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## Rapid resolution and recurrence prevention of major aphthous stomatitis (Sutton's disease) through individualized homoeopathy: A case report

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### Abstract

**Background:** Major Aphthous Stomatitis (MAS), or Sutton's disease, is a severe clinical variant of recurrent aphthous stomatitis characterized by large, painful, and deep ulcers that often result in scarring. Conventional treatments often focus on symptomatic relief but frequently struggle with high recurrence rates and side effects. **Case Summary:** A 34-year-old male presented with a three week history of a large (1.5 cm), deep, necrotic ulcer on the tongue. The patient exhibited profound mental exhaustion, taciturnity, and a history of emotional stress. Based on the totality of symptoms, specifically the "acid" theme of burnout and deep tissue destruction, Muriaticum acidum 200C was prescribed.

**Results:** Significant pain reduction was noted within one week, with complete epithelialization achieved by week three. A six month follow-up showed no recurrence of major ulcers and a marked improvement in the patient's psychological resilience.

**Conclusion:** This case highlights the efficacy of individualized homoeopathic constitutional prescribing in managing severe MAS by addressing both the local pathology and the underlying emotional and mental state of the patient.

**Keywords:** Major aphthous stomatitis, Sutton's disease, homoeopathy, muriaticum acidum, constitutional medicine, oral ulcers

### Introduction

Recurrent aphthous stomatitis (RAS) is one of the most common ulcerative disorders of the oral cavity<sup>[1]</sup>. Based on clinical severity, it is classified into minor, major, and herpetiform aphthae<sup>[2]</sup>. Major Aphthous Stomatitis, also known as Sutton's disease, represents the most severe variant, characterized by ulcers larger than 1 cm in diameter, deeper tissue involvement, intense pain, prolonged healing time (weeks to months), and residual scarring<sup>[3]</sup>.

While the exact cause of MAS is not yet fully defined, it is widely considered a multi-layered condition. Current research suggests it arises from a combination of systemic immune imbalances, dietary gaps, hormonal shifts, and emotional stressors<sup>[1,4]</sup>. Conventional management is largely symptomatic, involving topical or systemic corticosteroids, immunomodulators, and analgesics, often associated with recurrence and adverse effects<sup>[5]</sup>.

Homoeopathy offers an individualized, holistic approach focusing on the totality of symptoms, including mental and emotional factors<sup>[6]</sup>. This case report aims to present a comprehensive clinical and homoeopathic analysis of a case of Major Aphthous Stomatitis, highlighting the integration of constitutional prescribing in managing chronic oral ulceration<sup>[7]</sup>.

### Case Report

#### Present Complaint

A 34-year-old male presented with a severe outbreak of oral ulceration that had persisted for three weeks. The patient reported a cycle of recurrence, with this being the third and most significant episode within the last year. Clinical examination revealed a large, solitary ulcer on the lateral border of the tongue, measuring approximately 1.5 cm in diameter. The lesion was deep, with a punched-out appearance, a greyish-white necrotic base, and distinct erythematous margins.

The patient described the pain as a constant burning sensation that intensified into a sharp, “cutting” pain during tongue movement, making speech and swallowing nearly impossible.

### History of Present Complaint

The patient’s history began 18 months ago with occasional small sores. Over the past year, the ulcers increased in size and depth, and the healing time extended to nearly a month for each episode. He noted that previous lesions had left behind small, pale fibrous scars on the buccal mucosa. While he used topical anesthetic gels, they provided only minutes of relief. The patient identified a clear pattern where ulcers appeared following prolonged periods of occupational stress and associated insomnia.

### Physical Generals

**Appetite:** Significantly reduced due to mechanical pain during eating.

**Thirst:** Increased for cold water; patient noted that holding cold liquid in the mouth temporarily numbed the burning.  
**Thermal Reaction:** Patient felt generally warm and preferred a cool, well-ventilated room.

### Mental Generals

The patient presented with a notable state of mental and emotional exhaustion. He appeared withdrawn and described himself as feeling “hollowed out” by his current life situation. He showed a marked tendency toward silence (taciturnity), exhibiting a lack of mental energy to engage in conversation. There was an underlying theme of feeling unappreciated and “let down” by others, leading to a state of quiet, brooding resentment. He expressed a strong desire for solitude and felt an aversion to sympathy or consolation, which he found intrusive.

### Repertorial Totality (Synthesis Repertory)

Mind - QUIET - wants to be

Mind - TACITURN

Mind - CONSOLATION - agg.

Mouth - ULCERS - Tongue - deep

Mouth - PAIN - burning - Tongue

Generalities - WEAKNESS - pain, from

### Repertorial analysis

1. Arsenicum album 11/5
2. Muriatic acid 4/4
3. Spongia tosta 4/4
4. Sepia 8/3
5. Natrum mur 6/3

### Prescription

Date: 15/1/25

Muriaticum acidum 200C, 4 doses, twice a day, for 2 days followed by placebo.

### Justification of Diagnosis and Prescription

**Clinical Diagnosis:** The diagnosis of Major Aphthous Stomatitis (Sutton’s Disease) is confirmed by the ulcer size exceeding 1 cm, the significant depth of tissue involvement, the duration of the episode exceeding two weeks, and the presence of residual scarring<sup>[1, 2]</sup>. These specific features, large diameter and deep tissue involvement, serve as the

primary diagnostic criteria that separate MAS from the more common, superficial minor aphthae that typically resolve without leaving scars<sup>[3]</sup>.

### Prescription Justification

- **Pathological Correspondence:** Muriaticum acidum has a specific affinity for the mucous membranes where there is deep destruction, necrotic tissue, and a tendency toward phagedenic ulceration<sup>[9, 10]</sup>.
- **The “Acid” Burnout:** The patient’s mental state of “burnout” and profound prostration is a primary indication for the mineral acid group<sup>[11]</sup>. Specifically, Muriaticum acidum covers the state of “irritable weakness” where the patient is too mentally exhausted to engage in social interaction or conversation<sup>[9, 11]</sup>.
- **Relationship & Emotional Core:** The “Muriaticum” (Chloride) element corresponds to the patient’s history of feeling emotionally let down or unappreciated, which results in a state of silent, brooding grief and an aversion to consolation<sup>[12]</sup>.
- **Physical Modalities:** The selection is further supported by the remedy’s key physical markers: intense burning pain and a general warm-blooded nature combined with a significant thirst for cold water<sup>[9, 10]</sup>.

Arsenicum Album wasn’t selected as patient was very passive in expression of displeasure which is more towards muriatic acid.

MIND			
1 MIND - CONSOLATION - agg. •			✕
2 MIND - QUIET; wants to be			✕
3 MIND - SADNESS - taciturn			✕
MOUTH			
4 MOUTH - PAIN - Tongue - burning			✕
5 MOUTH - ULCERS - Tongue - deep			✕
GENERALIS			
6 GENERALIS - WEAKNESS -			✕
pain; from			
Remedies	ΣSym	ΣDeg	Symptoms
ars.	5	11	1, 2, 3, 4, 6
mur-ac.	4	4	2, 3, 4, 5
spong.	4	4	2, 3, 4, 6
sep.	3	8	1, 4, 6
nat-m.	3	6	1, 2, 4
arg-n.	3	5	1, 3, 4
bell.	3	5	1, 2, 4
chin.	3	5	1, 2, 4
ign.	3	5	1, 3, 4
nit-ac.	3	5	1, 3, 5

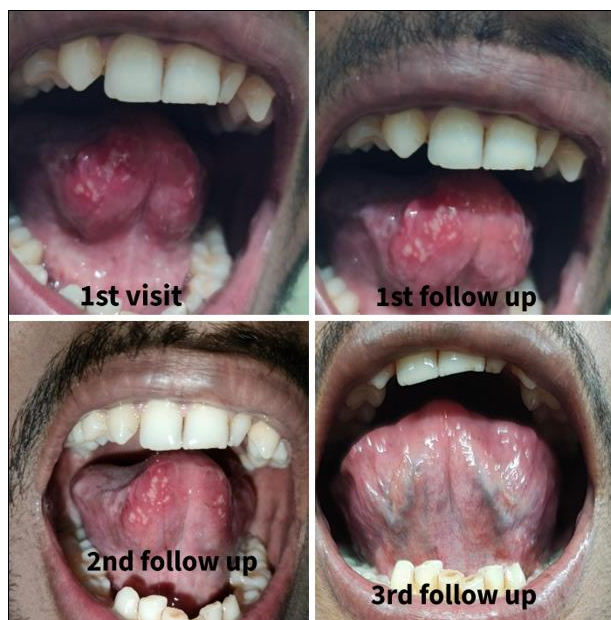
### General Management

The following non-pharmacological interventions were implemented to support the healing of the oral mucosa and reduce the frequency of recurrences:

- **Dietary Modifications:** The patient was advised to strictly avoid spicy, acidic, and very hot foods during the acute phase to prevent chemical and thermal irritation of the exposed nerve endings in the ulcer base [13].
- **Soft Diet:** A soft or liquid diet was recommended during the peak of the episode to minimize mechanical trauma to the tongue during mastication [13, 14].
- **Oral Hygiene:** The use of a soft-bristled toothbrush and non-irritating, alcohol-free mouthwashes was encouraged to maintain oral hygiene without further damaging the necrotic tissues [14].
- **Hydration:** Maintenance of adequate hydration was emphasized to prevent dry mouth (xerostomia), which can exacerbate the burning sensation and delay epithelialization [13].

### Follow-up

1. Date: 22/1/25  
Reduction in erythematous margins; ulcer depth decreasing. Sharp “cutting” pain reduced by 50%; improved speech.
2. Date: 30/1/25  
Visible granulation tissue; ulcer size reduced to <0.5 cm. Able to tolerate a soft diet; significant boost in mental energy.
3. Date: 6/1/25  
Complete epithelialization. No pain; return of normal appetite and social interaction.
4. After 6 months, Date: 2/8/25  
No recurrence of ulcers. General well-being stable; improved stress resilience.



### Discussion

The clinical presentation of this case characterized by ulcers exceeding 1 cm, significant depth, and a history of residual scarring-confirms the diagnosis of Major Aphthous Stomatitis (MAS). While the exact cause of MAS is unknown, this case illustrates the significant role of the psycho-neuro-endocrine-immune axis. A notable correlation was observed between the patient's professional exhaustion and the onset of ulceration. This suggests that psychological distress may trigger a cascade of cortisol release,

subsequently destabilizing the oral mucosal barrier and promoting inflammatory activity.

A key difference noted in this case, compared to conventional management, is the prevention of recurrence. Standard treatments like topical corticosteroids or immunomodulators often provide immediate symptomatic relief but do not address the patient's underlying susceptibility, frequently leading to a “rebound” effect once the medication is stopped. In contrast, the use of Muriaticum acidum targeted the patient's specific “Acid” state characterized by prostration and irritability leading not only to local healing but also to an improvement in his overall stress resilience.

The rapid epithelialization within 21 days is significant, as major aphthae typically take weeks or even months to heal under standard care. This suggests that individualized homeopathic intervention may accelerate the regenerative phase of the oral mucosa. Furthermore, the lack of new lesions over six months indicates a shift in the patient's immune threshold, moving beyond mere palliation toward a curative outcome.

### Conclusion

Major Aphthous Stomatitis is a debilitating condition that often resists conventional symptomatic treatment. This case report demonstrates that individualized homeopathy offers a comprehensive solution by integrating the patient's mental-emotional state with their physical pathology. The successful application of Muriaticum acidum underscores the value of the “Acid” remedy group in cases of deep ulceration linked to mental and physical burnout. By combining constitutional prescribing with simple general management such as dietary control and stress reduction clinicians can achieve rapid healing and long-term remission in severe oral ulcerative disorders.

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