

Burning Mouth Syndrome

A plain-English guide for clinicians — by Dr. Tammy

The big idea

A burning mouth is a clue, not the answer. The pain can come from an upset nerve, a tooth or denture problem, an infection, a missing vitamin, a dry mouth, an immune problem, a medicine side effect, hormone changes — or nothing you can see at all. Look for the causes you can fix before calling it a mystery.

Four questions to answer

- Is something causing it? A denture that rubs, a yeast infection, dry mouth, low iron or B12, diabetes, a new medicine.
- Is it the nerves? Pain with no clear cause, often both sides, often worst late in the day.
- Could hormones be involved? Very common in women near or past menopause, when estrogen falls.
- When do I send her to a specialist? Red flags: one-sided pain, a sore that will not heal, a lump, weight loss, numbness.

The hormone link

Estrogen helps build the mouth. It keeps the lining of the mouth thick, keeps spit flowing, and calms the nerves that carry taste and pain. When estrogen falls at menopause, the mouth lining thins, the mouth gets drier, and nerves get jumpy — normal things like spicy food or toothpaste can start to burn.

That is why burning mouth shows up most in women around menopause: the drop is fast, and it lines up with other signs like hot flashes, poor sleep, and dry skin. Men get burning mouth too, but far less often.

Where HRT fits: hormone replacement can help some women — especially when burning mouth comes with other menopause symptoms. But do not start estrogen just because a number is low. HRT has real risks and benefits. Test first, then decide with the whole picture in view.

A simple workup

- Story: When did it start? Worse as the day goes on? New medicines? Dry mouth? Menopause signs?

- Mouth check: Look for white patches that wipe off (yeast), sores, sharp teeth, denture rub spots.
- Nerve check: Both sides? Tongue tip and lips? Normal taste? Pain from light touch?
- Labs to consider: iron/ferritin, B12, folate, zinc, blood sugar (A1c), thyroid (TSH).
- Hormones: if she is near or past menopause and nothing else explains it, test hormone levels.

What helps

- Fix what you find: treat the yeast, adjust the denture, replace the vitamin, review the medicine list.
- Calm the burn: cool water sips, sugar-free gum for dry mouth, avoid alcohol mouthwash and very spicy or acidic foods.
- Nerve-calming options your prescriber may use: clonazepam rinses, alpha-lipoic acid, low-dose medicines for nerve pain.
- Hormone support when low estrogen is confirmed and the fit is right.

Send to a specialist when...

- Pain only on one side, or one fixed spot that never moves.
- A sore, lump, or white/red patch that does not heal in 2-3 weeks.
- Numbness, trouble swallowing, or unexplained weight loss.
- Nothing helps after a real trial of treatment.

This guide is general education, not medical advice for one person. Care decisions belong with the treating clinician.

Order an at-home hormone test kit: hormonetestdontguess.com