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CASE REPORT

RECURRENT APHTHOUS ULCERS TREATED SUCCESSFULLY AT DR BATRA'S® HOMEOPATHY CLINIC: A CLASSICAL HOMOEOPATHIC CASE REPORT

***Dr. Sheetal Sawant**

Virar Clinic, Chief Homeopathic Consultant, Dr Batra's Positive Health Clinic Pvt Ltd

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*Corresponding author:

Dr. Sheetal Sawant

ABSTRACT

Recurrent oral ulcers are a chronic, painful condition that significantly affects eating, quality of life, and emotional well-being. This case report presents a 10-year history of recurrent aphthous ulcers in the buccal mucosa with burning and pain aggravated during food intake, associated with stress sensitivity, irritability, and intolerance to domination. Despite persistent symptoms for years, individualized classical homeopathic management led to sustained improvement with remission and enhanced overall well-being. A clear transformation was observed at Dr Batra's® Homeopathy Clinic.

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INTRODUCTION

Recurrent aphthous stomatitis (RAS) is one of the most common ulcerative disorders of the oral mucosa, characterized by repeated episodes of painful ulcers, often triggered by stress, dietary factors, acidity, and constitutional susceptibility. Chronicity and recurrence are common, leading to impaired nutrition, burning, reduced appetite, and emotional distress. Classical homeopathy aims at individualized treatment based on the totality of symptoms, including mental generals, physical generals, and characteristic particulars, along with miasmatic understanding.

Patient Information

- **Age/Sex:** Adult Male (age not disclosed for confidentiality)
- **Setting:** Dr Batra's® Homeopathy Clinic
- **Chief Complaint:** Recurrent mouth ulcers since ~10 years
- **Location:** Buccal mucosa (recurrent)
- **Pain:** Mild pain with burning ++
- **Aggravation:** Pain increases during food intake
- **Salivation:** Not much
- **Associated complaints (initial):** Severe acidity, reduced appetite, difficulty eating

CLINICAL FINDINGS

Provisional Diagnosis

Recurrent aphthous ulcer (buccal mucosa) Differential Diagnosis

- Stomatitis (recurrent inflammatory condition)

General Examination

No major systemic abnormality reported.

Prognosis Curable (based on susceptibility, chronic functional tendency, and response to individualized treatment)

History and Evolution of Mental Symptoms: Since childhood, the patient has shown a strong-willed, short-tempered, and quarrelsome nature, with episodes of anger leading to fights and arguments. He was academically strong with good memory and confidence, and displayed an assertive temperament. Over time, this anger evolved into irritability and intolerance, especially when things did not occur according to his expectations (including food preferences and work outcomes). In adulthood, emotional setbacks such as failure in competitive exams and financial loss in option trading triggered a sense of disappointment and frustration. He became more sensitive to stress and felt easily affected by situations involving domination, disrespect, or criticism, yet often suppressed direct reaction despite strong internal anger. He tends to remain quiet, avoids unnecessary involvement, prefers to "finish work and leave," but expresses opinions directly when provoked, leading to conflicts at home and workplace. He remains ambitious, future-oriented, enjoys solo travel and nature, and expresses a desire for a pollution-free peaceful life, reflecting a strong internal need for independence and control.

Life Space Investigation

- **Major stressors:**
 - Competitive exam failure after high confidence
 - Career pressure and high workplace expectations
 - Financial loss in share market/options
- **Reaction pattern:**
 - Anger, irritability, internal frustration
 - Argumentative when opinions are not accepted
 - Cannot tolerate domination/disrespect
- **Maintaining cause:**
 - Stress + emotional dissatisfaction → recurrent ulcers/acidity flare-ups

Homoeopathic Totality of Symptoms

Mental Generals

- Anger and irritability ++
- Cannot tolerate domination
- Egoistic / strong self-respect
- Disappointed when expectations not met
- Sensitive to stress, yet claims “not very stressful” (internalized stress)
- Suppressed anger (anger but cannot react)

Physical Generals

- Hot patient
- Appetite disturbed initially → improved later
- Acidity severe initially → resolved later
- Thirst good

Particulars

- Recurrent aphthous ulcers in buccal mucosa
- Burning ++
- Pain increases during eating
- Salivation not much
- Occasional redness/aphthae tongue side/tip involvement

Repertorial Rubrics (Selected)

1. MOUTH – ULCERS – Aphthae – recurrent
2. MOUTH – PAIN – eating – aggravates
3. MOUTH – BURNING – ulcers
4. MOUTH – TONGUE – complaints of – tip
5. MOUTH – CRACKED – Tongue fissured
6. MOUTH – CRACKED – Tongue fissured – centre
7. MIND – ANGER – suppressed / cannot express
8. MIND – IRRITABILITY – contradiction / domination intolerant
9. STOMACH – ACIDITY – chronic tendency (initial stage)

Remedies	rhus-t.	sulph.	nit-ac.	baopt.	cob.	glycy-r-g.	lach.	merc.
Serial Number	1	2	3	4	5	6	7	8
Symptoms Covered	3	3	2	2	2	2	2	2
Intensity	6	4	5	3	3	3	3	3
Result	3/6	3/4	2/5	2/3	2/3	2/3	2/3	2/3
Clipboard 4								
MOUTH - TONGUE; complaints of - Tip	2	1						
MOUTH - CRACKED - Tongue fissured	3	2	3	2	1	2	2	2
MOUTH - CRACKED - Tongue fissured - Centre	1	1	2	1	2	1	1	1

Repertorisation: Repertorisation highlighted remedies strongly covering:

- Recurrent aphthae with burning
- Tongue fissures/cracks
- Aggravation from eating
- Irritable, dominating-intolerant temperament
- Stress-triggered flare tendency

Differential Remedies Considered:

- Mercuriussolubilis
- Nux vomica
- Carbovegetabilis

Miasmatic Understanding: The chronicity (10 years), recurrence pattern, ulcer tendency, and stress-triggered relapses indicate a predominantly Psoric-Syphilitic background (functional hypersensitivity + ulcerative destructive tendency), with episodic flare-ups under stress.

Plan of Treatment

The case was managed on classical principles:

- Individualization based on totality
- Acute prescribing for ulcer episodes
- Supportive constitutional approach for susceptibility and recurrence tendency
- Follow-up based on symptom evolution and general improvement (HRQL)

Prescription Details

Medicines Given

- **Saccharumlactis (placebo)**
- **Borax** (given intermittently as per episodes and follow-up response)

Potency Selection Reason

- Pathological symptoms prominent
- Susceptibility low to medium
- Need for gentle repetition and control of recurrence

Reason for Prescribing

Specific (based on characteristic mouth ulcer picture and response pattern)



Outcome Measures

Before treatment:

- Could not eat properly
- Appetite reduced
- Severe acidity
- Recurrent ulcers persistent

After treatment:

- Appetite improved
- Can eat outside food
- Acidity absent
- Weight gain observed
- Remission maintained with occasional minor relapse

Follow-Up Record

Date	Patient Status / Changes	Prescription
04/08/2025	Stress due to high company expectations. Gets stressed again after arguments when opinions not accepted.	Sac-l + Borax
14/08/2025	Eating everything since 1 month. No mouth ulcers now. Better overall. Stress persists due to expectations at work.	Sac-l + Borax
15/09/2025	Everything normal. Can eat everything. No ulcers in mouth. Weight 60.1 kg. Stress continues.	Sac-l + Borax
10/10/2025	Normal overall. Had outside food once → ulcers occurred. No bloating/burning. Weight 59.7 kg. Stress persists.	Sac-l + Borax
01/11/2025	Normal eating. Ulcers noticed once, redness side of tongue. Burning absent. Stress not much.	Sac-l + Borax
06/12/2025	One boil on lip last month, then resolved. No cuts/burning. Acidity nil. Outside food causes no problem.	Sac-l + Borax
08/01/2026	No boils now. Last month: right buccal mucosa aphthae for 15 days, resolved. Appetite normal, thirst good. No burning/cuts. Acidity absent. Weight 62.8 kg.	Sac-l + Borax

Duration of Treatment**7 months****Duration of Remission****7 months****Transformation Table**

Parameter	Before Treatment	After Treatment
Frequency of ulcers	Recurrent for ~10 years	Markedly reduced, long symptom-free periods
Pain during eating	Present, aggravated	Absent most of the time
Burning sensation	Burning ++	Minimal to none
Appetite	Reduced	Improved and stable
Acidity	Severe, frequent	Nil
Outside food tolerance	Triggered symptoms	Can tolerate, occasional minor relapse only
Emotional state	Irritable, easily stressed	Improved control, better adjustment
Weight trend	Reduced appetite-related	Increased (59.7 → 62.8 kg)
Quality of life	Eating difficulty, discomfort	Normal eating, improved daily comfort
Overall outcome	Chronic recurrence	Sustained improvement + remission

DISCUSSION

1. This case represents a classical presentation of chronic recurrent aphthous ulcers with stress-related exacerbation and strong emotional triggers.
2. The patient's long-standing recurrence (10 years) suggested an underlying constitutional susceptibility rather than only a local oral pathology.
3. The mental generals—anger, irritability, intolerance to domination, and disappointment from failure—were significant maintaining factors.

4. The oral symptoms showed characteristic features: burning, pain aggravated during eating, and recurrent buccal mucosal involvement.
5. Repertorisation supported the clinical totality including tongue-related rubrics and mouth ulcer modalities.
6. A miasmatic understanding (psoric–syphilitic tendency) helped explain the chronic recurrence with ulcerative tendency.
7. The follow-up records demonstrate steady improvement in appetite, acidity, and frequency of ulcers, indicating systemic improvement beyond local relief.
8. Occasional relapse after outside food reflects susceptibility triggers, but reduced intensity and faster recovery indicate improvement in vitality.
9. The HRQL improvement (eating normally, no acidity, weight gain) supports holistic benefit from individualized homeopathic care.
10. Overall, the case highlights that classical homeopathy, when applied with totality and follow-up-based repetition, can provide sustained remission in recurrent aphthous ulcer cases.

CONCLUSION

Individualized classical homeopathic management produced significant improvement in a chronic 10-year recurrent aphthous ulcer case. The patient achieved long symptom-free periods, improved appetite, complete resolution of acidity, and better tolerance to dietary triggers. The reduction in recurrence and improvement in general well-being indicate restoration of systemic balance. This case supports the role of homeopathy in managing recurrent oral ulcerative disorders where conventional measures often provide only temporary relief. A definite clinical transformation was observed at Dr Batra's® Homeopathy Clinic.

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