

J.P.S. Bakshi

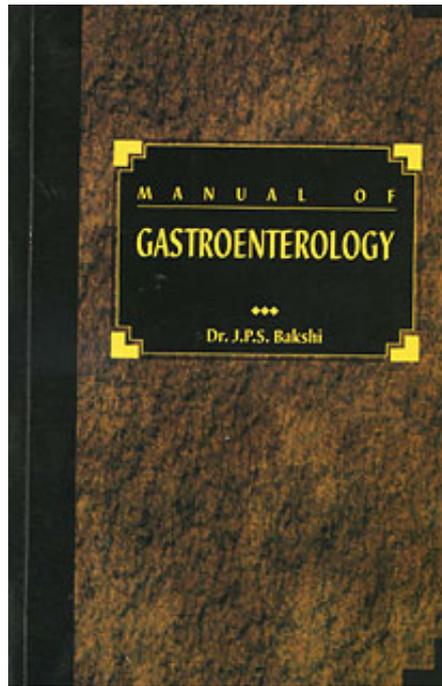
Manual of Gastroenterology

Reading excerpt

[Manual of Gastroenterology](#)

of [J.P.S. Bakshi](#)

Publisher: Cosmic Healers India



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Tel. +49 7626 9749 700

Email info@narayana-verlag.com

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5. Disorders of Gall Bladder & Liver

A. Gall Bladder

1. Cholecystitis

a. Acute Cholecystitis

Etiology

Acute inflammation of gall-bladder is almost always associated with obstruction of gall bladder neck or cystic duct by a gall stone. Occasionally, obstruction may be by mucus, a worm or a tumor.

Clinical Features

1. Pain: It may be prolonged, unlike biliary colic and may be one of 4 types- (i) Distension pain giving rise to a deep, central, poorly localized pain, (ii) Peritoneal pain with overlying skin tenderness and muscle rigidity in right hypochondrium. (iii) Referred pain radiating to back or right shoulder, (iv) Digestive tract pain causing abdominal colic, nausea and flatulence without vomiting.
2. Other dyspeptic symptoms: (a) Nausea and vomiting due to reflex hold up at pylorus, (b) Heart burn and water brash due to reflux and salivation, (c) Flatulence and distension due to gaseous distension of stomach.
3. Chills: may occur at onset.
4. General: (a) Pyrexia and tachycardia. (b) Jaundice in about 25 percent
5. Examination shows right hypochondrial tenderness, rigidity worse on inspiration (Murphy's sign) and a gall-bladder mass may be palpable.

Investigations

1. Leucocytic count - raised with increased polymorphs.
2. X-ray

Complications

1. Cholangitis
2. Acute pancreatitis

3. Septicemia and shock
4. Empyema of gall-bladder
5. Perforation of the gall-bladder

Management

Pharmacological Treatment

- a. Morphia or pethidine with atropine for relief of pain
- b. Antibiotics to prevent peritonitis, cholangitis and septicemia.
- c. Less severe pain can be relieved by pethidine 100 mg or diclofenac 75-150 mg orally daily in divided doses.

Surgical Intervention

1. Cholecystostomy with drainage with elective cholecystectomy after few weeks.
2. Emergency surgical intervention is occasionally required if the patient's condition deteriorates, if there is generalized peritonitis, or an inflammatory mass in the right hypochondrium, or if gas is present in the gall bladder wall or lumen, or in cases of intestinal obstruction.

General Treatment

1. Rest in bed.
2. Diet - Nothing by mouth for first 24 hours, or till nausea and vomiting have abated.
3. Maintenance of fluid balance
4. Special measures - (a) Local heat to abdomen, (b) 5 percent glucose saline intravenously, (c) Temperature - Pulse Rate - Respiratory Rate (T. P. R.) 2 hourly.

Homeopathic Repertorial References

Direct references

Abdomen; INFLAMMATION, peritonitis, enteritis; gall-bladder

On the basis of etiology

Abdomen; TUMORS

Abdomen; PAIN; General; Liver; colic, gall-stones

On the basis of clinical features

Pain

Abdomen; PAIN; Cramping, griping
Abdomen; PAIN; General; Hypochondria; right
Abdomen; PAIN; General; Hypochondria; right; extending; to
back Abdomen; PAIN; General; Hypochondria; right;
extending; to
scapula, right Abdomen; PAIN; General; Liver;
colic, gall-stones

Other Dyspeptic Symptoms

eructations

Stomach; ERUCTATIONS; General; gall stones, with Stomach;
ERUCTATIONS; General; pain in; abdomen, with

flatulence

Abdomen; PAIN; Cramping, griping; flatus; from

heartburn

Stomach; HEARTBURN
Stomach; HEARTBURN; nausea, with

nausea

Stomach; NAUSEA; jaundice, with
Stomach; NAUSEA; pain, during; abdomen, in; hypochondria

reflex vomiting

Stomach; VOMITING; General; sudden; projectile

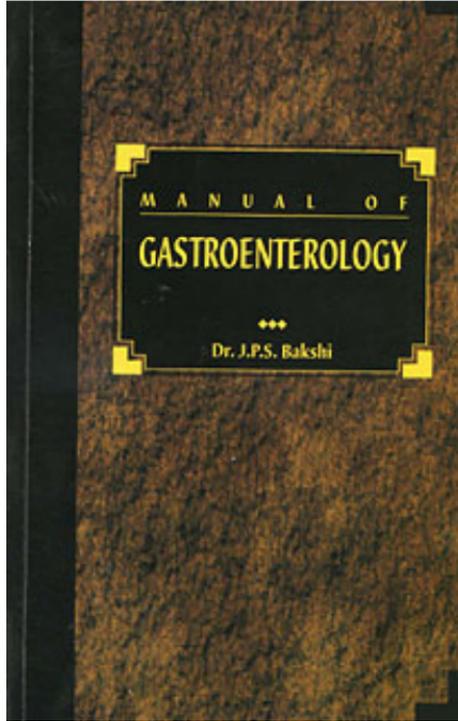
salivation

Mouth; SALIVATION; gastric complaints, with
Mouth; SALIVATION; pains, during Stomach;
*HEARTBURN; salivation, with **waterbrash***
Stomach; ERUCTATIONS; waterbrash

General

jaundice

Skin; DISCOLORATION; ye/low, jaundice, icterus
Skin; DISCOLORATION; yellow, jaundice, icterus;
concomittant, as a
Skin; DISCOLORATION; yellow, jaundice, icterus; gall-
stones, with



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540 pages, pb
publication 2002



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