

CankerMelts® – Clinical Research Studies

2005: When used at the first symptom for 16 hours per day, including during sleep, CankerMelts eliminated pain in 3 days for 96% of ulcers treated.

ORAL SURGERY, ORAL MEDICINE, ORAL PATHOLOGY, ORAL RADIOLOGY and ENDODONTOLOGY (OOOOE)

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Studies of Licorice Extract in an Oral Patch on Minor Aphthous Ulcers

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Objectives. The aims of this study were: (1) to determine whether using CankerMelts containing Glycyrrhiza complex herbal extract in prolonged topical contact with RAU would shorten healing time; and (2) to compare the effectiveness at speeding healing of whole Glycyrrhiza extract (GX), reduced glycyrrhizin extract (DGL), and purified glycyrrhetic acid potassium salt (GAP).

Study Design. CankerMelts were supplied with 18% GX to 20 subjects, with 26% DGL to 147 subjects, and with 7.5% GAP to 40 subjects who were asked to return a report for each ulcer treated. Subjects were instructed to use the product at least 16 hours per day (while sleeping and half their awake hours) and asked to report whether the ulcer healed faster than usual, for details on usage if it did not heal within 2 or 3 days, and whether the CankerMelts disc reduced pain while in place. We received reports of trials on 30 ulcers treated with GX from 15 subjects, 49 reports of trials on 30 ulcers treated with GX from 15 subjects, 49 ulcers treated with DGL from 46 subjects, and 14 ulcers treated with GAP from 14 subjects.

Results. Those receiving GX reported healing in 3 days or less on 26 out of 27 ulcers treated where the product was used as directed. In two other cases where the ulcer did not heal within 3 days, the product was used less than 16 hours per day. Of those receiving DGL, 32 reported speeding of healing and 2 reported no speeding of healing. 5 reported a failure to heal within 3 days and all 5 used the product less than 9 hours per day. For GX and DGL combined, 8 of the 9 failures to heal within 3 days (out of 64 healing time reports) resulted from using the product less than 16 hours per day. With GAP, 9 out of 14 reports found no speeding of healing, in contrast to DGL, while all 14 reported that GAP was effective for relieving pain while in place. For GX and DGL combined, out of 79 reports, 49 reported pain reduction while the CankerMelts disc was in place, 30 gave no report on pain, and no one reported a failure to reduce pain.

Conclusions. For most people with minor recurrent aphthous ulcers, complex Glycyrrhiza extract (GX or DGL) in a CankerMelts oral topical time release patch held in constant or frequent contact with a new aphthous ulcer for **at least 16 hours per day shortens healing time for most ulcers to 1-3 days and relieves pain while in place.** Purified glycyrrhetic acid potassium (GAP) relieves pain but may not reliably speed healing.

2006: When used 8 hours per day and not during sleep beginning 18 hours after the first symptom, CankerMelts eliminated pain in 3 days for 81% of subjects, double the amount in the no treatment group. Treated ulcers shrank by 90% over 7 days while non treated ulcers grew larger.

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Cankermelts oral patches with licorice extract reduce pain and speed resolution of canker sores

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Objectives: Recurrent aphthous ulcers (RAU) are a chronic, painful oral condition treated primarily with OTC medications. This study examined pain levels and ulcer size in a treatment group (TG) treated with a dissolving oral patch (CankerMelts) with an herbal anti-inflammatory, Glycyrrhiza (licorice) extract (N=23) and a no treatment control group (NT) that had similar examination protocols but left their sores untreated (N=23).

Methods: Adults were evaluated on days 1, 3, 4, and 8 of an RAU episode. The treatment group was instructed to use the patches 16 hours per day but not while sleeping and to keep usage logs. Subjects' pain both unstimulated and stimulated (with saturated saline swab) were noted at each visit after no patch usage for at least 30 minutes. Ulcers were photographed at each visit, and size was calculated by a single examiner.

Results: With the injunction against use while sleeping (usual use includes while sleeping), the usage logs revealed mean usage of 8.4 hours per day (sd=3.4).

After 3 days of treatment, pain reports showed significant (p<.001) reduction compared to no treatment and a significant reduction persisted through the last day. By day 3, 81% of subjects using the discs reported zero unstimulated pain, compared to 40% percent in the NT group.

After 3 days of treatment, pain reports with saturated saline irritation (simulation of eating) showed significant (p<.01) reduction compared to no treatment and a significant reduction persisted through the last day. By day 3, 31% of subjects using the discs reported zero pain with salt irritation, compared to 25% in the NT group.

At baseline, mean ulcer size was greater in the treatment group but was not significantly different. After 7 days of treatment, the ulcer size was significantly (p<.001) smaller in the treatment group than in the NT group (TG=3.1mm², NT=2.3mm²). By day 7, ulcer size in the treated group had decreased by 90% while the untreated ulcer size had increased by 13% (TG=0.31mm², NT=2.6mm²).

Conclusions: The CankerMelts dissolving oral patch with Glycyrrhiza extract significantly speeded resolution of the ulcers (decreased ulcer size), and significantly lowered both passive and stimulated pain (simulation of eating) in the treatment group compared to no-treatment controls.

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