

# 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 microliths, 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 ureteric 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.<sup>[1,2]</sup> The majority of the affected individuals remain asymptomatic, and the polyps are detected during abdominal ultrasonography (USG) performed for some unrelated conditions.<sup>[3]</sup> Gallbladder polyps are incidentally detected in about 4–7% of patients who undergo abdominal USG,<sup>[2]</sup> and it becomes a public health problem in many countries.<sup>[4]</sup> Most of the polyps are small with a mean size of 4 mm and only 5% are more than 10 mm.<sup>[5]</sup> These are more prevalent in middle-aged persons.<sup>[6,7]</sup> The clinical significance depends on its potential for malignant conversion.<sup>[3]</sup> Ninety-five percent of them are non-neoplastic in origin<sup>[8,9]</sup> and when the size is <10 mm, the likelihood of malignancy is extremely rare.<sup>[10]</sup> 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.<sup>[3,11]</sup> On the other hand, some surgeons recommend cholecystectomy

for all patients with gallbladder polyps, irrespective of size or symptoms.<sup>[12]</sup> 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.<sup>[6]</sup>

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.<sup>[13-15]</sup> 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.<sup>[16]</sup> 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.<sup>[17]</sup>

## 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.<sup>[18,19]</sup>

### 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

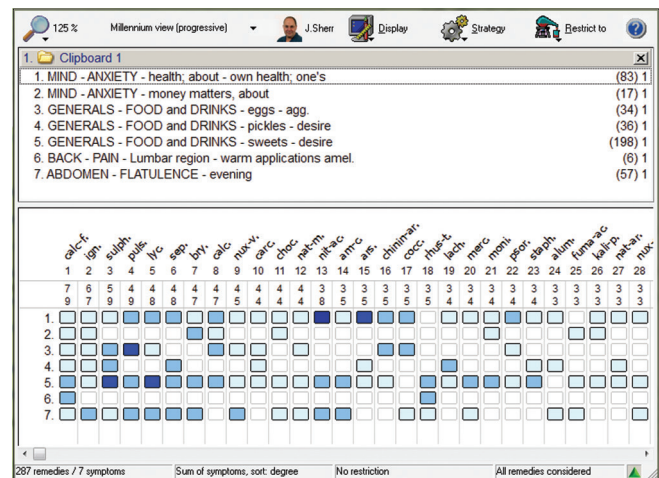


Figure 1: Repertorisation chart

**Table 1: General and miasmatic analysis of the symptoms**

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

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<sup>[20,21]</sup> 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.<sup>[19]</sup>

### 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<sup>[22]</sup> 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. No adverse or unanticipated events were reported for the entire period when the patient was under homoeopathic treatment.<sup>[23]</sup> Nor did he report any initial aggravation of his existing symptoms or any other complaints that can be considered as evidence of homoeopathic aggravation.<sup>[24,25]</sup>

The Modified Naranjo Criteria for Homoeopathy (MONARCH),<sup>[26]</sup> 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

**Table 2: Follow-up timeline**

Dates	Current illness/symptoms	Interventions	Justification of prescription
30/01/2017	First visit: Prescribing symptoms, laboratory findings and miasmatic background are provided in Table 1. Repertorial analysis is provided in Figure 1	<i>Calcarea fluorica</i> 200CH, 3 doses To be taken in the early morning, in an empty stomach for 3 days. Followed by <i>Placebo</i> /12 doses To be taken in the early morning, in an empty stomach for 12 days	Prescribing symptoms, laboratory findings, and miasmatic background are provided in Table 1. Repertorial analysis is provided in Figure 1
16/02/2017	No pain in the left lumbar region. Flatulence also improved. No new symptom was noted	<i>Placebo</i> /30 doses To be taken in the early morning, in an empty stomach for 30 days	<i>Placebo</i> was prescribed as the patient started improving
27/03/2017	Flatulence increased	<i>Calcarea fluorica</i> 200CH, 3 doses To be taken in the early morning, in an empty stomach for 3 days. Followed by <i>Placebo</i> , 30 doses To be taken in the early morning, in an empty stomach for 30 days	As prescribing totality remains unchanged, the same medicine is repeated in the same potency
04/05/2017	Flatulence improved	<i>Placebo</i> /30 doses To be taken in the early morning, in an empty stomach for 30 days	<i>Placebo</i> was prescribed as the patient improved
06/06/2017	Flatulence occurs occasionally	<i>Calcarea fluorica</i> 200CH, 3 doses To be taken in the early morning, in an empty stomach for 3 days. Followed by <i>Placebo</i> , 30 doses To be taken in the early morning, in an empty stomach for 30 days	As prescribing totality remains unchanged, the same medicine is repeated in the same potency
04/07/2017	Backache for 1 week after lifting heavy furniture. Amelioration from warm application	<i>Rhus toxicodendron</i> 200CH, 6 doses To be taken twice daily for 3 days. Followed by <i>Placebo</i> , 30 doses To be taken in the early morning, in an empty stomach for 30 days	The medicine was prescribed based on acute totality
25/08/2017	Backache ameliorated. No other complaint	<i>Placebo</i> , 30 doses To be taken in the early morning, in an empty stomach for 30 days	<i>Placebo</i> was prescribed as the patient improved
03/10/2017	Pain in the lumbar region since morning, aggravation from rest, amelioration from movement, and hot application	<i>Rhus toxicodendron</i> 200CH, 6 doses To be taken twice daily for 3 days. Followed by <i>Placebo</i> , 30 doses To be taken in the early morning, in an empty stomach for 30 days	The medicine was prescribed based on acute totality
06/12/2017	Backache ameliorated. No other complaint.	<i>Placebo</i> , 30 doses To be taken in the early morning, in an empty stomach for 30 days	<i>Placebo</i> was prescribed as the patient improved
Jan 2018	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]	-	

disappear without any treatment.<sup>[7]</sup> 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.<sup>[3]</sup> If this potential malignant condition can be successfully managed by homoeopathic medicines without

**Table 3: Subjective assessment and objective evidences at the first visit and in subsequent follow-ups**

Visit	Subjective assessment			Objective evidences		
	Pain VAS score in 0-10 scale	ORIDL score		BP (mmHg)	RBS (mg/dl)	Findings of abdominal USG
		Main complaint	Overall well-being			
First visit	7	Not applicable	Not applicable	162/88	224	Gallbladder: Over distended; 4-millimeter size polyp Liver: Grade-I fatty changes Left kidney: Mild hydronephrosis; two microliths at mid pole Left ureter: Mildly dilated; 5.2 mm calculus in left VUJ Prostate: Weight 27 gm; Grade-I enlargement
First follow-up	0	+1	+1	154/86	205	
Second follow-up		+1	0	150/82	196	
Third follow-up		+2	+2	156/84	199	
Fourth follow-up		+2	+2	148/80	194	Gallbladder: Normal distension, Gallbladder polyp Liver: Mild diffuse fatty changes Left kidney: 4-mm size microlith Ureters: Not dilated Prostate: Borderline prostatomegaly, weight 20 g
Fifth follow-up	6	+2	+2	146/86	192	
Sixth follow-up	2	+3	+3	150/86	188	
Seventh follow-up	5	+4	+3	143/84	183	
Eighth follow-up	0	+4	+4	138/84	178	Gall bladder: Within normal limit Liver: Within normal limit Left kidney: within normal limit Ureters: within normal limit Prostate: Grade-I prostatomegaly, weight 29.79 g

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 vesicoureteric 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-theapeutic 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

**Table 4: Assessment after eleven months of treatment by Modified Naranjo Criteria for homoeopathy (MONARCH)**

Domains	Modified Naranjo criteria for homoeopathy	Answers of the patient	Scores
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	Yes	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	Yes	+1
3	Was there a homeopathic aggravation of symptoms?	No	0
4	Did the effect encompass more than the main symptom or condition, (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	Yes	+1
5	Did overall wellbeing improve? (suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	Yes	+1
6	(A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? (B) Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: – From organs of more importance to those of less importance? – From deeper to more superficial aspects of the individual? – From the top downward?	No Not sure	0 0
7	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	No	0
8	Are there alternative causes (i.e., other than the medicine) that – with a high probability – could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	No	+1
9	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination, etc.)	Yes	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	Not sure	0

Total score = +8. Maximum score = +13, minimum score = -6

by homoeopathic treatment. The inclination of GBP to be malignant is a cause of concern in the Indian subcontinent.<sup>[6]</sup> 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.<sup>[17]</sup>

### 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.

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Nil.

### Conflicts of interest

None declared.

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**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-urétérale gauche, une stéatose hépatique de grade I et une prostatomégalie de grade I. On a conseillé au patient une cholécystectomie 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 Homeopathy) (+8 sur l'échelle &#39; ; -6 à +13&#39; ;) évalue si l'amélioration du patient peut être attribuée au traitement homéopathique fourni. 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**

**Zusammenfassung: Einleitung:** Gallenblasenpolypen sind in der Regel asymptomatisch und werden zufällig bei der Abdomensonographie entdeckt. Ihr Vorhandensein wird unabhängig von ihrer Größe als Indikation für eine chirurgische Entfernung angesehen. **Zusammenfassung des Falls:** Ein vierundvierzigjähriger Hypertoniker und Diabetiker stellte sich mit starken Schmerzen im linken unteren Rücken seit einem Monat vor. Die abdominale Ultraschalluntersuchung (USG) ergab einen vier Millimeter großen Gallenblasenpolypen, eine leichte Hydronephrose der linken Niere, zwei linke Nierenmicrolithen, einen 5,2 Millimeter großen Stein im linken vesiko-ureteralen Übergang, eine Fettleber ersten Grades und eine Prostatomegalie ersten Grades. Dem Patienten wurde zu einer Cholezystektomie geraten, aber er entschied sich für eine homöopathische Behandlung, um eine Operation zu vermeiden. Beim ersten Besuch wurde das homöopathische Arzneimittel *Calcarea fluorica* verschrieben, und der Patient wurde ein Jahr lang regelmäßig nachuntersucht. Seine Rückenschmerzen ließen innerhalb von 15 Tagen nach. Die subjektive Verbesserung des Patienten wurde anhand der Skala "Outcome related to Impact on Daily Living" (ORIDL) bewertet. Eine USG-Untersuchung nach zehnmonatiger Behandlung ergab, dass der Gallenblasenpolyp nicht mehr vorhanden war und sich seine Leber-, Nieren- und Harnleiterfunktionen laut Untersuchungen normalisiert hatten. Die modifizierten Naranjo-Kriterien für die Homöopathie (MONARCH) (+8 auf der &#39; ; -6 bis +13&#39; ; Skala) bewerten, ob die Verbesserung des Patienten auf die homöopathische Behandlung zurückgeführt werden kann. Dieser Fallbericht wird vorgestellt, um den Umfang der individualisierten Homöopathie bei der Behandlung von Gallenblasenpolypen mit mehreren Komorbiditäten zu dokumentieren. Eine weitere Dokumentation von konsistenten Ergebnissen in einer großen Anzahl ähnlicher Fälle ist gerechtfertigt.

**शीर्षक: कई सहरुग्णताओं के साथ पित्ताशय की थैली पूर्वगंक के उपचार में व्यक्तिगत होम्योपैथी: विषय अध्ययन**

**सार: परिचय:** पित्ताशय की थैली पॉलीप्स आमतौर पर स्पर्शान्मुख होते हैं और पेट की अल्ट्रासोनोग्राफी के दौरान संयोग से पता लगाया जाता है। आकार की परवाह किए बिना उनकी उपस्थिति को शल्य चिकित्सा से हटाने का संकेत माना जाता है। **विषय सारांश:** एक चालीस- वर्षीय पुरुष उच्च रक्तचाप और मधुमेह से ग्रस्त, बाएं पीठ के निचले हिस्से में एक महीने से गंभीर दर्द के साथ आया। पेट के अल्ट्रासोनोग्राफी (यूएसजी) द्वारा चार मिलीमीटर आकार के पित्ताशय की थैली पॉलीप, बाएं गुर्दे के हल्के जलव्रक्ता, दो बाएं गुर्दे के लघुअश्मर, बाएं वेसिकेरिटिक जंक्शन में 5.2-मिलीमीटर अश्मरी, ग्रेड-1 फैटी लिवर और ग्रेड-1 प्रोस्टेटोमेगाली की उपस्थिति का खुलासा हुआ। रोगी को कोलेसिस्टेक्टोमी के लिए सलाह दी गई थी, लेकिन उसने सर्जरी से बचने के लिए होम्योपैथिक उपचार का विकल्प चुना। पहले दौर में, होम्योपैथिक दवा कैलकेरिया फ्लोरिका दिया गया था और रोगी को एक वर्ष के लिए समय-समय पर बुलाया गया था। 15 दिनों के भीतर उनके पीठ का दर्द कम हो गया। रोगी को 'दैनिक जीवन पर प्रभाव से संबंधित परिणाम' (ओआरआईडीएल) पैमाने के माध्यम से व्यक्तिपरक सुधार के लिए मूल्यांकन किया गया था। दस महीने के उपचार के बाद यूएसजी से पता चला कि पित्ताशय की थैली में पॉलीप मौजूद नहीं थी और जांच के अनुसार उनका यकृत, गुर्दे और मूत्रवाहिनी कार्य सामान्य हो गए। होम्योपैथी के लिए संशोधित नारंजो मानदंड (मोनार्क) स्कोर (+8; -6 से +13 के मापन पर) आकलन करता है कि क्या रोगी के सुधार को होम्योपैथिक उपचार के लिए बुलाया जा सकता है। इस विषय की रिपोर्ट को कई सह-रुग्णताओं के साथ पित्ताशय की थैली पॉलीप के उपचार में व्यक्तिगत होम्योपैथी के दायरे को दस्तावेजित करने के लिए प्रस्तुत किया गया है। इसी तरह के विषयों की एक बड़ी संख्या में सुसंगत परिणामों के आगे प्रलेखन के लिए अनुबध किया गया है।



## 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.

标题: 个体化顺势疗法治疗胆囊息肉多发合并症:

A case report

摘要: 引言: 胆囊息肉通常是无症状的, 并且在腹部超声检查期间偶然检测到。它们的存在, 无论大小, 都被认为是手术切除的指示。

个案摘要: 一名四十四岁的高血压和糖尿病男性, 左下背部剧烈疼痛一个月。腹部超声 (USG) 显示存在四毫米大小的胆囊息肉, 左肾轻度肾积水, 两个左肾小石, 左vesicoureteric交界处5.2毫米结石, i级脂肪肝和i级前列腺肿大。患者被建议进行胆囊切除术, 但他选择了顺势疗法治疗以避免手术。在第一次就诊时, 开了顺势疗法药物[医]荧光钙, 并定期随访患者一年。他的背痛在15天内减轻。通过"与日常生活影响相关的结果" (ORIDL) 量表评估患者的主观改善情况。经过十个月的治疗后, USG发现胆囊息肉不存在, 他的肝、肾和输尿管功能恢复正常。顺势疗法 (MONARCH) 评分的修改纳兰乔标准 (+8在&#39;6至+13&#39;量表上) 评估患者的改善是否可归因于所提供的顺势疗法治疗。本病例报告是为了记录个体化的同型病变在胆囊息肉多发性疾病治疗中的范围。有必要进一步记录大量类似案件的一致结果。