Obliteration of Ranula with Homoeopathic Treatment: A Case Report

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Abstract

Introduction: Ranula is a soft translucent swelling that occurs in the floor of the mouth usually causing mild discomfort to the patient. Conventional therapeutic modalities range from the injection of sclerosing agents to various surgical techniques. Only a few documented cases with non-surgical management are available on literature search, as surgery is considered to be the mainstay for this clinical condition.

Case Summary: This is a case of a female child with a painless, cystic swelling in the right side of the floor of the mouth of 3-month duration and another smaller painless cystic swelling on the inner side of the right lower lip. Clinical diagnosis reveals the cystic mass in the floor of the mouth as a simple ranula. After individualising the case, homoeopathic medicine Ambra grisea 30 was prescribed, and within 2–3 months, ranula obliterated. The other smaller cystic swelling also disappeared simultaneously.

Keywords: Ambra grisea, Case report, Homoeopathy, Ranula, Surgical, Swelling

Introduction

The term ‘ranula’ is derived from the Latin word rana, meaning frog, and ranula describing a little frog, denoting its resemblance to a frog’s bulging underbelly.[1] Ranula is an extravasation cyst arising from the sublingual gland or mucous glands in the floor of the mouth. Occasionally, it can occur in the submandibular salivary gland also.[2] It develops due to trauma or obstruction of the excretory duct of the salivary gland situated in the submandibular or sublingual space.[3] Based on their location, they can be classified into sublingual, sublingual-submandibular and submandibular categories. Sublingual ranula or simple ranula occurs in the floor of the mouth. The sublingual-submandibular and submandibular ranula group represents the plunging ranula. This occurs due to herniation of the mucous content through the mylohyoid muscle. Simple ranula is common during the first and second decades of life, while the plunging ranula occurs frequently during the third decade of life. Females are more commonly affected than males, and if left untreated, it can cause difficulty in speech and mastication.[3] Microscopically, it has a delicate capsule, is lined by a layer of macrophages and contains clear fluid with a thin wall.[3] In conventional medicine, marsupialisation is done initially, and later, once the wall of the ranula is thickened, it is excised completely. However, marsupialisation has got a high recurrence rate of up to 50%. Excision of cyst with sublingual gland reduces recurrence rate by 2%.[4] The following documented case report is of an intraoral simple ranula (as per the above description) in a female child. In general, ranula is a bluish translucent swelling[4] in the floor of the mouth, but in this particular case, the swelling did not have the bluish hue.

Case Presentation

A female child of 12-year age came to the Outpatient Department of Dr. Anjali Chatterjee Regional Research Institute, Kolkata, with a complaint of painless, cystic swelling in the floor of the mouth (right side) which was gradually increasing in size for the last 3 months and now had grown to a size of 3 cm × 3 cm. The swelling was causing difficulty in speech and swallowing.

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at times. The surface was smooth and glistening, with visible dilated blood vessels, and the mucous membrane was freely mobile on the cystic mass. On examination, the swelling was found to be transilluminant and fluctuant. Another small cystic swelling had also developed almost simultaneously on the inner side of the lower lip (right side) which was painless and was of size 1 cm × 1 cm. She also complained of cramps in the calves of both legs, especially at night.

**Past history**
The patient had a history of nephrotic syndrome at the age of 5 years, and respective conventional management was done. There was also a history of dog bite 2 years ago, and scheduled course of anti-rabies vaccine was completed.

**Family history**
The patient’s mother suffered from low back pain, especially after spinal anaesthesia during caesarean section (12 years ago). The father suffered from chronic allergic rhinitis.

**Personal history**
She studied in sixth standard and was good at studies. She liked painting and dancing during her leisure times.

**Generals**
She was lean, thin and tall with weight 40 kg and height 142 cm. Her appetite was good and regular. She preferred to eat almost everything and had no particular desire or aversion. However, she had intolerance to milk, which led to gastrointestinal upsets (i.e., heartburn, indigestion or even diarrhoea). Bowel movements were not regular, and she passed stool once every 2–3 days alternately for 4–5 years. Urination was always associated with burning and heat sensation around the urethra after micturition for the last 1 year. Thirst was adequate and normal. She also had a tendency of perspiration all over the body but it occurred especially whenever she became anxious due to any cause. As an ambithermal, she could tolerate both the conditions of heat and cold temperature.

Mentally, she was disciplined and appeared to be unruffled when sitting quietly. However, during conversation, it was found that she was very much anxious in her expressions, actions and reactions and every time when something was asked, she fumbled. Moreover, her parents informed that normally she was studious but frequently got distracted. Her appetite was good and regular. She preferred to eat almost everything and had no particular desire or aversion. However, she had intolerance to milk, which led to gastrointestinal upsets (i.e., heartburn, indigestion or even diarrhoea). Bowel movements were not regular, and she passed stool once every 2–3 days alternately for 4–5 years. Urination was always associated with burning and heat sensation around the urethra after micturition for the last 1 year. Thirst was adequate and normal. She also had a tendency of perspiration all over the body but it occurred especially whenever she became anxious due to any cause. As an ambithermal, she could tolerate both the conditions of heat and cold temperature.

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**Local and Systemic Examination**
On inspection, a cystic swelling was observed on the right side of the floor of the mouth (i.e. underneath the tongue). It was reddish on appearance with smooth, glistening surface and having visible dilated blood capillaries/veins on the surface. It was in continuation with the mucous membrane of the dorsal surface of the tongue, and the size was bigger enough to brim

over upon the posterior aspect of the teeth of the right lower jaw. Another smaller cystic mass was also found in the right inner side of lower lips, just in front of the above-mentioned swelling [Figure 1a-b]. On palpation, it was soft, non-tender, and the mucous membrane was found to be freely mobile on the cystic mass. Transillumination and fluctuation was positive. However, cross-fluctuation was not found as the swelling was not visible or palpable under the mandible. The other smaller swelling was neither transilluminant nor fluctuant. No abnormalities were detected from systemic examinations of respiratory, cardiovascular, gastrointestinal, nervous and other systems.

**Analysis of the case**
After analysing the symptoms of the case, the characteristic mental and physical generals and particular symptoms were considered for framing the totality. Mental anxiety when speaking, concentration difficult, intolerance after milk, inactivity of the rectum (constipation), burning during micturition, perspiration when getting anxious, cramps of calf-muscles at night and the pathological general symptom: ranula, were the general and particular symptoms in the totality.

**Miasmatic analysis**
Miasmatic evaluation of all the presenting symptoms was done which showed the predominance of psoric miasm with some sycotic features[5] [Table 1].

**Repertorial analysis**
Considering the above symptomatology, Kent’s Repertory was selected for repertorisation and was done using HOMPATH software[9] [Figure 2].

![Figure 1: Initial presentation showing a ranula (a) and another swelling on the inner surface of the lower lip (b)]](image)

<table>
<thead>
<tr>
<th>Symptoms/rubrics</th>
<th>Miasm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mind: Anxiety, speaking when</td>
<td>Psora</td>
</tr>
<tr>
<td>Mind: Concentration, difficult</td>
<td>Psora, latent psora, sycosis, syphilis</td>
</tr>
<tr>
<td>Stomach: Indigestion, after milk</td>
<td>Psora</td>
</tr>
<tr>
<td>Rectum: Constipation</td>
<td>Psora, latent psora</td>
</tr>
<tr>
<td>Urine: Burning</td>
<td>Sycosis</td>
</tr>
<tr>
<td>Extremities: Cramps-calf, night</td>
<td>Psora</td>
</tr>
<tr>
<td>Perspiration: Anxiety, during</td>
<td>Psora</td>
</tr>
<tr>
<td>Mouth: Ranula</td>
<td>Latent psora</td>
</tr>
</tbody>
</table>
Considering the above symptomatology, many medicines were contending closely with each other, especially *Ambra grisea* (*Ambr. gris*), *Nitric acid* (*Nit. ac*), *Sulphur* (*Sulph*), *Calcarea carbonica* and *Nux vomica*. *Ambr. gris* covered maximum symptoms (8) with maximum score (16). *Nit. ac* and *Sulph* also scored a similar score but did not cover all symptoms. Moreover, *Sulph* was not covering the pathological symptom (i.e. ranula) and *Nit. ac* was having the pathological symptom in the 2nd grade. Miasmatic analysis also correlated with *Ambr. gris* when compared with the “miasmatic weightage” of the medicine indicating psora in combination with sycosis.[7]

**Therapeutic intervention**

Individualised prescription based on repertorial and miasmatic analysis was made, and hence, *Ambr. gris* 30c, 1 drachm in globules (globule no. 30) was prescribed on 4 April 2019, and the patient was asked to consume 4 globules, BD (twice daily) before meal to be followed with placebo (4 globules, BD) for rest of the month.

**Follow-up**

The follow-up with photographs is shown in Table 2, [Figure 3a and b] and [Figure 4a and b]. The last follow-up was done 6 months later as the patient did not report back since her swelling totally disappeared few weeks after the last prescription. Next time when she came with some other complaints of indigestion, the photograph was taken for documentation [Figure 5].

**Discussion**

After the exploration made in the main international search databases (PubMed, Medscape and ScienceDirect), no evidence-based case documentation was found for the treatment of ranula with Homoeopathy. Only one case was found to be uploaded in a website (pictorially documented) where a ranula of duration 2 weeks in a 7-year-old child which was cured with *Thuja* 200.[8] In that case also, Kent's Repertory was used for repertorisation, but only a few rubrics were considered (2 general symptoms and 3 particular symptoms). Documentation was done by photographs before and after treatment. *Thuja* is also a specific medicine for ranula as mentioned in homoeopathic materia medica, although in the above case, prescription was made only after proper repertorisation with the available totality of the symptoms.[9] In modern medicine, surgery is the mainstay of management of these cases and recommendations for the preferred approach and technique are quite variable, i.e. from
simple marsupialisation to excision of the sublingual gland along with the cyst. Unfortunately, the most common complications of these procedures are recurrence of the lesion and sensory deficit of the tongue, followed by damage of Wharton’s duct.\[^{10}\] Lack of a standardised treatment algorithm and referring at the consequences of the invasive process, Homoeopathy treatment is always a better option as evident in the above case. The Modified Naranjo Criteria for Homeopathy-Causal Attribution Inventory score was 8 [Table 3].

Homoeopathy, being an effective method of healing, has been found to avoid surgery in numerous clinical conditions. In the ‘Age of Surgeon’, Hahnemann’s emphatic demand still holds, i.e. the patient should be healed rather than disfiguring the products of the disease to be the end of all treatment. It is not actually Homoeopathy instead of surgery, but it may be justified in several occasions that surgery may not be required as an intervention.\[^{11}\] It is believed that surgery comes into play when the physiological changes cannot be brought back to normal by medication. However, surgery eliminates the ultimate outcome of the disease and not its cause. In fact, most of the local ailments of one-sided nature which are caused due to internal derangement in homoeostasis can be benefited by homoeopathic medication for permanent annihilation.

**Conclusion**

The above-illustrated case of two cystic swellings is one more example of the changes and morbid alterations that appear on the external parts of the body and which can be treated by internal medications only. Hence, with Homoeopathy, invasive treatment may be avoided in such cases of ranula.
However, more such case studies and clinical trials are required to reproduce similar results of Homoeopathy in surgical conditions and validate the outcome.

Declaration of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form, the guardian has given consent for images and other clinical information to be reported in the journal. The guardian understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest
None declared.

REFERENCES
Eliminación de Ranula con tratamiento homeopático: Un informe de caso

Introducción: La ranula es una hinchazón translúcida suave que se produce en el suelo de la boca que generalmente causa molestias leves al paciente. Las modalidades terapéuticas convencionales van desde la inyección de agentes esclerosantes hasta diversas técnicas quirúrgicas. En la búsqueda bibliográfica solo se encuentran disponibles pocos casos documentados con tratamiento no quirúrgico, ya que la cirugía se considera el pilar de esta afección clínica. Resumen del caso: Este es un caso de una niña con una hinchazón quística indolora en el lado derecho del piso de la boca de 3 meses de duración y otra hinchazón quística indolora más pequeña en el lado interno del labio inferior derecho. El diagnóstico clínico revela la masa quística en el piso de la boca como una simple ránula. Después de individualizar el caso, se prescribió la medicina homeopática Ambra grisea 30 y dentro de los 2-3 meses se obliteró la ránula. La otra hinchazón quística más pequeña también desapareció simultáneamente.
Auslöschar von Ranula mit homöopathischer Behandlung: Ein Fallbericht


用同源疗法消灭拉努拉：病例报告

**介绍：** Ranula是一种柔软的半透明肿胀，发生在口腔的地板上，通常会对患者造成轻微的不适。常规治疗方式范围从硬化剂的注射到各种手术技术。只有少数记录在案的病例与非手术管理是可用的文献检索，因为手术被认为是这种临床条件的支柱。**案例摘要：**这是一个女性孩子的情况下，在3个月持续时间的口腔地板右侧无痛，囊性肿胀，另一个较小的无痛囊性肿胀在右下唇的内侧。临床诊断显示，作为一个简单的ranula在口腔的地板囊肿质量。个体化的情况下后，顺势疗法药物 Ambra grisea 30 被规定，并在2-3个月内，ranula被抹杀。其他较小的囊肿也同时消失。