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CASE-REPORT

Title: From pain to relief: A homoeopathic case report on herpetic gingivostomatitis

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ABSTRACT

Herpetic gingivostomatitis, characterized by painful lesions affecting the gums and oral mucosa caused by herpes simplex virus (HSV), presents significant discomfort and distress to affected individuals, particularly children. This condition manifests with symptoms such as fever, sore throat, and swollen lymph nodes, often leading to difficulty in eating and drinking. This case report presents a clinical illustration of a patient suffering from herpetic gingivostomatitis treated with homoeopathic medicine. This case highlights the application of a tailored homoeopathic approach, including case-taking, remedy selection, and follow-up assessment. The outcomes observed include rapid resolution of acute symptoms, improved tolerance of oral intake, and enhanced overall well-being without reported adverse effects. This case underscores the potential of homoeopathy as a safe and effective complementary therapeutic option in managing herpetic gingivostomatitis.

Keywords: *Herpetic gingivostomatitis, Homoeopathy, Individualized treatment, Herpes Simplex Virus, Merc Solubilis, Staphysagria*

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INTRODUCTION

Herpetic gingivostomatitis is frequently the earliest manifestation of a herpes simplex infection ("primary"). Compared to herpes labialis, or cold sores, which frequently manifests later, it is more severe. The most prevalent virus infection in the mouth is primary herpetic gingivostomatitis. ^[1]

Herpetic gingivostomatitis is a notable manifestation of a primary herpes simplex virus (HSV) infection, especially since most primary HSV infections do not present with symptoms. Primarily affecting children, this condition is chiefly caused by HSV-1. Fever, anorexia, irritability, malaise, headaches, and other prodromal symptoms can appear before the disease does. Several pin-head-sized vesicles covering painful irregular ulcerations covered in yellow-grey membranes are the disease's initial symptom. These vesicles rupture quickly. Common concurrent observations include halitosis, unwillingness to drink, and submandibular lymphadenitis. ^[2] Approximately 3.7 billion people under the age of 50 globally, representing 67% of this age group, are infected with herpes simplex virus type 1 (HSV-1), which is the leading cause of oral herpes. ^[3]

Once a patient contracts the herpes simplex virus, the infection may reoccur periodically throughout the patient's life in the form of herpes labialis, or cold sores. ^[4] Herpetic gingivostomatitis predominantly impacts children younger than five years old, though it can also occur in teenagers and adults. It appears to affect all genders and racial groups equally and does not show a specific pattern

in terms of seasonality or geographic location. ^[5]

During a physical examination, the lesions typically present as flat, yellowish, and measuring about 2 to 5 mm in diameter. Herpetic gingivostomatitis is marked by redness of the oral and perioral mucosa, which is soon followed by quickly spreading vesicular lesions on the gums, palate, inner cheeks, and lips. These lesions usually heal within 2 to 3 weeks without leaving scars. Around one-third of patients who have had primary herpetic gingivostomatitis may experience recurrent herpes lesions. Symptoms include burning and itching, followed by the development of vesicular lesions in a localized area. These recurrent lesions typically appear on keratinized skin, such as the lips' vermillion border, perioral skin, or the hard palate. Triggers for these recurrent lesions can include systemic illness, physical or emotional stress, sun exposure, and trauma. During each recurrence, the lesions usually occur in the same location, and systemic symptoms like malaise and swollen lymph nodes are usually mild. ^[6]

A previous study, titled "Homeopathic Treatment of Herpetic Gingivostomatitis in Children: a Prospective Open Label Quasi Randomized Controlled Study," aimed to evaluate the effectiveness of the homeopathic remedy *Mercurius solubilis* 30C for treating herpetic gingivostomatitis, the most common specific clinical manifestation of primary herpes simplex infection in children. Conducted between October 2011 and

December 2012, this open-label quasi-randomized controlled study involved children attending Singburi Hospital in Thailand, with 30 participants in both the intervention and control groups. While both groups received supportive care with fluids and analgesics/antipyretics, the intervention group also received oral *Mercurius solubilis* 30C. Clinical outcomes were recorded and compared using an independent t-test. Results showed that the intervention group experienced better outcomes, including shorter durations of fever, difficulties in eating and drinking, and hospital stays. Consequently, *Mercurius solubilis* 30C was found to be an effective treatment for herpetic gingivostomatitis in children. [13]

DIFFERENTIAL DIAGNOSIS

- **Aphthous stomatitis:** It is commonly referred to as aphthous ulcers, is characterized by the presence of greyish membranes with surrounding redness. Unlike herpetic gingivostomatitis, which may present with lesions or ulcers on the palate and keratinized gums, aphthous ulcers are typically distinguished by their unique appearance and peripheral erythema. Thus, lesions on the palate and keratinized gingivae suggest a diagnosis other than aphthous ulcers. [7]
- **Varicella:** Varicella is often linked with vesicular lesions on the scalp and trunk, as well as small ulcers in the back of the mouth. It can be distinguished from herpetic gingivostomatitis because, unlike the latter which typically presents bilaterally, varicella infections are usually unilateral. [8]
- **Herpangina:** The illness is caused by the Coxsackie A virus rather than a herpes virus. In herpangina, ulcers are usually confined to the soft palate and the anterior part of the mouth. Although herpetic gingivostomatitis can also present with lesions in these regions, it is almost always associated with additional ulcerations on the lips, tongue, gums, or inner cheeks, as well as signs of redness, gum swelling, or bleeding. [9]

- **Behcet's syndrome:** The main symptom of Behçet's syndrome, an inflammatory disorder, is recurrent pharyngitis. In more severe instances, the condition can also lead to lesions in the vagina, gastrointestinal problems, and arthritis. [8]
- **Hand-foot-and-mouth disease:** The coxsackieviruses responsible for hand, foot, and mouth disease lead to oral mucosal ulcers and vesicular rashes on the palms, soles, and sometimes the buttocks. [10]
- **Candidal infections:** Thrush, or candida infections of the mouth, usually result in white plaques covering the mucous membranes and are more common in infants or children with impaired immune systems. [10]

CASE RECORD

PRESENTING COMPLAINT

Multiple small vesicles on the lips, gums, and inside the cheeks along with swollen lips for the past 1 day. These vesicles have ruptured to form painful ulcers.

Fever and difficulty in eating and drinking.

HISTORY OF PRESENTING COMPLAINT

An 8-year-old boy came to the clinic displaying symptoms of swollen, red lips along with small vesicles on his lips, gums, and the inside of his cheeks, difficulty in opening his mouth, offensive breath, and fever that began approximately 1 day ago. According to the parents, the child started complaining of mouth pain and discomfort, which quickly progressed to difficulty eating and drinking due to severe oral lesions. Initially, they noticed small vesicles around the lips and inside the mouth, which rapidly increased in size and number and quickly spread and merged into larger, painful ulcers. The child has been experiencing significant pain, making it challenging to swallow and causing increased irritability.

Over the past day, the child has had a fever, which was measured at home and peaked at 99.8°F. The parents also noted that the child has been more fatigued than usual and has had a decreased appetite due to pain. Despite

attempts to maintain hydration, the child has been drinking less water and consuming very little solid food due to the pain.

They initially believed it to be a typical mouth ulcer and assumed it would cure on its own, but when the oral sores got worse, they decided to seek medical assistance. The boy had not taken any food that was cooked outside his home nor he is allergic to any food items.

The child had increased salivation which was frothy in nature and swelling of the mouth with an intolerable burning sensation.

PAST HISTORY

Tendency to catch cold at every change of weather.

FAMILY HISTORY

No major illnesses found

PHYSICAL GENERALS

Appetite: Decreased

Thirst: Decreased

Desire/Aversion: Nothing Specific

Stool/Urine: No change

Sleep: Disturbed since the start of the illness

Thermals: Chilly

MENTAL GENERALS

The child was quiet and only answered when questioned. He seemed to have a scared expression on his face.

When his mother was questioned about his character and whether anything had happened before the onset of his illness, she replied that something had happened two days prior.

She mentioned that her son was having a difficult time at school two days prior. She said that although he is generally quite punctual and diligent, he arrived at school late because of a problem with his school cab. His teacher was not happy at all. She reportedly scolded him for being late in front of the class, and to make matters worse, she made him stand outside the classroom as punishment for an entire period.

The mother became suspicious when he was abnormally silent after he got home from

school. She didn't realize why he was acting that way after school until one of his neighbours who was a classmate of her son told her what had happened. His classmates also made faces at him when he was standing outside, and being scolded like that in front of everyone humiliated him.

She didn't even know what had happened to him, so it broke her heart to see him so upset. When she asked him about it, he became angry and then sad. She further said that he takes his responsibilities seriously, and this whole incident made him feel like he'd let everyone down. She thinks he's questioning himself why he was treated so harshly for something that wasn't entirely his fault.

While the mother was narrating the incident the child was looking down and was unusually quiet.

CLINICAL EXAMINATION

Mouth: Upon examination, the child seemed uncomfortable and was drooling slightly because of difficulty swallowing saliva. He struggled to open his mouth, and both the lips and oral mucosa were swollen. An intraoral assessment revealed numerous small vesicular lesions on the lips, buccal mucosa, tongue, and palate. Some of these lesions had merged into larger, painful ulcers covered with a greyish-white pseudo membrane. The gums were swollen and red, with areas of bleeding likely caused by irritation from the lesions.

Lymph nodes – Lymph node examination revealed bilateral submandibular and cervical lymphadenopathy.

Temperature: 99°F

Pulse: 100bpm

PROVISIONAL DIAGNOSIS

Herpetic Gingivostomatitis

TABLE 1: ANALYSIS OF CASE & EVALUATION OF SYMPTOMS

SERIAL NO.	SYMPTOMS	CLASSIFICATION
1.	A/F Mortification	Ailments Factor
2.	Feeling sad after getting humiliated+++	Mental generals, Uncommon
3.	Increased frothy salivation from mouth+++	Physical particular, Uncommon
4.	Red, vesicular eruptions in mouth, turning into ulcers +++	Physical particular, Uncommon
5.	Sensation of burning in mouth++ with swelling	Physical particular, Uncommon
6.	Difficulty in eating and drinking	Physical generals, Common
7.	Fever	Physical general, Common
8.	Offensive odour from mouth	Physical particular, Common

TOTALITY OF SYMPTOMS

1. A/F Mortification
2. Feeling sad after getting humiliated+++
3. Increased frothy salivation from mouth+++
4. Red, vesicular eruptions in mouth, turning into ulcers +++
5. Sensation of burning in mouth++ with swelling

REPERTORIZATION ^[11]

Following the case analysis, repertorization was performed.

Working Method: Computer method

Software used: HOMPAT ZOMEIO

Repertory used: Complete Repertory

REPERTORIAL TOTALITY

1. [Complete] [Mind]MORTIFICATION: Ailments from, agg.:
2. [Complete] [Mind]SADNESS: Insults, from:
3. [Complete] [Mouth]SALIVATION: Frothy, foamy:
4. [Complete] [Mouth]ERUPTIONS: Vesicles: Ulcers, becoming:
5. [Complete] [Mouth]SWELLING: Burning

Type Keywords for Quick Repertorisation (Ctrl+F) [X] [▶]

Symptoms : 5 Remedies : 371 Filters : Normal

Remedy	Staph	Cocc	Lach	Nat-m	Calc	Bell	Cham	Acon	Merc	Ars	Bry	Caustr	Cupr	Hyos	Ign	Lvc
Totality	15	10	10	9	9	8	8	7	7	7	7	7	7	7	7	7
Symptoms Covered	5	3	3	4	3	2	2	3	3	2	2	2	2	2	2	2
Kingdom	🌿	🌿	🐾	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿
[Complete] [Mind]MORTIFICATION:Ailments from, agg.: (294)	4	4	4	4	3	4	4	3	3	4	4	4	3	3	4	4
[Complete] [Mind]SADNESS:Insults, from: (4)	4	3														
[Complete] [Mouth]SALIVATION:Frothy, foamy: (160)	3	3	3	3	3	4	4	2	1	3	3	3	4	4	3	3
[Complete] [Mouth]ERUPTIONS:Vesicles:Ulcers, becoming: (8)	1		3	1	3				3							
[Complete] [Mouth]SWELLING:Burning: (5)	3			1				2								

Figure-1: Repertorization

PRESCRIPTION

First prescription on 04/10/2023 – Staphysagria 1M (Single dose) + Sac. Lac. – 4 pills QDS for 2 days.

TABLE 2: FOLLOW UPS

DATE	SYMPTOMS	TREATMENT
06/10/2023	Swelling slightly reduced. Redness reduced, no new vesicles. Relief in pain and salivation reduced – no frothing. Appetite and Thirst improved. Now faces less pain and difficulty while eating and drinking. No fever in the past 2 days. Fever did not come after 04/10/2023. Burning sensation in mouth has reduced. The child had a pleasant expression on his face unlike his first visit.	Sac. Lac. 4 pills QDS for 3 days. Avoid spicy and oily food, maintain oral hygiene.
09/10/2023	Better in complaints. Can open mouth properly. Ulcers are healing and only a few remaining. Swelling reduced, no redness. No salivation.	Sac. Lac. 4 pills TDS for 3 days. Maintain oral hygiene

12/10/2023	95% relief in complaint. No burning, no offensive odour from mouth. Ulcers have healed, no redness and swelling. Can eat and drink properly. Appetite improved and sleep improved.	Sac. Lac. 4 pills TDS for 7 days.
19/10/2023	Relief in all complaints. No new complaints	Sac. Lac. 4 pills BD for 7 days.



Figure-2: Before – 04/10/2023



Figure-3: After – 12/10/2023

DISCUSSION

When I first saw the patient before taking the case, the remedy that flashed in front of me was Merc. sol as this is the first remedy that comes into the mind of a homoeopathic physician on seeing a case similar to an aphthous ulcer. But as I proceeded with the case and went deeper into it, it was nothing like Merc. sol. It is always important to take the case extensively to know about the causative factor and peculiar symptoms, as in this case the causative factor played an important role and it's from where the medicine prescribed came into the picture and helped to cure the case. Homoeopathy is always preferred by patients for getting relief in chronic cases but it is equally helpful in acute cases as well. Cases like these prove that homoeopathy can treat acute disease speedily in the shortest, and most harmless way.

As a viral infection, herpetic gingivostomatitis generally requires a similar duration to other viral diseases for recovery. The ulcers tend to bleed easily but usually heal within 2 to 3 weeks without leaving scars.^[8] In this case, the patient observed complete relief within 10 days after the administration of homoeopathic medicine. Only a single dose of homoeopathic medicine was given to the patient and the need for repetition was not observed as he started having relief just after a single dose. By this, we can say that when the correct remedy is chosen and administered after a thorough case-taking, we can get great results in acute diseases.

This case also demonstrates the significance of mental symptoms and causative factors in acute illnesses, as well as how they can be useful in the choice of treatment. Children with Staphysagria are extremely sensitive to even the smallest mental impressions; they take offense at any little, whether intentional or not. They take criticism, rudeness, and moral impressions very personally.^[12,14] This case demonstrates how crucial mental generals are when choosing a remedy, even in acute cases.

Research on homeopathic treatments for herpetic gingivostomatitis is limited. One

notable study, titled "Homeopathic Treatment of Herpetic Gingivostomatitis in Children: a Prospective Open Label Quasi Randomized Controlled Study," demonstrated the effectiveness of the homeopathic remedy Mercurius solubilis 30C in treating this condition. In this study, both the intervention and control groups received supportive care with fluids and analgesics/antipyretics. The primary focus was on evaluating the efficacy of Mercurius solubilis 30C, which was administered to the intervention group based on the diagnosis alone.^[13] In contrast, this case report involved a comprehensive case assessment, considering the causative factors and the patient's mental generals, leading to the prescription of Staphysagria 1M.

CONCLUSION

Homeopathy not only targets the physical symptoms but also considers the emotional and mental health of the patient, even in acute conditions like herpetic gingivostomatitis. By addressing the underlying vulnerabilities to viral infections, homeopathic treatment can help diminish the occurrence and intensity of future episodes of herpetic gingivostomatitis. Homoeopathic medicines can provide quick relief from the acute symptoms of the disease conditions. This is crucial in acute cases where immediate symptom management is necessary and just like this case at times a single dose of a well-selected remedy is all that is required to relieve a patient suffering from intense pain and suffering.

DECLARATION OF CONSENT

The author obtained consent from the patient's parents to use their personal information and clinical images solely for publication purposes. Measures were taken to ensure the patient's identity remained confidential.

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