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LIPOMA AND IT'S HOMOEOPATHY MANAGEMENT: CASE REPORT

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ABSTRACT

Lipomas are the most common benign tumors of adipose tissue, often termed "ubiquitous" due to their occurrence in any fat-containing site. They usually present as slow-growing, painless, mobile swellings, most frequently seen in middle-aged adults. Although generally subcutaneous, they can extend into deeper planes and occasionally affect visceral organs. Multiple histological variants such as angiolipoma, fibrolipoma, and myelolipoma have been described. Their etiology is multifactorial, with genetic predisposition, trauma, obesity, and metabolic disorders identified as key factors. Diagnosis is primarily clinical and supported by imaging or cytology, while rapid growth warrants exclusion of malignancy. Conventional treatment involves surgical excision or liposuction, whereas homeopathy has shown promise in reducing size, preventing recurrence, and avoiding invasive procedures. A documented case of cervical lipoma demonstrated complete resolution with individualized homeopathic management, indicating its therapeutic potential. Thus, while surgery remains the standard of care, integrative approaches like homeopathy may provide safe, effective alternatives in selected cases.

Introduction

Lipomas are benign tumors of adipose tissue, first described in the 18th century, and they remain the most frequently encountered soft tissue neoplasms in clinical practice[1]. Often called as "Universal tumour" or a "ubiquitous tumour" as they can occur anywhere in the body where there is accumulation of fat cells [2]. Lipomas are the most common mesenchymal tumors. They usually occur most frequently in mature adults. The incidence is equal in both sexes, especially in the fifth decade of life[3]. Their growth is usually insidious and limited. Most have a diameter of 2 cm and rarely grow beyond 10 cm[4]. Although lipomas are present in subcutaneous planes, they may also involve fascia or deeper muscular planes in some instances[5]. Lipomas usually have a slow-growing course with the numbness and discomfort normally occurring when they reach a size large enough

to be detected. These are benign tumors that one can live with[6].

Epidemiology:

Lipomas represent the most common noncancerous soft-tissue tumor in humans and have a prevalence of about 1 out of every 100 persons worldwide. The prevalence of multiple lipomas has been cited as 5% of patients. Lipomas have a negligibly higher incidence in males compared to females. Although they can arise at any age, they are typically noted in middle-aged adults especially those of the fourth to sixth decades of age and develops in all races equally[7].

Histological variants of lipoma:

1. Adenolipoma of skin- Superficially located may not be well encapsulated. Comprise entrapped endocrine glands. However they cannot be considerd related to lipomas.
2. Angiolipoma- Frequently multiple; circumscribed subcutaneos mass. When they occur as infiltrating intramuscular tumours studied as intramuscular hemiangiomas. Angiolipoma of spine is consider as a distinct entity. Contain mature fat with several small blood vessels. Vascular components are patchy; predominantly contain capillaries and almost have fibrin thrombi. Cellular variant of such lipoma are having almost 95% cellular angiomatous tissue with abundant spindle cells, mild pleomorphism and their miotic figures are inconspicuous.
3. Cartilaginous metaplasia in a lipoma- Area having lipoma has true cartilage formation and can coexist with osseous metaplasia.
4. Chondroid lipoma-Well – circumscribed and can be encapsulated. Mainly composed of three components in all cases : mature adipose tissue interspersed or compartmentalized, myxoid or hyaline chondoid matrix., alcian blue and colloidal iron positive.
5. Fibrolipoma- Have focally increses fibrous tissue mainly involving nerve
6. Myelolipoma- Fat component is predominant with lymphoid components. Most often seen in adrenals and then in pelvis.
7. Myolipoma- Contain mature fat, bland and smooth muscle.
8. Myxolipoma- Lipoma having myxoid areas
9. Ossifying lipoma- This variant lipoma composed of metaplastic bone.
10. Sclerotic lipoma- It is a circumscribed subcutaneous nodule with extensive sclerotic collagen bundles.
11. Pericallosal lipoma- They are of 2 types: tubulonodular pericallosal and curvilinear pericallosal.[8]

Etiology:

The origin of lipomas is ambiguous, however some work shows about two-third of genetic link like *HMGA2* gene located on chromosome 12q14.3. Other studies also show direct association between trauma and lipoma production. Common risk factors other than mentioned above are: obesity, alcohol abuse, liver disease & glucose intolerance[8]

Symptoms of a lipoma

Lipomas aren't usually painful, but they can be uncomfortable if they press against a nerve or develop near a joint. Many people who have a lipoma don't notice any symptoms. Lipomas are usually:

- Encapsulated: They don't spread to the tissues surrounding them.
- Painless: However, some lipomas cause pain and discomfort depending on their location, size and if blood vessels are present.
- Round or oval-shaped: The fatty lumps of rubbery tissue are usually symmetrical.
- Moveable: They sit just beneath the skin's surface and move when you touch them.
- Smaller than 2 inches in diameter: In a few cases, lipomas can be larger than 6 inches wide.[9]

Pathophysiology

Exact pathophysiology is unclear. Benign lipomas can arise from any part of the body which has fat cells. Hence the tumor is rightly described as 'ubiquitous' tumor. Majority of lipomas lie in subcutaneous plane and are freely mobile. However, lipomas situated in the deeper layers may infiltrate the muscles. GI tract is also site for sub-mucosal lipomas. They are commonly located in small intestine, stomach and the esophagus. They cause symptoms either due to mucosal erosion or mechanical obstruction. Lipomas in ileum are usually pedunculated and may cause obstruction and intussusception. More and more genetic abnormalities have been identified. These include mutation in chromosome 12q 13-15 in 65% of the cases, deletion of 13q in 10% of cases and rearrangement of 6p 21-33 in 5% of cases. Unidentified mutations may be seen in 15-20% of cases. Mature adipocytes typically have a small eccentric nucleus intermixed with thin fibrous septa containing blood vessels. These characteristics are exactly similar to fat cells in the subcutaneous tissue. There may be other variants of lipomas in which there may be other tissue components such as myelolipoma, angiolipoma, spindle cell lipoma, pleomorphic lipoma. Lipomyosarcoma is a malignant variant containing lipoblasts characterized by coarse vacuoles and scalloped hyperchromatic nuclei[10]

Diagnosis:

A rapid increase in size should always raise the suspicion of malignancy. Ultrasonography remains as the initial imaging modality in diagnosis of head and neck lipomas while Fine needle

aspiration cytology (FNAC) or computed tomography (CT) is indicated for confirmation of diagnosis[2].

Differential diagnosis:

Lipomas commonly occur as singular lesions and vary in size from small (2 cm, usually well-rounded) to large (10 cm, often poorly defined and lobular) masses. When multiple lesions are present, it may indicate an underlying syndrome such as neurofibromatosis, Gardner's syndrome, Dercum's disease, familial multiple lipomatosis, Proteus syndrome, or Cowden syndrom. The differential diagnosis of lipomas usually includes sebaceous (epidermoid) cysts, hematomas, abscesses, panniculitis, and other malignant forms of adipocytic tumors such as liposarcoma[11].

Risk Factors for Lipoma:

Lipomas are benign tumors that may develop due to several risk factors:

1. Family History: A genetic predisposition plays a role; those with a family history of lipomas are more likely to develop them.
2. Age: Lipomas are more common in people over 40, with the risk increasing as age advances.
3. Gender: Men are slightly more likely to develop lipomas than women, typically on the trunk or upper body. Women tend to get them on the arms and thighs.
4. Obesity: Excess fat tissue may contribute to lipoma development, though they can also occur in lean individuals.
5. Genetic Conditions: Conditions like familial multiple lipomatosis, which is inherited, increase the likelihood of multiple lipomas forming.
6. Hormonal Factors: Hormonal changes during pregnancy or menopause can affect fat metabolism, increasing the risk of lipomas.
7. Trauma or Injury: Fat tissue affected by trauma may increase the risk of developing lipomas in the injured area, though this connection is not fully proven.
8. Medications: Certain medications, like corticosteroids, can alter fat metabolism and may contribute to lipoma formation, though more research is needed.

Understanding these risk factors helps in identifying individuals at higher risk and developing better prevention and management strategies[6]

TREATMENT:

1. Intralesional transcutaneous sodium deoxycholate injections.
2. Intralesional steroids with isoproterenol injections
3. Liposuction of tumors
4. Surgical excision- Mostly open surgery for giant lipomas grater than 10 cm[8]

Role of homeopathy in lipomas

Homeopathy is a gentle and holistic method of treating various medical conditions, including lipomas. In contrast to more invasive procedures used in conventional medicine, homeopathy encourages the body's healing mechanisms to take effect. This blog aims to delve into homeopathy and investigate its possible applications in treating lipomas. [12]

Lipoma treatment in homeopathy is an effective and practical approach with minimal side effects. The scope of homeopathy in lipoma treatment includes reducing the size and growth of lipomas, softening the lipomas, preventing the progression of lipomas, avoiding further complications like obstruction and hemorrhage, and preventing the recurrence of lipomas.[13]

Miasmatic diagnosis of Lipoma:
Sycotic in back ground[14]

HOMOEOPATHIC MEDICINES FOR LIPOMA

1. **Thuja occidentalis:** Its relation to the production of pathological vegetations condylomate, warty excrescences, spongy tumors is very important. Very sensitive to touch. Fixed ideas.[15]
2. **Baryta carbonica**: Lipomas, fatty tumors. Emaciation of persons who were well nourished.[16]
3. **Crocus sativus**: Lipoma and encephaloma of scalp. The reputation of Crocus in the cure of tumors is also an old one. It was used externally "to scatter indolent tumors and ecchymosis." Tumor with ulceration and characteristic bleeding.[16]
4. **Lapis albus**: It is Silico-fluoride of Calcium; a remedy for new growths and glandular affections- Pains are burning, stinging, shooting. Uterine; carcinoma; fibroids tumors, with intense burning pains and profuse hemorrhages. Severe menstrual pains causing swooning. Enlargement of the glands esp. cervical which are elastic and pliable rather than stony hard. Sarcoma. Lipoma. Glandular swellings where no glands are usually found.[17]
5. **Phytolacca decandra**: Dry, harsh, shrivelled. Disposition to boils. Venereal buboes.

   Warts. Lipoma.[17]

Case report

Here is a summarized **case** documents from HKES Dr Malakreddy
Homoeopathic Medical college and Hospital, Kalaburagi of a patient named V K, aged 65 years

Patient Details:

- **Name:** V K, **Age: 65, Sex:** Male, **Address:** Shahabazar, Kalaburgi ,**Socio-economic status:** Lower/Middle Class, **Weight:** 62 kg, **Height:** 161 cm, **Pulse:** 76 bpm, **BP:** 110/90, **Temp:** Normal, **Respiration Rate:** Normal; came with a complaints of swelling over the **cervical region** (back/neck area), First visit dated: **01/02/2024**, **Probable Diagnosis: Lipoma** (benign fatty lump), No associated pain or bleeding. **History of Presenting Complaints:** Initially presented with a swelling in the cervical region. Over time, the swelling **reduced** progressively. No fresh complaints reported on follow-ups.

BEFORE

Follow-Up Progress (Chronological): 01 /02/2024: Initial swelling noticed. Treated with: **Lapis albus 200** – 6 doses, **Sac lac** – 30 days, **Calcarea phosphorica 6x** – 1 month, **7/3/2024:** Lipoma had **reduced in size**, **No pain**, No fresh complaints, **9/05/2024 (Earlier Follow-Up):** 60% reduction in size, Pain better, No new complaints.**13/06/2024:** Swelling **completely reduced, Treatment Timeline Summary:** Medications commonly prescribed:

  - **Lapis albus**
  - **Sac lac (SL, 30)**
  - **Calcarea phosphorica**
  - Occasionally: **Plumbum met**, **Sulphur**, **Thuja**

- Most of the treatment used potencies like **200C**, **30C**, **6x**, and **SL (Placebo)**.
- Multiple follow-ups show **significant improvement**, ultimately **complete resolution**.

AFTER

Conclusion:

- **Final Outcome:** Successful resolution of cervical lipoma through **homeopathic management**.
- **Prognosis:** Positive; swelling resolved without recurrence or complications.
- **Follow-Up Status:** No active complaints; case considered completed.

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