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Homoeopathic Management of Stomatitis

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ABSTRACT

Stomatitis is inflammation of the mucous membrane of any of the soft tissue structures in the mouth. Poor oral hygiene, ill-fitting dentures, mouth burns, allergies and infections are likely causes of outbreaks. Stomatitis remains a common oral mucosal disorder in most communities worldwide. Therefore, it is important for dentists to know about the clinical signs, causes, diagnostic techniques, and treatment and management of stomatitis. A considerable amount of research has been done to elucidate the causes of stomatitis; local factors, systemic factors, genetic factors, microbial factors, immunological factors, etc., but no major etiology has yet been discovered. Various lines of treatment are proposed for the treatment of stomatitis, but generally the treatment given is symptomatic. This review provides an up-to-date view of the disease in relation to homeopathy. This is done in order to increase the knowledge about stomatitis and to take the necessary measures to protect against this condition.

Keywords: Stomatitis, Apthae, Homoeopathic Medicines, Homoeopathy and Practice of Medicine

Introduction

Stomatitis is an inflammation of the oral cavity. It affects the mucous membranes, which are the thin skin coverings on the inside of the mouth. The membranes produce protective mucus, as well as lining the digestive system, from the mouth to the anus.

Stomatitis is a type of mucositis, a condition defined as pain or inflammation of the mucous membrane.

Stomatitis that recurs and includes ulcers in the mouth is called recurrent aphthous stomatitis (RAS) and is the most common disease affecting the mouth area.

Stomatitis is a term derived from the Greek stoma, meaning "mouth," and the suffix -itis, meaning "inflammation."

Stomatitis is an inflammation of the mouth and lips. It refers to any inflammatory process affecting the mucous membrane of the mouth and lips, with or without oral ulcerations.

In its broadest sense, stomatitis can have many different causes and manifestations. Common causes include infections, nutritional deficiencies, allergic reactions, radiotherapy and many others.

When inflammation of the gums and mouth generally occurs, the term gingivostomatitis is sometimes used, although it is also sometimes used as a synonym for herpetic gingivostomatitis.

Review of Literature:

The oral mucosa is the mucous membrane lining the inside of the mouth. It includes a stratified squamous epithelium, called the "oral epithelium," and an underlying connective tissue called the lamina propria. The oral cavity has sometimes been described as a mirror that reflects an individual's health Changes indicative of disease are seen as changes in the oral mucosa lining the mouth, which may reveal systemic conditions such as diabetes or vitamin deficiency, or the local effects of chronic tobacco or alcohol use Oral mucosa it tends to heal faster and with less scarring compared to skin. The underlying mechanism remains unknown, but research suggests that extracellular vesicles may be involved.

Classification

The oral mucosa can be divided into three main categories based on function and histology:

The mucosal lining, a nonkeratinized stratified squamous epithelium, is found almost everywhere else in the oral cavity, including:

Alveolar mucosa, the lining between the buccal and labial mucosa. It is bright red, smooth and shiny with many blood vessels and is not connected to the underlying tissue by mesh pins.

Buccal mucosa, the inner lining of the cheeks and floor of the mouth; part of the lining mucosa.

Labial mucosa, the inner lining of the lips; part of the lining mucosa.

Masticatory mucosa, keratinized stratified squamous epithelium, found on the dorsum of the tongue, hard palate, and attached gingiva.

Specialized mucosa, specifically in the regions of the taste buds on the lingual papillae on the dorsal surface of the tongue; contains nerve endings for general sensory input and taste perception.

Structure:

Schematic representation of the layers found in the keratinized oral mucosa, which include the deeper lamina propria and the basement membrane between and the superficial layers of the stratified squamous epithelium, which include from deepest to most superficial:

1. Stratum basale
2. Stratum spinosum
3. Stratum granulosum
4. Stratum corneum

The mucosa of the oral cavity consists of two layers, the superficial stratified squamous epithelium and the deeper lamina propria. In the keratinized mucosa of the oral cavity, the epithelium consists of four layers:

Stratum basale (basal layer)

Stratum spinosum (spiny layer)

Stratum granulosum (granular layer)

Stratum corneum (keratinized layer)

In a non-keratinized epithelium, the two deep layers (basal and spinosum) remain the same, but the outer layers are called the middle and superficial layers.

Depending on the area of the mouth, the epithelium can be non-keratinized or keratinized. Non-keratinized squamous epithelium covers the soft palate, inner lips, inner cheeks and floor of the mouth, and the ventral surface of the tongue.

Keratinized squamous epithelium is present in the gingiva and hard palate as well as in areas of the dorsal surface of the tongue.

Keratinization is the differentiation of keratinocytes in the stratum granulosum into non-vital surface cells or squamous to form the stratum corneum. Cells terminally differentiate as they migrate to the surface from the stratum basale, where the progenitor cells are located, to the superficial surface.

Unlike keratinized epithelium, non-keratinized epithelium normally has no surface layers showing keratinization. However, non-keratinized epithelium can easily convert to the keratinizing type in response to frictional or chemical trauma, in which case it undergoes hyperkeratinization. This change to hyperkeratinization commonly occurs on the normally nonkeratinized buccal mucosa when the linea alba, a white ridge of keratinized tissue, is formed that extends horizontally at the level where the maxillary and mandibular teeth meet and occlude. Histologically, an excess amount of keratin is noted on the surface of the tissue, and the tissue has all the layers of orthokeratinized tissue with its granular and keratin layers. In patients who have habits such as clenching or grinding their teeth (bruxism), there is hyperkeratinization of a larger area of the buccal mucosa than just the linea alba. This larger white, rough, raised lesion must be noted in order to make changes in the dental treatment plan related to the patient's parafunctional habits.

Even keratinized tissue can undergo another level of hyperkeratinization; an increase in the amount of keratin is produced as a result of chronic physical trauma to the region. Changes such as hyperkeratinization are reversible if the source of the injury is removed, but it takes time for the keratin to loosen or be lost to the tissue. Therefore, a core biopsy and microscopic study of any bleached tissue may be indicated to check for malignant changes, especially if it is a high-risk category of cancer, such as with a history of tobacco or alcohol use or if they are HPV positive. Hyperkeratinized tissue is also associated with heat from smoking or hot liquids on the hard palate in the form of nicotine stomatitis Features

Mechanical stress is constantly exerted on the oral environment by activities such as eating, drinking and talking. The mouth is also exposed to sudden changes in temperature and pH, which means it must be able to adapt quickly to changes. The mouth is the only place in the body that provides the sensation of taste. Because of these unique physiological features, the oral mucosa must perform a number of distinct functions.

Protection – One of the main functions of the oral mucosa is to physically protect the underlying tissues from mechanical forces, microbes and toxins in the mouth.

Keratinized masticatory mucosa is firmly attached to the hard palate and gums. It makes up 25% of the entire mucous membrane of the oral cavity. It supports the underlying tissues by resisting the stress forces exerted during chewing. The mucous membrane of the cheeks, lips and floor of the mouth is movable and creates space during chewing and speaking. During chewing, it allows food to move freely around the mouth and physically protects the underlying tissues from trauma. Makes up 60% of the oral mucosa.

Secretion – Saliva is the primary secretion of the oral mucosa. It has many functions including lubrication, pH buffering and immunity. The lubricating and antimicrobial functions of saliva are maintained primarily by rest; saliva results in redness and removal of oral impurities and harmful substances. Saliva contains numerous antimicrobial proteins that help protect the oral ecosystem from infectious agents. The concentration of components such as lysozyme, lactoferrin, salivary peroxidase, myeloperoxidase and thiocyanate act as a defense mechanism in saliva. Saliva is secreted from 3 pairs of major salivary glands (parotid, submandibular, sublingual) in addition to many smaller salivary glands. It also aids in the initial chemical digestion of food because it contains the enzyme amylase, which is responsible for breaking down carbohydrates into sugars.

Stomatitis is inflammation of the mucous membrane of any of the structures in the mouth, which can include the cheeks, gums, tongue, lips, throat, and the roof or floor of the mouth. Inflammation can be caused by conditions in the mouth itself, such as poor oral hygiene, ill-fitting dentures, or mouth burns from hot food or drinks, or conditions that affect the entire body, such as medications, allergic reactions, radiation therapy. or infection. A form of stomatitis known as nicotine stomatitis can be caused by smoking cigars, cigarettes and pipes and is characterized by small red bumps on the roof of the mouth.

Causes of stomatitis

Exogenous environmental factors

a) Mucosal injury Clinicians have long assumed that trauma can initiate lesions in patients with a history of recurrent aphthous stomatitis

b) Allergies and food sensitivity Allergies affect 10 percent of the population and are usually genetically determined. Atopic allergy depends on the production of specific IgE antibodies that bind to mast cells and basophils. Antigen binding to surface IgE causes mast cell degranulation with release of mediators such as histamine and leukotrienes. Patients with atopic allergy are also likely to be more prone to develop allergy or anaphylaxis in response to drugs, however, some normal individuals may produce IgE antibodies but without harmful effect.

c) Psychological factors reported that mental stress precipitated bouts of ulceration in 21 percent of patients; described psychological factors as aggravating mechanisms rather than the cause of the disease. Whether these factors are of primary etiologic significance or result from ulceration has not been determined.

d) Smoking habits Some reports have suggested a potential inhibitory effect of smoking on the occurrence of recurrent aphthous stomatitis, and others have shown a significantly reduced level of oral mucosal keratinization in patients with recurrent aphthous disease, 94 percent of whom were non-smokers. There appeared to be different qualities between different tobacco habits in reducing the frequency of episodes. Pipe smoking produced the greatest reduction in the frequency of recurrent canker sores, documenting a positive treatment effect of smokeless tobacco used for symptomatic canker sore relief. The biological mechanism behind the negative association between tobacco habits and the frequency of recurrent aphthous stomatitis is unclear, and multidisciplinary longitudinal studies are needed if meaningful data are to be obtained. However, the main mechanism is most likely increased mucosal keratinization to prevent recurrent aphthous stomatitis in the mouth.

e) Microorganisms Several studies have been conducted on the presence of viruses, bacteria, fungi, mycoplasmas and protozoa in recurrent aphthous stomatitis in an attempt to implicate one of these microorganisms in the pathogenesis. an increase in antibodies against this protozoan.

Mycoplasmas Despite attempts to isolate mycoplasmas from aphthous lesions, there is no evidence of an etiological relationship between these organisms and recurrent aphthous stomatitis.

Nutritional deficiency

Malnutrition (incorrect dietary intake) or malabsorption (poor absorption of nutrients into the body) can lead to nutritional deficiencies, some of which can lead to stomatitis. For example, lack of iron, vitamin B2 (riboflavin) Vitamin B3 (niacin), vitamin B6 (pyridoxine), vitamin B9 (folic acid) or vitamin B12 (cobalamin) can manifest as stomatitis. Iron is essential for the upregulation of transcriptional elements for cell replication and repair.

Aphthous stomatitis

Aphthous stomatitis (ulcers) is the recurrent occurrence of mouth ulcers in otherwise healthy individuals. The cause is not fully understood, but the condition is believed to be a T cell-mediated immune response that is triggered by a number of factors. Individual ulcers (aphthae) periodically recur and heal completely, although in more severe forms, new ulcers may appear in other parts of the mouth before the old ones heal. Aphthous stomatitis is one of the most common diseases of the oral mucosa and is thought to affect about 20% of the general population to some degree.

Angular stomatitis

Inflammation of the corners (corners) of the lips is called angular stomatitis or angular

cheilitis. In children, repeated licking of the lips is a common cause, and in adults it may be a sign of underlying iron deficiency anemia or B vitamin deficiency (eg, evidence of a poor diet or malnutrition such as celiac disease).

Denture-related stomatitis

This is a common condition present in denture wearers. It looks like reddened but painless mucosa under the denture. 90% of cases are associated with Candida species and it is the most common form of oral candidiasis. Treatment consists of antifungal medication and improved dental hygiene, such as not wearing dentures while sleeping.

Allergic contact stomatitis

Allergic contact stomatitis (also called "allergic gingivostomatitis" or "allergic contact gingivostomatitis") is a type IV (delayed) hypersensitivity reaction that occurs in sensitive atopic individuals when allergens penetrate the skin or mucosa.

Migratory stomatitis

Migratory stomatitis (or geographic stomatitis) is an atypical presentation of a condition that normally occurs on the tongue, called geographic tongue.The geographic tongue is so named because there are atrophic, erythematous areas of depapillation that migrate over time to create a map appearance.

Herpetic gingivostomatitis

It is an inflammation of the oral cavity caused by the herpes simplex virus.

Symptoms

The most common symptom is a red mucous membrane with pain in the mouth. The buccal cavity may be painful and sometimes associated with fever, usually lasting 7-10 days.

Herpetic stomatitis is usually manifested by numerous blisters that occur on the gums, palate, cheeks, tongue or edge of the lips. Eating, drinking and swallowing may be difficult. Dehydration is a risk. Salivation, pain and swollen gums may occur. The child may be very irritable. A fever is a sign of infection and can reach as high as 104 degrees Fahrenheit. A fever appears a few days before the blisters appear. When the blisters burst, ulcers may form in their place. Secondary infections of these ulcers may occur. The entire infection lasts 7-10 days.

Aphthous stomatitis or canker sores are round or oval sores with a red, inflamed border. The center is usually white or yellow. Most canker sores are small and oval and heal within 1-2 weeks without scarring. Larger irregular ulcers may appear with extensive injury and take six or more weeks to heal. These can leave scars in the mouth.

Adults can develop canker sores. They are small but occur in groups of 10-100. It will heal within two weeks.

Complication

High grade fever

Dehydration

Other nutritional deficiencies

Diagnosis

The diagnosis will depend entirely on what is causing the stomatitis. Appropriate examinations include a physical examination of the ulcers.

Other tests may include:

Swabs, bacterial and viral.

Tissue swabs or swabs for fungal infections.

A biopsy, or the removal of cells or tissue for further study.

Blood tests.

Patch tests to identify allergies.

HOMEOPATHIC REMEDIES FOR STOMATITIS

Album Arsenicum

Common name: Arsenic acid

Symptoms: Suitable for people who have many fears including the fear of death, who are meticulous and constantly find fault with the work of others. Patients who benefit from this drug have some of the following symptoms:

Stress and anxiety

Burning pains in the mouth along with ulcers

Painful ulcers in the mouth

Hot drinks reduce pain

Unhealthy gums that bleed easily

Poor appetite due to ulcers, patient feels excessive weakness

Restlessness along with pain

Tongue ulcers have a blue base

All symptoms are worse at low temperatures, after eating cold foods and drinks.

Symptoms improve in the heat.

These people tend to think that they will not live and therefore consider it useless to take medicine.

Mercury corrosive

Common Name: Corrosive Sublimate

Symptoms: Patients who may benefit from this medication have any of the following symptoms:

Chronic untreated mouth ulcers

Painful ulcers with bleeding

The gums are swollen and spongy

Excessive salivation

Bad breath

Ulcers in the mouth associated with excessive pain and tenesmus in the intestine

Green, bilious vomit

The stomach area is very sensitive to touch

Symptoms increase at night and when eating strongly acidic foods

Mercury solubilis

Common name: Quicksilver

Symptoms: This medicine is suitable for people who have low willpower, are distrustful and feel useless. Patients who benefit from this drug experience some of the following symptoms:

Metallic taste in the mouth

Dripping saliva

The presence of blood in the saliva

The gums are very spongy and bleed easily

The entire ulcer is red and moist

The mouth is sore and painful due to ulcers

Bad breath

Burning sensation in the mouth

All symptoms are worse at night

Symptoms are improved by drinking cold water.

Borax Veneta

Common name: Sodium borate

Symptoms: Patients who benefit from this drug have some of the following symptoms:

Mouth ulcers are hot and very tender

Symptoms are aggravated by eating acidic foods

Stomatitis, i.e. swelling of the inside of the mouth with dryness and pain

Canker sores that look almost gangrenous (loss of blood supply and look dead)

Halitosis

Profuse secretion of saliva, which is slightly acidic

Swelling in the tongue

Ulcers that have a gray base

Bloating, distension of the abdomen and a feeling of heaviness in the stomach

Kali chloricum is also used as a mouthwash to help relieve mouth ulcers.

Phosphorus

Common name: Phosphorus

Symptoms: Phosphorus is known for irritation and inflammation of all mucous membranes, such as the inside of the mouth. Suitable for people who are hypersensitive to external stimulants such as light, smell and dust. Patients who benefit from this drug experience some of the following symptoms:

Swollen and bleeding gums

The edges of the gums look ulcerated

The tongue is very dry

Swelling and redness of the tongue. Sometimes the tongue looks pale but uncoated

A feeling of pain in the mouth

Constant desire to drink cold water

Burping with sour taste after every meal due to indigestion

Loud belching after eating

Condurango

Common name: Condor plant

Symptoms: This remedy suits people of all ages, but is more effective in individuals who are middle-aged. Patients who benefit from this drug have some of the following symptoms:

It is mainly used to improve the digestive system

Cracks and ulcers in the corner of the mouth

Angular stomatitis (mouth ulcers in the corners of the mouth)

A constant burning pain felt in the mouth, which may extend to the stomach

Ulcers are also noted in the stomach and intestines

(Read more: Peptic Ulcer Symptoms)

Associated symptom of vomiting

During the examination, hardness is felt in the area of the liver

RUBRICS FROM SYNTHESIS REPERTORY FOR STOMATITIS

FACE - PAIN - Mouth - Corners of - ulcerative pain

FACE - SUPPURATION - Mouth closed by ulceration; corner of

MOUTH - APHTHAE - Tongue - ulcers; forming

MOUTH - CANCER - Tongue - hard, indurated, ulcerated, warty growths

MOUTH - CRACKED - Tongue fissured - directions; in all - accompanied by – ulcer in the centre

MOUTH - CRUSTS - ulcerated

MOUTH - ERUPTIONS - vesicles - ulcers, becoming

MOUTH - ERUPTIONS - vesicles - Tongue - ulcers, becoming

MOUTH - ERUPTIONS - vesicles - Tongue - Sides - ulcers; become

MOUTH - INFLAMMATION - follicular, ulcerative

MOUTH - MUCOUS MEMBRANE - swollen - red - accompanied by - gray based ulcers

MOUTH - NODOSITIES - Tongue - Tip of tongue; a hard forming vesicle on - unclean ulcer with hard sides; resulting in an

MOUTH - PAIN - Gums - pressure agg. - ulcerative

MOUTH - PAIN - Gums - ulcerative

MOUTH - PAIN - Gums - Lower - ulcerative

MOUTH - PAIN - Gums - Skin; below - ulcerative

MOUTH - PAIN - Gums - Upper - ulcerative

MOUTH - PAIN - Lips - Inner side of - Lower - ulcerative

MOUTH - PAIN - Palate - ulcerative

MOUTH - PAIN - Tongue - ulcerative

MOUTH - PAIN - Tongue - Below - Skin; below – ulcerative

MOUTH - PAIN - Tongue - Tip - ulcerative

MOUTH - STOMATITIS, ulcerative

MOUTH - TUMORS - ulcerated

MOUTH - ULCERS

MOUTH - ULCERS - extending from throat to roof of mouth

MOUTH - ULCERS - Palate - Sides; ulcers with hard

MOUTH - VARICOSE veins - ulceration

TEETH - COMPLAINTS of teeth - accompanied by - Mouth - ulcers

FACE - ERUPTIONS - elevations - vesicles - elevated vesicles in nursing infants with aphthous stomatitis; with

MOUTH - INFLAMMATION

KIDNEYS - INFLAMMATION - parenchymatous - accompanied by – stomatitis

Conclusion:

Homeopathy treats the whole person. It means that homeopathic treatment focuses on the patient as a person as well as on his pathological condition. Homeopathic remedies are selected after a complete individualization examination and case analysis, which includes the patient's history, physical and mental constitution, family history, current symptoms, underlying pathology, possible causative factors, etc. Miasmatic tendency (predisposition/sensitivity) is also often taken into account in treatment chronic conditions. A homeopathic doctor tries to treat more than just the present symptoms. The focus is usually on what caused the disease state? Why is 'this patient' sick 'like this'. Diagnosis of the disease is important, but in homeopathy the cause of the disease is not probed only at the level of bacteria and viruses. Other factors such as mental, emotional and physical stress

are also being looked for that could predispose a person to the disease. No, even modern medicine considers a large number of diseases to be psychosomatic. The right homeopathic medicine tries to correct this disease predisposition. The emphasis is not on curing the disease, but on healing the sick, on restoring health. If the pathology of the disease is not too advanced, homeopathic medicines give hope for a cure, but even in incurable cases, homeopathic medicines can significantly improve the quality of life.

The homeopathic remedy(s) listed below indicate therapeutic affinity, but are not intended to be a complete and definitive guide to the homeopathic treatment of this condition. The symptoms listed for each homeopathic medicine may not be directly related to the disease, because in homeopathy, general symptoms and constitutional indications are also taken into account when choosing a medicine.

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