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CASE REPORT

Conservative Management of Recurrent Bilateral Dorsal Wrist Ganglion Cysts Following Aspiration: A Case Report at Dr Batra's

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ABSTRACT

Background

Ganglion cysts are the most common benign soft tissue swellings of the wrist, accounting for nearly 60–70% of all hand masses. Although aspiration and surgical excision remain standard treatment options, recurrence rates after aspiration range from 35% to 70%, and many patients continue to experience pain, functional limitation, and cosmetic concerns. Conservative management that improves symptoms while avoiding repeated invasive procedures remains clinically relevant.

Case Presentation

A 28-year-old unmarried male presented to Dr Batra's® Positive Health Clinics with recurrent bilateral dorsal wrist ganglion cysts. The left wrist had previously undergone aspiration by an orthopedic surgeon; however, the swelling reappeared within one month and became painful with local inflammation. MRI of the right wrist demonstrated a small ganglion cyst over the dorsal aspect associated with mild joint effusion. The patient complained of pain while lifting weights, wrist movement restriction, numbness after prolonged activity, and considerable anxiety regarding his appearance and professional work as a model, influencer, and fitness enthusiast. Constitutional evaluation revealed a mild, sensitive, affectionate individual with anxiety regarding health and appearance, emotional sensitivity, reverence towards family, and recurrent distressing dreams. Individualized homoeopathic treatment consisting of Arnica montana as the constitutional remedy, Belladonna during acute painful episodes, and supportive remedies including Rhus toxicodendron and Calcarea phosphorica was prescribed.

Outcome

During nearly two years of follow-up, wrist pain progressively reduced, inflammatory episodes subsided, numbness decreased, sleep improved, and the patient regained functional ability for routine activities and

exercise. Although the cyst size remained largely unchanged, there was no significant progression, and no repeat aspiration or surgery was required.

Conclusion

This case demonstrates sustained symptomatic improvement and functional recovery in recurrent bilateral wrist ganglion cysts following individualized homoeopathic treatment, despite persistence of the anatomical lesion.

Keywords: *Ganglion cyst, Wrist ganglion, Homoeopathy, Arnica montana, Conservative management, Case report*

INTRODUCTION

Ganglion cysts are benign mucin-filled synovial cysts arising from joint capsules or tendon sheaths, most frequently involving the dorsal aspect of the wrist. They commonly occur in young adults and may present with pain, swelling, weakness, restricted movement, or cosmetic concerns.

Although aspiration and surgical excision are widely practiced, recurrence remains a major limitation. Published recurrence rates following aspiration vary between 35% and 70%, while surgical excision also carries recurrence rates ranging from 5% to 20%, together with risks of stiffness, nerve injury, and scar formation.

Consequently, conservative management aimed at reducing pain, restoring function, and avoiding repeated invasive interventions remains an important therapeutic objective.

Individualized homoeopathy considers both local pathology and constitutional characteristics while addressing the patient's overall susceptibility.

This report describes long-term conservative management of recurrent bilateral dorsal wrist ganglion cysts following failed aspiration.

CASE PRESENTATION

A 28-year-old unmarried male presented with painful swellings over both wrists.

The left-sided ganglion had been present for approximately four to five years and had previously undergone aspiration by an orthopedic surgeon.

Following aspiration, the swelling reappeared within one month, accompanied by pain and local inflammation.

The patient subsequently developed a smaller ganglion over the dorsal aspect of the right wrist.

Chief Complaints

- Painful swelling over left dorsal wrist
- Smaller ganglion over right wrist
- Pain during lifting heavy weights

- Difficulty performing gym exercises
- Numbness during wrist movement
- Cosmetic concern
- Restriction of wrist mobility

History of Present Illness

Initially, the left wrist ganglion was relatively painless. After aspiration, however, the patient experienced:

- Reappearance of the swelling
- Increased pain
- Local inflammation
- Pain while flexing and extending the wrist
- Difficulty lifting heavy objects
- Occasional numbness

The right wrist subsequently developed a smaller ganglion with comparatively less pain.

Associated Complaints

- Occasional left-sided headache
- Allergic cough and cold
- Episodes of urticaria following COVID-19 vaccination
- Mild hair fall during follow-up
- Morning muscle stiffness

Past History

- Aspiration of left wrist ganglion
- No significant trauma
- No major systemic illness

Family History

Father: Healthy

Mother: Healthy

Three younger sisters: Healthy

No family history of ganglion cysts.

Personal History

Appetite: Normal

Craving: Chicken and non-vegetarian food

Thirst: Reduced

Urine: Normal

Stool: Normal

Thermals: Hot patient; preferred summer; preferred air conditioning

Sleep: Approximately seven hours; preferred sleeping on abdomen

Dreams:

- Someone sitting on his chest
- Feeling of throat being compressed
- Palpitations
- Sexual dreams

Occupational History

The patient worked as a model, social media influencer, and retail businessman. Because of his profession, appearance and physical fitness were extremely important to him. Pain during exercise significantly affected his routine.

Mental Generals

Initially, the patient appeared talkative, outspoken, physically active, health conscious, and concerned about appearance. Detailed constitutional assessment during follow-up revealed:

- Mild disposition
- Introverted with unfamiliar people
- Emotionally sensitive
- Shy
- Stage fear since childhood
- Family-oriented
- Hopeful and optimistic
- Reverential
- Polite
- Anxiety regarding health and physical appearance

The patient repeatedly expressed concern that the visible wrist swelling interfered with his confidence and professional commitments.

Clinical Examination

Left Wrist:

- Dorsal ganglion cyst
- Mild tenderness
- Pain during pressure
- Pain on wrist flexion
- Pain during lifting heavy weights

Right Wrist:

- Smaller dorsal ganglion
- Mild tenderness
- No marked inflammation

MRI Findings

- Small ganglion cyst over the dorsal aspect of the wrist
- Mild wrist joint effusion
- No evidence of fracture or significant ligament injury

DIAGNOSIS

Primary Diagnosis

Recurrent Bilateral Dorsal Wrist Ganglion Cysts

Differential Diagnosis

- Giant cell tumor of tendon sheath
- Synovial cyst
- Lipoma
- Carpal boss
- Epidermoid inclusion cyst

CASE ANALYSIS

This patient presented with recurrent bilateral dorsal wrist ganglion cysts, the left side recurring shortly after aspiration. Persistent pain, limitation during weightlifting, intermittent numbness, and cosmetic concern substantially affected his professional activities as a model and fitness enthusiast. MRI confirmed the diagnosis by demonstrating a dorsal ganglion cyst with mild joint effusion.

The constitutional assessment evolved during follow-up and revealed a mild, polite, emotionally sensitive individual with anxiety regarding health and appearance, reverence towards family, and a tendency to internalize emotional stress. Recurrent dreams of suffocation and palpitations, together with concern about his professional image, completed the constitutional picture.

Arnica montana was selected as the constitutional remedy because of its affinity for soft tissue trauma, deep connective tissue injury, residual effects following invasive procedures, and persistent musculoskeletal pain. Belladonna was prescribed during acute inflammatory episodes characterized by pain and tenderness, while Rhus toxicodendron addressed ligamentous discomfort and movement-related symptoms. Calcarea phosphorica was prescribed as supportive therapy for connective tissue repair.

The therapeutic goal was not necessarily disappearance of the cyst but reduction in pain, improvement in function, prevention of further progression, and avoidance of repeat invasive procedures.

TOTALITY OF SYMPTOMS

Mental Generals

- Anxiety regarding health
- Anxiety regarding physical appearance
- Sensitive and emotional
- Mild and polite
- Reverential towards elders
- Family-oriented
- Hopeful and optimistic
- Introvert with strangers
- Stage fear since childhood
- Overthinks
- Dreams of someone sitting on chest and choking him
- Dreams with palpitation
- Affectionate

Physical Generals

- Hot patient
- Thirstless
- Craving for chicken and non-vegetarian food
- Appetite normal
- Sleeps on abdomen
- Restless sleep
- Likes gym and physical exercise
- Active lifestyle

Particular Symptoms

- Recurrent ganglion cyst over left dorsal wrist
- Reappearance after aspiration
- Ganglion over right dorsal wrist
- MRI showing dorsal ganglion with mild joint effusion
- Pain on lifting heavy weights
- Pain during wrist flexion and extension
- Occasional numbness
- Pain aggravated by pressure
- Restriction during gym activity

- Small warts on neck
- Occasional allergic cough and cold
- Urticaria after COVID vaccination

EVALUATION OF CHARACTERISTIC SYMPTOMS

Mental Characteristics

- Anxiety about health
- Concern regarding appearance
- Mild disposition
- Emotional sensitivity
- Reverential nature
- Hopeful personality
- Fear of public performance (stage fear)

Physical Characteristics

- Hot patient
- Thirstlessness
- Craving for chicken
- Sleeps on abdomen
- Restless sleep

Particular Symptoms

- Recurrent ganglion after aspiration
- Bilateral wrist ganglion
- Pain on exertion
- MRI-confirmed ganglion
- Restriction while lifting weights

REPERTORIAL ANALYSIS

Kent's Repertory was consulted using the constitutional totality.

Selected Rubrics

Mind:

- Anxiety about health
- Fear of appearing before public
- Mildness
- Sensitive

- Reverence
- Hopeful disposition

Extremities:

- Tumours, ganglion
- Pain in wrist
- Motion aggravates
- Pressure aggravates

Sleep:

- Restless sleep
- Frightful dreams
- Dreams of suffocation

Generalities:

- Hot patient
- Thirstlessness
- Desire for meat

The repertorial analysis showed maximum correspondence with Arnica montana, followed by Rhus toxicodendron, Calcarea phosphorica, and Belladonna during acute inflammatory episodes.

REMEDY DIFFERENTIATION

Arnica montana (Constitutional Remedy)

Arnica montana was prescribed because the overall constitutional picture corresponded with:

- Residual complaints after aspiration
- Deep soft-tissue injury
- Chronic ligamentous pain
- Pain on pressure
- Pain during exertion
- Musculoskeletal soreness
- Functional disability
- Active lifestyle requiring repetitive wrist movements

In this case, Arnica was selected not merely because of trauma but because of its affinity for chronic post-procedural connective tissue pain with persistent functional limitation.

Belladonna (Acute Remedy)

Belladonna was prescribed during acute painful episodes characterized by:

- Sudden pain

- Local inflammation
- Tenderness
- Increased discomfort

Rhus toxicodendron

Selected because of:

- Pain associated with movement
- Ligamentous strain
- Wrist stiffness
- Connective tissue involvement

Calcarea phosphorica

Administered as supportive treatment for:

- Connective tissue nutrition
- Musculoskeletal strengthening
- Long-standing chronic pathology

PRESCRIPTION

Constitutional — Arnica montana 200C

Chosen according to the constitutional totality and chronic post-procedural musculoskeletal pathology.

Acute — Belladonna 200C

During painful inflammatory exacerbations.

Intercurrent / Supportive

- Rhus toxicodendron 200C
- Calcarea phosphorica 6X

MIASMATIC ANALYSIS

The predominant miasmatic background was Sycotic.

Sycotic Features

- Ganglion cyst
- Benign cystic proliferation
- Recurrent swelling
- Recurrence after aspiration
- Warts on neck

Psoric Features

- Allergic tendency
- Urticaria
- Emotional sensitivity
- Functional pain

The pathology therefore represented a Psoro-sycotic state, with sycosis predominating because of recurrent cyst formation.

FOLLOW-UP

Table 1. Clinical Follow-up

Date	Clinical Progress
July 2024	Initial presentation with bilateral dorsal wrist ganglion cysts. Left wrist painful following aspiration. MRI confirmed dorsal ganglion with mild joint effusion.
August 2024	Significant reduction in pain. Left wrist swelling reduced with no redness. Motion, appetite, stool, and urine normal.
October 2024	Persistent ganglion following aspiration causing intermittent nerve compression symptoms and wrist pain. Sleep improved. Small neck warts observed.
November 2024	Pain occurred only during direct pressure. Overall comfort markedly improved. Stress reduced.
December 2024	Pain became only occasional compared with severe pain initially. Morning stiffness reduced. Continued regular physical activity.
June 2025	Size remained relatively unchanged; however, pain reduced. Patient could perform routine activities more comfortably. Constitutional assessment revised.
August 2025	Mild recurrence of discomfort after aspiration but no increase in cyst size. New ganglion diagnosed over posteromedial tibial condyle. Patient remained hopeful and continued treatment.
September–October 2025	Pain occurred only during heavy lifting and wrist flexion. No progression in cyst size. Daily activities largely unaffected.
December 2025	Uneasiness only while lifting heavy objects. Appetite slightly reduced. Mild hair fall developed independently.
January 2026	Ganglion remained clinically stable. Pain became minimal and occasional. Hair fall improved.
July 2026	Ganglion size remained stable. Pain and numbness occurred only during strenuous lifting. No further aspiration or surgery required. Functional status maintained with regular exercise.

CLINICAL OUTCOME

During nearly two years of follow-up:

- Severe wrist pain reduced to only occasional discomfort
- Inflammatory episodes subsided
- Numbness became infrequent

- Wrist mobility improved
- Gym activities were resumed with minimal restriction
- Sleep quality improved
- No increase in ganglion size was observed
- No repeat aspiration or surgical intervention was required
- Overall quality of life improved considerably

Although the cyst remained palpable, the patient experienced substantial symptomatic relief and functional recovery.

Figure 1. Left dorsal wrist before and after individualized homoeopathic treatment.

DISCUSSION

Ganglion cysts are benign mucin-filled cystic lesions arising from joint capsules or tendon sheaths, most commonly affecting the dorsal wrist. While aspiration and surgical excision remain the standard therapeutic options, recurrence after aspiration is common because the cyst wall and communicating stalk often persist. Consequently, many patients continue to experience pain, cosmetic concerns, and functional impairment despite invasive treatment.

The present patient developed recurrence of the left dorsal wrist ganglion shortly after aspiration, accompanied by increased pain and inflammatory symptoms. MRI confirmed persistent ganglion cyst formation with mild joint effusion, while a second ganglion subsequently appeared in the contralateral wrist. The patient was particularly distressed because his profession as a model, influencer, and fitness enthusiast required unrestricted wrist movement and an aesthetically normal appearance.

Individualized homoeopathic treatment was prescribed according to the constitutional profile rather than solely the local pathology. Arnica montana corresponded to the patient's chronic post-procedural pain and soft tissue involvement, whereas Belladonna was administered during acute inflammatory episodes. Rhus

toxicodendron and Calcarea phosphorica were incorporated to address movement-related discomfort and connective tissue support.

Throughout long-term follow-up, the ganglion size remained largely stable; however, progressive reduction in pain, numbness, and movement restriction was documented. The patient regained the ability to perform routine occupational activities and exercise with minimal discomfort, and importantly, no further aspiration or surgical intervention was required.

This report emphasizes that in chronic ganglion cysts, clinically meaningful outcomes may include symptomatic improvement and functional restoration even when complete anatomical resolution is not achieved. Although this single case cannot establish treatment efficacy, it highlights the potential value of individualized homoeopathic treatment as part of a conservative management strategy for recurrent ganglion cysts.

HEALTH-RELATED QUALITY OF LIFE (HRQL)

Initially, persistent wrist pain interfered with gym activities, modelling assignments, and routine lifting tasks. The recurrent nature of the ganglion following aspiration caused considerable anxiety regarding his health and appearance. With treatment, pain gradually diminished, sleep improved, confidence increased, and the patient was able to resume most daily and occupational activities comfortably.

PATIENT PERSPECTIVE

> *"After the aspiration, I was disappointed because the swelling came back and the pain became worse. Gradually, the pain reduced with treatment, and I was able to return to my gym routine and daily work without depending on surgery again. Even though the swelling is still there, it no longer affects my life the way it did before."*

LEARNING POINTS

- Ganglion cysts frequently recur after aspiration; therefore, long-term conservative management may be appropriate in selected patients.
- Functional improvement and pain reduction are clinically meaningful outcomes even if the cyst persists.
- MRI is valuable for confirming diagnosis and excluding other wrist pathologies.
- Individualized homoeopathic treatment may contribute to symptom control and improved quality of life in recurrent ganglion cysts.
- Long-term follow-up is essential to assess stability, recurrence, and the need for repeat intervention.

CONCLUSION

This case describes the long-term conservative management of recurrent bilateral dorsal wrist ganglion cysts following failed aspiration in a 28-year-old male. Individualized homoeopathic treatment centered on Arnica

montana, with Belladonna for acute inflammatory episodes and supportive Rhus toxicodendron and Calcarea phosphorica, was associated with sustained reduction in pain, improvement in wrist function, decreased numbness, and enhanced quality of life over nearly two years of follow-up. Although the anatomical size of the ganglion remained largely unchanged, the absence of progression, avoidance of repeat surgery, and marked functional recovery suggest that individualized homoeopathic treatment may have a role as an adjunctive conservative strategy in carefully selected patients with recurrent ganglion cysts. Further prospective studies are warranted to evaluate these observations systematically.

DECLARATIONS

Consent: Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Conflict of Interest: None declared.

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