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INDIVIDUALIZED HOMEOPATHIC MANAGEMENT OF ADENOID CYSTIC CARCINOMA OF THE NASAL CAVITY: A LONG-TERM FOLLOW-UP

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Abstract
Background: Adenoid cystic carcinoma (ACC) of the nasal cavity is an uncommon but locally aggressive malignancy with perineural spread and frequent late recurrence. Surgery followed by radiotherapy is considered standard, yet many patients experience persistent symptoms and impaired quality of life. Individualised homeopathic prescribing seeks to improve general health and symptom burden.
Case Summary: A 55-year-old rural schoolteacher presented on 7 December 2021 with persistent epistaxis and maxillary pain despite completing surgery and radiotherapy for histologically confirmed ACC (cribriform type). He had weakness, dizziness, headaches (worse after banana), chronic hard stool with occasional rectal bleeding, flatulence, heartburn, aggravation after perspiration, and a marked tendency to take cold. Mentally he was optimistic yet irritable and intolerant of disorder. Totality of symptoms indicated Calcarea carbonica. Nux vomica 200C was used first to mitigate drug and radiation effects, followed by Calcarea carbonica in ascending potencies (200C → 1M → 10M → 50M) over long intervals; Carcinosin and Sulphur were used intercurrently. Acute needs were addressed with Ammonium carbonicum 200C (14 April 2024) and Carbo animalis 200C (10 April 2025).
Results: Epistaxis ceased after Calcarea carbonica 200C (20 July 2022). Over almost four years the patient achieved stable improvement in general health, digestion, sleep, stamina and mood, with no return of severe nasal bleeding. As of 09 October 2025, he remained clinically well.
Conclusion: This long-term follow-up suggests that individualised homeopathy, centred on Calcarea carbonica and supported by judicious intercurrents, may contribute to durable symptomatic improvement after conventional management of sinonasal ACC. Further systematic research is warranted.

Keywords
Adenoid cystic carcinoma. Nasal cavity. Homeopathy. Calcarea carbonica. Intercurrent remedies. Long-term follow-up. Case report

Introduction

Adenoid cystic carcinoma (ACC) is a rare malignant tumour of secretory glands. Its sinonasal presentation is particularly challenging due to indolent but infiltrative behaviour, perineural spread, proximity to critical structures and frequent late recurrence. Standard care comprises surgical resection with adjuvant radiotherapy, yet residual symptom burden—bleeding, pain, obstruction, olfactory dysfunction and fatigue—often persists, affecting quality of life. Patients may seek complementary care to address these chronic sequelae. Homeopathy applies potentized medicines selected by the individual's totality of symptoms—physical generals, particulars and mental–emotional features. When used as supportive care, the goals include enhancing vitality, reducing symptom burden and improving overall function. This report presents a long-term follow-up of a patient with ACC of the nasal cavity who had persistent symptoms after surgery and radiotherapy and subsequently improved under individualised homeopathic treatment.

Case Presentation

Age: 55
Sex: Male
Occupation: Teacher
Residence: Rural

Presenting complaints

On 7 December 2021, the patient presented with maxillary pain with active epistaxis despite prior operation and radiotherapy. Marked weakness, sometimes too frail to walk unaided. Flatulence and heartburn. Alternating brief silence followed by abrupt complaints. Strong tendency to take cold. Continuous nasal discharge unresponsive to drops. Blood pressure 164/100 mmHg. Chronic hard stool with occasional rectal bleeding. Persistent dizziness. Frequent headaches, worse after eating banana. Irritable, easily angered, intolerant of indiscipline; restless yet generally hopeful about recovery.

General symptoms: Desire for eggs (boiled or hard-boiled); aggravation after perspiration; chilly constitution; reduced stamina; flatulence and acidity.

Mental–emotional state: Optimistic and cooperative, but irritable, abrupt in speech and sensitive to disorder; mentally alert with physical exhaustion.

Past history: Childhood tinea-like eruptions treated with topical ointments and occasional sulphur-based preparations from a village practitioner; prolonged course, final curative measure not recalled. Repeated worm infestations during school years. Rectal bleeding due to hard stool.

Family history: Father—long-standing respiratory distress and chronic rheumatic knee pain. Mother—mental illness with frequent weeping and fear of being attacked. Maternal uncle—type 2 diabetes mellitus.

Investigations

17 November 2020—Histopathology of nasal cavity mass: **adenoid cystic carcinoma,** cribriform type.
09 December 2020 --Contrast-enhanced MRI (face): small enhancing polypoidal mass in the left nasal cavity arising from the septum; elongated oval left level II node, likely reactive; 0.9 × 0.7 cm nodule in the right thyroid lobe.

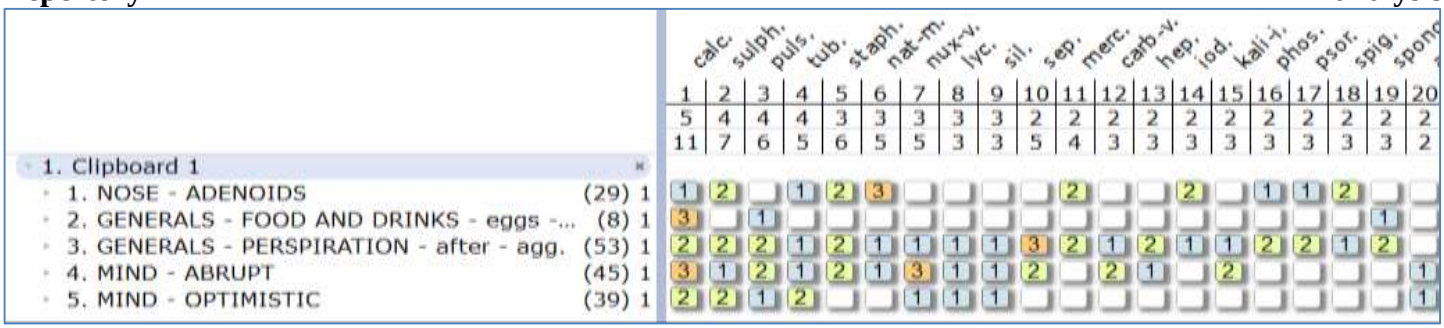
Conventional management: Surgical excision followed by radiotherapy. Persistent epistaxis and pain continued after completion of the treatment, with constitutional debility.

Analysis and Repertory

Totality of symptoms: (i) sinonasal mass with epistaxis and maxillary pain; (ii) marked tendency to take cold; (iii) aggravation after perspiration; (iv) strong desire for eggs (boiled); (v) chronic digestive disturbance with

flatulence and hard stool; (vi) dizziness and headaches (worse after banana); (vii) constitutional weakness; (viii) mental picture of optimism with irritability, intolerance of disorder and abruptness. The overall constitution was chilly with profuse perspiration and slow recovery—features consonant with Calcarea carbonica.

Repertory analysis



Remedy selection: Calcarea carbonica was selected as the constitutional medicine. Considering exposure to strong drugs and radiation, Nux vomica 200C was given first to mitigate medicinal effects and remove obstacles to cure.

Prescription and Follow-up

Phase 1—Clearing medicinal layer: Nux vomica 200C (three doses). No major physical change followed, but the patient reported increased confidence in recovery—a favourable sign in homeopathic prognosis. Placebo was continued for observation.

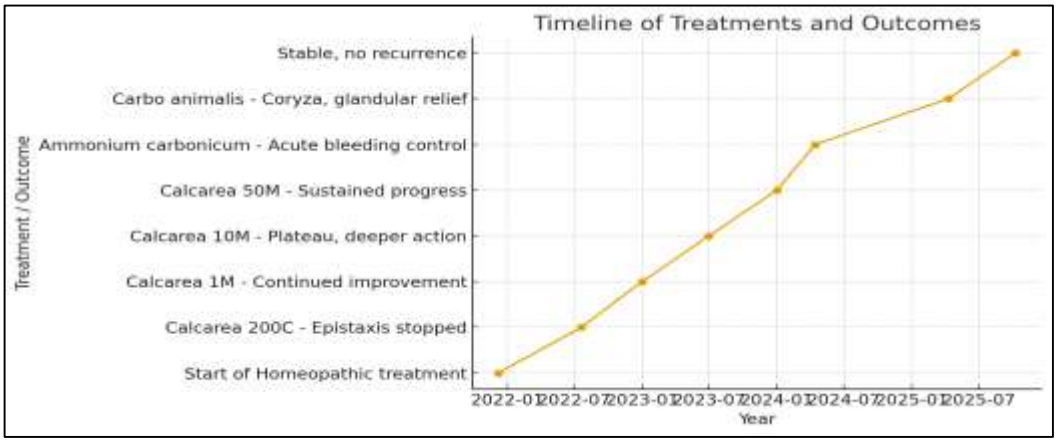
Phase 2—Constitutional prescription: Calcarea carbonica 200C (three doses) on 20 July 2022. Epistaxis ceased; maxillary pain and stamina improved over subsequent weeks.

Phase 3—Graduated potencies: Calcarea carbonica 1M, then 10M and 50M at long intervals as improvement plateaued or deeper action was required. Potency changes were spaced and based on overall trajectory and return of generals, with care to avoid overmedication.

Intercurrent remedies: Carcinosin and Sulphur were used judiciously when progress slowed or constitutional blockage was suspected, guided by miasmatic considerations and supportive indications (e.g., psoric manifestations, heat, offensive perspiration).

Acute prescriptions: Ammonium carbonicum 200C on 14 April 2024 for sudden nasal bleeding (controlled satisfactorily). Carbo animalis 200C (single dose) on 10 April 2025 for fluent coryza with loss of smell, nasal gland affection, glandular induration and malignant tendency; notable relief ensued without disturbing the broader constitutional course.

Outcome



From December 2021 onward the patient showed sustained, stepwise improvement. Key outcomes included complete cessation of epistaxis after Calcarea carbonica 200C, marked reduction in maxillary pain, enhanced stamina and daily activity, regularised stool with reduced flatulence and heartburn, improved sleep and mood, resolution of persistent dizziness, and far fewer headaches (dietary trigger avoided). Blood pressure trends stabilised under primary-care supervision. As of 9 October 2025 he remained clinically well and functionally stable, with no recurrence of severe nasal bleeding.

Discussion

ACC of the sinonasal tract presents complex oncological and symptomatic challenges. Even with optimal surgery and radiotherapy, residual symptom burden commonly persists because of infiltrative biology and treatment sequelae. In this context, individualised homeopathy may play a complementary role by addressing susceptibility, enhancing constitutional resilience and improving quality of life.

This case illustrates several principles. First, careful attention to physical generals and mental–emotional features led to Calcarea carbonica—a polychrest associated with chilliness, profuse perspiration with aggravation after sweating, digestive derangement (flatulence, hard stool), slow recovery and a cautious yet hopeful temperament. The keynote desire for eggs (boiled) strengthened the choice. Second, preliminary use of Nux vomica for medicinal load is consistent with classical practice to remove obstacles to cure; although physical change was limited, a notable uplift in confidence occurred—often an early sign of vital response in homeopathic follow-up.

Third, phased use of Calcarea carbonica in rising potencies (200C → 1M → 10M → 50M) at wide intervals allowed deeper action while avoiding overprescribing. Potency escalation followed clinical plateaus and return of generals. Fourth, intercurrent remedies (Carcinosin, Sulphur) were introduced when miasmatic obstacles were suspected, aligning with the patient's history of skin eruptions and constitutional psoric features. Acute needs were met without derailing the constitutional course using Ammonium carbonicum for sudden nasal bleeding and Carbo animalis for coryza with anosmia and glandular induration—remedies with recognised affinity for mucosal, glandular and malignant tendencies.

The breadth and durability of improvement—cessation of epistaxis, pain reduction, digestive and sleep normalisation, stabilised mood and function—are congruent with expectations from well-tailored constitutional prescribing focused on the whole patient. Homeopathy here was complementary medicine. Limitations include the single-case design and reliance on symptomatic endpoints during homeopathic follow-up. Nonetheless, the nearly four-year stability lends weight to the clinical observation that individualised homeopathy may provide supportive benefit to the management of ACC.

Conclusion

In a patient with adenoid cystic carcinoma of the nasal cavity who had persistent symptoms after surgery and radiotherapy, individualised homeopathic management centred on Calcarea carbonica—supported by intercurrent and acute remedies as indicated—was associated with cessation of epistaxis and sustained improvement in general health, function and mental well-being across almost four years. While inferences are limited by the single-case design, this report supports further exploration of homeopathy as part of integrative care for selected patients with sinonasal ACC.

Patient Consent

Written informed consent was obtained from the patient for publication of this case report. Identifying details have been anonymized.

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