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A rare entity of symptomatic vallecular cyst in an adult successfully managed with homoeopathy: A case report

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Abstract
Vallecular cysts are rare, benign, mucous retention cysts located in the vallecula—the space between the base of the tongue and the epiglottis. Though often asymptomatic, larger cysts may cause throat discomfort, dysphagia, or voice changes, posing a diagnostic challenge. Conventional management typically involves surgical excision, especially when symptoms interfere with daily life. This case report presents a 34-year-old woman who developed persistent pain in the right tonsillar region following a history of recurrent tonsillitis and recent tonsillectomy. Examination and laryngoscopy confirmed the presence of a right vallecular cyst along with laryngopharyngeal reflux. The patient also reported other associated symptoms and based on a detailed analysis of the totality of symptoms, *Lycopodium clavatum* was selected in 50 millesimal potency. The patient was followed up over several months, with progressive improvement in both local and systemic symptoms. Repeat laryngoscopy revealed complete disappearance of the cyst, and no recurrence was observed in the subsequent five months. This case highlights the potential role of individualized homoeopathic treatment in managing structurally evident lesions like vallecular cysts. The successful resolution without surgical intervention underscores the importance of constitutional prescribing and long-term follow-up in chronic ENT conditions. Further documentation of such cases can contribute to the evidence base supporting Homoeopathy in otorhinolaryngologic disorders.

Keywords: Vallecular cyst, homoeopathy, *Lycopodium clavatum*, 50 millesimal potency, non-surgical management

1. Introduction

Vallecular cysts are uncommon, benign mucous retention cysts that arise in the vallecula—the space between the base of the tongue and the epiglottis [1, 2]. They are often discovered incidentally during routine laryngoscopic evaluations or imaging, as many remain asymptomatic. However, when they attain a larger size or are situated in a sensitive anatomical area, they can give rise to symptoms such as throat pain, dysphagia, globus sensation, or changes in voice [2]. In adults, symptomatic vallecular cysts are relatively rare and may mimic other oropharyngeal or gastroesophageal disorders, leading to diagnostic delays or mismanagement [2, 3].

Conventional treatment strategies for vallecular cysts primarily involve surgical excision, including endoscopic marsupialization or laser removal, especially in symptomatic or recurrent cases [2, 4]. However, surgical intervention may not always be feasible or preferred due to patient factors, cost, potential complications, or recurrence risk. In this context, exploring non-invasive management approaches becomes significant [4, 5].

Homoeopathy, being a holistic system of medicine, considers both physical symptoms and the mental-emotional state of the patient while selecting an individualized remedy. The approach focuses on stimulating the body's self-healing mechanisms using potentized medicines. While homoeopathic literature includes anecdotal success in various ENT conditions, documentation of structural pathologies such as vallecular cysts being treated exclusively through homoeopathy is limited [5].

This case report presents the management of a 34-year-old woman diagnosed with a symptomatic vallecular cyst, who had previously undergone tonsillectomy but continued to experience pain and discomfort. After a detailed case analysis, *Lycopodium clavatum* was selected based on the totality of symptoms [6-9]. Over a period of consistent follow-up, both

subjective relief and objective resolution of the cyst were observed without surgical aid. This case aims to contribute to the growing evidence for individualized homoeopathic intervention in ENT pathologies traditionally managed with surgery [5].

2. Case report

Patient Details

A 34-year-old female homemaker from Howrah, West Bengal, visited the outpatient department of National Institute of Homoeopathy, Kolkata on 11th July 2022 with complaints of throat discomfort. She had a history of recurrent tonsillitis and had undergone tonsillectomy two months prior to the consultation. Post-surgery, she developed pain in the right tonsillar region, which gradually worsened over three months. The pain was notably aggravated by empty swallowing, during eructation and at night. A visible swelling was observed at the base of the tongue during oral examination, and laryngoscopy confirmed a vallecular cyst on the right side along with laryngopharyngeal reflux disease.

Chief Complaints

The patient complained of persistent pain in the right tonsillar region for three months. The pain had a peculiar modality—it was aggravated while swallowing without food (empty swallowing) and during eructation. The pain had begun as a vague heaviness in the throat and progressively worsened in intensity. Occasionally, the patient also had globus sensation in the throat.

Associated Complaints

In addition to the throat pain, she reported a burning sensation in the mouth, persistent dryness of the oral cavity, and burning of the soles at night, which disturbed her sleep. She also mentioned mild itching of the scalp that had been present for around 5 months.

Past History

She had a significant history of recurrent tonsillitis and underwent tonsillectomy in May 2022. There were no other major illnesses in the past.

Family History

Her father had diabetes mellitus, while her mother had succumbed to liver cancer. No hereditary or chronic conditions were reported from her own side or among siblings.

Mental Generals

Mentally, the patient appeared irritable and emotionally sensitive. She expressed a marked fear of being alone, and reacted with anxiety to sudden noises, bad news, or unexpected situations. Her concentration was poor, and she often forgot where she had placed things, indicating confusion and absentmindedness. These mental attributes were consistent and prominent during the case history.

Physical Generals

She had a good appetite and preferred cold food and drinks. She had a strong desire for spicy food and a pronounced aversion to sweets. Though her thirst was normal, she frequently experienced dryness of the mouth. Her perspiration was profuse, particularly over the soles and lower extremities. Bowel and bladder habits were regular. Her sleep was disturbed by the burning sensation in her feet. On examination, her tongue was slightly white-coated, and thermally she was classified as a hot patient.

Clinical Findings

On physical examination, a cystic swelling was visible at the base of the tongue. No other abnormalities were noted on systemic examination.

Investigation

Laryngoscopy conducted on 7th July 2022 confirmed the diagnosis of a vallecular cyst on the right side along with signs of laryngopharyngeal reflux disease.

Final Diagnosis: Right vallecular cyst

Analysis of the case and repertorization

A detailed analysis and evaluation of the characteristics and symptoms were converted to totality & further converted to the rubrics.

Totality of Symptoms

The case was evaluated using a holistic approach, and the following characteristic symptoms were considered: right-sided throat pain aggravated by empty swallowing and eructations, burning in soles, dryness of mouth, sour taste after burping, mental irritability, fear of being alone and sudden events, forgetfulness, desire for spicy and cold food, and aversion to sweets. These symptoms, both physical and mental, were synthesized into a complete totality.

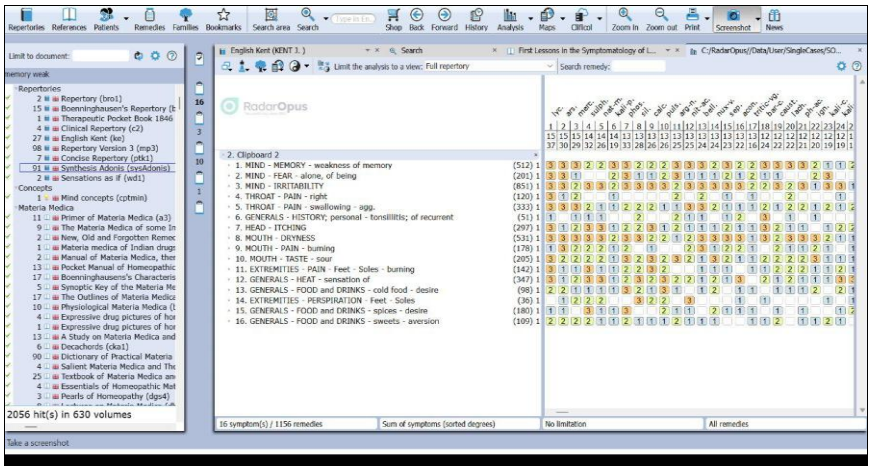

Fig 1: Repertorial analysis

Selection of medicine with indications

Based on the totality of symptoms and individual characteristics of the patient, *Lycopodium clavatum* was selected as the constitutional remedy. Repertorial analysis was done by RadarOpus and symptoms were cross checked with Allen's keynotes, Boericke's, Kent's and Clarke's Materia Medica [6-9]. Lycopodium is prominently indicated in right-sided complaints, digestive disturbances with sour eructations, fearfulness, low self-confidence, and mental irritability. The remedy was administered in the 50 millesimal potency scale, beginning with 0/1 and gradually increasing over time as per the patient's response [10].

Treatment and Follow-Up

At the first visit on 11th July 2022, Lycopodium 0/1 and 0/2 were prescribed. On follow-up after a month, the cyst was still present, and the throat pain had increased toward the end of the medicine course. However, the burning in the soles had reduced, and general symptoms had improved. Lycopodium 0/3 and 0/4 were prescribed. In the third visit on 15th September 2022, the patient complained of pain and heaviness in both breasts, with a palpable nodule in the right breast. She revealed that these symptoms were old but had increased in intensity. This emergence of old complaints was viewed as a favorable sign. Lycopodium 0/5 and 0/6 were continued.

In April 2023, the breast pain had subsided, and the vallecular cyst had reduced in size. Sour eructations were absent. The treatment was continued with Lycopodium 0/7 and 0/8. By October 2022, the patient reported that the cyst was visibly reduced, though still present. Burning in soles had recurred and sleep was disturbed. Lycopodium 0/9 and 0/10 were prescribed. In November, the cyst had nearly disappeared on inspection, and throat pain was absent. Lycopodium 0/11 was administered.

In January 2023, the patient reported no visible cyst and no pain in the throat. Only mild itching of the scalp persisted. She was then given LPL 0/12 and 0/13. A repeat laryngoscopy done on 30th January 2023 showed complete disappearance of the cyst. LPL 0/14 and 0/15 were given. The patient was monitored for five months after the cessation of treatment, during which no recurrence of symptoms or cyst was observed.

Table 1: Follow-up and treatment timeline of the patient

Date of visit	Symptoms	Prescription	Remarks
11/07/2022	1st visit: Based on the totality of symptoms mentioned above	Lycopodium 0/1, 0/2 - 16 doses each. ODAC * 32 days	-
11/08/2022	Cyst size persists as same, but pain increased towards the end of completing medicine. Burning on soles better. Other physical and mental generals better	Lycopodium 0/3, 0/4 - 16 doses each. ODAC * 32 days	Could have been the effect of mild homoeopathic aggravation of 50 millesimal potency
15/09/2022	Patient came with a complaint of pain in both the breasts with heaviness sensation. On examination, there was a small nodule on right breast. The patient said that these complaints existed before, but now the intensity has increased. The pain on throat mildly reduced, size same.	Lycopodium 0/5,0/6 - 16 doses each. ODAC * 32 days	Old symptoms reappearing
12/04/23	Pain on the breast relieved. Pain on the cyst better. The size of the cyst reduced than before. No sour erucatations now. Other generals normal.	Lycopodium 0/7,0/8 - 16 doses each. ODAC * 32 days	-
12/10/2022	Patient much better - pain on cyst reduced, size also reduced but still visible. Burning of soles again increased this time. Sleep disturbed due to that.	Lycopodium 0/9, 0/10 - 16 doses each. ODAC * 32 days	-
15/11/2022	Cyst much reduced, only slightly visible on tongue depression. Pain on throat relived.	Lycopodium 0/11 - 16 dose ADAC * 32 days	-
03/01/2023	The cyst is not visible now. Pain on throat relived. Burning of soles not present. Only itching of scalp present - mildly	LPL 0/12, 0/13 - 16 doses each. ODAC * 32 days	-
04/02/2023	Laryngeal endoscopy done on 30/01/2023 - shows no cyst. Patient is completely normal now.	LPL 0/14, 0/15 - 16 doses each. ODAC * 32 days	-

Following the confirmation of cyst resolution through repeat laryngoscopy, the patient continued homoeopathic treatment for an additional five months as a precautionary follow-up. During this period, no recurrence of symptoms or lesion was observed. The sustained remission without surgical intervention highlights the potential of homoeopathy in offering long-term management of benign structural lesions.

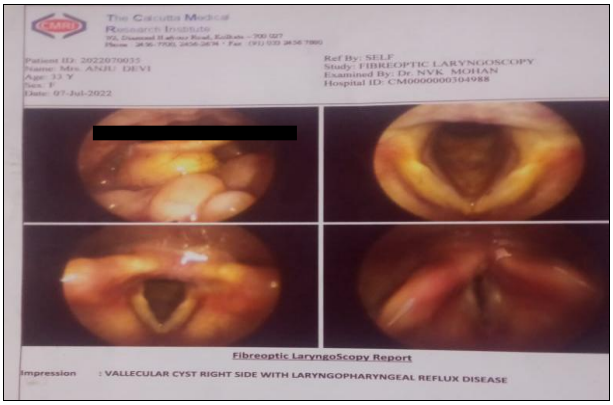

Fig 2: Laryngoscopic view showing vallecular cyst prior to Homoeopathic treatment

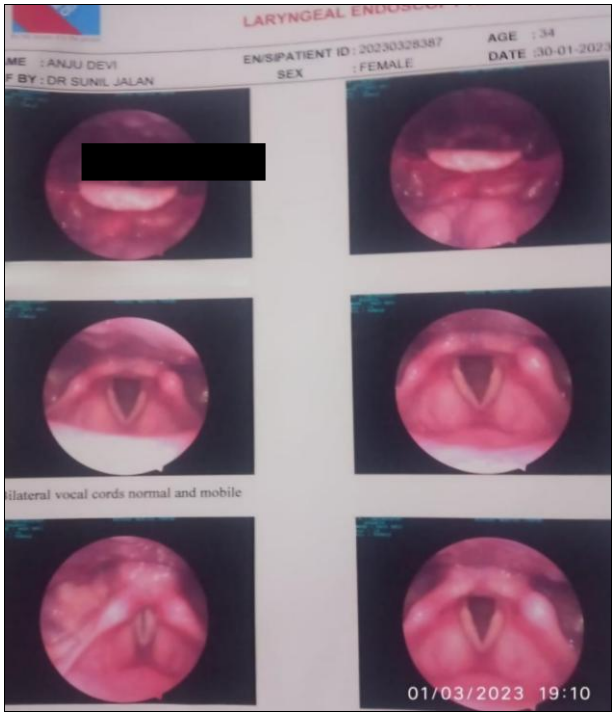

Fig 3: Laryngoscopic view after Homoeopathic treatment showing complete resolution of vallecular cyst

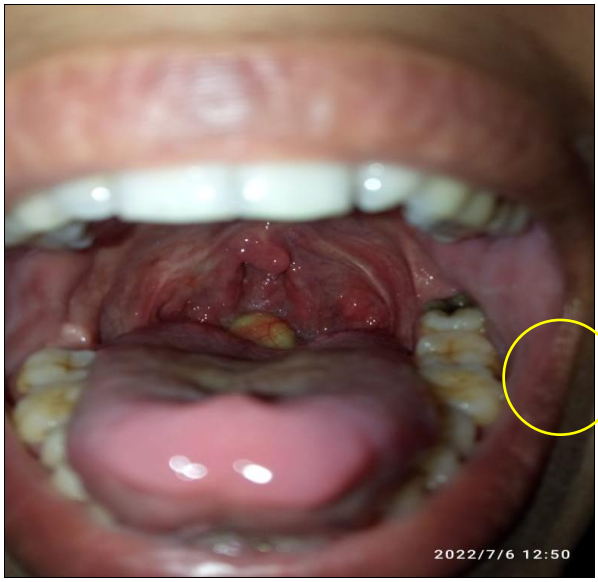

Fig 4: Intraoral view showing vallecular cyst at the base of the tongue before Homoeopathic treatment

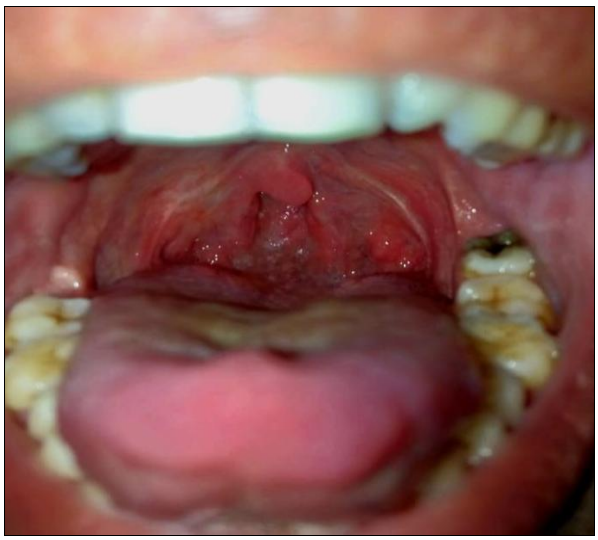

Fig 5: Intraoral view post Homoeopathic treatment showing complete resolution of vallecular cyst

Table 2: Evaluation of therapeutic response based on Modified Naranjo Criteria [11]

Domains	Yes	No	Not sure or N/A
1.Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-	-
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-	-
3.Was there an initial aggravation of symptoms?	+1	-	-
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	-	-
5. Did overall well-being improve?	+1	-	-
6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	0	-
6B Direction of cure: did at least two 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 downwards?	-	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?	+1	-	-
8. Are there alternate causes (other than the medicine) that—with a high probability — could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-	+1	-
9.Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	-	-
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-
Maximum score=13 Minimum score=02	**Total score = 11**		

3. Discussion

In the present case, the patient developed a vallecular cyst following a long-standing history of recurrent tonsillitis, culminating in a tonsillectomy. Despite the surgery, she continued to suffer in many ways. In homoeopathy, such patterns are explored not merely at the local level, but through an understanding of the individual's physical, mental, and miasmatic makeup.

The individualized prescription of *Lycopodium clavatum* in this case demonstrated not only symptomatic relief but also structural resolution of a vallecular cyst, as confirmed by follow-up laryngoscopy. The use of the 50 millesimal potency scale ensured a gentle and sustained therapeutic action, with minimal aggravation and a favorable response over time [10]. The reappearance of old, previously suppressed symptoms—such as breast heaviness and nodularity—during treatment followed by their subsequent resolution, aligned well with Hering's Law of Cure and indicated a deep, curative response. According to Hering's Law of Cure, the reappearance of old suppressed symptoms indicates a curative direction, which was carefully managed without any alteration in remedy selection [12]. *Lycopodium clavatum* was selected as the constitutional remedy based on a holistic evaluation of the patient's totality of symptoms—right-sided throat pain, digestive disturbances with sour eructations, dryness of mouth, burning of soles, mental irritability, fear of being alone, and poor concentration [6, 7, 9] These features aligned well with the keynotes of Lycopodium, which is known to act deeply on both physical and emotional planes [8].

Over time, the patient's symptoms began to resolve progressively. The cyst, once prominent and symptomatic, eventually became non-visible and pain-free. This clinical observation was later objectively supported by rep eat laryngoscopy, which showed complete resolution of the cyst.

Another noteworthy point is the improvement observed in general vitality and mental state. The patient's fearfulness, irritability, and forgetfulness gradually reduced, indicating systemic improvement alongside local recovery. No surgical intervention or allopathic medication was administered during the homoeopathic treatment phase, reinforcing the role of individualized medicine in producing curative outcomes in structural pathologies.

Importantly, the success of this case adds to a growing body of evidence where homoeopathy has demonstrated potential in the resolution of structurally evident lesions [13-15]. Therefore, this report adds to the limited yet valuable pool of clinical evidence supporting the non-surgical management of ENT pathologies through classical homoeopathic approaches. Further case-based documentation and outcome research are warranted to evaluate the replicability and long-term sustainability of such results across diverse patient populations.

Limitations

One of the primary limitations of this study is that it is a single case report, which restricts the generalizability of the findings. The absence of laboratory parameters beyond laryngoscopy also limits objective quantification of therapeutic progress. Additionally, since homoeopathic case management is individualized, reproducibility may vary depending on the practitioner's interpretation of symptoms and remedy selection. The study also lacked a control or comparative group, making it difficult to definitively attribute the clinical outcome solely to the remedy without accounting for possible spontaneous resolution, placebo response, or other confounding factors.

4. Conclusion

The present case demonstrating the scope of homoeopathy in the non-surgical management of benign structural lesions such as vallecular cysts opens new avenues for integrating homoeopathy into the conservative management of selected ENT pathologies, especially when surgery is contraindicated, declined, or carries a risk of recurrence. However, to establish a more reliable framework for such applications, future recommendations include the need for multicentric prospective studies to document the outcomes of similar cases managed with homoeopathy, using both subjective symptoms and objective diagnostic tools (e.g., imaging, endoscopy). There should be standardized follow-up protocols to monitor structural lesions under homoeopathic care, with uniform reporting criteria. Collaborative efforts between homoeopathic practitioners and ENT specialists for interdisciplinary documentation and peer-reviewed publication of such cases will be beneficial. These steps will not only strengthen the clinical evidence base for homoeopathy in ENT disorders but also promote its integration into broader therapeutic decision-making in patient care.

5. Acknowledgments

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Conflict of Interest

Not available

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Not available

6. References

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