USE OF HONEY FOR RECURRENT MINOR APHTHOUS ULCERS
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Recurrent aphthous ulceration commonly causes pain and irritation in patients. This disorder can be subdivided into three different categories: minor, major, and herpetiform. Eighty percent of patients present with recurrent minor lesions, which are superficial and approximately 4-5mm in diameter. Dermatologists typically treat these patients with topical analgesics and corticosteroids.

Many patients dislike applying topical analgesics and corticosteroids and would prefer a more holistic approach. Honey is a natural compound that has been shown to have efficacy in wound care. It is also known to have antimicrobial properties and to influence the composition of microbiota residing on oral mucosae. In fact, honey is showing up in various skincare lines for these very reasons. Notably, an imbalanced composition of oral microbiota has been thought to contribute to recurrent aphthous ulceration.

Two groups studied the use of honey compared to other treatments for recurrent minor aphthous ulcer treatment. One group found no significant difference in pain scores between patients who used local honey and patients who used salicylate gel at sites of ulceration. This suggests honey is at least equally as effective as salicylate gel for pain control. The second group compared the effects of honey with those of topical corticosteroid and Orabase (20% benzocaine) treatment. Patients who applied honey to their ulcers four times a day for five days had better outcomes than the other two groups, with a statistically significant difference in terms of reduction of ulcer size, days of pain, and degree of erythema.

Thus, patients with recurrent minor aphthous ulceration should be given the treatment option of five days of topical honey. This natural option could improve the quality of life for patients reluctant to use other forms of treatment.

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