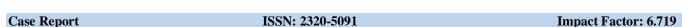


INTERNATIONAL AYURVEDIC MEDICAL JOURNAL







AYURVEDIC MANAGEMENT IN CHRONIC STOMATITIS (I.E. MUKHAPAK) – A CLINICAL CASE STUDY

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https://doi.org/10.46607/iamj2012062024

(Published Online: June 2024)

Open Access

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Article Received: 06/05/2024 - Peer Reviewed: 27/05/2024 - Accepted for Publication: 15/06/2024.



ABSTRACT

Stomatitis is an inflammatory ulcer of the mucosa of the oral cavity, which causes a burning sensation and pain. In Ayurveda, it is mentioned as Mukhpaka. **Introduction**: **Objective**: To assess the effect of ayurvedic management on Chronic stomatitis (i.e. *Mukhapaka*). **Methodology**: Here, a 20-year male patient with complaints of Ulcer over the upper lip, severe pain and burning sensation during eating for the last two months had been diagnosed with Stomatitis, successfully managed with simple Ayurvedic medicine and purgation therapy (virechana karma), within Few days of treatment. **Observation and result**: Ayurvedic management effectively treats chronic stomatitis (i.e., *Mukhapaka*). Conclusion: Chronic stomatitis (i.e. Mukhapaka) can be treated with minimal medications within a short period.

Keywords: Chronic stomatitis, Mukhapaka, Ayurveda

INTRODUCTION

Stomatitis is inflammation of the mucosa of the oral cavity caused by systemic and local causes. The

membrane of the mouth, including the inner aspect of lips, cheeks, tongue and throat, is known as stomati-

tis. In Ayurvedic text, stomatitis is mentioned as Mukhpaka. In Ayurvedic classical texts, oral cavity diseases are covered under the Mukharogas, which contain diseases of the lips, gums, teeth, tongue, palate, and throat. Acharya Charaka has described it as Pitttaj nanatmaja vicar.¹

Patient Information –

A 20-year-old male patient with complaints of an Ulcer over the upper lip, severe pain and burning sensation during eating for the last two months. Wherefrom, the patient, has been taking treatment for the last one and half months with proper follow-ups. Internal and external medicinal therapy was given to the patient; there was relief in complaints. However, due to severe pain and burning sensation, the patient discontinued the treatment and consulted for Ayurve-dic treatment here for further treatment.

Clinical finding- The patient presented with an ulcer over the upper lip, severe pain and a burning sensation during eating. (Fig. 1)

General Examination

Body Temperature (97.8°F), Pulse (78/min), and Blood Pressure (120/80 mmHg).

Systemic examination

In systemic examination, the patient was conscious and oriented. On examination, his cardiovascular and respiratory systems were found to be expected. **History-** The patient had no previous history of Hypertension, diabetes mellitus, Bronchial asthma, or ischemic heart disease. Also, the patient had no previous surgical history and an insignificant family history.

Personal History – **the** patient had habits of continuous outside eating and daily awakening till midnight.

Local examination-

One ulcer over the upper lip, severe pain and burning sensation during eating. Redness over ulcer area and surrounding. (Fig. 1)

Asthvidh Pariksha (Ayurvedic general assessment)-

Nadi (Pulse) – Pitta pradhan (78/min); Mala (stool) – Malavshtambha (Constipated), Bowel habit was irregular; Mutra (urine) – Prakrita; Jivha (tongue) – sama (coated), Shabda (speech) – prakrita (normal, clear, understandable); Sparsha (touch) – Anushnasheeta (Normal); drika (eyes- vision) – Prakrita (standard, no pallor, no icterus); Aakriti (physique) – Madhyama (medium build).

Diagnostic assessments – All routine blood investigations were within normal limits (Table no.1). At the time of the case presentation, assessment criteria were applied (Table no. 2)

Table No. 1 investigations findings

Investigations	Observed value
Hb%	16.3 gm%
TLC	6220/cumm
DLC	
Neutrophils	66 %
Lympocytes	30 %
Eosinophils	02 %
Monocytes	02 %
Vitamin B12	271.0 pg/mL
LFT	
Billirubin – Total	0.71 mg/dl
Billirubin – Direct	0.43 mg/dl
Billirubin – Indirect	0.28 mg/dl
SGPT	15.27 IU/L
SGOT	18.66 IU/L
Alkaline phosphatase	172.63 IU/L

Total Protein	6.69 gm/dl	
Albumin	3.50 gm/dl	
Globulin	3.19 gm/dl	

Table No. 2: Gradation of Parameters

Symptoms Grade 0		Grade 1	Grade 2	Grade 3
Number of pidakas	No pidaka	1 – 2 pidakas	3 – 4 pidakas	More than 4 pidakas
(vesicles)				
Number of vranas	No vrana	1-2 vrana	3 – 4 vranas	More than 4 vranas
(ulcers)				
Shoola (Pain)	No pain	Mild pain	Moderate pain	Severe pain
Daha (Burning sensa-	No burning	Mild burning	Moderate burning	Severe burning
tion)				

Therapeutic interventions -

In this patient, only shaman therapy was given to the patient.

Samshamana therapy – for samshaman therapy, following external and internal ayurvedic medication given to the patient are mentioned in Table no. 3.

Table no. 3 – list of internal and external medications with dose, adjuvant and duration

Sr.	Medicine name	Dose	Anupana	Schedule	Duration of Medicine
No.					
1	Kamdudha ras	500 mg	Water	twice a day after meal	15/03/2022 to
					22/03/2022
2	Yashtimadhu Ghruta	1 tsf	Lukewarm Wa-	twice a day after meal	15/03/2022 to
			ter		22/03/2022
3	Bramhi vati	500 gm	Water	twice a day after meal	15/03/2022 to
					22/03/2022
4	Chandraprabha vati	500 mg	Water	twice a day after meal	15/03/2022 to
					22/03/2022
5	Guduchi churna + yas-	Q. S.	Local applica-	-	15/03/2022 to
	thimadhu churna		tion over ulcer		22/03/2022

Observation and Results -

Table No. 4: Assessment before, during and after treatment

<u> </u>				
Symptoms	On Day 0	On Day 7	On Day 14	On Day 21
Number of pidakas (vesicles)	1	1	1	0
Number of vranas (ulcers)	1	1	1	0
Shoola (Pain)	3	2	1	0
Daha (Burning sensation)	3	2	1	0

Fig.1 -Before Treatmment On Day 1



DISCUSSION

According to Ayurveda, mouth diseases are generally caused by elevated kapha and rakta.

In modern medicine, as there are few treatment modalities to cure stomatitis, combinations of antibacterial and anti-inflammatory drugs in the form of gel, paste, solutions for applications, or gargles are also given. These only give symptomatic, soothing, or temporary relief. In Ayurveda, many treatment options are available for stomatitis. So, we have used the following drugs, and the actions of the medicines are also given below.

Kamdudha rasa- It contains Mukta Bhasma, Prawal Bhasma, Muktashukti Bhasma, Kapardik Bhasma, Shankha Bhasma, Suvarna Gairik, and Guduchi Satwa. It acts as pitta shamak, and due to all the ingredients having Seetaveerya, it pacifies pitta. Most of the dravyas are from sudha varga, so they contain calcium carbonate, which helps to neutralise gastric HCL. Hence, they act as antacids.²

Yashtimadhu ghruta — It contains Yashtimadhu churna and go ghruta. Yasthimadhu churna has sheeta veerya, Madhur rasa, and pitta shamak properties, which help reduce pitta. Due to its ropan action, it helps to minimise vrana, i.e., ulcers. Again, due to its vatahar properties, it helps to alleviate Ruja, i.e., pain.³

Bramhi Vati — Brahmi vati contains Bramhi, Shankhapushpi, Vacha, Maricha, Gojivha, Jatmansi, swarna makshika bhasma, rasa sindur, ⁴

Bramhi itself is tikta, kashay rasatmak, and laghu guna, with madhur vipak and veerya, so that it helps to soothe snayu, indriya, and mana. With its madhur vipak, it pacifies Vata Dosha. Due to its tikta kashay rasa, it pacifies pitta. Both help cure the ulcers. ⁵

Fig. 2 – After Treatment on Day 7



Chandraprabha vati is katu, tikta, kashay, madhur rasatmak, having ushna veerya, laghu, ushna, teekshna, and ruksha guna. According to Sharangdhar Samhita, chandraprabha vati is indicated in Mandagani and aruchi.6 It pacifies all three doshas, the ingredients of chandraprabha vati help in Apan anulomak, i.e., relieves constipation. It also works as an agni dipan, yakrut vishesha, and rasayan. In this case study, it is used in all the contexts mentioned above.⁷ Guduchi churna, yasthimadhu churna for local application – Guduchi is used for local applications as it is rich in antioxidants and wound healing properties.⁸ Yashtimadhu churna is also used for local applications with guduchi churna, as it has antiinflammatory, anti-microbial, antioxidant, immunomodulatory, and wound-healing properties.³

CONCLUSION

This case study showed relief in Mukhpaka, i.e., Chronic Stomatitis, in a very short duration. So, it is concluded that Ayurveda can be a good alternative for Chronic stomatitis. This case study is helpful to many Ayurvedic researchers who are researching such diseases.

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Source of Support: Nil Conflict of Interest: None Declared

How to cite this URL: Vandana Bokade & Pooja S. Kombe: Ayurvedic management in Chronic stomatitis (i.e. Mukhapak) – A clinical case study. International Ayurvedic Medical Journal {online} 2024 {cited June 2024} Available from: http://www.iamj.in/posts/images/upload/1146 1150.pdf