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Dr. Aftabuddin Khan

20th batch PGT, Department of
the Practice of Medicine,
National Institute of
Homoeopathy, Kolkata,
West Bengal, India

Dr. Sarfia Haque

20th batch PGT, Department
of Homoeopathic Pharmacy,
National Institute of
Homoeopathy, Kolkata,
West Bengal, India

Corresponding Author:

Dr. Aftabuddin Khan

20th batch PGT, Department of
the Practice of Medicine,
National Institute of
Homoeopathy, Kolkata,
West Bengal, India

Successful regression of gall bladder polyp with carcininum: A case report

Dr. Aftabuddin Khan and Dr. Sarfia Haque

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Abstract

Gallbladder polyps (GBPs) are normally innocuous, but the protocol of assessment and treatment of GBPs is clinically important due to the high mortality risk of gallbladder carcinomas with polypoid growth. In abdominal ultrasonography, gallbladder polyps are commonly found, with a frequency of 0.3 to 9.5 per cent. The gallbladder specimen can also be analyzed after a cholecystectomy to see them. In elderly men with hypertension, diabetes, hepatitis C infection, impaired fasting glucose, and obesity, GBPs are more common. These conditions affect both genders equally or almost equally. Gall Bladder is a potential risk of carcinoma formation.

Homoeopathic treatment of Gallbladder polyps has not been documented till now. This article draws attention to the homoeopathic approach by illustrating how homoeopathy might be used to cure a so-called surgical condition with unique characteristics.

A patient, 39 years old, with a known Gallbladder polyp, presented to the outpatient department at the National Institute of Homoeopathy, Kolkata on the 12th of February 2021 with a right iliac and right epigastric pain that aggravates at night and settles on bending double and warm compression.

On examination abdomen was soft, slightly tender, with no palpable mass present, and no muscle guard present. Ultrasonography report suggests there is a Gall Bladder polyp of 5.5 mm size with mild hepatomegaly.

After thorough case taking, forming totality and repertorisation the patient was prescribed Carcinisin 200, a single dose. On 1st follow up low back pain was reduced and on the second follow up USG report Suggests findings are within the normal limit.

Homoeopathy is a simple system of medicine with a holistic approach based upon presenting complaints, physical symptoms and mental features prescribing a minimal possible dose of a single indicated remedy that can cure so-called surgical diseases in the quickest time without any help of hazardous procedure.

Keywords: Gallbladder polyp, carcinisin, homoeopathy

Introduction

Gallbladder polyps are protrusions entering the lumen from the gallbladder wall. With a frequency of between 0.3 and 9.5 per cent, they are frequently seen on abdominal ultrasound examinations. They can also be detected when the gallbladder specimen is examined following a cholecystectomy^[1]. GBPs are more normal in old men who have hypertension, diabetes, hepatitis C disease, hindered fasting glycaemia, and are obese^[2]. The rate is equivalent for both sexes. Despite the fact that polyps can distress people of all ages, those beyond 40 years old are more frequently affected. Researchers observed that the recurrence of polypoid lesions was 4.6 percent in males and 4.3 percent in females in an illustration of 3600 Danish adults, with 5.9 percent and 5.8 percent for individuals past 70 years of age, respectively^[2]. As indicated by one exploration, men had a polyp percentage of 6.3 while females had a polyp recognition percentage of 3.5^[3]. People of Indian origin seem to have a more serious tendency of gallbladder polyp malignancy^[1].

Pseudopolyps and true polyps are the two sorts of gallbladder polyps. Pseudopolyps are more common than true polyps^[4]. Cholesterol pseudopolyps are the most widely recognized, however, confined adenomyomatosis and pseudopolyps are likewise normal. Pseudopolyps have a low capacity to cause symptoms. Polyps in the gallbladder can be harmless or dangerous. Adenomas are the most well-known harmless polyps, while adenocarcinomas are the most widely recognized threatening polyps^[5].

Most of the time, after a cholecystectomy, radiological imaging or a histological investigation will reveal gallbladder polyps. Only a small percentage of individuals with gallbladder polyps may experience symptoms, such as acute cholecystitis owing to the polyp blocking the cystic duct, or cholangitis due to polyp pieces breaking off and travelling into the bile duct [6].

The average size of malignant polyps was 27.97 ± 2.46 mm in a study of 291 people, whereas the benign group was 8.56 ± 0.36 mm [7]. Retrospective studies have shown that the risk of cancer rises considerably as the size of the polyp grows greater, and most experts opine that those with polyps larger than 10 mm should have their cholecystectomy [1, 7, 8, 9]. Despite the fact that the majority of malignant polyps are greater than 10 mm in diameter, two recent systematic investigations demonstrate that many malignant polyps and polyps with malignant potential are smaller [1, 7, 8, 9]. An analysis of 43 studies, 20 of which gave data on the size and histology of 2347 polyps, found that 356 were categorized as true polyps, with 228 being malignant and 29 being between 5-10 mm in size, but none being smaller than 5 mm. Of these, 356 were malignant [9].

Treatment in modern system medicine is cholecystectomy in cases of polyps more than 10 mm or malignant types and follow up for 5 years in cases of benign polyps [1].

Case Report

Patient information:

A 32 years old male with a known case of Gall Bladder polyp visited the outpatient department of the National Institute of Homoeopathy, Kolkata on 12th February 2021.

Presenting complaint

Aching pain in the right iliac region of the abdomen and right side of epigastrium for 2 months which aggravates at night and Ameliorates by bending double and warm application. On examination abdomen was soft, slightly tender, with no palpable mass present, and no muscle guard present. Ultrasonography report suggests there is a Gall Bladder polyp of 5.5 mm size with mild hepatomegaly.

History of present complaint

Complaints started gradually two months ago and were

treated with modern system of medicines which gave temporary relief to symptoms.

Past history

The patient had Pulmonary Tuberculosis which was treated with the modern system of medicine.

Family history

Father died of Stomach Carcinoma and mother is suffering from bronchial asthma.

Intolerance to heat

The patient's appetite was poor, thirst was poor, with a desire for sweets and salt. The stool was regular once daily, yellow in colour. Sweat is scanty. Urine was offensive with slight burning after micturition. Sound sleep. Thermally hot patient. Mentally he was irritable and impulsive.

General examination

On examination abdomen was soft, slightly tender, with no palpable mass present, and no muscle guard present. No abnormalities were detected from systemic examinations of respiratory, cardiovascular, gastrointestinal, nervous and other systems.

Analysis and evaluation

1. Irritable and impulsive.
2. Desire for sweet and salt.
3. Poor appetite.
4. Poor thirst.
5. Hot patient.
6. Sweat is scanty.
7. Urine is offensive with slight burning after micturition.
8. Aching pain in the right iliac region of the abdomen and right side of epigastrium for 2 months which aggravates at night and Ameliorates by bending double and warm application.

Miasmatic analysis: [10, 11, 12]

Miasmatic evaluation of all the presenting symptoms was done which showed the predominance of psora with sycotic and syphilitic features.

Table 1: Miasmatic analysis

Sl. No	Symptoms	Miasm
1.	Irritable	Psora and sycosis
2.	Impulsive	Syphilis
3.	Poor appetite and thirst.	Psora
4.	Desires sweet.	Psora
5.	Desire for salt.	Psora and Syphilis
6.	Scanty sweat.	Psora
7.	Thermal relation- hot.	Syphilis
8.	Pain in the right iliac region is aching in nature and aggravates at night.	Syphilis
9.	Pain in abdomen ameliorates on pressure.	Psora and Sycosis
10.	Pain in the abdomen ameliorates on warm application.	Psora

The totality of symptoms

1. Irritable and impulsive.
2. Desire for sweet and salt.
3. Poor appetite.
4. Poor thirst.
5. Hot patient.
6. Sweat is scanty.
7. Urine is offensive with slight burning after micturition.
8. Aching pain in the right iliac region of the abdomen and right side of epigastrium for 2 months which aggravates at night and Ameliorates by bending double and warm application.
9. Family history of cancer.
10. Predominant Psoric miasm.

Repertorial Analysis [13]:

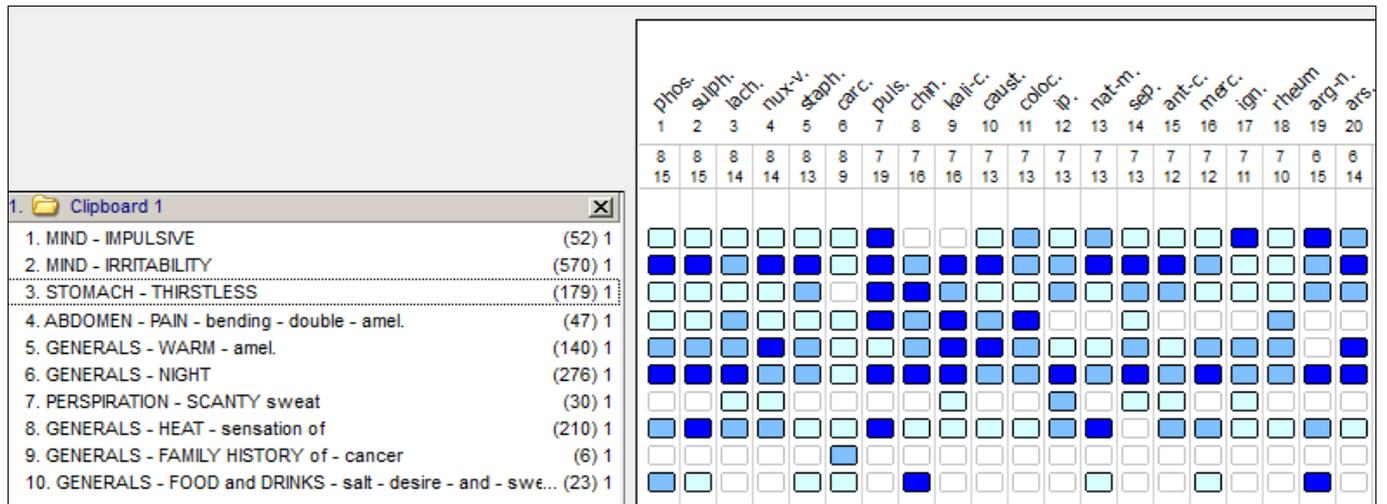


Fig 1: Repertorial Analysis

Considering the above symptomatology, Synthesis Repertory was selected for repertorisation and was done using Radar Software. After repertorisation from the above symptomatology, many medicines were contending closely with each other, especially Phosphorus and Sulphur, which covered the highest number of rubrics (8) and scored 15. Other medicines covering the same number (8) of rubrics are Lachesis, Nux Vomica, Staphysagria and Carcininum.

Final Selection of Remedy

Finally, Carcininum Was selected on the basis of a family history of cancer.

Prescription

For Mr PM

Age- 32years

Sex- Male

Address- Raninagar, Murshidabad.

R_x

Carcinosinum 200, 1 drop, in 10 ml of distilled water

Mft mist, mark 1 dose

To be taken, early morning, empty stomach.

Follow up

1st follow up- on 12/03/2021.

1. Pain in the right side of the epigastrium was reduced.
2. Low back pain after lifting heavy weight.

Medicine prescribed- Rhus Toxicodendron 200, in globule no. 10, 6 doses.

Advised- USG upper abdomen.

2nd follow up on - 16/04/2021.

1. Low back pain was reduced.
2. USG report suggests findings are within normal limits.

Discussion

This is a case of 39 years old male having aching pain in the right iliac region of the abdomen and right side of the epigastrium for 2 months. The patient was already diagnosed with a gall bladder polyp of 5.5 mm.

There is very limited scope for conservative treatment of gall bladder polyp in the conventional system of medicine. Homoeopathy is a therapeutic system that addresses patients as a whole. Causation, modality, organopathy, miasm, the totality of symptoms, past history, family history, and other factors can all influence the choice of homoeopathic medicine [14].

This case is treated homoeopathically with the help of an individualized approach and repertorisation and the final selection of remedy was based on the totality of symptoms as well as strong family history of cancer.

The drug Carcininum came into the limelight with the help of Dr W. Lee Templeton and Dr Donald M Foubister. It was prepared probably from the epithelioma of the breast. The drug is usually indicated in cases having pictures of many constitutional remedies such as Tuberculinum, Medorrhinum, Syphilinum, Sepia, Natrum muriaticum, Calcarea phosphorica, Dysenteric compound, Lycopodium, Phosphorus, Psorinum, Arsenicum album, Arsenicum iodatum, Pulsatilla, Sulphur, Opium, Alumina and Staphysagria. Two or more of the above-mentioned remedies in combination indicate Carcininum. Family history of cancer, diabetes and tuberculosis individually or in combination also indicates the remedy [15].

Gallbladder polyps are not a common condition, especially symptomatic ones. Many times these lead to gallbladder malignancy. There is no case report or research done before on it in Homoeopathy. So this case report will enrich readers with new knowledge.

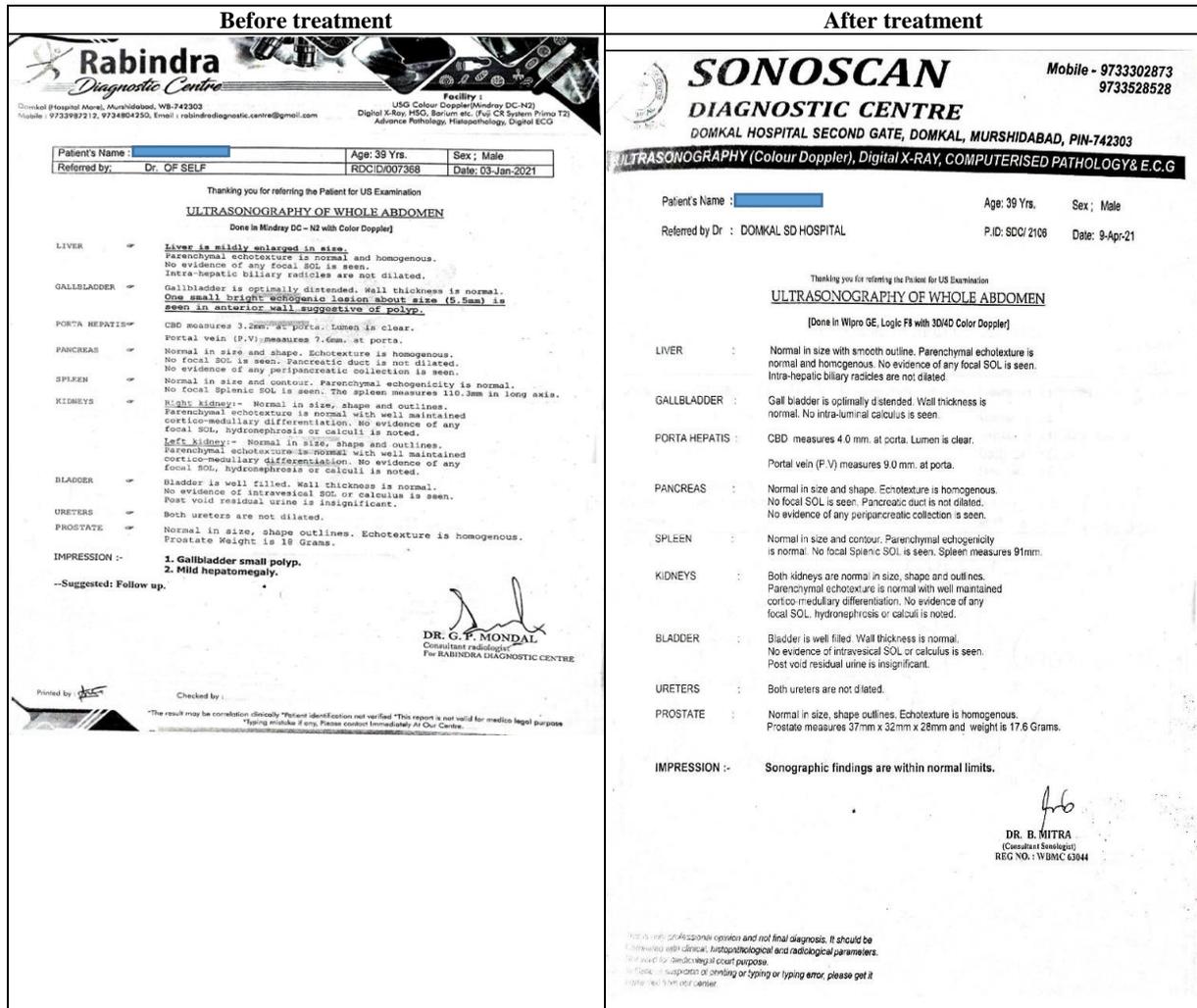


Fig 2: USG report before and after treatment

Conclusion

Homoeopathic medicine Carcinosinum 200, was prescribed on basis of individualization and Family history of cancer in this case gallbladder polyp had shown marked improvement. Carcinosin given in 200 potencies, proved its curative effect to regress ‘gallbladder polyp’ and provide relief in symptoms of the patient. This case explored the possibility and scope of homoeopathy in reversing the tissue changes and preventing patients from surgery.

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