



Case Study

AYURVEDIC MANAGEMENT OF SUBLINGUAL CYST (BLANDIN NUHN MUCOCELE) - A CASE REPORT

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ABSTRACT

Ayurveda has enumerated so many *Mukharaogas* (diseases of the oral cavity). Among these *Jihwagata rogas* (diseases of the tongue) were described separately. Susruta and Vagbhata had mentioned five *Jihwagata rogas*. *Upajihwika* told by Sushruta and *Adhijihwa* told by Vagbhata represent the cystic lesions on the ventral aspect of the tongue. Western science describes a few diseases in which the patient presents with cystic swelling on the under surface of the tongue. Blandin nuhn mucocele is one such disease. 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* (Blandin Nuhn Mucocele) 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.

KEYWORDS: *Mukha roga, Adhijihwa, Upajihwa, Blandin Nuhn Mucocele.*

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). Susruta had explained five *Jihwagata rogas* which includes *Vatika kantaka, Paittika kantaka, Sleshmika kantaka, Alasaka* and *Upajihwika*.^[1] Vagbhata called the *Upajihwika* told by Susruta 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.

Western science describes a few diseases in which the patient presents with cystic swelling on the under surface of the tongue. 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.^[7] When mucocele occurs on the ventral aspect of the tongue, tongue thrusting habit may be the aggravating factor in addition to trauma. This tends to be more polypoid with a pendunculous base.^[8]

CASE REPORT

A 9yr old girl child along with her mother reported to our clinic with the chief complaint of

swelling on the ventral aspect of the tongue of 6 months duration. There was no previous history of any trauma. The swelling had gradually increased in size but had not interfered with speech and mastication.

On clinical examination a pink bluish non ulcerated oval shaped mass measuring about 30X15 mm was noticed on the left ventral aspect of tongue. There was no pus, blood or watery discharge from the swelling. The swelling was painless and on palpation it was soft on consistency, non-tender and firmly attached to the ventral surface of the tongue. Based on the history and clinical examination, the case was clinically diagnosed as a mucocele of the glands of Blandin-Nuhn as per its peculiar location.

Prior to attending our clinic, the patient had visited a surgeon for the same problem. There aspiration was done and the swelling consisted mucus. 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.



Figure 1. Cystic lesion on the ventral aspect of the tongue (before treatment)

The patient visited our clinic on 7-1-2017. The patient was put on the following medication.

1. *Varunadi kashayam* 10 ml in a BID dose 30min. before food.
2. *Sanjeevani vati* 250 mg tablet in a BID dose with *Ardraka swarasa* as *Anupana* after food.
3. *Kanchanara guggulu* 250 mg tablet in a TID dose after food.

The patient was asked to review after 20 days. After 20 days the patient visited our clinic for the review check up on 28-1-2017. Clinical examination revealed a mild decrease in the size of the swelling (24X11mm).



Figure 2. Mild decrease in the size of the cyst (after 20 days of treatment)

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 4-3-17 and the cyst was completely resolved. To this day there is no occurrence of the cyst.



Figure 3. Complete resolved cyst (after 55 days of treatment)

DISCUSSION

The diagnosis of mucocele 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 *Sanjeevani vati*, *Varunadi kashayam* and *Kanchanara guggulu*. According to Ayurveda any disease is due to *Ama*. As *Sanjeevani vati* is one of the best drugs of choice in *Ama* conditions, *Sanjeevani vati* with *Ardraka swarasa* as *Anupana* was prescribed to the patient.^[9] It not only acted as *Amahara* but probably also acted as *Kaphahara* and thereby helped in the resolution of the cyst.

As *Varunadi kashaya* is indicated in *Sotha* and as it is *Kapha hara* it was prescribed to the patient. This might have helped in the reduction of the size of the mucocele.^[10]

As *Kanchanara guggulu* is indicated in *Arbuda*, *Granthi*, it was prescribed to the patient. As it is *Granthi hara*, it might have had a beneficial action on the cyst and aided in reducing its size.^[11]

Hence, the above drugs which are *Amahara*, *Sotha hara* and *Granthi hara* helped in the decrease in the size of the mucocele by the time the patient visited our clinic for the review. During the review, *Tankana bhasma* with ghee was advised for external application. *Tankana bhasma* possessing *Katu*, *Ushna*, *Ruksha teekshna guna* and *Kapha vishleshahara* property might have helped in the resolution of the cyst.^[12]

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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