

Case Report

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Traumatic tongue fibroma treated with individualized homeopathic remedies: A case report with a brief literature review

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Abstract

Reactive hyperplastic lesions are commonly seen in the oral cavity as a result of chronic irritation by plaque, calculus, overhanging margins, trauma and dental appliances. Tongue fibroma represents a reactive focal fibrous hyperplasia due to recurrent trauma or local irritation. It can possibly occur at any age group from almost any soft tissue site, buccal mucosa tongue and gingival where, the buccal mucosa is more commonly involved. Over the past few years several studies have reported an increased burden of oral-exophytic lesions in different parts of the world. In this case, a patient complained of a swelling (12mm x 9mm) on the right side dorso-lateral aspect of his tongue, which bled frequently when he ate solid foods and/or was touched. Because the patient refused to undergo conventional treatment through surgery and a biopsy of the lesion, he chose homeopathy as an alternate therapy option. Relevant history taking and careful clinical examination led us to diagnose the lesion as traumatic tongue fibroma. The case was treated with homeopathic medications, Arnica Montana 200C, Acid Nitric 1000C and Sulphur 200C and a complete remission of the lesion was achieved. From the literature survey, we did not encounter any other record of homeopathic cure of tongue fibroma published in any peer-reviewed journal.

Keywords: Traumatic tongue fibroma; Persistent irritation; Homeopathy; Nanomedicine; Ultra-high dilution; Arnica Montana 200C; Nitricum Acidum 1000C; Sulphur 200C.

Introduction:

Tongue fibroma is a non-malignant exophytic lesion that is either sessile or pedunculated over the mucosa and is caused primarily by continuous external irritation or tongue bite. Because recurrence is extremely rare, surgical removal of the tumour followed by conservative care results in a satisfactory outcome [1,2]. Traumatic fibroma of the tongue is a type of reactive hyperplasia, which is characterised by a group of fibrous connective tissue lesions that typically develop in the oral

mucosa as a result of injury or persistent irritation [3,4]. The tongue, buccal mucosa, and lower labial mucosa are the most prevalent locations of traumatic fibroma. Clinically, they appear as broad-based lesions that are lighter in colour than the surrounding normal tissue, with the surface frequently appearing white due to hyperkeratosis or with additional trauma-induced surface ulceration [3]. Chronic trauma can cause inflammation, which results in granulation tissue with endothelial cells, chronic inflammatory cells, and subsequently fibroblasts proliferating and manifesting as 'reactive hyperplasia' [5]. Though these

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tumour-like lesions are not cancerous, biopsy is still needed mainly to differentiate it from other common exophytic lesions (Table-1), such as pyogenic granuloma, peripheral ossifying fibroma, peripheral giant cell granuloma, and fibrous hyperplasia (or reactive hyperplasia) [6,7]. Oral fibroma burden by age and gender has been investigated in numerous countries, including Brazil and Japan. Although analogous studies have been reported in Israel, Iran, and Nigeria, no such studies have been recorded in India, with the exception of a single research conducted among the North Indian people [8-13]. Though surgical excision by conventional treatment is considered a safe and better choice, many patients want to avoid surgery and opt for other CAM practices including homeopathy for possible cure without surgery.

Case presentation

Mr. K. K. D. aged about 70 years, male, non-smoker, teetotaler, retired government employee, first came to us on 27th November 2016, with complaint of a swelling (12 mm x 9 mm) on right dorsolateral aspect of tongue that bleeds often while eating solid foods and even with a moderate touch. There was a history of trauma nearly two months before due to severe tongue bite while eating. Thereafter the swelling started and gradually progressed up to this extent when he consulted doctors from conventional medicines. He was provisionally diagnosed with traumatic fibroma of tongue, and was advised for surgical excision followed by biopsy of the removed fibroma. As he didn't want to undergo surgery and biopsy, he opted for homeopathic treatment. During case taking, he was asked if he had some other health issues for which he has to take medicines; he informed that he has been on conventional medication for controlling his hypertension for the last four years. Additionally, he also told that he had to take occasionally anti-allergic drugs during the last twenty years for managing his allergic dermatitis which often appeared during change of weather. The patient also suffered from a right sided pleural effusion once, about 35 years back, for which he received anti koch's treatment. The pa-

tient was 5' 6" tall and fair complexioned, having body weight of 52.5 kg. Due to the fear of bleeding while eating solid food, he was having semi solid or liquid food, for which he lost nearly 3 kilograms of body weight in the past one month before visiting us.

Clinical findings

The space occupying lesion (SOL) was solitary (about 12 mm x 9 mm in size), painless, firm, non-tender, sessile, slightly rough surfaced and polychromatic (yellowish white anteriorly, posteriorly of mucous colour with haemorrhagic spots on posterolateral aspect). Draining lymph nodes of adjacent areas were, however, not palpable. The chest was free from any notable clinical abnormality. Blood pressure was 130/70 mm of Hg (with his regular anti hyper tensive drugs) and pulse rate was 98 beats/minute. For accurate diagnosis of the nature of the growth (fibroma), he was again advised to go for surgical excision and biopsy, but he firmly declined and wanted to know if the bleeding fibroma could be treated successfully with homeopathic medicines or not. As he stuck to his desire of getting homeopathic treatment, he was asked to sign the "Informed consent" form that he readily did.

Therapeutic intervention

During the entire individualized homeopathic medicinal (iHOM) intervention, the patient was permitted to consume his regular dose of antihypertensive medication as advised by his conventional medicine doctor. But since he was not having any complaints of allergic dermatitis during that period, he was advised not to take his usual antiallergic SOS drugs, without informing us, during the course of iHOM intervention.

Timeline of treatment and repertorization

Considering the initial trauma of tongue bite as the causative exciting factor for this clinical condition, to remove the bad effect of trauma as per homeopathic routine practice, two doses Arnica Montana 200C (4-6 pellets of no.20 globules of lactose

Table 1: showing salient distinctive features of common exophytic lesions

Name of the condition	Favourable feature	Unfavourable feature
Pyogenic Granuloma	Smooth lobulated mass. Bleeding on slight provocation. Painless swelling.	Bright red in colour. Superficial from gingiva. Common onmaxillary anteriorfacial gingiva.
Peripheral Ossifying fibroma	Lobulated swelling. Painless.	Ulcerated lesion. More common inmaxillary incisorcuspid region. Migration &loosening of teeth. Swelling starts from interdental papilla.
Peripheral Giant Cell Granuloma	Smooth lobulated mass. Painless. Female predilection.	Dark red purple in color. Common in maxillary anteriorfacial gingiva. Origin in deep totissues from PDL.
Lipoma	Soft with smooth surface. Painless. Female predilection.	Yellowish hue. Pinch test negative. Slip sign not present
Parulis	Pinkish to red in colour.	Swelling present on alveolar mucosa. Present at the oral terminus of draining sinus. Slight digital pressure forces a pus drop from the sinus opening. Common in children and young adults. Common in mandible.

soaked in a drop of Arnica Montana 200C) were prescribed to be taken, one dose each on two consecutive mornings in empty stomach. Arnica Montana 200C was manufactured by the homeopathic drug manufacturer, HAPCO, Kolkata. Then the patient was advised to take placebo (pellets of lactose not soaked with the homeopathic medicine but only with ethyl alcohol, the “vehicle of the drug) for the next 28 days.

He was advised to come after a month. On 08.01.2017, he was examined. The size of the lesion remained almost same, but the surface polychromatia had been changed to mucous colour. The fibroma remained non tender in nature and bleeding tendency also remained same as before. Homeopathic totality of the case was considered as per the guideline of aphorisms 172-184 & 185- 203 of Organon of Medicine [14] and computerized repertorization [15] of the case was done (Table 2). Accordingly, a single dose of Nitricum Acidum 1000C (HAPCO) was administered to the patient followed by placebo administration for the following 29 days.

On his third visit on 12.02.2017, the size of the lesion has regressed almost to half of its initial size, bleeding was markedly reduced, no tenderness was felt as before. Since amelioration started, as per the guidelines of aphorism 245 (a) of Organon of Medicine, no repetition of medicine was done and only placebo given for one month. In March 2017 (4th visit), as improvement continued with further regression of lesion size and entire stoppage of bleeding tendency. He was prescribed placebo for another two months.

In May 2017 he reported with no further regression of size of lesion, but there was no bleeding or tenderness either.

As the improvement had come to a halt, according to the guideline of aphorism 246 (a), Subsection 1 of Organon of Medicine, repetition made with somewhat altered potency. Nitricum Acidum 1000C, one globule no. 10 mixed with one ounce of distilled water, and he was advised to take only one tea spoon full (TSF) of that mixture for one day only. Placebo was advised for subsequent 29 days.

The lesion was found to be reduced to almost non-differentiable size on his 6th visit (18.06.2017), and no bleeding was reported and some tenderness felt. Since improvement started, as per homeopathic rule, only placebo was prescribed for the next two months.

The patient came back on 20.08.2017 (7th visit), the visible lesion by this time was completely gone, no bleeding reported or tenderness was felt there. Placebo for another two months was prescribed.

On 22.10.2017 (8th visit), to complete the cure process by removing latent psora, one dose of a suitable anti psoric, Sulphur 200C (HAPCO) was prescribed, followed by placebo for six months. Meanwhile the patient was advised to report physically or at least over teleconference about his clinical conditions periodically. Post anti-psoric medication, allergic skin manifestation reappeared within one month, for which he was advised to continue with placebo and cautioned for not taking any anti allergic modern medicine until it was absolutely necessary. The allergic skin symptoms spontaneously regressed to negligible form over a period of three weeks without any medication.

Thereafter the patient has been on periodic check-up for any possible recurrence, but the tongue SOL has never reappeared till date. The photographs of the tongue lesion and its gradual

disappearance have been sequentially represented in Figures 1 through 8 and the respective time periods have been indicated therein. The favourable action of the drug was confirmed by application of the modified Naranjo’s algorithm (Table 3).

Table 2: Showing computerized repertorization indicating Nitricum Acidum as the most suitable remedy for the traumatic tongue fibroma totality of symptoms.

Remedy	Symptoms:8 Remedies: 257 Filters: Normal																
	Nit-ac	Phos	Calc	Nat-m	Nux-v	Sep	Sulph	Carb-v	Sil	Arg-n	Arg-m	Calc-p	Con	Kali-p	Merc	Bar-c	Lyc
Totally	20	13	11	10	10	10	9	9	9	8	8	8	8	8	8	8	8
Symptoms Covered	8	5	5	4	4	4	5	4	4	5	4	4	4	4	4	3	3
Kingdom																	
[Kent][Mouth]CRACKED:Tongue fissured:Centre:(10)	2																
[Kent][Mouth]PAIN: Splinter, like a:(1)	2																
[Kent][Mind]PROSTRATION OF MIND:(77)	3	3	2	2	3	3	3	2	3	2	3	1	3	3	1	2	3
[Kent][Mind]ANXIETY:Health,about:(33)	3	2	2		1	2	1		1	1	2			1			
[Kent][Generalities]COLD:in general age: (134)	3	3	3	2	3	3	2	2	3	1	2	3	2	3	2	3	3
[Kent][Stomach] DESIRES:Salt things:(30)	2	3	2	3			1	3		3		2	2				
[Kent][Mouth]SALIVA:Acrid:(12)	2														2		
[Kent][Mouth]SALIVATION:(203)	3	2	2	3	3	2	2	2	2	1	1	2	1	1	3	3	2

Table 3: Application of Modified Naranjo Algorithm.

Serial No.	Questions	Reviewer 1	Reviewer 2	Agreed Score
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	(+2)	(+2)	(+2)
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	(+1)	(+1)	(+1)
3	Was there an initial aggravation of symptoms?	0	0	0
4	Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed?	(+1)	(+1)	(+1)
5	Did overall wellbeing improve? (to suggest using validated scale)	(+1)	(+1)	(+1)
6	A: Direction of Cure: Did some of the symptoms improve in the opposite order from the development of the disease?	(+1)	(+1)	(+1)
6	B: Direction of cure: Did at least two of the following aspects apply to the order of improvement: From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From above downwards?	(+1)	0	(+1)
7	Did "old symptoms" (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
8	Are there alternate causes (other than the medicine) that solely could have caused the improvement? (to consider known course of disease, other forms of treatment, and other clinically relevant interventions)	(+1)	(+1)	(+1)
9	Was the effect confirmed by objective evidence as measured by external observation(s)?	(+2)	(+2)	(+2)
10	Did repeat dosing, if conducted, create similar clinical improvement?	(+1)	(+1)	(+1)
	Total	(+10)	(+9)	(+10)

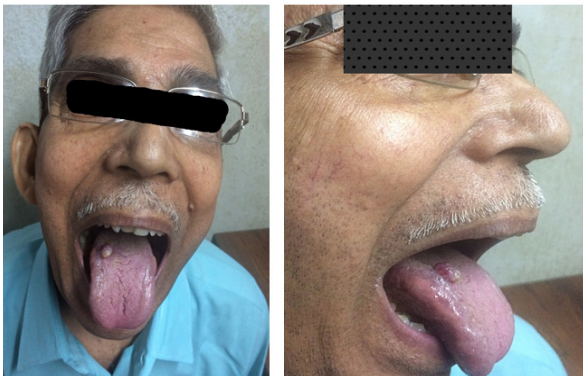


Figure 1A & 1B: Pre medication photographs of tongue fibroma. Photograph date 27th November 2016.



Figure 3A & 3B: Post medication improvement (Nitricum acidum 1000C, prescribed on 08.01.2017) photograph of tongue fibroma. Photograph date 12th February 2017.

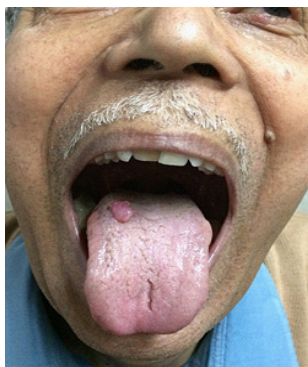


Figure 2: Post medication (Arnica Montana 200C, prescribed on 27.11.2016) photograph of tongue fibroma. Photograph date 08th January 2017.

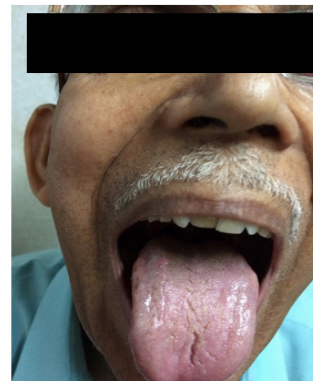


Figure 4: Post medication improvement (Nitricum acidum 1000C, prescribed on 08.01.2017) photograph of tongue fibroma. Photograph date 19th March 2017.



Figure 5: Post medication (Nitricum acidum 1000C, prescribed on 08.01.2017) photograph of tongue fibroma. Photograph date 17th May 2017.

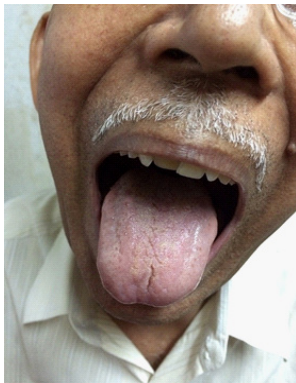


Figure 6: Post medication improvement (Nitricum acidum 1000C, prescribed on 17.05.2017) photograph of tongue fibroma, showing fibroma almost disappeared. Photograph date 18th June 2017.



Figure 7: Post medication improvement (Nitricum acidum 1000C, prescribed on 17.05.2017) photograph of tongue fibroma, showing fibroma almost entirely disappeared. Photograph date 20th August 2017.

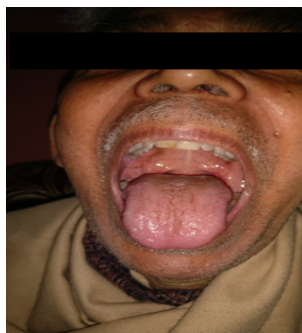


Figure 8: Post last medication (Sulphur 200C, prescribed on 20.08.2017) follow up photograph of tongue, showing fibroma did not reappear till date. Photograph date 02.02.2020.

Discussion

We presented above a rather rare case of traumatic fibroma being cured by certain individualized homeopathic remedies used in ultra-high dilutions on the basis of totality of symptoms. Patients with such fibroma generally prefer to adopt the conventional treatment line through surgical excision of fibroma. However, recurrence may sometimes happen if the source of irritation persists even after surgery. But oral fibromas are not known to disappear automatically without some form of treatment.

Thus, when we searched for literature of homeopathic cure of traumatic fibroma, we failed to find any authentic published report in any peer-reviewed journal of a cure brought about by any homeopathic remedy/remedies, though unreported cases of success by other homeopathic practitioners may exist. Hence, we intended to record this rare case of success in removal of traumatic tongue fibroma through homeopathic remedies alone, so that patients reluctant to opt for surgery may approach qualified homeopathic practitioners for a possible cure without surgery. In homeopathy, often ultra-highly diluted drugs are used in minimum doses with great benefits to patients, but this is also the sore point as the rationalists readily ask for the mechanism of action of a drug that does not theoretically contain even a single drug molecule at this high dilution, but yet is able to trigger or initiate the recovery process in a systematic way to remove the disease symptoms. Several studies clearly demonstrate the abilities of certain potentized homeopathic drugs to have anti-cancer effects [16-20] by way of inducing anti-proliferative signals, apoptotic signals, senescence signals etc. However, in recent years, there has been a paradigm shift with the discovery of nanoparticles of the original drug substance in ultra-high dilutions of several homeopathic drugs tested [21-26] and the possible biological role of nano-encapsulated homeopathic mother tinctures and some of their active principles have been demonstrated [27-29], including a few that suggest their ability to favourably modulate specific gene expressions [30,31]. There are also ample evidences that certain ultra-highly diluted homeopathic drugs can trigger epigenetic modifications and modulate gene expressions [32-34]. Therefore, in the present case of cure, it may be possible that ultra-highly diluted Nitricum Acidum could react with the genetic material (DNA) directly or indirectly [31] through emission of suitable electromagnetic signals and trigger some relevant genes to get activated or deactivated, as per requirement to bring in an effective recovery in a cascade of gene expressions [35].

Conclusion

Though surgical excision is considered the most common and effective therapeutic option for a cure of tongue fibroma, yet for the patients reluctant to undergo surgery for some reason, psychological or any other genuine health condition that precludes option of a surgery, another gentle treatment option to undergo systematic homeopathic treatment under a qualified homeopathic doctor to remove the fibroma with only minimum of medication and without any risk of surgery may also be considered. More case reports of the results of homeopathic treatment of fibromas are warranted to arrive at the more definite conclusion and provide the actual rate of success in such cases.

Conflict of interest: None to declare.

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