A case of oral mucocele treated with Homoeopathic medicine – A Case Report

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Abstract

Oral mucoceles are non-cancerous cysts filled with mucus that frequently develop in the oral cavity, primarily due to the rupture of minor salivary glands caused by trauma or obstruction. Traditional treatment methods generally involve surgical excision or incision and drainage; however, these approaches often lead to a high recurrence rate. This case report illustrates the effective management of an oral mucocele through homeopathic treatment. A 33-year-old patient presented with a painless swelling in the lower lip, which was identified as an oral mucocele. The patient received a constitutional homeopathic remedy, resulting in noticeable improvement and gradual reduction of the swelling, with no recurrence noted during the follow-up period. Homeopathy has proven to be a reliable treatment option in various surgical cases with underlying causes. This case highlights the potential of homeopathy as a holistic and non-invasive method for treating oral mucoceles, providing a viable alternative to traditional surgical interventions.

Keywords: *Oral mucocele, Silicea, homoeopathic medicine.*

Abbreviations: 1P – One Powder

Introduction:

Mucocele refers to cavities filled with mucus that can develop in various locations, including the oral cavity, appendix, gallbladder, paranasal sinuses, or lacrimal sac.[1,2] The term originates from the Latin words "mucus," meaning mucus, and "coele," meaning cavity [3]. In the oral cavity, mucocele is a prevalent lesion resulting from changes in minor salivary glands due to mucus accumulation, leading to localized swelling [4].

Types:

There are two primary types of mucocele: extravasation and retention.

Extravasation mucocele occurs when a salivary gland duct is ruptured, causing mucus to leak into the surrounding soft tissues. In contrast, retention mucocele arises from a reduction or complete cessation of glandular secretion due to a blockage in the salivary gland ducts [5].

Prevalence: A study titled "Oral Mucocele: A Clinical and Histopathological Study," authored by More, Chandramani B; Bhavsar, Khushbu; Varma, Saurabh; and Tailor, Mansi, published in the Journal of Oral and Maxillofacial Pathology, indicates that oral mucoceles are most commonly found in individuals aged 15 to 24 years. The study reports a prevalence of 51.72% in males and 48.28% in females, resulting in a male-to-female ratio of 1.07:1. The extravasation type is more prevalent, accounting for 84.48%, compared to the retention type at 15.52%. The lower lip is the most frequently affected site, with 36.20%, followed by the ventral surface of the tongue at 25.86% [6].

Types: Clinically, mucocele can be categorized into two types: extravasation and retention.

1. The extravasation type results from fluid leakage from damaged salivary gland ducts and acini into adjacent soft tissues, primarily occurring in minor salivary glands.

2. The retention type is caused by a blockage in the salivary gland duct and is typically associated with major salivary glands [5].

These lesions lack an epithelial lining and are also referred to as:

- Superficial mucocele

- Classical mucocele

Superficial mucoceles are situated beneath the mucous membrane, while classical mucoceles are found in the upper submucosa [1, 7].

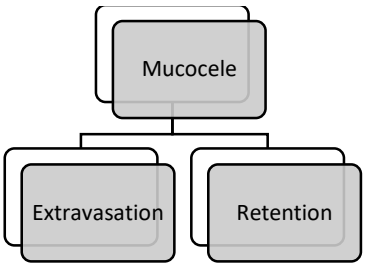
Etiopathogenesis:

Two primary etiological factors are emphasized [8]:

• Trauma

• Obstruction of the salivary gland duct

Physical trauma can lead to the leakage of salivary secretions into the adjacent submucosal tissue. Subsequently, inflammation may become apparent due to the accumulation of mucus [5]. Additionally, habits such as lip biting and tongue thrusting can further exacerbate the condition [9].



Clinical Characteristics:

Extravasation and retention mucoceles exhibit no distinct clinical differences. Mucoceles typically appear as bluish, soft, and translucent cystic swellings that often resolve on their own. The bluish hue results from vascular congestion and tissue cyanosis in the overlying area, along with fluid accumulation beneath. Additionally, the coloration may vary based on the lesion's size, its proximity to the surface, and the elasticity of the upper tissue. [1, 10, 11].

Homoeopathic therapeutics for oral mucocele –

Below are some commonly considered homeopathic remedies for oral mucocele, with references to their potential indications –

1. Silicea - It is frequently suggested for cases where a mucocele shows resistance to healing or when there is a propensity for the development of cysts or abscesses. It is typically prescribed for

conditions that heal slowly and when the body requires assistance in removing foreign substances or waste [13, 14, 16].

2. Calcarea fluorica – It is commonly utilized for swelling of glands and mucosal tissues, as well as for ailments related to the mucous membranes. It is indicated in situations where there is a tendency to form hard, painless nodules, especially in soft tissues, and when the condition appears to be associated with tissue degeneration [14, 15, 16].
3. Kali bichromicum – This remedy is frequently recommended in cases where thick, stringy mucus is present. It may be particularly relevant when the mucocele is characterized by denser secretions, such as in situations involving congestion or a propensity to develop cysts or ulcers within the oral cavity [13, 15, 16].
4. Graphites – This remedy is advised for skin and mucosal lesions that exhibit slow healing, particularly when there is a tendency for the development of hard, crusty lesions or when there is significant sticky discharge [12, 14].
5. Hepar sulphuris – This remedy may be suitable for a mucocele that is painful, inflamed, and producing pus. It is commonly utilized in cases where there is a likelihood of abscess formation and irritation [13, 16].
6. Mercurius solubilis – If the mucocele is accompanied by excessive salivation, inflammation, and a severe burning sensation, Mercurius solubilis may be a pertinent choice [12, 15, 16].
7. Baryta carbonica – This remedy may be indicated for a mucocele in a young person who has a constitutional predisposition to glandular swelling and slow, sluggish healing [13, 14].
8. Natrum muriaticum – This remedy may prove beneficial if the mucocele is associated with oral dryness, a tendency for scarring, or emotional stress that adversely affects the healing process [14, 15].
9. Thuja occidentalis – Thuja is effective when the mucocele arises from a viral infection or warts, or if there is a history of growths such as warts or cysts. This remedy is often selected for its impact on glandular tissue and is particularly useful when multiple cyst-like formations or a tendency for skin or mucosal growths are present [14, 15, 17].
10. Mercurius vivus – This remedy is indicated for inflamed, ulcerated, or swollen mucous membranes, especially when accompanied by excessive salivation, halitosis, or a metallic taste in the mouth. The mucocele may become painful, with a propensity for ulceration or infection [13, 14].

Case

Name: Mr. XYZ

Age: 33 Yrs.

Sex: Male

Occupation: Manager in MNC.

Address: Nashik

Date: 19/8/2022.

Chief complaints:

Patient came with complaints of cystic swelling inside the lower lip lateral to mid line since 7 days.

History of chief complaints:

Complaints of cystic swelling inside the lower lip lateral to mid line since 7 days.

Gradually it was increasing in size.

Mild discomfort while chewing.

No pain.

No history of trauma.

A surgeon was consulted he advised, Excision of the cyst.

Past history:

Nothing specific.

Family history:

Father – Apparently healthy.

Mother – Died 2 years ago (CKD)

Life space & Mental's:

Patient works in MNC, stays with father and wife. He narrated his complaints. He was constantly saying "I will get better with this? Why would have this happen to me?" He has great fear about his complaints.

Physical generals:

Height – 5.3

Weight – 60 kgs

Appetite – Mixed

Desire – Nothing Specific.

Aversion – Nothing Specific.

Sleep – Not refreshing.

Dreams – Not Remembered.

Thirst – 2-3 litres/day

Urine – Normal

Stool – Satisfactory

Thermally – Chilly

Systemic Examination:

CNS – Conscious & Oriented.

CVS – HSN

RS – AEBE

PA – Soft, Non - Tender

Vital signs:

Temp – Afebrile

BP – 120/90 mm of hg

P – 80/ min

Spo2 – 99% on RA

Local examination:

The swelling was soft, oval, no pain, tenderness with no localized rise of temperature.

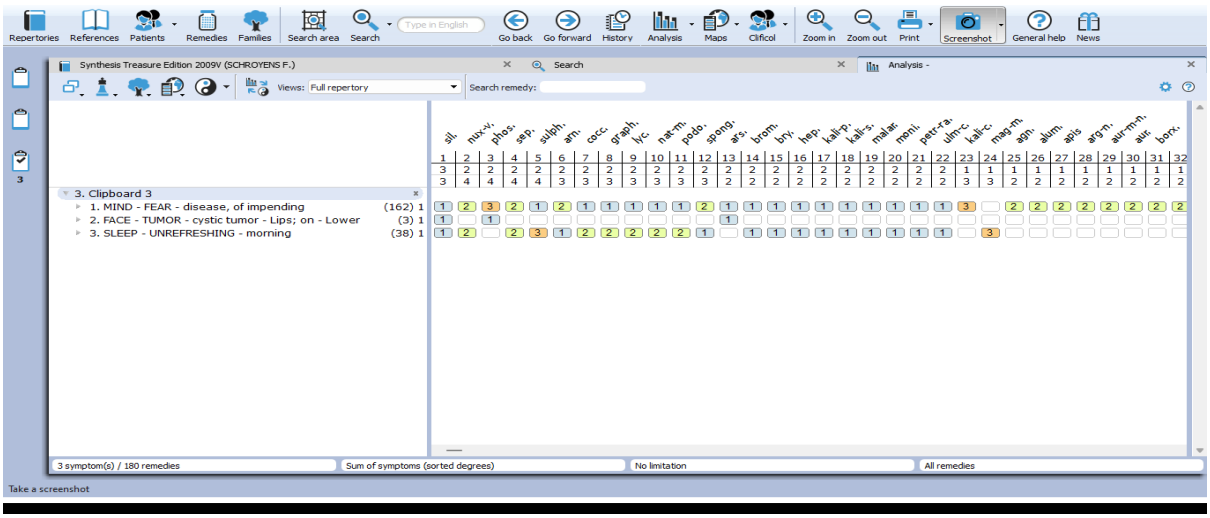
Diagnosis:

Oral mucocele.

Repertorial Totality:

1. **MIND - FEAR - disease, of impending**
2. **FACE - TUMOR - cystic tumor - Lips; on - Lower**
3. **SLEEP - UNREFRESHING - morning**

Repertory Sheet:



Prescription:

Rx

Silicea 200 1 P Stat.

SL TDS for 7 days.

Follow Up:

Before 19/08/2022

After 24/08/2022

Conclusion:

In Homoeopathy we prescribe medicines on the basis of individualization along with clinical presentation. This articles shows the importance of single dose of Silicea 200 in the treatment of oral mucocele. The patient was advised for excision but with the help of Homoeopathy he got a unique, painless and gentle treatment.

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