag-s, Mang, Menth, Merc, Merc-d, MORG, Morph, Myric, NAT-S, Nux-v, Op, Ozone, Phos, Podo, Ptel, Puls, Rhus-t, Ric, Sang, Sep, Sil, Sulph, Tab, Tarax, Ter, Trio, VERAT.

**In Clarke's clinical repertory:**
Clinical, gall-stones: berb, calc, card-b, chel, chlf, chol, euonin, euon-a, fel, lach, lith-c, lob, mang, nit-s-d, nux-v, fab, podo, ptel, tarax, thlaspi, vichy-g.

**In Murphy's repertory:**
Liver, gallstone, colic pain from – am-m, alum, ars, aur, bapt, BELL, BERB, bry, CALC, CARD-M, cham, chel, CHIN, chion, CHOL, COLOC, cupr, dig, DIOS, euon, fel, ferr-s, gels, hep, hydr, ip, iris, jug-c, kali-ar, kali-bi, kali-c, lach, laur, lept, lith, LYC, mag-p, mang, merc, merc-d, MORG, myric, NAT-S, nux-v, op, osm, phos, podo, puls, rhus-t, sang, sep, sulph, tab, tarax, ter, thuj, VERAT.

**In Boger's repertory:**
Hypochondria, gallstones and colic: Ars, bell, Calc-c, card-m, chel, Chin, colo, hep, lach, lyco, Mag-m, Merc-d, Nat-s, nux-v, Pod, sil, Sul, terb, ver-a.
Some indication of frequently prescribed medicines for gall-stones: [13,14,18,25,27,24,23,22]
**CARDUS MARINUS**:
One of the great medicines for gallbladder stones. There is increased acidity in the stomach. Empty eructation's, heartburn and nausea; vomiting of bile, followed by burning, stitching, sore pains in the stomach. Much distension and sharp wandering colic pains and stitching in the abdomen. Terrible attacks of gall-stone colic. Pain on the right, bellow the last ribs in the region of the liver, the taste in mouth is bad and the skin is yellow-colored. The gall-bladder is enlarged and tender, the region of the liver is uncomfortable and there is sensation of fullness and constipation alternates with diarrhea with clay color stools. The complaints are aggravated by lying on the right side, and on stooping causes stitches on the right bellow ribs, worse from motion and pressure on the affected part. Better from sitting

up in bed and from lying on the unaffected side.

**CALCAREA CARBONICA**:

The abdomen may feel swollen on the right and be very sensitive to pressure, with cutting pains that extend to the chest and are worse from stooping, the person feels worse from standing, exertion, and better from lying on the painful side. Calcareacarbonica is often indicated for people who tired easily, feel cold and sluggish with clammy hands and feet, crave sweets, and tend to feel anxious and overwhelmed when ill.

**CHELIDONIUM MAJUS**:

This remedy is indicated when pain upper abdomen extends to the back, right shoulder, and shoulder-blade. The abdomen is distended, with a constricting feeling as if a string were pulled across it. Pain is worse from motion, and lying on the left with the legs drawn up may help. The person may feel nauseous, especially after eating fat or drinking something cold. The person may feel tired, worse from being cold, and worse in the early morning.

**BELLADONNA**:

Extreme sensitiveness: specially to jarring. Face red: hot. Hyperesthesia: extreme irritability of whole economy or nerve centers. Extreme irritability.

**CHINA**:

FARRINGTON says: 'Bell. Is useful in cholelithiasis, but the remedy to cure the condition permanently is Cinchona. Unless some symptom or symptoms call specifically for another drug, put your patient on a course of Cinchona.Pain in the hepatic region, worse from touch. Shooting in region of liver, tenderness and pain on touching the part. Liver region sensitive to least pressure. Obstruction in gallbladder with colic; periodic reoccurrence; yellow skin and conjunctivae; constipation with dark greenish scytale. Biliary calculi. Intensely sensitive to touch, to motion, to cold air. Periodicity: pains come on regularly at a given time each day; or every night at 12 o' clock. Drenching night sweats.

**NUX-VOMICA**:

Gall-stone colic with sudden severe pains on right side; spasms of abdominal muscles with stitching pains in liver. Jaundice, aversion to food, fainting turns; gall-stones. Constipation nearly always. Liver swollen, indurated, sensitive, with pressure and stinging. Cannot bear tight clothing. Oversensitive, irritable, touchy. Ineffectual urging to stool, irregular peristalsis. Chilly, if he uncovers or moves.

**BERBERIS**:

"An excellent remedy for renal calculi; also, for gall-stones associated with renal disease. Pain shooting. The patient cannot make the slightest motion, sits bent over to painful side with relief. Symptom peculiar to Berberis is a bubbling feeling as if water coming up through the skin. Stitching pains under border of false ribs in right side, shoot from hepatic region down through abdomen." FARRINGTON.

Radiating pains from a particular point puts Berberis almost alone for radiating pains. Has cured renal colic many times, because of its well-known ability to shoot out in every direction. It cures gall-stone colic when little twinges go in every direction from that locality. The liver is full of suffering. Sudden stabbing like a knife puncturing the liver. Dreadful suffering. Berberis, when indicated, will let the little gall-sone loos, and it will pass through, and the patient will take a long breath…… Anything that is spasmodic can be relieved instantly." KENT.

**DIOSCOREA**:

Hard, dull pain, gall-bladder, at 7 p.m. Neuralgia and spasmodic affections of liver and gall-ducts. Cutting, squeezing, twisting pain. Colic begins at umbilicus and radiates to all parts of body, even

extremities. A constant pain, aggravated at regular intervals by paroxysms of intense suffering. Unbearably sharp, cutting, twisting, griping or grinding pains; dart about and radiates to distant parts. Worse doubling up. Better stretching out, or bending back. Better hard pressure.

**LITHIUM CARB**:

Gall-stones. Violent pain in hepatic region between ilium and ribs. Soreness and pain in bladder: sharp, sticking. Red nose is characteristic

**CHIONANTHES**:

A great liver and gall-stone-colic medicine. Better lying on abdomen. Heat with aversion to cover. Very bitter eructation's. Hot, bitter, sour, sets teeth on edge. Hypertrophy of liver: obstruction: jaundice. Soreness. Nausea and retching with desire for stool. Sensation of double action in stomach, while vomiting, one tying to force something up, the other sucked it back. Colic and cold sweat on forehead.

**LYCOPODIUM**:

Pain in liver; recurrent bilious attacks with vomiting of bile. Subject to gall-stone colic. After Lyc. The attacks come on less frequently, the bilious secretion becomes normal and the gall-stones have a spongy appearance, as though being dissolved. Lyc. patients are always belching: sour eructation's like strong acid burning in pharynx. Bloating: obliged to loosen clothes. Worse cold drinks, often > warm drinks. Worse afternoons: 4-8 p.m. aggravation. Generally, craving for sweets.

**HYDRASTIS**:

Skin yellow; stools white and frequent: fullness and tenderness over hepatic region. Catarrhal inflammation of mucous lining of gall-bladder and biliary ducts. Cutting from liver to right scapula. < lying on back on right side.

**HEPAR**:

LILIENTHAL gives Hepar as one of the remedies of gall-stone colic. It has stitches in region of liver. Hepatitis, stools white or green. Is extremely sensitive mentally and physically. Cannot bear the slightest touch: or pain. Cannot stand draughts: craves vinegar.

**VERAT. ALB**:

Is in Kent's repertory for gall-stone colic. It has, Hyperaemia of liver, gastric catarrh, putrid taste, disgust for warm food, great pressure on hepatic region with vomiting and diarrhea. In verat cases, there will be profuse sweating; cold sweat on forehead; Hippocratic face. Pain maddening, driving patient to delirium. Typically, cold skin, cold face, cold back, cold hands, feet and legs, cold sweat.

**MERC.SOL**:

Pressing pains; stitching in liver. Cannot lie on right side. Jaundice: violent rush of blood to head: bad taste: tongue moist and furred: soreness hepatic region: from gall-stones. Violent stitches in hepatic region, could not breathe or eructate. Worse night: worse warm in bed: worse for the profuse sweat. Foulness of mouth and sweat. Merc loves bread and butter.

**PHOSPHORUS**:

Probably more important for the treatment of liver, leading to gall-stones, then for the acute attack? Great tenderness liver region. Craving for ice-cold drinks, vomited when warm, vomiting followed by great thirst. Worse lying on left side. Anxious and restless in the dark.

**ETHER**:

FARRINGTON: "In the passage of gall-stones, when remedies fail to relieve, I find that ether, externally and internally, is very good. Acting better than chloroform."

**CHLOROFORMUM**:

Cholesteric gall-stones and biliary colic. CLARKE says: "Chloroform will dissolve gall stones, and cases have been treated by injection of chloroform into gall-bladder." Hot wet flannels: Squeeze a

flannel out in hot water, and apply. Have a hot bottle over this, to keep up the moist relaxing heat.

**CARLSBAD WATERS**:

Almost specific, RUDDOCK says, for gall-stone colic.

**CONCLUSION-**

In conclusion, gall bladder stones are common, morbid, and highly recurrent. The pathophysiology of gall bladder stone formation is diverse, and includes a combination of genetic and environmental factors. Several endocrinological disorders increase the risk of stone formation. Metabolic evaluation of patients with gall bladder stones helps to identify the underlying etiological factors and provides an opportunity to institute preventive lifestyle and/or pharmacologic measures to reduce stone recurrence risk. It is affecting daily routine and decreasing the Quality of Life. Homoeopathy has wonderful role in treatment of it in compare to other conventional treatment. Homeopathy treats the patient as a whole, taking note of causative factors, sign and symptoms and framing a totality of symptoms for the individualization purpose, which in turn helps in selection of similimum. Homoeopathy offers a complete, gentle and permanent cure in case of gall bladder stone.

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