

CankersAway Clinical Protocol

Evidence-Based Management of Aphthous Ulcers with Active Chlorine Dioxide Technology

Overview

This clinical protocol provides evidence-based guidelines for managing canker sores (aphthous ulcers) using CankersAway, a stabilized chlorine dioxide formulation designed for topical oral application. The protocol is based on the selective oxidative action of ClO_2 and its demonstrated efficacy in pain relief, accelerated healing, and recurrence prevention.

Product Information

CankersAway

- Active ingredient: Stabilized chlorine dioxide
 - Formulation: Topical oral gel/solution
 - Mechanism: Selective oxidation of volatile sulfur compounds (VSCs) and inflammatory mediators
 - Safety profile: Non-cytotoxic, safe for oral mucosa
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Clinical Indications

Primary Indications

- Minor aphthous ulcers (< 10mm diameter)
- Major aphthous ulcers (> 10mm diameter)
- Herpetiform aphthous ulcers (multiple small lesions)
- Recurrent aphthous stomatitis (RAS)

Expected Outcomes

- Pain relief: 5-15 minutes post-application
 - Healing time: 3-7 days (versus 7-14 days untreated)
 - Recurrence reduction: 40-60% with maintenance protocol
 - Patient satisfaction: 85%+ report significant improvement
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Immediate Treatment Protocol (Active Lesion)

Step 1: Patient Assessment

- Confirm diagnosis of aphthous ulcer
- Rule out other oral lesions requiring different treatment
- Document lesion size, location, and pain level (0-10 scale)
- Review patient medical history for contraindications

Step 2: Patient Education

Explain to patient:

- How CankersAway works (neutralizes inflammatory compounds)
- Expected timeline for pain relief (5-15 minutes)
- Application frequency (2-3 times daily)

- Expected healing timeline (3-7 days)
- Importance of consistent application

Step 3: Initial Application

1. Have patient rinse mouth with water
2. Gently dry lesion area with gauze
3. Apply CankersAway directly to lesion using:
 - Clean cotton swab (preferred for precision)
 - Clean fingertip (acceptable alternative)
 - Applicator tip (if provided)
4. Allow product to remain in contact for 30-60 seconds
5. Instruct patient not to rinse immediately

Step 4: Home Care Instructions

Provide written instructions:

- Apply 2-3 times daily (morning, after lunch, before bed)
- Apply at first sign of discomfort for best results
- Continue until lesion completely heals
- Safe to use with other oral care products
- Contact office if no improvement within 48 hours

Maintenance Protocol (Recurrence Prevention)

For Patients with Recurrent Aphthous Stomatitis

Daily Oral Hygiene Enhancement

1. Incorporate DioxiRinse A/B into daily routine
2. Use morning and evening after brushing

3. Swish for 60 seconds, focusing on areas prone to ulcers
4. Do not rinse with water after use

High-Risk Period Management Increase frequency during:

- Periods of high stress
- Dietary changes or trigger food exposure
- Hormonal fluctuations (menstrual cycle)
- Illness or immune system challenges
- Travel or schedule disruptions

Long-Term Outcomes

- 40-60% reduction in recurrence frequency
 - Decreased lesion severity when ulcers do occur
 - Improved overall oral health through biofilm management
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Patient Selection Criteria

Ideal Candidates

- Adults and adolescents with recurrent canker sores
- Patients seeking non-pharmaceutical pain relief
- Individuals with sensitivity to traditional treatments
- Patients motivated to follow consistent protocol

Special Considerations

- Pregnancy/Nursing: Generally safe for topical oral use
 - Children under 12: Use under adult supervision
 - Immunocompromised patients: Monitor healing progress closely
 - Multiple concurrent lesions: Treat all lesions systematically
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Troubleshooting & Clinical Pearls

If Pain Persists Beyond 48 Hours

- Verify correct application technique
- Increase application frequency to 4-5 times daily
- Rule out secondary infection
- Consider adjunctive treatments if needed

If Healing Stalls After 7 Days

- Re-evaluate diagnosis (rule out other conditions)
- Assess patient compliance with protocol
- Consider nutritional factors (B12, folate, iron deficiency)
- Refer for further evaluation if indicated

Clinical Pearls

- **Timing is critical:** Early application provides best results
 - **Consistency matters:** Regular application accelerates healing
 - **Prevention works:** Maintenance protocol significantly reduces recurrence
 - **Safe for frequent use:** Non-cytotoxic formula suitable for repeated application
 - **Complement existing care:** Use alongside good oral hygiene practices
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Integration with Comprehensive Oral Care

CankersAway works synergistically with other DioxiCare products:

Product	Purpose	Frequency
CankersAway	Acute canker sore treatment	2-3x daily during active lesion
DioxiRinse A/B	Daily biofilm management	2x daily (morning & evening)
DioxiBrite	Complementary toothpaste	2x daily with brushing
Snoot!	Nasal-oral health connection	As needed for sinus health

Documentation & Follow-Up

Initial Visit Documentation

- Lesion characteristics (size, location, appearance)
- Pain level (0-10 scale)
- Duration of current episode
- Frequency of recurrence
- Previous treatments tried
- CankersAway protocol initiated

Follow-Up Assessment (7-10 days)

- Healing progress
 - Pain resolution timeline
 - Patient compliance with protocol
 - Side effects or concerns
 - Plan for maintenance protocol if indicated
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Patient Education Handout

Quick Reference for Patients

How to Use CankersAway

1. Apply directly to canker sore 2-3 times daily
2. Use cotton swab or clean finger
3. Leave on for 30-60 seconds
4. Continue until completely healed

What to Expect

- Pain relief in 5-15 minutes
- Healing in 3-7 days
- Safe to use with other products
- No stinging or burning

When to Call

- No improvement after 48 hours
- Lesion worsens or spreads
- Fever or systemic symptoms develop
- Questions about application

References & Scientific Basis

The CankersAway protocol is based on:

- Selective oxidative action of stabilized chlorine dioxide
- Neutralization of volatile sulfur compounds (VSCs)
- Disruption of biofilm architecture at lesion sites
- Reduction of inflammatory mediator activity
- Non-cytotoxic safety profile for oral mucosa

Contact Information

For clinical protocols, implementation guidance, or practice integration support:

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This protocol is intended for use by licensed dental and medical professionals. Individual patient care should be based on professional judgment and patient-specific factors.

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