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Non-Surgical Management of Foot Ganglion and its Complication by Arnica Montana through BBCR: A Case Report

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ABSTRACT:

Foot ganglion is benign lump on foot possibly connected to joint's capsule tendon sheath. Except lump like swelling there are no symptoms. Sometime there is pain, tingling sensation and numbness produced due to its pressure effect over adjacent nerve and vascular structure. Conventional treatment of choice is surgical intervention which may produce limited cosmetic value and recurrency is also there. Here, 50 years aged female patient reported foot ganglion and its complication on left foot. By Individualized homoeopathic medicine within three months the case was completely managed. This is evidence by photography. Modified Naranjo Criteria (MONARCH) for Homoeopathy tool was used to assess causal attribution between homoeopathic medicine and case which showed +9 indicating positive attribution.

KEYWORDS: Arnica Montana, BBCR, Foot ganglion, MONARCH.

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INTRODUCTION:

Ganglionic cyst (GC) is non-cancerous, gelatinous materials containing lump like cystic lesions anywhere possibly connected to any joint's capsule tendon sheath.[1] it is generally asymptomatic except lump like lesion. Sometime neurological symptoms created duo to its location and considerable size which exerted pressure underlying nerve.[2] GC is more prone to located in hand and wrist joints rather than ankle and foot. Female are more inclined to develop GC than male. Sixty to seventy percent of soft-tissue tumours in the hand and wrist are ganglion cysts. They can appear at any age, although women between the ages of 20 and 50 are most likely to have them. Ganglion cysts are three times as common in women than in men. Gymnasts also frequently develop these cysts, most likely as a result of wrist joint tension and recurrent trauma. [3]

Since this is tumor-like growth, patients often fear it might be cancer. Therefore, they want to seek treatment for this ganglionic cyst. The common method of management of GC is arthroscopic resection, open excision and needle aspiration of cyst but after primary treatment of GC by these methods recurrence rate is 7.9%, 21%, 59% respectively.[4] Additional to these methods, pain, scar after surgery and wound infection are common hazards. Therefore, patient often seek mild gentle management for their complaints. Classical homoeopathy is often considered for conservative, non-surgical treatment for any growth.

In homoeopathy GC is considered as united part of human body which is produced due to external inimical forces, where allopathy system of medicine considers GC as separate entity in human body. As per aphorism number 15 of Organon of medicine, affection of disease vital force and disease symptoms produce a constitution of inseparable whole one. Additional to it, aphorism number 16 to 18 of OM states that only spirit-like, dynamic medicine can remove GC and totality of the symptoms are only sole indication of choice of medicine. [5] One should think it as local malady and one-sided disease in chronic nature as per aphorism number 186 of OM, which require anti-miasmatic treatment.[5] As per Robert's view any growth or accumulation of infiltration is considered in sycosis miasm. [6] A few case reports of ganglionic cyst had revealed non-surgical management of GC by homoeopathy.[7,8]

CASE REPORT:

50 years aged female patient belonging to lower socioeconomical reported a 2.5 cm size firm lump at lower aspect of left foot near ankle joint with tingling pain experienced while walking and at night. She associated a tingling and numbness at lateral aspect of left foot and 5th toe. It was present for more than two years. She did not under go for treatment in past.

She did not mention any significant past and family history except hysterectomy of her at the age of 40 years due to uterine fibroid. Her menarche was in proper time and cycle was regular; suddenly she experienced profuse menstrual bleeding and diagnosed as uterine fibroid, and underwent

hysterectomy at the age of 40 years. She experienced two normal vaginal delivery and did not get any after-complication.

No significant physical and mental general was fount except expression of depression and dullness. She had not complained about appetite, thirst, thermal relation along with sweat and bowel habit and urination.

Diagnostic assessment

Around 2.5 cm smooth, round, a dome shaped lump was present over lateral malleolus of patient which was firm and tense, slightly fluctuating on tapping, and mobile across tendon axis and restricted along it. There were a tingling pain and numbness at lateral aspect of left foot and 5th toe which was getting aggravated while stepping foot over path. Transilluminate test was positive where tenosynovial giant cell tumor (GCT), calcific tendonitis, fibroma of tendon sheath and lipoma do not qualify light transilluminate test except mucoid cyst which is small in size approximately 1cm, located just under the skin. Sometimes within mucoid cyst greasy droplets come out where ganglionic cyst presents a thick viscous, gelatinous, straw-colored fluid. GCT is firm, solid, non-fluctuant, non-compressible, lobulated slow-growing lump which moves synchronously with tendon excursion. Calcific tendonitis is a localized erythema like fullness near lateral malleolus which is stony hardness, non-fluctuating and fixed within tendon. Fibroma is also a solitary small slow-growing, non-fluctuating nodule and hard to rubbery in consistency. Lipoma is an ill-defined, broad based, smooth lobulated swelling in subcutaneous tissue. Therefore, this case was clinically diagnosed as Ganglionic cyst (GC) at ankle or foot with its complication possibly due to pressure effect of GC. [2,9]

Symptoms selection

1. Ganglion
2. Pain in ganglion aggravated during walking
3. Concomitant symptoms numbness in foot
4. Depressed
5. Dullness

Repertory selection

As in this case lacking prominent physical and mental, and it was composed off diagnostic rubric and complete symptom along with less important mental symptoms; *Boger Boenninghausen's Characteristics and Repertory* [10] (BBCR)was selected.

Repertorial result analysis and medicine selection

After Repertorization top five medicines (Figure- 1) like *Rhus tox*, *Sulphur*, *Arnica montana*, *Phosphorus*, *Nux vomica* scored 14/6, 12/4, 10/6, 10/5, 10/4 respectively out of six rubrics. *Arnica montana* 1000C 4 doses was prescribed twice daily for consecutive two days followed by placebo for 30 days.

Follow-up and outcomes

It is presented below in the (Table 1). Causal attribution between homoeopathic medicine and case showed +9 by using Modified Naranjo Criteria (MOARCH) for homoeopathy [11] at the end of treatment (Table 2).

Table 1: Follow-up and outcomes

Date	Symptoms	Prescription
14th January 2024 (Figure 2)	Repertorial totality	*Arnica montana* 1000C, 4 doses twice daily for 2 days and followed by placebo for 30 days.
20th February 2024 (Figure 3)	Gelatinous material coming out from cyst. Size becoming reduced. Tingling sensation and numbness in lateral aspect of left foot becoming reduced. Felt more comfortable during walking than previous. Medicine was acting.	Again, placebo for one month was prescribed.
30th March 2024 (Figure 4)	Completely cyst became disappeared. No tingling sensation and numbness in the affected foot. She could walk as normal as healthy person.	No medicine

Table 2: Assessment done by Modified Naranjo criteria (MONARCH) score

Domain	Yes	No	Not Sure/ NA
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 time frame relative to the drug intake?	+1	-	-
3. Was there an initial aggravation of symptoms?	-	-	0
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? (suggest using validated scale)	+1	-	-
6A. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	-	-
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	-	0	-

importance? from deeper to more superficial aspects of the individual? from the top downwards?			
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?	-	0	-
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?	-	0	-
Total score= +9 (Maximum score = +13, minimum score = -6)			

Patient : GANGLION **Physician:** Rahitosh Ghosh **Registration Number :** AZB2 **Date :** 2026-09-26

Remedy	Rhus-t	Sulph	Arn	Phos	Nux-v	Calc	Acon	Ars	Bry	Caust
Totality	14	12	10	10	10	10	9	9	9	9
Symptoms Covered	6	4	6	5	4	3	5	5	4	4
Kingdom	Plants	Minerals	Plants	Minerals	Plants	Minerals	Plants	Minerals	Plants	Minerals
[Boenning] [Mind]DULLNESS, MENTAL, OBTUSENESS: (112)	4	4	2	3	4	4	3	2	3	2
[Boenning] [Mind]DEPRESSION: (71)	2	4	2	2	1	3	2	3	3	2
[Boenning] [Bones]GANGLION, BURSAE: (23)	2	1	2	2			1			
[Boenning] [Lower extremities]TINGLING:Foot: (11)	1		1				2	1		
[Boenning] [Lower extremities]NUMBNESS:Foot: (27)	1		1	1	3		1	1	1	3
[Boenning] [Lower extremities]AGGRAVATION:Stepping: (55)	4	3	2	2	2	3		2	2	2

Figure 1: Repertorization Sheet



Figure 2: Pre-Treatment Foot Ganglion



Figure 3: During Treatment Foot Ganglion



Figure 4: Reduced ganglionic cyst size after treatment

DISCUSSION:

In this case report *Arnica montana* individualized homoeopathic medicine was prescribed and case was resolved successfully. Here, physical and mental general and characteristics symptoms were lacking that's why considering clinical rubric *ganglion* and complete symptoms portrayed the totality of symptoms of the case; and BBCR was used for Repertorization. In spite lacking general symptoms this case of foot ganglion and its complication were managed because of clinical rubric and complete symptoms. This is the strength of this case.

Generally, *Arnica montana* is an injury medicine used for mechanical and traumatic injury, compound fracture and its suppuration, head injury causing meningitis, eye injury and so on.[12] This case report adds new clinical utility as evidence which supports the BBCR's data. This case report also highlights the use of BBCR for making totality and finding out remedy.

A case-series of four cases by Aryan et al reported that two cases of wrist ganglion managed by *Phosphorus* 200C and *Phosphorus* 1000C respectively, and rest two were resolved by *Calcarea carb* 1000C and *Sulphur* 200C. [7] In this report Repertorization was done by complete repertory because there were full of physical and mental mineral symptoms beside particular symptom.

Similarly, another case report of three cases by Nath et al showed the disappearance of wrist ganglion by *Sulphur* 30C for two cases and another one by *Phosphorus* 30C. [8] Repertorization was done by *Synthesis repertory*. But in this case uncommon medicine for foot ganglion, *Arnica* was used selected by the help of BBCR.

This case of foot ganglion and its complication was diagnosed by clinical examinations, no help of X-ray, USG or MRI were taken. This limits the comparability of foot ganglion with literature of surgery book.

This case was evidenced by photography. Here, Modified Naranjo Criteria for Homoeopathy [11] (MONARCH inventory) was used to assess causal attribution between homoeopathic medicine and case showing +9 score which indicates positive attribution.

CONCLUSION:

By the help of BBCR, *Arnica montana* as individualized homoeopathic medicine plays a key role for resolution of foot ganglion and its complication. As it is a case report, it does not conclude efficacy of homoeopathic medicine *Arnica* for treatment of foot ganglion. It needs large scale sample size study.

Informed consent of patient:

The patient was verbally informed about the study and given the opportunity to give written consent before their clinical data and imaging were reported.

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