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Effect of homoeopathic medicine on gingivitis: A case report

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Abstract

Gingivitis is one of the most common causes in developing countries. Inflammation of gingiva called as gingivitis. Homoeopathy however provides a better response in gingivitis, one such case report presented below. A patient was attended in outpatient department in SGHMC with complaints of bleeding, pain and ulcer. After detailed case taking and repertorization, silicea was prescribed in 30 and 200 potency. Patient responded well with homoeopathic medicine (silicea).

Keywords: Case report, homoeopathy, silicea, outcome

Introduction

The gingiva is the part of the oral mucosa that covers the alveolar processes of the jaws and surrounds the necks of the teeth. Inflammation of the gingiva called as a gingivitis. The gingiva is divided anatomically in to marginal, attached and interdental areas. The marginal or unattached gingiva is the terminal edge or border of the gingiva surrounding the teeth collar like fashion ^[1]. The gingival sulcus is the shallow crevice or space around the tooth bounded by the surface of the tooth on one side and the epithelium lining the free margin of the gingiva on the other side. Interdental gingiva occupies the gingival embrasure. This is the interproximal space beneath the area of tooth contact.

Microscopic features

Microscopic examination reveals that gingiva is composed of the overlying stratified squamous epithelium and the underlying central core of connective tissue. Although the epithelium is predominantly cellular in nature, the connective tissue is less cellular and composed primarily of collagen fibers and ground substance ^[2]. These two tissues are considered separately.

Clinical features

Necrotizing ulcerative gingivitis (NUG) is a microbial disease of the gingiva in the context of an impaired host response ^[3]. It is characterized by the death and sloughing of gingival tissue and presents with characteristic signs and symptoms. Lesions are punched out, craterlike depressions at the crest of the interdental papillae, subsequently extending to the marginal gingiva and rarely to the attached gingiva and oral mucosa ^[4]. Spontaneous gingival haemorrhage or pronounced bleeding after the slightest stimulation are additional characteristic clinical signs, fetid odor and increased salivation ^[5].

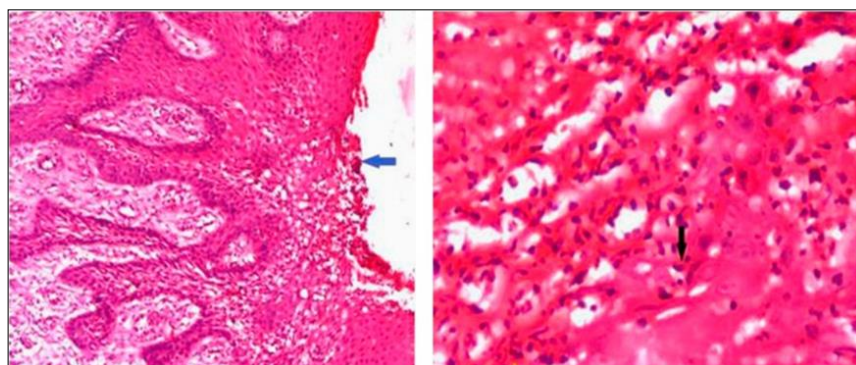


Fig 1: Necrotizing ulcerative gingivitis

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Stage of oral NUG

Horning and Cohen extended the staging of these oral necrotizing disease as following-

- Stage 1: Necrosis of the tip of the interdental papilla (93%).
- Stage 2: Necrosis of the entire papilla (19%).
- Stage 3: Necrosis extending to the gingival margin (21%).

- Stage 4: Necrosis extending also to the attached gingiva (1%).
- Stage 5: Necrosis extending in to buccal or labial mucosa (6%).
- Stage 6: Necrosis exposing alveolar bone (1%).
- Stage 7: Necrosis perforating skin of cheek (0%).



Fig 2: Stages of Gingivitis



Fig 3: Radiological stage of gingivitis

Diagnosis

Diagnosis is based on clinical findings of gingival pain, ulceration and bleeding. A bacterial smear is not necessary or definitive because the bacterial picture is not appreciable different from that in marginal gingivitis.

Case report

37 years old female patient was attended in Out Patient Department (OPD) on 01/06/2018 with the following complaints: The patients present with severe pain, swelling, ulcer and bleeding (Figure 4). The natural history was one of continued pain for 2 to 3 days. The severity of symptoms correlates with the extent of disease. Although gingivitis is can present acutely symptoms usually have been present for weeks to months. The patient reported of pain while chewing, cold water drinking, cold air, evening and morning and offensive, odor. There was no history of heavy bleeding and frequent abscess formation. She had been advised dental treatment with long duration and the usual fear of pain killers and antibiotics prompted his parents to seek homoeopathic treatment. Subsequently, the patient was brought to the OPD of Sri Ganganagar Homoeopathic Medical College, SGNR, Rajasthan, India.

Past History: Patient at the age of 35 years had gingivitis. No major illness in the past.

Family History: Both mother and father were diabetic.

Personal History: Patient by occupation is a businessperson having his own shop, belonging to lower upper class socio economic group with occasional habit of taking wine.

Generals: Her appetite is good. She had desire for non veg and thirst is of moderate amount. Stools were on off constipation. Thermal reaction of patient was chilly. A general feeling of weakness accompanies the patient most of the time.

Local And Systemic Examination: No abnormality detected in all systems.

CVS: S1+, S2+ normal.

Lungs: Bilateral air entry present.

PA: Soft. No organomegaly.

CNS: Nothing abnormal detected.

Result

After prescription of *silicea* in 30 and 200 potencies, the pain, swelling and bleeding from gums eventually stopped (figure 5). However, there were a few intermittent episodes of pain, bleeding before final cessation. The size of the ulcer reduced. After, the course of Homoeopathy treatment, the bleeding, pain and ulcer disappeared.

Table 1: Homoeopathy Repertorization

Remedies	Sil	Hepe	Mer	Sulp	Phos	Nuv	Cham	Lach	Caus	Ars	Calc
[KT]* Mouth, gums, abscess	2	2	1	-	1	-	-	1	-	-	
[KT] Mouth, frequently, ulcer, gums, abscess	2	2	-	2	-	2	-	-	3	-	1
[KT] Mouth, gums, inflammation	3	2	2	1	3	2	2	1	-	1	
[KT] Mouth, worse morning & evening, odor	-	-	-	-	-	-	-	-	-	-	
[KT] Mouth, after eating, odor	1	2	1	2	-	1	1	-	-	-	
[KT] Mouth, offensive, odor	1	2	3	3	1	2	3	3	2	3	2
[KT] Mouth, gums, pain	2	-	3	-	1	-	2	2	2	3	2
[KT] Mouth, while chewing, gums, pain	-	-	-	-	-	-	-	1	-	-	-
[KT] Mouth, agg cold air, gums, pain	2	-	-	-	1	-	-	-	-	-	-
[KT] Mouth, agg drink, gums, pain	-	-	-	1	-	-	-	-	-	-	-
[KT] Generalities, morning	2	2	2	3	3	3	3	3	2	2	3
[KT] generalities, cold in general	3	3	2	2	3	3	2	1	3	3	3
Totality	18/9	15/7	14/7	14/7	13/7	13/6	13/6	12/7	12/5	12/5	11/5

* [KT] Kent Repertory

Discussion and conclusion

The disease once established, tends to get worse over time. Medical application of toothpaste and suppositories can relieve irritation and pain but rarely provide long term benefit. A regular toothpaste with herbal, can be prevent repeated occurs of gingivitis and worsening of the disease without achieving a cure. Homoeopathic literature mentions many medicines for the condition of which a similimum can help a patient for keeping the disease at bay for a long

period as evidenced in this case.

Homoeopathic medicines can offer gentle and safe relief. Patients had the highest satisfaction after taking the homoeopathic treatment. Mental makeup, physical make up and sensations experienced by the patient, characteristics of gingival pain and bleeding etc. Considering the above symptomatology, kents Repertory was preferred and using homoeopath software, systemic repertorization [6] was done.



Frontal view

Later view

Intra oral Mandibular occlusion view

Fig 4: Before Homoeopathy treatment

After homoeopathy repertorization, many medicines were competing which each other namely silicea, hepar sulph, merc, sulph, phosphorus, nux vomica, cham, lach, causticum. Silicea was prescribed which remained

unchanged in the subsequent follow ups, as the patient was responded well with silicea 30 and 200 potency. We came to conclusion that *silicea* very effect in gingivitis without side effects.



Frontal view

Later view

Intra oral Mandibular occlusion view

Fig 5: After Homoeopathy treatment

Table 1: Follow up of the case

Date	Symptoms	Homoeopathy Medicines	Potency	Repetition	Days
01/06/2018	Bleeding, swelling, pain and ulcer.	Silicea	30	Once day	2
04/06/2018	Bleeding reduced, pain better and no changes in swelling, ulcer	Placebo	30	Twice a day	4
08/06/2018	No bleeding and pain. No changes in swelling, ulcer	Placebo	200	Thrice a day	7
16/06/2018	No bleeding and pain. swelling, ulcer size reduced	Placebo	200	Thrice a day	4
20/06/2018	No bleeding and pain. Ulcer, swelling size reduced	Placebo	200	Twice a day	2
22/06/2018	No bleeding and pain. Ulcer, swelling size reduced	Silicea	200	Once day	1
23/06/2018	No bleeding, ulcer, swelling and pain	Placebo	200	Twice a day	7
30/06/2018	No swelling, bleeding, ulcer and pain.	Placebo	200	Twice a day	4
04/07/2018	Probing done by periodontist reported: No demonstrable pathology	-	-	-	-
30/07/2018	No swelling, bleeding and ulcer	-	-	-	-

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