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Nickel Gluconate–Mercurius Heel–Potentised Swine Organ Preparations: a new therapeutical approach for the primary treatment of pediatric ranula and intraoral mucocele

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Summary

Objective: Many authors consider surgical therapy of pediatric ranula and intraoral mucocele as the election treatment. Recently, an intracystic sclerosing injection with OK-432 has been proposed as a ranula primary treatment. This preliminary study evaluates the effectiveness of the use of Nickel Gluconate–Mercurius Heel–Potentised Swine Organ Preparations as the primary treatment of pediatric ranula and intraoral mucocele.
Methods: Eighteen children (9 ranulas, 9 labial mucoceles, 2 lingual mucoceles) were treated with oral administration of Nickel Gluconate–Mercurius Heel–Potentised Swine Organ Preparations D10/D30/D200.
Results: Eighty-nine percent ranulas (8 out of 9), 67% labial mucoceles (6 out of 9) completely responded to the therapy. One ranula, that interrupted therapy after only 4 weeks, was subjected to marsupialization in another hospital. A double mucocele case partially responded (one of the two was extinguished), another case incompletely responded, decreasing the size beyond 50%, and just one case, changing volume, resisted the therapy. Lingual mucocele healed at once. Blandin–Nuhn polypoid

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congenital mucocele responded to the treatment with gradual reabsorption, permitting surgical excision of the atrophic polypoid remnant, without removing glands of origin. No solved case showed recurrence (follow up range: 4—32 months).
Conclusion: Homotoxicological therapy with Nickel Gluconate—Mercurius Heel—Potentised Swine Organ Preparations D10/D30/D200 is an effective primary treatment of pediatric ranula and intraoral mucocele.

1. Introduction

Mucocele represents a mucous cavity that originates from major or accessory salivary glands. Ranula is the mucocele of the sublingual gland within the floor of the mouth. The Blandin—Nuhn mucocele occurs exclusively on the anterior ventral surface of the tongue near the midline. Labial mucocele is of minor salivary glands' origin. Salivary gland excretory duct trauma or obstruction, with consequent salivary hypertension and acinar structure rupture, can be the cause of extravasation of mucus from the gland into the surrounding soft tissue. Saliva extravasation causes granulomatose reaction that is associated with a devoid of epithelium pseudocyst [1]. The saliva flow disruption, due to sialolith or mucus plug, induces progressive duct dilatation that is associated with an epithelium cyst.

In extravasated mucus there are increased levels of matrix metalloproteins, tumor necrosis factor-alpha [2], type IV collagenase, plasminogen activators and proteolytic enzymes [3] that are responsible for the invasive character of extravasated mucus. The pseudocyst composed of granulation tissue with fibroblasts, proliferating small-caliber vessel and mostly foamy histiocytes with mucus phagocytized. Atrophic and focal ulceration areas can be in the pseudocyst mucosa.

The clinical features associated with mucocele include a dome-shaped enlargement, bluish to translucent hue in depth, normal mucosa coloration on the surface, mobile, normally not painful with variable dimensions.

Many authors consider surgical therapy of pediatric ranula and intraoral mucocele as the election treatment. Surgical therapy includes marsupialization, ranula excision with or without adjacent associated sublingual gland [4]. Lingual mucocele is treated with surgical excision of pseudocyst and the Blandin—Nuhn glands associated [5]. Even labial mucocele is treated with surgical excision of the mucocele and adjacent labial glands.

Various surgical treatments have recurrence rates and also risk of complication as bleeding and lingual peripheral nerve damage, injury to the Wharton duct leading to stenosis, obstructive sialadenitis and leakage of saliva, injury to the lingual nerve and to the marginal mandibular nerve with paresthesia.

Recently intracystic injection of the streptococcal preparation, OK-432, has been used to treat oral ranulas [6,7].

OK-432 is a sclerosing agent, widely known to treat cystic lymphangiomas. The authors propose a new, non invasive, without significant side effect treatment of pediatric intraoral ranula and mucocele, based on the use of homotoxicological drugs as Nickel Gluconate—Mercurius Heel—Potentised Swine Organ Preparations (PSOP) D10/D30/D200.

2. Materials and methods

A total of 18 children between September 2003 and March 2006 were treated with homotoxicological therapy: 8 patients with 9 sublingual ranulas (4 right sided, 3 left sided, 1 bilateral), 8 patients with 9 mucoceles of the lower lip (5 left sided, 2 right sided, 1 case with double midline mucocele) and 2 patients with mucoceles of the anterior lingual salivary glands (glands of Blandin—Nuhn, 1 with polypoid congenital variation). Of the 18 patients, 9 were male and 9 female (range 1 month to 15 years), as indicated in Table 1.

Nickel Gluconate—Mercurius Heel—PSOP D10/D30/D200 was orally administered for a minimum of 6 weeks and a maximum of 6 months. The homotoxicological therapy was started immediately after clinical diagnosis; only in a case, twice marsupialized in another hospital, a magnetic resonance imaging (MRI) was performed before treatment to evaluate ranula's extension. Doses were corrected according to children's age: Nickel Gluconate 0.5 mg on alternate days (for unweaned 1/3 dosage, for from 1 to 6 year children 1/2 dosage), Mercurius Heel (Table 2) 1 tablet three times a day (for unweaned 1/3 dosage, for early childhood 1/2 dosage), PSOP D10/D30/D200 (Glandula Submandibularis Suis Injeel for ranula, Lingua Suis Injeel for lingual mucocele, Salivary Glands Suis for labial mucocele, Table 2) 0.1 ng twice a week for 4—6 weeks, decreasing once a week (for unweaned and for from 1 to 6 year children 0.1 ng a week for 4—6 weeks, decreasing 0.1 ng every 10 days.