

Homeopathic Treatment of Herpetic Gingivostomatitis in Children: a Prospective Open Label Quasi Randomized Controlled Study

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Abstract The objective of this study was to study the efficacy of a homeopathic remedy (Mercurius solubilis 30C) in the treatment of herpetic gingivostomatitis, the most common specific clinical manifestation of primary herpes simplex infection in childhood. It was designed as an open-label quasi randomized controlled study during October 2011 – December 2012. The study samples were children attending Singburi Hospital who were assigned to be in the intervention group or the control group (30 cases each). Both groups were supportively treated with fluid and analgesic/antipyretic except that oral Mercurius solubilis 30C was added to the interventional group. The clinical outcomes were recorded in both groups; and the data were compared and analyzed using independent T test. It was found that the outcomes were better in the interventional group, which included shorter duration of fever 1.07 ± 0.25 vs. 3.90 ± 1.21 days), shorter duration of difficulties in eating and drinking (1.00 ± 0.00 vs. 3.43 ± 0.86 days) and shorter length of hospital stay (1.90 ± 0.71 vs. 4.67 ± 1.45 days). Thus, Mercurius solubilis 30C is an effective remedy in the treatment of herpetic gingivostomatitis in children.

Key words: herpetic gingivostomatitis, homeopathy, Mercurius solubilis 30C

Introduction

Gingivostomatitis is the most common manifestation of primary herpes simplex virus infection during childhood.⁽¹⁾ Primary herpetic gingivostomatitis is characterized by ulcerative lesions of the gingival and mucous membranes of the mouth. The clinical manifestation of mucocutaneous herpes simplex virus type 1 (HSV-1) disease are due to tissue destruction, a direct consequence of viral replication and cell lysis.⁽¹⁾

Inoculation of HSV-1 at mucosal surfaces or skin

sites permits entry of the virus into sensory and autonomic nerve endings through which it is transported to the cell nuclei, where it remains latent. Reactivation results in recurrent HSV disease.

Herpetic gingivostomatitis occurs throughout the year, with no particular seasonal distribution.⁽²⁾ In a retrospective review at single institution, HSV gingivostomatitis was diagnosed in 1.6 per 10,000 emergency department visits and 5.6 per 10,000 hospital admission.⁽³⁾

Herpes simplex virus type 1 infections usually

result from direct contact with infected oral secretions or lesions. HSV infection can be transmitted from symptomatic or asymptomatic individuals with primary or recurrent HSV infection.⁽⁴⁾ The incubation period for HSV infection ranges from two days to two weeks, with a mean of four days.^(2,5)

Herpetic gingivostomatitis symptoms occur in 13 to 30 percent of affected children,⁽⁶⁾ begin approximately one week after contact with an infected child or adult. Symptoms usually begins with a prodrome period that last about four days and may include fever (>38 °C), anorexia, irritability, malaise, sleeplessness and headache.^(1,7,8) The enanthem begins with red, edematous marginal gingivae that bleed easily and clusters of small vesicles. The vesicles become yellow after rupture and are surrounded by a red halo. They coalesce to form large, painful and easily bleeding ulcers of the oral tissues. The lesions involve the buccal mucosa, tongue, gingival, hard palate, and pharynx. Mild lesions typically heal without scarring in a week, in severe cases the healing may require 14 to 21 days.^(1,7)

Associated symptoms and signs may include bad breath, refusal to drink, anorexia, fever, arthralgia, headache and submandibular or cervical lymphadenitis.^(1,6)

Although it is self limiting disease, the general course is 10–14 days, but in severe cases the children experience acute high fever and cannot eat leading to dehydration and extreme discomfort that need hospitalization for supportive therapy which include intravenous fluid, antipyretic, analgesic and xylocain viscous.

Homeopathy was introduced by Samuel Hahnemann in 1796. It is one of the most widespread forms of complementary medicine worldwide.

This widespread use is in strong contrast with the position held by many in scientific medicine that homeopathy has no effect beyond placebo.⁽⁹⁾

The basic principle of homeopathy is the principle of similar. A patient with a specific pattern of symptoms is best treated by a remedy which causes the same or a very similar pattern in healthy subjects. Homeopathic remedies are often prescribed in high dilutions some of which are unlikely to contain any molecules of the originally diluted agents and cannot act by pharmacological means. The potential mechanism of action, therefore, postulate the storage of information in the dilution and potentization process by physical means.⁽¹⁰⁾ Homeopathic remedies stimulate artificial disease in person and the body reacts in the way that it resists artificial and natural disease equally.

In comparison, homeopathic medicine induces vitality and strengthens the immune system while traditional medicine strikes the virus directly. Another characteristic of homeopathy is that one remedy is given to cover the whole range of symptoms and affected organs while traditional medicine rarely uses one drug for one complex disease. An important aspect to be noted is that the homeopathic medicines do not have any suppressive effects and they are without any side-effects whatsoever.

Additionally, homeopathy has a holistic approach. Beside the complaints of the patient, homeopath inquires about physical, emotional and mental state as well as general life circumstances before choosing the most indicated remedy for the patient individually. Hence the treatment is not simply symptomatic; rather it is based on a detailed case study and endeavors to treat the disease from the root cause. So in the acute disease homeopathic medicines work at two levels: (1) taking care of the acute symptoms, and

(2) preventing recurrence of the disease.

Mercurius solubilis has the most similar drug pictures to all the acute symptoms of herpetic gingivostomatitis in children and this remedy had been used by the homeopaths in the treatment of herpetic gingivostomatitis with good result for a long time.⁽¹¹⁾

The objective of this study was to assess the efficacy of Mercurius solubilis 30C in the treatment of herpetic gingivostomatitis in children.

Methods

Study design

In a prospective open label quasi randomized controlled study.

Subjects

All childrens admitted at pediatrics ward of Singburi Hospital with clinical manifestation of herpetic gingivostomatitis during 1 October 2011 – 31 December 2012 were recruited. There were 60 cases recruited and divided into 2 groups, 30 cases and 30 control. The cases and control were classified by open label quasi- random allocation as followed: the cases were patient number 1,3,5,... While controlled were patient number 2,4,6,... .

Intervention and assessment

On enrollment (day 0), demographic data and medical history was taken, performed physical examination and CBC. All children were supportive treated with intravenous fluid, antipyretic, analgesic and xylocain viscous. Mercurius solubilis 30C solution was given orally to the intervention group, 1 teaspoonful every hour for 4 hours initially in the first day then 1 teaspoonful 4 times a day for subsequent three days. Daily clinical evaluation was noted in both groups including: fever, numbers of oral lesions, and eating and drinking difficulties. The parents stayed with their children in hospital. The children discharged from hospital one day after they had normal temperature and could eat and drink without difficulties. Clinical outcomes to be observed and recorded included duration of fever after treatment, duration of eating and drinking difficulties and length of hospital stay. The independent T-test was utilized for statistical analysis

Results

There were no statistical different between control group and intervention group in the demographic, clinical and hematologic variables at admission (Table 1).

Table 1 Demographic, clinical and hematologic variables at admission

	Study group		p-value
	Control	Intervention	
Number of patients	30	30	
Number of patients with eating and drinking difficulties	30	30	
Age (months) (Mean ± SD)	28.53±16.84	27.57±17.14	0.826
Weight (kg) (Mean ± SD)	13.37±4.15	13.01±3.83	0.726
Male : Female	18:12	17:13	0.793
Number of oral ulcers (Mean ± SD)	9.13±5.22	9.13±4.81	1.000
Hct (%) (Mean ± SD)	35.20±3.11	35.79±3.02	0.454

There were statistical different in all of the outcomes measurement between control group and intervention groups. The durations of having fever, drinking or eating difficulties and the length of stay in the intervention group were lower than those of the control group (Table 2).

Discussion

Treatment with homeopathic remedy (mercurius solubilis 30 C) was shown to be significantly more effective and patients rapidly recover than the conventional supportive treatment, reducing the severity of the clinical symptoms and shortening the length of stay in hospital. The effect of homeopathic remedy was rapidly, gentle and permanent cure.⁽¹²⁾ It's action is dynamic and can restore vital functions of the patient within 24 hours especially in acute cases. As in this study children can eat and drink with no difficulties in not more than 24 hours after they had taken homeopathic remedy.

The significant reduction in length of stay is beneficial to economy. The parents can return to their normal life and work and the cost of homeopathic remedy is much lower than that of modern medicine (e.g. acyclovir).

The improvement of duration of difficulties in eating and drinking was seem to be better than the previous study of acyclovir in 1997 which revealed that oral acyclovir treatment for herpetic gingivostomatitis, started within the first three days of onset, shortens the duration of all clinical manifestations and the infectivity of affected children. The disappearance of fever , the duration of eating difficulties and the duration of drinking difficulties after treatment were all shorter in the treatment group than in the control group (1 vs. 3 days , 4 vs. 7 days and 3 vs. 6 days after treatment respectively).⁽¹³⁾

However we cannot compare between these two studies, further studies of the efficacy between homeopathic remedy and antiviral drug in the treatment of herpetic gingivostomatitis in children should be performed.

Conclusion

Treatment of herpetic gingivostomatitis with homeopathic remedy (Mercurius solubilis 30C) is more effective in the treatment of herpetic gingivostomatitis in children compared to the control group. It can help children free from fever in one day after treatment. The children can eat and drink with no difficulties within one day after treatment. It also help the patients to have shorter length of stay in hospital.

Table 2 The outcomes measure in both groups

Clinical variable	Treatment group		Difference in Mean (95% CI)	p-value
	Control (n=30)	Intervention (n=30)		
	Mean ± S.D.	Mean ± S.D.		
Duration of fever after treatment (days)	3.90±1.21	1.07±0.25	2.37-3.29	<0.001
Duration of days of drinking or eating difficulties	3.43±0.86	1.00±0.00	2.11-2.75	<0.001
Length of stay (days)	4.67±1.45	1.90±0.71	2.17-3.36	<0.001

References

1. Kolokotronis A, Doumas S. Herpes simplex virus infection, with particular reference to the progression and complications of primary herpetic gingivostomatitis. *Clin Microbiol Infect* 2006;12:202-11.
2. Kimberlin DW. Herpes simplex virus infections in neonates and early childhood. *Semin Pediatr Infect Dis* 2005;16:271-81.
3. Faden H. Management of primary herpetic gingivostomatitis in young children. *Pediatr Emerg Care* 2006;22:268-9.
4. American Academy of Pediatrics. Herpes simplex. In: Pickering LK, editor. *Red book: 2009. Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village (IL): American Academy of Pediatrics; 2009. p. 36.
5. Richardson M, Elliman D, Maguire H, Simpson J, Nicoll A. Evidence base of incubation periods, periods of infectiousness and exclusion policies for the control of communicable diseases in schools and preschools. *Pediatr Infect Dis J* 2001;20:380-91.
6. Amir J. Clinical aspects and antiviral therapy in primary herpetic gingivostomatitis. *Paediatr Drugs* 2001;3:593-7.
7. Amir J, Harel L, Smetana Z, Varsno I. The natural history of primary herpes simplex type 1 gingivostomatitis in children. *Pediatr Dermatol* 1999;16:259-63.
8. Kuzushima K, Kimura H, Kino Y, Kido S, Hanada N, Shibata M, et al. Clinical manifestations of primary herpes simplex virus type 1 infection in a closed community. *Pediatr* 1991;87:152-8.
9. Vandenbroucke JP. Homeopathy trials going nowhere. *Lancet* 1997;350:824-5.
10. Schulte J. Effects of potentization in aqueous solutions. *Br Hom J* 1999;88:155-60.
11. Kent JT. *Homeopathic material medica*. 2nd ed. New Delhi: B Jain Publishers; 2010.
12. Hahnemann S. *Organon of the medical art*. 1st ed. New Delhi: B. Jain Publishers; 2010.
13. Amir J, Hael L, Smetana Z, Varsano I. Treatment of herpes simplex gingivostomatitis with acyclovir in children: a randomized double blind placebo controlled study. *BMJ* 1997;314:1800-3.

บทคัดย่อ: การศึกษาผลการรักษาโรคแผลในปากจากเชื้อไวรัสเฮอร์ปีส์ในเด็กด้วยยาแผนปัจจุบัน เปรียบเทียบกับยาโฮมีโอพาธี

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วารสารวิชาการสาธารณสุข 2557;23:342-6.

โรคแผลในปากจากเชื้อไวรัสเฮอร์ปีส์ ซิมเพล็กซ์ เป็นโรคที่พบได้บ่อยในวัยเด็ก ผู้ป่วยจะมีไข้สูง กินไม่ได้ การศึกษานี้เป็นการศึกษาแบบไปข้างหน้าในเด็กจำนวน 60 คน ตั้งแต่วันที่ 1 ตุลาคม 2554 ถึง 31 ธันวาคม 2555 ที่โรงพยาบาลสิงห์บุรี เด็กกลุ่มควบคุมจำนวน 30 คน ได้รับการรักษาตามแผนปัจจุบัน เด็กกลุ่มศึกษาจำนวน 30 คน ได้รับการรักษาตามแผนปัจจุบันและให้ยาโฮมีโอพาธี (Mercirius solubilis 30C) ร่วมด้วย ผลการศึกษาพบว่าจำนวนวันที่ผู้ป่วยมีไข้, จำนวนวันที่ผู้ป่วยรับประทานอาหารไม่ได้ และจำนวนที่นอนโรงพยาบาลของกลุ่มที่ได้รับยาโฮมีโอพาธี น้อยกว่ากลุ่มควบคุมอย่างมีนัยสำคัญทางสถิติ ($p < 0.001$) สรุปว่า การใช้ยาโฮมีโอพาธีในการรักษาโรคแผลในปากจากเชื้อไวรัสเฮอร์ปีส์ ซิมเพล็กซ์นั้น ได้ผลดีกว่ายาแผนปัจจุบันและทำให้ผู้ป่วยนอนโรงพยาบาลน้อยวันลง

คำสำคัญ: โรคแผลในปากจากเชื้อไวรัสเฮอร์ปีส์ ซิมเพล็กซ์, ยาโฮมีโอพาธี