

**TO EVALUATE THE EFFICACY OF BORAX VENETA 30C IN
RECURRENT APHTHOUS ULCER IN AGE GROUP OF 10 – 30 YEARS
IN BOTH SEXES– NON-RANDOMIZED WITHOUT CONTROL TRIAL
(BEFORE AND AFTER STUDY).**

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INTRODUCTION:-

Oral ulceration is a common complaint of patient attending outpatient department. Aphthous ulcers being the most common affect as many as 25% of population worldwide⁽¹⁾. In India, prevalence is 50.3%⁽²⁾. It occurs worldwide but is more common in developed countries. About 30 – 40% of patients with recurrent aphthae report a family history⁽³⁾.

The term aphthae derived from Greek word means eruption or ulcer; it has been used for many years to describe areas of ulceration on mucous membranes. Aphthous stomatitis is a condition which is characterized by recurrent discrete areas of ulceration which are almost always painful. Recurrent aphthous ulcer is one of the most common oral conditions⁽⁶⁾.

BACKGROUND:-

When we have made literature study of aphthous ulcer, we found the falling prevalence of aphthous ulcer. As borax veneta is most common prescription in case of aphthous ulcer and the potential of borax veneta has been prescribed in the text of Homoeopathic Materia Medica. Thus, we decided to re – study the effect of homoeopathic treatment by borax veneta 30C in cases of aphthous ulcer.

On-going research:-

1. A Study on Aphthous Ulcer and its Association with Stress among Medical Students of an Indian Medical Institution:-
 - a. Medical student show a high prevalence (62.3%) of aphthous ulcers. Study revealed that they are having increased stress which is more so in the ulcer experienced group which indicates that stress may be the precipitating factor for aphthous ulcer in the vulnerable group.
 - b. Study was conducted in march 2015.
 - c. www.ijcmr.com>-[fijcmr 642 may 26](http://www.ijcmr.com)⁽⁴⁾
2. Recurrent Aphthous Stomatitis- A study, with emphasis on host genetics, oral microbiota composition, and immunoregulatory networks:-
 - a. The aetiology is unknown and currently there is no consensus regarding suitable treatment regimens. Recurrent Aphthous Stomatitis is recognised as a multifactorial condition in which both endogenous and exogenous factors contribute to the recurrent oral ulcerations characteristics of this oral mucosal disease. The overall aim of this thesis was to study the aetiological factor associated with recurrent aphthous ulcer.
 - b. Issue date:- 17 jan 2017.
 - c. <http://hdl.handle.net/2077/48668>⁽⁵⁾
3. Research on Borax Veneta in Aphthous Ulcers – not found.

AIMS AND OBJECTIVE:-

1. 1. To study the efficacy of Borax Veneta 30C in recurrent aphthous ulcer for 6 months.
2. 2.To find out most common predisposing factors leading to Recurrent Aphthous Ulcer.

STUDY HYPOTHESIS:-

Homoeopathic attenuation of BoraxVeneta30C is effective in Recurrent Aphthous Ulcer with any specific cause at the age group of 10 to 30 years in both the sexes for minimum 6 months.

METHODS AND MATERIAL:-

Types of study design:- Non-randomized without control trial (before and after study).

Setting (location of study):- MHMC OPD, screening.

Duration of study:- 6 months.

Method of selection of study subject (eligibility criteria):-

1. Inclusion criteria:-

1. Patients belonging to the age group between 10yrs to 30yrs.
2. Patients of both the sexes.

2. Exclusion criteria:-

1. Age group below 10yrs and above 30yrs of age.
2. Severe pathology.

Operational definition:-







A small sensitive painful ulcer crater in the lining of the mouth. Commonly called a canker sore⁽¹⁷⁾.

Specification of instruments and related measurement:-

Measurement⁽¹⁸⁾:-

1. Subjective parameters:-
 - a. Number of ulcers.

- b. Healing period.
- c. Visual Analogue Scale.

						
	0 NO HURT	1 HURTS LITTLE BIT	2 HURTS LITTLE MORE	3 HURTS EVEN MORE	4 HURTS WHOLE LOT	5 HURTS WORST
<i>n</i>	5	15	20	36	32	12
Mean VAS, mm (95% CI)	2.6 (0-7.2)	17.6 (11.9-23.3)	37.6 (32.9-42.4)	55 (51.6-58.6)	73 (68.2-77.4)	88 (79.8-96.6)
Median VAS, mm (IQR)	0 (0-6)	16 (8-25)	37 (31-46)	57 (48-62)	74 (66-82)	95 (73-100)
Reprinted, with permission, from Hockenberry MJ, Wilson D, Winkelstein ML. Wong's Essentials of Pediatric Nursing, 7th ed. St. Louis, MO: Mosby, 2005, p. 1259. Copyright Mosby. ⁶ IQR = interquartile range; WBS = Wong-Baker FACES Pain Rating Scale.						

- 2. Objective parameters:-
 - a. Number of ulcer.
 - b. Maximal area of ulcer- mm scale.
 - c. Inflammatory sign⁽¹⁸⁾.

On Examination:-

Inspection: Site

Number

Size

Shape

Tongue

Gum

Lip

Palpation: Hardness

Pain

RESEARCH METHODOLOGY SPECIFIED AND EXPLAINED FOR DATA COLLECTION:-

Sample size:-45 Sample.

Methods for data collection relevant to objectives:-

1. Sample will be selected from homoeopathic studies and screening on the basis of inclusion and exclusion criteria.
2. Consent of the patient.
3. Carrying out before study in case record format.
4. Intervention – administration of borax.
5. Carrying out after study with 6 follow ups.
6. Before and after comparison.
7. Conclusion.

DISCUSSION:-

All 45 cases were from MHMC opd, the patients with symptoms and/or having history of recurrent aphthous ulcer were taken for study and a 6 months study was done in which, on the basis of intensity of pain and recurrency of ulcer, we have found that in 32 cases Borax Veneta 30C was effective whereas in 13 cases the medicine was not very much effective. By this study we have also found that stress is commonest predisposing factor which is the leading cause for recurrent aphthous ulcer in our study.

In our study we come through many difficulties which are:

- Difficulty was faced in collecting cases as very few patient was found to come with complaint of recurrent aphthous ulcer, so we have to do

screening in each and every class of MHMC and collect patients to do our study.

- Difficulty was faced in taking follow ups as patient come according to their convenience. We have to call them and ask them to come every month for follow ups as when they have no complaint of ulcer they delay to come.
- Gap in between follow ups was there in some of the cases due to vacation and exams.
- Measurement of size of ulcer was not possible in most of the cases.

We have also learnt many things while doing this study, our learning experiences are:

- In inclusion criteria we were supposed to mention that patients having history of recurrent aphthous ulcer will be taken.
- In exclusion criteria severe pathology was supposed to elaborate.
- Appropriate operational definition.
- Brand of Borax used to be specified in methodology.
- In methods for data collection – we were supposed to mention that efficacy of borax will be measured by intensity of pain which is measured by visual analogue scale and recurrency of aphthous ulcer.
- We know that patient should be treated with constitutional medicines but our study was to see that – Is borax is effective in recurrent aphthous ulcer or not? So we have selected specific medicine.

LIFESTYLE MODIFICATION:-

Patients were counselled about light diet, avoid spicy food, avoid acidic food, perform yoga to relief stress, avoid hard brush.

ASSESSMENT OF SYMPTOMS:-

The patients are said that if the food with less spicy and hard brush usage and mental tension reductions are done then frequency of aphthous ulcer reduces – Positive result.

The patients are said that if the diet and the usage of hard brush and avoiding yoga remain same then frequency of aphthous ulcer remains same – Negative result.

FOLLOW UPS AND CONCLUSION:-

Each patient was followed up whenever they have complaint of ulcer and conclusion was drawn up by doing before and after study.

MASTER CHART:-

Sr No	Name	Age	Sex	Predisposing Factor	Intensity of pain		Recurrency		Objective fulfilled	Result
					before	after	before	after	1/2	
1.	Mr P.L.	26	M	Lack of sleep, stress (mental, of future, profession)	3	2	1 in 2-3 months	2 in 7 months	1 / 2	Improving
2.	Miss V.S.	22	F	Stress, lack of sleep, spicy food, tongue	2	2	1 in 4 weeks	3 in 6 months	1 / 2	Improving

				bite				hs		
3.	Miss K.R.	23	F	Disturbed sleep, spicy food, stress	2	1	1 in 1 month	3 in 6 mont hs	1 / 2	Improvi ng
4.	Miss F.S.	19	F	Spicy food, stress, injury, lack of sleep	2	2	1 in 2- 2 ½ month	2 in 6 mont hs	2	Not improv ed
5.	Miss N.K.	22	F	Gastric derangement, teeth biting, stress, spicy food	2	1	1 in 15-20 days	2 in 6 mont hs	1 / 2	Improvi ng
6.	Miss A.Z.	23	F	Stress, spicy food, disturbed sleep	1	1	1 in 2 month s	2 in 6 mont hs	1 / 2	Improvi ng
7.	Miss P.B.	22	F	Stress, tongue bite	1	0	1 in 30-40 days	1 in 7 mont hs	1 / 2	Improvi ng
8.	Mr P.H.	22	M	Lack of sleep, spicy food	1	2	1 in 1 month	2 in 6 mont hs	1 / 2	Improvi ng
9.	Miss A.S.	24	F	Gastric derangement	2	1	1 in 30-40	2 in 7	1 / 2	Improvi ng

				(constipation), stress (exam) , spicy food			days	mont hs		
10.	Mr D.J.	22	M	Sweet, spicy food, lack of sleep, gastric derangement, stress	2	1	1 in 40-45 days	2 in 6 mont hs	1 / 2	Improvi ng
11.	Miss K.B.	22	F	Stress, gastric derangement, spicy food	2	1	1 in 40-50 days	2 in 6 mont hs	1 / 2	Improvi ng
12.	Miss P.A.	24	F	Stress, spicy food, lack of sleep	2	1	1 in 1 month	2 in 6 mont hs	1 / 2	Improvi ng
13.	Miss P.S.	21	F	Stress, spicy food, tongue bite	2	1	1 in 4 weeks	3 in 6 mont hs	1 / 2	Improvi ng
14.	Miss Z.K.	21	F	Stress, gastric derangement, spicy food, lack of sleep, tongue bite	1	1	1 in 2- 3 month s	3 in 6 mont hs	2	Not improv ed
15.	Miss S.A.	23	F	Spicy food, lack of sleep	1	1	1 in 2- 3 month	3 in 6 mont	2	Not improv ed

							s	hs		
16.	Miss N.D.	23	F	Spicy food, irregular diet, gastric derangement	5	1	1 in 1 ½ -2 month s	3 in 6 mont hs	1 / 2	Improvi ng
17.	Miss N.S.	20	F	Tongue biting, spicy food	3	1	1 in 1 month	2 in 6 mont hs	1 / 2	Improvi ng
18.	Miss N.P.	23	F	Stress	2	1	1 in 12-15 days	2 in 6 mont hs	1 / 2	Improvi ng
19.	Miss K.D.	20	F	Spicy food, stress	1	1	1 in 1 ½ -2 month s	2 in 6 mont hs	1 / 2	Improvi ng
20.	Miss M.S.	23	F	Stress (exam), spicy food	1	2	1 in 3- 4 month s	2 in 6 mont hs	2	Not improv ed
21.	Miss S.P.	23	F	Stress (exam), gastric derangement (constipation), teeth bite	3	2	1 in 40-45 days	3 in 6 mont hs	1 / 2	Improvi ng
22.	Miss S.T.	20	F	Disturbed sleep, stress,	2	2	1 in 2- 3	2 in 6	2	Not improv

				spicy food			month s	mont hs		ed
23.	Miss H.A.	20	F	Spicy food, gastric derangement, stress (exam)	3	1	1 in 4- 6 weeks	2 in 6 mont hs	1 / 2	Improvi ng
24.	Miss R.H.	22	F	Spicy, salty, sour, stress(exam), disturbed sleep	2	0	1 in 40-45 days	2 in 6 mont hs	1 / 2	Improvi ng
25.	Miss P.S.	20	F	Stress, injury while brushing	2	1	1 in 1 month	2 in 6 mont hs	1 / 2	Improvi ng
26.	Mr V.L.	20	M	Stress (exam), lack of sleep, gastric origin, lack of water	2	1	1 in 1 month	2 in 6 mont hs	1 / 2	Improvi ng
27.	Miss L.A.	22	F	Teeth bite	1	1	1 in 4- 5 month s	2 in 6 mont hs	2	Not improv ed
28.	Miss A.A.	24	F	Stress (exam), spicy food	4	1	1 in 15-20 days	3 in 6 mont hs	1 / 2	Improvi ng
29.	Miss A.G.	22	F	Stress, irregular diet pattern,	5	3	1 in 2 month	2 in 6	1 / 2	Improvi ng

				gastric origin			s	mont hs		
30.	Miss S.W.	21	F	Spicy food, stress, gastric origin, disturbed sleep	3	1	1 in 1- 1 ½ month s	2 in 6 mont hs	1 / 2	Improvi ng
31.	Mrs S.F.	23	F	Spicy food, sweet	4	3	1 in 1- 2 month s	3 in 6 mont hs	1 / 2	Improvi ng
32.	Miss A.T.	23	F	Stress, spicy food	2	2	1 in 3- 4 month s	2 in 6 mont hs	2	Not improv ed
33.	Mr G.T.	24	M	Lack of water intake, lack of sleep	2	1	1 in 1- 1 ½ month s	2 in 6 mont hs	1 / 2	Improvi ng
34.	Miss R.A.	23	F	Emotional disturbance, lack of sleep	1	1	1 in 2- 2 ½ month s	3 in 6 mont hs	2	Not improv ed
35.	Miss G.A.	20	F	Spicy food, sour food, teeth biting, outside food	1	1	1 in 2- 2 ½ month s	2 in 6 mont hs	1 / 2	Improvi ng
36.	Miss P.J.	20	F	Teeth biting, stress, spicy	1	1	1 in 2- 2 ½ month s	2 in 6 mont hs	1 / 2	Improvi ng

				food, gastric derangement			month s	mont hs		
37.	Miss N.S.	21	F	Teeth biting, spicy food	2	3	1 in 2-3 month s	2 in 6 mont hs	2	Not improv ed
38.	Miss S.A.	19	F	Spicy food, gastric derangement, lack of water intake	2	2	1 in 2-3 month s	3 in 6 mont hs	2	Not improv ed
39.	Miss P.S.	23	F	Spicy food, stress (exam)	3	2	1 in 40-45 days	2 in 6 mont hs	1 / 2	Improvi ng
40.	Miss K.T.	21	F	Spicy food, stress, gastric derangement (constipation)	1	1	1 in 1-2 month s	2 in 6 mont hs	1 / 2	Improvi ng
41.	Miss H.P.	21	F	Denture, lack of water intake, gastric derangement (constipation), stress (result)	1	2	1 in 3-4 month s	2 in 6 mont hs	2	Not improv ed
42.	Miss S.M.	22	F	Stress (tension about future), spicy food,	2	2	1 in 3-4 month	2 in 7 mont	2	Not improv ed

				before menses, stress (study), lack of sleep			s	hs		
43.	Miss A.P.	19	F	Stress, fasting, during fever, lack of sleep	1	2	1 in 2- 3 month s	2 in 6 mont hs	2	Not improv ed
44.	Mr S.D.	19	M	Stress (exam), lack of sleep, gastric derangement (acidity, irregular diet pattern, constipation)	3	1	1 in 2- 3 month s	2 in 7 mont hs	1 / 2	Improvi ng
45.	Miss J.P.	22	F	Gastric derangement (acidity), spicy food	2	1	1 in 20-30 days	2 in 6 mont hs	1 / 2	Improvi ng

STATISTICAL ANALYSIS:-

1. Intensity of pain:

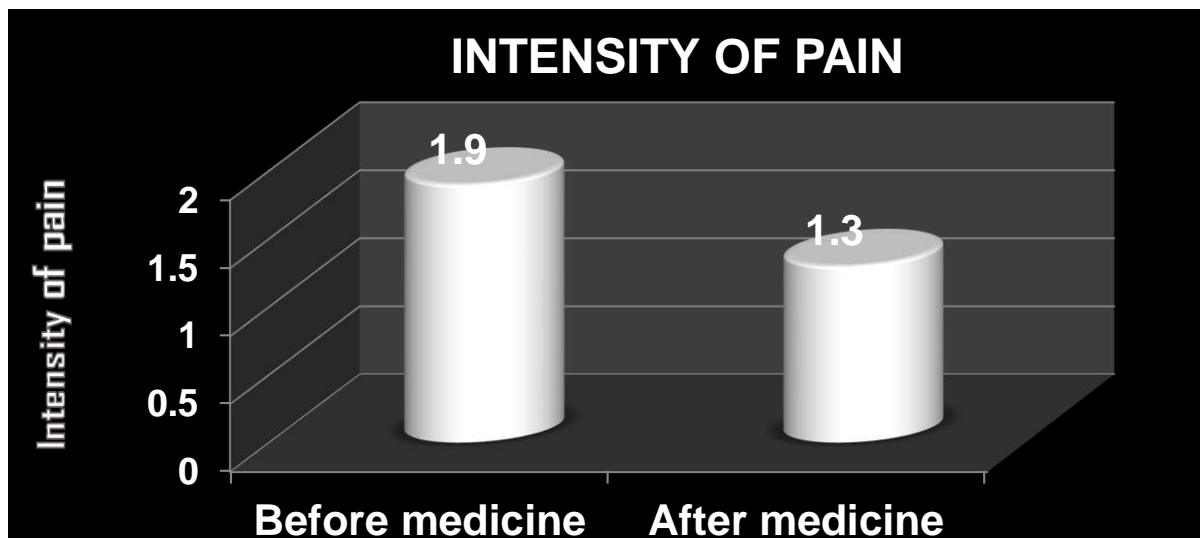


Fig 1: Bar Chart showing – Mean ratio of Intensity of pain before and after medicine.

2. Common predisposing factors:

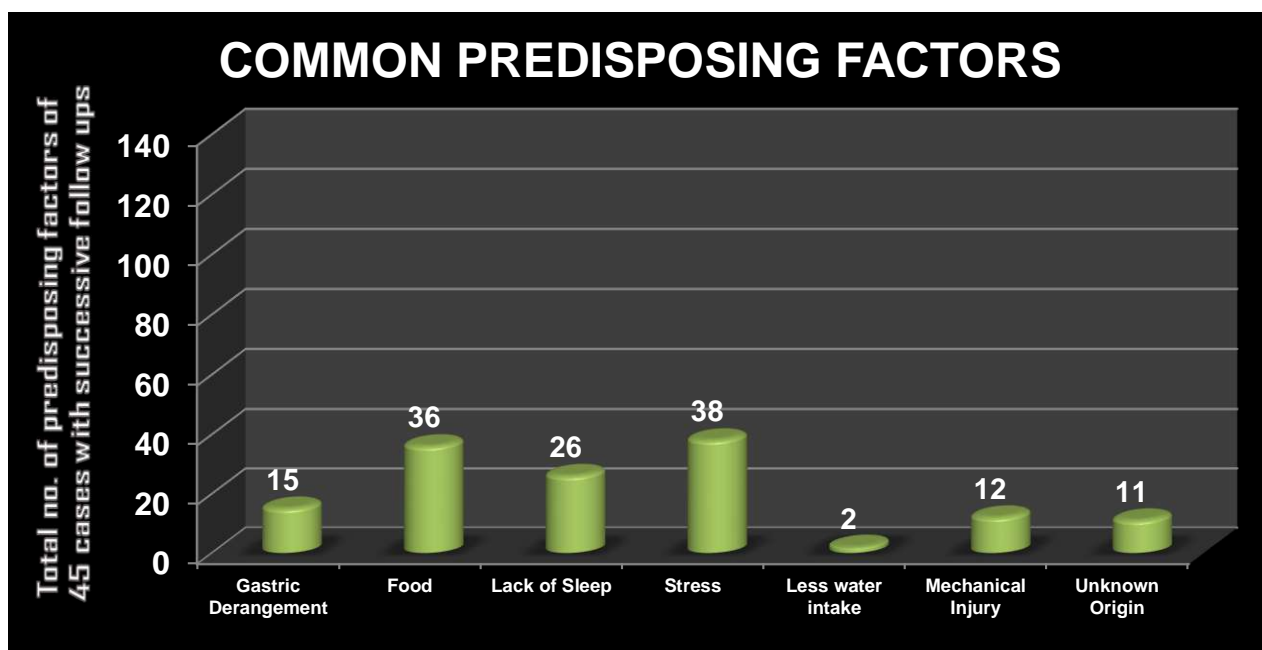


Fig 2: Bar Chart showing – Total Number of Predisposing Factors of 45 cases with successive follow ups.

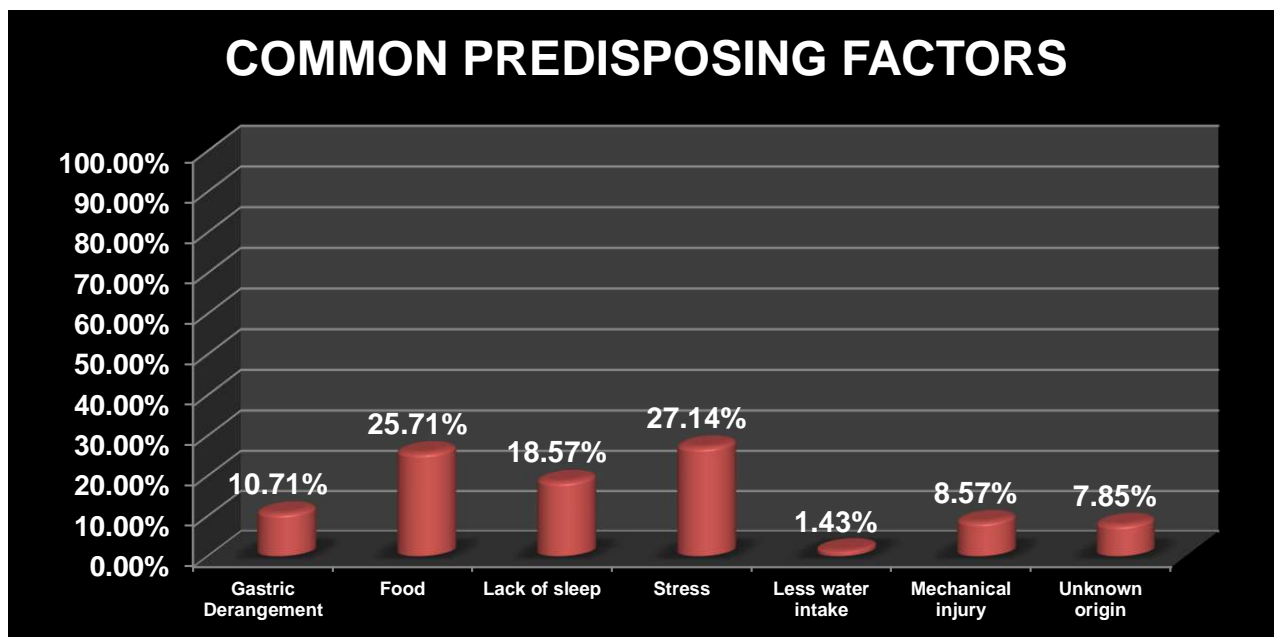


Fig 3: Bar Chart showing – Common Predisposing Factors in percentage of 45 cases with successive follow ups.

3. Result:

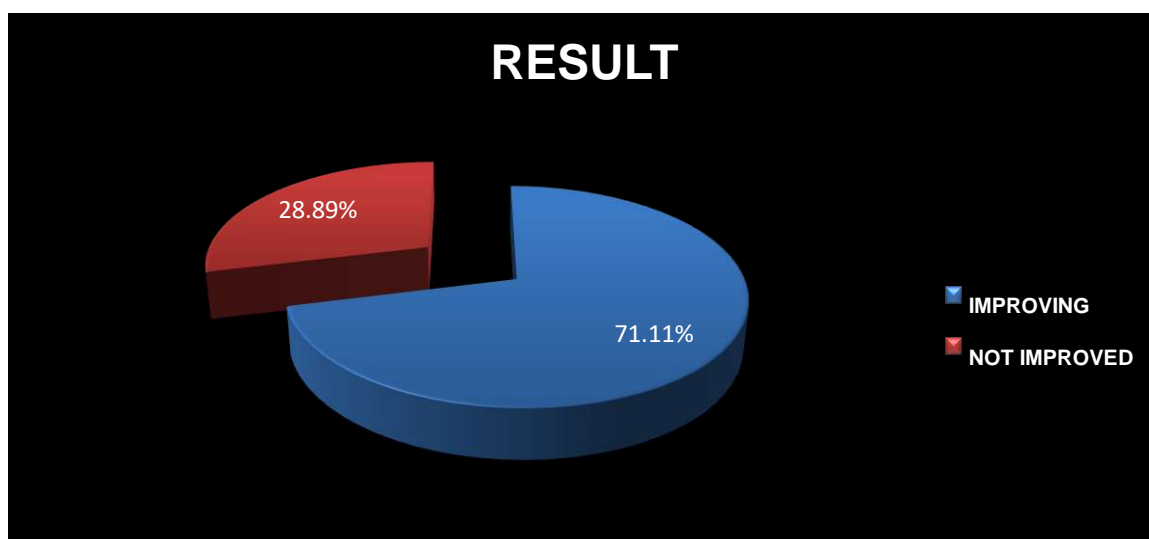


Fig 4: Pie Chart showing – Result – percentage of improving and not improved cases.

RESULT AND CONCLUSION:-

Objective	Conclusion		
To study the efficacy of Borax Veneta 30C in recurrent aphthous ulcer for 6 months.	On the basis of intensity of pain and recurrency of aphthous ulcer, 71.11%(32) of patients are found to be improving while 28.89%(13) of patient are not improved.		
To find out most common predisposing factors leading to Recurrent Aphthous Ulcer.	Predisposing factors	Total number of predisposing factors out of 140	Percentage
	<u>1. Stress</u>	<u>38</u>	<u>27.14%</u>
	2.Food	36	25.71%
	3.Lack of sleep	26	18.57%
	4.Gastric derangement	15	10.71%
	5.Mechanical	12	8.57%
	injury	11	7.85%
	6.Unknown origin	2	1.43%
7.Lack of water intake			

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