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## Management of Thyroglossal duct cyst with homoeopathic medicine Baryta Carbonica: A case report

**Shivangi, Parul Dwivedi and Ankit Jain**

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### Abstract

Thyroglossal duct cyst (TGDC) is the most common congenital anomaly of the neck, typically presenting as a painless, midline swelling that moves with swallowing and tongue protrusion. It results from the persistent epithelial tract during the descent of the thyroid gland in embryonic development. TGDC usually manifests in children or young adults, though it can be diagnosed at any age. A case of 62 years male suffering with painless swelling in front of neck for 6 months was successfully treated by individualized homoeopathic medicine Baryta Carbonica 200 C

**Keywords:** Thyroglossal duct cyst, Homoeopathy, individualization

### Introduction

Thyroglossal duct cyst (TGDC) is the most common congenital midline neck anomaly, resulting from the persistence of the thyroglossal duct epithelium after descent of the thyroid gland during embryogenesis. The cyst typically presents as a painless, fluctuant swelling in the anterior midline of the neck that moves upward with swallowing and tongue protrusion. It may occur at any age, though it is most frequently observed in children and young adults<sup>[1]</sup>. Subhyoid is the most common position and suprahyoid is the second most common position of the cyst<sup>[2]</sup>. The diagnosis is usually established through clinical features supported by ultrasonography, which confirms a cystic lesion with normal thyroid gland in its usual location<sup>[3]</sup>.

Conventional management of TGDC is predominantly surgical, with the Sistrunk procedure being the standard of care to prevent recurrence and eliminate the risk of infection or rare malignant transformation<sup>[4]</sup>. However, surgery is associated with risks such as scarring, infection, anaesthetic complications, and recurrence when the tract is incompletely excised<sup>[5]</sup>. Consequently, there is growing interest in exploring non-surgical and minimally invasive therapeutic options for uncomplicated cases, especially when the patient declines or defers surgery.

Homoeopathy, based on the principle of “similia similibus curentur” (let likes be cured by likes), offers an individualized therapeutic approach that considers the totality of symptoms—mental, emotional, and physical. Homoeopathic medicines are known for their gentle and holistic action on the body’s vital force, aiming to stimulate self-healing. Remedies such as Baryta carbonica, Calcarea carbonica, Silicea, and Hepar sulphuris calcareum are classically indicated for glandular and cystic pathologies<sup>[6, 7]</sup>. Individualization, careful case-taking, and repertorization remain the cornerstone of successful homeopathic management.

### Case report

A 62-year-old male with a painless swelling in the mid-line of his neck just below the hyoid bone, present for 6 months reported to the Outpatient Department (OPD) of State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Shantipuram, Prayagraj on 10<sup>th</sup> April 2022. The swelling was painless, soft to firm, non-tender moving upward on protruding tongue and not moving on deglutition.

### History of present complaint

Patient noticed a swelling in front of his neck 6 months back which gradually increased in size. Then patient went for conventional treatment, after MRI it was diagnosed as

Thyroglossal duct cyst. Patient did not want surgery, therefore he opted for homoeopathic treatment.

### Examination

On palpation, a firm mobile swelling in the mid-line, just inferior to the hyoid was present, moving up on protruding tongue, not moving on deglutition. MRI (dated 28 march 2022) confirmed a well-defined cystic lesion measuring approx  $16 \times 9$  mm, consistent with TGDC, with normal thyroid gland in place.

### Past history

Lumbar Tuberculosis in childhood

### Family history

**Father:** Diabetes mellitus

### Physical generals

- **Thermal reaction:** Chilly
- **Thirst:** 4-5 L/day, thirsty
- **Appetite:** Normal appetite, can tolerate hunger
- **Desires:** sweets, fatty and oily things
- **Aggravation:** oily food causes gastritis
- **Stool:** D<sub>2-3</sub>, N<sub>0</sub>, hard stools, constipated
- **Urine:** D<sub>3-4</sub>, N<sub>0-1</sub>, satisfactory
- **Perspiration:** Profuse, stains the clothes
- **Sleep:** Disturbed sleep
- **Sensitivity:** Catches cold easily on change of weather

### Mental generals

Patient is retired from a private job 2 years back. He has a son who is 28 years old. Patient wants his son to get married but son refuses.

Patient feels helpless in this situation because he cannot do anything about this. Patient is slightly timid, stays away from fights always.

He is introvert and takes time to adapt new things. He cannot do anything without planning, wants everything in routine. He takes days to decide on something.

### Diagnosis

Thyroglossal duct cyst

Diagnosis of Thyroglossal duct cyst was confirmed on the basis of MRI

### Investigations

MRI done on 28 march 2022 confirmed a well-defined cystic lesion measuring approx  $16 \times 9$  mm at the floor of the mouth in the subcutaneous fat along the midline between the bellies of sternohyoid muscles suggesting Thyroglossal duct cyst.

### Case analysis

#### Totality of symptoms

1. Helplessness
2. Indecisive
3. Timid
4. Easily catches cold on change of weather
5. Perspiration profuse
6. Perspiration stains the clothes
7. Thyroglossal duct cyst

**Table 1:** Symptoms converted into rubrics

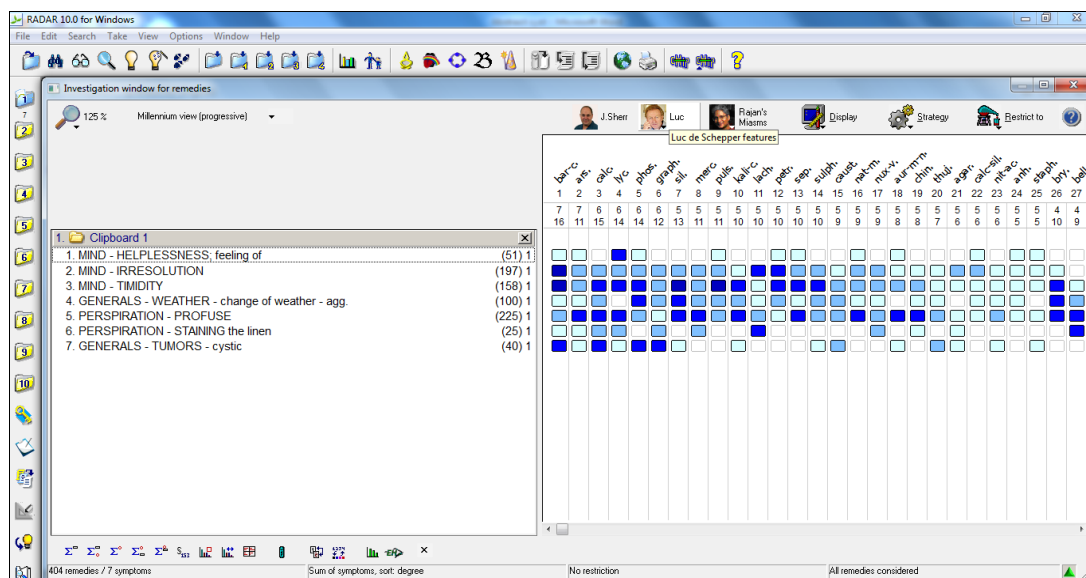
Symptoms	Rubrics
Helplessness	Mind - Helplessness
Indecisive	Mind - Indecisive
Timid	Mind - Timidity
Easily catches cold on change of weather	Generals - change of weather aggravation
Perspiration profuse	Perspiration - profuse
Perspiration stains the clothes	Perspiration - staining the linen
Thyroglossal duct cyst	Generals - tumors - cystic

**Table 2:** Analysis and evaluation

Mental symptoms	Evaluation
Helplessness	3+
Indecisive	2+
Timid	2+
Physical symptoms	
Generals - tumors - cystic	3+
Generals - change of weather aggravation	3+
Particular symptoms	
Perspiration - profuse	2+
Perspiration - staining the linen	3+

### Repertorization

Repertorization done from RADAR software [version 10.0.028(ck), Archibel 2007, Belgium] using Synthesis Repertory.



**Fig 1:** Repertorization chart

**Table 3:** Analysis of Repertorial result

S.No.	Medicine	Mark obtain
1.	Baryta carbonica	15/7
2.	Arsenicum album	11/7
3.	Calcarea carbonica	15/6
4.	Lycopodium	14/6
5.	Phosphorus	12/6


**First prescription (10<sup>th</sup> April 2022)**

After case taking, based on repertorial totality and consultation of homoeopathic materia medica, Baryta Carbonica 200C / 1 dose / 4 globules /empty stomach in the morning and placebo for 1 month was prescribed.

**Follow up****Table 4:** Follow up of the case

Date	Symptoms	Medicine prescribed	Justification
10/05/22	No change in size of swelling was seen. Sleep was improved	Placebo for 30 days	No change in size of cyst but sleep improves. Therefore placebo was given.
10/06/22	Mild reduction in size of swelling	Placebo for 30 days	As swelling size decreased patient was given placebo.
11/07/22	Approximately 50% reduction in size	Placebo for 30 days	As improvement was seen in patient's health, placebo was given.
10/08/22	Significant regression; swelling barely palpable	Placebo for 30 days	As Patient was improving placebo was given
10/09/22	No visible swelling; patient was asymptomatic	Placebo for 30 days	As Patient was improving placebo was given .
10/10/25	No visible swelling; patient was asymptomatic	Placebo for 30 days	Complete disappearance of cyst by homoeopathic treatment in a duration of 6 months. Placebo was prescribed.

**Investigation reports before and after treatment**



**TIDC**  
FUTURISTIC IMAGING

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• DIGITAL X-RAY  
• DIGITAL MAMMOGRAPHY

TIDC No: 012203001860  
Patient Name: [REDACTED]  
Age/Sex: 62 YRS/MALE

Reg Date: 28-Mar-2022  
Report Date: 28-Mar-2022  
Referred By: Dr. B P SINGHAJI (MS,FRCS,FRCS)

**MRI NECK**

**PROCEDURE:** Using cervical coils, serial sections of the neck have been studied from the base of the skull to the thoracic inlet using T1, T2, STIR sequences in axial coronal and sagittal planes.

**FINDINGS:**

- Well defined cystic lesion size 16 x 9 mm showing fluid signals on all pulse sequences cyst with T2 hyperintense rim is seen at the floor of the mouth in the subcutaneous fat along the midline between the bellies of sternum hyoid muscles. No communication with the hypopharynx and larynx is seen could suggest thyroglossal duct cyst.
- The fossae of rosenmuller and the eustachian tube openings are normal bilaterally with normal MR signals. Tongue shows normal signal intensity and morphology. Bilateral true and false vocal cords and pyriform sinuses are normal.
- Pharyngeal mucosal, bilateral masticator, para-pharyngeal, retropharyngeal, carotid and submandibular spaces are normal.
- The structures of the visceral space viz, oropharynx, nasopharynx and trachea are normal in signals and morphology.
- Bilateral pterygoid plates and the pterygoid muscles are normal.
- Soft and hard palates are normal in signals and morphology.
- Thyroid cartilage is normal in signals. Bilateral parotid and submandibular glands are normal with no area of altered signals. Vascular flow voids are normal. Thyroid gland is normal.
- Multiple subcentimeter lymph nodes with preserved fatty hilum are seen in bilateral submandibular region and upper cervical regions at level II and III.
- Degenerative spondylotic changes of the spine are seen in the form of hypertrophic endplate spurs and disc desiccation at multiple levels with type I marrow oedema of adjoining endplates at C3-C4 level

**OPINION:**

➤ Well defined cystic lesion size 16 x 9 mm at the floor of the mouth in the subcutaneous fat along the midline between the bellies of sterno-hyoid muscles. No communication with the hypopharynx or larynx is seen could suggest --  
**Thyroglossal duct cyst.**

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MD, DNB

Dr. Shalabh Bansal  
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Note: Impression is a Professional opinion & not a Diagnosis. All Modern Machines/Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable. Not for medico-legal purpose.  
Patient's identity cannot be verified. Result Entered By: drsh

Before

FUTURISTIC IMAGING

This case is followed up to 10<sup>th</sup> Oct, 2022, as per the follow-up table [Table 4]

**Reasoning behind remedy and choosen potency**

In repertorial analysis, Baryta carbonica and Arsenicum album cover all rubrics, but Baryta Carbonica covered maximum number of symptoms. Based on the repertorial totality and consultation of text books of materia medica<sup>(6,7)</sup>, Baryta Carbonica seemed to be the most suitable drug in this case and thus prescribed in 200C, one dose. The potency selection and repetition was based on the homoeopathic principles, susceptibility of the individual, and homoeopathic philosophy.

**Fig 2:** Before treatment

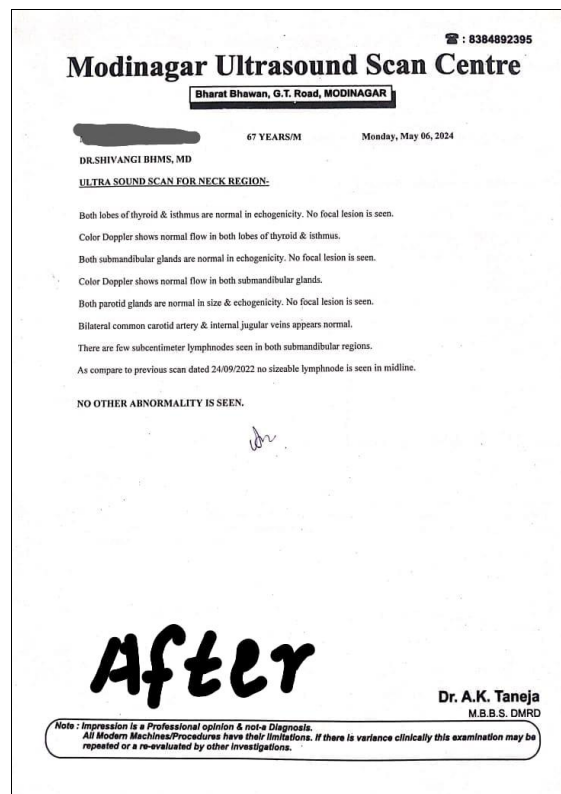


Fig 3: After treatment

## Discussion

Thyroglossal duct cyst is traditionally managed surgically due to the risk of recurrence and infection. However, surgery may not always be preferred due to fear, cost, or cosmetic concerns. Homoeopathy offers an individualized approach, focusing on the patient as a whole rather than the disease alone.

Baryta Carbonica has a strong affinity for glandular tissues and is particularly indicated in cases involving delayed development and cystic enlargements. In this case, the remedy was selected based on constitutional symptoms rather than the pathological diagnosis alone. The gradual regression of the cyst suggests that homoeopathic treatment may have supported the body's natural healing response.

It must be noted that this is a single case report, and the findings cannot be generalized without further clinical studies.

## Conclusion

This case report highlights the potential role of individualized homoeopathic treatment in the management of thyroglossal duct cyst. The successful outcome observed with Baryta Carbonica suggests that homoeopathy may be considered as a conservative therapeutic option in selected cases, especially where surgery is deferred or contraindicated. Further systematic research and controlled studies are required to validate these observations.

## Conflict of Interest

Not available

## Financial Support

Not available

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