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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 gland³ may lead to the formation of calcium salts⁴. 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 states [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.

Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. MIND - SENSITIVE, - oversensitive (111) 1	3	2	3	3	2	3	3	2	3	1	2	1	2	3	3
2. MIND - CHASTITY (70) 1	2	3	1	2	1	2	2	1	1	1	1	1	1	2	3
3. HEAD - PERSPIRATION scalp (76) 1	3	3	3	2	2	1	2	3	1	1	2	2	1	3	3
4. FEMALE GENITALIA - LEUCORRHOEA - milky (31) 1	2	3	2	1	2	2	1	1	2	2	2	1	1	3	3
5. FEMALE GENITALIA - FLUCORRHOEA - white (68) 1	1	2	1	1	2	1	2	3	2	2	1	2	2	1	2
6. FEMALE GENITALIA - FLUCORRHOEA - acrid, excoriating (80) 1	3	2	3	3	2	3	3	2	2	3	3	1	2	3	3
7. FEMALE GENITALIA - MENSES, - copious (163) 1	2	3	3	2	2	2	2	2	3	2	3	2	2	3	2
8. STOMACH - ERUCTATIONS - sour - eating, - after (30) 1	2	1	2	1	1	2	1	3	2	2	1	1	1	1	1
9. THROAT INTERNAL - PAIN - stinging (13) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10. THROAT INTERNAL - PAIN - swallowing, - on (138) 1	2	2	3	2	2	3	3	1	1	1	1	1	1	3	1
11. EXTERNAL THROAT - SWELLING - Cervical Glands - hard (0) 1	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1

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 14days

Follow up

Table 1: Follow up of the case

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

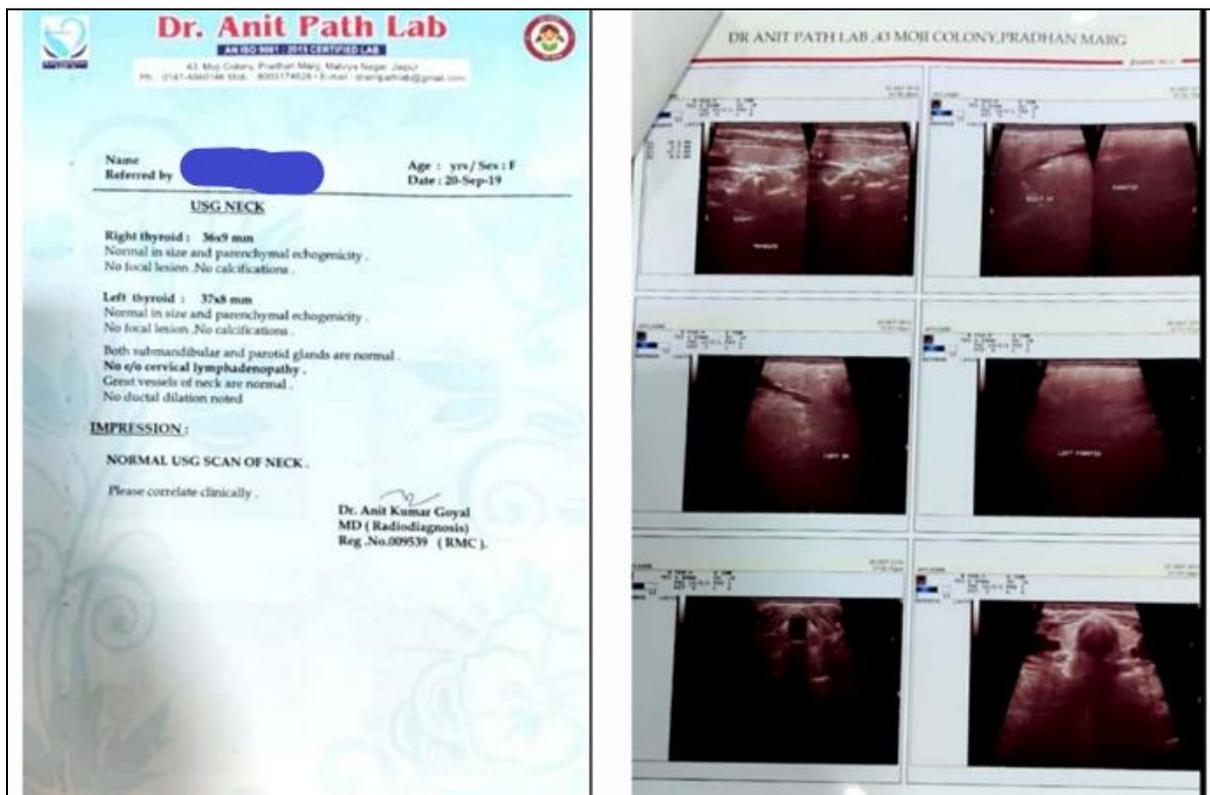


Fig 3: Post treatment of USG Neck dated 20-09-2019

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 acrid 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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Conflicts Of Interest

There are no conflicts of interest.

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