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DYSPEPSIA MANAGEMENT WITH RECURRENT ORAL ULCERATION IN A 45-YEAR-OLD FEMALE: A CASE REPORT AT DR BATRA'S

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Abstract

A 45-year-old female presented with a long-standing history of **indigestion associated with recurrent oral ulceration and sinus-related complaints**. She experienced recurrent cracks and blisters in the mouth, which frequently progressed to painful, burning ulcers, particularly after consuming **sweets and spicy food**. The digestive complaints included frequent indigestion, epigastric burning, occasional bloating, occasional constipation and a frequent urge to pass stool soon after eating. Her appetite had reduced because of apprehension regarding recurrence of painful oral ulcers.

The patient had undergone **tracheotomy for respiratory problems in 2019** and reported that several of her subsequent health complaints began after the surgery. She also complained of blocked nasal breathing. Deviated nasal septum was noted on examination, with mild crepitations over the lower lobe of the left lung on auscultation.

The constitutional picture included **anxiety, restlessness, hyperactivity, easy tearfulness, desire for company, caring nature, excessive worrying and overthinking**. Her health problems and the previous respiratory illness requiring hospitalisation and surgery were described as major emotional stressors.

The case was individualised using the characteristic mental and physical generals together with the particular symptomatology.

Keywords: Dyspepsia, recurrent oral ulceration, sinusitis, epigastric burning, individualisation, Pulsatilla, Mercurius solubilis, homoeopathy, case report.

Introduction

Dyspepsia is characterised by upper gastrointestinal symptoms such as indigestion, epigastric discomfort or burning, bloating and post-prandial complaints. Recurrent oral ulceration may coexist with gastrointestinal complaints and can substantially affect food intake and quality of life.

The present case was clinically significant because the patient's digestive complaint was accompanied by a **distinctive recurrent oral symptom complex**, with a reproducible relationship to specific foods. The patient also had associated nasal and respiratory complaints and a significant history of tracheotomy.

Rather than considering indigestion as an isolated diagnostic entity, the case was approached by evaluating the patient's **complete symptom picture**, including characteristic modalities, physical generals and mental-emotional characteristics.

Patient Information

Table 1: Patient Information

Parameter	Details
Age	45 years
Sex	Female
Occupation	Homemaker
Family	One daughter
Family relationship	Good
Chief complaint	Indigestion
Associated complaints	Recurrent oral ulceration, sinus-related complaints, blocked nose, dry cough
Important past history	Tracheotomy in 2019 for respiratory problems
Clinical examination	DNS
Respiratory examination	Mild crepitations over left lower lobe
Constitutional prescription	Pulsatilla 200
Acute/specific prescription	Mercurius solubilis 30C

Chief Complaints

The patient presented with:

- Indigestion for many years
- Recurrent oral ulceration
- Cracks and blisters in the mouth
- Burning and painful oral ulcers
- Epigastric burning
- Occasional bloating
- Occasional constipation

- Frequent urge to pass stool soon after eating
- Blocked nose
- Sinus-related complaints
- Dry cough after eating spicy food

History of Presenting Complaint

The patient had been suffering from **indigestion and recurrent oral ulceration for many years**.

She noticed that cracks and blisters developed in the mouth soon after eating, with the lesions frequently progressing into painful and burning ulcers.

A particularly characteristic observation was the association with food:

Sweets → oral ulceration

Spicy food → oral ulceration

Because of the recurrent painful ulcers, the patient developed apprehension regarding eating and consequently reported a **reduction in appetite**.

The digestive symptoms consisted of frequent indigestion with:

- Burning in the epigastric region
- Occasional bloating
- Occasional constipation
- Frequent urge to pass stool soon after eating

The oral ulcers were described as **painful and burning**, with no significant oozing.

Associated ENT and Respiratory Complaints

The patient also complained of **blocked nose and sinus-related symptoms**.

On examination, **deviated nasal septum (DNS)** was noted.

She also reported a **dry cough after eating spicy food**.

On auscultation, mild crepitations were noted over the lower lobe of the left lung.

Past History

The patient had undergone a **tracheotomy in 2019** for respiratory problems.

She reported that before the surgery she had not experienced the subsequent group of health-related complaints to the same extent. She associated the onset of her other health problems with the period following the surgery.

The respiratory episode requiring admission and surgery was also described as one of her most stressful health experiences.

Family History and Family Setting

The patient has **one daughter** and reported good family relationships.

There was no significant adverse family history reported in the available case information.

The patient's daughter represented an important source of happiness for her.

Personal History

Table 2: Personal History

Parameter	Finding
Occupation	Homemaker
Education	Completed 12th standard
Academic performance	Average
Family	One daughter
Appetite	Decreased initially
Craving	Sweet
Aversion	Spicy
Thirst	Normal
Water intake	Approximately 2 L/day
Stool	Frequent urge after eating; occasional constipation initially
Urine	Normal
Perspiration	Normal
Perspiration odour	Non-offensive
Perspiration distribution	Generalised
Thermal state	Hot
Covering	Prefers covering
Bathing	Hot water
Seasonal preference	Summer
Sleep	5–6 hours
Sleep quality	Disturbed

Physical Generals

The physical generals provided an important part of the individualised picture.

Appetite

Initially **decreased**, largely because of fear of developing painful oral ulcers after eating.

Food desires and aversions

- **Desire for sweets**
- **Aversion to spicy food**

The food relationship was particularly relevant because spicy food and sweets were reported as triggers for oral ulceration.

Thirst

Thirst was recorded as normal, with approximately **2 litres of water per day**.

Stool

The patient reported:

- Occasional constipation
- Frequent urge to pass stool soon after eating

During follow-up, the stool became **soft, semisolid and regular**, with no constipation reported.

Perspiration

- Quantity: Normal
- Odour: Non-offensive
- Distribution: Generalised
- Staining: None

Thermal state

The patient was recorded as **hot**, with preference for covering. She preferred **hot water bathing**, had a preference for **summer** and preferred using a **fan**.

Sleep

Sleep duration was approximately **5–6 hours** and was initially recorded as disturbed.

Mental Generals

The mental-emotional picture was prominent.

The patient described herself as:

- Restless
- Anxious
- Hyperactive
- Caring
- Emotional
- Someone who desires company
- Prone to worrying about small things
- An overthinker
- Easily tearful
- Occasionally angry

Anxiety

The patient described herself as **anxious and restless**.

She tended to worry excessively, including worrying about relatively small matters.

Emotionality

She was described as an **emotional person who cries easily**.

Anger

Anger occurred occasionally.

Desire for company

She preferred company rather than being completely alone and was described as caring towards others.

Significant Emotional Experiences

The patient identified her own health problems as a significant source of emotional distress.

Her most stressful experience was:

Being admitted and undergoing surgery for her respiratory problem.

Her health problems themselves represented one of her saddest periods.

In contrast, her **daughter** was identified as one of her happiest aspects of life.

Life-Space Assessment

Table 3: Life-Space Assessment

Domain	Case finding
Family	One daughter; good family relationships
Occupation	Homemaker
Education	12th standard
Academic performance	Average
Major stressor	Health problems and respiratory surgery
Emotional pattern	Anxious, restless, emotional
Behaviour	Hyperactive, caring
Worry	Worries about smallest things
Emotional expression	Cries easily
Social preference	Desires company
Happiness	Daughter

Clinical Examination

General examination

The available examination records included:

- BP: **120/80 mmHg** at follow-up
- Respiratory system: Clear on later follow-up
- Abdomen: Soft, non-tender
- Bowel sounds: Normal

ENT examination

Deviated nasal septum was noted.

Respiratory examination at initial presentation

Mild crepitations were noted over the **left lower lobe**.

Case Totality

The complete case was constructed from the characteristic symptoms rather than from the diagnostic label alone.

Table 4: Case Totality

Sphere	Characteristic finding
Mind	Anxiety
Mind	Restlessness
Mind	Hyperactivity
Mind	Worries about smallest things
Mind	Easily cries
Mind	Emotional
Mind	Desires company
Mind	Caring
Digestive	Frequent indigestion
Epigastrium	Burning
Abdomen	Occasional bloating
Stool	Occasional constipation
Stool	Frequent urge soon after eating
Appetite	Decreased due to fear of ulcers
Food	Desire for sweets
Food	Aversion to spicy food
Mouth	Multiple recurrent ulcers
Mouth	Cracks and blisters
Mouth	Painful, burning ulcers
Mouth modality	Worse after sweets
Mouth modality	Worse after spicy food
Respiratory	Dry cough after spicy food
ENT	Blocked nose
Examination	DNS
Past history	Tracheotomy in 2019
General	Hot patient
Sleep	Disturbed, 5-6 hours

Repertorial Analysis

The case was repertorised using the prominent mental and physical characteristics.

The major considerations included:

Pulsatilla

The constitutional picture included:

- Emotional sensitivity
- Easy tearfulness
- Desire for company
- Caring nature
- Anxiety and restlessness
- Worrying tendency

These features supported the selection of **Pulsatilla** as the constitutional prescription in this individual case.

Mercurius solubilis

Mercurius solubilis was considered for the active symptom complex involving:

- Recurrent oral ulceration
- Painful and burning ulcers
- Multiple oral lesions
- Digestive disturbance
- Associated mucosal complaints

It was therefore selected as the **acute/specific prescription**.

Remedies	ars.	kali-l.	phos.	alum.	mez.	nat-m.	china	anac.	caps.	carb-v.	cur.	ferr.	ferr-p.	hydr.	kreos.	mag-m.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Symptoms Covered	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1
Intensity	3	3	3	2	2	2	3	2	2	2	2	2	2	2	2	2
Result	2/3	2/3	2/3	2/2	2/2	2/2	1/3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
Clipboard 5																
STOMACH - APPETITE, - changeable			1	1			3	2			2					2
STOMACH - INDIGESTION (Includes Complaints After Substances Not Otherwise Described) - meat												2	2			
MOUTH - ULCERS - burning	2	1		1		1			2	2				2	2	
MOUTH - ULCERS - extending from throat to roof of	1															
MOUTH - ULCERS - painful - sore, smarting																
MOUTH - ULCERS - white - as if coated with milk		2														
MIND - RESTLESSNESS, nervousness - alone, when			2		1											
MIND - ANXIETY - alternating with indifference						1										
MIND - ANGER, irascibility - alternating with - quick repentance					1											

Figure 1: Repertorization Chart

Individualised Prescription

Constitutional Remedy

Pulsatilla 200

Basis of selection:

- Sensitive emotional nature
- Easily hurt/emotional
- Easy tearfulness
- Desire for company
- Caring nature
- Anxiety and restlessness

The constitutional prescription was intended to correspond to the broader individual picture.

Acute / Specific Remedy

Mercurius solubilis 30C

Basis of selection:

- Recurrent oral ulceration
- Painful burning ulcers
- Multiple oral lesions
- Digestive disturbance
- Food-related aggravation
- Associated mucosal complaints

The acute/specific prescription was directed towards the active presenting symptom complex.

Therapeutic Strategy

The case was therefore approached at two levels:

Table 5: Therapeutic Strategy

Prescription	Remedy	Rationale
Constitutional	Pulsatilla 200	Emotional and mental constitution
Acute / Specific	Mercurius solubilis 30C	Active oral ulcerative and digestive symptom complex

The purpose of individualisation was to avoid prescribing solely on the diagnostic label of **dyspepsia**.

Follow-Up and Clinical Progress

13 May 2026

The patient reported that she was **much better**.

A particularly significant functional improvement was noted:

She could now easily eat everything.

She reported that she had **not eaten mango for approximately two years** because she previously could not tolerate it. At this follow-up, she was able to eat mango without the previous difficulty and was very happy with the improvement.

Stools were reported as:

- Semisolid
- Soft
- Regular

This represented a marked improvement from the previous digestive disturbance.

11 June 2026

Further improvement was reported.

The patient stated:

- **No indigestion**
- No bloating
- No acidity
- No previous sensation of fullness/bloating
- Stools soft and semisolid
- Regular bowel movements
- No constipation
- Oral ulcers considerably better

The clinical examination documented:

- Respiratory system clear
- Ear, nose and throat clear
- Abdomen soft and non-tender
- Bowel sounds normal

This follow-up demonstrated improvement extending beyond the initial digestive complaint to the recurrent oral symptoms.

10 August 2026

The patient continued to report improvement.

She stated that:

- Oral ulcers had improved
- She was not seeing many ulcers in the mouth
- She was able to eat everything
- No significant aggravation of the ulcer condition was noticed
- Digestion remained good

- Water intake was adequate

Clinical examination documented:

- BP: **110/80 mmHg**
- Respiratory system clear
- Weight: **30 kg** as recorded in the follow-up note

Follow-Up Summary

Table 6: Follow-Up Summary

Parameter	Before treatment	13 May 2026	11 June 2026	10 August 2026
Indigestion	Frequent	Much better	Absent	Digestion good
Epigastric burning	Present	Improved	No acidity	No reported aggravation
Bloating	Occasional	Improved	Absent	Not reported
Constipation	Occasional	Improved	Absent	Not reported
Stool	Irregular/constipation tendency	Soft, semisolid, regular	Soft, semisolid, regular	Good
Oral ulcers	Multiple/recurrent	Better	Much better	Few/no significant ulcers
Food tolerance	Restricted by fear of ulcers	Eating everything	Eating everything	Eating everything
Mango tolerance	Could not tolerate for ~2 years	Able to tolerate	—	—
Overall health perception	Worried	Happy with improvement	Improved	Continues to report improvement

Clinical Outcome

The most important outcome was not simply a reduction in the frequency of indigestion.

The patient demonstrated improvement across several interconnected areas:

Digestive symptoms improved

→ indigestion reduced → bloating and acidity resolved → constipation improved → stools became soft and regular

Oral symptoms improved

→ fewer ulcers → reduced recurrence → ability to eat without apprehension

Dietary tolerance improved

→ able to eat a wider variety of foods → able to tolerate mango after avoiding it for approximately two years

Overall wellbeing improved

→ patient expressed happiness with the improvement → reduced concern regarding food-related ulceration

Before-and-After Clinical Picture

Before treatment

Indigestion + epigastric burning + bloating + constipation tendency



Recurrent painful burning oral ulcers



Ulcers after sweets/spicy food



Fear of eating



Reduced appetite



Health-related anxiety and worry

During follow-up

Indigestion reduced



Bloating/acidity resolved



Bowel movements became regular



Oral ulcers reduced



Able to eat a wider variety of foods



Improved confidence regarding eating



Patient happy with improvement

Discussion

This case illustrates the importance of identifying the **characteristic symptom pattern within a common diagnosis**.

The patient did not present with indigestion alone. The digestive complaint was accompanied by recurrent oral ulceration with a clearly described food relationship. Sweets and spicy foods were repeatedly associated with the development of cracks, blisters and painful burning ulcers.

The oral symptoms subsequently influenced the patient's appetite because she became apprehensive about eating. Thus, the digestive complaint and oral complaint were clinically interconnected from the patient's perspective.

The case also contained a significant respiratory and ENT history. The patient had undergone tracheotomy in 2019 and subsequently reported multiple health-related complaints. DNS was noted, and mild left lower-lobe crepitations were present initially.

The mental picture was equally important. She was described as **anxious, restless, hyperactive, emotional, caring, prone to overthinking, worried about small things and easily tearful**, with a desire for company.

This broader individual picture supported the constitutional consideration of **Pulsatilla 200**, while the active oral-ulcerative and digestive symptom complex led to the consideration of **Mercurius solubilis 30C** as the acute/specific prescription.

An important observation during follow-up was that improvement was not limited to the original digestive complaint. The patient reported improvement in indigestion, bloating, acidity, bowel function and oral ulceration, together with improved food tolerance.

The patient's ability to eat mango again after avoiding it for approximately two years was particularly meaningful to her and was associated with considerable satisfaction.

Role of Individualisation in the Case

The case demonstrates why the prescription was not based simply on the diagnosis of **dyspepsia**.

The diagnostic label describes the disease, whereas the individualisation considered:

What the patient experiences

- **What aggravates it**
- **What accompanies it**
- **How the patient responds emotionally**
- **Physical generals**
- **Characteristic modalities**

The important differentiating features included:

- Oral ulcers after sweets and spicy food
- Burning and painful quality
- Frequent urge for stool after eating
- Reduced appetite because of fear of ulcers
- Anxiety
- Restlessness
- Easy tearfulness
- Desire for company

- Worry over small matters

This complete picture formed the basis for the individualised prescription.

Patient-Centred Outcome

From the patient's perspective, the most meaningful change was the ability to **eat freely without the previous fear of recurrent oral ulceration.**

She specifically reported being very happy that she could eat mango again after avoiding it for approximately two years.

By the subsequent follow-up, she reported:

No indigestion, no bloating, no acidity and regular soft stools, with marked improvement in oral ulcers.

The continued improvement at the August follow-up suggested sustained symptomatic improvement within the period documented in this case.

Conclusion

This case describes a **45-year-old female with chronic dyspepsia, recurrent painful burning oral ulceration and associated ENT/respiratory complaints**, with a significant past history of tracheotomy.

The characteristic clinical picture included:

- Frequent indigestion
- Epigastric burning
- Occasional bloating
- Occasional constipation
- Frequent urge to pass stool soon after eating
- Recurrent oral cracks, blisters and ulcers
- Aggravation after sweets and spicy food
- Reduced appetite due to fear of ulceration
- Blocked nose and DNS
- Dry cough after spicy food
- Anxiety and restlessness
- Easy tearfulness
- Overthinking and excessive worrying
- Desire for company
- Significant emotional impact of previous health problems

The individualised approach differentiated the **constitutional prescription, Pulsatilla 200**, from the **acute/specific prescription, Mercurius solubilis 30C.**

During follow-up, the patient reported progressive improvement in **indigestion, bloating, acidity, bowel function and recurrent oral ulceration**. She was able to eat a wider variety of foods without aggravation and specifically reported being able to tolerate mango after avoiding it for approximately two years.

The case therefore demonstrates the value of **complete case-taking and individualisation**, where the patient's characteristic mental, physical, general and particular symptoms are considered together rather than prescribing solely according to the diagnostic label.

How to Cite this Article

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