


COMMON DISORDERS OF ORAL CAVITY WITH HOMOEOPATHIC THERAPEUTICS



Dr. Preeti Singh
M.D (HOM)
Asst. Professor
Department of Surgery
NHMC (Agra)

TOPICS INCLUDED:

- 1) Vincent's Infection
- 2) Moniliasis (Candidiasis)
- 3) Aphthous Ulcers
- 4) Rannula
- 5) Leukoplakia
- 6) Mumps (Viral Parotitis)



VINCENT'S INFECTION

- Also known as Acute necrotising ulcerative gingivitis.
- Similar to vincent angina.
- Causative organism is *Borrelia Vincentii*.
- Commonly affects young adults and middle age persons.
- It starts at interdental papillae and spread to free margins of gingivae, which get covered with necrotic slough.
- Gingivae also become red and oedematous.
- Similar Ulcer and necrotic membrane may also form over the tonsil (Vincent angina).



- **Diagnosis:** is made by smear from the affected area.
- **Management:** Frequent mouth wash and dental hygiene.
- **Treatment:** Systemic antibiotics.
- **Homoeopathic Medicines:** Ars, Bella, Lach, Tuberculinum, Bacillinum





Vincent infection





Vincent angina



MONILIASIS (CANDIDIASIS)

- It is a fungal condition caused by *Candida albicans*.
- It occurs in two forms:
 - A. **Thrus:** Appears as white grey patches on oral mucosa and tongue. When wiped off it leave an erythymatous mucosa. Common in infants and children but can affect adults with systemic disorders like malignancy, diabetes, on antibiotics or cytotoxic drugs.



- B. **Chronic hypertrophic Candidiasis:** Also called Candidal leukoplakia. Lesion appear as white patch which can not be wiped off. Mostly affects anterior buccal mucosa just behind the angle of mouth.

Homoeopathic Medicines: Ars, Ars. iod, Borax, Kali. Iod, Kali. Chl, Merc, Sul. acid, Sulph, Nit. Acid, Nat. mur .





Oral Candidiasis



APHTHOUS ULCERS

- They are recurrent and superficial, and usually involves inner surface of lips, buccal mucosa, tongue and soft palate, not involve hard palate and gingivae.
- In minor form (Common), ulcers are 2-10 mm in size and multiple with a central necrotic area and a red halo. They heal in 2 weeks without leaving a scar.
- In Major form: Ulcer is very big 2-4 cm in size and heals with a scar but is soon followed by another ulcer.



- **Etiology** is unknown, may be an autoimmune process, nutrition deficiency (Vita B12, Folic, iron), Viral or bacterial, Food allergies, Due to hormonal changes or stress.
- **Behcet's Syndrome:** Characterized by aphthous like oral ulcer, genital ulcer and uveitis.
- **Homoeopathic Medicines:** Ars, Bism, Borax, Iod, Kali iod, Lach, merc, mur. Acid, Nit. acid





Aphthous ulcer



RANNULA

- A cystic translucent lesion seen in the floor of mouth on one side of frenulum and pushing the tongue up.
- It arises from sublingual salivary gland due to obstruction of its duct.
- Occasionally it can occur in submandibular gland also
- Some ranula extend into the neck

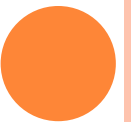


- **Clinical Features:** Present as a bluish smooth, soft, fluctuant, brilliantly transilluminant swelling in lateral aspect of floor of mouth
- **Treatment:** complete surgical excision.
- **Homoeopathic medicines:** Ambr, Calc, Mez, Merc, Nat. mur, nit. Acid, Staph, Thuja





Ranula



LEUKOPLAKIA

- Thickened, white patches form on the gums, the insides of the cheeks, the bottom of the mouth and, sometimes, the tongue. The patches can't be scraped off.
- **Aetiologic Factors:** Smoking, tobacco chewing, alcohol abuse particularly if combined with smoking. Chronic trauma due to ill-fitting dentures or cheek bite.

May also associated with submucous fibrosis, hyperplastic candidiasis or plummer-vinson syndrome (rare disease characterized by difficulty swallowing, iron-deficiency anemia, glossitis, cheilosis and esophageal webs.)



- **Sites involved:** Buccal mucosa and oral commissures are the most common site. Other are floor of mouth, tongue, gingivobuccal sulcus and mucosal surface of lip.
- **Age and sex:** Mostly seen in 4th decade. Males are affected 2 or 3 times more often.



○ Clinical type:

- Homogenous: Present with smooth and wrinkled white patch. It is less often associated with malignancy.
- Nodular: Present as white patch or nodules on erythematous base. Higher incidence of malignant transformation
- Erosive (Erythroleukoplakia): Present with erosions and fissures. Higher incidence of malignant transformation.



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- **Histology:** About 25% of leukoplakia show some form of epithelial dysplasia from mild to severe. Higher the grade of dysplasia more the chances of malignant changes.
- **Malignant potential:** It is a premalignant condition and chances of becoming malignant is from 1% to 17.5 %. Malignant potential varies according to site and type of leukoplakia.



MANAGEMENT

- Many lesions will disappear spontaneously if causative agent is removed.
- In lesion with higher malignant potencial, a biopsy is taken to rule out malignancy.
- In suspicious small lesions, surgical excision or ablation with laser or cryotherapy can be done.
- **Homoeopathic medicines:** Ars. Iod, Borax, Ign, Mur.acid, Nit. Acid





Erosive Leukoplakia



MUMPS (VIRAL PAROTITIS)

- It is viral infection caused by Paramyxovirus.
- Contracted by droplet infection and fomites.
- Childrens are most often affected.
- Incubation period is 2-3 weeks (7 to 23 days).
- Patient is infective even before appearance of clinical manifestations and remain so 7-10 days after parotid swelling subside.



CLINICAL FEATURES

- Fever
- Malaise
- Anorexia
- Muscular pain
- Parotid swelling (May be unilateral)
- Submandibular and sublingual salivary glands may also be enlarged.
- Swelling subsides in about a week.



COMPLICATIONS

- Orchitis
- Ophritis
- Pancreatitis
- Aseptic meningitis
- Unilateral sensoryneural hearing loss
- Other: thyroiditis, myocarditis, nephritis, arthritis.



DIAGNOSIS

- Usually clinical
- Serum and urinary amylase: Raised during 1st week
- Serum IgG and IgM



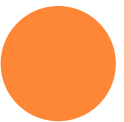
MANAGEMENT

- Proper hydration, rest
- Analgesics
- Cold and hot compresses over the parotid
- Prevention: infant have maternal immunity for 1 year. After that MMR vaccine at 15 month of age.
- **Homoeopathic medicines:** Baryta. Mur, Bell, Bromium, Kali.mur, Lach, Merc, Parotidinum, Phytolacca, Puls





Mumps



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THANK YOU

