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Homoeopathic treatment for oral leukoplakia

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Abstract

Oral leukoplakia is a potentially pre-cancerous condition characterized by white patches on the mucous membranes of the mouth, which may present as hypertrophic lesions. This case study focuses on a 65 years old retired RTO officer who came to Dr Batra's positive health clinic for a hypertrophic lesion on the left lateral side of the tongue of 10 years, despite previous treatments there was no relief. Homoeopathic treatment showed a gradual improvement in the tongue condition and associated symptoms.

Keywords: Oral Leukoplakia, hypertrophic lesions

Introduction

Oral leukoplakia is a clinical condition characterized by the development of white patches or plaques on the mucous membranes of the oral cavity, which cannot be wiped off. The exact cause remains unclear, but it is often associated with tobacco use (smoking or chewing), alcohol consumption, and chronic irritation. Other contributing factors include nutritional deficiencies, poor oral hygiene, and viral infections. Common signs include white, thickened areas on the tongue, cheeks, or gums, often accompanied by sensitivity, especially when consuming spicy or acidic foods. If left untreated, oral leukoplakia may progress to oral cancer, particularly if dysplasia is present, making early diagnosis and management crucial.

Case Profile

65 years old male retired RTO officer - presented with a hypertrophic lesion on the left lateral side of the tongue, which had been present for the past 10 years. The lesion was sensitive to pungent foods, causing irritation, and the patient also reported a lachrymose (tearful) sensation. The condition was diagnosed as leukoplakia without dysplasia. The patient had a past history of malaria, having experienced it twice in the past. Despite long-standing oral symptoms, there were no signs of cancerous transformation, and the lesion remained stable over time, though the patient occasionally faced discomfort from food triggers.

Past history

Malaria twice.

Family history

SLE – Daughter.
Allergic Rhinitis - Father.

Table 1: Physical Generals

Diet	Non veg
Appetite	Normal
Desire	Fish--milk--curds, spicy food
Aversion	N.S.
Thermal Reaction	Hot
Thirst	Scanty
Stools	Normal
Urine	Normal
Perspiration	Scanty, n.o., n.s
Sleep	4/5 hrs, wakes up at 3/4 am
Dreams	Future dreams

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Mental Generals

The patient is a retired employee from the transport department. He exhibits a quick temper, often becoming angry over trivial matters, but his anger subsides quickly. He comes from a military background, as his father served in the army. The patient has a keen interest in sports and trekking, reflecting his active hobbies. His personality is reserved, mild, submissive, and gentle, yet he is also affectionate, caring, and easily moved to tears. He is sympathetic by nature and displays effeminate traits with frequent mood changes. He approaches tasks with a high degree of systematization and is very fastidious, particularly about cleanliness, and has a strong desire for quality. He takes responsibility seriously and ensures his actions are performed meticulously. His family consists of his wife and two children, all of whom are settled. Despite his reserved nature, he is loyal and maintains limited but long-lasting

friendships. In the workplace, he refrains from voicing grievances, even when something bothers him.

Examination

O/O- white patch at right lateral border of tongue.

Case analysis

Table 2: Reportorial totality

Repertory used	Rubrics selected
Complete repertory Radar Software	Carried, caressed, and, desires to be Forsaken feeling
	Grief, silent submissiveness with Yielding disposition
	Delusion, neglected his duty, he has Weeping, consolation ameliorates
	Thirst less

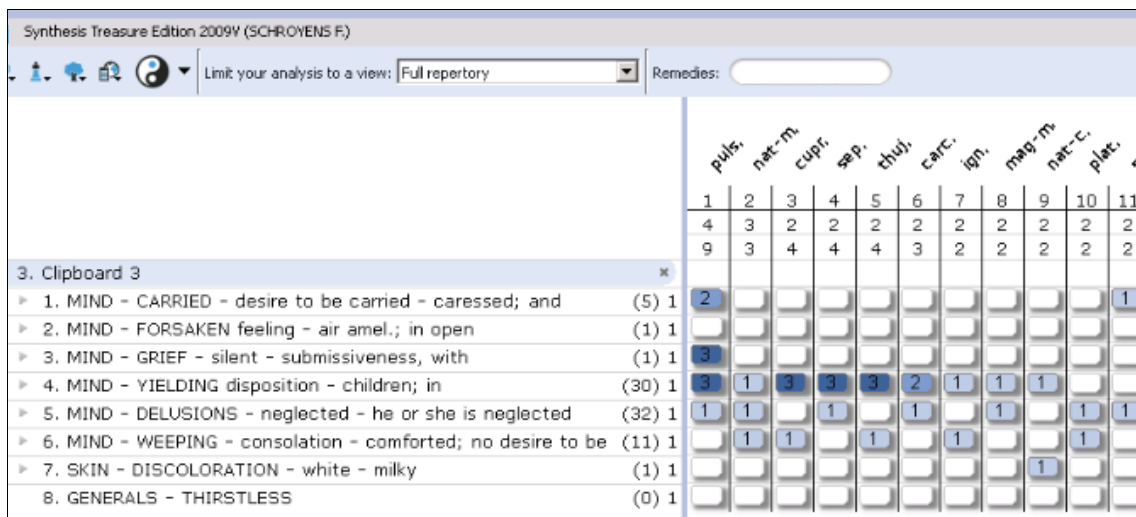


Fig 1: Repertory screenshot

Table 2: Selection of Remedy

Remedy	Reasons
Pulsatilla 200 - 2 dose once daily for 2 days	Soft, yielding nature, being reserved yet mild, submissive, and gentle. He is affectionate, caring, and easily moved to tears, displaying a sympathetic disposition. His personality tends to be effeminate, with moods that change quickly. He enjoys spicy food and is particularly fond of thistles.
Borax 30 once daily	Aphthous lesions, with white fungous-like growths, causing ulcers that bleed upon touch or while eating.

Miasmatic approach
Complete repertory radar

Results

Month	Progress	Prescription
1 st Month	Area of white pigmentation reduced slowly; no burning sensation after food.	Pulsatilla 200 - 2 doses, followed by Sac Lac.
2 nd Month	Condition stable; no burning or irritation; patient feels confident.	Sac Lac and Borax on alternate days.
3 rd Month	Patch reduced in size.	Sac Lac and Borax SOS if required.
4 th Month	Condition stable.	Pulsatilla 200 - single dose, with Sac Lac.
5 th Month	Patch reduced by more than 50%.	Sac Lac.
6 th Month	Patient feels better and more confident about his condition.	Sac Lac.
7 th Month	Patch reduced by 80-90%.	Sac Lac.
8 th Month	Condition stable.	Sac Lac.
9 th Month	Condition stable.	Pulsatilla 1M - single dose.
10 th Month	Patch fully improved.	Sac Lac - 3 times a day.
11 th Month	No patch; patient feels better and confident.	Sac Lac - 2 times a day.
12 th Month	No patch remains; patient has stopped his medicine.	No medication.

Discussion & Conclusion

At the onset of treatment, the patient was deeply anxious about his condition and felt quite depressed. However, as his

condition gradually improved, his outlook became more hopeful. With each consultation, he sought reassurance about his potential recovery. As the white patch on his

tongue reduced, he experienced significant relief and was very pleased with the progress, which greatly enhanced his emotional well-being.



Fig 2: The transformation

Acknowledgments

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Conflict of Interest

Not available.

Financial Support

Not available.

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