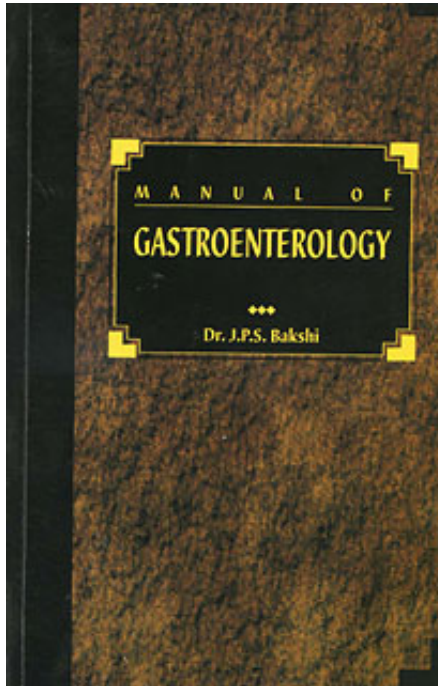


J.P.S. Bakshi

Manual of Gastroenterology

Reading excerpt
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1. Disorders of Tongue & Mouth

A. Tongue

1. Glossitis

Introduction

It is an acute or chronic inflammatory condition of the tongue.

Etiology

Local

1. Infectious agents in mouth.
2. Mechanical trauma like jagged teeth, ill-fitting dentures, mouth breathing, repetitive biting during convulsive seizures, burns.
3. Alcohol, Tobacco, hot food, spices.
4. Sensitivity to toothpaste, mouthwashes, etc.

Systemic

1. Due to pellagra
2. Anemia - pernicious, iron deficiency.
3. Skin diseases - Lichen planus, Erythema multiforme, Bechet's syndrome, Pemphigus vulgaris.

Types

1. Fissured tongue
2. Geographical tongue
3. Macroglossia
4. Furred Tongue

Clinical Features

1. Reddened tip and edges of the tongue.
2. Swelling and at times ulceration.
3. When there is marked tenderness with swelling it is sufficient to cause protrusion of tongue.
4. Mastication, swallowing and speaking are difficult and sometimes impossible.

Investigations

Each case of glossitis deserves study since the tongue is often a mirror of the disease. A detailed history may disclose an irritant, contact allergen, sensitizing drug, deficient diet, or other Symptoms of disease. Other mucosal surfaces and the skin should be inspected for evidence of pellagra, erythema multiforme, Syphilis, or lichen planus. Studies for an anemia, mild diabetes mellitus, sprue, and Syphilis should be performed.

Prognosis

When the cause can be determined and corrected, response is usually prompt. Response may be delayed in nonspecific or chronic involvement. Lesions such as median rhomboid glossitis and geographic tongue tend to persist. Aphthous ulcers, erythema multiforme, and hairy tongue often recur periodically.

Management

Pharmacological Treatment

Oral infections should receive specific therapy. The pain of large lesions that interfere with eating may be relieved temporarily by rinsing with an abundant mouthwash before each meal; dyclonine 0.5% (lidocaine 5% ointment or 10% spray; benzocaine 2% ointment; dyclonine 0.5% liquid) applied to discrete lesions also give relief and encourage eating. Occasionally, systemic analgesics (aspirin or acetaminophen 600 mg. 4 hourly) are required. Topical application of triamcinolone acetonide in emollient dental paste to specific lesions t. i. d. or q. i. d. relieves Symptoms and may promote healing.

General Treatment

Causative disorders - anemia, vitamin deficiencies, and systemic infections-are treated as indicated. Alcohol, Tobacco, spices, hot and irritating drinks are to be avoided. A bland or liquid diet, preferably cooled, is given. Good oral hygiene, including proper care of the teeth, should be insisted upon.

The patient with Symptoms of painful burning but a clinically normal tongue requires special management. After systemic causes (anemia diabetes mellitus) have been ruled out, an emotional basis may be presumed; the patient should be assured that the lesion is not neoplastic. Reassurance and encouragement are important.

Homeopathic Repertorial References

Direct references

Mouth; INFLAMMATION; Tongue
Mouth; INFLAMMATION; Tongue; chronic

On the basis of location

Mouth; INFLAMMATION; Tongue; base
Mouth; INFLAMMATION; Tongue; center
Mouth; INFLAMMATION; Tongue; left Mouth;
INFLAMMATION; Tongue; one-sided Mouth;
INFLAMMATION; Tongue; papillae

On the basis of etiology

Local

alcohol

Generalities; FOOD and drinks; alcohol, alcoholic drinks;
agg
Generalities; FOOD and drinks; alcohol, alcoholic drinks;
ailments from

tobacco

Generalities; TOBACCO; agg.
Generalities; TOBACCO; agg.; chewing
Generalities; TOBACCO; agg.; smokers, in
Generalities; TOBACCO; smoking

hot food

Generalities; FOOD and drinks; hot food; agg.

spices

Generalities; FOOD and drinks; spices, condiments, piquant,
highly seasoned food; agg.

Systemic

✧

pellagra

Generalities; PELLAGRA

anemia

Generalities; ANEMIA; impaired production of red blood
cells; iron deficiency, from, chlorosis
Generalities; ANEMIA; impaired production of red blood
cells; pernicious

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skin diseases

Skin; ERYTHEMA; exudativum multiforme

Skin; LICHEN; planus

Skin; PEMPHIGUS

On the basis of clinical features

red tip of tongue

Mouth; DISCOLORATION; redness; tongue; edges

Mouth; DISCOLORATION; redness; tongue; edges; tip, and

Mouth; DISCOLORATION; redness; tongue; tip

speech difficult

Speech & Voice; SPEECH; difficult; inflammation, from

swallowing difficult

Mouth; PAIN; General; Tongue; swallowing, on

tenderness with swelling

Mouth; SWELLING; Tongue; painful when; touched

tongue movement difficult

Mouth; MOTION; Tongue; difficult; pain, agg.

Types of Glossitis

a. Fissured Tongue

Introduction

It is marked by deep longitudinal fissures of the tongue. Congenital fissuring of tongue or 'scrotal tongue' is common and does not have any pathological significance. Fissuring of tongue which is found in chronic superficial glossitis is due to Syphilis.

The differentiating factors in chronic superficial glossitis and scrotal tongue are as follows:

In chronic superficial glossitis, there are present leukoplakic areas separated by smooth and scarred areas. There is no presence of normal papillae and fissuring is longitudinal. Whereas in 'scrotal tongue', papillae is normal but more or less interrupted by horizontal symmetrical folds.

Homeopathic Repertorial References

Direct references

Mouth; CRACKED, fissured; Tongue

On the basis of location

Mouth; CRACKED, fissured; Tongue; center

Mouth; CRACKED, fissured; Tongue; center; across

Mouth; CRACKED, fissured; Tongue; directions, in all

Mouth; CRACKED, fissured; Tongue; edges

Mouth; CRACKED, fissured; Tongue; edges; left

Mouth; CRACKED, fissured; Tongue; edges; painful with hard margins

Mouth; CRACKED, fissured; Tongue; lengthwise

Mouth; CRACKED, fissured; Tongue; tip

On the basis of associated conditions

bleeding

Mouth; CRACKED, fissured; Tongue; bleeding

dysentery

Mouth; CRACKED, fissured; Tongue; dysentery, in, and red

peeling

Mouth; CRACKED, fissured; Tongue; peeling, with

typhus

Mouth; CRACKED, fissured; Tongue; typhus, in

b. Geographical Tongue (Benign migratory glossitis, wandering rash of the tongue)

Introduction

Denuded smooth areas of tongue i. e. discrete areas of depapillation of the tongue is known as Geographie tongue. It is a more or less painless condition and the patient may complain of sore tongue. It is characterized by localized irregular red areas and yellow border, and gives the appearance of a map.

Etiology

Unknown

Management

There is no treatment other than reassuring the patient.

Homeopathie Repertorial References

Direct references

Mouth; MAPPED Tongue

On the basis of clinical features

Mouth; MAPPED Tongue; clean patches in center

Mouth; MAPPED Tongue; red, insular patches, with

c. Macroglossia

Introduction

The term defines the enlargement of tongue. It is a painless condition. The tongue has a normal structure but protrudes out to a surprising degree.

Etiology

1. Hamartomas
2. Cavernous hemangioma
3. Lymphangioma
4. Associated with conditions, such as:
 - Acromegaly
 - Amyloidosis
 - Cretinism
 - Neurofibromatosis

Types

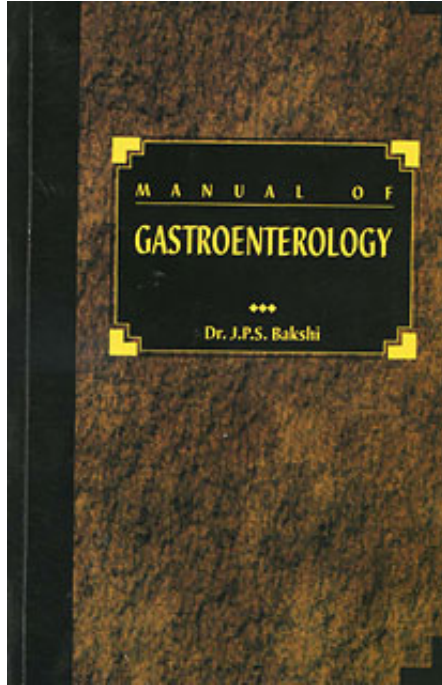
1. Acute - (i) Inflammatory. (ii) Non-inflammatory (in angioneurotic edema)
2. Chronic -Acromegaly, myxedema, amyloidosis and in children von Gierke's glycogen storage disease.

Clinical Features

Pressure Symptoms due to enlarged tongue result in spacing of teeth and proclination of the incisors.

Prognosis

When the cause is known, response is usually prompt.



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