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A clinical case of oral leucoplakia managed with *Mercurius solubilis*: A homoeopathic perspective

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Abstract
Leucoplakia is defined by the World Health Organization (WHO) as a white patch that cannot be characterized clinically or pathologically as any other disease. It represents the most common potentially malignant disorder of the oral mucosa, often associated with chronic irritants such as tobacco and alcohol. This case report presents the homoeopathic management of a 31-year-old male with a white patch on the right buccal mucosa diagnosed as leucoplakia. The case was evaluated using the Hahnemannian method, emphasizing totality of symptoms and Miasmatic background. *Mercurius solubilis*, selected on individualized basis, produced marked clinical improvement, demonstrating the efficacy of the homoeopathic approach in oral precancerous lesions.

Keywords: Leucoplakia, oral white lesion, *Mercurius solubilis*, homoeopathy, case report

Introduction
WHO defines leucoplakia as a white patch not classifiable as any other disease [1]. Leucoplakia is a chronic oral mucosal disorder marked by white patches that cannot be scraped off or identified as another disease. It is one of the most common oral potentially malignant disorders with a risk of developing into oral squamous cell carcinoma [2].
The condition affects about 1-5% of the global population, with frequency varying according to local lifestyle habits [3, 4]. It is more often seen in middle-aged and older men, particularly in those who chew or smoke tobacco or consume alcohol. In India, where smokeless tobacco and betel-quid chewing are widespread, lesions most often occur on the buccal mucosa, alveolar ridge, and lip commissures [3, 5].
The development of leucoplakia is usually linked to long-term irritation or exposure to harmful agents. The most common cause is tobacco, in either smoked or smokeless form. Other contributors include alcohol, chronic mechanical trauma from sharp teeth or dental prostheses, poor oral hygiene, Candida albicans infection, vitamin A or folate deficiency, and human papillomavirus (HPV) infection [3, 4, 7]. When no cause is found, the lesion is described as idiopathic leucoplakia [4].
Clinically, leucoplakia appears as a white patch that cannot be scraped off and is often painless in early stages. It may present as:
Homogeneous leucoplakia - uniform, thin, or slightly thickened white patches with a smooth or finely wrinkled surface.
Non-homogeneous leucoplakia - irregular, nodular, or erosive areas with red and white components.
Proliferative verrucous leucoplakia - a slowly spreading, multifocal form with high malignant potential.
The nodular and erosive types carry a greater risk of turning malignant, with reported transformation rates between 1% and 20%, depending on site, size, and duration [3,7,8]. Lesions involving the floor of the mouth, ventral tongue, and soft palate have the highest risk.
This case report presents the successful management of oral leucoplakia with *Mercurius solubilis* demonstrating the healing response in accordance with e holistic principles of homoeopathy [6].

Patient Information
A 31-year-old male, presented with a white patch on the right buccal mucosa for 3 days.

Associated complaints included burning pain, offensive breath, and increased salivation, aggravated by spicy food. The patient had a habit of chewing tobacco for the last two years, increasing to 8-10 times/day over the previous six months.

Past and Family History: History of wrist fracture following a road accident 10 years earlier.
Family history: Father diabetic and hypertensive; mother and brother healthy; sister suffering from allergic rhinitis.

Personal History and General Examination

- **Appearance:** Whitish complexion, athletic build
- **Diet:** Mixed; good appetite and thirst (~3 L/day)
- **Sleep:** Sound; bowel and bladder satisfactory
- **Thermals:** Prefers winter; intolerant to heat; lukewarm bath in winter
- **Habits:** Chews tobacco 8-9 times/day
- **Vitals:** Temperature normal, BP 140/90 mmHg, Pulse 76/min, RR 16/min; no pallor, cyanosis, or lymphadenopathy

Mental Generals
The patient becomes violent when contradicted but normalizes quickly. He is cheerful When there is no contradiction, he is impulsive while fighting with his wife and sometimes forget things.

Clinical Examination
Inspection revealed a white patch on the right buccal mucosa, without induration or lymph node involvement. Systemic examination was normal (RS, CVS, CNS, GIT).

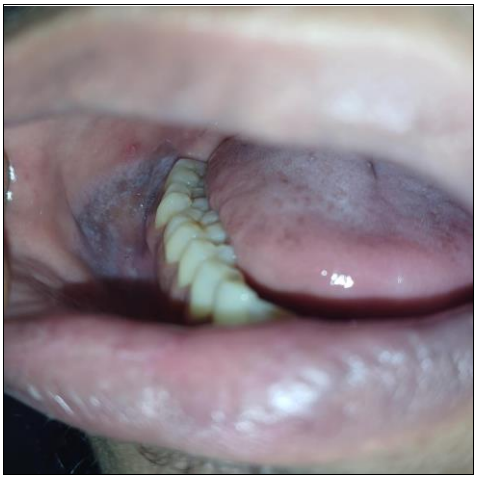

Fig 1: Before treatment

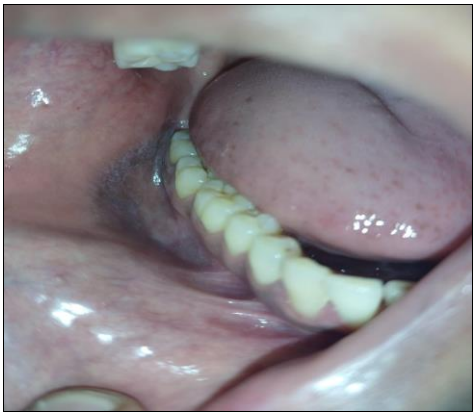

Fig 2: During treatment

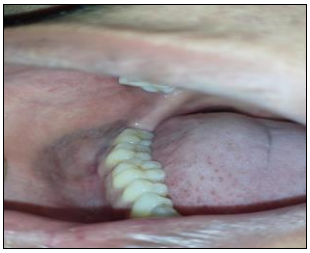

Fig 3: After treatment

Provisional Diagnosis
Based on clinical features and WHO diagnostic criteria, the case was diagnosed as oral leucoplakia [1]. Differential diagnoses included oral lichen planus and oral submucous fibrosis.

Diagnostic Assessment
The patient reported a gradually increasing white patch on the right buccal mucosa that had been present for several months. The lesion could not be scraped off and was occasionally associated with a mild burning sensation, especially after consuming spicy food. It was otherwise painless and showed no ulceration or hardening on palpation. The patient admitted to a long-standing habit of chewing tobacco, a well-known predisposing factor for the development of oral leucoplakia [1,2].
Intraoral examination revealed a clearly defined, homogenous white patch measuring about 1.5 × 1 cm on the right buccal mucosa near the oral commissure. The surface appeared smooth and slightly thickened, without nodular or erosive changes. The adjacent mucosa showed mild congestion. No enlargement of the cervical lymph nodes was detected, and there were no other lesions visible in the oral cavity.

Totality of Symptoms

1. White patch in right buccal mucosa
2. Burning pain in mouth
3. Offensive odour with salivation
4. Violent reaction when contradicted
5. Cheerful but forgetful temperament

Remedy Name	Bell	Ars	Merc	Sulph	Acon	Lach
Totality / Symptom Covered	14 / 5	14 / 4	13 / 5	13 / 4	12 / 5	11 / 5
[Boenning] [Mouth and throat]Mouth (buccal cavity), in general:White, turning: (2)			3			
[Boenning] [Mouth and throat]Mouth (buccal cavity), in general:Burning as of: (27)	2	2	2	1	1	2
[Boenning] [Mouth and throat]Mouth (buccal cavity), in general:Odour from, bad breath, e...	4	4	4	4	1	3
[Boenning] [Mouth and throat]Saliva:Mucus:Increased (water gathe...	3	4	3	4	4	3
[Boenning] [Mind]Cheerful: (38)	2				2	1
[Boenning] [Mind]Anger, crossness, etc.: (96)	3	4	1	4	4	2

Remedy Selection and Prescription
After repertorial evaluation, *Mercurius solubilis 30C* was chosen.
It covers ulceration of the oral mucosa, offensive odour, profuse salivation, and mental irritability [6]. The case also showed a psoro-syphilitic miasmatic background, matching *Mercurius solubilis.*

Prescription

- *Mercurius solubilis* 30C, TDS × 3 days
- *Nihilinum*, BD × 5 days

Follow-Up and outcome

Table 1: Follow- up and outcomes

Date	Observation	Justification	Prescription
16/03/2024	Initial presentation: white patch in right buccal mucosa, burning pain, halitosis, increased salivation, tobacco habit	Totality of symptoms points to *Mercurius solubilis* (mental symptoms + oral pathology + salivation)	Rx: *Mercurius solubilis 30C* TDS × 3 days Nihilinum 200 BD × 5 days
19/03/2024	Burning pain reduced, salivation slightly decreased, white patch persistent	Partial improvement in general and local symptoms; indicates remedy is acting.	Wait and watch (no repetition)
24/03/2024	White patch reduced in size, burning pain absent, halitosis improved	Amelioration with no aggravation followed Kent's 4th observation	Rx: *Mercurius solubilis 200C* (2 doses) followed by Sac lac
28/03/2024	No new symptoms, patch further reduced, patient cheerful, no burning	Maintaining improvement; no new symptoms	Rx: Sac lac 30 OD × 7 days
04/04/2024	Lesion almost resolved, no pain, salivation normal, mental state stable	Cure progressing from local to general; no relapse or suppression observed	Continued placebo (Sac lac)
10/04/2024	Lesion resolved, patient reports no complaints, tobacco frequency reduced	Final stage of cure. The patient's awareness and reduction in tobacco use reflect deeper healing	Continued placebo (Sac lac)

Discussion

Leucoplakia has a 1-20% risk of malignant transformation, emphasizing the need for early detection and elimination of risk factors [7]. Tobacco and areca nut exposure stimulate chronic epithelial irritation, leading to keratinization and dysplasia [2, 8].

The follow-up observations revealed a steady, logical, and holistic pattern of recovery. On 16/03/2024, treatment was initiated with *Mercurius solubilis 30C*, three times daily for three days, followed by Nihilinum for five days. The patient reported a noticeable reduction in burning pain and salivation by 19/03/2024, suggesting the beginning of a curative response. By 24/03/2024, the white patch had reduced in size, burning sensation was absent, and halitosis improved, following which *Mercurius solubilis 200C* was prescribed in two doses and continued with *Sac lac*.

Subsequent evaluations on 28/03/2024 and 04/04/2024 demonstrated progressive regression of the lesion, normalization of salivary secretion, and restoration of mucosal texture, with no aggravation or new symptoms. By 10/04/2024, the lesion had completely resolved, and the patient reported a significant reduction in tobacco use and overall sense of well-being. Remedies such as *Mercurius solubilis*, *Nitric acid*, *Arsenicum album*, and *Kali muriaticum* have strong clinical affinity for oral mucosal affections associated with ulceration, salivation, and offensive breath [7].

In this case, improvement in both local and general symptoms demonstrates that individualized homoeopathic prescription can aid in functional restoration and arrest of disease progression. Habit modification complemented the therapeutic response.

Conclusion

The present case highlights that individualized homoeopathic treatment can provide significant clinical improvement in oral leucoplakia. *Mercurius solubilis* effectively reduced symptoms and promoted healing without recurrence. Removing etiological factors, particularly tobacco chewing, is vital. Homoeopathy, by addressing the person as a whole, may serve as an adjunct in preventing malignant transformation in precancerous oral conditions.

Conflict of Interest

Not available

Financial Support

Not available

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