Homoeopathic treatment of oral leucoplakia: A case report

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Homoeopathic treatment of oral leucoplakia: A case report

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Abstract

Introduction: Oral leucoplakia (OL), a premalignant lesion which is more frequently encountered in elderly people, is defined as a white lesion of the oral mucosa. Smoking is one of the most common risk factors. Conventionally, surgical excision is the most recommended treatment option for OL. Case Summary: A 55-year-old male presented with the complaint of a whitish lesion inside the left angle of the mouth (buccal mucosa) for the past 1½ years. The case was clinically diagnosed as OL. He was advised for surgical excision, but he preferred to go for homoeopathic treatment. Based on characteristic symptoms, repertorial analysis and individualisation, homoeopathic medicine Kali iodatum (200C and 1M) followed by Syphilinum 200C was prescribed. Over 14 months of treatment, the patient initially improved with Kali iodatum followed by total remission of the lesion by Syphilinum. Modified Naranjo Criteria for Homoeopathy (MONARCH) was used to evaluate the attribution of recovery to homoeopathic treatment. The MONARCH score was (+8 on a ‘−6 to +13’ scale), which is indicative of the possibility of patient’s improvement resulting from the homoeopathic treatment. This clinical case report demonstrates the beneficial effects of individualised homoeopathic treatment for the management of premalignant lesions like OL.

Keywords: Homoeopathy, Individualisation, Modified Naranjo Criteria for Homoeopathy, Oral leucoplakia, Premalignant lesion

Introduction

Oral leucoplakia (OL) is a potentially malignant disorder recognized as a white lesion of the oral mucosa that cannot be characterised as any other definable lesion.1,2 The elderly men are more likely to have OL, and the likelihood of developing it rises with age. Less than 1% of the affected males are thought to be under the age of 30, and the frequency rises to 8% in male patients over the age of 70 and to 2% in female patients over the age of 70. Epithelial atrophy to hyperplasia, which can be related to various levels of epithelial dysplasia, is the two possible histopathologic features of OL.3-4 OL lesions on the tongue, soft palate and floor of the mouth are regarded as high-risk lesions, but they may be of low malignancy risk in other locations.4,5 The yearly malignant transformation rate of OL ranges from 0.1% to 17%, with several conditions potentially raising this risk.6-10 Patients who are females often have a higher chance of getting the malignant type.3-9 Treatment-resistant OL that has persisted for a long time may have poor prognosis. It has been shown that OL in non-smokers has a higher risk of malignant transformation than OL in smokers.10,11

The authors could not find any study reported for the homoeopathic treatment of OL while searching different databases.

This case of OL, which manifested as a whitish lesion in the left buccal mucosa, has been reported according to the HOM-CASE guidelines. This case adds to the evidence that homoeopathic treatment can relieve the symptoms of a probable premalignant condition such as OL. Furthermore, it can enhance the quality of life of the patient.12

Patient Information

A 55-year-old male presented at the outpatient department (OPD) of Dr. Anjali Chatterji Regional Research Institute of Homoeopathy, Kolkata, on 27, October, 2018 with the complaint of a whitish lesion inside the left angle of the mouth (buccal mucosa) for the past 1½ years. There was pain and burning.

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sensation over the lesion along with excessive salivation, which aggravated in a warm room and after eating rich and spicy food. The case was already diagnosed as OL by an allopathic physician.

The patient’s complaints started 1½ years back when he observed the gradually increasing size of a white patchy lesion inside the left angle of the mouth. There was no discomfort earlier, but for the past 2–3 months, he had started feeling pain and burning sensation after eating anything spicy, along with excessive salivation. He was also suffering from low back pain, which aggravated during walking. He reported to have taken allopathic treatment for OL without much improvement and was then advised surgery.

He had suffered from chicken pox at the age of 16 years and typhoid at the age of 23 years and recovered well from both after taking conventional treatment. His father was hypertensive, and mother suffered from osteoarthritis.

The patient used to work in a jute mill and belonged to a low socioeconomic background. He had a habit of smoking tobacco in the form of cigarettes/bidi (15–16/day) since 20 years of age. After developing the white patch, he was advised to stop smoking by his allopathic physician. Although he could not stop it altogether, he reduced the quantity of smoking to 7–8 times/day. However, for the past 6–7 months, following the appearance of this lesion, the patient reported to have stopped smoking completely. He also consumed alcohol occasionally for 10–15 years.

Clinical findings

The patient weighed 70 kg and was 5 feet 5 inches tall, with a body mass index of 25.7. He was dark-complexioned and borderline overweight. No pallor, oedema, jaundice, cyanosis or abnormal pigmentation was observed.

Oral examination (including lips, buccal mucosa, floor of mouth, tongue, hard and soft palate, gums and teeth) did not reveal anything significant, except for the white patches inside the left angle of the mouth.

Generalities

The patient was very talkative, anxious and reported to have a marked fear of death. His thermal reaction was hot, with an increased appetite and profuse thirst. He had a craving for milk and preferred spicy and rich food. His bowel movement was regular, but the urge for urination was increased and he described his urine to be offensive. The patient also occasionally complained of disturbed and unrefreshing sleep.

Diagnostic assessment

This was a diagnosed case of OL inside the left angle of the mouth (buccal mucosa) [Figure 1] verified clinically in the OPD. For further confirmation, a biopsy could not be done as the patient refused to undergo any invasive investigation, despite counselling him for the same.

Case analysis and repertorisation

Following complete case taking in accordance with homoeopathic principles, the following characteristic symptoms were taken into consideration for repertorisation after analysis and evaluation:

- Fear of death
- Very talkative
- Hot; aggravated in a warm room
- Appetite increased
- Profuse thirst, drinks 3–4 litres of water/day
- Craving for milk
- Whitish lesion inside the left angle of the mouth (buccal mucosa)
- Pain and burning sensation over the lesion; aggravated from warm food and after eating rich and spicy food.
- Soreness on the affected buccal mucosa
- Excessive salivation
- Low back pain aggravated by walking
- Frequent urination with offensive odour.

The above symptoms were converted into rubrics and the case was repertorised using Hompath Classic M.D. Software, version 10, and Repertory of J.T. Kent[13,14] [Figure 2].

After repertorisation, Kali iodatum covered the maximum number of symptoms (14), with a total score of 26. Sulphur covered 13 symptoms, while Calcarea carbonica and Natrum muriaticum covered 12 symptoms each. The characteristic symptoms were assessed for the miasmatic background and the case was found to be psoro-syphilitic.

Therapeutic intervention

Basis of prescription

Following repertorial analysis, miasmatic analysis and consultation with materia medica, considering the individualised characteristics of the patient, homoeopathic medicine Kali iodatum was selected as the initial prescription.[15]

First prescription

Four doses of potentised homoeopathic medicine, Kali iodatum 200C were prescribed. The medicine was manufactured by a good manufacturing practice certified pharmaceutical company and prescribed in globules sized 30. The patient was advised to take four globules of medicine twice daily on an empty
stomach for 2 consecutive days. He was advised to take an adequate amount of water and to maintain proper oral hygiene.

**Follow-up and outcomes**

The patient was followed up every month or as per requirement for more than a year. During follow-ups, the change of medicine, potency and repetition of doses were done as per the guidelines of the homoeopathic philosophy. The medicines were prescribed for a limited duration as per the need and were followed by placebo pills for rest of the period. The changes in signs and symptoms, as well as medicines prescribed in every follow-up, are provided in Table 1.

The patient was questioned on the timely consumption of medication in the prescribed dose and compliance with other behavioural restrictions at every follow-up visit. During the course of homoeopathic treatment, no adverse or unanticipated events were noted.

The Modified Naranjo Criteria for Homoeopathy (MONARCH), a causal attribution inventory tool, was used to determine if there was a causal relationship between the homoeopathic intervention and the treatment outcome. The MONARCH score was +8 on a scale from −6 to +13, which is indicative of possibility of the patient’s improvement resulting from the homoeopathic treatment (Table 2).

The photographs taken during the initial appointment and subsequent visits served as an objective evidence of the treatment’s outcome. These were taken during the initial visit, at 6 months and after 14 months (Figures 1, 3 and 4).

**Discussion**

The development of OL, a white patch or plaque, is closely linked to smoking. The use of tobacco in any form, including cigars, cigarettes, bidis and pipes, is one of the additional risk factors. Consumption of alcohol, chronic irritation, fungal infections like candidiasis and other conditions are synergistic risk factors. The preferred therapy for lesions with moderate-to-severe dysplasia is surgical excision or laser surgery.[1]

An invasive and unpleasant procedure known as biopsy from the lesion’s location is the gold standard for diagnosing leucoplakia. However, a lesser invasive procedure of brush biopsy has been introduced, of late.[17] However, in this case, the patient was diagnosed only clinically as he was not willing to go for any invasive investigation. Eliminating the underlying causes is the first step in treatment. These patients should be encouraged and supported to quit smoking.

While exploring online medical databases, we could not find any case studies related to homoeopathic treatment of OL. A case report[18] for the premalignant condition of the oesophagus, barret oesophagus and another one[19] on acute pseudomembranous candidiasis in the oral cavity was found to be treated successfully with Homoeopathy. This particular case report has the potential to inspire homoeopaths to handle this type of pre-malignant lesion such as OL and can be the stepping stone for further large-scale studies.

Based on characteristic symptoms, repertorial analysis and individualisation, homoeopathic medicine *Kali iodatum* (200C and 1M) followed by *Syphilinum* 200C were prescribed. Over the period of 14 months of treatment, the patient was better with *Kali iodatum*, while complete healing of the lesion was achieved by *Syphilinum*.

Both subjective and objective changes are included in this case report as proof of the patient’s improvement. The images taken serially clearly show the healing of the lesion inside the left angle of the mouth (buccal mucosa) (Figures 1, 3 and 4).
<table>
<thead>
<tr>
<th>Date with number of Follow-ups</th>
<th>Complaints/symptoms</th>
<th>Intervention</th>
<th>Justification of prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>27 October, 2018</strong> Baseline visit</td>
<td>Based on baseline symptoms</td>
<td><em>Kali iodatum</em> 200C/4 doses BD×2 days</td>
<td>Based on the totality of symptoms, repertorial analysis and consultation with Materia Medica.</td>
</tr>
</tbody>
</table>
| **14 November 2018** First follow-up | • Whitish lesion inside the left angle of the mouth as earlier.  
• Pain and burning sensation over the lesion slightly better than before.  
• Excessive salivation persisting.  
• Low back pain slightly improved.  
• Fear of death persisting.  
• Urine - frequent urging for urination persisting. | No medicine was prescribed as improvement continued | The pain and burning sensation improved slightly. |
| **05 December 2018** Second follow-up | • Whitish lesion - same as before.  
• Pain and burning sensation better than before but persisting.  
• Excessive salivation persisting.  
• Low back pain slightly better than before.  
• Mentally patient is improving.  
• Urine - frequent urging for urination persisting. | No medicine was prescribed as improvement continued | Patient’s condition improved further. |
| **16 January 2019** Third follow-up | • Whitish lesion - same.  
• Pain and burning -persisting.  
• Excessive salivation -persisting.  
• Low back pain - not further reduced.  
• Fear of death- persisting.  
• Urine - frequent urging for urination- persisting. | *Kali iodatum* 200C/4 doses/BD×2 days | The patient’s condition came to a standstill. |
| **23 February 2019** Fourth follow-up | • Whitish lesion slightly improved.  
• Pain and burning better.  
• Salivation slightly decreased.  
• Low back pain better than before.  
• Mentally patient is improving.  
• Urine - frequent urging for urination - persisting. | No medicine was prescribed as improvement continued | The patient’s condition improved than last time. |
| **20 April 2019** Fifth follow-up | • Whitish lesion improving.  
• Pain and burning better.  
• Salivation decreased than before.  
• Low back pain better than before.  
• Mentally patient is improving.  
• Urine - frequent urging for urination persisting. | No medicine was prescribed as improvement continued | The patient’s condition continued to improve.  
The photograph of improving OL lesion was documented as Figure 3. |
| **29 May 2019** Sixth follow-up | • Whitish lesion - improvement is standstill.  
• Pain and burning sensation sometimes aggravated.  
• Salivation decreased but persisting.  
• Low back pain - same.  
• Mentally patient is improving.  
• Urine - frequent urging for urination persisting. | *Kali iodatum* 1M/2doses/ BD×2 days | Patient’s condition standstill. |
| **17 July 2019** Seventh follow-up | • Whitish lesion and ulceration inside the left angle of mouth- no further improvement, standstill.  
• Pain and burning sensation on lesion - aggravated <at night.  
• Salivation at night - not further reduced.  
• Low back pain relapsed with <at night.  
• Urine - frequent urging for urination more at night.  
• Patients have recently developed irritability and anger easily.  
• No improvement from last time.  
• Parallel crack on the dorsum of tongue. | *Syphilinum* 200C/2 doses/ OD×2 days | On the basis of the present totality of symptoms, prescription was changed. |
| **16 August 2019** Eighth follow-up | • Whitish lesion and ulceration inside the left angle of mouth decreased than before.  
• Pain and burning sensation better than before.  
• Salivation slightly improved.  
• Low back pain better than before.  
• Urine - frequent urging for urination slightly improved. | No medicine was prescribed as improvement continued | The patient as a whole better than last time. |

(Contd...)
Table 1: (Continued)

<table>
<thead>
<tr>
<th>Date with number of Follow-ups</th>
<th>Complaints/symptoms</th>
<th>Intervention</th>
<th>Justification of prescription</th>
</tr>
</thead>
</table>
| 21 September 2019 Ninth follow-up | • Whitish lesion and ulceration inside the left angle of mouth decreased than before but persisting.  
• Pain and burning sensation better than before persisting.  
• Salivation better than before.  
• Low back pain better.  
• Urine - frequent urging for urination slightly improved but persisting. | *Syphilinum* 200C/2 doses/OD×2 days | The patient’s condition was improving. For complete cure *Syphilinum* was repeated. |
| 16 November 2019 Tenth follow-up | • Whitish lesion and ulceration much decreased than before.  
• Pain and burning sensation much better.  
• Salivation better than before.  
• Low back pain better.  
• Urine - frequent urging for urination improved than before. | No medicine was prescribed as improvement continued | The patient’s condition was better. |
| 04 December 2019 Eleventh follow-up | • Whitish lesion and ulceration better.  
• Pain and burning sensation better.  
• Salivation not present.  
• Low back pain better.  
• Urine - frequent urging for urination better. | No medicine was prescribed as improvement continued | The patient’s condition was improved as a whole. Photograph of improved OL lesions was documented in Figure 4. |

The patient was contacted telephonically recently to enquire about the OL lesion. He informed that there was no recurrence of the lesion.

Table 2: Assessment of outcome of treatment by Modified Naranjo Criteria for Homeopathy

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Domains</th>
<th>Yes</th>
<th>No</th>
<th>Not sure or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Was there a homeopathic aggravation of symptoms?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>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)?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>(A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(B) Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms:</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-from organs of more importance to those of less importance?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-from deeper to more superficial aspects of the individual?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-from the top downwards?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>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?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Are there alternative causes (i.e., 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)</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total score= +8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Maximum score= +13, minimum score= -6

In this case, the total outcome score as per Modified Naranjo Criteria was +8, close to the maximum score +13 [Table 2]. This clearly demonstrates the positive causal attribution of the individualised homoeopathic treatment towards this case of OL.

In several clinical conditions, Homoeopathy has been demonstrated to be a beneficial alternative to surgery. Although Homoeopathy never claims to challenge the domain of true surgical diseases, it is true to argue that there are several occasions where surgery can be avoided with proper homoeopathic treatment.[20] The findings of this case report have the potential to inspire and advance clinical knowledge, which will assist patients who are dealing with OL, a potentially cancerous lesion, as well as the risks associated with surgical excision.
Conclusion
This case report of OL, a premalignant lesion, demonstrated positive outcomes after homoeopathic intervention. By adhering to the principle of individualisation in Homoeopathy, the patient showed improvement in all physical, mental and pathological aspects. To scientifically confirm the result, similar case studies and clinical trials are needed with a bigger sample size.

Declaration of patient consent
The authors have obtained written, informed consent from the concerned patient to publish his case records, with all possible attempt to not revealing his identity.

Financial support and sponsorship
The authors declare that they have not received any financial support or sponsorship for publishing this case report.

Conflict of interest
None declared.

References
Introduction: La leucoplasie buccale (OL), une lésion précancéreuse plus fréquemment rencontrée chez les personnes âgées, est définie comme une lésion blanche de la muqueuse buccale. Le tabagisme est l’un des facteurs de risque les plus courants. Traditionnellement, l’excision chirurgicale est l’option de traitement la plus recommandée pour l’OL. Résumé de cas: Un homme de 55 ans s’est plaint d’une lésion blanchâtre à l’intérieur de l’angle gauche de la bouche (muqueuse buccale) depuis 1 an. Le cas a été diagnostiqué cliniquement comme OL. On lui conseilla l’excision chirurgicale, mais il préféra opter pour un traitement homéopathique. Sur la base des symptômes caractéristiques, de l’analyse du répertoire et de l’individualisation, un médicament homéopathique Kali iodatum (200C et 1M) suivi de Syphilinum 200C a été prescrit. Après 14 mois de traitement, l’état du patient s’est d’abord amélioré avec Kali iodatum, suivi d’une rémission totale de la lésion par syphilinum. Les critères modifiés de Naranjo pour l’homéopathie (MONARCH) ont été utilisés pour évaluer l’attribution de la guérison au traitement homéopathique. Le score MONARCH était de (+8 sur une échelle de « -6 à +13 »), ce qui indique la possibilité d’amélioration du patient résultant du traitement homéopathique. Ce rapport de cas clinique démontre les effets bénéfiques d’un traitement homéopathique individualisé pour la prise en charge des lésions précancéreuses comme l’OL.

Homéopathique Behandlung der oralen Leukoplakie: Ein Fallbericht

口腔白斑的顺势疗法治疗：病例报告

简介：口腔白斑（OL）是一种在老年人中更常见的癌前病变，被定义为口腔粘膜的白色病变。吸烟是最常见的危险因素之一。传统上，手术切除是OL最推荐的治疗选择。病例摘要：一名55岁男性主诉口腔左角（颊黏膜）内白色病变，过去1年半。该病例临床诊断为OL。医生建议他进行手术切除，但他更愿意接受顺势疗法治疗。根据特征性症状、复述分析和个体化，开具顺势疗法药物Kalium iodatum（200C和1M），然后是梅毒200C。经过14个月的治疗，患者最初使用Kalium iodatum改善，随后通过梅毒治疗病变完全缓解。改良的Naranjo顺势疗法标准（MONARCH）用于评估顺势疗法治疗的恢复归因于顺势疗法。MONARCH评分为（+8在“-6至+13”范围内），这表明顺势疗法治疗有可能改善患者。这份临床病例报告展示了个性化顺势疗法治疗对治疗OL等癌前病变的有益效果。