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# APHTHOUS STOMATITIS: A CASE STUDY TO ILLUSTRATE SIGNIFICANCE OF IDENTIFYING AND UTILIZING CHARACTERISTIC SYMPTOMS IN HOMOEOPATHY

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**ABSTRACT**

Aphthous ulcers are a common and debilitating oral health issue, often accompanied by severe pain, inflammation, and difficulty with eating and drinking. These ulcers often persist despite conventional treatment, but homeopathic medicine offers a valuable alternative. A 26-year-old female patient presented with severe aphthous ulcers, characterised by intense pain, bleeding, and increased salivation, which worsened with eating and drinking but improved with cold water and ice cream. Merc Cor was prescribed based on her unique symptoms, leading to an improvement within 24 hours and complete resolution within 3 days. The patient experienced significant reduction in ulcer severity and frequency, with comfortable eating and drinking. This case study highlights the effectiveness of individualised homeopathic medicine in treating aphthous ulcers, emphasising the importance of identifying key symptoms in homeopathic practice.

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## INTRODUCTION

An ulcer is a break in the continuity of the covering epithelium - skin or mucous membrane. It may either follow molecular death of the surface epithelium or its traumatic removal[1].

Aphthous stomatitis, commonly called aphthous ulcers, “canker sores," is a perplexing oral condition characterised by the recurrent development of painful aphthous ulcers on non-keratinized oral mucous membranes[2]. There seems to be a genetic predisposition to the condition, as up to 46% of patients report a family history of aphthous stomatitis[3]. Aphthous ulcers are recurrent and superficial, usually involving movable mucosa, i.e. inner surfaces of lips, buccal mucosa, tongue, floor of mouth and soft palate, while sparing mucosa of the hard palate and gingivae. In the *minor form*, which is more common, ulcers are 2-10 mm in size and multiple with a central necrotic area and a red halo. They heal in about 2 weeks without leaving a scar. In the *major form*, the ulcer is huge, 2-4 cm in size, and heals with a scar but is soon followed by another ulcer[4].

The etiology of aphthous stomatitis remains imperfectly understood. The cause is believed to be multifactorial, involving a cell-mediated immunological reaction and a genetic predisposition[2]. It may be an autoimmune process, nutritional deficiency (vitamin B12, folic acid and iron), viral or bacterial infection, food allergies or due to hormonal changes or stress[4].

"The purpose of this article is to illustrate the therapeutic potential of Homoeopathic treatment through identifying and utilising key symptoms, using recurrent aphthous stomatitis as a clinical example."

**Diagnosis:** Aphthous Stomatitis: ICD-10 Code: K12.0

## CASE PRESENTATION

A female patient presented with excruciatingly painful oral ulcers since 6 days, accompanied by an intense burning sensation in the oral cavity. The oral ulcers were extensively distributed, affecting the left lateral side of the tongue, uvula, throat, lower lip, hard and soft palate, and edges of premolars. She also experienced inflammation and soreness of the gums on the right side, with rapidly spreading ulcers. The patient complained of intense pain radiating from the left side to the left ear, increased salivation, particularly at night, and a foul, offensive odour from the mouth. Furthermore, she experienced bleeding from ulcers while brushing teeth and during expectoration. Her symptoms were aggravated

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by swallowing and talking, but were slightly relieved by cold water and ice cream. Additionally, the patient reported a decreased appetite, lethargy, drowsiness, and episodes of fever with chills.

**Past history:** history of aphthous ulcers once or twice a year since childhood.

Her dental history revealed that she had been wearing orthodontic braces for the past 2 years.

**Medical History:** The patient has taken antibiotics, painkillers, and anaesthetic ointments over the past 1 week, but has experienced no relief.

## CLINICAL EXAMINATION FINDINGS

**Location of Ulcers:**

- Left lateral side of the tongue, uvula and throat
- Lower lip
- Hard and soft palate
- Edges of premolars

**Characteristics of Ulcers:**

- Appearance: Angry-looking, red, punched-out ulcers
- Base: Grey-white
- Margins: Red and inflamed
- Surrounding tissue: Swelling and inflammation
- Sloughing: Present.

-Notably, the orthodontic braces did not appear to be in contact with the ulcerated area.

**Additional Oral Findings:**

-Tongue: Thick, white coating

- B/L Tonsils and cervical lymph nodes: Enlarged

## HOMOEOPATHIC APPROACH

Hahnemann directs that in searching for the homoeopathic specific remedy we ought to be particularly and almost exclusively attentive to the symptoms that are striking, singular, extraordinary and peculiar (characteristic) 153 aphorism [6], It is especially those symptoms that are peculiar to the patient and not to the disease, that are to be our guides[5]. Disease *per se, Hahnemann says, is "nothing more than an alternation in the state of health of a healthy individual" caused by the dynamic action of external, inimical forces upon the life principle of the living organism, making itself known only by perceptible signs and symptoms, the

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totality of which represents and for all practical purposes constitutes the disease[7].The diseases to which man is liable are either rapid morbid processes of the abnormally deranged vital force, which tend to finish their course more or less quickly, but always in a moderate time- these, these are termed acute diseases, they are generally only a transient explosion of latent psora, which spontaneously returns to its dormant state if the acute disease were not of too violent a character and were soon quelled[6]. The susceptibility is greatly accentuated in sickness. The indications for a remedy show the susceptibility in a marked degree and the patient will respond, because the similar potentized remedy is always stronger than the susceptibility so that is fully satisfies the morbid condition. A patient may be susceptible to a number of remedies, but the greatest susceptibility is manifest in the most similar; in other words, the similimum[8].

**PRESCRIPTION AND FOLLOW-UP**

Based on the totality of symptoms, Merc cor 200 OD was prescribed due to its striking similarity with the patient's symptoms. The first prescription was given on 20/2/25:

**FOLLOW UP**

| S.NO | DATE | SYMPTOM | RX |
|---|---|---|---|
| 1 | 21.2.25 | 30% reduction in burning and soreness. Patient can now comfortably drink water, showing marked improvement. Size of ulcers reduced. | Merc c 200 BD |
| 2 | 22.2.25 | The patient has reported a substantial 70% improvement in their condition. Notably, the burning sensation has completely resolved, and the pain from the ulcers has decreased significantly. The patient can eat and drink comfortably, with no radiation of pain to the surrounding areas. | Merc c 200 BD |
| 3 | 23.2.25 | The patient's condition has further improved, with a complete cessation of sloughing. The ulcers have significantly healed, leaving only visible margins. The patient is now able to eat and drink comfortably, indicating a substantial return to normal functioning. | Merc c 200 OD |

**TABLE 1**: Follow up

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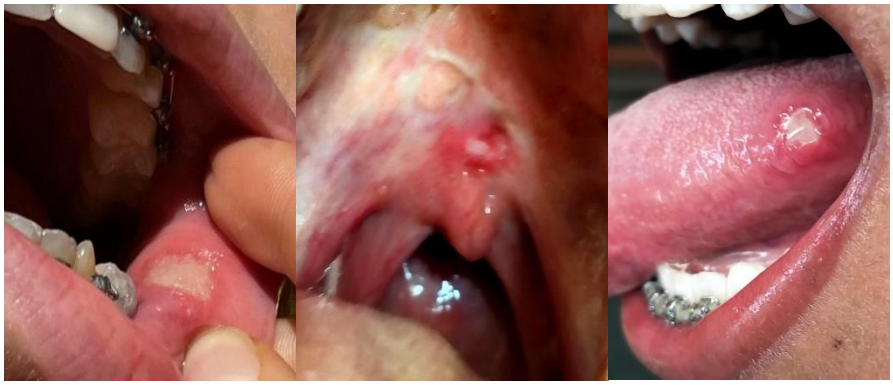

**FIG. NO. 1 - Before Treatment -20.2.25**

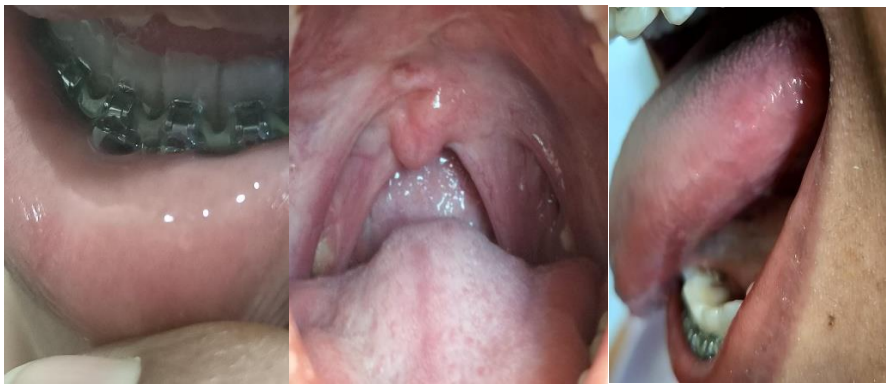

**FIG. NO. 2 - After Treatment-23.2.25**

## OBSERVATION

Aphthous ulcers are a common and distressing condition, characterised by painful ulcers in the oral cavity that typically take 10-14 days to heal. However, in this case, the patient experienced significant improvement in symptoms within 24 hours of taking a single dose of Merc C 200. The rapid response to treatment was notable, with the patient reporting an improvement in symptoms from day one, by the third day, the ulcers had almost completely healed, leaving only visible marks, and the patient was able to eat, drink, and resume daily activities comfortably.

## DISCUSSION

In conventional medicine, there is no specific management protocol for aphthous stomatitis, and the best treatment is one that effectively controls lesions for an extended period with minimal side effects. The approach to management is influenced by the intensity of pain, frequency of episodes, and the patient's medical history and tolerability to medication. The primary objectives of treatment are to alleviate symptoms, decrease the severity and number of ulcers, promote healing, and prolong disease-free periods. Due to the variability in lesion severity and episode frequency, patients are categorized into three

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distinct groups. For milder episodes, treatment typically involves NSAIDs and topical corticosteroids to prevent bacterial infection. In contrast, severe episodes of major aphthous ulcers may require a short course of systemic steroids, although this does not impact the frequency of outbreaks. Notably, applying topical corticosteroids during the prodromal phase can potentially halt the episode of aphthous ulcers.

Homeopathic treatment approaches aphthous stomatitis with a holistic and individualized perspective, focusing on distinctive symptoms and tailored remedies. Classified as an acute dynamic disease by Hahnemann, aphthous stomatitis is effectively managed through homeopathy's principle of triggering the vital force to restore balance and well-being, particularly in cases where the condition manifests as a transient expression of latent psora. The susceptibility to a remedy is amplified during illness, and the indications for a remedy reveal a pronounced degree of susceptibility, leading to a rapid response to treatment. Notably, even a minimal dose of dynamized medicine, as exemplified by the successful treatment of aphthous stomatitis with Merc C 200, can elicit a significant response, resulting in substantial symptom reduction within 48 hours. This underscores the principle of similimum, where the most similar remedy yields the greatest response, and highlights the efficacy of homeopathic treatment in addressing the deranged vital force and restoring overall health.

## CONCLUSION

This case study showcases the importance of characteristic symptoms in guiding individualized homeopathic treatment. It underscores the crucial role of a carefully selected homeopathic remedy, based on characteristic symptoms, in restoring balance and harmony of the vital force. The treatment approach emphasizes the efficacy of a simple, minimum dose in managing aphthous ulcers. Although this single case report yields promising results, further research is essential to validate these findings and enhance the study's applicability

**Conflict of interest**: None

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**Declaration of the patient consent:** Informed consent has been obtained from the patient to publish the images in this case report, with assurance that all identifying information will be concealed to maintain confidentiality.

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