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Integrative Approach to Aphthous Stomatitis (Qulā‘): A Case Report in the Light of Unani Medicine

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ABSTRACT:

Aphthous stomatitis (AS), known as Qulā‘ in Unani medicine, is a common ulcerative condition affecting the oral mucosa, causing pain, burning sensation, and difficulty in eating, which significantly affects the quality of life. Conventional management with topical steroids, antiseptics, and dietary supplements often provides temporary relief and is associated with recurrence and potential adverse effects. Unani medicine offers a holistic approach by addressing humoral imbalances through a combination of herbal formulations, dietary regulation, and lifestyle modifications. This report presents the case of a 35-year-old male with recurrent painful oral ulcers persisting for two weeks despite using antiseptic mouthwashes and analgesics. A Unani regimen was instituted, consisting of Jawarish Kamuni (5 gm orally twice daily for 15 days), Zurūr-i-Qulā‘ (topical application thrice daily for 15 days), dietary modifications (avoidance of spicy foods, consumption of cooling foods), and lifestyle advice (maintenance of oral hygiene and adequate hydration). Significant symptomatic relief was achieved within seven days of treatment, and complete ulcer healing occurred by the end of two weeks. No recurrence was observed during the three months post-treatment follow-up and nor were any treatment-related adverse events reported. The therapeutic efficacy of prescribed Unani medications may be attributed to their analgesic, antioxidant, anti-inflammatory, cicatrizing, and digestive-enhancing properties. This case highlights the potential of Unani medicine as an effective alternative for aphthous stomatitis. However, Larger clinical studies are warranted to validate these observations and establish evidence-based guidelines.

KEYWORDS: Aphthous Stomatitis, Herbal Treatment, Oral Ulcers, Qula, Zurur-i-Qula.

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INTRODUCTION:

Aphthous stomatitis (AS), referred to as *Qulā‘* in Unani Medicine, denotes an ulcerative lesion of the mucous membrane of the oral cavity and tongue.[1,2] The term “Aphthous” (Greek “aphtha” meaning ulcer) was first defined by Hippocrates in 400 BC and later elaborated and detailed by Mikulicz and Kummel as ‘Mikulicz’s Aphthae’.[3] It is the most prevalent non-traumatic oral ulcerative condition, primarily involving the oral and oropharyngeal mucosa. The fixed mucosa of the hard palate and gingiva remains unaffected.[4] The condition, also known as Canker sores, Recurrent Aphthous Stomatitis (RAS), and Recurrent Aphthous ulcers, is a widespread public health issue.[5] Besides local pain, patients also experience discomfort while eating, speaking, and swallowing, which significantly impacts individuals' quality of life.[6] The prevalence rate of oral ulcers worldwide is approximately 4%, with aphthous ulcers being the most common, affecting up to 25% of the population globally.[3] Smoking appears to have a protective effect against these ulcers.[7]

Although their etiology is largely unclear, Aphthous ulcers are thought to have a multifactorial origin. Association with autoimmune disorders, trauma, hormonal imbalances, food sensitivities (e.g., nuts, spices, tomatoes, chocolate), nutritional deficiencies (Vitamin B12, folic acid, iron), certain medications (NSAIDs, beta-blockers), and conditions like Crohn's disease, ulcerative colitis, and Behcet’s syndrome have been reported.[4,8]

Unani scholars attribute *Qulā‘* to factors such as imbalanced *Mizāj* (temperament of the four humors: sanguine, bilious, melancholic, and phlegmatic), *Qabḍ* (constipation), *Fasād al-Haḍm* (digestive disturbances), teething, and frequent consumption of hot or spicy foods.[1] The various types of lesions in *Qulā‘* are associated with distinct humoral imbalances, where whitish lesions are linked to saline phlegm, yellowish to bilious humour, blackish to melancholic humour, and reddish to morbid sanguine humour. Red, foul-smelling lesions occur in *Qulā‘i-Damawī,* and dry, blackish lesions are seen in *Qulā‘-i-Sawdāwī*. However, *Qulā‘-i-Sawdāwī* is considered the most severe type.[1,9,10]

Modern medicine employs steroids and supplements like folic acid, iron, and Vitamin B12 in the treatment of aphthous ulcers.[4,8,11] However, non-judicious use of steroids is associated with oral candidiasis, altered taste, burning mouth, and adrenal suppression (if systemic absorption occurs).[12] Treatment options in the Unani system include herbal medicines (Single drugs and compound formulations), dietary modifications (*Ilāj-bi’l-Ghizā*), and *Ilaj-bi’l-Tadbir*, especially venesection (*Fąsd*).[1,9,10] Single drugs include *Zarāwand* (*Aristolochia rotunda* L.), *Soʿd* (*Cyperus rotundus* L.), *Barg-i-Hinā* (*Lawsonia inermis* L.), *Rasaut* (*Berberis aristata* DC.), *Khurfa* (*Portulaca oleracea* L.), *Tabashīr* (*Bambusa arundinacea* Retz.), *Kishnīz* (*Coriandrum sativum* L.), *Nashāsta* (starch), *Kahrubā* (*Vateria indica* L.), and *Dammul Akhwain* (*Dracaena cinnabari* Balf.f.), among others.[13] Compound formulations used mostly are *Zurūr-i-Qulā‘*, *Zurūr-i-Kath*, *Zurūr-i-Gauzaban*, and *Zurūr-i-Bhudal Kushta*.[14,15] The mentioned medicines exhibit properties such as detergent (*Jālī*), resolvent (*Muḥallil*), analgesic (*Musakkin*), cicatrizing (*Mudammil*), repellent (*Rādiʿ*), hemostatic (*Ḥābis al-Dam*), refrigerant (*Mubarrid*), carminative (*Kāsir-i-Riyāḥ*), and digestive (*Hāḍim*).[16,17,18]

CASE REPORT:

A 35-year-old non-diabetic, normotensive, euthyroid, non-smoker, tobacco chewer, male presented with complaints of painful ulcers in the oral cavity, burning sensation, and difficulty in eating. The condition had persisted for two weeks, with no significant improvement following the use of over-the-counter antiseptic mouthwashes and analgesics. The patient had a history of recurrent aphthous ulcers and mild gastrointestinal disturbances. There was no history of any systemic illnesses. Additionally, the patient had recently undergone a comprehensive routine health profile, including serum vitamin B12 levels, all of which were within normal limits.

Examination of the patient: On clinical examination, multiple shallow ulcers with erythematous margins were observed on the buccal mucosa and dorsolateral surface of the tongue. A prominent solitary ulcer was noted on the inferolateral aspect of the tongue. Mild gingival erythema and edema were present, along with noticeable halitosis. There were no signs of secondary bacterial or fungal infection, and vital signs were within normal limits. The findings, coupled with the recurrent nature of the lesions, led to a clinical diagnosis of recurrent aphthous stomatitis.

TREATMENT PLAN:

The treatment aimed at restoring the humoral balance and reducing inflammation.

1. **Oral Preparations:** *Jawarish Kamuni* in a dosage of 5 gm B.D. with lukewarm water for 15 days
2. **Topical Application:** *Zurūr-i-Qulā'*- Applied locally in QS (quantity sufficient) to ulcers thrice daily for 15 days.
3. **Dietary Modifications:** (a) Avoidance of spicy and acidic foods (like lemons, oranges, tomatoes, tea, coffee, and pickled foods) and those foods that are hot in temperament (e.g., spices & condiments, beef, nuts, onion, dates, honey, alcoholic beverages). (b) Incorporation of cooling and moistening foods such as green leafy vegetables, cucumbers, and yogurt.
4. **Lifestyle Advice:** (a) Emphasis on maintaining oral hygiene (Stopping tobacco chewing, regular tooth brushing, and dental flossing after meals) and (b) Ensuring adequate hydration with plenty of fluids. (c) Adoption of regular sleep patterns and management of stress.

OUTCOME:

After seven days of treatment, the patient reported significant relief from pain and burning sensation. Ulcers showed substantial healing, and the patient was able to resume a normal diet. Complete resolution was observed within two weeks of the treatment. On post-treatment follow-up extending over three months, the patient remained free of oral ulcer recurrence and did not experience any treatment-associated adverse effects. The effectiveness of the therapy can also be evaluated through before-and-after photographs, as illustrated in the Figure below (Figure-1: Tongue lesions before and after the treatment).

Table-1: Description of the ingredients present in *Jawarish Kamuni*:

Ingredient	Scientific Name	Constituents	Traditional Uses	Scientific Studies
Zira Siyah	*Carum carvi* L.	Essential oil (containing mainly Carvone and limonene), fatty acids (petroselinic, linoleic, and oleic acids), protein, carbohydrate, phenolic acids (caffeic acids), flavonoids (quercetin, kaempferol), Tannins, alkaloids, and terpenoids.[20,21]	*Du'f al-Mi'da* (Weakness of stomach), *Nafkh-i-Shikam (Flatulance)*, *Su' al-Hadm* (Dyspepsia), *Sabal* (Vascular Keratitis/ Pannus), *Waja' al-Asnan* (Odontolgia/Toothache) , *Awram* (Inflammation), *Khafaqān* (Palpitation), *Al-Waja' fi'l Baṭn* (Pain in Abdomen).[17,22]	Antimicrobial, Antioxidant, Anti-Inflammatory, Anti- diabetic, Hypo-glycaemic, Diuretic.[23]
Barg-i-Sudab	*Ruta graveolens* L.	Phenylpropanoids (especially psoralen and coumarins), alkaloids (predominantly acridone and quinoline alkaloids), Flavonoids, Steroids, Quinones, and volatile oil compounds (including phenolic acids, terpenoids, and esters).[24]	GIT disorders (indigestion, flatulence, etc.), *Siman Mufriṭ* (Obesity), *Fart-i-Tadassum fi'l-dam* (Hyperlipidemia), *Salat-i-Nabd* (Rigid/ Hard Pulse), *Waja'al-Mafāṣil* (Arthritis), *Niqris* (Gout), *'Irq al-Nasā* (Sciatica), *Istisqa* (Ascites), and *Tahabbuj* (Oedema). Its oil can be used as a rubefacient externally.[17,25]	Antibacterial, Anti-inflammatory effects, Anticancer, Antiproliferative, Antioxidant, Fertility-Regulating, Antiviral, and Anthelmintic properties.[24,26]
Filfil Siyah	*Piper nigrum* L.	Minerals, vitamins, carotenoids, flavonoids, piperine (biologically active alkaloid), and	*Nafkh-i-Shikam*, Fasād al-Haḍm (Dyspepsia), *Ḍu'f al-Haḍm* (Delayed Digestion), *Kathrat-i-Riyāh* (excessive gas/ flatulence), *Baras*-o-*bahak*	Anti-inflammatory Activity, Hepatoprotective Activity, Anti-oxidant Activity, Anti-mutagenic

		essential oils (consisting mainly of β-caryophyllene, limonene, sabinene, α-pinene, β-bisabolene, and α-copaene).[27]	(Vitiligo and Pityriasis).[28]	Activity, Anti-tumor Activity.[29]
Zanjabil	*Zingiber officinale* Rosc.	Phenolic compounds (mainly gingerols, shogaols, and paradols) and terpene components (such as β-bisabolene, α-curcumene, zingiberene, α-farnesene, and β-sesquiphellandrene).[30]	*Fasād al-Haḍm* (Dyspepsia), *Dard-i-Shikam* (Pain in the Abdomen), *Nafkh* (Flatulence*), Du‘f al-Ishtiha’*(Anorexia), *Amrāḍ-i-Ain* (Diseases of the eyes), *Amrāḍ-i-Udhun* (Diseases of the Ear), *Waja‘ al-Udhun* (Otalgia). It is also helpful in many musculoskeletal conditions such as *Niqris* (Gout), *Ḥudār* (Rheumatism), *Istisqā* (Dropsy), *Ḍiq al-Nafas* (Asthma), *Suda’* (Headache), *Shaqīqa* (Migraine), *Amrāḍ-i-Sadr* (Chest Disorders), *Iltihāb al-Shu‘ab* (Bronchitis), *Nisyān* (Dementia), *Riyāhi Bawāsīr* (Piles), *Surfa Yubsiyya* (Dry Cough), *Buhha al-Sawt* (Hoarseness of voice), *Nazla* (Cold or Catarrhal Attacks), *Taqṭīr al-Bawl* (dribbling of Urine), *Falij* (Paralysis), *Al-Waja‘ fi’l Qaṭan* (Lumbago), *Da’ al-Fil* (Elephantiasis).[22,31,32]	Antioxidant, Anti-Inflammatory, Antimicrobial, and Anticancer. Also helps prevent neurodegenerative diseases, cardiovascular diseases, obesity, diabetes mellitus, chemotherapy-induced nausea and emesis, and respiratory disorders.[33]

Table- 2: Description of the ingredients present in *Zurūr-i-Qulā'*:

Ingredient	Scientific Name	Constituents	Traditional Uses	Scientific Studies
Gul-i-Surkh	*Rosa damascena* Mill	Terpenes, glycosides, flavonoids, and anthocyanins; carboxylic acid, myrcene, vitamin C, kaempferol, and quercetin.[36]	*Nafth al-Dam* (Haemoptysis), *Khafaqān Hārra* (Trembling of heart due to hot morbid temperament/Palpitation), *Ashob-i-Chashm* (Conjunctivitis), *Ghashi* (Syncope), *Qula* (Stomatitis), *Dard-i-Chasm* (eye pain), *Waja' al-Udhun* (Earache), *Dard-i-*Sar (Headache). *Arq-I-Gulab* is beneficial in *Ḥummā Ḥādda* (Acute Fever) and *Iltihāb-i-Hādda* (Acute Inflammation), *Amrād-i-Halq* (Throat Diseases), *Dama* (Asthma), *Amrād-i-Kabid* (Liver disease), *Dard-i Mi'da* (Gastralgia), *Dard-i-Am'ā* (Intestinal Pain), *Dard-i-Jigar* (Hepatic Pain).[37,38]	Anti-bacterial, Anti-oxidant, Anti-Inflammatory, Anti-diabetic, Analgesic, Hypnotic, Anticonvulsant, Antitussive, Bronchodilator, Anti-HIV, Laxative.[36,39]
Gulnar Farsi	*Punica granatum* L.	Polyphenols (in the form of hydrolysable tannins including gallotannins, ellagitannins, gallagyl esters, hydroxycinnamic acids, and hydroxybenzoic acids); Anthocyanosides (Cyanidin-3-glucoside, cyanidin-3,5-diglucoside, cyanidin 3-rutinoside, cyanidin-pentoside, delfinidin-3,5-diglucoside,	*Qulā'* (Stomatitis), *Ramad* (Conjunctivitis), *Sayalān al-Raḥim* (Leucorrhoea), *Zaḥīr* (Dysentery), *Bawl al-Dam* (Haematuria), *Qarḥa* (Ulcer), *Qarw Ma'i* (Hydrocele), *Ishal* (Diarrhoea), Haemoptysis in Tuberculosis, *Jarayān* (Spermatorrhoea), Threatened Abortion, *Waram-i-Halaq* (Pharyngitis), Conception, *Ru'āf*	Wound healing properties,[86] Antioxidant, Anti-Inflammatory, Anti-diabetic, Analgesic, Antibacterial, antihypertensive, Anti-Hyperlipidemic.[40]

		delfinidin-3-glucoside, pelargonidin-3-glucoside, and pelargonidin-3,5-diglucoside); other compounds like flavonols and flavones, alkaloids and organic acids, lignans, minerals and steroids.[40]	(Epistaxis), Sore Throat, *Qay'* (Vomiting), *Shidda al-'Aṭash* (Excessive Thirst), *Amrād-i-Kabid* (Hepatic Disorder), *Amrād-i-Tihāl* (Splenic Disorder), *Su'al-o-Surfa* (Bronchitis), *Jarab* (Scabies), *Waja' al-Udhun* (Earache), Sore Eye.[38,41,42]	
Kath Safed	*Acacia catechu* Willd	Camphor, phytol, vitamin E acetate,2-ethyl-3-methyl-1-butene, butylphosphonic acid, di(4-methoxybenzene (hydroethanolic extract), ellagic acid, quercetin, rutin, and kaempferol; catechin, quercetin, ascorbic acid, riboflavin, thiamine, niacin, and carotenoids; rutin, isorhamnetin, and epicatechin in heartwood; and two new phenolic compounds viz. 5-hydroxy-2-[2-(4-hydroxyphenyl) acetyl]-3-methoxylbenzoic acid and (2S,3S)-3,7,8,30,40-pentahydroxyflavane.[43, 44]	*Qulā'* (Stomatitis), *Litha Dāmiya* (Bleeding Gums), *Istirkha-i-luha't* (Drooping of Uvula), *Jurḥ* (Wound), Weakening of gums, *Jarayān* (Spermatorrhoea), *Kathra al-Ihtilām* (Nocturnal Emissions), *Yaraqān* (Jaundice), *Maghṣ* (Intestinal Colic), *Qurūḥ-i-Am'ā'* (Intestinal Ulcers), *Ishāl* (Diarrhoea).[18,38]	Antioxidant, Anti-inflammatory, Antineoplastic, Tissue protectant, Analgesic, Antimicrobial, Antihypertensive, and Antidiarrheal Activities.[45]
Dana Hil-i-Khurd	*Elettaria cardamomum* (L.) Maton.	Carbohydrates, proteins, minerals, lipids, essential oils, flavonoids, terpenoids and carotenoids.[46]	*Bakhr al-Fam* (Halitosis), *Dard-i-Mi'da Riyāḥī* (Gastralgia due to flatulence), *Ḍu'f al-Haḍm* (Delayed Digestion), *Nafkh al-shikam* (flatulence),	Antioxidant, Antidiabetic, Antibacterial, Anticancer, Gastro-Protective, and Insecticidal Activities.[46]

			Du'f-i-Qalb (Weakness of Heart), *Khafaqān Bārid* (Palpitation due to cold morbid temperament of heart), *Al-Ghathayān* (Nausea), and *Qay'* (Vomiting).[18,38]	
Kabab-i-Khandan	*Zanthoxylum armatum* DC	Alkaloids, sterols, phenolics, lignins, coumarins, terpenoids, flavonoids (and their glycosides and benzenoids), fatty acids, alkenic acids, amino acids.[47]	*Amrad-i-Mi'da-i-Barida* (cold disorders of the Stomach), *Ishal* (Diarrhoea), *Bakhr al-Fam* (Halitosis), *Amrād-i-Dimāgh-i-Bārida* (cold disorders of the Brain).[18,38]	Anti-inflammatory, Larvicidal, Antifungal, Hepatoprotective, Antiviral, Anti-Protozoan, Pesticidal, Antibacterial, Antihelminthic, Allelopathic, and Inhibition of keratinocyte growth.[47]
Tabashir	*Bambusa arundinaceae* Retz.	Phenols, flavonoids, tannins, phlobatannins, cardiac glycosides, quinines, reducing sugar, phenols, sterols, carbohydrates, amino acids, alkaloids, saponins, terpenoids, and anthraquinines.[48]	*Du'f-i-Qalb* (Weakness of Heart), *Khafaqān Ḥārr* (Palpitation due to hot morbid temperament of heart), G*hashi* (Syncope), *Al-Karb* (Restlessness), *Qay' Ṣafrāwī* (bilious vomiting), *Jarayān* (Spermatorrhoea), *Sayalān* (Leucorrhoea), *Bawāsīr Dāmiya* (bleeding piles), *Du'f al-Mi'da* (Weakness of Stomach), *Qulā'* (Stomatitis), *Qurūh-o-Buthūr* (Ulcers and Eruptions).[18,38]	Antioxidant, Anti-Inflammatory, Hepatoprotective, Antidiabetic, Antibacterial, Antifertility, Anti-Cancer, Proliferative, Analgesic, Antipyretic, and Antiulcer activities.[48]
Kafur	*Cinnamomum camphora*	Numerous compounds comprising mainly of the following chemotypes: isoborneol, camphor, 1,8-cineole, linalool, and borneol.[49]	*Waja'al-Zahr* (Backache), *Waja' al-Mafasil* (Arthritis), *Dhāt al-Janb* (Pleurisy), *Dhāt al-Ri'a* (Pneumonia), *S*kin Diseases (as *mubarid* and *musakkin*),	Anti Inflammatory, Antimicrobial, Insecticidal, Antioxidative, Algicidal, and Allelopathic

			Waja' al-Asnan (Toothache), *Bakhr al-Fam* (Halitosis), *Ru'āf* (Epistaxis), *Waja' al-Udhun* (Ear ache), *Hikka al-Ayn* (Itching of Eyes), *Qulā'* (Stomatitis), *Ḥummā Diqqiyya* (Cachexic Fever), *Nafkh al-Mi'da* (Flatulence), *Ishāl-i-Ṣafrāwī* (Bilious Diarrhoea), *Ishāl-i-Damawī* (Sanguineous Diarrhoea), *Hayda* (Cholera), *Ḥummā-i-Damawī* (Sanguineous fevers), *Ḥummā-i-Safrāwī* (Bilious fevers), *Nazla-o-Zukām* (Coryza and Catarrh), *Su'al-i-Muzmin* (Chronic cough), *Du'f al-Qalb* (Weakness of Heart), *Kathra al-Shahwa* (increased libido), Wounds (as styptic and Analgesic).[18,38]	activities.[49]

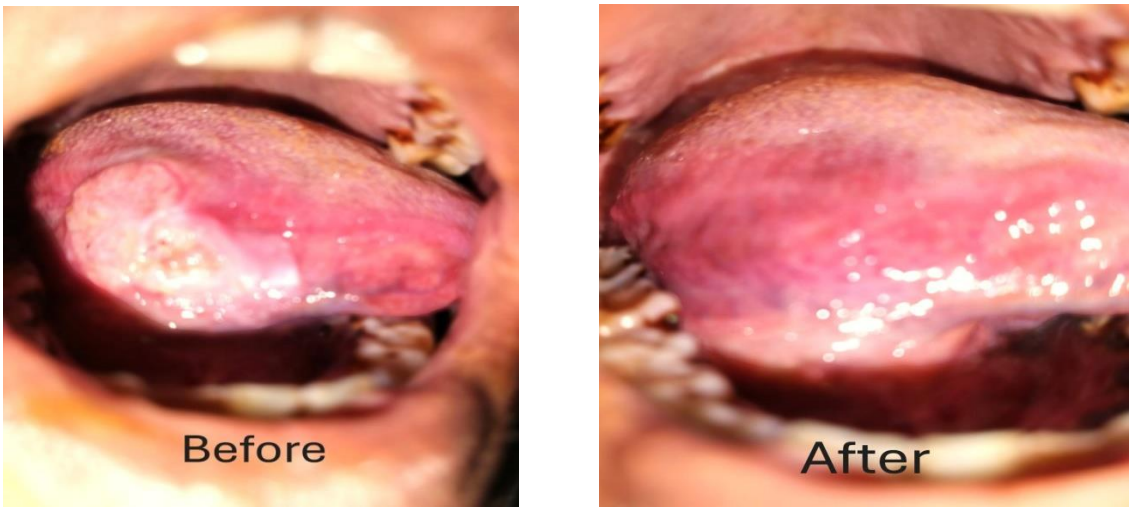

Figure-1: Tongue lesions before and after the treatment

DISCUSSION:

Unani medicine emphasizes holistic healing, addressing both symptoms and underlying humoral imbalances. *Jawarish Kamuni* (Table 1) is a well-known Unani compound formulation that possesses the properties of *Jādhib* (Absorbent), *Mujaffif* (Desiccant), and *Kāsir-i-Riyāḥ* (Carminative) and has traditionally been used for *Hurqa al-Mi'da* (hyperacidity), *Fuwāq / Hichkī* (hiccups), *Qīla Mā'iyya* (Hydrocoele), *Nafkh-i-Shikam* (Flatulence), *Fatq Urbī* (Inguinal hernia), and *Qabd* (Constipation).[19] As Unani physicians consider indigestion to be one of the causative factors of *Qulā'*, *Jawarish Kamuni* thus promises to be an ideal agent. The constituents of this formulation, along with their uses and pharmacological properties, are given in Table 1.

Besides these drugs, it also contains *Bura Armani*/ Bole Armenia (Silicates of alumina and iron oxide), which has been traditionally used as *Muqawwi-i-Mi'da* (Stomachic/ Tonic for Stomach), *Muhallil-i-Awram* (Anti-inflammatory), *Jāli* (Detergent), *Musakkin* (Analgesic), *Dafi'-i-Ta'affun* (Antiseptic), *Dafi'-i-Qulā'* (Anti-ulcer), *Hadim* (Digestive), *Muhammir* (Rubefacient), and *Daf'-i-Dard-i-Dandan* (Analgesic for Toothache).[17,34,35]

Another Polyherbal Unani formulation, *Zurūr-i-Qulā',* was also advised for local application to the patient (Table-2). This formulation is specifically used in *Qulā'* due to its therapeutic properties of *Mukhrij-i-Luāb-i-Dahan* (Sialagogue), *Muhallil-i-Waram* (anti-inflammatory), and *Dafi'-i-Ta'affun* (Antiseptic).[16] The composition and properties of the individual ingredients of *Zurūr-i-Qulā'* are given in Table 2.

CONCLUSION:

This case highlights the effectiveness of Unani medicine in managing stomatitis through a combination of oral, topical, and dietary interventions. While *Jawarish Kamuni* addresses the underlying digestive imbalances that contribute to *Qulā'*, *Zurūr-i-Qulā'* provides targeted local relief with its anti-inflammatory, antiseptic, and saliva-regulating properties. The patient achieved complete symptomatic relief with no adverse effects, emphasizing the potential of Unani treatment as a complementary therapeutic approach in Stomatitis and related oral mucosal diseases.

Informed written consent: Consent was obtained from the patient for the publication of this case report.

Limitations of the study: This case report reflects a single-patient observation, which limits the generalizability of the findings. No laboratory investigations were conducted to support the diagnosis or monitor treatment response objectively.

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