



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2022; 6(4): 538-541
Received: 14-08-2022
Accepted: 19-09-2022

Dr. Chinmay Pramanik
PGT, Department of Organon
of Medicine, National Institute
of Homoeopathy, Kolkata,
West Bengal, India

Nidhi Priya
B.H.M.S. Pursuing, Internee,
National Institute of
Homoeopathy, Kolkata, West
Bengal, India

Homoeopathic intervention in classic case of oral mucocele: A case report

Dr. Chinmay Pramanik and Nidhi Priya

DOI: <https://doi.org/10.33545/26164485.2022.v6.i4h.709>

Abstract

Oral mucocele is a common reactive lesion of the oral mucous that result from an alteration or obstruction of minor salivary glands due to a mucous accumulation causing swelling and inflammation of the localized area. Two common conditions are:

1. Extravasation (common site-lower lip)
2. Retention (common site-others)

The 'retention cysts' (commonly termed as ranula) are the cystic degeneration /blockage of the 'sublingual salivary glands or glands of 'blandin and nuhm' that are situated in the floor of mouth or under surface of tongue. It is also known as mucous cyst of oral mucosa.

Whereas on the other hand, 'extravasation cysts' are the result of traumatic injury of salivary gland duct is mostly common in children and young adults with peak in 2nd decade of their life.

This 'Benign Lesion' affects the younger generation the most, in which homoeopathic approach aids the most in its proper treatment. The paradigm of clinical presentation along with history of evolution of lesion paves the direction of appropriate diagnosis. Although it is always wise to subject it to histopathological confirmation owing to its close resemblance to neoplastic condition. This article in particular deals and explains, 'A Case Of Extravasation Of Mucocele On Lower LIP' in a 27-year-old young man.

Keywords: Oral mucocele, homoeopathic treatment, extravasation, benign lesion

Introduction

This term traces back to its 'Latin Origin' which is formed by two significant words.

- 1) Muco-mucus
- 2) Coele-cavity

As an union which is a connotation of mucous filled cavity

Oral mucosa consists of thousands of mucous glands; which on obstruction of excretory ducts leads to formation of painless tumescences. it is fluid filled or semi-fluid filled composed of granulation tissues or epithelium. Being a broad subject it can be classified into two major types:

1. True cysts
2. False cysts

This specified case report deals with extravasation cysts (which can not be considered as a true cyst owing to its lining of cavity by epithelium).

Clinical examination

1) History of patient

- Onset of progress (slow growing)
- Site

2) Examination

- Examination of swelling
- Size/shape and extent
- Surface and margin
- Consistency

Corresponding Author:
Dr. Chinmay Pramanik
PGT, Department of Organon
of Medicine, National Institute
of Homoeopathy, Kolkata,
West Bengal, India

Lab investigation

Pt. can be advised for X-ray or OPG (orthopantomogram)

Contra-indication-

The only reliable clinical indication of malignancy is facial nerve palsy In cases of

- Parotid induration
- Ulceration of skin and mucosa
- Regional lymphatic metastasis

Aetiology

These cases in majorly are associated directly/indirectly with trauma of cheek biting, lip biting, piercings, rupture of salivary glands

Consequential mechanisms responsible are

1. Severance of a duct with continuous pooling of saliva in adjacent tissue
2. Dilatation of duct secondary to its obstruction by sialolith or densa mucosa
3. Chronic partial obstruction of duct

Histopathology (nature/character)

The morphological appearance of oral mucoceles can be classified as benign soft tissue masses being: -

Single, painless, soft, smooth, spherical and translucent nodule without representation of any specific symptoms.

Microscopically a mucous cyst appears as a circumscribed mass of mucoid material surrounded by connective and mucous gland tissue.

The extravasation cysts; which this case report in particular deals with, consists of

1. Mucous pool eosinophilic hyaline material
2. With mucous laden macrophages
3. surrounded by granulation tissues with inflammatory cells

Case proper

A man of 27 years old reportedly visited, “National Institute of Homoeopathy” with the chief complaint of a nodular swelling on the left side of the lower lip in the last two years. The swelling was diagnosed as an extravasation oral mucocele after comprehensive history of subject and intricate clinical examination.



Fig 1: Before treatment

Present Complaint

A firm, rigid, hard reddish pink nodular and cystic swelling

Location: Left lower inner site of lip.

Duration: 2 years

Sensation: Aching/stitching type of pain sensation only when applies pressure.

H/O of Present Complaint

Accidental injury due to biting in the same location before 2 years, which led to cystic swelling afterwards.

Past History

1. Measles at the age of 12 years Treatment taken – Homoeopathic (RECOVERED)
2. Tinea Corporis- 3 years ago Treatment taken- Allopathic medicine and ointments (recovered)

Personal History

1. Occupation- Advocate
2. Diet- Irregular, Non-vegetarian, likes warm food
3. Addiction – cigarettes (smokes 5-6/per day)
4. Relation with family- cordial
5. Marital status- Unmarried
6. Mode of living- good, upper middle class

Table 1: Family History

PATERNAL SIDE	MATERNAL SIDE
1) Father- Dm, HTN 2) Grandfather- died from CVA 3) Uncle- Suffered from T.B. - diagnosed 7 years ago -T/T- allopathic (completed the course of treatment and recovered).	1)MOTHER- DM 2)GRANDMOTHER- CA breast, died

Physical Generals

1. THERMAL REACTION- Chilly patient, catches cold very easily (2-3 times very day, during every weather change)
2. APPETITE- good, canine hunger, can't tolerate the urge to eat when hungry
3. DESIRE- boiled egg++++, sour
4. AVERSION- milk, even smell of milk, cold food
5. TONGUE- cracked whole tongue, dry white coating
6. THIRST- profuse, 4-5 lits./day, large quantity at long intervals, no craving for cold water
7. SWEAT- profuse, especially on head and back, irritation during perspiration, sour odour
8. STOOL-regular but constipated, faeces doesn't recede properly even after constantly applying pressure, offensive sour odour
9. URINE- clear, no burning or offensive smell
10. SLEEP- nauseated feeling in morning, doesn't feel fresh after rising up from sleep
11. DREAM- vivid dreams

Mental Generals

1. Desires solitude
2. Great anxiety, fearful of financial losses and poverty
3. Gets agitated hastily loses temper at trivial things; anger>consolation
4. Good memory

Totality of symptoms

1. Hard nodular swelling(mucocele) present in the left lower inner site of lip.
2. Easily catches cold.
3. Uncle suffered from tuberculosis and grandmother died from CA of breast

- | | |
|---|---|
| <ul style="list-style-type: none"> 4. Desire boiled hard eggs. 5. Profuse sweat especially on head, sour acrid odour. 6. Stool regularly constipated, offensive sour smelling odour 7. Sleep – nauseated feeling, doesn’t feel fresh after rising | <ul style="list-style-type: none"> up in morning 8. Vivid dreams 9. Great anxiety and fear of suffering from financial losses and poverty. |
|---|---|

Table 2: Repertorisation

RUBRICS	DRUG REMEDY							
	CALC-F	CALC.	LYCO.	SULPH.	MERC.	NIT.AC.	PULS.	ARS.
Total Symptoms	8	7	6	6	6	6	6	6
Total Degree	11	15	13	13	10	10	10	9
1.Mind-Fear-poverty, of	2	2	1	1	1	1	1	1
2. Nose- Discharge- offensive	2	3	2	3	3	2	3	1
3. Mouth – Cracked- tongue fissured	1	2	2	2	2	2	1	2
4. STOOL-knotty, nodular, lumpy	2	2	3	3	2	1		1
5. Urine – Color- pale	2	1	2	1	1	2	2	2
6. SLEEP -UNREFRESHING- dreams; of	1							
7. DREAMS -VIVID	1	2	3	3	1	2	2	2
8.Generals- Food And Drink- hard boiled		3					1	

Result

This case was repertorized using synthesis repertory and software radar opus 3.1.5. the provided result was analysed, prioritizing equal importance to nearly all the symptoms forming the foundation for totality of the case report. The most well indicated remedy was calcarea flourica.

Prescription (First)

- Rx
1. CALCAREA FLOURICA 1M/2doses OD*2 DAYS (In sac lac)
 2. RUBRUM MET 200/ 2 Drachms BDAC*30 DAYS

Prescription (2nd/follow up)

- Rx
1. NIHILINUM 200 /2 DOSES OD*2 DAYS (H.S.)
 2. PHYTUM 30/100 ml 10 drops *1/2 cup water ODAC*30 DAYS

Time line (course of treatment)

The patient visited; ‘NATIONAL INSTITUTE OF HOMOEOPATHY’, with the above specifically diagnosed complaint on ‘26th APRIL 2022’ and the treatment started on the same very day henceforth followed by the course of treatment of two months. In this time period the patient turned up twice for follow up, the detailed points of which are as follows: -

17.12.2021	Swelling reduced slightly but hardness present. APPETITE- good Tendency to catch cold easily reduced STOOL- regular SLEEP- disturbed due to mental anxiety
14.01.2022	Swelling reduced completely. All other generalities were better and improved.

Result



Fig2: After treatment

The course of treatment followed for three months (including two followups), the substantial visible improvement and healing of case.

Discussion

A 27-year-old man from Tangra, Kolkata, West Bengal Visited; ‘National Institute Of Homoeopathy’ on ‘26th APRIL 2022’ i.e., Wednesday (OPD REG NO.-861909), with the complaint of single mucus containing cyst in oral mucosa. Based on the brief detailed clinical study and comprehensive analysis of patient’s history, it was diagnosed as ‘ORAL MUCCOCELE’. The mucus containing cyst was round, well circumscribed, soft consistency and and transparent, glossy bluish engorged appearance. Mucoceles being a trauma-based injury; this case also deals with the past history of lip biting 2 years ago. With thorough case taking, the most appropriate individualized medicine to administered was ‘CAL FLOUR 1M/2 DOSES; which was carried forward by two follow ups prescribed with ‘RUBRUM MET 30’ respectively; which led to positive evidential result in two months.

One of the most reliable working treatments in this trauma injury related case is conventional surgery procedure, but it has several disadvantages such as trauma, pain, lip disfigurement, duct damage and can be expensive to the patients as well.

Therefore, being homoeopaths, the main point of concern is to not only to treat this individual case but also to ensure another definite course of treatment and to broadly classify another genuine option for patients in order to avoid surgery and its further complications.

In this particular case report, the patient’s socio economic condition acted as a self-limiting factor, histopathological investigation was suggested but couldn’t be carried out. So the diagnosis was completely based on distinctive clinical findings, trauma injury on lip was considered to be the most important etiological factor. Although in rare cases it might turn out to be the initial benign masking of a malignant case; so the carrying out of appropriate lab investigations are strongly suggested with almost sincerity.

Conclusion

With the positive outcome, this case report can be considered as another possible benchmark and certified

possible therapeutical course of medication in treatment of one of the most rigid extravasation cysts which are recurrent in nature even after conventional surgical procedures.

Suggestive homoeopathic intervention in these cases does not only prove to be painless, non-disruptive mode of cure but also it emphasizes on reliability of another parallel mode of treatment which in itself is a revolutionizing concept and approach.

It is a relatively simple, repeatable, cost effective and potentially easily acceptable method by all gradations and creed of patients. To conclude, this treatment protocol can be proved to be the first choice or substitute for extensive surgical procedures.

Conflict of Interest

Not available

Financial Support

Not available

Reference

- Harrison JD. Modern management and pathophysiology of Ranula: literature review. *Head Neck*. 2010;32(10):1310-20. DOI: 10.1002/hed.21326, PMID 20054853.
- Granhholm C, Olsson Bergland K, Walhjalt H, Magnusson B. Oral mucoceles; extravasation cysts and retention cysts. A study of 298 cases. *Swed Dent J*. 2009;33(3):125-30. PMID 19994562.
- Amasoba T, Tayama N, Syoji M, Fukuta M. Clinicostatical study of lower lip mucoceles. *Head Neck*. 1990;12(4):316-20. DOI: 10.1002/hed.2880120407, PMID 2193904.
- Nallasivam KU, Sudha BR. Oral mucocele: Review of literature and a case report. *J Pharm Bioallied Sci*. 2015;7(2):S731-3. DOI: 10.4103/0975-7406.163516, PMID 26538955.
- Laller S, Saini RS, Mallik M, Jain R. An appraisal of oral mucous extravasation cyst case mini review". *Adv Med Dent Sci Research*. 2014;2(2):166-70.
- More CB, Bhavsar K, Varma S, Tailor M. Oral mucocele a clinical and histopathological study. *J Oral Maxillofac Pathol*. 2014;18(1):S72-7. DOI:10.4103/0973-029X.141370, PMID 25364184.
- Rao PK, Hegde D, Shetty SR, Chatra L, Shenai P. Oral mucocele-diagnosis and management, *journal of dentistry. Medicine and medical sciences*. 2012;2(2):26-30.
- Baharvand M, Noor-Mohammadi R, Mortazavi H, Alirezaei S. Combination therapy in a large lower lip mucocele: a non-invasive recommended technique. *Dent Hypotheses*. 2014;5(3):127-9. DOI:10.4103/2155-8213.136769
- Baurmash HD. Mucoceles and ranulas. *J Oral Maxillofac Surg*. 2003;61(3):369-78. DOI: 10.1053/joms.2003.50074, PMID 12618979.
- Sivapathasundharam B, Shafer WG. Shafer's textbook of Oral Pathology. New Delhi: Elsevier; c2020.
- Kent JT. Lectures on homoeopathic materia medica: Together with Kent's "new remedies" incorporated & arranged in one alphabetical order. New Delhi, India: B Jain; c2022.
- Phatak SR. *Materia Medica of Homoeopathic Medicines: Revised Edition*. New Delhi, India: B Jain; c2022.
- Schroyens F, editor. *Textbook of repertory language: For essential synthesis*. Aberdeen, Scotland: Homeopathic Book; c2007.
- Boericke W, Boericke OE. *Homoeopathic materia medica with repertory comprising the characteristic and guiding symptoms of the remedies*. 2nd ed. Savage RB, editor. Sittingbourne, England: Homoeopathic Book Service; c1990.

How to Cite This Article

PramanikC, Priya N. Homoeopathic intervention in classic case of oral mucocele: A case report. *International Journal of Homoeopathic Sciences*. 2022;6(4):538-541.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.