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THE USE OF ESSENTIAL OILS IN CHOLELITHIASIS

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Disorders of the gallbladder and of the bile-ducts are generally treated conservatively. Only some of the patients suffering from these diseases need surgical treatment, especially in cases of persistent relapse of concrement formation or when complications occur. Before the operation, patients with gallstones usually have severe pains, which often increase during the first few days in the clinic, possibly due to emotional factors. The pre-operative use of analgesic and spasmolytic agents is therefore necessary.

We propose to discuss here the results obtained by the pre-operative and post-operative administration, to 56 patients, of essential oils or terpenes in the form of the preparation *Rowachol* (Manufactures: ROWA-WAGNER K.G., Pharmaceutical Laboratories, Bensberg, near Cologne, Germany). *Rowachol*

contains 32 grm Menthol, 6 grm Menthone, 5 grm Borneol, 2 grm Cineol, 17 grm alpha and beta Pinene and 5 grm of Camphene. These substances are dissolved in Olive Oil. The product is manufactured in the form of drops, capsules and suppositories, and has a strong spasmolytic action which is especially noticeable in the musculature of the gall-bladder and the bile-ducts and also in the gastro-intestinal and urogenital tract. Menthol in particular is a powerful choleric whose effect, in the majority of cases, exceeds that of other choleric. A blockage in the region of the gallbladder and bile-ducts is prevented and thus one of the most significant factors in stone formation is eliminated. The fact that *Rowachol* dissolves gall-stones has been proved in vitro and in vivo, and has been radiologically confirmed. In addition, *Rowachol* causes an increased blood-flow in the liver, thus improving its metabolism, and finally *Rowachol* possesses bactericidal and bacteriostatic properties in relation to streptococci, staphylococci, enterococci and typhoid bacteria and its use with carriers of typhoid bacilli is therefore recommended. In spite of its high terpene content, *Rowachol* is non-toxic, as the researches of GEINITZ and GRAEBER have proved.

As we mentioned already, we administered *Rowachol* to 52 female and 4 male patients whose ages ranged from 21 to 62 years. Before treatment was begun, a cholecystography was carried out on all patients, of whom 28 cases were found by radiology to have stones in the gallbladder; in 24 cases the contrast substance did not fill the gallbladder, and in 4 cases no stones could be detected in the gallbladder and bile-ducts.

Because of pains of varying intensity, *Rowachol* was administered before the operation, for 6 days to 12 days, in doses of 3 to 5 drops, 2 to 3 times per day. We achieved complete freedom from pain in 24 cases. The general condition of these patients was so good that 6 of them did not need to be operated on. In 30 other cases we achieved a significant improvement, only occasional discomfort being perceived as a feeling of pressure in the right hypochondrium. Only 2 patients did not respond to treatment; one of these, as we discovered when operating, had an infiltrating tumour of the gallbladder with metastasis of the liver. It was considered advisable, in 4 of the cases, to use *Rowachol* suppositories in addition to oral administration, and it was found necessary to give an analgesic

to one patient because of a gallstone colic.

From *Group 1*, in which we achieved complete disappearance of pains, 18 patients were operated on. Twelve cases of gallstones were established, in 4 cases stones being found both in the gallbladder and the bile-duct. Two patients had no concrements. The following is a sample case from this group:

The 36 year old female patient, B.Z., was received into our clinic suffering from severe pains below the right costal arch; these pains had been present for eleven years and had increased significantly in the last 3 years in spite of conservative treatment. Intravenous cholecystography showed no representation of the gallbladder and there were no traces of concrements on the control photographs. Because of severe pains before the operation, 10 drops of *Rowachol*, 3 times per day were given, which completely eliminated the pains. Operation was carried out on 19.12.1959. Numerous cholesterol stones were found in the gallbladder. Cholecystectomy was performed; the post-operative course was without complications.

In *Group 2*, in which the complaints of 30 patients were essentially improved, the operation disclosed 20 cases of stones of the gallbladder, 4 in the bile-duct, 2 cases of a stone wedged in the cystic duct with resultant hydrops of the gallbladder, and 4 cases of gallbladder empyema with expanded, inflammatory reactions in the perivesical tissue.

It is apparent from the statistics available that after a cholecystectomy renewed concrement formation in the bile-ducts and return of the pains take place. We therefore recommend the post-operative use of *Rowachol*, in order to prevent relapse. After the removal of a biliary stone, several of our patients suffered pains again. We prescribed *Rowachol* at a dosage of 5 drops, 3 times daily and usually the pains were eliminated, as can be seen from the following: :

The patient, F.M., female, 39 years, was admitted to the clinic on 12.3.1958 with the diagnosis »gallbladder stones«. The pains had existed since 1949; at the beginning they were felt only rarely (after faulty diet) and were accompanied by vomiting. In 1959 she had jaundice, which disappeared after a month. Since then, in spite of conservative treatment, the pains increased and finally the patient consented to the operation. Intravenous cholecystography showed no filling of the gallbladder. An operation was carried out on the 27.3.'58;

the gallbladder was found to be full of stones and the bile-duct free. Cholecystectomy was followed by recovery without complications. Upon control examination, two months after the operation, the patient claimed that she had the same complaints as before, though they were less severe. On the 12.2.'59 she was again admitted to the clinic for appendicitis, and appendectomy was carried out on the 20.2.'59. During the course of post-operative treatment the patient had attacks of pains similar to biliary colic; these ceased after administration of 5 drops of *Rowachol*, 3 times daily, and further intake of *Rowachol* was prescribed. During a follow-up examination on the 15.5.'60 the patient reported that she had, with the help of *Rowachol*, remained free from pains.

Our observations up to now on over 80 cases permit us to state that *Rowachol*, when administered post-operatively, has a preventive action against cholelithiasis relapse.

Summary

1. With pre-operative use of the product *Rowachol*, pains in gallstone sufferers are, to a large extent, eliminated.
2. Pains occurring after cholecystectomy carried out for gallstones can be controlled by prescribing small doses of *Rowachol*.
3. On the basis of our clinical observations it can be stated that the essential oils or terpenes (*Rowachol*) prevent relapse of concrement formation in the bile-duct.

Literature

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