

Role of Individualized Homoeopathic Medicine in Management of Cholesterosis of Gallbladder: A Case Report**Santana Maity,^{1*} Koustav Roy²**

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ABSTRACT:

Cholesterosis of gallbladder is defined as the excessive accumulation of cholesterol esters and triglyceride within gallbladder epithelium. It is usually a benign condition often incidentally detected during ultrasonography of abdomen and usually symptomless but some patients complain of dull, right upper quadrant or epigastric pain resembling biliary pain and are found subsequently to have cholesterosis or gallbladder inflammation post cholecystectomy. There is no medical therapy for cholesterosis in conventional method of treatment, if the patient having symptoms, cholecystectomy is indicated. A 67-year-old male presented with complaints of occasional dull aching pain in right hypochondrium for two years along with headache, heartburn, dyspepsia, flatulence almost on daily basis. The diagnosis was made as cholesterosis of gallbladder characterized by comet tail artifacts on ultrasound. After allopathic treatment for few months the patient was advised for laparoscopic cholecystectomy, then he opted for homeopathy. On first visit, *Natrum muriaticum* 200C, 2 doses on consecutive 2 days were prescribed and the patient was followed up periodically for 4 months. Following treatment, ultrasonography after 4 months revealed no abnormality and the comet tail artifacts were no longer present with improvement of overall health. The Modified Naranjo Criteria for Homoeopathy (MONARCH) score of +08 suggests a high likelihood of a causal relationship between the homeopathic treatment and the patient's improvement. This case report highlights the potential of individualized homeopathic medicine in managing cholesterosis of the gallbladder, offering a non-invasive alternative to surgery. Further studies are warranted to confirm these findings and explore the scope of homeopathy in similar cases.

KEYWORDS: Cholesterosis of gallbladder, Comet tail artifact, Individualized Homoeopathic medicine, MONARCH, *Natrum muriaticum*.

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INTRODUCTION:

Cholesterosis of gallbladder (ICD-11: DC10.4) is defined by the accumulation of lipid-laden macrophages in the subepithelial region of the lamina propria of the gallbladder.^[1] The condition is thought to result from the deposition of cholesterol esters due to increased cholesterol ester synthesis in the gallbladder mucosa, which may be driven by dysregulation of intracellular cholesterol homeostasis.^[2] It is a benign condition that may occur in two forms- localized and diffuse (strawberry gallbladder).^[3]

Cholesterosis by itself is usually asymptomatic and its clinical significance is not known. It is generally encountered as an incidental finding in cholecystectomy or autopsy specimens. Symptoms, if any, are usually due to associated gallstones or cholecystitis but in some patients, cholesterosis may cause dull, right upper quadrant pain and/or abdominal discomfort with certain foods. In rare instances, excessive lipid deposits form cholesterol polyps that project into the lumen. They may cause temporary blockage and repeated bouts of acute pancreatitis.^[4]

The comet tail artifact is a well-known useful reverberation artifact on sonograms and is very often accompanied by a thickened gallbladder wall lesion, such as gallbladder adenomyomatosis, cholesterosis of gallbladder.^[5] The presence or absence of the comet tail artifact depends on the configuration of the gallbladder lesions.

A retrospective study was done with 150 patients to evaluate whether the comet tail artifact on ultrasonography can be used as a reliable finding in the diagnosis of benign gallbladder diseases and it concluded that the comet tail artifact in gallbladder lesions may potentially be a reliable sign suggesting the presence of a benign lesion of

gallbladder.^[6] Many patients often consult homoeopaths for this gallbladder lesion to avoid surgery. Unfortunately, the treatment outcome of such cases is not well documented. There are very few case reports of completely resolved cases of comet tail artifact using individualized homoeopathic treatment.^[7] There is no medical therapy in symptomatic patients of cholesterosis except cholecystectomy in conventional treatment. With Individualized homoeopathic medicine the case got completely resolved without any surgical intervention which made the case stand significant one in homoeopathic management of cholesterosis of gallbladder. There is very limited evidence in these cases in homoeopathy so this case report may help in further research.

CASE REPORT:

A 67-year-old male who was a retired engineer presented in March 2025 with two-year history of occasional right abdominal pain. He also reported of having headache, dyspepsia, heartburn, and flatulence almost daily. Before consulting with homoeopath, the patient had visited an allopathic physician for treatment and was advised for an USG in November 2024. The USG report revealed “a few echogenic foci with comet tail shadows are seen in both walls”. He was under allopathic treatment and again advised for another USG of abdomen in February 2025 which revealed the same findings. Then the patient was advised for surgical removal of the gallbladder i.e cholecystectomy with known complication after surgery, so he opted for homoeopathic treatment to avoid surgery.

Medical history:

Patient was under anti-hypertensive drugs for last 25 years. Both of his parents

suffered from hypertension and died from CVA. The patient was a retired engineer and had a very stressful work environment with irregular dietary habits.

Clinical findings:

The patient was having a good memory and clear understanding but had developed anxiety about future after retirement as well as for his health condition. He detailed a long-continued history of grief regarding his daughter's divorce 3 years back. The patient was having a good appetite with strong desire for salty food. His tongue was clean, moist and every day he used to drink 3–4 litres of water. He had irregular, difficult bowel movement with flatulence and had no complaints related to micturition. He reported that sweat was moderate without any offensive smell or staining on clothes. He could not tolerate sun heat due to headache. Sleep cycle normal with no such particular dreams.

He was 6 ft 1" tall and his weight was 60kg. On examination there was no pallor, oedema, jaundice or cyanosis. His blood pressure (BP) was recorded as 140/90 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. Desire to be alone
2. Anxiety about future
3. History of long continued grief regarding his daughter's divorce
4. Desire salty food
5. Thirst profuse and drink 3–4 lts of water
6. Irregular, difficult bowel movement with flatulence.
7. Sun heat intolerance
8. Dull aching pain in right hypochondrium

9. Headache
10. Heartburn

Repertorial Analysis

The repertorial totality was framed as per the philosophy of the J.T. Kent's Repertory [8]. The symptoms were converted into rubrics and the case was repertorised using software Zomeo [Figure 1]. After repertorisation, it was found that *Natrum muriaticum* covered the maximum number of symptoms and scored the highest.

Miasmatic Analysis

The miasmatic analysis of the symptoms, past history, family history and radiological findings are provided in Table 1. The patient was having a multi-miasmatic background [9,10,11].

Diagnostic Assessment

The abdominal USG report of 4 November, 2024 revealed, Cholesterosis of gallbladder with a few echogenic foci with comet tail shadows were seen in both walls of the gallbladder [Figure 2a & 2b]. On 25 February 2025, another abdominal USG done which revealed – Cholesterosis of gallbladder with few tiny intramural echogenic foci with comet tail artifacts noted from gallbladder wall and a small cortical cyst measuring 14mm x 11 mm was noted in mid pole of right kidney [Figure 3a & 3b].

THERAPEUTIC INTERVENTION

First Prescription

Different *Materia Medicas*^[12,13,14] were being consulted and the totality of symptoms of the patient, family history and active miasmatic state were considered for the selection of the first prescription. The recently developed mental state of anxiety about future and long grief in the patient, irregular diet habit, and multimiasmatic

background led to the selection of *Natrum muriaticum* as the first prescription on 03.05.25.

Two doses of potentized homoeopathic medicine *Natrum muriaticum* 200, manufactured by a Good Manufacturing Practice (GMP) certified pharmaceutical company, was prescribed and followed by Placebo (Placebo here refers to non medicinal substance i.e. cane sugar globules of number 30 but not moistened with any medicine.) for 28 days. The patient was advised to take the medicines on early morning in empty stomach for 30 days. He was also advised to take salt restricted diet.

Follow-up Assessment

The patient was followed up periodically for 4months. 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 and after 4 months of homoeopathic treatment. USG findings are given in figure[2a ,2b,3a,3b & 4] No adverse or unanticipated events were reported for the entire period when the patient was under homoeopathic treatment.

Table 1: Miasmatic Analysis

Symptoms	Miasms		
	Psora	Syphilis	Sycosis
Desire to be alone		1	
Anxiety about future	1		
History of long continued grief	1		
Desire salty food		1	
Irregular, difficult bowel movement	1		
Sunheat intolerance	1		
Flatulence	1		
Cholesterosis of gallbladder			1
Medical history: Hypertension	1		1
Family history: CVA		1	
Heartburn	1		
Headache	1		
Dull pain in hypochondrium	1		

Table 2: Follow up and outcomes

Date of visit	Observations	Prescription
07.04.25(2 nd visit)	The patient experienced dull pain in right hypochondrium few times but the intensity of pain was less. Headache occurred only 3 times after having medicine. Dyspeptic troubles also reduced	Placebo 200/28 Doses OD * 28 Days
05.05.25(3 rd visit)	He felt the abdominal pain only twice during this time period but the intensity of the pain was very low. No history of headache or dyspeptic troubles.	Placebo 200/28 Doses OD * 28 Days

09.06.25(4 th visit)	No abdominal pain during this time. He was advised for USG of whole abdomen. No such complaints regarding dyspepsia.	Placebo 200/28 Doses OD*28 Days
07.07.25(5 th visit)	USG report (03/07/2025) showed normal study. No evidence of Comet tail artifacts in gallbladder. No further new complaints.	Placebo 200/28 Doses OD*28 Days

Table 3: Modified Naranjo Criteria

It was used to measure the improvement following the treatment with homeopathic medicine

Assessment of the case according to MONARCH: Modified Naranjo Criteria for Homoeopathy^[15]

Item	Yes	No	Not sure
Was there an improvement in the main symptom or condition for which the Homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
Was there an initial aggravation of symptoms?		0	
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
Did overall well-being improve? (Suggest using a validated scale)	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
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		0	
Did 'old symptoms' (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternate causes (other than the medicine) that, with a high probability could have caused the improvement? (e.g., known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
Was the health improvement confirmed by any object evidence? (Lab test, clinical observation, etc)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?		0	

Total score=08

and the total score was 08.

Repertorisation Sheet - Zomeo Pro																	
Remedy	Nat m	Nu xv	Br y	Ca lc	Ph os	Pu ls	Sul ph	Car bv	Lac h	Na tc	Cau st	Ly c	Gra ph	An tc	Co n		
Totality	27	23	20	19	19	19	18	17	17	17	17	16	15	14	14		
Symptoms Covered	10	9	8	9	8	8	9	8	8	8	8	7	7	8	8	8	
[Kent]																	
[Abdomen]Pain:Aching,dull pain (see	2	3	2	0	2	0	2	1	0	2	0	3	0	0	0	2	
Boring,Gnawing,etc.):Hypochondria:Right:																	
[Kent] [Mind]Anxiety:Future, about:	2	2	3	3	3	2	1	0	2	2	2	0	2	1	1	1	
[Kent] [Mind]Grief:	3	2	0	1	0	3	0	0	2	0	3	2	2	1	0		
[Kent] [Mind]Company:Aversion to:	3	3	2	1	1	2	2	2	2	2	0	2	1	1	1		
[Kent] [Generalities]Sun:From exposure to:	3	2	2	1	0	3	1	2	2	3	0	0	1	3	0		
[Kent] [Stomach]Desires:Salt things:	3	0	0	2	3	0	1	3	0	0	2	0	0	0	0	2	
[Kent] [Rectum]Constipation (see inactivity):Difficult stool (see inactivity):	3	3	3	2	2	2	3	2	3	2	3	2	3	3	3	3	
[Kent] [Stomach]Thirst:Extreme:	3	2	3	3	3	1	3	2	1	2	3	2	2	2	1		
[Kent] [Head]Pain,headache in general:	3	3	3	3	3	3	3	2	3	2	2	2	2	2	2	1	
[Kent] [Stomach]Heartburn:	2	3	2	3	2	3	2	3	2	2	2	3	2	1		3	

Figure 1- Repertorial Sheet

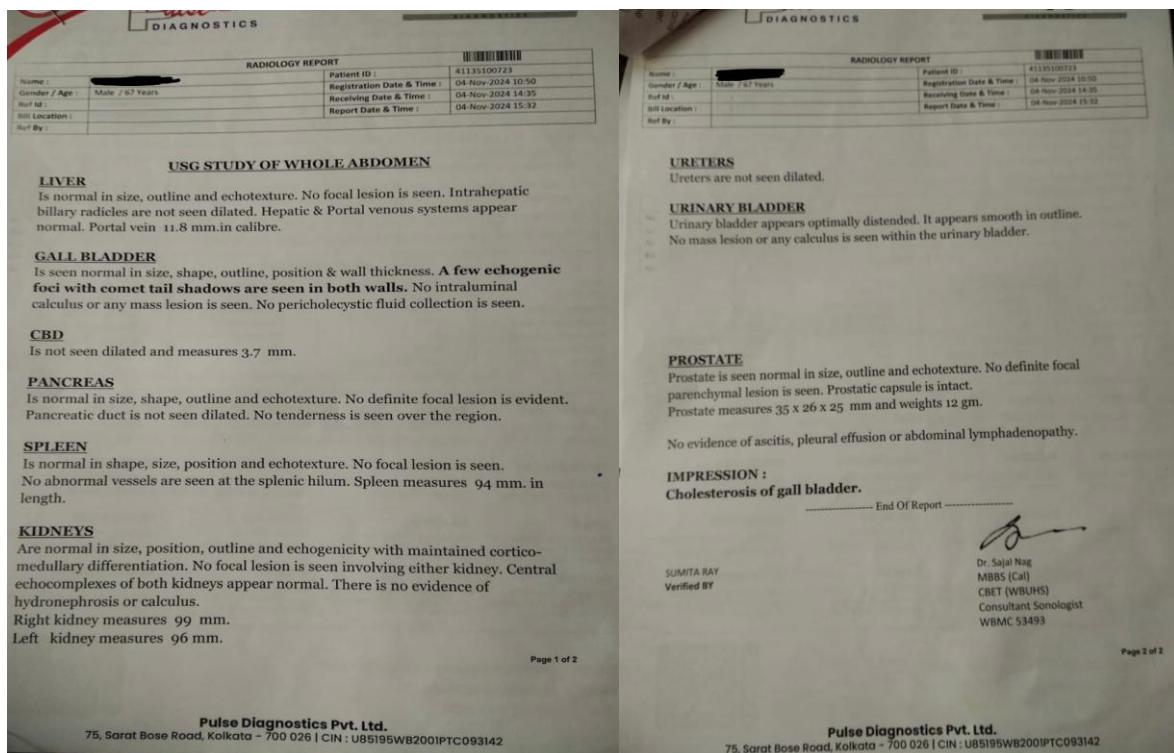


Figure 2a & 2b- 1st USG Report before homoeopathic intervention

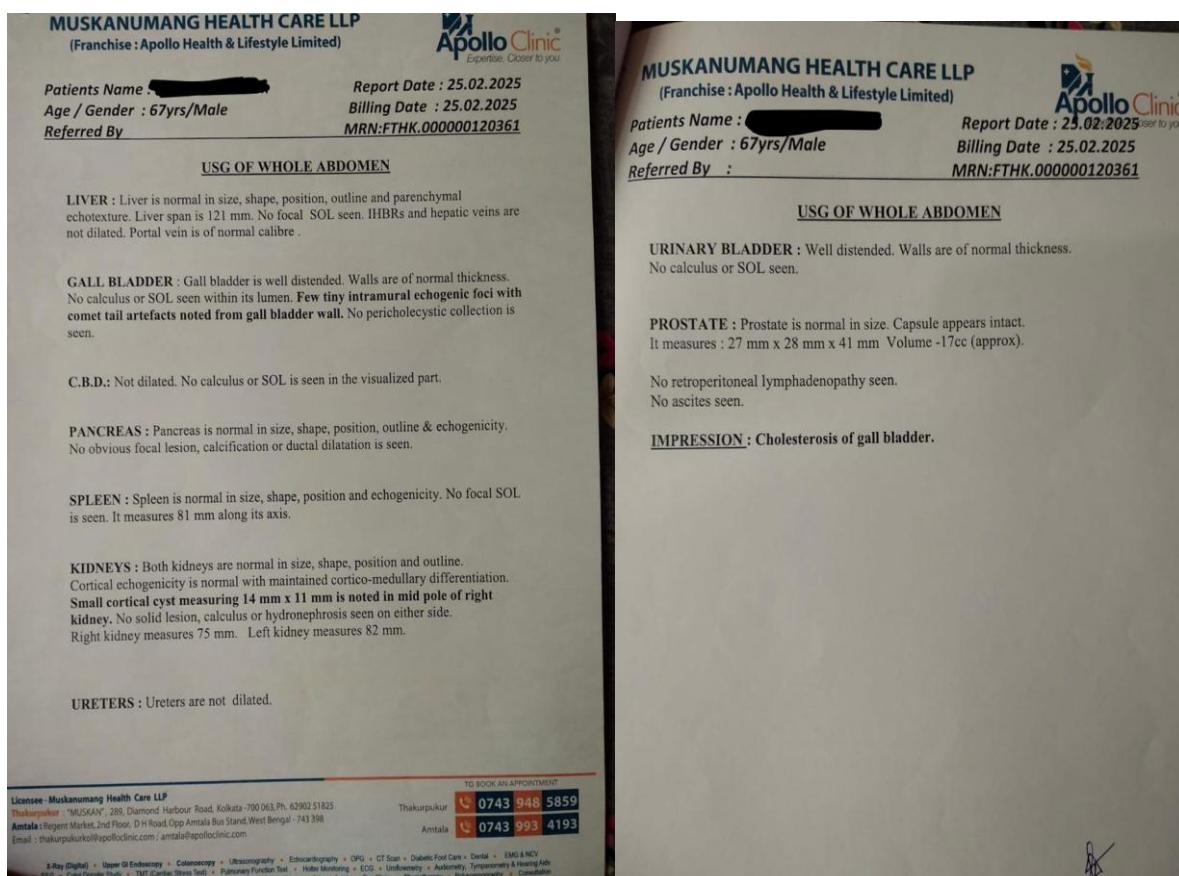


Figure 3a & 3b- 2nd USG before Homoeopathic intervention

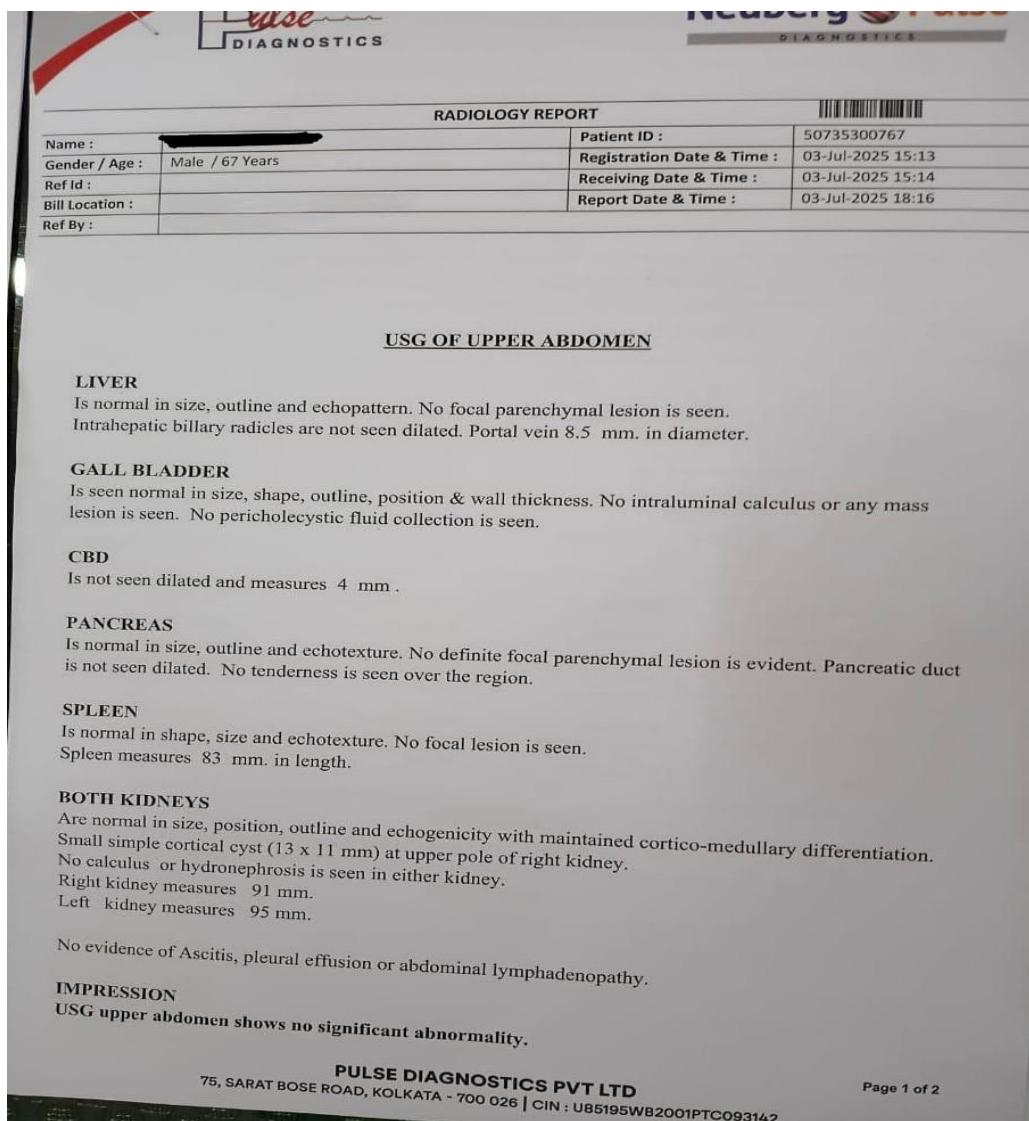


Figure 4- USG Report after homoeopathic intervention

RESULT AND DISCUSSION:

This is a case of 67 years old male with occasional dull aching pain in right hypochondrium along with headache, dyspepsia, heartburn, and flatulence almost daily for 2 years. The patient was already diagnosed with cholesterosis of gallbladder and presence of comet tail artifacts as per the ultrasonography reports (Figure-2& 3). After 6 months of allopathic treatment when patient was advised for surgery, he opted for homoeopathic treatment. The patient was under homoeopathic treatment for almost 4 months. USG after 4 months

showed a significant improvement with totally normal gallbladder wall and no evidence of comet tail artifact was found (Figure-4). The incidental finding of cortical cyst in the second USG was also normal. Here individualized homoeopathic treatment has shown its beneficial effect in the treatment of cholesterosis of GB and comet tail artifacts. Further, the MONARCH ^[15]score of 08 at the final visit is suggestive of a high likelihood that the improvement of the patient can be attributed to the homoeopathic treatment provided (Table 3).

Homeopathy is widely regarded as a popular alternative therapy in situations where surgical intervention is recommended, yet it is frequently turned down due to lack of evidence regarding the mechanism of action of homoeopathic medicines.^[16] Many patients with gallbladder diseases (polyp, cholelithiasis, cholesterosis etc) opt for homoeopathy but the treatment outcome of such cases is not well documented. Only a few case reports of individualized homoeopathic treatment of such cases are available.^[17,18,19] As per our knowledge this is the first case report showing efficacy of individualized homoeopathic medicine in cholesterosis of gallbladder which sets a potential platform for future studies to assess the effectiveness of homoeopathic treatment in cholesterosis of gallbladder.

CONCLUSION:

This case study highlights the potential of individualized homeopathic treatment in managing cholesterosis of the gallbladder with comet tail artifacts, demonstrating a significant improvement in both symptoms and ultrasonographic findings within a remarkably short period of 4 months. The results of this case can inform decision-making in clinical practice and serve as a foundation for further research into the efficacy of homeopathy in treating cholesterosis of the gallbladder.

Declaration of patient consent:

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

Limitation of the Study:

This is only a case report. More RCTs and case series are further warranted.

Limitations of a single case report are acknowledged, the outcome suggests that homeopathy may offer a viable alternative to surgical intervention in some cases.

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