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Effectiveness of *Thuja occidentalis* in the treatment of solitary nodular lesion of tongue: A case report

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Abstract
Background: Solitary, nodular lesions of the oral mucosa present a clinical dilemma with their similar presentation to the physician. The lesions that appear on the ventral surface of the tongue, a soft muscular organ are distinct and even rarer with varied manifestations. It may occur in different locations in the oral mucosa due to trauma or obstruction of minor salivary gland ducts with the lower lip as the predominant site, often overlooked during screening procedures because of their asymptomatic nature.
Case Summary: Here, we report an interesting case of solitary nodular lesion on the anterior ventral surface of the tongue in 4-year-old female child based on the clinical diagnosis. Moreover, these cystic nodular lesions should be considered as one of the differential diagnosis while evaluating a growth involving the ventral surface of the tongue in young female children.
Diagnosis: Mucocele of the Tongue.

Keywords: Thuja occidentalis, nodular lesion, cystic growth, mucocoele, tongue, homoeopathy

1. Introduction
Mucocele is a common lesion of the oral mucosa that results from an alteration of minor salivary glands due to a mucous accumulation. Mucocele involves mucin accumulation causing limited swelling of the involved area. They generally appear as soft, asymptomatic swellings with a colour that can range from deep blue to the colour of the oral mucosa. A characteristic finding of the lesion involves its alternate regression and recurrence due to the cystic cavity being subjected to the rupture and re-aggregation of saliva. Post rupture, they create painful ulcerations that heal within days. They can develop anywhere in the human body but are particularly very common in the oral mucosa and the frequency of progression of their occurrence in the oral cavity surpasses other areas in the body.
Two types of mucocele can appear – Extravasation and Retention. *Extravasation mucocele* results from a broken salivary glands 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 salivary gland ducts. When located on the floor of the mouth these lesions are called Ranulas because the inflammation.
Mucocele is a common lesion and affects the general population. For this reason we felt it would be interesting review the clinical characteristics of mucoceles, and their treatment and evolution in order to aid decision making in daily clinical practice.

Etiopathogenesis
There may be two crucial etiological factors in mucoceles: traumatism and obstruction of salivary gland ducts. Mucus is produced exclusively by the minor salivary glands and is also the most important substance secreted by the major sublingual salivary glands. Mucoceles can appear by an extravasation or a retention mechanism. Extravasation mucoceles are caused by a leaking of fluid from surrounding tissue ducts or acini. This type of mucocele is commonly found on the minor salivary glands. Physical trauma can cause a leakage of salivary secretion into surrounding sub-mucosal tissue. Inflammation becomes obvious due to stagnant mucous resulting from extravasation.
A study by Dr. Sebastian Bagan, considering 25 mucoceles suffered in the general population, showed that 5% were retention mucoceles whereas the other 95% were extravasation. They proposed that extravasation mucoceles undergo three evolutionary phases. In the first phase, mucous spills diffusely from the excretory duct into conjunctive

tissues where some leucocytes and histocytes are found. Granulomas appear during the re-absorption phase due to histocytes, macrophages and giant multinucleated cells associated with a foreign body reaction. In the final phase connective cells form a pseudo-capsule without epithelium around the mucosa.

Retention mucoceles are formed by dilation of the duct secondary to its obstruction or caused by a sialolith or dense mucosa. The majority of retention cysts develop in the ducts of the major salivary glands.

Diagnosis

The diagnosis is mostly clinical. Patient's typically present with a reddish, soft, nodular, warty growth on ventral surface of tongue since 2 to 3 months, increasing in size and painful to touch.

Case Report

A 04 year old female child patient presented with a soft nodular swelling under her tongue for 2 to 3 months with painful on touch and difficulty of eating and speaking. Intraoral examination revealed a fluid filled, soft, solitary flaccid growth measuring about 6 mm × 6 mm on the anterior ventral surface of the tongue with an intact overlying mucosa. She had an unremarkable medical history. There was no history of trauma. Extra-oral examination did not show any swelling or lymphadenopathy.

History of Presenting Complaint

Patient was apparently well 3 months back, and then her parents suddenly noticed a growth on anterior ventral surface of the tongue which grew in size rapidly. On asking her, she told that she has also having slight pain from the lesion. But there was no history of trauma found.

General Symptoms

No uncommon or characteristic general symptoms (mental and physical) present. Patient drinks 1-2 litres of water per day. Appetite is good. Stools and urine are normal. Sound sleep and moderate perspiration according to season and activities. Patient is ambithermal.

Past History

She had no history of any trauma.

Family History

There was no family history of any chronic disorder.

Personal History

There was no such personal history but she's fond of chocolates and sugars.

Birth History

Delivery was normal vaginal. Full termed, around 2.8 kg's of birth weight, there was no history about jaundice, breathing and feeding difficulties and fits etc.

Physical Examination

There was no sign of pallor, cyanosis, clubbing, icterus and lymphadenopathy. Her pulse 90/min, afebrile, weight about 13 kg's and well built.

Local Examination

On examination, the lesion was 6 mm × 6 mm present over anterior ventral surface of the tongue. Growth was soft in consistency. She had no other similar eruption over other parts of his body.

Case Analysis

In this case, clinical picture was considered for repertorization as no characteristic physical or mental generals were present. This case was presented as one-sided local disease with marked characteristic particular symptom.

Miasmatic Analysis of Case

Analysis was showing picture of sycosis predominance. The sycotic manifestation includes infiltration and over growth of tissue. Warts, moles, keloids, thrown up externally give us indication that the patient has entered the sycotic defence stage.

The syphilitic has as its hallmark ulceration and destruction of tissue, even to bony tissue. As the case is presented with nodular growth on ventral surface of the tongue, indicates sycotic manifestation.

Repertorial Analysis

1. According to 'Repertory of the Homoeopathic Materia Medica' by J.T. Kent.
   - Mouth – Ranula – Gelatinous - Bluish Red; Thuj
   - Mouth – Warts – Tongue; Aur-m, lyc, mang, staph
   - Mouth – ulcers – painful – touch, to; Nat-m
2. According to 'Homoeopathic Materia Medica and Repertory' by William Boerick, M.D.
   - Tongue – Eruptions – Growths – Ranula; CALC, THUJ
   - Tongue – Pain; ARS, NIT-AC, PHYT, THUJ
3. According to 'BBCR' by C.M. Boger
   - Mouth – Tongue – Ranula; MERC, THU

Justification of selection of Thuja Occidentalis

Its relation to the production of pathological vegetations condylomata, warty excrescences, and spongy tumours is very important. The main action of Thuja is on the skin, producing conditions that correspond with Hahnemann's sycotic dyscrasia.

- Ranula: bluish or varicose veins on tongue or in mouth. – Allen's Keynote.
- Ranula; varicose veins on tongue and mouth. – Boericke's Materia Medica.
- Swelled tongue; Ranula under tongue; Gelatinous Ranula. – BBCR by C.M. Boger.
- Swelling of tongue; painful when touched; condylomata under tongue; Ranula on both sides of tongue; Ranula and epulis with excess of venosity everywhere. – J.H. Clarke Materia Medica.

Table 1: Treatment and Follow-Ups

Date	Symptoms	Prescriptions
03/04/2016	Presented with a soft, nodular, warty growth on ventral surface of tongue since 2 to 3 months, increasing in size and painful to touch.	1) Thuja 30/ OD/ 2 Days 2) Placebo / TDS/ 1 week
11/04/2016	Slightly reduces in size	1) Thuja 30/ OD/ 2 Days 2) Placebo/ BD/ 15 Days

01/05/2016	Complaint Relieved; Size Decreases	1) Placebo/ BD/ 15 Days
13/05/2016	Complaint and Lesion is all clear	1) Placebo/ BD/ 15 Days

Fig 2: Intraoral examination showing before and after fluid filled, soft, solitary nodular growth on the anterior ventral surface of the tongue**.**

Discussion

Besides the local affection, requiring surgical and mechanical treatment, there are local affections that proceed from an internal morbid state. The medicine selected for such local maladies must therefore be based on the totality of symptoms which includes the local affection as the most guiding symptom of the whole disease. In the case presented here, the patient was presented only with local disease so the prescription was based on particular symptom rather than on general symptoms of the patient. As Thuja is a great anti-sycotic remedy, so the treatment was began with Thuja 30CH. Thuja was used in lower potency because the patient's susceptibility and sensitivity.

Mucocele of the tongue was resolved within a month after treatment with no reoccurrence till date. This justifies the correct selection of remedy, its potency and repetition.

Conclusion

Since mucoceles are often overlooked or skipped, it is imperative to include mucoceles as a differential diagnosis for any growth observed on the midline of the ventral surface of the tongue in females during the first and second decade of life. If ignored, it can lead to further complications like excessive growth that may impede mastication and interfere with swallowing. Hence, all curative measures should be planned, with reference to the state of the whole system and by means of internal remedies. A gradual disappearance of the local manifestation of disease will surely accompany the restoration of health. The present case brings to light the effectiveness of Thuja in the treatment of Mucocele of the Tongue.

Declaration of patient consent

Consent was taken from the patient. In the form, the patient has given written consent for his clinical information and images to be reported in the journal.

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Conflicts of interest

None declared.

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