

Honey: A new treatment for recurrent minor aphthous stomatitis

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Recurrent aphthous stomatitis (RAS) is an acute painful recurring mouth ulcer usually involving non-keratinized oral mucosa. It has the most incidences of all oral mucosal diseases, where its prevalence in the general population is 5% -25% even reach a prevalence of more than 50%.

The multifactorial nature of minor RAS is further reflected by the fact that no causative therapy is presently available and therapies are directed at reducing inflammation and relieving pain and is either entirely empiric or based on clinician`s perception of the cause of the ulcers.

Topical or systemic steroids have been though to provide some beneficial results for some subjects, yet, it can facilitate overgrowth of candida.

Overall, the efficacious therapeutic options are still limited at present and current therapy does not provide a satisfactory means for curing RAS. Considering the multifactorial etiology, a novel therapeutic agent with multi-bioactivities should be rediscovered. In recent years, it has become apparent to take natural medicines rather than chemical synthetics

It was found that topical application of commercial honey causes faster elimination of bacterial infection, accelerates wound healing and stimulates tissue regeneration. In addition, it inhibits the growth of various strains of human pathogenic bacteria and candida albicans.

Objectives: The aim of this randomized controlled clinical study was to address the clinical efficacy of topical application of commercial honey in the treatment of minor RAS in comparison to topical application of 0.1% triamcinilone acetone and adhesive paste (orabase).

Materials and Methods:

A total number of 94 patients from two different centers were distributed into three groups. All patients were randomly treated with topical application of the assigned drug. Group I included 34 patients with 67 ulcers and treated with honey, Group II included 30 patients with 57 ulcers were treated with 0.1% triamcinilone acetone and Group III included 30 patients with 30 ulcers were treated with orabase (+ ve control).

Results: There was a significant statistical difference in all clinical parameters (reduction of ulcer size, pain relief and reduction in erythema level) between the all three groups.

Conclusion: Topical application of commercial honey seems to be very effective in treatment of minor RAS. The encouraging results of this study support the suggestion of using honey in refractory cases of RAS.