



The Role of Pulsatilla and Sulphur in Homoeopathic Management of Oral Candidiasis: A Case Series

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ABSTRACT

Oral candidiasis, a common opportunistic fungal infection, often presents in immunocompromised individuals and those undergoing prolonged antibiotic or corticosteroid therapy. While conventional antifungal treatments exist, homoeopathy provides a constitutional approach targeting individual susceptibility. This case series examines the efficacy of two key homeopathic remedies—Pulsatilla and Sulphur—in managing oral candidiasis in adults. Through individualized case analysis, symptom correlation, and follow-up assessments, the study highlights the role of these remedies in modulating immune response and promoting recovery. Additionally, Clinical Global Impression-Severity (CGI-S) scores before and after treatment were analysed, and a paired t-test was conducted to determine statistical significance.

Introduction

Oral candidiasis, commonly known as oral thrush, is caused by an overgrowth of *Candida* species, predominantly *Candida albicans*. The condition manifests with white curd-like patches, discomfort, and occasional burning sensations. While antifungal agents like nystatin and fluconazole provide symptomatic relief, recurrence is common, necessitating an individualized and holistic approach.

Homoeopathy, a system of medicine based on the principle of "like cures like," aims to restore homeostasis by considering the totality of symptoms, miasmatic tendencies, and constitutional predisposition. Pulsatilla and Sulphur are two well-known polychrest remedies frequently indicated in cases of oral candidiasis with specific symptomatology. This case series aims to explore their effectiveness in adult patients.

Methodology

A series of five adult patients diagnosed with oral candidiasis were treated with individualized homeopathic prescriptions of Pulsatilla and Sulphur. Case selection was based on clinical history, characteristic symptoms, and repertorial analysis. Follow-ups were conducted over a period of six weeks, with outcomes assessed based on symptomatic relief, CGI-S scale, and recurrence.

Case Selection Criteria

- Adults (18–60 years) diagnosed with oral candidiasis
- Presence of typical symptoms such as white patches, soreness, and discomfort
- No concurrent antifungal or immunosuppressive therapy during the study period
- Selection of either Pulsatilla or Sulphur based on symptom similarity and repertorization

Case Series

Case 1: Pulsatilla in a Young Female with Recurrent Oral Thrush

Chief Complaint: A 25-year-old woman presented with recurrent oral thrush, aggravated after consuming rich, fatty foods. The patches were thick, yellowish-white, with mild burning and dryness. She exhibited a mild, yielding temperament and wept easily.

Totality of Symptoms:

- White-coated tongue with patches
- Burning sensation, worse in the evening
- Aversion to warm food, desire for cold drinks
- Mild, tearful disposition with fear of being alone

Prescription: Pulsatilla 200C, single dose, followed by placebo. Improvement was noted within two weeks, with complete resolution by week four.

CGI-S Score: Before Treatment - 5, After Treatment - 2

Case 2: Sulphur in a Middle-Aged Male with Chronic Oral Candidiasis

Chief Complaint: A 45-year-old man with a history of chronic acid reflux and diabetes mellitus presented with oral thrush resistant to prior antifungal treatment. He experienced burning pain and dryness, worse in the morning.

Totality of Symptoms:

- Red, inflamed patches with a sensation of heat
- Dry mouth, craving for sweets and spicy food
- Aggravation from heat and washing
- Intellectual yet irritable disposition

Prescription: Sulphur 30C, once daily for three days. Marked improvement in symptoms was observed by the third week, with sustained relief by six weeks.

CGI-S Score: Before Treatment - 6, After Treatment - 3

Case 3: Pulsatilla in a Patient with Recurrent Antibiotic-Associated Thrush

Chief Complaint: A 30-year-old woman with a history of recurrent oral thrush following antibiotic courses. The patches were movable and left a raw surface when scraped off.

Totality of Symptoms:

- Thick white patches, worse in warm rooms
- No thirst, prefers open air
- Emotional sensitivity, easily reassured

Prescription: Pulsatilla 200C, single dose. Symptoms improved significantly within a week, with no recurrence at the six-week follow-up.

CGI-S Score: Before Treatment - 5, After Treatment - 2

Case 4: Sulphur in a Chronic Smoker with Persistent Oral Thrush

Chief Complaint: A 50-year-old smoker with chronic oral candidiasis and burning sensation in the tongue. Symptoms worsened with spicy food and hot drinks.

Totality of Symptoms:

- Red, inflamed mucosa with burning pain
- Intense thirst, craving for cold drinks
- Aggravation from heat and washing
- Argumentative, independent personality

Prescription: Sulphur 30C, once daily for four days. Symptoms resolved within a month, with no recurrence.

CGI-S Score: Before Treatment - 6, After Treatment - 3

Case 5: Pulsatilla in a Woman with Hormonal Imbalance and Oral Thrush

Chief Complaint: A 35-year-old woman with irregular menstrual cycles and recurrent oral thrush.

Totality of Symptoms:

- White patches on the tongue and inner cheeks

- Aggravation after consuming rich food
- Mild temperament, easily moved to tears
- Prefers fresh air, dislikes heat

Prescription: Pulsatilla 200C, single dose. Symptoms improved by 60% within two weeks and were completely resolved by six weeks.

CGI-S Score: Before Treatment - 5, After Treatment - 2

Statistical Analysis (Paired t-test Results)

- **t-statistic:** ∞ (indicating a highly significant difference)
- **p-value:** 0.0 ($p < 0.05$, highly significant)
- **Mean difference:** 3.0

Discussion

The cases presented highlight the efficacy of Pulsatilla and Sulphur in oral candidiasis when selected based on individual symptomatology. The statistical analysis using CGI-S scores confirms significant improvement post-treatment. The mean reduction in severity was **3 points**, with a p-value of **0.0**, indicating that the observed improvement was highly significant and unlikely due to chance.

Conclusion

Homoeopathic treatment, when individualized, offers a promising alternative for managing oral candidiasis. Pulsatilla and Sulphur, selected based on patient-specific symptomatology, demonstrated significant efficacy in resolving symptoms and preventing recurrence. The statistical validation using CGI-S scores further supports the clinical effectiveness of these remedies. Further research with larger sample sizes and controlled trials is recommended to validate these findings.

References

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