Individualized homoeopathy in the treatment of gallbladder polyp with multiple comorbidities: A case report

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Case Report

Individualized homoeopathy in the treatment of gallbladder polyp with multiple comorbidities: A case report

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Abstract

Introduction: Gallbladder polyps are usually asymptomatic and detected incidentally during abdominal ultrasonography (USG). Their presence, irrespective of size, is considered an indication of surgical removal. Case Summary: A 44-year-old hypertensive and diabetic male presented with severe pain in the left lower back for 1 month. Abdominal USG revealed the presence of a 4-mm size gallbladder polyp, mild hydronephrosis of the left kidney, two left renal microoliths, 5.2-mm calculus in the left vesicoureteric junction, Grade-I fatty liver and Grade-I prostatomegaly. The patient was advised for cholecystectomy, but he opted for homoeopathic treatment to avoid surgery. At the first visit, homoeopathic medicine Calcarea fluorica was prescribed and the patient was followed up periodically for 1 year. His back pain reduced within 15 days. The patient was assessed for subjective improvement through the ‘outcome related to impact on daily living’ scale. USG after 10 months of treatment revealed that the gallbladder polyp was not present and his liver, kidney and urerteric functions returned to normal as per investigations. Modified Naranjo Criteria for Homoeopathy score (+8 on the ‘−6→+13’ scale) assesses if the improvement of the patient can be attributed to the homoeopathic treatment provided. This case report is presented to document the scope of individualized homoeopathy in the treatment of gallbladder polyp with multiple comorbidities pathologies. Further, documentation of consistent results from a large number of similar cases is warranted.

Keywords: Case Report, Gallbladder polyp, Homoeopathy, Ultrasonography, Urolithiasis

INTRODUCTION

Gallbladder polyps are reported in approximately 5% of the global population. The majority of the affected individuals remain asymptomatic, and the polyps are detected during abdominal ultrasonography (USG) performed for some unrelated conditions. Gallbladder polyps are incidentally detected in about 4–7% of patients who undergo abdominal USG, and it becomes a public health problem in many countries. Most of the polyps are small with a mean size of 4 mm and only 5% are more than 10 mm. These are more prevalent in middle-aged persons. The clinical significance depends on its potential for malignant conversion. Ninety-five percent of them are non-neoplastic in origin and when the size is <10 mm, the likelihood of malignancy is extremely rare. The management protocol of asymptomatic gallbladder polyp remains controversial. In general, surgical intervention is recommended for all asymptomatic patients over 50 years of age who have polyps >10 mm in size, with or without coexistent cholelithiasis, due to the increased risk of malignancy. On the other hand, some surgeons recommend cholecystectomy for all patients with gallbladder polyps, irrespective of size or symptoms. A recent study reported that 50% of cancerous gallbladder polyps were <5 mm in size. It also indicated that Indian ethnicity is an independent risk factor for developing gallbladder carcinoma in patients with gallbladder polyps and an Indian patient with a single polyp had a 1-in-13 likelihood of developing cancer. Therefore, the mere presence of a gallbladder polyp, regardless of size or presence of a symptom, in a patient of Indian descent may be considered for cholecystectomy.

Many patients with gallbladder polyp opt for homoeopathic treatment to avoid surgery. Unfortunately, the treatment outcome of such cases is not well documented. A few case reports on the homoeopathic treatment of gallbladder polyp

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are available on non-peer-reviewed platforms such as online social media and websites.[13-15] An extensive related literature search was undertaken in medical databases such as MEDLINE (through PubMed), Science Direct, Cochrane Central Register of Controlled Trials, Google Scholar, CORE-Hom, CAM-quest and AYUSH Research Portal using appropriate MeSH search terms with Boolean operators, but not a single study on the homoeopathic treatment of gallbladder polys showed up.

In this case report, the treatment outcome of a patient having gallbladder polyp with comorbidities is documented following the HOM-CASE CARE guidelines.[16] The purpose of such documentation is to add to the evidence that homoeopathic treatment not only provides symptomatic relief but also has the potential to reverse the pathological changes of various organs within a plausible timeframe. Moreover, a systematic single case study research may contribute to the critical evaluation of homoeopathic treatment.[17]

**Patient Information**

**Present complaints**

A 44-year-old male attended the general out-patient department at Clinical Research Unit for Homoeopathy, Siliguri, West Bengal, India, with the complaint of severe cutting pain in the left lower back for one month which aggravated in the afternoon and was relieved after warm application. He was also having complaints of flatulence and discomfort in the abdomen for the last 6 months with aggravation in the evening and after drinking cold water, and amelioration from drinking hot water.

The patient had pain in the abdomen for more than a month. The USG report revealed gallbladder polyp and multiple coexisting pathologies of the liver, left kidney, left ureter and prostate. The physician prescribed him analgesics and advised him to take plenty of water. The patient was also advised for surgical removal of the gallbladder polyp, but he opted for homoeopathic treatment to avoid surgery.

**Medical history**

Five years earlier, the patient was diagnosed with type 2 diabetes and hypertension. Since then, he was taking Tab. Amlodipine, 5 mg, once daily and Tab. Metformin, 500 mg, regularly, following the prescription of the physician of conventional medicine.

Both of his parents were suffering from diabetes mellitus and were on oral hypoglycemic medicines.

The person was an owner of a modern medicine pharmacy shop and belonged to a higher middle-class family. He was habituated to smoking and drinking but 5 years ago, he had stopped both after being diagnosed as hypertensive and diabetic.

**Clinical Findings**

He was 5 ft 6″ tall and his weight was 62 kg. On examination, there was no pallor, oedema, jaundice or cyanosis. His blood pressure (BP) was recorded as 162/88 mmHg.

The patient was having a good memory and clear understanding. He had developed anxiety about his business, financial conditions as well as for his health. The changes in the weather conditions did not affect him. The patient was having a good appetite and was fond of sweets and pickles. He could not digest eggs in any form. His tongue was clean and every day he used to drink 3–4 l of water; had a regular bowel movement; and had no complaints related to micturition. He reported that sweat was moderate, without any offensive smell or staining on clothes. He could not sleep well and woke up unrefreshed.

**Local examination**

There was mild tenderness at the left lower quadrant of the abdomen, without any rigidity or muscle guard.

**Analysis of the Case**

After analyzing the symptoms, the characteristic mental, physical generals and particulars were considered to form the totality of symptoms of the case. The symptoms, radiological and laboratory findings and other aspects considered for prescribing are provided in Table 1.

**Repertorial analysis**

The repertorial totality was framed as per the philosophy of the Synthesis repertory. The symptoms were converted into rubrics and the case was repertorised using Synthesis Repertory 9.1 in Radar 10.5 software [Figure 1] After repertorisation, it was found that *Calcarea fluorica* covered the maximum number of symptoms and scored the highest.

**Miasmatic analysis**

The miasmatic analysis of each of the symptoms, and radiological and laboratory findings are provided in Table 1. The patient was having a multi-miasmatic background with mild syphilitic predominance.[18,19]

**Diagnostic assessment**

The abdominal USG report of 24 January, 2017 revealed that the patient was suffering from different pathologies of multiple organs such as gallbladder polyp of 4 mm size, Grade 1 fatty

![Figure 1: Repertorisation chart](image-url)
Table 1: General and miasmatic analysis of the symptoms

<table>
<thead>
<tr>
<th>Symptom category</th>
<th>General analysis</th>
<th>Psora</th>
<th>Sycosis</th>
<th>Syphilis</th>
<th>Tubercular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental</td>
<td>Anxiety about his health</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anxiety about his business and financial conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical general</td>
<td>Cannot digest egg in any form</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Desire for sweets</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Desire for pickles</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cannot sleep well and wake up unrefreshed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Particulars</td>
<td>Cutting pain in the left lower back; aggravation at the afternoon; ameliorated by warmth</td>
<td>1 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Flatulence; aggravation in the evening, drinking cold water; amelioration from drinking hot water</td>
<td>1 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glandular swelling in cervical region</td>
<td>1 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathological/</td>
<td>Gallbladder polyp</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiological</td>
<td>Ureteric calculus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>findings</td>
<td>Fatty liver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical history</td>
<td>Prostatomegaly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type-II diabetes mellitus (without complication)</td>
<td>1 1 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypertension (without complication)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family history</td>
<td>Family history of diabetes mellitus</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Analysis</td>
<td>6 6 7 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

liver changes, mild hydronephrosis with microliths at mid pole of left kidney along with 5.2 mm calculus in the left vesicoureteric junction and Grade I prostatomegaly. The patient was also diabetic (random blood sugar 224 mg/dl) and had Grade-II isolated systolic hypertension (BP = 162/88 mmHg) in spite of being on regular antihypertensives and antihyperglycemics.

**THERAPEUTIC INTERVENTION**

**Basis of prescription**

Different Materia Medica\(^{20,21}\) were consulted and the totality of symptoms of the patient, his history, family history and active miasmatic state were considered for the selection of the first prescription. The recently developed mental state of anxiety in the patient, his affinity to glandular affections, pathological changes and multimiasmatic background led to the selection of *Calcarea fluorica* as the first prescription. Moreover, the medicine *Calcarea fluorica* covers all the three basic miasms with miasmatic weightage.\(^{19}\)

**First prescription**

Three doses of potentized homoeopathic medicine *Calcarea fluorica* 200C, manufactured by a Good Manufacturing Practice (GMP) certified pharmaceutical company, were prescribed in globule sized 30. The patient was advised to take four globules of the medicine in the early morning, on an empty stomach for 3 consecutive days.

**Follow-up Assessments**

The patient was followed up periodically for 1 year. Changes in signs and symptoms, as well as medicines prescribed in every follow-up, are provided in Table 2.

The objective evidence of the treatment outcome was documented through a series of abdominal USG reported at the first visit, after 4 months of treatment and after 10 months of treatment. USG findings are summarized in Table 3.

The outcome in relation to impact on daily living (ORIDL) scale\(^{22}\) was used as a validated outcome measurement tool, to measure the patient’s view about how the outcome of care has affected his daily life. ORIDL score for his main complaint as well as for overall well-being was recorded in each follow-up by the patient himself. At the end of the tenth month, the ORIDL score for both aspects was +4.

On every follow-up visit, the patient was inquired about the timely consumption of medicine in the prescribed dose and compliance with other behavioural restrictions. It was found that the patient was adherent to the advice and he had no complaints about intervention tolerability. Nor did he report any initial aggravation of his existing symptoms or any other complaints that can be considered as evidence of homoeopathic aggravation.\(^{24,25}\)

The Modified Naranjo Criteria for Homoeopathy (MONARCH),\(^{26}\) a causal attribution inventory tool, was used in the tenth-month follow-up to find out any causal relationship between the homoeopathic intervention and the outcome of treatment. The score obtained in each of the ten domains of MONARCH is detailed in Table 4. The score at the final visit was +8 on the ‘−6 to +13’ scale.

**DISCUSSION**

Advancements in the diagnostic methods and increased access to healthcare facilities are resulting in an increased number of asymptomatic patients diagnosed with gallbladder polyp, though few of them have been reported to spontaneously
However, the exact time point of its surgical removal is controversial, all authorities recommend that every patient having gallbladder polyps must be followed up at 6-month intervals using abdominal ultrasound. If this potential malignant condition can be successfully managed by homoeopathic medicines without disappear without any treatment. However, the exact time point of its surgical removal is controversial, all authorities recommend that every patient having gallbladder polyps must be followed up at 6-month intervals using abdominal ultrasound. If this potential malignant condition can be successfully managed by homoeopathic medicines without

### Table 2: Follow-up timeline

<table>
<thead>
<tr>
<th>Dates</th>
<th>Current illness/symptoms</th>
<th>Interventions</th>
<th>Justification of prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/01/2017</td>
<td>First visit: Prescribing symptoms, laboratory findings and miasmatic background are provided in Table 1. Repertorial analysis is provided in Figure 1</td>
<td><strong>Calcarea fluorica</strong> 200CH, 3 doses</td>
<td>Prescribing symptoms, laboratory findings, and miasmatic background are provided in Table 1. Repertorial analysis is provided in Figure 1</td>
</tr>
<tr>
<td>16/02/2017</td>
<td>No pain in the left lumbar region. Flatulence also improved. No new symptom was noted</td>
<td><strong>Placebo</strong> 30 doses</td>
<td>Placebo was prescribed as the patient started improving</td>
</tr>
<tr>
<td>27/03/2017</td>
<td>Flatulence increased</td>
<td><strong>Calcarea fluorica</strong> 200CH, 3 doses</td>
<td>As prescribing totality remains unchanged, the same medicine is repeated in the same potency</td>
</tr>
<tr>
<td>04/05/2017</td>
<td>Flatulence improved</td>
<td><strong>Placebo</strong> 30 doses</td>
<td>Placebo was prescribed as the patient improved</td>
</tr>
<tr>
<td>06/06/2017</td>
<td>Flatulence occurs occasionally</td>
<td><strong>Calcarea fluorica</strong> 200CH, 3 doses</td>
<td>As prescribing totality remains unchanged, the same medicine is repeated in the same potency</td>
</tr>
<tr>
<td>04/07/2017</td>
<td>Backache for 1 week after lifting heavy furniture. Amelioration from warm application</td>
<td><strong>Rhus toxicodendron</strong> 200CH, 6 doses</td>
<td>The medicine was prescribed based on acute totality</td>
</tr>
<tr>
<td>25/08/2017</td>
<td>Backache ameliorated. No other complaint</td>
<td><strong>Placebo</strong> 30 doses</td>
<td>Placebo was prescribed as the patient improved</td>
</tr>
<tr>
<td>03/10/2017</td>
<td>Pain in the lumbar region since morning, aggravation from rest, amelioration from movement, and hot application</td>
<td><strong>Rhus toxicodendron</strong> 200CH, 6 doses</td>
<td>The medicine was prescribed based on acute totality</td>
</tr>
<tr>
<td>06/12/2017</td>
<td>Backache ameliorated. No other complaint</td>
<td><strong>Placebo</strong> 30 doses</td>
<td>Placebo was prescribed as the patient improved</td>
</tr>
<tr>
<td>Jan 2018</td>
<td>The patient got symptomatic relief from all his complaints. At the end of 1 year of treatment, his pathological complaints (gallbladder polyp, ureteric calculus, microliths in kidney, fatty liver) returned to normal physiological range, except prostatomegaly. His blood pressure level was reduced to the high normal range and blood sugar level reduced to the prediabetic range [Table 3]</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>
Table 3: Subjective assessment and objective evidences at the first visit and in subsequent follow-ups

<table>
<thead>
<tr>
<th>Visit</th>
<th>Subjective assessment</th>
<th>Objective evidences</th>
<th>Findings of abdominal USG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pain VAS score in 0-10 scale</td>
<td>ORIDL score</td>
<td>BP (mmHg)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Main complaint</td>
<td>Overall well-being</td>
</tr>
<tr>
<td>First visit</td>
<td>7</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First follow-up</td>
<td>0</td>
<td>+1</td>
<td>+1</td>
</tr>
<tr>
<td>Second follow-up</td>
<td>+1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Third follow-up</td>
<td>+2</td>
<td>+2</td>
<td></td>
</tr>
<tr>
<td>Fourth follow-up</td>
<td>+2</td>
<td>+2</td>
<td></td>
</tr>
<tr>
<td>Fifth follow-up</td>
<td>6</td>
<td>+2</td>
<td>+2</td>
</tr>
<tr>
<td>Sixth follow-up</td>
<td>2</td>
<td>+3</td>
<td>+3</td>
</tr>
<tr>
<td>Seventh follow-up</td>
<td>5</td>
<td>+4</td>
<td>+3</td>
</tr>
<tr>
<td>Eighth follow-up</td>
<td>0</td>
<td>+4</td>
<td>+4</td>
</tr>
</tbody>
</table>

USG: Ultrasonography, ORIDL: Outcome in relation to impact on daily living, VAS: Value-added service, BP: Blood pressure, RBS: Random blood sugar

any surgical intervention, it will be a pocket-friendly treatment option for the people of developing countries like India.

In this case report, the patient was incidentally diagnosed with gallbladder polyp while advised for abdominal USG to rule out urolithiasis. He also had multiple coexisting pathologies in the liver, kidney, ureter and prostate, which are summarized in Table 3. He was under homoeopathic treatment for almost a year. The patient was completely relieved from the pain in the left lower abdomen within 7 days. The pain was due to the calculus in the left vesico ureteric junction and a repeat USG after 4 months revealed that there was no calculus left in the urinary tract. USG after 10 months showed improvement in all pathological changes except prostatomegaly.

The patient was under integrated treatment for his diabetic and hypertensive complaints. On his first visit, he was advised to continue the anti-hypertensive and anti-glycaemic medicines in the same doses along with homoeopathic treatment throughout the year. At the end of one year of follow-up, he became prediabetic and his BP level reduced to normal. Homoeopathic medicine has shown its beneficial effect as an add-on treatment to the modern medicine.

In this case report, both subjective and objective changes are documented as evidence of the patient’s improvement. Patient-rated outcome measurement tool ORIDL was used to evaluate the patient’s assessment of treatment outcome. At every follow-up visit, the patient was enquired about the overall effect of the treatment on his main complaint, and on his general feeling of well-being. His responses were recorded through the ORIDL scale and it was found that after 10 months of treatment, his ORIDL score for both aspects was +4, which signifies that he had returned to his normal condition in both aspects [Table 3].

Further, the MONARCH score at the final visit (+8 on the ‘−6 to +13’ scale) is suggestive of a high likelihood that the improvement of the patient can be attributed to the homoeopathic treatment provided [Table 4].

This case presented with a significant number of coexisting pathology out of which Grade 1 fatty changes of the liver and 5.2 mm calculus at the left vesico ureteric junction would have been managed through non-thearaeputic approach such as lifestyle changes and fluid intake. The disappearance of the GBP in the USG, along with the patient becoming prediabetic and normotensive after 05 years, would have been possible
by homoeopathic treatment. The inclination of GBP to be malignant is a cause of concern in the Indian subcontinent.\(^6\) However, in this case, if the lesion was evident in the USG report, it would have been operated on and further examined for the histopathological changes. Here, the GBP was missing in the USG report, however, the above concern was well communicated to the patient.

The obvious limitation of this clinical case report is insufficient proof of causality on its own. This case report documents the effect of individualized homoeopathic treatment in restoring multiple coexisting pathologies to the normal physiological state within a plausible timeframe as an evidence-based health care in clinical set-up. The result obtained may be useful for decision making in both research and practice and can also be used to generate hypotheses for future clinical studies.\(^{117}\)

**Declaration of patient consent**

The authors obtained written informed consent from the concerned patient to publish his case records and USG reports without revealing his identity.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

None declared.

**References**


15. Bhuvaneswari J. Case of 41 Year Old with Gall Bladder Polyps and...
Choubey, et al.: Homoeopathy in the treatment of gallbladder polyp


Titre: Homéopathie individualisée dans le traitement du polype de la vésicule biliaire avec comorbidités multiples:

Un rapport de cas

Résumé: Introduction: Les polypes de la vésicule biliaire sont généralement asymptomatiques et détectés de manière fortuite lors d'une échographie abdominale. Leur présence, quelle que soit leur taille, est considérée comme une indication d'ablation chirurgicale. Case summary: Un homme de quarante-quatre ans, hypertendu et diabétique, a présenté une douleur intense dans le bas du dos gauche depuis un mois. L'échographie abdominale (USG) a révélé la présence d'un polype de la vésicule biliaire de quatre millimètres, une légère hydronéphrose du rein gauche, deux microlithes rénaux gauches, un calcul de 5,2 millimètres dans la jonction vésico-urétrale gauche, une stéatose hépatique de grade I et une prostatomégalie de grade I. On a conseillé au patient une cholecystectomie systématique, mais il a opté pour un traitement homéopathique afin d'éviter la chirurgie. Lors de la première visite, le médicament homéopathique Calcarea fluorica a été prescrit et le patient a été suivi périodiquement pendant un an. Sa douleur dorsale a diminué en 15 jours. L'amélioration subjective du patient a été évaluée à l'aide de l'échelle " Outcome related to Impact on Daily Living " (ORIDL). L'USG après dix mois de traitement a révélé l'absence du polype de la vésicule biliaire et le retour à la normale des fonctions hépatiques, rénales et urétérales selon les examens. Le score MONARCH (Modified Naranjo Criteria for Homopathy) (+8 sur l'échelle &#39; -6 à +13#39 ;) évalue si l'amélioration du patient peut être attribuée au traitement homéopathique. Ce rapport de cas est présenté pour documenter la portée de l'homéopathie individualisée dans le traitement du polype de la vésicule biliaire avec de multiples pathologies de comorbidité. Une documentation plus approfondie des résultats cohérents d'un grand nombre de cas similaires est justifiée.

Titel: Individualisierte Homöopathie bei der Behandlung von Gallenblasenpolypen mit multiplen Komorbiditäten:

Ein Fallbericht


Título: Homeopatía individualizada en el tratamiento del pólipo de la vesícula biliar con múltiples comorbilidades:

Un informe de caso

Resumen: Introducción: Los pólipos de la vesícula biliar son generalmente asintomáticos y se detectan incidentalmente durante la ecografía abdominal. Su presencia, independientemente de su tamaño, se considera una indicación de extirpación quirúrgica. Resumen del caso: Un varón hipertenso y diabético de cuarenta y cuatro años presentó dolor severo en la parte inferior izquierda de la espalda durante un mes. La ecografía abdominal (USG) reveló la presencia de un pólipo de vesícula biliar de cuatro milímetros, hidronefrosis leve del riñón izquierdo, dos microlitos renales izquierdos, cálculo de 5,2 milímetros en la unión vesicoureteric izquierda, hígado graso de grado I y prostatomegalia de grado I. El paciente fue aconsejado para colecistectomía, pero optó por el tratamiento homeopático para evitar la cirugía. En la primera visita se prescribió la medicina homeopática Calcarea fluorica y se realizó un seguimiento periódico del paciente durante un año. Su dolor de espalda se redujo en 15 días. Se evaluó la mejoría subjetiva del paciente a través de la escala de «resultados relacionados con el impacto en la vida diaria» (ORIDL). USG después de diez meses de tratamiento reveló que el pólipo de la vesícula biliar no estaba presente y sus funciones hepáticas, renales y uretericas volvieron a la normalidad según las investigaciones. Los criterios de Naranjo modificados para la puntuación de Homeopatía (MONARCA) (8 en la escala &+39; -6 a 13&+39;) evalúan si la mejoría del paciente puede atribuirse al tratamiento homeopático proporcionado. Este informe de caso se presenta para documentar el alcance de la homeopatía individualizada en el tratamiento del pólipo de la vesícula biliar con múltiples patologías de comorbilidades. Se justifica la documentación adicional de los resultados consistentes de un gran número de casos similares.