

MANAGEMENT OF ACUTE CHOLECYSTITIS: A CASE REPORT

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ABSTRACT

In patient presenting with classic sign and symptoms of cholecystitis, the diagnosis is made based on confirmatory imaging studies. Here we discuss the case of presenting with symptoms of cholecystitis. A 33-year-old female patient reported at OPD at Herbal Health Care Hospital, Kokuvil, Jaffna in June 2022. She is a diagnosed case of acute cholecystitis with severe pain on abdomen, distention of abdomen and vomiting. As per the patient she had gradually developed these symptoms in past 3 years. In an attempt to get rid of these problems she consulted many Allopathic doctors and took allopathic drugs. But owing to no improvement in the condition the patient was advised to undergo surgery. As she was not willing to undergo surgery, she consulted Siddha Ayurveda physician and taken Siddha Ayurveda treatment for the same. Herbal formulation are better alternative natural remedies and it is safe, simple effective, self-administrative source of treatment. It is concluded that the combination of the siddha medical herbal treatment is effective in the management of Pithapaikalnoi (Gall stone)

Keywords: pithapaikalnoi, cholecystitis, Allopathic, Herbal Health Care

INTRODUCTION

Cholecystitis most commonly occurs as a complication of gallstone disease but can

also occur without gallstones, termed cholecystitis. In the great majority of cases, obstruction of the biliary tract from stones leads to acute cholecystitis. The 10% of all cases of cholecystitis are attributed to a calculus disease¹. Calculous and acalculous disease present with similar findings including abdominal pain, nausea and vomiting. The complaint of worsening of pain after high -fat containing meal is frequently present². The gallbladder is a pearl -shaped sac, about 7-10cm long with an average capacity of 30 – 50ml. When obstructed, the gallbladder can distend markedly and contain up to 300ml³. The same peritoneal lining that covers the liver covers the fundus and the inferior surface of the gallbladder. The liver produces bile continuously and excretes it into the bile canaliculi. The adult normal consuming an average diet produces within the liver 500-1000ml of bile per day⁴. The bile is responsive to neurogenic, humoral and chemical stimuli. Bile is mainly composed of water, electrolytes, bile salts, proteins, lipids and bile pigments. Sodium, potassium, calcium and chlorine have the same concentration in bile as in plasma or extracellular fluid. The primary bile salts, cholate and chenodeoxycholate are synthesized in the liver from cholesterol. Gallbladder stone affects more than 10 - 15% of the population. The acute cholecystitis episodes during lifetime⁵ Gallstone usually occur in conjunction with cholecystitis which means

inflammation of the wall of the gallbladder. Siddha medicine refers to gallstone as Pithapaikal is a solid crystal deposit that forms in gallbladder which is pear shaped organ that stores bile The gall stone disease has not been mentioned in brief in Siddha Medical classics. The bile secreted from gall bladder can be correlated with primarily above disease is associated with AzhalKutram and secondary Valikutram and Iya Kutram are affected⁶. The diagnosis, treatment and lifestyle prescription in Siddha medical base on Muthosa (tridosha) concept. The management of Pithapaikal (Gallstone) must be focused on AzhalKutram (Pitam) mitigation. In addition to detoxification therapies and pita pacifying medication. Virechanam is one of the detoxification procedures in the Siddha medicine. It involves therapeutic purgation after administration of medicine. This procedure removes the pitta dosas from the body.

Patient information

A 33-year-old female patient reported at OPD of Herbal Health Care Hospital, Kokuvil, Jaffna. In June 2022 she was diagnosed case of acute cholecystitis with severe pain abdomen, distention of abdomen and vomiting. As per the patient she had gradually developed these symptoms in past 3 years. In an attempt to get rid of these problems she consulted many Allopathic doctors and prescribed the following: Panadeine 1g o 6hours, Cefuroxime 500mg o, bd, Metronidazole 400mg o, tds, Domperidone 10mg tds, Omeprazole 20mg IV, bd, but owing to no improvement in the condition, the patient was advised to undergo surgery (Fig-4). As she was not willing to undergo surgery and consulted Siddha Ayurveda physician and taken treatment for the same.

At first the following investigations were done. Complete blood count, Random blood sugar, was done. Detailed USS –of abdomen and report revealed

acute necrotic peri pancreatitis collection with inflammatory changes in omentum. Mild ascites, Tiny GB calculi.

Clinical findings & diagnostic assessment

Patient's disease brief history was noted. A general clinical examination was performed. Blood pressure was found normal. On general palpation abdominal tenderness and gardening was noticed. She had nausea, intermittent abdominal pain, aversion and fear to eat.

Known case of:

1.Acute necrotic Peripancreatic collection with inflammatory changes in Omentum

2.Tiny GB calculi (Fig- 1, Fig-2 & Fig3)

Therapeutic intervention

Informed consent was obtained from patient. The patient was advised to follow a diet plan along with the medication. She was advised to avoid certain food items such as oily & fried items, salt and heavy meals. Siddha Medicine was prescribed.

Treatment Plan:

1.Purgation: they work by stimulating the secretion of bile from gall bladder and activating “Samanavayu” the linear moving Vata that governs peristalsis. Castor oil is also commonly used as a purgative-every week

2. Certain Laxative herbs used in gallbladder stones: Bulking and Moistening laxatives “Nilapavalchurnam” 5 g with hot water after bed time for every night-45days.

3.Keelkai Nelli kudineer: 60- 90 ml. twice per day -45days.

4.Kanchanar Gugulu; 2tab. twice per day-45days.

5.Thripala tab. twice per day-45days.

6.Apple cider vinegar + Honey mixed with equal amount 15ml twice per day-45days.

7.Sangupatpam100mg+
Panchatheepakinychurnam 5g twice per
day-45days.

Diet – Recommended during the
treatment

Plan Dal-Khichadi, porridge, vegetable
soups, boiled vegetables, soft fruits and
juices.

Not Recommended

Spices, fried, oily, salt, heavy meal,
raw vegetables.

RESULTS

After the course of Siddha medicines
patient gradually felt better health
condition from the beginning. Completion
of 45 days of therapy she was advised to
go for ultrasonography to check the Health
condition and effectiveness of the drugs by
comparing with that of previous scan
report. The results obtained as follows;

Before treatment

Ultra sound scan

Acute necrotic peripancreatic
collection, inflammatory changes in the
omentum, mild ascites, tiny GB calculi
(Fig-1)

After the treatment

No evidence of acute & chronic
pancreatitis. Pancreas appears normal.
(Morphology)

No fluid collection, No bowel massed
seen in Abdomen.No GB calculi. (Fig-II) .

DISCUSSION

According to Siddha Medicine, the
Vatham, pitham, kapham play a role in
formation of gallstones. Intake of hot,
spicy food, alcohol increase the Pitham. It
creates the basis for stone formation.
Intake of fatty, heavy foods increased
Kapham with Pitham and produces a
highly stick mixture. Vatham dries this

mixture and moulds it into shape of a
stone. Siddha Medical treatment
eliminates the need for surgery by
assisting the expel of bile stones naturally.

Kanchanargugulu , Thripala tablets
content the herpes have Chedana,
Bhedana, Mootrala, Basti Shodhana,
Anulomana, Theepana, Paachana,
VedanaaSthaapana and Kapha Shaamaka
properties, it is also helpful to dissolve or
reduce the size of Gall stone⁷.

Nelli (*Emblica officinalis*) is a potent
anti- oxidant and are also known to possess
anti -inflammatory activities⁸. Nelli is
considered as one of the best anti -
oxidants, hepato-protective and poses anti
-inflammatory properties. It is also source
of Vit C ⁹.

CONCLUSION

Herbal formulations are better
alternative natural remedies for bile stone
conditions. It is safe, simple effective, self-
administrative source of treatment. It is
concluded that the combination of the
Siddha medical herbal treatment and
adapting suitable diet plan are effective in
the management of Pithapaikalnoi (Gall
stone)

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Appendix: Fig-1 Diagnosis of the disease

DIAGNOSIS TICKET

Name of Patient: Mrs. T. Thuthika
 Age: 32yr
 Reg. No: 43577/19
 Date of Admission: 29/04/2019
 Date of Discharge: 05/05/2019

Diagnosis:
 1. Acute cholelithic Peripancreatic collection with inflammatory changes in omentum.
 2. Tiny GB calculi

Investigations and Treatments:
 Transferred from B.H. Thellipathi.
 10 - Abd. pain since 10/4/2019.
 Fever 101.5 V.T.
 SOB.
 WBC - 12000
 D.MITK - Nil.

Dr. V. Sutharshan (Consultant Radiologist)
 Dr. J. Jayaramini (Consultant Radiologist)

Fig-II. Ultrasound of the Abdomen

Ruhbins Hospital

ULTRASOUND SCAN REPORT

Date: 21/01/2023

Name: Mrs. B. Thuthika Age: 32 yrs

Liver:
 - Normal/Enlarged
 - Echogenic Pattern - *Normal*
 - No duct dilation
 - No focal lesions

CBD:
 - *Normal*

Portal Vein:
 - Distended

GB:
 - Wall: not thickened
 - No calculus
 - *3.0mm AS Calculus seen in Fundus.*

Pancreas:
 - *Normal*

Spleen:
 - *Normal*

Right Kidney:
 - Cortical echogenic pattern is normal
 - Cortico Medullary demarcation is preserved
 - No Hydronephrosis
 - No calculus

Left Kidney:
 - Size: 10.2cm
 - Cortical echogenic pattern is normal
 - Cortico Medullary demarcation is preserved
 - No Hydronephrosis
 - No calculus

Bladder:
 - Wall is not thickened

Pelvic mass:
 - *Normal*

Uterus:
 - *Normal*

Ascitic fluid:
 - *No*

Para aortic lymph nodes:
 - *No*

Impression:
 - An uncomplicated AS Calculus
 - *Normal*
 - *No evidence of Acute/Chronic Pancreatitis*

Ref. by Dr. *V. Sutharshan*
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