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Comparative efficacy of mercurius solubilis in the management of recurrent aphthous stomatitis: A therapeutic alternative to conventional antibiotic failure

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Abstract
Recurrent Aphthous Stomatitis (RAS) is a common inflammatory condition of the oral mucosa characterized by recurrent painful ulcers that interfere with speech, mastication, and daily activities. Although the exact etiology remains unclear, factors such as stress, nutritional deficiencies, immune disturbances, and steroid use are commonly associated with its occurrence. [2]
Homoeopathy, based on the principle of individualization, offers a holistic approach by prescribing remedies according to the patient's physical, mental, and constitutional characteristics. Mercurius Solubilis is frequently indicated in cases presenting with painful ulcers, offensive discharge, aggravation at night, and excessive salivation, thereby showing therapeutic potential in the management of refractory RAS.

Keywords: Recurrent Aphthous Stomatitis, RAS, Oral Ulcer, Mercurius Solubilis, Homoeopathy, Aphthous Ulcer, Individualized Treatment, Oral Mucosal Lesion, Constitutional Remedy, Case Study

Introduction
Recurrent Aphthous Stomatitis (RAS) is one of the most common inflammatory ulcerative conditions affecting the oral mucosa, characterized by recurrent, painful, round or oval ulcers with erythematous margins and yellowish-gray pseudomembranous centres. The lesions commonly involve the buccal mucosa, labial mucosa, and tongue, causing difficulty in speech, mastication, and swallowing. Although the exact etiology remains unclear, factors such as stress, nutritional deficiencies, immune disturbances, trauma, hormonal changes, and genetic predisposition have been associated with its occurrence.
Conventional treatment mainly aims at symptomatic relief; however, recurrent and refractory cases remain a therapeutic challenge.
Homoeopathy, based on the principle of individualization, offers a holistic mode of treatment by considering the patient's physical, mental, and constitutional characteristics. Mercurius Solubilis is frequently indicated in ulcerative conditions associated with offensive discharge, aggravation at night, excessive salivation, and pain aggravated by movement. This case report highlights the successful homoeopathic management of refractory Recurrent Aphthous Stomatitis with Mercurius Solubilis.

Case Presentation
A 20-year-old female patient presented to the Outpatient Department with complaints of a painful lesion on the lower lip for the past three weeks. The lesion was associated with a marked yellowish, offensive-smelling discharge and caused significant discomfort during mastication and jaw movements, thereby impairing normal oral function. The patient reported aggravation of symptoms at night and from the slightest movement of the mouth.
The complaint had initially appeared as a painful ulcerative lesion on the lower lip and gradually progressed in severity. Despite undergoing a course of conventional (allopathic) treatment, no significant relief was obtained, and the lesion continued to persist. Owing to the refractory nature of the complaint, the patient sought homoeopathic treatment.
A comprehensive homoeopathic case-taking was conducted to understand the patient's individual susceptibility beyond the local pathological manifestations. Detailed symptomatology revealed a three-week history of constant aching pain affecting the lower lip, significantly interfering with mastication and normal jaw movements. The lesion was

characterized by a yellowish, offensive-smelling discharge along with increased salivation. The symptoms were markedly aggravated during the night and by the slightest movement of the mouth.

A detailed evaluation of the general symptoms revealed that the patient was irritable and restless in disposition. She reported decreased appetite, increased thirst, reduced bowel movements, and a general sense of weakness. These symptoms, along with the characteristic particulars of the lesion, were considered in constructing the totality of symptoms.

On clinical examination, an ulcerative lesion involving the lower lip with offensive yellowish discharge was observed. The lesion was tender and painful, particularly during movement of the mouth. The persistence of symptoms despite previous conventional treatment indicated an underlying chronic susceptibility.

The totality of symptoms was constructed by giving importance to the characteristic particulars, namely painful ulceration of the lower lip, offensive yellowish discharge, increased salivation, aggravation at night, aggravation from the slightest movement of the mouth, along with the general symptoms of irritability, restlessness, diminished appetite, increased thirst, constipation, and general weakness.

Repertorial analysis was performed using standard homoeopathic rubrics. The analysis prominently indicated Mercurius Solubilis (Merc Sol) as the most suitable remedy. The remedy closely corresponded to the characteristic features of the case, particularly the ulcerative condition of the oral cavity, offensive discharges, excessive salivation, aggravation at night, and the overall symptom picture. Based on the totality of symptoms and repertorial result, Mercurius Solubilis was selected as the constitutional prescription.

Homoeopathic Case Analysis &Selection

- **Individualized Case Taking:** A comprehensive homeopathic case-taking was conducted to move beyond the "germ-centric" pharmacological approach. The process involved:
- **Detailed Symptomatology:** Focusing on the 3-week history of constant aching pain that impaired mastication and jaw movement with notably the yellowish and offensive-smelling discharge from the ulcers, increased salivation which aggravates at night and on least movement of the mouth.
- **Generals:** Includes observation of an irritable and restless patient, decreased appetite, increased thirst, decreased bowel movement, weakness in general.

Miasmatic Analysis:

The destructive nature of the ulcers combined with the offensive, thick discharge pointed toward a predominant Syphilitic miasm, necessitating an anti-syphilitic remedy.

Selection of Remedy (The Law of Similars)

- **Remedy:** Mercurius Solubilis (Merc Sol) was selected as the simillimum.
- **Rationale:** Merc Sol has a profound affinity for the oral mucosa and specifically matches the "mercurial" profile of increased salivation, offensive odors, and yellowish ulcerations.
- **Posology:** Administered in 30C potency in sugar of milk to initiate a gentle yet deep curative response.

Comparative Analysis: Conventional vs. Homeopathic Intervention

Conventional intervention: The commonly accepted treatment strategy is to lessen the pain and duration of lesions. Topical applications of corticosteroids, antibiotics, and

Analgesics were highly used.

Failure of Conventional treatment

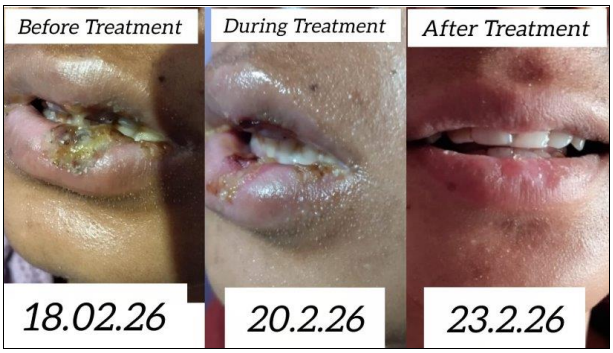
1. **Antimicrobial Limitation:** The "germ-centric" approach often fails in RAS because the condition is multifactorial (linked to stress and immune response) rather than a simple bacterial infection.
2. Refractory Nature of the 3-week-old lesion
3. Neglect of the host internal environment.
4. Biofilm Disruption

Superiority of Homoeopathic Management

1. **Breaking the Stagnation:** By applying the Law of Similia, Mercurius Solubilis stimulated the body's innate healing mechanism, restarting the recovery that had reached aplateau.
2. **Specific Affinity:** Merc Sol was superior in this case because its pathogenetic profile perfectly matched the patient's specific presentation of offensive odors and aching oral pain.
3. Focusing on the host's Totality by Individualization.
4. **Ecosystem Integrity:** Homoeopathy provided a superior outcome by healing the ulcers faster than conventional treatment while strictly protecting the oral biofilm, which is essential for preventing future recurrence.

Follow up and outcome

	Date	Treatment by MERC SOL 30	Symptoms and observations
1st visit	18.02.2026	In globules form, 4 pills BD*2 days	Deep ulcers with severe pain (9/10) on the lower lip, marked thick yellowish-greenish discharge, inflamed, edema, crusting, impaired oral function.
2nd visit	20.02.2026	In globules form 4pills BD*5 days	Notable re epithelization of lower lip with decreased suppuration and decreased pain (5/10)
3rd visit	23.02.2026	No ii pills 4 pills, BD* 5 days	Resolution of pain, restoration of normal oral function, healthy lip contour with cessation of yellowish grrenish discharge and inflammatory exudate



Result

The clinical intervention with Mercurius Solubilis 30 successfully broke a 3-week clinical plateau where conventional Allopathic medications had failed. This rapid recovery included the total cessation of offensive yellowish discharge and the full restoration of oral functions, such as mastication and jaw movement, which were previously impaired.

Conclusion

This case highlights the successful management of Recurrent Aphthous Stomatitis (RAS) with *Mercurius Solubilis 30*. The prescription was individualized according to the patient's characteristic symptom totality, including deep painful ulcers, marked inflammation, edema, crusting, and thick yellowish-greenish discharge, rather than based solely on the diagnostic label.

Progressive clinical improvement was observed during follow-up visits, with reduction in pain, inflammation, and suppuration, followed by re-epithelialization of the lesions and restoration of normal oral function. Complete healing was achieved with cessation of inflammatory exudation and no further progression of ulcerative activity.

Overall, this case supports the role of individualized homoeopathic treatment with *Mercurius Solubilis 30* as a safe and effective therapeutic approach in the management of recurrent aphthous lesions.

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