

Mucocele of lower lip treated with constitutional homeopathic medicine *Silicea* – A case report

Uma Maheswari¹, P. R. Sisir¹, S. T. Gopukumar²

¹Department of Paediatrics, Sarada Krishna Homeopathic Medical College, Kanyakumari, Tamil Nadu, India, ²Research Facilitation Centre, Sarada Krishna Homeopathic Medical College, Kanyakumari, Tamil Nadu, India

ABSTRACT

Introduction: A mucocele is a mucus-containing benign cystic lesion of the salivary gland. Based on the histological features, they are classified into two types, mucous retention cysts and mucous extravasation cysts. They appear in the minor salivary glands due to mechanical damage to the gland or its duct. The case study presented here is a detailed analysis of a 6-year-old male child affected by mucocele of the lower lip and its homeopathic treatment and significance. **Case Summary:** A 6-year-old child presented with complaint of a swelling over the mucosa of the lower lip. Initially, the swelling was small, but it increased in size for 5 weeks. After a detailed case study and repertorisation, the patient was prescribed *Silicea* 200C, one dose, once in 2 weeks, for 8 weeks. The Modified Naranjo Criteria Score for causal attribution was nine. This case brings to light the usefulness of *Silicea* 200C in the treatment of mucocele of the lower lip.

Keywords: Homeopathy, lower lip, mucocele, repertorisation, *Silicea*, swelling

INTRODUCTION

Oral mucocele (OM), also known as mucous retention phenomenon/mucous retention cyst, is generally believed to be of traumatic origin and is a lesion involving salivary glands and their ducts.^[1] Two types of mucocele can appear, extravasation and retention. Extravasation mucocele results from a broken salivary gland duct and the consequent spillage into the soft tissues around this gland. Retention mucocele appears due to a decrease or absence of glandular secretion produced by blockage of the major salivary gland ducts.^[1] It is interesting and significant that the OM is restricted almost entirely to the lower lip, seldom found on the upper lip, while accessory salivary gland neoplasms of the lips are almost universally found on the upper lip and only rarely on the lower lip.^[1] This could imply that trauma plays no role in the development of salivary gland tumours in this location.^[1] A mucocele is caused by impaired saliva flow from a salivary gland and is the most common type of cyst that occurs in oral soft tissues. Most mucoceles develop as a solitary lesion and only a few cases of multiple lesions have been reported. The OM often arises within a few days, reaches a certain size and may persist as such for months unless treated.^[1,2] The word mucocele is derived

from Latin, in which ‘muco’ means mucous and ‘cocele’ refers to cavity.^[3] The most frequent site of OM was the lower lip mucosa; this can be mainly explained by the fact that the lower lip is one of the oral sites most vulnerable to trauma during parafunctional or functional activities, considering that the lower lip moves dynamically during mastication and speech.^[4] OM is a common exophytic lesion caused by salivary accumulation resulting from pathological changes in oral minor salivary glands (MSGs). It clinically manifests as single or multiple, soft, smooth, spherical and painless nodules, ranging in colour from translucent blue to pink.^[4] Treatment modalities for OM include surgical excision, marsupialisation, cryosurgery and steroid injection. Even though complete surgical excision using conventional scalpels or lasers remains the best treatment approach, the recurrence of OM is not rare.^[5] International classification of disease 10 – Clinical Modification (CM) diagnosis code for mucocele of the salivary gland is K11.6.^[6]

***Address for correspondence:** Dr. Uma Maheswari M.S., Department of Paediatrics, Sarada Krishna Homeopathic Medical College, Kanyakumari - 629 161, Tamil Nadu, India.
E-mail: umashenbagakumar@gmail.com

Received: 10 April 2022; **Accepted:** 6 September 2023

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 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.

How to cite this article: Maheswari U, Sisir PR, Gopukumar ST. Mucocele of lower lip treated with constitutional homeopathic medicine *Silicea* – A case report. Indian J Res Homoeopathy 2023;17:167-172.

Access this article online

Quick Response Code:



Website:
www.ijrh.org

DOI:
10.53945/2320-7094.1197

In the aphorism 186 of *Organon of Medicine*, Hahnemann mentioned that those so-called maladies that appeared for a short time previously, solely by an external lesion, still deserve the name of 'local disease'. However, when in such injuries the whole living organism requires, as it always does, active dynamic aid to put it in a position to accomplish the work of healing, the services of the dynamic physician and homoeopathy come into requisition.^[7] One such case of local malady, which showed satisfactory improvement by homoeopathic treatment, is presented here.

PATIENT INFORMATION

A 6-year-old male child complained of a small, painless swelling over mucosa in the lower lip for the past 5 weeks, which gradually began to grow bigger. The parents attributed it to some possible trauma from biting the lower lips. When a dental surgeon was consulted, he advised surgical excision. Not wanting to have surgery, the parents brought the child for homoeopathic treatment. There was no history of pain, discharge, ulcer or excessive salivation.

There was a history of repeated episodes of respiratory tract infection for which no specific treatment was taken.

His was a full-term normal hospital delivery with a birth weight of 2.8 kg. However, according to the parents, there was a delay in the suture closure, as well as in speaking, walking, etc. When clinically assessed using the developmental screening test, all the fine and gross motor development scores were normal, except for delay in walking.

Life space investigation

The patient belonged to a middle-class family. His father was a businessman and his mother a homemaker. He liked going to school and scored well in academics. He did not mingle easily with other kids, was obstinate in behaviour and always kept his things secure and confined to himself. He was more attached to his mother, listened to whatever she said and always clung to her. His relationship with his only sibling was good but possessive towards his mother. He was very shy of strangers and afraid of darkness. He was lean, with thin hair and a dark complexion, and had obstinate behaviour.

Physical generals

The patient had excessive thirst and a good appetite. He was fond of citrus foods (lemon and orange) and chalks. He was constipated and had hard stools at 2 days' intervals, which were passed with much difficulty. Sweating was profuse, particularly in palms and soles. His sleep was good, with dreams which are not remembered. Thermally, he was chilly.

Clinical findings

The patient was well-oriented, alert and cooperative. Clinically, no signs of anemia, cyanosis, clubbing, jaundice or oedema were observed. His weight was about 21.2 kg. On local examination, the swelling was soft, oval, painless and fluctuant with no rise in temperature.

Lab findings

The patients' blood investigations reports were: Hemoglobin (Hb) 13.8 (mg/dl), total white blood cell (WBC) 4.8 thousand per cubic millilitre (K/uL), neutrophil (N) 63%, lymphocyte (L) 27%, eosinophil (E) 10% and erythrocyte sedimentation rate (ESR) 4 millimetre (mm).

Diagnostic assessment

The diagnosis was principally based on history and clinical appearance: The abrupt appearance of the swelling, a history of trauma from repeated biting of the lower lips and its location on the mucosa of the lower lip. On examination, the swelling was oval, soft, painless and fluctuant with no rise in temperature.

After analysing the symptoms of the case, the characteristic mentals, physical generals and particular symptoms were considered for framing the totality. The symptoms included in totality were obstinate, desire to be magnetised, active memory, perspiration increased in palms and sole, delay learning to walk, chilly patient, mucous cyst on the lower lip and scrofulous glandular affection [Tables 1 and 2]. Miasmatic evaluation for the presenting symptoms was done with the help of 'The Chronic Diseases'^[8] and 'The Principles and Art of Cure by Homoeopathy'^[9] In the chapter, disease classification, sub-heading psora and swelling of glands are mentioned as fundamentally of psoric miasm, considering pathology, temperament and evolution. Thus, the patient's fundamental miasm was psora and the dominant miasm was sycosis.

Repertorisation

Table 1: Evaluation and Totality of Symptoms

Evaluation of symptoms	Totality of symptoms
• Obstinate ⁺⁺	• Obstinate
• Desire magnetized ⁺⁺	• desire magnetized
• Active memory ⁺	• Active memory
• Yielding	• Perspiration increased in palms and soles.
• Fear of darkness	• Delay learning to walk.
• Shy towards strangers	• Chilly patient
• Perspiration increased in palms and soles. ⁺⁺	• Mucous cyst on the lower lip.
• Delay learning to walk. ⁺⁺	
• Chilly patient ⁺⁺	
• Thin hair, dark complexion.	
• Craving for chalk, and citrus fruits. ⁺⁺	
• Mucous cyst on the lower lip. ⁺⁺	
• Scrofulous glandular affection, psora	

*'+ denotes intensity of symptoms

Table 2: Repertorial Result

Medicines	Sil	Calc	Sulp	Nat-m	Nit-ac
Totality/symptoms covered	23/8	22/8	18/7	14/7	14/5
Potential Differential Field (PDF)					
Chilly patient	3	3	-	-	3
Craving Chalks	3	3	1	-	2
Stool hard	2	-	3	2	1
Result	31/11	28/10	22/9	16/8	20/8

Symptoms: 8		Remedies: 383		Show Repertorisation Tools					Prescribe
Remedy Name	Sil	Calc	Sulph	Nat-m	Nit-ac				
Totally	23	22	18	14	14				
Symptoms Covered	8	8	7	7	5				
Kingdom									
[Complete] [Mind]Obstinate, headstrong: (220)	3	4	3	3	4				
[Complete] [Mind]Magnetized:Desires to be: (11)	4	4							
[Complete] [Mind]Memory:Active: (126)	1	1	1	1					
[Complete] [Extremities]Weakness:Lower limbs:Child late learni...	3	4	1	1					
[Complete] [Extremities]Perspiration:Hands:Palms: (131)	4	4	4	1	2				
[Complete] [Extremities]Perspiration:Feet:Soles: (52)	4	3	3	3	4				
[Complete] [Face]Swelling:Lips:Lower: (43)	3	1	3	4	3				

Figure 1: Repertorial chart



Figure 2: Before treatment



Figure 3: During treatment

Considering the above symptomatology, repertorisation was done using the Kent’s method. Complete repertory^[10] in Zomeo 3.0 (Homopath 11 version) [Figure 1].

Therapeutic intervention

Based on the repertorial result and miasmatic background, the patient was prescribed *Silicea* 200C/1 dose to be taken once in 2 weeks, for 8 weeks. In between, a few placebo doses were prescribed. A marked improvement is seen within a few weeks [Figure 2] and in the last follow-up visit in the 8th week, all the complaints of the patient were completely cured [Figure 3]. The details of the follow-up treatment outcome assessments are in Table 3.

Follow-up and outcome

The patient was followed-up and assessed every two weeks for two months. The course of treatment during two months is shown in Table 3. There was complete resolution and no remnant scar mark was observed after treatment with *Silicea* 200C.

DISCUSSION

Mucoceles are the most common type of cyst found in oral soft tissue and their predisposition to form on the lower lip is linked to parafunctional activities like lip biting.^[2] A study of 1824 patients with mucocele reported that the lower lip (81.9%) was the most prevalent site for mucoceles, followed by the floor of the mouth (5.8%) and the ventral side of the



Figure 4: After treatment

tongue (5.0%).^[11] Although surgery is routinely employed, it has significant drawbacks, including lip deformity and harm to nearby ducts as satellite tumours develop.^[5,12] The present case was diagnosed as a lower lip mucocele based on the history, examination findings and dental surgeon’s report as a mucocele of lip extravasation type.

The mucous retention phenomenon appears within a few days, grows to a specific size and might last for months if not

Table 3: Intervention and follow-up

Date	Symptom Changes	Prescription-Intervention
19/12/2020-1/1/2021	Swelling of the lower lip, Size of the swelling, Consistency of swelling- same	1. <i>Silicea</i> 200C/1 dose, at bedtime (HS) 2. Placebo 6 doses (1 dose alternate HS) 3. Blank Tablet 1, Twice daily (BD)
2/1/2021-15/1/2021	Swelling of the lower lip, Consistency of swelling: better Size of the swelling: reduced than before.	1. <i>Silicea</i> 200C/1 dose, at bedtime (HS) 2. Placebo 6 dose (1 dose- alternate HS) 3. Blank Tablet 1, BD
16/1/2021-29/1/2021	Swelling of the lower lip, Consistency of swelling - better Size of the swelling - slightly better than before	1. <i>Silicea</i> 200C/1 dose, at bedtime (HS) 2. Placebo 6 dose (1 dose alternate HS) 3. Blank Tablet 1, BD
30/1/2021-12/2/2021	Size of the swelling: only the slight elevation is seen with a scar mark	1. <i>Silicea</i> 200C/1 dose- at bedtime (HS) 2. Placebo 6 dose (1 dose-alternate, HS) 3. Blank Tablet 1, BD
22/2/2021	Complete cure with no swelling or scar marks Throughout treatment, there were neither adverse nor homoeopathic aggravation of symptoms.	1. Sac lac 7 dose (1 dose-Alternate HS) 2 Blank Tablet 1, BD

Table 4: Assessment by Modified Naranjo Criteria Score

ITEM	YES	NO	NOT SURE
Was there an improvement in the main symptom or condition, for which the homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+2		
Was there homoeopathic aggravation of symptom? (Need to define in glossary)		0	
Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to the main presenting complaint, improved or changed?	+1		
Did overall well-being improve? (Suggest using validated scale or mention about changes in physical, emotional, and behavioral elements)	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: 1. From organs of more importance to those of less importance 2. From deeper to more superficial aspects of the individual 3. From the top downwards			0
Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
Are there alternative causes (other than the medicine) that - with a high probability - could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
Was the health improvement confirmed by any objective evidence? (e.g., investigation, clinical examination, etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?			0
		Total Score: 9	

treated.^[1] Furthermore, the duration of lesions varies from a few days to 3 years,^[2] However, the homoeopathic constitutional medicine, *Silicea* 200C/1 dose, prescribed at 2-week intervals for a period of 2 months showed positive results in patients' complaints [Figure 3], of swelling and through causal attribution established by the MONARCH score [Table 4],^[13] the healing can be attributed to the homoeopathic treatment. In subsequent follow-up, the patient was completely cured of cysts at the end of treatment [Figure 4]. A recent study reported the effectiveness of *Thuja occidentalis* in the treatment of mucocele or the nodular lesions of the tongue. The treatment was given to a 4-year-old female child whose mucocele of the tongue was resolved within a month after treatment with a low potency, 30 centesimal scale (CH) of *Thuja occidentalis*.^[14]

CONCLUSION

This case brings to light the usefulness of *Silicea* 200C in the treatment of mucocele of the lower lip and also improvement in the overall well-being of the patient with no recurrence of the complaints.

Parents' consent

We confirm that the patient's parents have given written informed consent to publish this case on anonymous grounds.

Financial support and sponsorship

None.

Conflicts of interest

None declared.

REFERENCES

1. Rajendran R. Shafer's Textbook of Oral Pathology. India: Elsevier; 2009.
2. Abe A, Kurita K, Hayashi H, Minagawa M. Multiple mucoceles of the lower lip: A case report. *Clin Case Rep* 2019;7:1388-90.
3. Sukhtankar LV, Mahajan B, Agarwal P. Treatment of lower lip mucocele with diode laser: A novel approach. *Ann Dent Res* 2013;2 Suppl 1:S102-8.
4. Choi YJ, Byun JS, Choi JK, Jung JK. Identification of predictive variables for the recurrence of oral mucocele. *Med Oral Patol Oral Cir Bucal* 2019;24:e231-5.
5. Gaikwad TV, Maini AP, Das S, Lokhande S, Patil SK, Sarma A. Nonsurgical management of oral mucocele occurring on a rare site. *Contemp Clin Dent* 2022;13:389-91.
6. Caskey R, Zaman J, Nam H, Chae SR, Williams L, Mathew G, *et al.* The transition to ICD-10-CM: Challenges for pediatric practice. *Pediatrics* 2014;134:31-6.
7. Hahnemann S. *Organon of Medicine*. New Delhi: B. Jain Publishers Pvt Ltd.; 2002.
8. Hahnemann S. *The Chronic Diseases their Peculiar Nature and their Homoeopathic Cure*. New Delhi: B. Jain Publishers Pvt Ltd.; 2002.
9. Herbert RA. *The Principles and Art of Cure by Homoeopathy*. New Delhi: B. Jain Publishers Pvt Ltd.; 1990.
10. Zandvoort RV. *The Complete Repertory*. Netherlands: AJ Leidschendam; 1996.
11. Chi AC, Lambert PR 3rd, Richardson MS, Neville BW. Oral mucoceles: A clinicopathologic review of 1,824 cases, including unusual variants. *J Oral Maxillofac Surg* 2011;69:1086-93.
12. Das S. *A Concise Textbook of Surgery*. Kolkata: S. Das Publication; 2006.
13. Thakur M, Sobti R, Kaur T. Medicinal and biological potential of *Thuja occidentalis* a comprehensive review. *Asian Pac J Trop Med* 2023;16:148-61.
14. Lamba CD, Gupta VK, van Haselen R. Evaluation of the modified Naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy* 2020;109:191-7.

Mucocèle de la lèvre inférieure traitée avec la médecine homéopathique constitutionnelle Silicea – Un rapport de cas

Introduction: Une mucocèle est une lésion kystique bénigne de la glande salivaire contenant du mucus. Sur la base des caractéristiques histologiques, ils sont classés en deux types: les kystes de rétention muqueuse et les kystes d'extravasation muqueuse. Ils apparaissent dans les glandes salivaires mineures en raison de dommages mécaniques à la glande ou à son canal. L'étude de cas présentée ici est une analyse détaillée d'un enfant de sexe masculin de six ans atteint de mucocèle de la lèvre inférieure, de son traitement homéopathique et de sa signification.

Résumé du cas: Un enfant de six ans s'est présenté pour se plaindre d'un gonflement de la muqueuse de la lèvre inférieure. Initialement, le gonflement était faible, mais il a augmenté en taille sur une période de cinq semaines. Après une étude de cas détaillée et une répertorisation, le patient s'est vu prescrire Silicea 200C, une dose, une fois toutes les deux semaines, pendant huit semaines. Le score modifié des critères de Naranjo pour l'attribution causale était de neuf. Ce cas met en lumière l'utilité de Silicea 200C dans le traitement de la mucocèle de la lèvre inférieure.

Mukozele der Unterlippe, behandelt mit dem konstitutionellen homöopathischen Arzneimittel Silicea - ein Fallbericht

Einleitung: Eine Mukozele ist eine schleimhaltige, gutartige zystische Läsion der Speicheldrüse. Anhand der histologischen Merkmale werden sie in zwei Typen eingeteilt: Schleimretentionszysten und Schleimextravasationszysten. Sie treten in den kleinen Speicheldrüsen aufgrund einer mechanischen Beschädigung der Drüse oder ihres Ausführungsgangs auf. Die hier vorgestellte Fallstudie ist eine detaillierte Analyse eines sechsjährigen männlichen Kindes, das von einer Unterlippenmukozele betroffen war, sowie deren homöopathische Behandlung und Bedeutung. **Zusammenfassung des Falles:** Ein sechsjähriges Kind stellte sich mit Beschwerden über eine Schwellung der Unterlippenschleimhaut vor. Anfänglich war die Schwellung klein, nahm aber über einen Zeitraum von fünf Wochen an Größe zu. Nach einer ausführlichen Fallstudie und Repertorisation wurde dem Patienten Silicea 200C verschrieben, eine Dosis, einmal in zwei Wochen, für acht Wochen. Der modifizierte Naranjo-Kriterien-Score für die Kausalattribution betrug neun. Dieser Fall verdeutlicht die Nützlichkeit von Silicea 200C bei der Behandlung einer Unterlippenschleimhautentzündung.

निचले होंठ के म्यूकोसील का स्वभाविक होम्योपैथी दवा सिलीष्या से उपचार किया गया – केस रिपोर्ट

परिचय: म्यूकोसील लार ग्रंथि का म्यूकस युक्त मामूली सिस्टिक घाव होता है। ऊतकीय विशेषताओं के आधार पर, ये दो प्रकार के होते हैं, म्यूकस रिटेंशन सिस्ट और म्यूकस एक्स्ट्रावैशेन सिस्ट। ये छोटी लार ग्रंथि या उनकी वाहिनी में क्षति के कारण होते हैं। यहां प्रस्तुत केस स्टडी निचले होंठ के म्यूकोसील से पीड़ित एक छह साल के बच्चे के होम्योपैथी उपचार और उसके महत्त्व का विस्तृत विश्लेषण है। केस का **सारांश:** एक छह साल के बच्चे में निचले होंठ के म्यूकोसा पर सूजन की शिकायत प्रस्तुत हुई। शुरुआत में, सूजन छोटी थी, लेकिन पांच सप्ताह में इसका आकार बढ़ गया। विस्तृत केस स्टडी और रेपर्टराइजेशन के बाद, मरीज को आठ सप्ताह तक, प्रत्येक दो सप्ताह में एक बार, सिलीष्या 200C (Silicea 200C) की एक खुराक लेने की सलाह दी गई। संशोधित कारणात्मक गुणारोपण के लिए नारंजो मानदंड का स्कोर नौ रहा। यह केस निचले होंठ के म्यूकोसील के उपचार में सिलीष्या 200C (Silicea 200C) की उपयोगिता दर्शाता है।

Mucocele del labio inferior tratado con el medicamento homeopático constitucional Silicea - Informe de un caso

Introducción: Un mucocele es una lesión quística benigna de la glándula salival que contiene moco. En función de sus características histológicas, se clasifican en dos tipos: quistes de retención mucosa y quistes de extravasación mucosa. Aparecen en las glándulas salivales menores debido a daños mecánicos en la glándula o en su conducto. El estudio de caso que aquí se presenta es un análisis detallado de un niño varón de seis años afectado de mucocele del labio inferior, así como de su tratamiento homeopático y su significado. **Resumen del caso:** Un niño de seis años se quejaba de una inflamación de la mucosa del labio inferior. Inicialmente, la hinchazón era pequeña, pero aumentó de tamaño durante un período de cinco semanas. Tras un estudio detallado del caso y una repertorización, se prescribió a la paciente Silicea 200C, una dosis, una vez cada dos semanas, durante ocho semanas. La puntuación del Criterio Naranjo Modificado para la atribución causal fue de nueve. Este caso pone de manifiesto la utilidad de Silicea 200C en el tratamiento del mucocele del labio inferior.

立型勢法物 Silicea 治下唇粘液囊 - 病例报告.

介: 粘液囊是唾液腺的一种含有粘液的良性囊性病。根据学特征,可分粘液留囊和粘液外渗囊两类。由于腺体或其管的机械,它出在小唾液腺中。本文的病例研究是对一名6男性儿童受下唇粘液囊影响及其势法的治和意义的分析。

病例摘要: 一名六儿童主下唇粘膜。起初,很小,但在五周的时间里,的大小增加了。在的病例研究和再灌注后,患者了Silicea 200C,一,两周一次,持八周。因果归因的改良Naranjo准得分9分。病例揭示了Silicea200C在治下唇粘液囊中的作用。