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Research Article

PREFERRED SELF-TREATMENT APPROACH OF DENTAL STUDENTS AT LIAQUAT UNIVERSITY FOR APTHOUS STOMATITIS

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ABSTRACT:

OBJECTIVE: To study the preferred self-treatment approaches of dental students at Liaquat University of Medical and Health Sciences for apthous stomatitis.

METHODOLOGY: This cross-sectional analysis regarding preferred self-treatment approaches for aptous stomatitis, was conducted upon a sample of 159 dental students, at Liaquat University of Medical & Health Sciences, Jamshoro. The sample was chosen via convenience sampling and written informed consent was taken from every participant before collecting data. Data was collected using a self-administered structured questionnaire which included inquiries about the subject's bio data, socio demographic details, exposure to apthous ulcers, seeking professional help, preferred self-treatment approaches that further includes methods to hasten healing and alleviation of pain. The study was carried out from August 4, 2015 to January 9, 2016. Data obtained was analyzed using SPSS version 17.0 and Ms, Excel 2013.

RESULTS:Out of 159 participants around 4/5th of the sample was comprised of females (n=125) and 1/5th were males (n=34) with a mean age of 20.40 years ($S.D=\pm 1.38$). 45.7% of subjects did not take any kind of treatment, while 20.9% of the subjects preferred allopathic treatment followed by those who preferred herbal treatment i.e. 13.6%. Abstinence from consuming spicy and solid food was considered as major source of treatment for hastening healing, i.e. 27.7%, followed by use of nutritional supplements (vit C & folic acids), i.e. 22.2% and usage of antibiotic & anti-fungal agents also for speeding up healing, i.e. 16.7%. Majority of sample i.e. 55%, did nothing to alleviate the pain while 34.2% of the subjects used analgesics to alleviate the pain.

CONCLUSION: This study concludes that majority of dental students showed an improper approach towards self-treatment of apthous stomatitis. Students' education regarding treatment approaches for apthous stomatitis, one of the most common oral health problems, is need of the day. This would not only result in provision of better health care for society but also to these students' as well.

KEYWORDS: Apthous Stomatitis, Oral Apthous Ulcers, Canker Sores, Self-Treatment and Oral Health-Care.

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INTRODUCTION:

Apthous Stomatitis, also known as oral apthous ulcers and canker sores are the most common oral mucosal disease known to human beings. [1] Despite much clinical and research attention, the causes remain poorly understood, the ulcers are not preventable, and treatment is symptomatic and affects about 10-20% of the population. [2] The condition is often characterized by the periodic appearance of the painful small round or oval crateriform ulceration on the mucosa of vestibule, cheeks, lips, tongue, soft palate, floor of the mouth and the pharynx with a bright red circular inflammatory zone around the ulceration with a pseudo-membrane ranging from gray to yellow in color. [3]

Epidemiologic precepts have been applied to studies of apthous stomatitis and to related disorders in the past, resulting in a body of information about the disease. In addition, the data have served to identify the factors that affect expression of disease severity. However, little information is available regarding other more important aspects of the condition such as ideal treatment approaches. There are many treatment approaches for apthous stomatitis. Management of this condition depends on the clinical presentation and symptoms and includes analgesics, antimicrobials, immuno-modulatory drugs, herbal medicines and traditional complementary & alternative therapy. Yet no consensus or conclusive evidence exists regarding which one should be employed to obtain best results. [4]

Traditional complementary and alternative medicine approach holds potential to help speed up and ease the process of resolution of apthous stomatitis. A product containing vitamins and minerals as well as the herbs paprika, rosemary, peppermint, milfoil, hawthorn, and pumpkin seed has been used in Scandinavia for many years as a treatment for various mouth-related conditions. [5] Benefits have also been reported through use of a mouthwash containing 5% lactic acid. [6] Supplements sometimes recommended for healing apthous stomatitis but

lacking supporting evidence include Caraway and vitamin B1. [7] In a small randomized trial with 50 people with recurrent apthous stomatitis, omega-3 fatty acids (1 gram, 3 times per day for 6 months) was associated with improvement in the number of ulcers, pain level of ulcers, and healing time of ulcers. [8] However, two subsequent studies failed to find any meaningful benefit. [9-10]

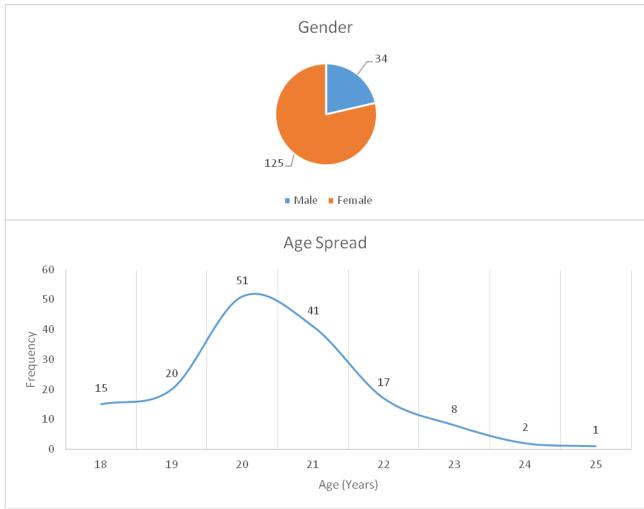
Thus patients and oral healthcare professionals are left wondering what to do to get relief from this commonly recurring problem. This research thus hopes to study the preferred self-treatment approach of dental students at Liaquat University for apthous stomatitis, in an attempt to gain better insight in their priorities and beliefs that ultimately shall reflect in their prescription practices and treatment advices to their patients when eventually they assume the role of dentists treating patients for apthous stomatitis.

METHODOLOGY:

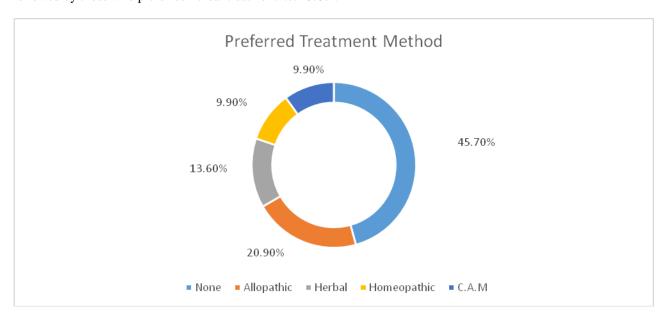
This cross-sectional analysis regarding preferred selftreatment approaches for apthous stomatitis, was conducted upon a sample of 159 dental students, at Liaquat University of Medical & Health Sciences. Jamshoro. The sample was chosen via convenience sampling and written informed consent was taken from every participant before collecting data. Data was collected using a self-administered structured questionnaire which included inquiries about the subject's bio data, socio demographic details, exposure to apthous ulcers, seeking professional help, preferred self-treatment approaches that further includes methods to hasten healing and alleviation of pain. The study was carried out from August 4, 2015 to January 9, 2016. Data obtained was analyzed using SPSS version 17.0 and Ms. Excel 2013.

RESULTS:

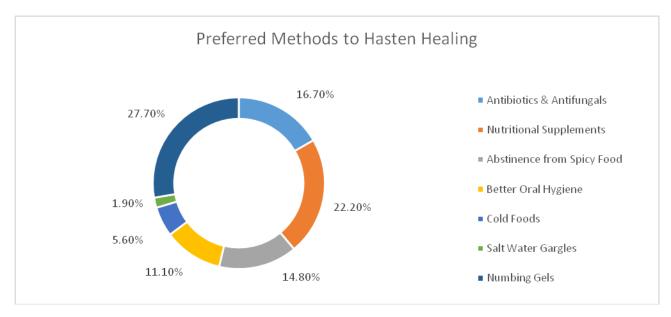
Out of 159 participants around 4/5th of the sample was comprised of females (n= 125) and 1/5th were males (n=34) with a mean age of 20.40 years (S.D = +1.38).



45.7% of subjects did not take any kind of treatment, while 20.9% of the subjects preferred allopathic treatment followed by those who preferred herbal treatment i.e. 13.6%.



Abstinence from consuming spicy and solid food was considered as major source of treatment for hastening healing, i.e. 27.7%, followed by use of nutritional supplements (Vitamin C & folic acids), i.e. 22.2% and usage of anti-biotic & anti-fungal agents also for speeding up healing, i.e. 16.7%.



Majority of sample i.e. 55%, did nothing to alleviate the pain while 34.2% of the subjects used analgesics to alleviate the pain.

DISCUSSION:

Oral health forms an integral part of general health. Oral health problems affect all age groups and are universal in prevalence. One of the most prevalent condition of oral health, i.e. apthous stomatitis despite being a benign, self-limiting condition causes significant pain; which at times is enough to disturb normal life routine and hence merits to be studied in detail so as to come up with best treatment options.

The most common presentation of apthous stomatitis is minor apthous ulceration, (recurrent, round, clearly defined, small, painful ulcers) followed by major apthous lesions (larger, greater than 5 mm), and herpetiform ulcers (multiple small clusters of pinpoint lesions that can coalesce to form large irregular ulcers). Diagnosis of all varieties is usually made after clinical examination. A recent study suggests prevalence of recurrent apthous stomatitis among Indian females were more commonly. [11] Our study too shows a much greater (up to 5 times greater) prevalence among females.

Management of this condition depends on the clinical presentation and symptoms. As dental clinicians and researchers are becoming better trained in oral medicine and stomatology, it is assumed that they possessed more knowledge regarding the apthous ulcers and so does they have a significant positive health seeking behaviour towards oral health care, contributory causes that which can be of much importance in provision of better oral health care to themselves and to society. [12] Since many of our study subjects despite all belonging to dental health background) chose not to seek expert help, shows that they lack detailed awareness in this regard.

Recurrent apthous stomatitis cause a lot of suffering and agony for patients throughout their life. Mostly ulceration is considered to be caused due to smoking, stress and spicy food. [13]Another study suggests stress as a modifying factor rather than etiological factor. [14] Cause is still unknown. Children may inherit ulcers from their parents. Young adults have higher levels of recurrent apthous stomatitis as compared to elderly population. [15] Abstinence from spicy food as a means to hasten healing was thus a valid option adopted by our study subjects.

CONCLUSION:

This study concludes that majority of dental students showed an improper approach towards self-treatment of apthous stomatitis. Students' education regarding treatment approaches for apthous stomatitis, one of the most common oral health problems, is need of the day. This would not only result in provision of better health care for society but also to these students' as well.

REFERENCES:

- Safadi RA. Prevalence of recurrent aphthous ulceration in Jordanian dental patients. BMC Oral Health.2009;9:31.
 Reti L, Magesh KT, Rajkumar K, Karthik R. Recurrent aphthous stomatitis. J Oral Maxillofac Pathol. 2011; 15: 252-56.
- 3.Beguerie JR, Sabas M. Recurrent apthous stomatitis: An update on etiopathogenia & treatment. J Dermatol Nurses. Association. 2015. 7(1):8-12.
- 4.Oral Pathology book by J. V Soames and J. C Southam 2004;176-79. Camila de Barros Gallo, Maria Angela Martins Mimura, Nor-berto Nobuo Sugaya Clinics (Sao Paulo) ras and psychological stress 2009; 64(7): 645-48.
- 5.Patil, Santosh, et al. "Prevalence of recurrent apthous ulceration in the Indian Population." Journal of clinical and experimental dentistry 6.1 2014;6(1):36-40.
- 6.Jurge S, Kuffer R, Scully C, Porter SR. Mucosal disease series: Number VI. Recurrent aphthous stomatitis. Oral Dis. 2006; 12:1-21.
- 7.Shesha Prasad Ranganath , Anuradha Pai. Is Optimal Man-agement of Recurrent Aphthous

- Stomatitis Possible? A Reality Check. J Clin Diagn Res. 2016; 10(10):08-13.
- 8. Huling LB, Baccaglini L, Choquette L, Feinn RS, Lalla RV. Effect of stressful life events on the onset and duration of recurrent aphthous stomatitis. J Oral Pathol Med. 2012; 41:149-52.
- 9.Kumar Nerella Narendra, Panchaksharappa Mamatha Gowda, Annigeri Rajeshwari G. Psychosomatic disorders: An overview for oral physician:2016;28:24-29.
- 10.Bassel Tarakji, Giath Gazal, Sadeq Ali Al-Maweri, Saleh Nasser Azzeghaiby, and Nader Alaizari. Guideline for the Diagnosis and Treatment of Recurrent Aphthous Stomatitis for Dental Practitioners: J Int Oral Health. 2015; 7(5): 74–80.
- 11.Miller MF, Garfunkel AA, Ram CA, Ship II. The inheritance of recurrent aphthous stomatitis. Observations on susceptibility; Oral Surg Oral Med Oral Pathol. 1980;49(5):409-12.
- 12.Rivera-Hidalgo F, Shulman JD, Beach MM. The association of tobacco and other factors with recurrent aphthous stomatitis in an US adult population: Oral Dis. 2004;10(6):335-45.
- 13.Lakdawala YA, Masood S, Gulzar I, Batool F, Arshad R. Frequency of apthous ulcers—A study. Pakistan Oral & Dental Journal. 2017 Sep 30;37(3):419-21.
- 14.Qayyum A. A comparison of oral and topical steroid therapy for recurrent apthous stomatitis. Pakistan Oral & Dental Journal. 2010 Jun 1;30(1).