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Oral Mucocele Treated with Constitutional Homoeopathic Medicine: A Case Report

Shankha Subhra Patra, [1*]Abhisek Hui, [2] Karunamay Sinha, [2]Madhumita Nandi[3], Debojyoti Singha[3]

[1]Junior Research Fellow, CRU (T), Under Central Council for Research in Homoeopathy (CCRH), Gangtok, Sikkim, India
[2]Post Graduate Trainee, Department of Homoeopathic Materia Medica, Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, West Bengal, India
[3]Post Graduate Trainee, Department of Case Taking and Repertory, Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, West Bengal, India

ABSTRUCT:
Mucocele is the most common lesion of the oral mucosa, which results from the accumulation of mucous secretion due to trauma and lip biting habits or alteration of minor salivary glands. Mostly they are two types based on histological features which as follows: Extravasation and retention. Mucoceles can appear at anywhere in the oral mucosa such as lip, cheeks and the floor of the mouth, but mainly appear in the lip. Diagnosis is mostly based on clinical findings. The most common location of the extravasation mucocele is the lower lip. Mucoceles most probably affect young patients but can affect all the age groups. They may have a soft consistency, bluish, and transparent cystic swelling, history of bursting and collapsing due to which resolves themselves then refilling which may be repeated. The treatment of choice is surgical removal of the mucocele.This is a case the patient13 years old boy was suffering from oral mucosal cyst last one month having a small, painless, movable, and soft, in lower lip. The patient was prescribed indicated constitutional Homoeopathic medicines. Individualised homoeopathic medicine CALCAREA PHOSPHORICA 200, 2 dose was prescribed in centesimal potency which showed a positive role in the treatment of lower lip mucous cyst. Within two and half month inner side of lower lip mucous cyst was annihilated.

KEYWORDS: Calcarea phosphorica, Excision, Homoeopathy, Lower lip, Mucous cyst, Minor salivary glands.

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***Corresponding Author:**
Dr. Shankha Subhra Patra
Junior Research Fellow, CRU (T),
Under Central Council for Research in Homoeopathy (CCRH), Gangtok, Sikkim, India
Email: sspatra686686@gmail.com

INTRODUCTION:

Mucoceleisdefined as mucus-filled cavities, which can appear in the oral cavity, appendix, gallbladder, paranasal sinuses, and lacrimal sac.[1,2]Oral Mucocele is a common lesion of the oral mucosa that results from an alteration of minor salivary glands due to a mucous accumulation causing limited swelling.[3]Yamasoba *et al.* 1990 highlighted two etiological factors in mucocele: Traumatism and obstruction of salivary gland ducts.[4] Two types of mucocele can appear- extravasation and retention. Extravasation mucocele results from trauma to salivaryglands duct and the consequent spillage into the soft tissues around this gland. Retention mucocele appears duetoadecrease or absence of glandular secretion produced by blockage of the salivary glandducts.[5]Oral Mucocele 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 upper lip.[6]This could imply that trauma plays no role in the development of salivary gland tumours in this location. 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.[6,7]Mucocele clinically appear as an asymptomatic vesicle or bulla with a pink or bluish-colour, and their size may vary from 1 mm to several centimeters and affect both genders in all age groups, with the peak age of incidence between 10 and 20 years.[8]The word mucocele is derived from Latin, in which 'muco' means mucous and 'cocele' refers to cavity. [9]

Diagnosis of mucocele is very simple. Mostly it can be identified and diagnosed clinically. The appearance of mucoceles is pathognomonic and the following data are crucial: Lesion location, history of trauma, rapid appearance, and variationsinsize, bluish colour and the consistency. [10] Other method for diagnosis of mucoceleisfine needle aspiration biopsy (FNAB), especially when differential diagnosis of an giomatous lesion is involved. The clinical differential diagnosis for mucoceleare:fibroma, lipoma, haemangioma, varix, epidermoid cyst, salivary duct cyst,traumatic neuroma, mucoepidermoid carcinoma, pyogenic granuloma, granular cell carcinolymphangioma and bluenevi which can, be differentiated and a final diagnosis arrived at by histopathological examination.[11]rTreatment 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.[12] International classification of disease 10(ICD-10) –Clinical Modification (CM) diagnosis code for mucocele of the salivary gland is K11.6.[13]

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'.The treatment of such diseases is relegated to surgery; but this is right only in so far as the affected parts require mechanical aid, whereby the external obstacles to the cure, which can only be expected to take place by the agency of the vital force, may be removed by mechanical means…etc. 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.[14] One such case of local malady, which showed satisfactory improvement by homoeopathic treatment, is presented here.

CASE REPORT:

A 13 years old boy visited the outpatient department, room Mahesh Bhattacharya Homoeopathic Medical College and Hospital, Kolkata.Patient presented with swelling in lower lip for last 3 weeks which was gradually increasing on size. The swelling was painful, aggravated while eating particularly warm food or drink [Figure 1and 2].History of present complaint or illness consisted of swelling in lower lip for last 3 weeks which was gradually increasing on size. At first growth was of insignificant size when it was noticed, but after that time passes the growth rapidly over the past one week. The swelling was painful, aggravated while eating particularly warm food or drink. Patient could not mention about any history of trauma. Previous taken treatment taken allopathic medication and some ointments but no such improvement.

History: In past he suffered from dengue fever at the age of 8years. He was treated with non-homoeopathic medicines with recovery. In past he was suffering from tonsilitis. He was treated with non-homoeopathic medicines with recovery. In family history, Father suffering from type ii diabetic mellitus and mother was suffering from hypothyroidism and asthma.

Generalities of the patients:

Physical general: The patient was excessive thirsty and good appetite. The appetite of boy was increased as he took the food frequently. He had desire for salty foods as preferred chips, salty snacks, sweets, milk products and also cold drinks. Aversion to meats. Sweating was offensive and profusely, clammy on palm. Sleep was good but dreams was not remembered. Patient was constipated, hard stool and passes irregular days or interval. Thermally he was chilly

Mental general: Patient had slight difficulty in comprehending and Weakness of memory. Desired for company. Easily nervous on any mental exertion work. Fear of being alone. Desire to go home when he is outside.

General survey: Patient was well oriented, alert and co-operative. Appearance of patient istall, thin and dark complexion.Clinically no anaemia, cyanosis, oedema, jaundice or clubbing are detected. No engorgement of the neck vein was noticed and the neck gland was not palpable.

Local examination: On examination or inspection, a single well- defined swelling in lower inner lip.On palpation soft, tender, elevated smooth surface and painful on pressure.There were no discharges on the swelling.

Analysis and evaluation of symptoms:

1. Easily nervous on any mental exertion.
2. Weakness of memory
3. Desire for company and desire to go home when is outside.
4. Appetite and thirst were good.
5. Cravings for milk and salt.
6. Aversion to meat.
7. Patient was constipated, hard stool at 2-3 days interval which passed with much difficulty.
8. Sweating was profuse and offensive particularly in palm.
9. Sleep was good, with dreams which were not remembered.
10. Thermally she was very chilly.
11. Soft cystic swelling in lower inner lip which was painful on pressure.

Totality of symptoms:

1. Soft cystic swelling in lower inner lip which was painful on pressure
2. Easily nervous on any mental exertion.
3. Weakness of memory
4. Desire for company, desire to go home when is outside.
5. Appetite and thirst were good.
6. Cravings for milk, and salt.
7. Aversion to meat.
8. Patient was constipated, hard stool at 2-3 days interval which passed with much difficulty.
9. Sweating was profuse and offensive particularly in clammy palm.
10. Sleep was good, with dreams which were not remembered.
11. Thermally she was very chilly.

Analysis of the case- After analysing the case, characteristic mental and physical symptoms were taken to form the totality of symptoms and we repertorised the case with Repertory using HOMPATH [**Figure 5**].

THERAPEUTIC INTERVENTION:

This case was repertorised using repertory and software HOMPATH the provided result was analysed, prioritizing equal importance to nearly all the symptoms forming the foundation for totality of the case report. After considering the miasms and the totality of symptoms, was prescribed the most well indicated remedy and consultation with Materia medica prescribed medicine was *Calcareanphosphorica*. A detailed timeline of treatment has been discussed in **table-1.**

Table- 1: Therapeutic intervention and detailed timeline

Date	Observation	Prescription and advice
15/03/2023	Soft cystic swelling in lower inner lip which was painful on pressure	**CALCAREA PHOSPHORICA 200/2** doses. Followed by rubrum 200 for 28 days.
25/04/2023	Only pain subsided. But size same as before	Rubrum 200 for 21 days.
20/05/2023	Appetite less, constipated stool, size slight decrease. Pain slightly increases and tender to touch	Prescribed **CALCAREA PHOSPHORICA 1M/2** DOSES and rubrum 200 for 21 days.
01/07/2023	No swelling seen in lower inner lip. No pain or tender on that side.	Prescribed rubrum 200 for 28 days.
05/08/2023	The cystic swelling totally disappeared; no other complains and feels better in all respect.	No treatment.

Table-2: Assessment of the case according to MONARCH: 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 wellbeing 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 nonseasonal and noncyclical 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

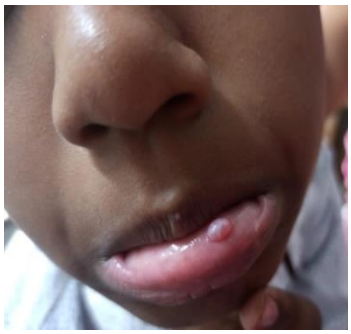

Figure-1: Mucocele before treatment

Figure-2: Mucocele during treatment

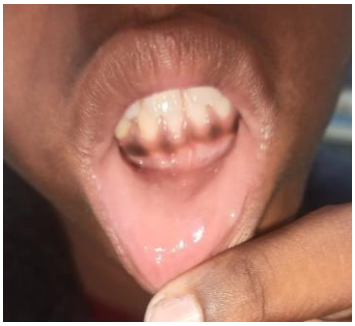

Figure-3: Mucocele after treatment

Remedy Name	Lach	Ph-ac	Plb	Elaps	Apis	Aur	Calc-p
Totality / Symptom Covered	14 / 6	14 / 6	14 / 6	13 / 8	13 / 7	13 / 7	13 / 7
[Kent] [Mind]Restlessness,nervousness:...	2	2	3	1	2	2	3
[Kent] [Mind]Memory :Weakness of (see mistakes): (168)	3	3	3	1	2	2	1
[Kent] [Mind]Company:Desire for: (58)			1	2	2		1
[Kent] [Stomach]Desires:Milk: (27)		2		2	2	2	
[Kent] [Stomach]Desires:Salt things: (30)			2				2
[Kent] [Stomach]Aversion:Meat: (88)				2		2	
[Kent] [Rectum]Constipation (see inactivity): (213)	3	1	3	2	3	2	2
[Kent] [Perspiration]Profuse: (133)	2	3		1	1	1	
[Kent] [Extremities]Perspiration:Hand:Palm: (60)							1
[Kent] [Perspiration]Odour:Offensive: (...	2				1		
[Kent] [Generalities]Heat:Vital,lack of: (...	2	3	2	2		2	3

Figure- 5: Repertorial analysis using HOMPATH ZOMEO software

DISCUSSION:

A 13-year-old, 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 mucocele'*. The mucus containing cyst was round, well circumscribed, soft consistency and and transparent, glossy bluish engorged appearance. With thorough case taking, the most appropriate individualized medicine to administered was '***Calcarea phosphorica*** *1m/2 doses*; which was carried forward by follow ups prescribed with '*Rubrum met 30*' respectively; of swelling and through causal attribution established by the **MONARCH** score [15] [**Table 2**] the healing can be attributed to the homoeopathic treatmentwhich led to positive evidential result in few 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 and recurrence was not observed after 6 month of follow up.

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:

This case brings to light the usefulness of Calcarea phosphorica 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.This case has highlighted the importance of best on symptoms similarity with individualization of the patient for a remedy selection, and not just common of symptoms of disease. The above case study along with previous documented articles provides example in the utility of homoeopathic treatment in cases of oral mucosal cyst.

Limitation of study:
This case report is not sufficient to draw any conclusion rather good quality, well-designed studies are required to establish the efficacy of Individualized homeopathic medicines in managing Oral Mucocele.

Declaration of parent's assent:
The patient party has consented that his images and other clinical information will be published in the journal; They ware understood that his name and initials will not be included in the manuscript.

Acknowledgement:
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Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* Thecorresponding author is the guarantor of this article and its contents.

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