WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 17, 1165-1171. Case Study ISSN 2277–7105

HOMOEOPATHIC MANAGEMENT OF RECURRENT MUCOCELE OF THE LOWER LIP IN AN ADOLESCENT FEMALE: A CASE REPORT

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Article Received on 11 August 2026,
Article Revised on 31 August 2026,
Article Published on 01 Sept. 2026,

https://doi.org/10.5281/zenodo.22160915

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How to cite this Article: Dr. Sandeep Diliprao Patil[*1], Dr. Deepa Warpudkar - Rajenimbalakar[2], Dr. Ansari Juveriya Maryam[3], Dr. Ulka Digambar Umrikar[4], Dr. Abhinav Dinkarrao Muli[5]. (2026). Homoeopathic Management of Recurrent Mucocele of The Lower Lip In An Adolescent Female: A Case Report. World Journal of Pharmaceutical Research, 15(17), 1165–1171.

ABSTRACT

Background: Oral mucocele is a benign lesion caused by mucus accumulation from minor salivary glands, commonly affecting the lower lip 15-year-old female presented with a recurrent lower-lip swelling of one-month duration, recurring twice at the same site. Detailed case-taking revealed mildness, timidity, thirstlessness, desire for potatoes, scanty perspiration, and aggravation during summer. Repertorization and materia medica correlation indicated *Pulsatilla*. **Intervention:** *Pulsatilla* 30C was prescribed twice weekly from 10 March 2026. **Outcome:** Slight reduction was noted on 27 March, approximately 50% reduction on 13 April, and marked reduction at the subsequent follow-up. The patient also reported feeling fresh with absence of summer complaints. Complete clinical resolution was documented on 13 May 2026. **Conclusion:** The case showed clinical resolution following individualized homoeopathic treatment.

KEYWORDS: Mucocele; Lower lip; *Pulsatilla*; Individualized homoeopathy; Case report.

1. INTRODUCTION

Mucocele is a benign mucus-containing oral lesion commonly affecting the lower lip in children and young adults. It may result from trauma or obstruction of minor salivary gland ducts, presenting as a painless, smooth, fluctuant or translucent swelling. Mucoceles are classified as extravasation or retention types and may recur after spontaneous rupture. Management depends on size, location and recurrence. Observation may be appropriate in selected cases, while persistent or recurrent lesions may require procedures such as surgical excision.[1,3] Homoeopathy offers an individualized, holistic approach to the management of mucocele, its non-invasive nature and emphasis on individualized treatment makes it a potential complementary approach in such cases.

The present case describes an adolescent female with a recurrent mucocele of the lower lip who was managed through an individualized homoeopathic approach.

2. CASE PRESENTATION

2.1 Chief complaints

A 15-year-old female presented with a swelling over the lower lip, clinically diagnosed as a mucocele. The lesion had been present for approximately one month and had recurred twice previously at the same location. The recurrent nature of the lesion was considered clinically significant. The patient also reported a history of fever and aggravation of complaints during the summer season. Detailed case-taking revealed a tendency for her complaints to recur or worsen during summer. The principal complaint was therefore a recurrent mucocele of the lower lip, associated with seasonal aggravation, particularly during the summer months.

3. GENERAL EXAMINATION

The patient was a lean, thin adolescent female.

General physical characteristics

- Appetite: Moderate
- Thirst: Thirstlessness
- Food desire: Potatoes
- Sleep: Sound
- Dreams: Forgotten
- Stool: No significant complaints
- Urine: No significant complaints

- Perspiration: Scanty
- Thermal state: Hot patient
- Seasonal modality: Complaints aggravated during summer

4. MENTAL GENERALS

The following characteristic mental symptoms were elicited during case-taking: ● Mildness

- Timidity
- Shyness
- Gentle behaviour
- Low voice while answering

5. MENSTRUAL HISTORY

The patient had attained menarche approximately six months prior to presentation.

● Menstrual cycle: Regular

- Duration: Approximately 3 days
- Other menstrual complaints: Not significant.

6. PHYSICAL EXAMINATION

The patient appeared lean and thin.

The tongue was white-coated posteriorly.

On local examination, it was the painless, fluid filled, soft and clear swelling present over the lower lip.

7. HOMOEOPATHIC CASE ANALYSIS

The case was analysed according to the principle of individualization. The pathological diagnosis of mucocele was not considered alone for remedy selection. Particular attention was given to characteristic mental generals, physical generals, food desires, modalities and local symptoms.

Totality of Symptoms

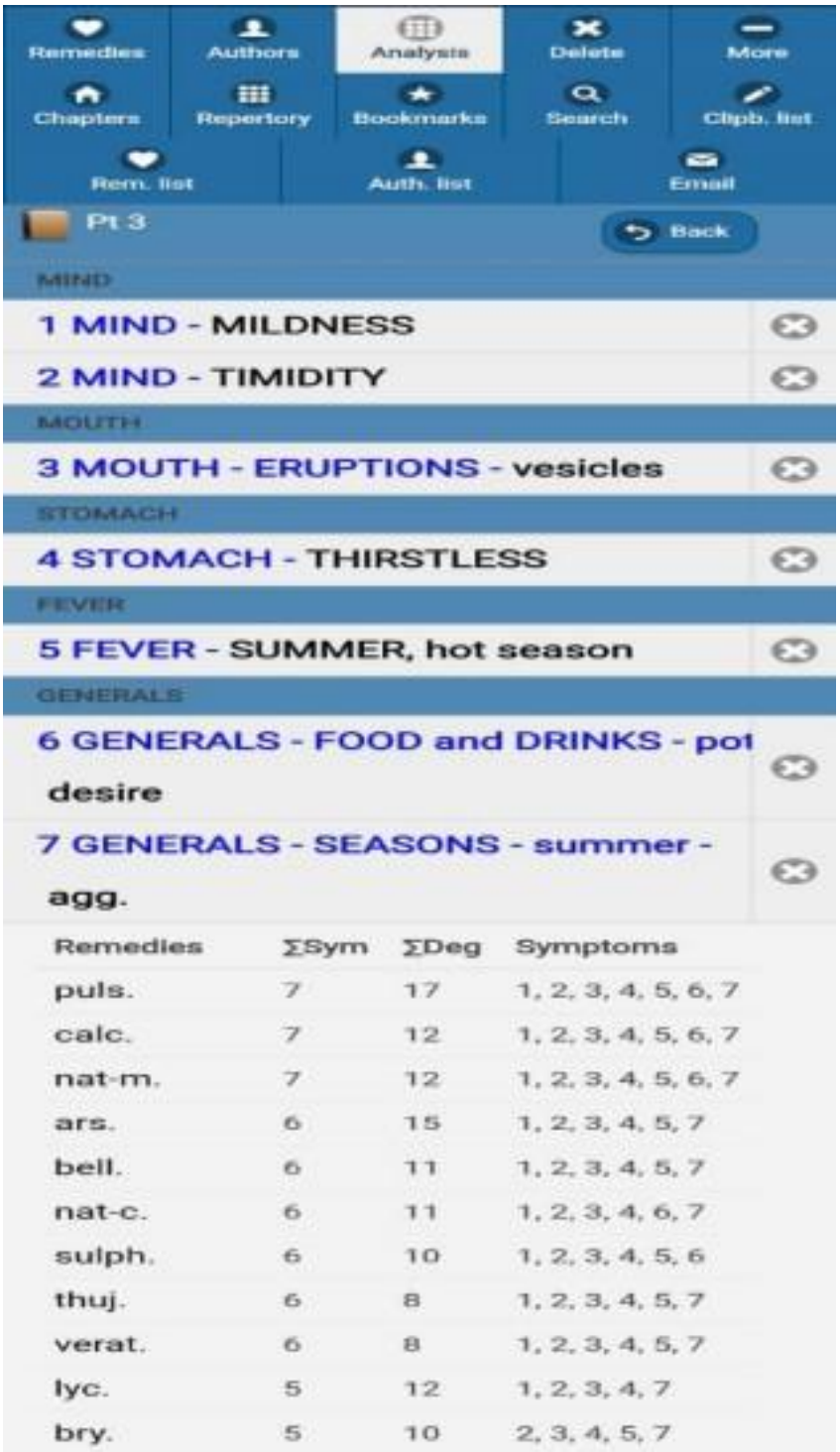
The following symptoms were selected for repertorization:

1. Mind – Mildness
2. Mind – Timidity
3. Mouth – Eruptions – Vesicles
4. Stomach – Thirstlessness

5. Fever – Summer
6. Generals – Food and drinks – Potato – Desire
7. Generals – Seasons – Summer – Aggravation

8. REPERTORIZATION

Repertorization was performed using the synthesis repertory.[4]



Remedies	∑Sym	∑Deg	Symptoms
puls.	7	17	1, 2, 3, 4, 5, 6, 7
calc.	7	12	1, 2, 3, 4, 5, 6, 7
nat-m.	7	12	1, 2, 3, 4, 5, 6, 7
ars.	6	15	1, 2, 3, 4, 5, 7
bell.	6	11	1, 2, 3, 4, 5, 7
nat-c.	6	11	1, 2, 3, 4, 6, 7
sulph.	6	10	1, 2, 3, 4, 5, 6
thuj.	6	8	1, 2, 3, 4, 5, 7
verat.	6	8	1, 2, 3, 4, 5, 7
lyc.	5	12	1, 2, 3, 4, 7
bry.	5	10	2, 3, 4, 5, 7

Pulsatilla covered all seven selected symptoms and achieved the highest overall repertorial score of 17.

The repertorial result was subsequently correlated with the patient's complete clinical picture and materia medica before finalizing the prescription.

9. REMEDY SELECTION

Pulsatilla

Pulsatilla was selected on the basis of the totality of symptoms and its position in repertorization.

The characteristic features supporting the prescription included

Mild and gentle disposition, timidity and shyness, thirstlessness, desire for potatoes, aggravation during summer, scanty perspiration, corresponding local manifestation.[5] The repertorial result was confirmed with the patient's overall symptom picture before prescribing Pulsatilla.

10. THERAPEUTIC INTERVENTION

Pulsatilla 30C was prescribed **twice weekly**, commencing on **10 March 2026**. Continued through all follow-ups.

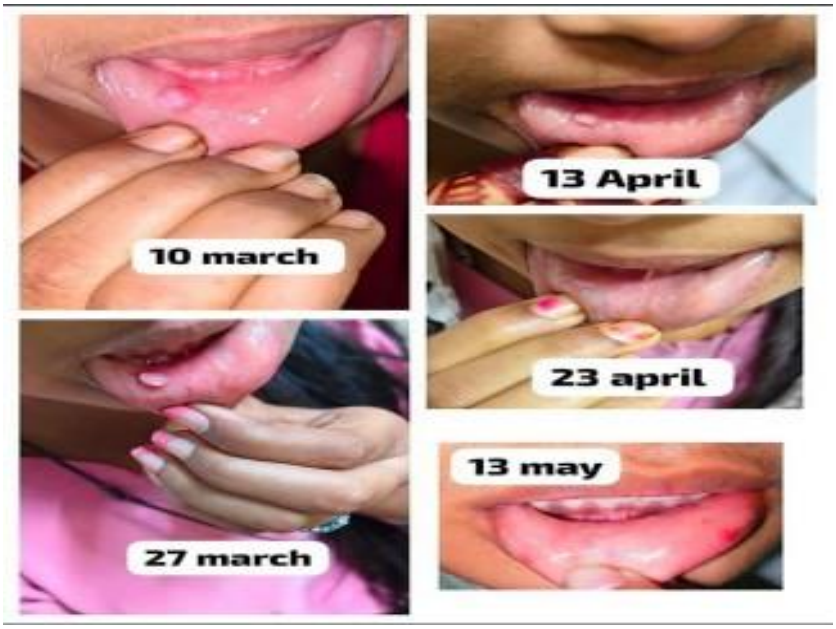
The patient was subsequently followed at regular intervals to assess the clinical progress of the mucocele and associated general complaints.

11. FOLLOW-UP AND OUTCOME

The clinical progress was documented as follows:

	Follow-up findings	**Clinical response**
10 March 2026	Initial consultation; mucocele present over lower lip	Pulsatilla 30C twice weekly prescribed
27 March 2026	First follow-up	Slight reduction in size of mucocele
13 April 2026	Second follow-up	Approximately 50% reduction in size
23 April 2026	Mucocele very much reduced in size	Patient reported feeling fresh; no summer complaints
13 May 2026	Final follow-up	**Total/complete clinical reduction of mucocele**

Duration from initiation of treatment to complete resolution: approximately 64 days



15. DISCUSSION

Oral mucocele is a common benign lesion, frequently affecting children and young adults, particularly the lower lip. A 15-year-old female presented with a recurrent lower-lip mucocele. Individualized homoeopathic case-taking revealed mildness, timidity, thirstlessness, desire for potatoes, scanty perspiration, and summer aggravation. Repertorization ranked *Pulsatilla* highest, covering all seven selected symptoms with a total score of 17. *Pulsatilla* 30C was prescribed twice weekly from 10 March 2026. Progressive improvement was observed, with approximately 50% reduction by 13 April and complete clinical resolution by 13 May 2026, accompanied by improved general well-being and disappearance of summer complaints. Progressive reduction in lesion size followed by **complete clinical resolution without surgical intervention** was documented over approximately two months. The case highlights the potential role of individualized homoeopathic prescribing in recurrent oral mucoceles and provides a basis for further systematic clinical investigation.

16. CONCLUSION

The present case demonstrates the clinical course of a recurrent lower-lip mucocele in a 15-year-old female managed with individualized homoeopathic treatment. *Pulsatilla* 30C was selected on the basis of the totality of characteristic local, general, and constitutional symptoms, supported by repertorization and materia medica correlation. Progressive reduction in lesion size was observed during follow-up, culminating in complete

clinical resolution by 13 May 2026. Improvement in general well-being and disappearance of summer-related complaints were also noted. The case suggests that homoeopathy may offer a **holistic and non-invasive approach** to the management of mucocele and may potentially help avoid surgical intervention in selected cases. Further systematic studies are warranted to establish its clinical efficacy.

17. DECLARATIONS

ACKNOWLEDGMENTS

OPD, P.D. Jain Homoeopathic Medical College.

Ethics approval

Ethical approval was obtained.

Informed consent

Informed consent was obtained.

Conflict of interest

No conflict of interest to be disclosed.

18. REFERENCES

1. Glick M, Greenberg MS, Lockhart PB, Challacombe SJ, editors. Burket's Oral Medicine. 13th ed. Hoboken, NJ: Wiley-Blackwell; 2021.
2. Nallasivam KU, Sudha BR. Oral mucocele: Review of literature and a case report. J Pharm Bioallied Sci., 2015; 7(2): S731-S733. doi:10.4103/0975-7406.163516.
3. Chaitanya P, Praveen D, Madhusudhan Reddy K. Mucocele on lower lip: A case series. Indian Dermatol Online J., 2017; 8(3): 205-207. doi: 10.4103/idoj.IDOJ_151_16.
4. Schroyens F. Synthesis: Repertorium Homeopathicum Syntheticum. 9.1 ed. London: Homeopathic Book Publishers, 2004.
5. Boericke W. Pocket Manual of Homoeopathic Materia Medica: Comprising the Characteristic and Guiding Symptoms of All Remedies. 9th ed. New Delhi: B Jain Publishers, 1991.
6. Van Haselen RA. Homeopathic clinical case reports: Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. Complement Ther Med., 2016; 25: 78-85. doi: 10.1016/j.ctim.2015.12.019.