

Ayurvedic Management of Sublingual Cyst: A Case Study

Case Report

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Abstract

Ayurvedic Acharyas have mentioned so many *Mukharaogas* (diseases of the oral cavity). Among these *Jihwagata rogas* (diseases of the tongue) are described separately. Sushruta and Vagbhatta have mentioned five *Jihwagata rogas*. *Upajihwika* described by Sushruta and *Adhijihwa* described by Vagbhatta represent the cystic lesions on the floor of the mouth. Modern science describes a few diseases in which the patient presents with cystic swelling on the floor of mouth. Mucocele is a cystic lesion or a cavity filled with mucus. They are found on any mucosal surface where underlying accessory glands are present. Mucoceles are commonly found in the lower lip and are very rarely found on the tongue. Cystic lesions or mucoceles on the ventral aspect of the tongue are less frequent. Many modern treatment modalities as surgical excision, cryosurgery and electro-cautery are the only choice of treatment to completely remove the lesion and reduce the chances of recurrence. Herewith we report a case diagnosed as *Adhijihwa* according to Ayurveda. Ayurvedic internal medicines have provided promising results in reducing the cyst completely without causing any adverse effects within two months. Till this date there is no recurrence of the disease. Ayurvedic treatment helped in complete management without any surgical procedures.

Key Words: *Mukha roga*, Mucocele, *Adhijihwa*, *Jihwagata rogas*, *Upajihwika*, *Granthi*.

Introduction

Ayurvedacharyas have given a wonderful description and management of the disease pertaining to various parts of the body. *Mukha rogas* (diseases of the oral cavity) were dealt in detail and it includes even *Jihwagata rogas* (diseases pertaining to the tongue). Sushruta has explained five *Jihwagata rogas* which includes *Vatika kantaka*, *Paittika kantaka*, *Sleshmika kantaka*, *Alasaka* and *Upajihwika*(1). Vagbhatta called the *Upajihwika* told by Sushruta as *Adhijihwika*(2). Among these five, *Alasaka* and *Upajihwika* presents with swellings underneath the tongue. *Alasaka* is a dreadful swelling underneath the tongue by which immobilization of tongue and suppuration of root of the tongue occurs. It is considered to be *Asadhya* (incurable). *Adhijihwa* is a cystic swelling underneath the tongue (on the floor of the mouth). Western science describes a few diseases in which the patient presents with cystic swelling on the floor of the mouth. Blandin nuhn mucocele is one such disease. Mucocele is one of the most common benign soft tissue lesions present in the oral cavity. By definition a cavity filled with mucin is known as mucocele(3). Mucoceles appear with higher frequency in children than in adults and are mostly associated with traumatic injuries(4). Mucoceles of the

anterior lingual salivary glands (glands of Blandin and Nuhn) are relatively uncommon and represents an estimated 2- 8% of all mucoceles(5). There are two types of mucoceles: 1) Extravasation 2) Retention mucoceles. The extravasation type is a pseudocyst without definite wall caused due to mechanical trauma to the excretory duct of the salivary glands. This leads to the rupture of the duct with consequent extravasation of mucin into the surrounding tissues. Retention mucoceles are formed by dilation of the duct secondary to its obstruction by a sialolith or by a dense mucosa. The major of the retention cysts develop in the ducts of the major salivary glands(6). Mucocele appear as a small, discrete, translucent, soft and painless swelling on the oral mucosa ranging from normal pink to deep blue in colour. This deep blue colour results from tissue cyanosis, vascular congestion associated with the stretched overlying tissues and the translucency of the accumulated fluid beneath it.

Case Report

A 25 year old female, teacher by profession, reported to our OPD with the chief complaint of swelling on the floor of the mouth of 6 months duration alongwith hoarseness of voice (*Swarabheda*). There was no previous history of any trauma. The swelling had gradually increased in size but had not interfered with mastication.

On clinical examination, mild congestion on posterior pharyngeal wall was seen and a pink bluish non ulcerated oval shaped mass measuring about 30X15 mm was noticed on the floor of mouth. There was no pus, blood or watery discharge from the swelling. The swelling was painless and on palpation it was soft on

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consistency, non-tender and firmly attached to the floor of mouth.

Based on the history and clinical examination, the case was clinically diagnosed as a mucocele. Prior to attending our opd, the patient had visited a surgeon for the same problem. The patient was advised surgical excision by the surgeon. Patient and her attendants being scared of the surgical procedure visited our clinic and reported the above complaint. The patient visited our clinic on 7-1-2019.

The patient was put on the following medication: 1. *Varunadi Kashaya* 20 ml, twice daily. 2. *Kanchanara guggulu* 250 mg tablet in a TID dose after food with warm water. 3. *Triphala kashaya* for *Kawala* twice in a day for first 10 days and once in a day for next 10 days. The patient was asked to review after 20 days. After 20 days the patient visited our clinic for the review check up on 28-1-2019. Clinical examination revealed a mild decrease in the size of the swelling (24X11mm). hoarseness of voice was almost completely resolved till then. Then in addition to the above medication *Tankana bhasma* was also added to the prescription. The patient was advised to apply *Tankana bhasma* along with ghee as an external application on the swelling. The patient again visited our clinic on 4-3-19 and the cyst was completely resolved. (after 55 days of treatment) . To this day there is no occurrence of the cyst.

Discussion

The diagnosis of mucocele (sub-lingual cyst) is mainly clinical. Rapid onset, fluid filled consistency, variation in size and recovery of mucus on aspiration helps in the diagnosis. Surgical excision is the treatment of choice for small mucoceles and the larger ones may be treated by cryosurgery, laser – ablation and the like. In this case, without the help of any surgical procedure, Ayurvedic treatment helped in the management of the case.

When the patient visited the clinic for the first time patient was put on *Varunadi kashayam* and *Kanchanara guggulu*. As *Varunadi kashaya* is indicated in *Shotha* and as it is *Kapha hara*, so it might have helped in the reduction of the size of the mucocele(7). As *Kanchanara guggulu* is indicated in *Arbuda*, *Granthi*, due to its *Granthi hara* property, it might have had a beneficial action on the cyst and helped in the reduction of the cyst(8). Hence, the above drugs which are *Shotha hara* and *Granthi hara* helped in reduction of the size of the cyst. During the review, *Tankana bhasma* with ghee was advised for external application as it possesses *Katu*, *Ushna*, *Ruksha teekshna guna* and *Kapha vishleshahara* property, it might have helped in the resolution of the cyst(9). *Kawala* is mentioned in the treatment of *Swarabheda*(10). *Triphala* has an anti-inflammatory effect and *tridosh-shamak* property(11).

Conclusion

In clinical conditions like mucocele where surgical procedures are the only available treatment modalities, Ayurveda can definitely play a major role in treating such conditions without any surgical procedures. In diseases like Blandin-Nuhn mucocele which affects children majorly, surgical procedures may be very difficult to the child and the whole family may be disturbed. Moreover surgical procedures may be a financial burden in addition to the psychological emotions. Hence more researches have to be concentrated on such diseases which can be treated therapeutically by Ayurvedic means where the western medicine has no option other than surgery.

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