Global Congress on Public Health 2025

July 23-24, 2025 | Paris, France

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Clinical Efficacy of Modified Gancao Ganjiang Decoction Combined with Vitamin B_{12} on Recurrent Oral Ulcer

Objective

To explore the clinical efficacy of modified Gancao Ganjiang Decoction combined with Vitamin B_{12}(VB_{12})on recurrent oral ulceration(ROU) .

Methods

A total of 124 ROU patients admitted to Chongqing General Hospital from August 2016 to August 2018 were selected as the research objects and were divided into an observation group and a control group, with 62 cases in each group,according to random number table.The control group was administrated orally with VB_{12},while the observation group was treated with Jiawei Gancao Ganjiang Decoction plus VB_{12}.All patients were treated for 14 days.The clinical efficacy and safety between the 2 groups were compared.

Results

The overall effective rate of the observation group reached 96.8% (60 /62),much higher than 85.5% (53/62) of the control group($P<0.05$).Compared with those before treatment,the pain index,ulcer area and average ulcer period were significantly improved in the 2 groups after treatment($P<0. 05$),peripheral blood $CD3^+$,$CD4^+$ levels,$CD4^+/CD8^+$ ratio,and the number of streptococcus and veillonella in saliva increased significantly($P<0.05$),peripheral blood $CD8^+$ level decreased significantly($P<0.05$) ;and the observation group improved more significantly than the control group in indicators($P<0.05$).There were no obvious side effects in both groups.Follow-up for 6 months,the recurrence rate of the observation group was 11.3% (7/62) significantly lower than that of the control group [25.8% (16/62)] ($P<0.05$).

Conclusion

The overall curative effect of Jiawei Gancaoganjiang Decoction combined with VB_{12} in the treatment of ROU is definite and may be related to its significantly correction of the immune imbalance of peripheral blood T lymphocyte subsets and maintaining the homeostasis of the oral microenvironment.

Key words: Recurrent oral ulceration,Modified Gancao Ganjiang Decoction,Vitamin B12,T-lymphocyte subsets,Oral microenvironment,Recurrence risk,Mechanism of action,Safety

ISBN: 978-1-917892-10-0

doi.org/10.51219/URForum.2025.Yannan-Chen

表1　2组患者临床疗效比较

组别	显效(例)	有效(例)	无效(例)	治疗有效率(%)
观察组($n=62$)	39	21	2	96.8*
对照组($n=62$)	30	23	9	85.5

注：与对照组比较，* $P<0.05$

表2　2组患者疼痛指数、溃疡面积、平均溃疡期比较($\bar{x}\pm s$)

组别	疼痛指数(分)	溃疡面积(mm^2)	平均溃疡期(d)
观察组($n=62$)			
治疗前	7.14±1.29	14.73±3.25	7.35±1.69
治疗后	0.71±0.15*△	3.07±0.60*△	1.56±0.44*△
对照组($n=62$)			
治疗前	6.83±1.08	15.64±3.52	7.02±1.78
治疗后	1.58±0.37*	5.21±1.08*	2.74±0.53*

注：与治疗前比较，* $P<0.05$；与对照组治疗后比较，△$P<0.05$

表3　2组患者T淋巴细胞亚群水平比较($\bar{x}\pm s$)

组别	CD3+(%)	CD4+(%)	CD8+(%)	CD4+/CD8+
观察组($n=62$)				
治疗前	62.57±9.42	28.65±5.98	30.73±6.09	0.95±0.19
治疗后	69.50±6.31*△	34.52±4.87*△	25.94±4.58*△	1.30±0.21*△
对照组($n=62$)				
治疗前	63.85±8.79	29.74±6.11	29.84±6.30	0.98±0.17
治疗后	66.77±7.46*	32.19±5.36*	27.72±5.17*	1.15±0.22*

注：与治疗前比较，* $P<0.05$；与对照组治疗后比较，△$P<0.05$

表4　2组患者口腔微环境参数比较($\bar{x}\pm s$, lg copies/mL)

组别	链球菌	韦荣氏菌
观察组($n=62$)		
治疗前	7.13±0.94	8.16±0.92
治疗后	7.84±0.72*△	8.92±0.72*△
对照组($n=62$)		
治疗前	6.89±1.05	8.25±1.08
治疗后	7.47±0.80*	8.61±0.85*

注：与治疗前比较，* $P<0.05$；与对照组治疗后比较，△$P<0.05$

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