Sialolithiasis treated with homoeopathic medicine

Silicea terra: A case report

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Abstract
Sialolithiasis is the formation of calcific concretions within the parenchyma or ductal system of the major or minor salivary glands, but it most commonly affects the submandibular salivary gland. Sialolithiasis usually occurs in adults aged 30 to 60 years and causes pathognomonic pain during meals. The treatment of sialolithiasis depends on the size and location of the calculi. A case report of a 50-year-old female is discussed who presented with the complaint of swelling and pain in the neck and was diagnosed of sialolithiasis. Patient was cured with Homoeopathic medicine Silicea 1M.

Keywords: Submandibular gland, Sialolithiasis, Silicea terra

Introduction
The submandibular gland is a major salivary gland. It is a mixed, predominantly mucous gland with a large superficial section and small, deep lobes. The lobes connect around the posterior border of the mylohyoid muscle at the angle of the jaw \(^1\). The submandibular duct arises from the deep part of the gland from the floor of the mouth along the lateral side of the frenulum linguae \(^2\). Wharton’s duct rests at the lower level of the oral cavity and this location allows for retrograde infection of the gland by oral flora.

The actual etiology of sialolithiasis, i.e. formation of calcific concretions in salivary gland parenchyma/ducts, is unknown. However, the alkaline nature of pH of saliva in the submandibular gland\(^3\) may lead to the formation of calcium salts\(^4\). The clinical symptoms of sialolithiasis include transient, painful, postprandial oedema of the salivary gland, which gradually retreats in 2–3 hours and pain during meals. A decreased production of the saliva may be observed as well \(^5,7,9,10\). Clinically, the calculi appears as generally yellowish, round or oval masses and can be rough or smooth. Complications of sialolithiasis includes secondary infections, abscesses, salivary duct stenoses, mucocele, Kuttner’s tumour and glandular parenchyma atrophy in chronic stages \(^5,8\).

In some instances, it is idiopathic. The submandibular gland is then hard and enlarged and the physical examination is suggestive of a neoplastic lesion. Ultrasonography (USG) is a diagnostic technique allowing for non-opaque calculi detection with sensitivity of 80–96% \(^7,8\). A typical US image of a stone involves: an echogenic, round or oval structure, producing an acoustic shadow \(^5,7,9\).

Case Report
A 50-year-old female consulted in OPD of Dr. Girendra Pal Homoeopathic Hospital, (collegiate hospital of Dr. MPK Homoeopathic Medical College, Hospital and Research Centre, Jaipur) on 24th may 2019 with complaints of pain and swelling in the neck in the region of salivary glands since 6 months. She complained of pain while eating. Case taking revealed that she had indigestion and sour eructations and leucorrhoea.

History of Presenting Complaints
Patient was apparently well before 6 months gradually she started developing hard swelling in right side of the neck region in submandibular glands. She took allopathic medication. However, after a month she started to experience pain right side of the neck. She complained of constant stinging sharp pain which sometimes extended to the right ear during swallowing <sour things><morning. She also had indigestion with sour eructations <after eating since long. Patient also had an associated complaint of profuse milky white, acrid leucorrhoea and profuse menses since 2 years.
Family history – no significant family history of illness

**Physical generals**
- Thirst – Excessive, drinks 4-5 litres of water
- Thermal reaction – Chilly
- Perspiration – Profuse on scalp
- Aggravation – morning, during swallowing, after eating
- Amelioration – warmth in general

**Mental generals**
- Nervous sensitive. Anxious about her condition. Obstinate.

**Totality of symptoms**
1. Oversensitive
2. Obstinate
3. Profuse perspiration on scalp
4. Stinging pain during swallowing
5. Right sided hard swelling in cervical gland
6. Sour eructations after eating
7. Milky white, acrid excoriating leucorrhoea
8. Profuse menses.

**Investigation**
USG neck revealed a 4mm intraductal calculus present in right submandibular gland with minimal dilatation of proximal duct

Fig 1: Showing USG of patient before treatment dated 14-05-2019

**Repertorisation:** Repertorisation was done using Synthesis from RADAR 10.

Fig 2: Repertorisation chart of the case
Repertorial result showed prominently indicated medicines as *Silicea terra*, *Calcarea carbonicum*, *Phosphorus* and *Lycopodium*. *Silicea terra* is well known homoeopathic medicine for its action in inflammation, swelling and suppuration of glands and is known for its ability to promote expulsion of foreign bodies from the tissues; fish bones, needles, bone splinters [11].

**First Prescription**

First prescription – (24-5-2019)

Rx *Silicea terra* 1M/ 1 dose

Rubrum 30 tds for 14 days

**Follow up**

**Table 1: Follow up of the case**

<table>
<thead>
<tr>
<th>Follow up Date</th>
<th>Patient Status</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-06-2019</td>
<td>Slight relief in pain</td>
<td>Rx Rubrum 30 tds for 14 days</td>
</tr>
<tr>
<td>20-06-2019</td>
<td>Better</td>
<td>Rubrum 30 tds for 14 days</td>
</tr>
<tr>
<td>04-07-2019</td>
<td>Better – No compliants</td>
<td>Rubrum 30 for a month</td>
</tr>
<tr>
<td>04-08-2019</td>
<td>Profuse milky acid leucorrhoea returned Pain in throat on eating sour and in morning</td>
<td>Rx <em>Silicea terra</em> 1M one dose Rubrum 30 tds</td>
</tr>
<tr>
<td>04-09-2019</td>
<td>Pain relieved. Leucorrhoea slightly better</td>
<td>Rubrum 30 tds for 1 month. Patient was reviewed every two weeks for symptomatic assessment</td>
</tr>
<tr>
<td>25-09-2019</td>
<td>Pain relieved. Leucorrhoea better.</td>
<td>Rubrum 30 tds for 1 month. Patient was reviewed every two weeks for symptomatic assessment</td>
</tr>
</tbody>
</table>

**Fig 3: Post treatment of USG Neck dated 20-09-2019**

**Discussion and Conclusion**

This case was treated with *Silicea terra*, prescribed on the basis of totality of symptoms which included swelling of the glands and pain in the neck, aggravating in the morning and after eating, with sour eructations after eating and profuse milky acid leucorrhoea. Thermals of the patient was chilly and thirst was excessive. *Silicea terra* was given in 1M potency. Conventional treatment includes initial management surgical removal of the stone. In this case surgery was avoided and patient responded well to the indicated homoeopathic medicine. The wholistic approach of homoeopathic treatment could be visualised with relief of all suffering of patient accompanied by removal of intraductal salivary calculus.

**Abbreviations**

OPD – Out Patient Department, B/L – Bilateral, Tds – Thrice dose in a day, USG – Ultrasonography

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Nil.

**Conflicts Of Interest**

There are no conflicts of interest.

**References**


