CASE REPORT

A case of gallstone with prostatomegaly

Madhu Sudan Ghosh, Ratan Chandra Shil¹, Abhijit Chakma

ABSTRACT

Gallstone formation is the most common disorder of the biliary tree. Surgical intervention is the choice of treatment in most of the cases. In many occasions, this surgical intervention can be avoided through proper homoeopathic treatment. This case of gallstone with prostatomegaly treated with homoeopathic medicines, reported here is such an example. After going through detailed case-taking and repertorization, initially Sulphur and later on Medorrhinum was prescribed based on symptom totality. The case has been cured in respect of both symptomatologically and pathologically as evident by follow up investigations.

Keywords: Cholecystectomy, Gallstones, Homoeopathy, Individualization, Murphy’s sign, Prostatomegaly

INTRODUCTION

Gallstone formation is the most common disorder of the biliary tree and it is unusual for the gallbladder to be diseased in the absence of gallstones. In developed countries, the incidences of symptomatic gallstones appear to be increasing. Gallstones are less frequent in India, Far East and Africa.[1] It is estimated that gallstones are present in 10–15% of the adult population in USA.[2] Gallstones may be present at any age but are unusual before the third decade. The prevalence is two to three times higher in women than men, although this difference is less marked in the sixth and seventh decade.[3] Gallstones are of two major types cholesterol stones (80%) and pigment stones (20%). Pigment stone are again subdivided into “black” and “brown” types. Pigment stones are composed primarily of calcium bilirubinate and contain <20% cholesterol.[4] Brown pigment stones are mostly the consequence of bacterial or parasitic infection in the biliary tree. In chronic hemolytic diseases, formation of black pigment stones occurs.[5] Risk factors for cholesterol stones can be summed up in four Fs-Fat, Female, Fertile (multipara) and Forty.[5] Note- Here word ‘Forty’ should be kept, not numerical ‘40’.

Gallstones are asymptomatic in the majority of cases (>80).[2] Over a period of 10-15 years, approximately 20% of these stones produce symptoms. Gallstones usually produce symptoms by causing inflammation (acute cholecystitis) or obstruction following their migration into the cystic duct or common bile duct (Biliary colic). In biliary colic, the initial site of pain is epigastrium or right upper quadrant of abdomen. Radiation may occur over right shoulder and right sub-scapular region. It begins suddenly and may persist for 30 minutes to 5 hours, subsiding gradually or rapidly. Nausea and
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vomiting frequently accompany episodes of biliary pain. The pain may be precipitated by eating a fatty meal, consumption of large meal after fasting. It is frequently nocturnal, occurring within few hours of retiring. In acute cholecystitis, the initial features are similar to biliary colic. However, over a number of hours there is progression with severe localized right upper abdominal pain. An episode of biliary pain persisting beyond 5 hours causes suspicion for acute cholecystitis. Pain is associated with tenderness or muscle guarding or rigidity (Positive Murphy’s sign tenderness of right upper quadrant of abdomen that is exacerbated by the examiner’s right sub-costal palpation during inspiration).\[3\] As diagnostic aid, ultrasonography is very accurate in the identification of cholelithiasis. Radioisotope scan can accurately identify cystic duct obstruction and simultaneous assessment of bile duct.\[4\] Cholecystectomy is one of the most common operations performed by general surgeons.\[2\]

There are few homoeopathic books where considerable numbers of medicines are mentioned covering the pathogenesis of gallstones and enlarged prostate gland. A meticulous search of different literatures and thorough internet sources (i. e., AYUSH Research Portal, Pubmed/Medline, ClinicalTrials.gov, ScienceDirect.com, etc.) reveal very few writings on treatment of gallstones and management of prostate gland enlargement through Homoeopathy, but most of them are of clinical trials with assigned or particular homoeopathic drugs like *Fel tauri* in the management of cholelithiasis.\[6\] Works carried out on gallbladder diseases like effects of homoeopathic drugs in gallbladder diseases,\[7,8\] post-therapeutic evaluation of gall bladder disease cases by ultrasonography in response to homoeopathic treatment,\[9\] evidence-based clinical study in cases of cholelithiasis in response to homoeopathic treatment are encouraging for the profession, but need further evaluation.\[8\] Treating benign prostatic hyperplasia in elderly,\[10\] a clinical trial on constitutional, organopathic and combined homoeopathic treatment of benign prostatic hypertrophy,\[11\] an evidence-based case study of benign prostatic hyperplasia analysis and homoeopathic treatment of benign prostatic hypertrophy,\[12\] evidence-based clinical study to assess the usefulness of homoeopathic medicines in patients of benign prostate hyperplasia\[14\] are few works worthy to mention on prostatomegaly.

**CASE REPORT**

A man aged 54 years of moderate built attended the Outpatient Department (OPD) with following complaints:

- Dull pain in back (lumber region) for 1 year with aggravation (<) on walking and amelioration (>) on pressure. This pain started gradually and may be occupational; patient took analgesics when pain gets aggravated
- Difficulty in passing urine with unfinished, burning sensation for 2 months which may be due to enlarged prostate; more urination during and morning. No treatment adopted so far for this complaint.
- Mild dull, aching pain in right hypochondria for 3 months; pain may be due to gallbladder stone, having gradual onset and more on exertion, less on rest; no medicine taken yet
- Burning soles for 3 months; aggravation at night and amelioration by putting feet in water; no medicine taken yet.

Before attending homoeopathic OPD, patient had consulted an allopathic physician for above-mentioned complaints who advised Ultrasonography (USG) of whole abdomen for this complaint. On USG, a biliary calculus of 0.54 cm was detected with prostatomegaly. The size of prostate was 26.3 gm and a residual urine volume of 60.5 cc. The doctor advised patient to undergo surgery. But the patient came for homoeopathic treatment to avoid the surgery.

The patient had chicken pox and typhoid at 7 years and 17 years of age, respectively, with family history of prostatomegaly (father) and hypertension (mother). Patient by occupation is a local mechanic, belonging to low socio-economic group with habit of occasional smoking. His appetite is good, cannot endure hunger which causes irritability; there is increased appetite before attack of any disease. He has desire for sweets, spicy food with aversion to meat. Thirst is more at night with dryness of tongue in the morning after rising from bed; regular bowel movement with mild offensive perspiration on trunk. Patient is hot and has dream of ghosts. Patient was found to be mild, gentle who desires company. On local and systemic examination, no significant findings found except mild pain and tenderness on right hypochondria.

While analyzing the case, general as well as particular symptoms were classified into common, uncommon and evaluated as per their merit. Characteristic mentals,
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Physicals, generals, particulars, and few diagnostic symptoms were considered for erecting the totality of symptoms. Desire for company, mildness, hot patient, desire for sweets and spices, dream of ghosts, increased appetite before onset of any disease, burning sole, thirst at night, dryness of tongue were important generals, taken for totality. Low back pain, burning in urethra and pain abdomen were the particulars included in the totality. Diagnostic symptoms of gallstones and swelling of prostate gland were also considered for totality. Miasmatic analysis of all the presenting symptoms was processed with the help of Repertory of miasm, which shows the predominance of psora. Considering above symptomatology, synthesis repertory was selected and using RADAR 10 software, systemic repertorization was done. The repertorization chart is given in Table 1.

Treatment and follow-up

Sulphur was prescribed on 1st visit considering the repertorial totality, and miasmatic background. With change of symptoms, Medorrhinum was prescribed in subsequent follow-up. Patient improved symptomatologically and no stone in gallbladder with absence of prostatomegaly was observed as evident from subsequent USG findings. The details of the follow-up, response of prescribed medicines are given in Table 2.

**DISCUSSION AND CONCLUSION**

In modern medicine, there is very limited scope of conservative treatment for gallstones. The only treatment for symptomatic gallstones is surgery. In asymptomatic cases, they just observe the patient or perform prophylactic medicine.

**Table 1: Repertorization chart I**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Repertory</th>
<th>Repertory</th>
<th>Repertory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burning sole</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Thirst at night</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Dryness of Tongue</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Desire for sweets and spices</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Dream of Ghosts</td>
<td>13</td>
<td>14</td>
<td>15</td>
</tr>
</tbody>
</table>

**Table 2: Follow up**

<table>
<thead>
<tr>
<th>Date of first visit</th>
<th>Indications for prescription</th>
<th>Medicines with doses, repetition</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/05/2013</td>
<td>Repertorial totality with consultation of Materia Medica</td>
<td>Sulphur 200C; 2 doses, OD followed by placebo for 28 days; patient is advised not to take fatty food</td>
</tr>
<tr>
<td>12/06/2013</td>
<td>Low back pain is same as before. Difficulty in passing urine is same, but burning during urination is slight improved. Mild tenderness on right hypochondrium still present. Few new symptoms found-acute forgetfulness for 5 days and dry nocturnal cough &gt; lying on abdomen for last 12 days. The repertorization chart is shown in table 3</td>
<td>Medorrhinum 200C; 1 dose, OD followed by placebo for 28 days</td>
</tr>
<tr>
<td>13/07/2013</td>
<td>Acute forgetfulness and nocturnal cough disappeared. All other complaints also improved notably. No tenderness in right hypochondrium</td>
<td>Placebo for 21 days</td>
</tr>
<tr>
<td>05/08/2013</td>
<td>Low back pain and difficulty in micturition is slight aggravated. No tenderness in right hypochondria</td>
<td>Medorrhinum 1M; 1 dose, OD followed by placebo for 29 days</td>
</tr>
<tr>
<td>03/09/2013</td>
<td>All complaints have disappeared except slight trace of low back pain</td>
<td>Placebo for 21 days; USG of whole abdomen was advised</td>
</tr>
<tr>
<td>25/09/2013</td>
<td>There is no new complaint or recurrence of old symptoms. USG shows no calculus in gallbladder. Prostate gland is normal and volume is 14.2 gm</td>
<td>No medicine prescribed</td>
</tr>
</tbody>
</table>

USG: Ultrasonography; OD: Once a day
cholecystectomy.[2] Homoeopathy is a specialized system of medicine which treats the patient not the disease.[21] Sonologically, disappearance of gallstone is a documentary evidence of cure in the light of modern medicine. In this case, after repertorization, a group of medicines were found and Sulphur, Sepia, Calcarea carb, Phosphorus were the leading remedies. After consultation of Materia Medica, Sulphur was prescribed on the basis of totality of the symptoms.\[18,19,22-24\] But in next visit, new medicine was prescribed on the basis of some new striking symptoms which the patient previously never felt and those were not symptoms of Sulphur. So, it was necessary to change the remedy depending on the existing totality[25] and thus after fresh case-taking, Medorrhinum was prescribed on the basis of totality of symptoms of the patient marked during 2\textsuperscript{nd} visit, i. e., acute forgetfulness about the names of people,[26] makes purchases and forgets to bring them,[16] desires sweet, dry nocturnal cough which \textgreater lying on abdomen,[16,26] enlarged prostate[27] and dreams of ghosts.[16] Individualization is the prime and foremost necessity in homoeopathic treatment. In introduction part, it shows that many works were already done on prostatic hyperplasia but very little is documented. Thus, this case of gallstone with prostatomegaly has significance to report and shows that such surgical conditions can be well managed with Homoeopathy. This system of medicine has lots to offer to medical profession, especially where surgical intervention is the primary choice of treatment.

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REFERENCES

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