

Oral Lesions and Homoeopathy

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Introduction

There are certain conditions of oral cavity which can easily be seen, diagnosed and cause headache to a physician treating it due to their complicated nature or under running a serious disease. It becomes a matter of great deal to the physician to understand these lesions and their nature especially while treating them homoeopathically. Here we are discussing about some very common oral lesions in terms of Homoeopathy.

Hairy Tongue: This is a relatively rare condition which is caused by the elongation of the taste buds (Psora). This condition can be caused by poor oral hygiene (Psora), chronic oral irritation (Psora) or smoking (Psora). The far right photograph shows a patient who has been treated with radiation therapy for head and neck cancer and has chronic oral inflammation (Sycosis). Treatment will involve good oral hygiene, brushing of the tongue, mouth rinses and sometimes the trimming of the elongated papilla. The right picture is the same patient two months later after improvement in his oral hygiene.



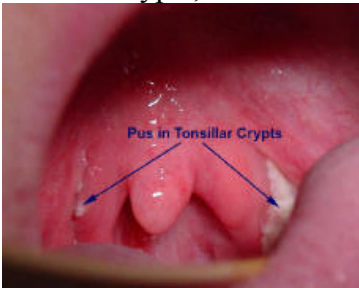
Another patient with a Black Hairy Tongue. This patient had significant gastroesophageal reflux (Psora). Control of her reflux and brushing of her tongue resulted in a marked improvement in her condition. The pre-treatment picture is the picture on the left. The patient's tongue two months post treatment is shown on the right.



The patient shown on the right has a combination of a geographic and hairy tongue (Psora/Sycosis). This condition did not produce any symptoms.



Acute Tonsillitis: This is a common condition which is usually caused by gram positive bacteria. If the organism is Streptococcal pyrogenesis, there is a risk of developing Rheumatic Fever (Psora/ Sycosis/ Syphilis). Often multiple different bacteria exist in the tonsillar crypts, which can be difficult to culture.



The picture to the right shows the appearance of acute tonsillitis due to Infectious Mononucleosis (Psora/ Syphilis).

Ankyloglossia or a persistent lingual frenulum (Syphilis/ Sycosis) is a congenital persistence of tissue which binds the tongue to the floor of the mouth. When severe, the frenulum should be cut to mobilize the tongue.



Torus palatinus is a hard bony growth (Sycosis/ Syphilis) in the center of the roof of the mouth (palate). It is not a tumor or neoplasm but by a benign bony growth called an exostosis (Sycosis). This growth commonly occurs in females over the age of 30 and rarely needs treatment. Occasionally it is removed for the proper fitting of dentures.



The torus below has a chronic non-healing ulceration (Sycosis/ Syphilis). This is a rare finding and required surgical excision of the torus.

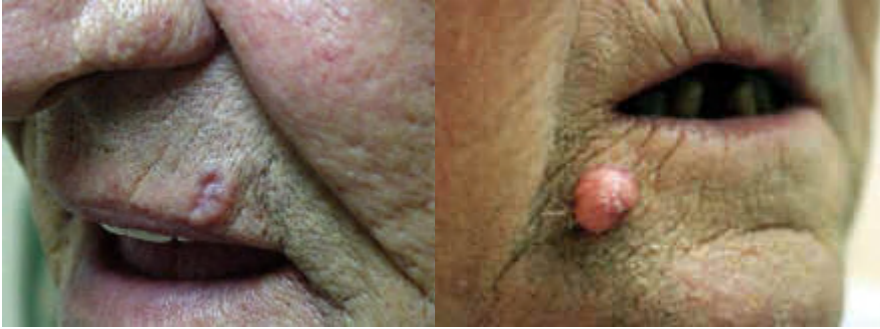


Lip Cancer: Cancer of the lip (Psora/ Sycosis/ Syphilis) is a relatively common condition. Cancers of the lower lip have a better prognosis than those of the upper lip.



Chronic sun exposure (Psora) is the most common cause, but smoking (Psora) can also be an etiology. The picture below right shows a T2 N0 (tumor size between 2 to 4 cm, with no lymph node spread) squamous cell carcinoma (Psora/ Sycosis/ Syphilis) of the lower lip.

These patients have a basal cell carcinoma lip cancer (Psora/ Sycosis/ Syphilis). It is a less aggressive tumor than squamous cell carcinoma. Basal Cell Carcinoma spread and destroy tissue locally (Sycosis/ Syphilis), but do not metastasize (Psora) (spread by blood or lymphatics).



Oral Cancer: This patient is a 57 year old, with a 75 pack year history of smoking and alcohol intake. He has a uvular carcinoma (Psora/ Sycosis/ Syphilis) which has also spread onto the nasopharynx surface of the soft palate. He was also found to have a carcinoma in the upper portion of his right lung.



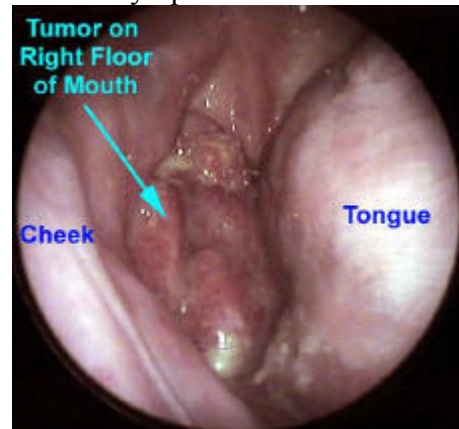
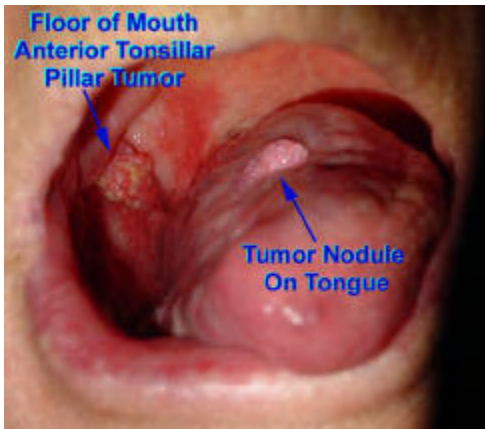
Below is a cancer on the tongue in a 45 year old male who was a non-smoker. The most common cause of oral tumors is Human Papilloma Virus which is found in 70% of oral tumors. This virus most commonly causes tumors on the tonsil and base of tongue.



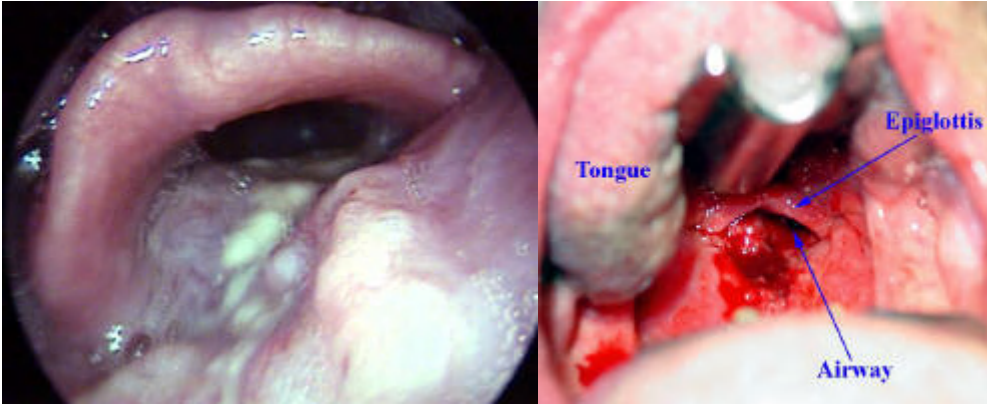
The following picture is from a 22 year old male who has used over one can of snuff for the past 15 years. He has high blood pressure (Sycosis) from the vasoconstrictive (contraction of blood vessels) (Psora) effect of nicotine and gastroesophageal reflux disease (stomach acid coming up from the stomach towards the mouth) which is also made worse from using tobacco products. The picture below shows extensive leukoplakia (Psora/ Sycosis/ Syphilis) forming between his gums and lips. This is a pre-cancerous condition and if it does not resolve with his cessation of using tobacco products, it will need to be surgically removed.



This patient is 87 year old who used to smoke 1 pack per day many years ago she was not sure how long she smoked. This patient has a tumor (Psora/ Sycosis/ Syphilis) on both her tongue and right floor of the mouth. The tumor is over her alveolus and extends onto the anterior tonsillar pillar. These types of tumors are often treated with a commando operation which consists of resection of the mandible, floor of mouth and tongue; along with a radical neck dissection which removes the muscles and lymph nodes in the neck.



This patient is a 70 year old who smoked 1 pack per day for 50 years he also drank alcohol heavily (Syphilis). He presented with severe **dysphagia** (trouble swallowing) (Psora) and on examination was found to have a very small airway (Syphilis). The pictures below show a large oral tumor (Psora/ Sycosis) in the **hypopharynx** with a very small airway under the **epiglottis**.



Carcinoma of the Tongue: This patient has a T1 (2 cm or less) squamous cell carcinoma of the tongue (Psora/ Sycosis/ Syphilis).



Chelitis: This is crusting and cracking which occurs in the corners of the mouth. It is caused by a fungus (Psora/ Syphilis).



Aphthosis Ulcers: Aphthosis ulcers are shallow small painful ulcers (Psora/ Syphilis) which appear on mobile mucosa in the oral cavity. They are often found in individuals that are under stress. The cause of these ulcers is unknown.



Cold Sores: Cold sores (Psora/ Syphilis) are caused by the Herpes Simplex Virus. Once infected, they plague the patient for life.



Shingles (Herpes Zoster): Shingles are caused by the Herpes Zoster Virus. They occur many years after an individual has had chicken pox (Psora). Once an individual has had chicken pox, he/she will carry, for life, the virus in a dormant state (Suppressed Psora) in the cell bodies of nerve tissue. Over the years, a patient's antibody levels fall (Syphilis) and the dormant virus emerges (Active Psora). The virus causes lesions to erupt on the skin (Psora) in which the nerve innervates. In the following picture, the lesions are seen on the patient's right jaw and right half of his tongue. This corresponds to the lower division of the trigeminal nerve (V cranial nerve) and the lingual nerve (XII cranial nerve).

Leukoplakia is a white patch in the oral cavity. It is often caused by chronic irritation (Psora) or infection but may also be a cancer (Psora/ Sycosis/ Syphilis). In this patient the leukoplakia has areas of redness called erythroplakia (Psora/ Syphilis). Erythroplakia more often represents a cancer (Psora/ Sycosis/ Syphilis). On biopsy, the patient was found to have a fungal infection (Psora/ Syphilis). Fungal infections of the oral cavity may often mimic a cancer both on gross appearance and sometimes even histologically.



Salivary Gland Stone: This patient had a stone (Psora/ Sycosis) which formed in the Submandibular (Submaxillary) Gland Duct.

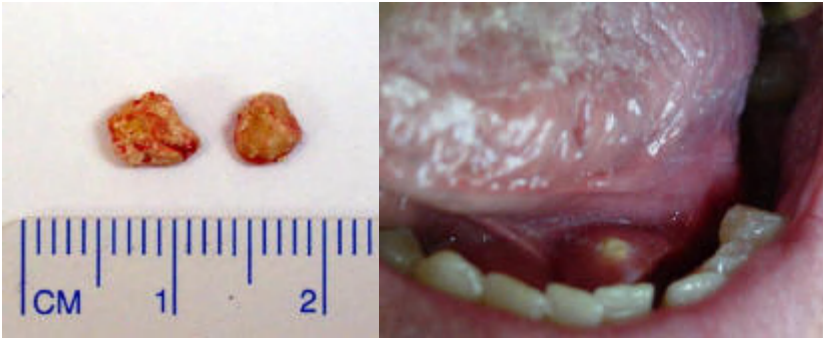
The picture below shows the duct's papilla in the floor of the mouth, underneath the patient's tongue. This duct drains uphill, is wide and has a mucoid or viscous secretion (Psora/ Sycosis). Thus, when salivary gland stones occur, they usually occur in this duct. Prevention is with hydration, gland massage and using a few drop of sour lemon juice several times a day to increase salivary flow.



The following picture is from a patient who has a small salivary gland stone in its duct. Note the dilatation of the salivary gland duct (Psora/ Sycosis).



The pictures below show a patient with severe sialolithiasis (salivary gland stones) (Psora/ Sycosis). One of the stones has eroded through the floor of the mouth. Two stones were recovered with a third still in the duct. This patient had a long history of recurrent salivary gland swelling and infection.



Oral Fibroma. This is a benign lesion in a young patient (Psora/ Sycosis).



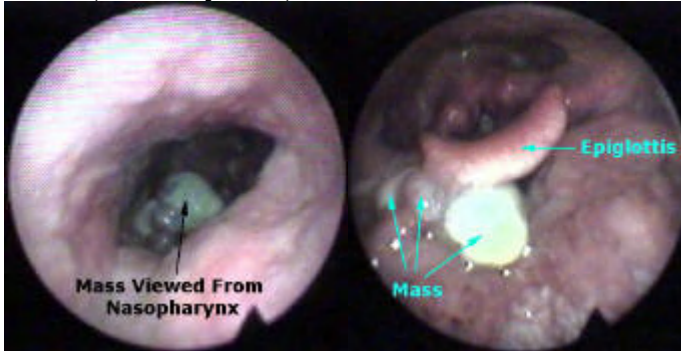
Lingual Cavernous Hemangioma. This is a benign lesion but one which is very hard (Psora/ Sycosis) to treat. Surgery is difficult. Angiography is often needed to outline the feeding vessels and to embolize the hemangioma.



Geographic Tongue. This is a benign non-painful condition (Psora/ Syphilis) caused by the absence of taste bud papilla. The glassy patches move around the tongue and change shape (Psora/ Syphilis). The cause of this condition is unknown. To the left below is a picture of a hairy and geographic tongue in an 18 yr old male.



Mass on Base of Tongue: This mushroom like mass (Psora/ Sycosis) presented on a 40 year old female with a one month history of chocking. The mass is a benign vascular tumor (Psora/ Sycosis).



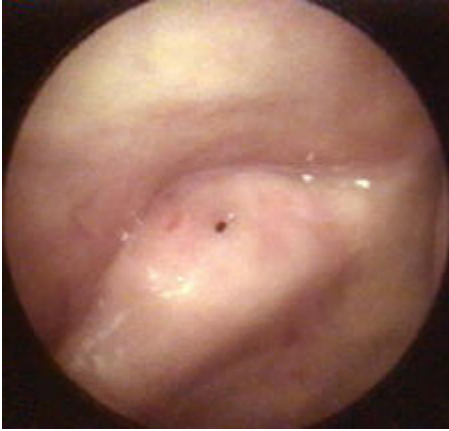
Sialocele. A sialocele arises from the blockage of a salivary gland duct. The duct enlarges and forms a sac of saliva (Psora/ Sycosis).



Oral-Maxillary Fistula. In this condition, a hole (fistula) (Psora/ Syphilis) develops between the mouth and the large sinus cavity above the palate (roof of the mouth). This condition can be caused by dental infections or a complication of surgery.



The patient shown below has a small hole in the middle of a tooth socket. A tooth had been pulled and a hole was made into the maxillary sinus. The hole did not fully heal and a small fistula was left in the middle of the upper alveolar ridge.



Lichen Planus: This condition presents as a white lace like pattern (Psora/ Sycosis) on the inside of the cheeks. Often the condition is caused by a reaction to medications. Beta Blockers and oral hypoglycemics are the most common offending medications. Lichen Planus can also be associated with other conditions such as Hepatitis C.



Pemphigoid: Bullous pemphigoid is an auto-immune disease which causes blistering of the skin (Psora/ Sycosis). It can involve the mucous membranes in 10% to 25% of patients. Blisters form when antibodies attack proteins (Psora/ Syphilis) in the basement membrane of the skin (between the dermis and epidermis). Many cases are self limited and go into remission in five years or less. However, severe cases may require treatment. Pemphigoid should not be confused with Pemphigus Vulgaris which is a much more aggressive disease. In Pemphigus Vulgaris antibodies attack proteins (Psora/ Syphilis) called desmogleins. Desmogleins are the proteins which hold the skin together. Diagnosis of Pemphigoid and Pemphigus requires biopsy.



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