



## A QUICKLY RECOVERED CASE OF SUBMANDIBULAR ABSCESS MANAGED WITH INDIVIDUALIZED HOMOEOPATHIC TREATMENT: A CASE REPORT

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### Abstract

**Background:** Submandibular abscess is a potentially serious deep neck space infection in pediatric patients, conventionally managed with antibiotics and surgical drainage. **Case Presentation:** A 22-month-old female child presented with a left-sided submandibular abscess of 8 days' duration, associated with high-grade fever, lethargy, and reduced appetite. The parents declined conventional medical intervention. Based on individualized symptom totality, *Mercurius solubilis* was prescribed along with supportive acute medicine. **Outcome:** Marked clinical improvement was observed within three days, with progressive reduction in swelling and complete resolution within 23 days, without surgical intervention or antibiotics.

**Conclusion:** This case highlights the potential role of individualized homoeopathic treatment as a complementary or alternative approach in selected cases of Submandibular abscess. Further systematic studies are warranted to evaluate its efficacy and safety.

**Keywords:** Case report; Homoeopathy; *Mercurius solubilis*; Pediatric abscess; Submandibular abscess; Individualized treatment

### Introduction

Submandibular abscess is a localized suppurative infection occurring within the "submandibular fascial space, commonly arising from odontogenic infections, salivary gland pathology, or spread from adjacent cervical spaces [1, 2]. In pediatric patients, such infections may progress rapidly and pose a risk of airway compromise if not managed promptly. Standard management includes airway assessment, broad-spectrum intravenous antibiotics, and surgical drainage once abscess formation is established [1-3].

Homoeopathy, a system of medicine based on individualized remedy selection, has historically been used in the management of inflammatory and suppurative conditions. Remedies such as *Belladonna*, *Hepar sulphuris*, *Mercurius solubilis*, *Silicea*, and *Myristica sebifera* are frequently indicated based on symptom correspondence [4, 5]. This case report documents the successful homoeopathic management of a pediatric submandibular abscess, emphasizing rapid recovery without invasive intervention.

### **Brief Review of Submandibular Abscess Definition**

A submandibular abscess is a localized collection of pus within the submandibular space, a deep cervical fascial compartment situated beneath the mandible, resulting from bacterial infection [1].

### **Etiology**

Common causes include odontogenic infections, submandibular sialadenitis, trauma, contiguous spread from adjacent spaces, and immunocompromised states [2,3].

### **Pathophysiology**

Infection spreads into the confined submandibular space, leading to inflammation, suppuration, and abscess formation. Fascial boundaries may allow extension to the sublingual or parapharyngeal spaces, increasing the risk of airway obstruction [1,2].

### **Clinical Features**

Patients typically present with painful submandibular swelling, fever, tenderness, dysphagia, trismus, and occasionally elevation of the floor of the mouth [1-3].

### **Diagnosis**

Diagnosis is primarily clinical, supported by imaging—preferably contrast-enhanced CT—to determine the extent of involvement and exclude deep neck space spread [1].

### **Conventional Management**

Management includes airway protection, intravenous antibiotics targeting aerobic and anaerobic organisms, surgical incision and drainage, and treatment of the primary source of infection [1-3].

### **Homoeopathic Perspective**

From a homoeopathic standpoint, suppurative conditions are managed through

individualized remedy selection based on the totality of symptoms rather than pathological diagnosis alone [4]. *Mercurius solubilis* is known for its affinity to glandular inflammation, suppuration, offensive perspiration, and systemic debility, making it a frequently indicated remedy in abscesses with constitutional involvement [5,6].

### **Case Presentation Patient Information**

A 22-month-old female child was brought by her father with complaints of swelling below the left side of the mandible for 8 days, associated with high-grade fever, redness, lethargy, and poor appetite. The onset of symptoms was noted on 20 June 2025. The parents declined conventional medical treatment.

### **Clinical Findings**

The child appeared dull and sleepy during febrile episodes, fearful, sensitive to touch, and clinging to her father. Examination revealed a hot, tender, oval swelling measuring approximately 5 × 7 cm in the left submandibular region, with a yellow pinpoint punctum and hard consistency. No discharge was present.

### **Diagnosis**

Based on clinical presentation, a diagnosis of left-sided submandibular abscess was made.

### **Therapeutic Intervention**

Remedy selection was based on individualized symptom totality, emphasizing glandular involvement, suppurative tendency, and constitutional features.

<b>Date</b>	<b>Day</b>	<b>Clinical Status</b>	<b>Prescription</b>
05/07/2025	0	Acute painful swelling, fever	<i>Mercurius solubilis</i> 1000C (3 doses OD × 3 days); <i>Belladonna</i> 200C (TDS × 10 days)
08/07/2025	3	Improved general condition; swelling softer	Continued previous medicines
15/07/2025	10	Marked improvement; size reduced to 1–2 cm	<i>Saccharum lactis</i>
28/07/2025	23	Swelling almost resolved; small, firm nodule	<i>Saccharum lactis</i>

## Follow-Up and Outcomes

Significant symptomatic improvement was observed within three days. Progressive softening and reduction in swelling occurred over subsequent visits. By day 23, the abscess had almost completely resolved, leaving only a small, painless, firm nodule. No adverse effects or complications were observed, and surgical intervention was not required.

## Discussion

Conventional management of submandibular abscess prioritizes antimicrobial therapy and surgical drainage due to the risk of rapid progression and airway compromise [1–3]. In the present case, individualized homoeopathic treatment led to rapid clinical improvement and complete resolution without invasive measures. *Mercurius solubilis* was selected for its well-documented action on suppurative glandular conditions with systemic involvement [5,6].

While this outcome is encouraging, it represents a single case and should be interpreted cautiously. Controlled clinical studies and larger case series are necessary to establish the role of homoeopathy as a complementary or alternative approach in selected cases.

## Conclusion

This case demonstrates that an individualized homoeopathic approach may effectively manage submandibular abscess in carefully selected pediatric patients. *Mercurius solubilis* facilitated rapid recovery without antibiotics or surgery. Further systematic research is required to validate these findings and define appropriate clinical indications.

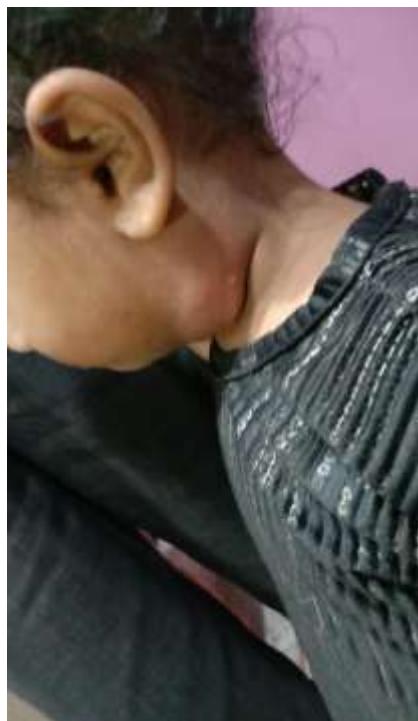
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### Gallery

05/07/2025 (Day 0)



08/07/2025 (Day 3)



15/07/2025 (Day 10)



28/07/2025 (Day 23)

