

Individualized Homoeopathy in the treatment of Gallbladder Polyp with Grade II Isolated Systolic Hypertension: A Single Case Report

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ABSTRACT:

Gallbladder polyps are usually asymptomatic and detected incidentally during abdominal ultrasonography (USG). Irrespective of size, these polyps are considered an indication of surgical removal. A 28-year-old female presented with occasional cutting pain in right hypochondrial region for the last 4 months. Abdominal USG revealed the presence of multiple gallbladder polyps with largest one measuring 3.7 mm, with grade II isolated systolic hypertension. The patient was advised for cholecystectomy, but she opted for homoeopathic treatment to avoid surgery. At the first visit, homoeopathic medicine *Nux vomica* was prescribed and the patient was followed up periodically for 6 months. USG after 03 months of treatment revealed that the gallbladder polyps were not present and her liver, kidney functions and uterus were normal as per investigations. Her blood pressure also reduced to the normal range. 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, but further documentation of consistent results from a large number of similar cases is warranted.

KEYWORDS: Gallbladder polyp, Hypertension, Homoeopathy, Individualized medicine, *Nux vomica*.

Received: 21.06.2025 Revised: 12.08.2025 Accepted: 25.08.2025 Published: 16.09.2025



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QR Code



DOI 10.70805/ija-care.v9i3.741

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INTRODUCTION:

Gallbladder polyps, sometimes referred as polypoid lesions of the gallbladder, affects approximately 3%–6% of the general population.^[1] It can be defined as mucosal surface elevations that protrude into the gallbladder lumen and should not be mobile or demonstrate posterior acoustic shadowing on transabdominal ultrasound (TAUS).^[2] The majority of the affected individuals remain asymptomatic, and the polyps are detected during abdominal ultrasonography (USG) performed for some unrelated conditions.^[3] However, because of better testing methods and increased access to healthcare facilities, more asymptomatic patients of GB polyps are currently receiving gallbladder polyp diagnoses and proper treatment.

Gallbladder polyps can be classified as either true polyp or pseudo polyps. True polyps are believed to have the potential to become malignant and most frequently represent gallbladder wall adenomas. But it is estimated that at least 70% of the gallbladder polyps found by TAUS are pseudo polyps.^[4] Most of the polyps are small with a mean size of 4 mm and only 5% are more than 10 mm.^[5] These are more prevalent in middle-aged persons.^[6,7]

Seldom are gallbladder polyps less than 10 mm linked to gallbladder cancer. Malignant polyps typically measure more than 10 mm.^[4] 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.^[2,8] Although current surgical guidelines are being questioned in light of mounting data that the vast majority of gallbladder polyps that are removed surgically are benign.^[1] A further recent

study of 156 patients with histopathologically proven gallbladder polyps in four Dutch hospitals concluded that polyp size was often overestimated at US and that the 10-mm threshold for surgical resection led to overtreatment of nonneoplastic polyps.^[9]

Many patients with gallbladder polyp opt for alternative treatment like ayurveda, 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 are available on peer-reviewed journal.^[10,11]

CASE REPORT:

A 28-year-old female attended the general out-patient department (OPD) of a Govt. Homoeopathic Institution in Kolkata, West Bengal, India, in July 2023 with the complaint of occasional cutting pain in right hypochondrial region for the last 4 months. She also reported having a headache, dyspepsia, heartburn, and flatulence.

Before reporting to the OPD, the patient had visited the nearest medical college for treatment and was advised for an USG. The USG report revealed multiple gallbladder polyp. The physician prescribed her analgesics and advised her to take plenty of water. The patient was also advised for surgical removal of the gallbladder polyp, but she opted for homoeopathic treatment to avoid surgery.

Medical History

5 years ago, the patient suffered from UTI for almost 7 months and she was treated with conventional medicines.

Her mother had uterine fibroid followed by hysterectomy.

The patient was an IT professional and had a very stressful work environment with irregular dietary habits and frequent night shifts.

Clinical Findings

The patient was having a good memory and clear understanding. She had developed anxiety about her financial conditions as well as for her health. She was very fastidious. The patient was having a good appetite and was fond of fat, spicy foods and sweets. She could not tolerate alcohol in any form. Her tongue was clean and every day she used to drink 3–4 l of water, but mainly during morning. She had an irregular, ineffectual bowel movement with flatulence and had no complaints related to micturition. Her menstruation cycle was irregular and clot passes during flow. She reported that sweat was moderate but mainly during sleep, without any offensive smell or staining on clothes. She could not sleep well and woke up very early and unrefreshed.

She was 5 ft 1" tall and her weight was 67 kg. On examination there was no pallor, oedema, jaundice or cyanosis. Her blood pressure (BP) was recorded as 164/88 mmHg.

Local Examination

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

Analysis and Evaluation of Symptoms

1. Anxiety about her health and her financial condition.
2. Fastidious.
3. Fond of fat and sweets.
4. Alcohol intolerance.
5. Thirst profuse and drink 3–4 l of water, but mainly during morning.

6. Irregular, ineffectual bowel movement with flatulence.
7. Could not sleep well and woke up very early and unrefreshed.
8. Irregular menstruation cycle and clot passes during flow.

Repertorial Analysis

The repertorial totality was framed as per the philosophy of the Kent repertory.^[12] The symptoms were converted into rubrics and the case was repertorised using Kent repertory [Figure 1]. After repertorisation, it was found that *Nux vomica* covered the maximum number of symptoms and scored the highest.

Miasmatic Analysis

The miasmatic analysis of each of the symptoms, past history, family history and radiological and laboratory findings are provided in Table 1. The patient was having a multi-miasmatic background.^[13,14]

Diagnostic Assessment

The abdominal USG report of 17 June, 2023 revealed that the patient was suffering from multiple gallbladder polyp, largest one measuring of 3.7 mm size. The patient also had Grade-II isolated systolic hypertension (BP = 164/88 mmHg) in spite of being on regular antihypertensives.

THERAPEUTIC INTERVENTION:

First Prescription

Different Materia Medicas^[15,16,17,18,19] was consulted and the totality of symptoms of the patient, her past history, family history and active miasmatic state were considered for the selection of the first prescription. The recently developed mental state of anxiety and fastidiousness in the patient, irregular diet habit, night watching due to night shift duty, pathological changes and multimiasmatic background led to the

selection of *Nux vomica* as the first prescription.

Fourteen doses of potentized homoeopathic medicine *Nux vomica* 0/1, manufactured by a Good Manufacturing Practice (GMP) certified pharmaceutical company, was prescribed in 60 ml aqua dist. solution and marked 14 equal doses. The patient was advised to take the medicine in the early morning, on an empty stomach for 14 consecutive days. She was also advised to follow proper diet plan and to avoid any fast-food or processed food.

Follow-up Assessment

The patient was followed up periodically for 6 months. 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 abdominal USG reported at the first visit, after 3 months of treatment. USG findings are given in **Figure 2& 3**.

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 she had no complaints about intervention tolerability. No adverse or unanticipated events were reported for the entire period when the patient was under homoeopathic treatment.²⁰ She report an initial aggravation of her existing symptoms for first 2 days after taking the medicine, but other than that, no complaints that can be considered as evidence of homoeopathic aggravation.^{21,22}

Table-1: Miasmatic analysis

Symptoms	Miasm		
	Psora	Syphilis	Sycosis
Anxiety about her health	1		
Anxiety about her financial condition	1		
Desire for fat	1		
Desire for sweets	1		
Ineffectual, irregular stool	1		
Flatulence	1		
Unrefreshed sleep		1	
GB polyp			1
Past history: UTI			1
Family history: Uterine fibroid			1
Family history: Hysterectomy			1
Total	6	1	4

Table- 2: Follow-up

Date	Symptoms/Outcome	Prescription
25/07/2023 1 st Follow-up	The patient experienced severe pain in right hypochondrium few times for the first 2 days after starting the medicine. She also maintained a proper and restricted diet. Her BP was 152/88 mm of Hg.	<i>Nux vomica</i> 0/2/ OD* 14 days
08/08/2023 2 nd Follow-up	During this this time, pain occurred only a couple of times, but the intensity of the pain	<i>Nux vomica</i> 0/3/ OD* 14 days

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	decreased. Her BP was 136/86 mm of Hg. She was advised to take the antihypertensives every alternate day.	
22/08/2023 3 rd Follow-up	She felt the pain only twice during this time period but the intensity of the pain was very low. A proper diet plan was followed. Her BP was 126/82 mm of Hg.	<i>Nux vomica</i> 0/4/ OD* morning*14 days. Placebo 100/ OD* evening*14 days.
26/09/2023 4 th Follow-up	No pain during this time. Her BP was 122/80 mm of Hg. She was advised for USG (Upper abdomen). She was advised to take the antihypertensives twice every week.	<i>Nux vomica</i> 0/5/ OD* morning* 14 days. Placebo 200/ OD* evening* 14 days.
17/10/2023 5 th Follow-up	USG report (30/09/2023) showed normal study. No evidence of GB polyp. Her BP was 122/84 mm of Hg.	Placebo 300/ OD* morning* 28 days.
05/12/2023 6 th Follow-up	No further complaints. Patient was much better. Her BP was 122/82 mm of Hg. Patient informed us that she discontinued the antihypertensives.	Placebo 300/ OD* morning* 28 days.

Table 3: Modified Naranjo Criteria

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2√	-1	0
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1√	-2	0
3. Was there an initial aggravation of symptoms?	+1√	0	0
4. Did the effecten compass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1√	0	0
5. Did overall well-being improve? (suggest using a validated scale)	+1√	0	0
6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0√
6B Direction of cure::did at least two 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 downwards?	+1	0	0√

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7. Did “oldsymptoms”(defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?	+1	0√	0
8.Are there alternate causes(other than the medicine)that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0√
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2√	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0√
Total score	08		

Remedy	Nux-v	Sulph	Lyc	Nit-ac	Sep	Calc	Nat-m	Ars	Magn-m	Nat-c
Totally	32	31	24	24	23	21	20	19	19	19
Symptoms Covered	15	14	10	9	13	12	10	11	10	10
Kingdom										
[Kent] [Abdomen]PAIN:Aching,dull pain (see Boring,Gnawing,etc.):Hypochondria:Right: (63)	3	2	3		1		2	2	2	2
[Kent] [Mind]FEAR (SEE ANXIETY):Poverty: (11)	1	1			2	2				
[Kent] [Mind]ANXIETY:Health, about: (33)	1	1		3	2	2		1	1	1
[Kent] [Mind]FASTIDIOUS: (2)	2							2		
[Kent] [Stomach]DESIRE:Fat: (5)	2	2		3				1		
[Kent] [Stomach]DESIRE:Sweets: (36)	1	3	3		2	2	1	1	2	2
[Kent] [Generalities]ALCOHOLIC STIMULANTS: (66)	3	3	2		1	2	2	3		2
[Kent] [Rectum]CONSTIPATION (SEE INACTIVITY):Insufficient,incomplete,unsatisfactory stools: (61)	3	3	2	3	2	1	3		2	3
[Kent] [Rectum]CONSTIPATION (SEE INACTIVITY):Ineffectual urging and straining: (159)	3	3	3	3	3	2	3	2	3	2
[Kent] [Rectum]FLATUS: (122)	3	3	3		2	1	2	2	2	2
[Kent] [Genitalia female]MENSES:Irregular: (61)	2	2	2	2	2	2			1	
[Kent] [Genitalia female]MENSES:Clotted: (75)	1	2	2	1	1	3	2		2	
[Kent] [Stomach]THIRST:Morning: (46)	2	1		3	1	1	1	1	1	1
[Kent] [Sleep]UNREFRESHING: (111)	2	2	2	3	2	1	2	2	3	1
[Kent] [Sleep]WAKING:Early: (109)	3	3	2	3	2	2	2	2		3

Figure- 1: Repertorial Sheet

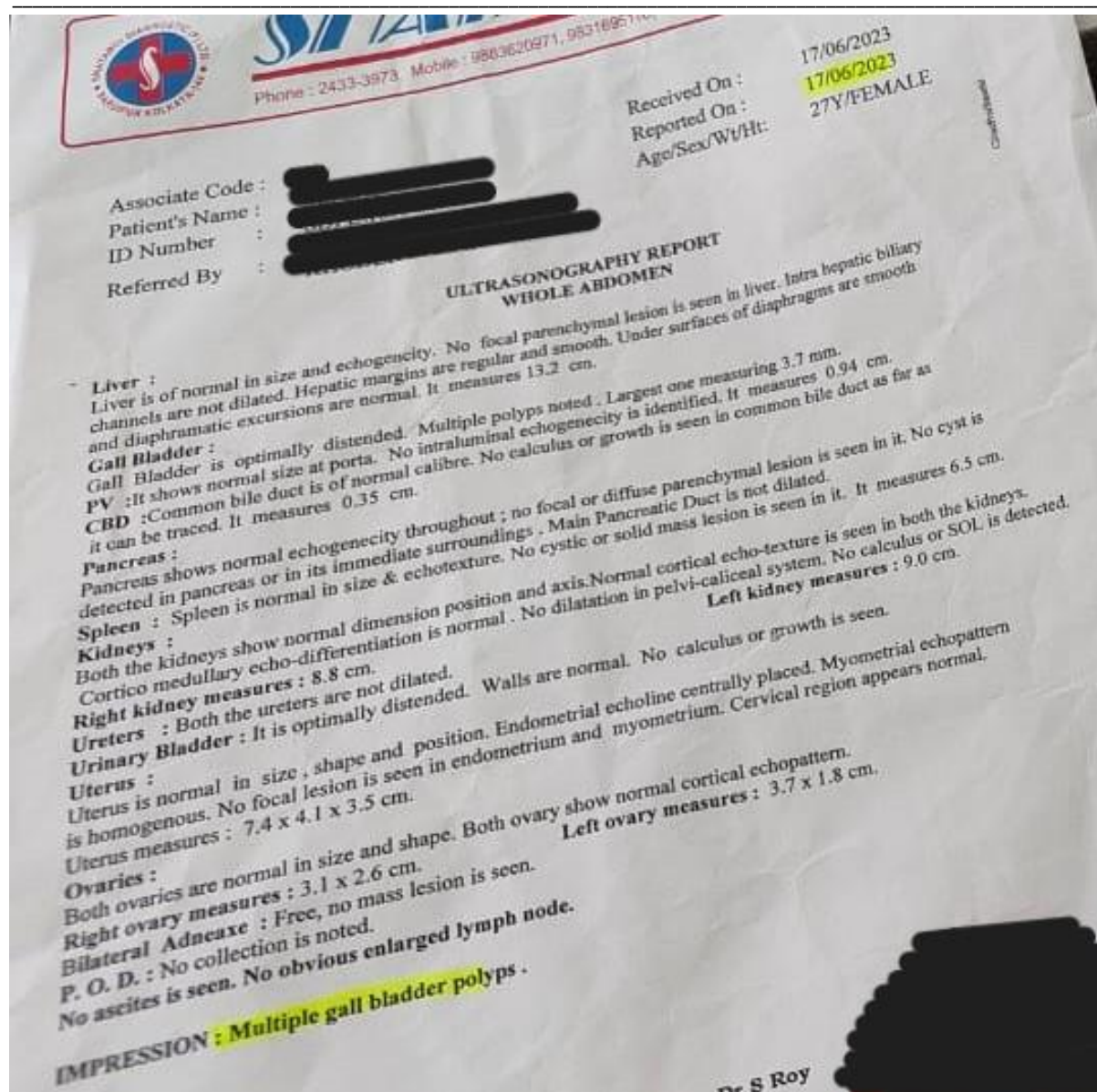


Figure 2: USG Report after intervention

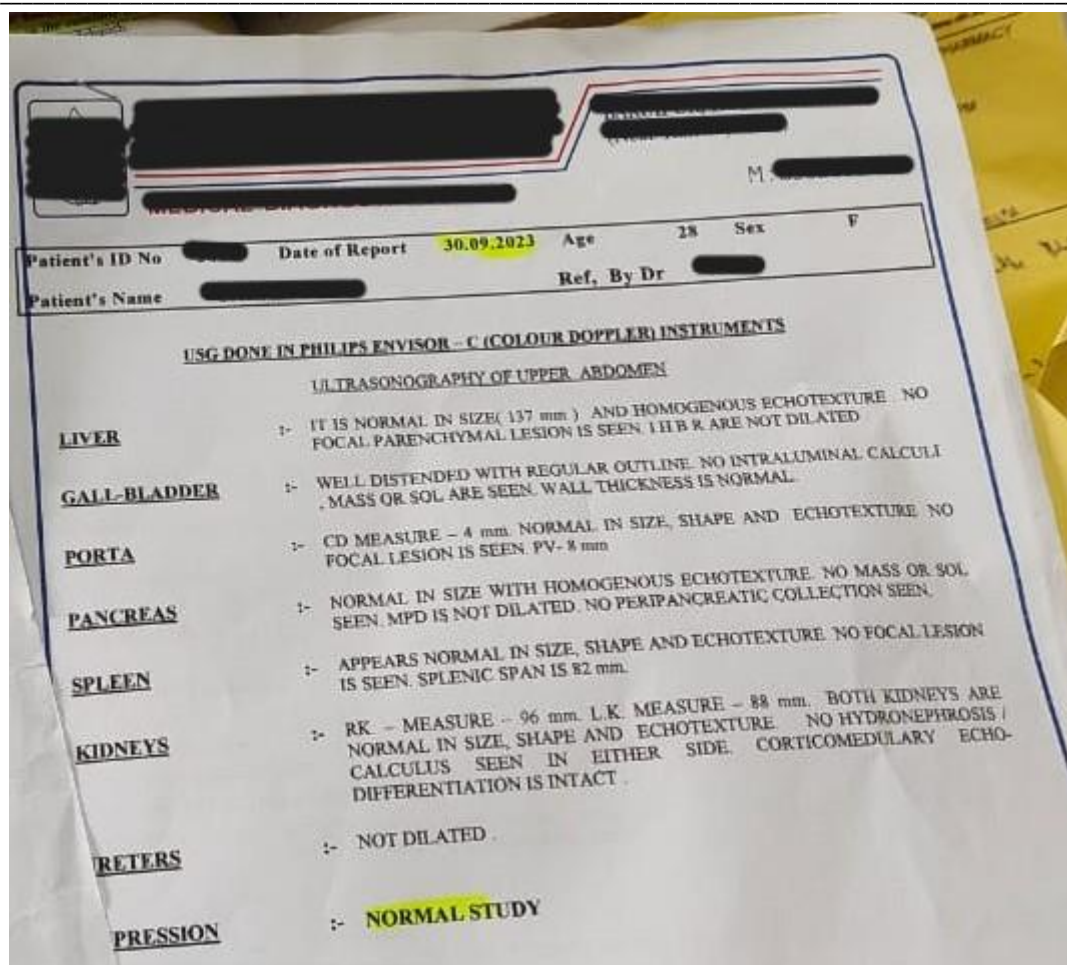


Figure- 3: USG Report after intervention

DISCUSSION:

This is a case of 28 years old female IT professional with occasional cutting pain in right hypochondrial region for 4 months. The patient was already diagnosed with multiple gall bladder polyp with largest one measuring 3.7 mm (Figure-2). After advised for surgery at first, she opted for homoeopathy treatment. The patient was under homoeopathic treatment for almost 6 months. Although there was initial aggravation of the pain for the first couple of days, eventually patient was greatly relieved from the pain within 10 days. Patient also stuck to a proper diet plan and avoided any unhygienic food. USG after 3 months showed a significant improvement and no evidence of polyp was found (Figure-3).

The coexisting increased isolated systolic blood pressure level also reduced to the normal range at the end of six months of follow-ups. Here individualized homoeopathic medicine has shown its beneficial effect in treatment of GB polyp and reduced the blood pressure and eventually discontinuation of the antihypertensives. In this case report, both subjective and objective changes are documented as evidence of the patient's improvement. At every follow-up visit, the patient was enquired about the overall effect, any adverse reaction of the treatment on her main complaint, and on her general feeling of well-being.

Further, the MONARCH ^[23] 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 3).

In the Indian subcontinent, there is concern over the propensity of GB polyps to be malignant.^[7] However, in this case, the disappearance of the GB Polyp in the USG, along with the blood pressure of the patient becoming normal within six months, would have been possible by homoeopathic treatment.

CONCLUSION:

This case study demonstrates how individualized homeopathic treatment, an evidence-based medical practice in a clinical setting, can return the body to its natural physiological state in a reasonable amount of time. This case explored the possibility and scope of homoeopathy in gallbladder polyp and avoiding surgical intervention. The obvious limitation of this clinical case report is insufficient proof of causality on its own. However, the result obtained may be useful for decision making in both practice and research and can also be used to generate hypotheses for future clinical studies.

Declaration of patient consent

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

Limitation of Study: This is only a case report. More RCTs and case series are further warranted.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Patranu Parui, Soumyanath Mallik, Debmoy Nandi, Neelavna Dey, Debashis Biswas Individualized homoeopathy in the treatment of Gallbladder Polyp with Grade II Isolated Systolic Hypertension: A Single Case Report *Int. J. AYUSH CaRe.* 2025;9(3): 604-613. DOI 10.70805/ija-care.v9i3.741.

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