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Homoeopathic management of gall bladder adenocarcinoma - A case report

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Abstract

A case of adenocarcinoma of gallbladder with adverse effects of chemotherapy reported for homoeopathic treatment, after being refused by the oncologist. For the selection of the remedy, emphasis was given to disposition, emotional attributes, life situation, causation, family history and miasmatic background of the patient. During the course of treatment, partial indications of more than one polycrest medicine were observed for which the bowel nosode complementary to those medicines was selected, which acted effectively. For example, when partial symptoms of *Lachesis*, *Chelidonium* and *Lycopodium* were observed with the patient, Morgan Gaertner which is related to the above three medicines acted favorably. By homoeopathic treatment, malignant cells in the gallbladder could be replaced by degenerative cells and macrophages, confirmed by Ultrasound & FNAC reports.

Keywords: Cancer, Advanced pathology, Anti-miasmatic treatment, Homoeopathy, Bowel nosode, *Morgan Gaertner*, *Morgan Pure*.

Introduction

With better control of infection and increased life expectancy, cancer has emerged as a major health problem more so in elderly. The number of cancer recorded annually is increasing extremely fast. An estimated 14 million new cases and 8 million deaths in 2012, are projected to rise by at least 70% by 2030. ⁽¹⁾ Currently in India almost one million new cancer cases are diagnosed yearly. It is estimated that this number is likely to increase significantly in next two decades. In fact presently cancer is the second common cause of death after cardiovascular diseases. Global gallbladder cancer (GBC) incidence for both sex is 1.3% (i.e. 178101 cases) with proportion of 4.0 per 100,000. population ⁽²⁾. The incidence of gallbladder cancer parallels the prevalence of gall stone disease; large and long-standing gall stones being associated with a higher risk of gallbladder cancer. Gall stones, present in 60%–90% of patients with GBC as compared to 20%–25% of an age-matched population, are the

most important risk factor for GBC. ⁽³⁾

The number of people using complementary and alternative medicine is also increasing day by day. Earnest and Cassileth's recent systemic review reported that 7 – 64% of patients with cancer are using alternative and complementary medicine with an average prevalence across all studies is 31.4%. ⁽⁴⁾

Published studies ^(5,6,7) found to have some effect in the process of treatment of cancer, but these studies aimed at treatment of complications due to treatment of cancer by radiotherapy or chemotherapy.

A number of cases were treated in the author's clinic with variable results. Out of which one case of Gall bladder cancer is reported here.

Patient information

Mrs. X.X, aged 68 years, came to author's clinic on 26.7.2003, with agonizing pain in the right hypochondrium, which referred to back.

Presenting Complaints: The pain & discomfort was in right hypochondrium radiated to back, < in morning, afternoon, evening, slight touch, motion & when constipated; > when the stool was clear.

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The pain was accompanied with burning sensation in abdomen, flatulency, blood in stool, tight feeling in abdomen.

History of present complaints: The patient was suffering from pain in abdomen and indigestion for last 5 years and after USG of abdomen, gall bladder stone was diagnosed. She was under conventional treatment which palliated her pain and indigestion. But, subsequently, diagnosed as a case of adenocarcinoma gall bladder and the oncologist prescribed chemotherapy which caused violent systemic adverse reactions like tremendous weakness, vertigo, anorexia, vomiting and mouth ulcer. On further consultation, chemotherapy was stopped and pain killers and vitamins were prescribed. The patient came for homeopathic treatment with this background.

Family history: Mother- died of Cancer, Father –dead; had Rheumatoid arthritis.

Past history: Complaints started after profound grief due to the sudden death of her husband in road accident.

Physical generals

Desire –pickles, sour, fatty food, sweet

Intolerance –fruits

Sweat –profuse; all over the body.

Mental symptoms: The patient had cheerful mood in spite of pain and suffering; industrious used to maintain her house perfectly; dominating; intelligent, prompt in answering questions correctly though not so much literate and quick to understand the questions asked about herself/ her complaints, religious, used to spend most of her time in temples / puja room.

Clinical findings on examination: Anemic; gall bladder-palpable and a mass was felt in right hypochondrium.

Investigations (Date 25.06.2003): Ultrasound

abdomen – Gall Bladder stone with gall bladder mass (Fig. 1).

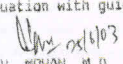
| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EKO IMAGING INSTITUTE (a Unit of EKO DIAGNOSTIC PVT. LTD.) |
| NAME OF THE PATIENT: Mrs. K. B. Das Date: June 25, 2003 (Age: 65 Yrs, Sex: F) |
| REFD. BY: Dr. S. N. Nanda, M.D. |
| USG OF WHOLE ABDOMEN |
| LIVER: Normal in size, shape and parenchymal echotexture. No SDL seen. Intrahepatic biliary channels normal in calibre and contains no echogenic structure. Portal and hepatic vascular systems within normal limits. |
| GALL BLADDER: Well distended with multiple tiny calculi in its lumen. Walls are grossly thickened (15mm) in the body and fundic region and the margins of the wall at the fundic region are not well defined - possibility of a GB mass with possible infiltration into liver parenchyma cannot be ruled out. |
| C.B.D.: Mildly dilated (8mm) however lumen is clear. |
| SPLEEN: Normal in size, shape and echotexture. Spleen measures 8.0cms. Splenic vein normal. |
| PANCREAS: Normal in size, shape and parenchymal echotexture. Pancreatic duct not dilated. |
| KIDNEYS: Both the kidneys are normal in size, shape, position and outline. Cortical echogenicity is within normal limits. Renal cortical echotexture within normal limits. No evidence of any calculus or hydronephrosis on both sides. Cortico medullary differentiation made out. Ureters not visualised (normal). Right kidney measures : 6.5 X 3.2 cms. Left kidney measures : 9.1 X 3.0 cms. |
| URINARY BLADDER: Normal in size, shape and outline. Wall thickness within normal limits. |
| UTERUS: Small and atrophic (Post - menopausal). |
| OVARIES: Not well visualised. |
| OTHERS: No ascites. No retroperitoneal lymphadenopathy. |
| IMPRESSION |
| * CHOLELITHIASIS WITH ? GALL BLADDER MASS. |
| SUGGESTED: Clinical Correlation / C.T. evaluation with guided FNAC if possible. |
|  DR. P.V. MOHAN, M.D. Chief Radiologist |

Figure 1 Ultrasound abdomen – Gall Bladder stone with gall bladder mass (date 25.06.2003) before homeopathic treatment.

C.T. Scan (Date 07.07.2003)- Enhancing gallbladder mass lesion extending to hepatic parenchyma probable infiltration to stomach and antral walls. Neoplastic. Enlarged aorto- caval nodes.(Fig. 2).

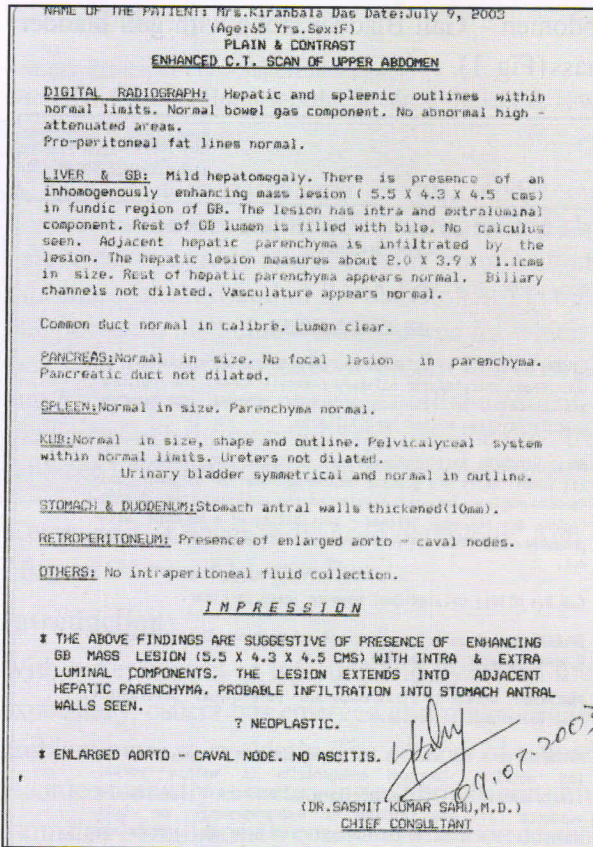


Figure 2 CT Scan of abdomen suggestive of gall bladder mass with enlarged aorto-caval nodes (date 07.07.2003)

F.N.A.C. (Date 21.07.2003): Metastatic Adenocarcinoma, (Fig 3).

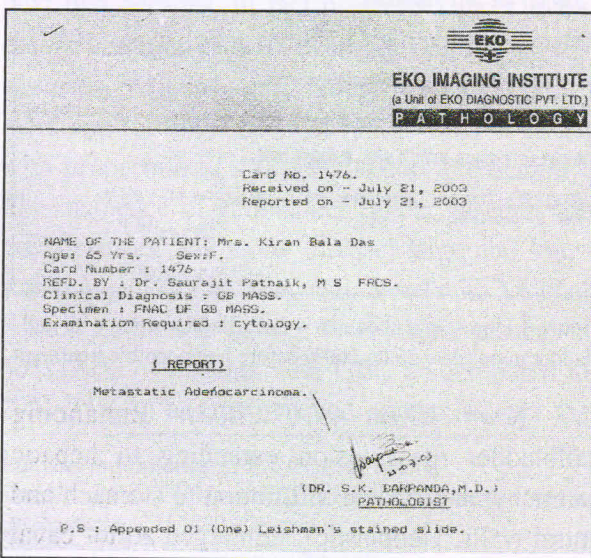


Figure 3. Biopsy cytology report suggestive of Metastatic adenocarcinoma (date 21.07.2003)

Diagnosis : Gall bladder stone with adenocarcinoma of gallbladder.

Totality of symptoms

1. Cheerful
2. Industrious,
3. Religious affection
4. Intelligent
5. Desire, pickles
6. Aggravation, eating fruits
7. Pain in right hypochondrium radiated to back
8. Pain in abdomen < in morning, afternoon, evening, motion, from constipation
9. Burning sensation in abdomen
10. Flatulency, tight feeling in abdomen.

Remedy selection

The case was repertorised to select the similimum. On the basis of repertorisation and in consultation with Materia Medica, *Lycopodium* was selected as the first prescription, on 26.07.2003. *Lycopodium* 0/1, 8 doses OD was prescribed, (in 50 millesimal potency)

Follow-up of the case

04.08.2003: Symptoms partially improved but

Sum of degrees (out of 100)

This analysis contains 355 remedies and 14 symptoms
Intensity is considered

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
|---------------------------------------------------|------|------|-------|------|-----|------|------|------|------|------|-------|------|------|------|------|-------|------|---------|---|
| | eye | sep | snuff | vent | ur | uruv | back | bell | bell | natu | place | rest | magm | colt | pubs | lapet | size | coltu-s | |
| 2310 | 2011 | 2011 | 2010 | 170 | 169 | 140 | 140 | 140 | 140 | 130 | 130 | 137 | 137 | 137 | 127 | 127 | 110 | | |
| 1. MIND - INDUSTRIOUS, mania for work | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2. MIND - RELIGIOUS - affections | 1 | 3 | 3 | 3 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 3. MIND - CHEERFUL | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 3 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 |
| 4. ABDOMEN - PAIN - Hypochondria - right - extend | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 5. ABDOMEN - PAIN - evening | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 1 | 3 | 1 | 2 | 1 |
| 6. ABDOMEN - PAIN - morning | 1 | 2 | 3 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 |
| 7. ABDOMEN - PAIN - afternoon | 1 | 3 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 8. ABDOMEN - PAIN - burning | 1 | 1 | 2 | 1 | 3 | 3 | 2 | 1 | 2 | 2 | 3 | 2 | 2 | 3 | 1 | 1 | 1 | 1 | 1 |
| 9. ABDOMEN - PAIN - motion, on | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 10. ABDOMEN - FLATULENCE | 1 | 3 | 2 | 3 | 3 | 2 | 2 | 1 | 3 | 2 | 2 | 1 | 3 | 3 | 2 | 3 | 2 | 3 | 3 |
| 11. ABDOMEN - PAIN - constipation - from | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 12. GENERALS - FOOD and DRINKS - pickles - diet | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 13. GENERALS - FOOD and DRINKS - fruit - app | 1 | 2 | 2 | 1 | 3 | 3 | 1 | 1 | 3 | 1 | 2 | 2 | 1 | 2 | 3 | 1 | 1 | 1 | 1 |
| 14. MIND - INTELLIGENT | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Figure 4 Repertorization of the case

relapsed again. Lycopodium 0/2 8 doses was prescribed once daily.

25.08.2003: No amelioration of symptoms; modalities changed, i.e. pain was worse on empty stomach and in morning. *Chelidonium* 0/1, 8 doses followed by 0/2 8 doses was prescribed once daily, taking into account the above modalities.

10.09.2003: Complaints were better for some period, followed by relapse and pain in right hypo chondrium increased. Considering the repertorisation, mental symptoms of the patient and dominance of Sycotic miasm (gall bladder mass, family history of cancer and rheumatoid arthritis), *Lachesis* 0/1 8 doses once daily was prescribed, followed by *Lachesis* 0/2 8 doses once daily.

16.10.2003: Gradual but steady improvement. *Lachesis* was prescribed in 0/3, 0/4, 0/5 potencies, 8 doses to be taken on alternate days.

27. 12. 2003: Improvement continued. *Lachesis* was given in ascending order up to 0/19, at suitable intervals for about one year.

15.04.2004: Patient felt better in all respects as regards pain, appetite, and feeling of general well-being. On Ultrasound of abdomen, there was little regression of the mass in the gall bladder. *Lycopodium*, *Chelidonium*, *Lachesis* are deep acting remedies; but even with indications, these medicines gave partial relief only. *Morgan Gaerter*, a deep acting anti-sycotic bowel nosode is the analogue medicine of these three medicines and covered their symptoms also.⁽⁸⁾ So, *Morgan G.* 0/1 to 0/17, 8 doses to be taken alternate day was prescribed in ascending order for 6 mths.

Ultrasound report (Date 15.10.2004)- Gall bladder mass not found, liver normal; no infiltration to stomach (Figure 5)

Ultrasound guided F.N.A.C. (Date 15.10.2004): No malignant cells found; only infiltration cells.


| NARAYAN ULTRASOUND | | |
|-----------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCANNING CENTRE | | |
| <small>3B-MADHUSUDAN NAGAR, BHUBANESWAR-1, TEL: 0674-2402610, 94370 85254</small> | | |
| | | 15/10/2004. |
| ULTRASOUND REPORT | | |
| NAME - Mrs.K.B.Das | Age:- 68yrs | Sex:- Female. |
| Ref.- Prof.(Dr).L.K.Nanda.MD(GM). | C/F:- Ca Liver. | |
| LIVER | : | Appears normal in size, shape and echotexture. No evidence of any focal or general abnormality detected. No SOL, intra or extra hepatic biliary dilation seen. Hepatic vasculature appears normal. |
| GALL BLADDER | : | Contracted and seen as an echogenic strip casting a definite band of posterior acoustic shadowing consistent with GB STONES within the contracted GB i.e. Chr cholecystitis & cholelithiasis.No associated mass lesion seen.The CBD measures 5mm in diameter & appears free from any intraluminal calculi or mass lesion . |
|  | | |
| PANCREAS | : | Normal in size, shape and position with no definite evidence of any parenchymal mass lesion, calculi or inflammatory changes seen. PD measures 2mm and appears normal. |
| SPLEEN | : | Normal in size and homogeneous in echogenicity. |
| KIDNEYS | : | Both kidneys appears normal in size, shape and position and show normal sinus and cortical echoes. No evidence of SOL/calculi/hydronephrosis seen. Both ureters appear normal. Both the kidneys measure like (Rk - 97x42mm & Lk - 91x40mm). |
| ABDOMEN | : | No Ascites, no para aortic lymph - adenopathy or any other abdominal mass lesion seen. |
| URINARY BLADDER | : | Normal in contour and wall thickness with no evidence of any calculi / mass lesion seen. |
| PELVIS | : | The uterus and ovaries appear atrophic, no adnexal mass lesion or collection seen over the POD. |
| IMPRESSION | : | ULTRASOUND APPEARANCES OF THE ABDOMEN AND PELVIS CONSISTENT C CHR CHOLECYSTITIS & CHOLELITHIASIS. |

Figure 5 Ultrasonography report suggestive of chronic cholecystitis and cholelithiasis with no associated gall bladder mass lesion. (Date 15.10.2004)



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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF THE PATIENT:Kiranbala Das | |
| Age:65 Yrs. Sex:F | |
| Card Number : 1287 | |
| Referring Doctor: Dr. Saurajit Patnaik, M S FRCS. | |
| Clinical Diagnosis : GB Mass. | |
| Specimen: C.T. guided FNAC, GB Mass. | |
| Examination Required : Cytology. | |
| REPORT | |
| Smear shows plenty of acute inflammatory cells admixed with macrophages and R.B.Cs. | |
| No malignant or dysplastic cells found in the smears examined. | |
|  (DR. S.K. BARPANDA, M.D.) PATHOLOGIST | |
| <small>(P.S:Appended one(01) Leishman's Stained slide).</small> | |

Figure 6 Biopsy report suggestive of no malignant/dysplastic cells found in the smears. (Date 15.10.2004)

(Figure 6).

11.10.2009: After 5 years, the patient reported on 11.10.2009 because of recurrence of pain in abdomen. The Ultrasound report (Date

12.08.2009) showed no mass but presence of stone

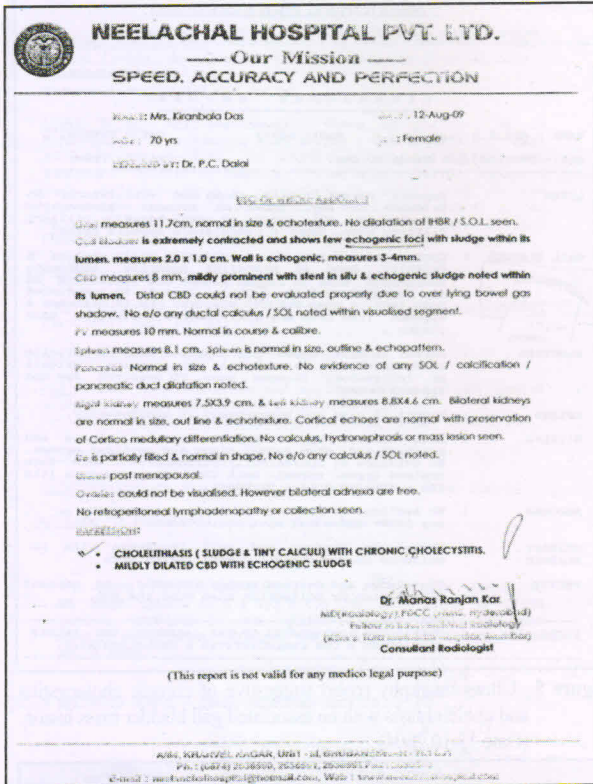


Figure 7 Ultrasonography report showing Cholelithiasis and absence of gallbladder adenocarcinoma (date 12.08.2009)

The surgeon advised for Cholecystectomy, but to avoid operation the patient consulted the author. *Morgan G.* after indicated usually for cholecystitis, thickening and infiltration of gallbladder wall whereas *Morgan Pure*, another bowel nosode, being specific for gall bladder stone,⁽⁸⁾ was prescribed, in millesimal potencies from 0/1 up to 0/5, 8 doses once daily potencies, at different intervals and the patient improved steadily. But one day, the patient came with acute pain in abdomen. On USG of abdomen and Endoscopic retrograde cholangio pancreatography (ERCP), the stone was found shifted to common bile duct.

Morgan Pure in ascending potencies was given to the patient, who felt steady improvement and better in all respects. Ultrasonography (Date 12.08.2009) did not reveal the stone in common

bile duct. Tiny stone particles and bile sludge were found in gallbladder and common bile duct, but the bigger stone in common bile duct, was expelled out, which justified that *Morgan Pure* provided improvement (Figure 7).

Discussion and Conclusion:

Bowel nosodes are known to be more deep acting. It is observed from this case that when polycrest medicines like *Lycopodium*, *Chelidonium* and *Lachesis* were indicated but unable to bring complete recovery, *Morgan Gaertner* could regress the tumour. As per the knowledge of *Materia Medica*, *Morgan Gaertner* is for cholecystitis that is thickening/ infiltration of gallbladder wall and *Morgan Pure* is for gall stone.⁽⁸⁾ These features of two bowel nosode were verified in this case.

During the process of treatment, it was observed that the malignant cells in the gall bladder were converted to inflammatory cells admixed with macrophages. This is consistent with the study made by Saha et al.⁽¹⁰⁾ and Selgumatic et al.⁽¹¹⁾ who observed that homoeopathic medicines like *Lachesis*, *Arsenic album*, *Thuja occidentalis*, stimulated the depressed immune system by activating the macrophages that stimulated lymphocytes for asserting their cytotoxic action against cancer cells and also by inhibiting tumor induced loss of cells which are responsible for boosting cell mediated immune system.

However, further studies are required to explore the role of polycrest homoeopathic medicines vis – a- vis bowel nosodes in the treatment of gallbladder stone and malignant growths in gallbladder.

Conflict of interest: The author declare no conflict of interest.

Source of funding: NIL

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