“When I was diagnosed with breast cancer in 2003, I was ready to fight for my life, but I didn’t know about mouth sores or how hard they would make it for me.”

Alex F. developed white, pus-filled sores only one week after starting on chemotherapy. ‘Oh my gosh! It was so difficult to chew and swallow. Everything I ate cut right into those sores. I can’t even describe the pain.” Alex refrained from eating anything other than soft, tepid, and bland foods. Water was the only ‘beverage’ that was not problematic, and her favorite foods became a distant memory.

“I knew I had to eat to keep my strength up, but it was quite a challenge and very depressing.”

Oral mucositis is the medical term used to describe the painful, often debilitating mouth sores that plague many patients undergoing cancer treatment. The sores can manifest anywhere within the oral cavity including the gums, tongue and inside the cheeks and lips.

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An oral cavity compromised by sores makes it difficult for patients to stay hydrated and nourished at the most critical of times. It interrupts their daily routines, prevents restorative sleep, diminishes mental outlook and compromises quality of life. Worse yet, it can lead to secondary infections, hospitalizations, interrupted treatment protocols and reduced dosages that can all put the patient’s life in jeopardy. [1][2]

It is unfortunate that the most common approaches to fighting cancer today, including chemotherapeutic drugs like adriamycin (also known as doxorubicin), Taxol® and carboplatin as well as radiation, often have devastating side effects on the oral mucosa, or lining of the mouth. [3][4] As one patient put it, “Your mouth is your lifeline when it comes to fighting cancer. The sores interfere with being able to nourish yourself and stay alive.” Ironically, the very treatments required to obliterate rapidly-dividing cancer cells also decimate healthy oral cells that, by nature, divide quickly to protect and continually repair the oral cavity.[5]

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Nearly 40% of chemotherapy patients, 95% of radiotherapy patients and almost all patients receiving radiation for head and neck cancers develop oral mucositis. [6] Often beginning in the first week of treatment and lasting several weeks after it ends, the sores appear as patchy red or pus-filled ulcers that one patient described as “canker sores on steroids.”

There are presently no medications that prevent oral mucositis. As such, cancer patients often rely on oral rinses to alleviate and manage their mouth sores. Chlorhexidine (CHX) is a commonly used antibacterial rinse that effectively treats gingivitis and plaque, two issues that can complicate mucositis. Unfortunately, CHX can temporarily discolor teeth and mucous membranes while potentially damaging fibroblasts and osteoclasts, important cells required for tissue and bone healing. [7]

Another frequently used mouth rinse for oral mucositis is Biotene. Designed to duplicate the enzymes naturally found in saliva, it primarily addresses the dry mouth, or xerostomia, that often accompanies oral mucositis; its use in addressing the cankerous lesions of mucositis is limited. [8] Another popular rinse is Magic Mouthwash. Although generally well tolerated, its effectiveness in ameliorating mucositis is unclear, and side effects like mouth tingling or burning, nausea, diarrhea and drowsiness have been reported. [9]

The abundance of information on how best to manage oral mucositis can be daunting. Patients often turn to the Internet and other health professionals for assistance. A product that dental hygienists and oncology nurses are increasingly recommending is ClōSYS® unflavored mouth rinse. Alcohol-, sulfate-, triclosan-, and gluten-free, these stabilized chlorine dioxide products carry the Seal of Acceptance by the American Dental Association.

Three years after her initial cancer diagnosis, Alex F. learned her cancer had returned and metastasized.

“It was still overwhelming and depressing, but I was prepared and better equipped, especially in regard to dealing with mouth sores.”

How so?

Three years prior, when Alex was at her wit’s end with her mouth sores, she reached out for help. Her oncologist recommended ClōSYS, and her oncology nurse gave her a pamphlet about the products. Alex followed up with a Google search and ordered her first bottle of the unflavored rinse.

“I brushed 3-4 times a day with the ClōSYS toothpaste and rinsed between brushings. I started to feel better right away. First, I was able to swallow with less difficulty and within a week or two of using the products, I noticed fewer sores that healed more quickly. I was no longer a hot mess!”

When her cancer returned, it was ClōSYS to the rescue again. “I didn’t have to chew ice chips all the time the second time around. It is refreshing to know someone put the effort into developing this product. It made me feel like the cancer process was manageable and that I could overcome.”
Following positive feedback from registered dental hygienists using the ClōSYS® products with their Down syndrome patients, Rowpar Pharmaceuticals, LLC, conducted a patient survey and follow-up interviews to determine product efficacy with oral mucositis in cancer patients. Like Alex’s story, the following case histories are among many that reflect the usefulness of ClōSYS in addressing this painful affliction.

**Leann K.** was diagnosed with Hodgkin’s Lymphoma in 2011 and developed mucositis within four days of her first chemotherapy treatment. The lesions were ulcerated craters located inside one cheek, and they prevented her from eating the foods that would have been a source of comfort.

“I craved spicy foods and fresh pineapple, but I couldn’t tolerate them. Even worse, each round of treatment brought the sores back worse than before.”

The patient decided to try Biotene but found it did not agree with her altered taste and new aversions brought on by treatment. Searching the Internet for relief from mucositis-induced dry mouth and oral malodor, she discovered ClōSYS toothpaste and unflavored rinse.

“Right away, my mouth felt moist. There was no weird taste or feel to sour my stomach. Within three days, my husband commented that my breath was much fresher, and he started using the products. We still use them to this day.”

During her treatment, Leann’s regimen consisted of brushing and rinsing with the ClōSYS products at least twice a day. While she still developed mouth sores, they were less painful and cleared up faster.

“ClōSYS made the whole ordeal more physically and emotionally tolerable for me. For that, I am grateful. I only wish someone on my cancer team had recommended ClōSYS sooner.”

Several patients interviewed expressed no surprise their doctors offered little advice for coping with oral sores. “Cancer side effects are not a priority to oncologists,” observed one patient. “Their job is to get rid of cancer.” True as it may seem, that trend has begun to shift.

As cited in the *Journal of Otolaryngology* article “Oral Care for Mouth Sores,” oncologist and nurses are providing education and emotional support for their oral mucositis patients, including recommending ClōSYS. As cited in RDH magazine’s “Lending a Helping Hand to Cancer Patients with Oral Mucositis” and “Reducing Stress with Down’s Syndrome,” registered dental hygienists are also increasingly recommending the ClōSYS products to their patients with oral sores and the sequelae of bad breath, dry mouth, sore tongue and gingivitis.

58-year-old **Connie S.** was diagnosed with ovarian cancer in 2014.

The original treatment goal was to administer chemotherapy infusions weekly, but by the end of her first week, she was plagued with excruciating lesions inside and at the corners of her mouth. Her treatments had to be spaced apart to allow sufficient recovery time for her to withstand the next round.
Connie’s mucositis intensified and began to affect her gums.

“*The gingivitis got so bad that I even lost a tooth. My dental hygienist recommended ClöSYS. It took three months, but she and my dentist could not believe how much improvement there was with the gingivitis. Actually, my gums had stopped bleeding within the first month of using the toothpaste and unflavored mouth rinse.*”

Another issue Connie encountered is one common to many cancer patients; the perpetual taste and smell of chemo in the mouth and on the breath.

“I tried mints, gum and sucking candy, but none of them got rid of that lingering medicinal taste and smell.”

Luckily, Connie discovered that brushing and rinsing with the ClöSYS products every 2-3 hours banished “chemo mouth” long enough for her to re-fuel and re-hydrate.

Interestingly, even now, the memory of her cancer experience intermittently overtakes her. Connie explains, “*Suddenly, out of nowhere, I will smell and taste the chemo even though it’s been years. I carry a little tube of the ClöSYS toothpaste, and it takes care of the problem.*”

Oral mucositis can extend well beyond mouth sores. 80-year-old Frank S. knows this all too well. Diagnosed with a tumor located deep within his neck and throat, he received both chemotherapy and radiation.

“*Radiation fries your salivary glands, and that leads to an extremely dry mouth. When your mouth is dry, bacteria grow and destroy your teeth.*”

Frank discovered what other cancer patients learn quickly: oral hygiene is of the utmost importance in managing oral mucositis.

“I’m at big-time risk for tooth decay. My dental hygienist said, “You must get ClöSYS,” so I got ClöSYS. And thank goodness. I brush with the fluoride toothpaste, put the unflavored rinse in my water pic, and I spray my mouth with the breath spray when I wake up parched in the middle of the night. Let’s face it, my radiation damage is permanent. These products make my life bearable.”

Connie adds, “*You feel so alone and lousy, and if there’s one thing to help you feel better, it just might give you what you need to make it through.*”

Her words reflect a common thread through nearly all the patient interviews, and that is the ClöSYS oral health care products provide comfort, relief and hope. And like the toothpaste, a little of that goes a long way.

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