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Case Report

Cholecystitis Resolution Following Individualized Classical Homeopathic Treatment: A Case Report

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ABSTRACT

Background: Acalculous cholecystitis is an inflammatory gallbladder disorder occurring without gallstones and may present with right upper quadrant pain, nausea, bloating, fever, and fatty-food intolerance. Although conventional management remains essential, some patients seek complementary approaches, including individualized homeopathy. Objective: To describe the short-term clinical and ultrasonographic course of uncomplicated acalculous cholecystitis during individualized classical homeopathic care. Methods: This single-patient case report describes a 30-year-old male with right hypochondrial pain, bloating, nausea, mild fever, easy satiety, and fatty-food intolerance. Baseline ultrasonography showed gallbladder wall thickening without gallstones, sludge, or common bile duct dilation. Individualized homeopathic assessment considered gastrointestinal, hepatobiliary, general, and mental-emotional symptoms. Lycopodium clavatum 30C was administered initially, followed by Arsenicum album 30C and later Arsenicum album 1M according to ongoing constitutional assessment. Results: Progressive symptomatic improvement was reported during follow-up. By February 26, 2025, the patient was symptom-free, with absence of abdominal pain, bloating, nausea, digestive discomfort, and fever. Follow-up ultrasonography on February 27, 2025 showed normalization of gallbladder findings. No antibiotics, analgesics, surgical procedures, or adverse effects were reported during the observation period. Conclusion: This case documents short-term clinical and ultrasonographic resolution of uncomplicated acalculous cholecystitis during individualized homeopathic care; however, causality cannot be inferred, and spontaneous resolution or conservative disease course cannot be excluded. Keywords: Acalculous cholecystitis; case report; gallbladder inflammation; homeopathy; Lycopodium clavatum; Arsenicum album; ultrasonography.

INTRODUCTION

Cholecystitis is an inflammatory disorder of the gallbladder that most commonly occurs due to cystic duct obstruction by gallstones, although inflammation may also occur in the absence of calculi. Acalculous cholecystitis represents a less frequent but clinically important form of gallbladder inflammation and may be associated with biliary stasis, systemic inflammatory conditions, ischemic changes, infection, or other non-obstructive mechanisms. Clinically, patients may present with right upper quadrant or right hypochondrial abdominal pain, nausea, vomiting, abdominal bloating, fever, localized tenderness, and worsening discomfort after fatty meals. Ultrasonography remains a key first-line imaging modality for identifying gallbladder wall thickening, biliary sludge, pericholecystic fluid, gallstones, and common bile duct dilation, while laboratory markers may assist in assessing inflammatory activity and disease severity (1).

The conventional management of cholecystitis depends on disease severity, clinical stability, imaging findings, and the presence or absence of complications. Standard care may include supportive management, analgesia, antimicrobial therapy when infection is suspected, close monitoring, and surgical intervention in recurrent, severe, or complicated cases (2, 3).In selected uncomplicated cases without signs of sepsis, biliary obstruction, perforation, empyema, or clinical deterioration, conservative monitoring may be considered under appropriate medical supervision. Because acalculous cholecystitis can progress and may occasionally require urgent intervention, reports describing non-conventional or complementary approaches must clearly distinguish temporal clinical improvement from proven therapeutic efficacy and must document objective diagnostic and follow-up findings with caution (4, 5).

Homeopathy is an individualized complementary therapeutic system in which remedies are selected according to a patient's physical, general, and mental-emotional symptom profile. Classical homeopathic prescribing commonly emphasizes constitutional assessment and remedy individualization rather than disease-specific treatment alone. Remedies such as Lycopodium clavatum and Arsenicum album are traditionally used in homeopathic practice for selected gastrointestinal and constitutional symptom patterns; however, the scientific evidence supporting homeopathic treatment for acute inflammatory gastrointestinal disorders remains limited, controversial, and insufficient to establish causal therapeutic efficacy from single-patient observations (6, 7). Therefore, case reports in this area should be interpreted as descriptive clinical observations rather than evidence of effectiveness.(8).

The present case report describes the short-term clinical and ultrasonographic resolution of uncomplicated acalculous cholecystitis in a 30-year-old male who received individualized classical homeopathic treatment based on gastrointestinal, hepatic, general, and mental-emotional features (9, 10).The clinical relevance of this case lies in the documentation of symptom progression, remedy selection, and follow-up ultrasonographic normalization during a 33-day observation period (11).The objective of this report is to describe the clinical course and imaging outcome of a patient with acalculous cholecystitis managed with individualized homeopathic care, while explicitly acknowledging that spontaneous resolution, conservative disease course, dietary modification, placebo response, and other non-specific factors cannot be excluded.

MATERIAL AND METHODS

This case report was prepared as a single-patient clinical observation describing the diagnostic presentation, individualized classical homeopathic assessment, intervention sequence, clinical follow-up, and ultrasonographic outcome of a patient diagnosed with acalculous cholecystitis. The report was developed using a chronological case-report approach, with emphasis on presenting the patient's baseline symptoms, imaging findings, remedy selection rationale, treatment timeline, symptomatic response, follow-up assessment, and limitations relevant to causal interpretation.

A 30-year-old male presented with right hypochondrial abdominal pain, abdominal bloating, nausea, mild fever, and worsening discomfort after intake of fatty foods. Physical examination demonstrated localized tenderness in the right upper abdominal region. Ultrasonographic evaluation performed on January 10, 2025, showed gallbladder wall thickening consistent with acalculous cholecystitis, without evidence of gallstones, biliary sludge, or common bile duct dilation. Mild fatty liver changes were also noted. Laboratory evaluation demonstrated mildly elevated white blood cell count and erythrocyte sedimentation rate, supporting the presence of an inflammatory process. The case was considered uncomplicated because no gallstones, biliary obstruction, surgical emergency, or reported clinical deterioration was documented during the observation period.

The patient was assessed using individualized classical homeopathic principles, incorporating local abdominal symptoms, gastrointestinal features, food-related aggravation, general symptoms, and mental-emotional characteristics. The symptoms considered during case analysis included right hypochondrial pain, abdominal fullness and bloating, easy satiety, nausea associated with fever,

aggravation after fatty food intake, and fatty liver changes. Mental-emotional symptoms included irritability, abusive tendency, fastidiousness, fear of darkness, fear of death, fear of infection, fear of injury, and remorsefulness. These symptoms were repertorized and interpreted collectively to guide remedy selection according to individualized homeopathic prescribing principles.

The initial prescription was Lycopodium clavatum 30C, administered as a single water dose, selected primarily on the basis of gastrointestinal and hepatobiliary symptomatology, particularly abdominal fullness, easy satiety, and discomfort in the liver or right hypochondrial region. Placebo was administered after the initial remedy. Following early symptomatic improvement, Arsenicum album 30C was prescribed on February 3, 2025, based on the patient's constitutional and mental-emotional symptom pattern, particularly fearfulness, fastidiousness, and anxiety-related features. On February 16, 2025, Arsenicum album 1M was administered as a higher-potency constitutional prescription according to ongoing clinical assessment and persistent symptom characteristics.

Clinical follow-up focused on resolution of right upper abdominal pain, improvement in appetite, reduction of bloating, improvement in digestion, recurrence of fever, tolerance of food intake, and the presence or absence of adverse effects. The treatment timeline included initial presentation and administration of Lycopodium clavatum 30C on January 25, 2025, administration of Arsenicum album 30C on February 3, 2025, administration of Arsenicum album 1M on February 16, 2025, clinical symptom-free status by February 26, 2025, and repeat ultrasonographic assessment on February 27, 2025. No antibiotics, analgesics, or surgical procedures were used during the reported treatment period. No adverse effects related to the intervention were reported.

The primary clinical outcome was short-term symptomatic resolution, defined descriptively by absence of abdominal pain, bloating, nausea, digestive discomfort, and fever at the end of the observation period. The objective imaging outcome was follow-up ultrasonographic normalization of gallbladder findings, including resolution of previously reported gallbladder wall thickening. Because this was a single uncontrolled case report, no inferential statistical analysis was performed. The findings were interpreted descriptively, and no causal efficacy conclusion was drawn from the observed improvement. Alternative explanations considered included spontaneous resolution, uncomplicated natural disease course, dietary or behavioral modification, placebo response, regression to the mean, and non-specific effects of clinical monitoring.

RESULTS

The patient initially presented with right hypochondrial pain, abdominal bloating, nausea, mild fever, and worsening discomfort after fatty meals. Baseline ultrasonography documented gallbladder wall thickening without gallstones, sludge, or common bile duct dilation, supporting a diagnosis of acalculous cholecystitis. Following sequential individualized homeopathic prescriptions, the patient reported progressive symptomatic improvement, with absence of abdominal pain, bloating, nausea, digestive discomfort, and fever by February 26, 2025. Follow-up ultrasonography performed on February 27, 2025 demonstrated normalization of gallbladder findings, including resolution of previously reported gallbladder wall thickening.

Table 1. Chronological Clinical Timeline, Intervention Sequence, and Reported Outcomes

Date	Clinical Status	Diagnostic/Follow-Up Finding	Intervention	Reported Outcome
January 10, 2025	Right hypochondrial pain, abdominal bloating, nausea, mild fever, fatty-food intolerance	Ultrasonography showed gallbladder wall thickening without gallstones, sludge, or common bile duct dilation; mild fatty liver changes were noted	—	Acalculous cholecystitis documented
January 25, 2025	Right upper abdominal pain, bloating, easy satiety, digestive discomfort	Previous ultrasound findings reviewed	Lycopodium clavatum 30C, single water dose, followed by placebo	Initial reduction in pain and improvement in appetite reported
February 3, 2025	Persistent constitutional and mental-emotional symptom pattern	—	Arsenicum album 30C	Improvement in gastrointestinal discomfort reported

Date	Clinical Status	Diagnostic/Follow-Up Finding	Intervention	Reported Outcome
February 16, 2025	Reduced bloating and improved digestion	—	Arsenicum album 1M	Continued symptomatic improvement reported
February 26, 2025	No abdominal pain, bloating, nausea, digestive discomfort, or fever reported	—	No remedy	Symptom-free status reported
February 27, 2025	Symptom-free clinical state	Follow-up ultrasonography showed normalization of gallbladder findings	—	Resolution of gallbladder wall thickening reported

Table 2. Baseline Clinical and Diagnostic Characteristics

Variable	Finding
Age	30 years
Sex	Male
Primary abdominal complaint	Right hypochondrial pain
Gastrointestinal symptoms	Bloating, nausea, easy satiety, fatty-food intolerance
Systemic symptom	Mild fever
Physical examination finding	Localized right upper abdominal tenderness
Baseline ultrasound date	January 10, 2025
Gallbladder ultrasound finding	Wall thickening
Gallstones	Absent
Biliary sludge	Absent
Common bile duct dilation	Absent
Additional ultrasound finding	Mild fatty liver changes
Laboratory findings	Mildly elevated white blood cell count and erythrocyte sedimentation rate
Antibiotics during reported treatment period	No
Analgesics during reported treatment period	No
Surgical procedure during reported treatment period	No

At baseline, the case was characterized by right upper abdominal symptoms, fatty-food intolerance, localized tenderness, and ultrasonographic gallbladder wall thickening in the absence of gallstones, sludge, or common bile duct dilation. Mild inflammatory activity was reported through elevated white blood cell count and erythrocyte sedimentation rate, although exact laboratory values were not available in the supplied manuscript. No antibiotics, analgesics, or surgical procedures were reported during the documented treatment period.

Table 3. Individualized Homeopathic Intervention and Clinical Rationale

Intervention Date	Remedy	Potency	Dose/Administration	Main Symptom Basis for Selection	Reported Response
January 25, 2025	Lycopodium clavatum	30C	Single water dose	Abdominal fullness, bloating, easy satiety, right hypochondrial/liver-area discomfort	Initial reduction in pain and improved appetite
February 3, 2025	Arsenicum album	30C	Prescribed according to clinical assessment	Constitutional and mental-emotional symptoms including fearfulness, fastidiousness, irritability, and anxiety-related features	Improvement in gastrointestinal discomfort
February 16, 2025	Arsenicum album	1M	Administered according to ongoing constitutional assessment	Persistent constitutional symptom profile	Continued symptomatic improvement

The individualized intervention sequence began with Lycopodium clavatum 30C, selected primarily for gastrointestinal and hepatobiliary symptoms including abdominal fullness, bloating, easy satiety, and right hypochondrial discomfort. Subsequent prescriptions of Arsenicum album 30C and Arsenicum album 1M were based on constitutional and mental-emotional symptom patterns. The patient reported progressive improvement after the intervention sequence, but the uncontrolled case-report design prevents attribution of recovery to the prescribed remedies.

Table 4. Reported Baseline-to-Follow-Up Outcome Summary

Outcome Domain	Baseline Status	Follow-Up Status	Follow-Up Date
Right hypochondrial pain	Present	Absent	February 26, 2025
Abdominal bloating	Present	Absent	February 26, 2025
Nausea	Present	Absent	February 26, 2025
Digestive discomfort	Present	Absent	February 26, 2025
Mild fever	Present	Absent	February 26, 2025
Appetite	Reduced/easy satiety reported	Improved appetite reported	February 26, 2025
Gallbladder wall thickening	Present	Resolved/normalized	February 27, 2025
Adverse effects	—	None reported	February 27, 2025

By the end of the 33-day observation period, the patient was reported to be symptom-free, with resolution of abdominal pain, bloating, nausea, digestive discomfort, and fever. Appetite improvement was also reported during follow-up. The objective follow-up assessment consisted of repeat ultrasonography on February 27, 2025, which demonstrated normalization of gallbladder findings. No adverse effects related to the intervention were reported.

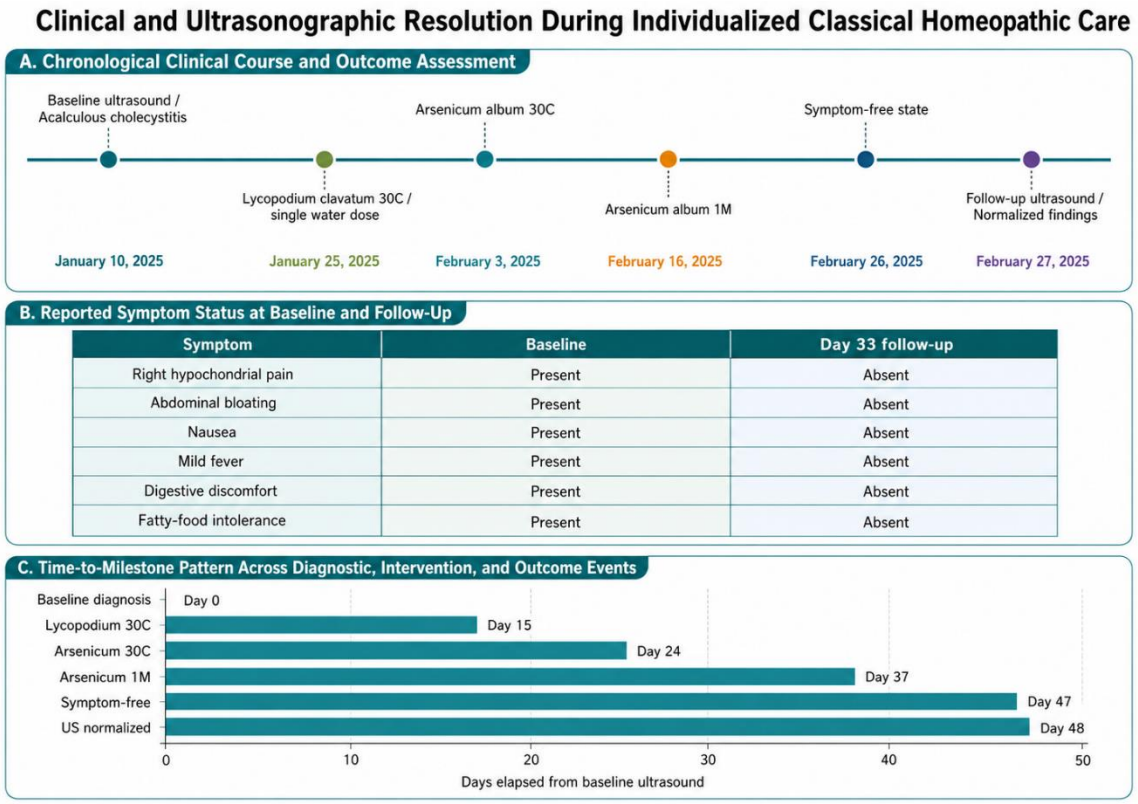

Figure 1 Clinical and ultrasonographic course of acalculous cholecystitis during individualized classical homeopathic care. Panel A shows the chronological sequence from baseline ultrasonographic diagnosis on January 10, 2025, through sequential individualized prescriptions and follow-up ultrasonography on February 27, 2025. Panel B summarizes the reported symptom status at baseline and day 33 follow-up, showing absence of right hypochondrial pain, abdominal bloating, nausea, mild fever, digestive discomfort, and fatty-food intolerance at follow-up. Panel C presents the elapsed time from baseline ultrasound to each diagnostic, intervention, and outcome milestone. The figure is descriptive and based only on reported case data; no inferential statistics or unreported quantitative values are shown.

DISCUSSION

This case report describes the short-term clinical and ultrasonographic resolution of uncomplicated acalculous cholecystitis in a 30-year-old male who received individualized classical homeopathic care. The patient initially presented with right hypochondrial pain, abdominal bloating, nausea, mild fever, easy satiety, and intolerance to fatty foods, with ultrasonography demonstrating gallbladder wall thickening in the absence of gallstones, biliary sludge, or common bile duct dilation. During the 33-day observation period, the patient reported progressive improvement in abdominal pain, bloating, appetite, and digestive tolerance, followed by a symptom-free state and repeat ultrasonography showing normalization of gallbladder findings. Although the temporal relationship between individualized remedy administration and clinical improvement is notable, this observation cannot establish therapeutic causality because the report involves a single patient, lacks a control condition, and does not include quantitative serial laboratory or imaging measurements (12).

The diagnostic profile of this case is clinically relevant because acalculous cholecystitis may occur without gallstone obstruction and may present with symptoms similar to calculous gallbladder inflammation. Ultrasonographic evidence of gallbladder wall thickening supported the diagnosis in this patient, while the absence of gallstones, sludge, and common bile duct dilation helped distinguish the

case from typical obstructive calculous disease. However, a more complete diagnostic characterization would strengthen interpretation, particularly if gallbladder wall thickness in millimeters, common bile duct diameter, sonographic Murphy sign, pericholecystic fluid status, liver function tests, bilirubin, C-reactive protein, and follow-up inflammatory markers were reported. Without these values, disease severity and objective magnitude of improvement cannot be fully assessed (13, 14).

The intervention followed individualized classical homeopathic principles, beginning with Lycopodium clavatum 30C, selected primarily for abdominal fullness, bloating, easy satiety, and right hypochondrial discomfort. Subsequent administration of Arsenicum album 30C and later Arsenicum album 1M was based on the patient's constitutional and mental-emotional symptom pattern, including fearfulness, fastidiousness, irritability, and anxiety-related features. This sequence reflects individualized homeopathic prescribing rather than a disease-specific protocol. From a reporting perspective, the manuscript would be strengthened by greater reproducibility of the intervention, including precise preparation method, dose volume, repetition schedule, placebo schedule, dietary advice, restriction of concurrent treatment, and criteria used to decide potency escalation (15).

Several alternative explanations must be considered before attributing the observed recovery to the homeopathic remedies. Uncomplicated gallbladder inflammation may improve spontaneously or with conservative observation, dietary modification, rest, hydration, reduced fatty-food intake, and non-specific therapeutic support. Placebo response, regression to the mean, and increased clinical attention may also contribute to subjective symptom improvement. The reported follow-up ultrasound provides an important objective outcome, but because baseline and follow-up measurements were not quantitatively reported, the magnitude of imaging change cannot be independently evaluated. Therefore, the case should be interpreted as a documented temporal association between individualized homeopathic care and short-term clinical and ultrasonographic improvement, not as evidence that homeopathy caused resolution of acalculous cholecystitis.

The safety implications of this case require careful framing. Cholecystitis may progress to serious complications, including worsening infection, biliary obstruction, empyema, perforation, peritonitis, or sepsis. For this reason, complementary or individualized non-conventional care should not delay emergency evaluation, surgical consultation, antimicrobial treatment, or hospital-based care when clinically indicated. In the present case, no antibiotics, analgesics, or surgical procedures were reportedly used during the observation period, and no adverse effects were documented. Nevertheless, the manuscript should clearly state that the patient was monitored for clinical deterioration and that urgent conventional management remains essential in severe, complicated, recurrent, or worsening cholecystitis (16).

The strengths of this case include a clearly described clinical presentation, ultrasonographic confirmation of acalculous gallbladder inflammation, chronological documentation of remedy selection, and follow-up imaging showing normalization of gallbladder findings. The case also acknowledges important limitations, including the inability to exclude spontaneous resolution and the lack of causal inference from a single-patient design. However, the report remains limited by absence of exact laboratory values, absence of quantitative ultrasound parameters, lack of standardized symptom scoring, short follow-up duration, absence of long-term recurrence monitoring, and incomplete reporting of consent, ethics, funding, conflict of interest, and data availability. Future case reports in this area should follow structured case-report standards, provide serial objective measurements, define clinical recovery criteria prospectively, and include longer follow-up.

Further investigation of complementary approaches in uncomplicated gallbladder inflammatory disorders would require prospective designs with clear eligibility criteria, standardized diagnostic confirmation, defined safety referral thresholds, objective outcome measures, and appropriate comparison groups. Controlled observational studies or randomized trials would be necessary before any conclusion could be drawn regarding efficacy. Until such evidence is available, this case should be

considered a descriptive clinical observation that may generate hypotheses but does not establish treatment effectiveness.

CONCLUSION

This case report documents short-term symptomatic and ultrasonographic resolution of uncomplicated acalculous cholecystitis in a 30-year-old male during individualized classical homeopathic care. The patient became symptom-free over a 33-day observation period, and follow-up ultrasonography showed normalization of previously abnormal gallbladder findings. However, because this was a single uncontrolled case with limited quantitative laboratory and imaging data, causality cannot be inferred, and spontaneous resolution, conservative disease course, dietary modification, placebo response, and non-specific clinical monitoring remain plausible explanations. Homeopathy should not replace urgent conventional evaluation or treatment in severe, complicated, recurrent, or clinically deteriorating cholecystitis, but carefully documented cases may help inform future controlled research on complementary approaches in selected uncomplicated presentations.

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