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Role of Constitutional Homoeopathy in Gall Bladder Polyp: A Clinical Evidence - Based Case Report.

Dr Dariker Bateilin Kharmujai¹, Dr Adeeba Thahseen MC²

¹ Assistant Professor, Department of Homoeopathic Materia Medica, North Eastern Institute of Ayurveda and Homoeopathy, Mawdiangdiang, Shillong, Meghalaya, India

² PG Scholar, Department of Homoeopathic Materia Medica, North Eastern Institute of Ayurveda and Homoeopathy, Mawdiangdiang, Shillong, Meghalaya

Abstract - Gallbladder polyps are small, typically non-cancerous abnormal tissue growths arising from the inner lining of the gallbladder. They are usually asymptomatic. Ultrasonography (USG) or CT scanning generally confirms the diagnosis and surgery is often recommended. In this study, a 24-year-old female presented with a gallbladder polyp for which she had been advised to undergo surgery. She attended the OPD of NEIAH Hospital, Shillong, seeking homoeopathic treatment to avoid surgery. After thorough case-taking and repertorisation, *Nux vomica* was prescribed. This case report is presented to document the scope of constitutional homoeopathy in the management of gallbladder polyp.

Keywords: Case Report, Gallbladder polyp, Homoeopathy, Ultrasonography, Nux Vomica

Introduction:

Gallbladder polyps describe several conditions that present as projections into the gallbladder lumen. They may be asymptomatic, or they may be related to symptoms of cholecystitis (right upper abdominal discomfort, nausea and food intolerances). Often gallbladder polyps are found inadvertently on ultrasound or CT scanning or can be incidentally found on pathologic examination of the gallbladder. These polyps can be true neoplastic growths or pseudo polyps of cholesterol balls clinging to the wall of the gallbladder. ⁽¹⁾

Epidemiology - Factors associated with an increased prevalence of gallbladder polyps is unclear. Studies have shown that 4% to 7% of the population may develop gallbladder polyps. The average age of diagnosis of gallbladder polyps is around 49 years old. However, other studies have found the presence of polyps to be more prevalent in older patients. ^{2,3}

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. ^{4,5}

Homoeopathy, based on individualized constitutional treatment, aims to address the patient holistically rather than focusing solely on the pathological lesion. Despite its long-standing clinical use in various chronic conditions, systematic documentation and evidence-based reporting remain limited.

This case report presents the management of a gallbladder polyp with individualized homeopathic constitutional medicine, supported by ultrasonography findings demonstrating objective changes during follow-up.

Patient Information

Presenting complaints: A female of 24 year of age came to the OPD of North Eastern Institute of Ayurveda and Homoeopathy, Mawdiangdiang, Shillong, Meghalaya, India, with the complaint of severe pain in the right upper quadrant of abdomen which is aggravated after every meal, walking and at night. She was also complaining about bloating in the abdomen with nausea in the morning and evening with sensation of needle like pricking pain in the lower left quadrant of abdomen since 2 weeks and amelioration from drinking hot water and vomiting.

History of presenting complaint: The patient was apparently healthy 2 weeks back and started the symptoms of sudden pain in right upper quadrant of the abdomen and she consulted a general physician and advised to do USG abdomen. The USG report revealed gallbladder polyp. The patient was advised for surgical removal of the gallbladder polyp, but she opted for homeopathic treatment.

Past History: The patient was apparently healthy before and there is no significant medical or surgical history.

Family History: Patient's father has type 2 Diabetes mellitus and her elder sister had history of Gall bladder polyp and left ovarian cyst which removed surgically.

Homeopathic generalities: Patient was very calm and quiet, reserved and she used to be nervous and overthinking. She had very decreased appetite and thirst but she drinks in large quantity at a time. She desires sweets. She had burning micturition and scanty perspiration. Her bowels were regular but occasionally constipated and unsatisfied after passing stool. She had a history of regular menstruation since her menarche and the consistency fluid blood mixed with clots

Local examination: There was severe tenderness at the right upper quadrant of the abdomen, without any rigidity or muscle guard. Tenderness over lower left quadrant of abdomen.

Analysis of the Case: After analysing, the symptoms, the characteristic mental, physical generals and particulars were considered to form the totality of symptoms of the case. The symptoms, USG findings and other aspects were considered for prescribing.

Repertorial analysis: The repertorial totality was framed. The symptoms were converted into rubrics and the case was repertorised using Synthesis Repertory 9.1 in Radar Opus 4.1.11 software [Figure 1] After repertorisation, it was found that Nux vomica covered the maximum number of symptoms and scored the highest.

Diagnostic assessment: The abdominal USG report of 11 November 2025 revealed that the patient was suffering from gallbladder polyp of 0.4 x 0.13cm size. (figure 2)

This analysis contains 766 remedies and 13 symptoms
Intensity is considered
Sum of symptoms (sorted degrees)

	nux-v.	nat.m.	sep.	staph.	sulph.	lyc.	calc.	caust.	chin.	sil.	thu.	bell.	ign.
	1	2	3	4	5	6	7	8	9	10	11	12	13
	11	11	11	11	10	10	10	10	10	10	10	10	10
	22	21	18	18	23	21	20	19	19	18	18	16	16
1. Clipboard 1													
▶ 1. MIND - RESERVED (135) 1	1	3	1	2	1	1	2	1	1	1	1	1	2
▶ 2. MIND - MILDNESS (121) 1	2	3	2	1	2	2	2	1	1	3	2	1	2
▶ 3. STOMACH - APPETITE - diminished (307) 1	1	1	1	1	1	2	1	2	1	1	1	1	1
▶ 4. GENERALS - FOOD AND DRINKS - sweets - desire (285) 1	1	1	2	2	3	3	2	1	3	1	1	1	1
▶ 5. URETHRA - PAIN - urination - during - agg. (225) 1	3	2	2	2	3	1	3	3	1	2	3	3	2
▶ 6. URETHRA - PAIN - burning (180) 1	3	1	2	2	3	2	2	2	2	3	3	1	1
▶ 7. PERSPIRATION - SCANTY SWEAT (43) 1	1	1	1	1				1		1			1
▶ 8. RECTUM - CONSTIPATION (527) 1	3	3	3	3	3	3	3	3	2	3	3	1	2
▶ 9. RECTUM - CONSTIPATION - insufficient (122) 1	3	3	2	2	3	2	1		3	2	2	1	2
▶ 10. FEMALE GENITALIA/SEX - MENSES - clotted (152) 1	1	1	1	1	2	2	3	2	3		1	3	2
▶ 11. ABDOMEN - DISTENSION - vomiting - amel. (1) 1													
▶ 12. ABDOMEN - PAIN - Hypochondria - right (188) 1	3	2	1	1	2	3	1	3	2	1	1	3	
▶ 13. STOMACH - NAUSEA - vomiting - amel. (5) 1													

(FIGURE 1)

Therapeutic intervention

Basis of prescription: To determine the initial prescription, references from various Materia Medica were reviewed, taking into account the complete symptom picture, the patient’s history, family background, and prevailing miasmatic condition. Based on the pathological changes, the multi miasmatic background, and the patient’s constitutional profile, *Nux vomica* was selected as the initial prescription, as it comprehensively corresponds to the majority of the presenting symptomatology.

First prescription: Fourteen doses of potentized homeopathic medicine *Nux vomica* 30 was prescribed. The patient was instructed to take the medicine at bed time, for 3 consecutive days.

Follow-Up Assessments: The patient was followed up at 15-day intervals. Changes in clinical signs and symptoms, along with the medicines prescribed at each follow-up, are summarized in TABLE 1.

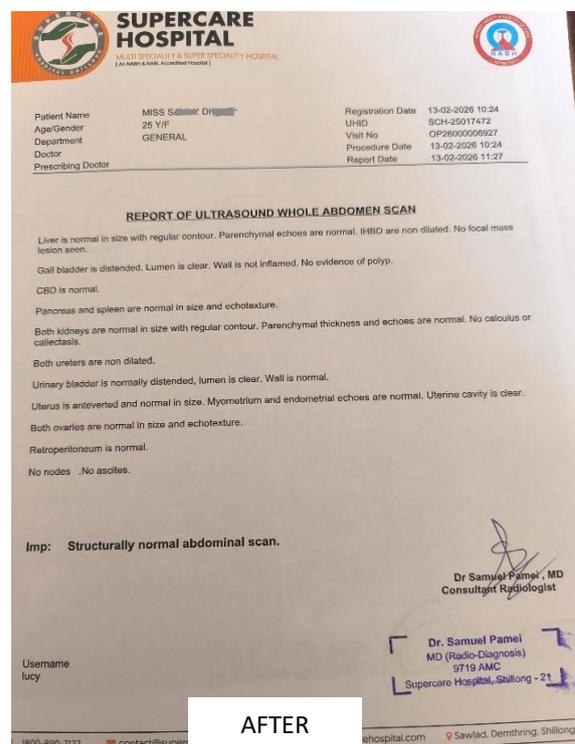
Visit Date	Symptoms	Medicine
19th November 2025	Symptoms at the baseline visit	<i>Nux vomica</i> 30/ 3 doses/ OD /3 days
10th December 2025	Pain in right upper quadrant and bloating reduced. Pain in left lower quadrant is relived. Nausea and burning in epigastrium reduced. Burning micturition reduced. Appetite, thirst improved	<i>Nux vomica</i> 200 /3 doses/ OD /3 days
02nd January 2026	Pain in right upper quadrant and bloating ameliorated. Nausea and burning in epigastrium relieved. No burning during micturition. Appetite, thirst improved. Satisfactory stool.	<i>Nux vomica</i> 0/1 (14 doses) OD 10 succussions from 2nd day onwards.
24th January 2026	Pain in right upper quadrant and bloating improved.	<i>Nux vomica</i> 0/2 (14 doses) OD

	Nausea and burning in epigastrium completely relieved.	10 succussions from 2nd day onwards.
21st February 2026	No pain and bloating. All the symptoms from the baseline visit are improved. USG whole abdomen (13/02/2026)- Normal Study	Placebo (14 doses) OD 10 succussions from 2nd day onwards.

Objective evidence of treatment outcomes was documented through abdominal ultrasonography (USG), performed at the initial visit on 11 November 2025 and after three months of treatment 13 February 2026. The USG findings is shown in figure 2,3



(FIGURE 2)



(FIGURE 3)

Subjective improvement was assessed using the MONARCH inventory and the Visual Analogue Scale (VAS). The MONARCH (Modified Naranjo Criteria for Homoeopathy) inventory was applied to evaluate the causal attribution between the homoeopathic intervention and the observed clinical outcome. Symptomatic changes and the intensity of complaints were quantified using the Visual Analogue Scale (VAS), allowing systematic documentation of the patient’s subjective improvement during follow-up.

Discussion:

India is among the countries with a high prevalence of gallbladder diseases. Within India, the northern and northeastern states report particularly high incidence of gallbladder diseases. (6) This case was obtained from an institute located in the northeastern region, where gallbladder diseases are frequently encountered. Homoeopathy has been used in the management of

gallbladder morbidities; however, due to the lack of comprehensive databases and documented evidence, it has lagged behind in the mainstream scientific medical literature.

Therefore, this case report describes a patient with a gallbladder polyp treated with individualized homoeopathic constitutional medicine, with ultrasonography (USG) findings providing objective evidence of clinical improvement.

Symptomatic improvement in Gallbladder polyp is assessed using VAS score (TABLE 2). It shows clinically significant improvement from the first follow up itself and a steady decline thereafter. Complete resolution at 3 months (VAS 0/10) indicates effective management of symptoms of Gallbladder polyp.

The causal relationship with therapeutic effectiveness of Homoeopathic medicine and the Improvement of the patient was assessed using Modified Naranjo Criteria for Homoeopathy (MONARCH) and the score +9 clearly suggests the patient improvement is attributed to the Homoeopathic intervention. ⁽⁷⁾ (TABLE 3)

Along with the symptomatic improvement observed in the patient, scientific evidence of improvement demonstrated through the USG Abdomen findings is highly encouraging. This serves as a valuable reference for practitioners and homeopathic students to adopt evidence-based treatment approaches and pursue further research initiatives aimed at integrating homoeopathy into mainstream medical practice, thereby enabling patients to experience the full therapeutic benefits of homoeopathy.

Table 2 – Pain Assessed Using Visual Analog Scale (0–10)

Visit	Time Point	VAS Score	Pain Category	Clinical Notes
1	Baseline (Day 0)	7/10	Severe	Right upper quadrant pain, post-prandial
2	Follow up 1	4/10	Moderate	Significant reduction in pain intensity
3	Follow up 2	3/10	Mild	Occasional discomfort
4	Follow up 3	1/10	Minimal	Rare mild pain
5	Follow up 4	0/10	No pain	Asymptomatic

Table 3: Assessment after eleven months of treatment by Modified Naranjo Criteria for homoeopathy (MONARCH)

Domains	Modified Naranjo criteria for homoeopathy	Answer	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
6A	(A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	Yes	+1
6B	(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?	N/A	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)

Declaration of patient consent: Written informed consent was obtained from the patient for the publication of his case records and ultrasonography (USG) reports, with full assurance that his identity would remain confidential.

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Nil.

Conflicts of interest

None declared.

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