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"EFFICACY OF SHUDDHA TANKAN PRATISARANA IN THE MANAGEMENT OF MUKHAPAKA W.S.R TO STOMATITIS"

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ABSTRACT:

Awareness among people about Oral health is being vanished day by day. Poor oral hygiene leads to cause red patches, blisters, and swelling of the mouth and the condition is called "Mukhapaka" in Ayurveda. (stomatitis). These symptoms may be accompanied by oral dysaesthesia, which is a burning sensation in the mouth, and recurring ulcers. *Mukhpak* (Stomatitis) is most common disease of oral cavity and can occur anywhere in the mouth, including the inside of the cheeks, gums, lips, palate and tongue. It can disrupt a person's ability to talk & eat. This is an observational study on 20 Mukhpak (stomatitis) patients with complaints of redness, ulceration in oral cavity, salivation, pain and burning sensation in mouth treated with local application of shuddha Tankan powder twice a day for 10 days. Results obtained in this study are very interesting.

Key Words: Oral health, *Mukhpak* (Stomatitis), shuddha Tankan.

Now days Due to globalized and fast moving world life has become more hectic. Population explosion produces in crowded everywhere resulting negligence towards personal hygiene. There is struggle in everything which exposes us to eat unhealthy junk food and addictions such as chewing betel nut, Gutkha, tobacco, smoking etc. which are characterized as Apthyakar in Ayurveda disturb the normal physiology of the body and cause many oral diseases.

According to Acharya Sushruta there 65mukhroga which occur at seven are locations such as lips, teeth, tongue, palate, throat and oral cavity and out of them 8 occur in lips, 15 in gums, 8 in teeth, 3 in tongue, 9 in palate, 17 in throat and 3 in entire mouth as described in uttartantra. Out of which Mukhpakaoften called as sarvsara roga is a of disease oral cavitycharacterised in Ayurveda as the *paka-avastha* of bodhak kapha i.e. oral mucosa and produces ulcers in Pittadosha, oral cavity. raktavah and mamsaare the main dushya inMukhpak & the clinical symptom of Mukhpak is comparable with stomatitis. By Allopathic view Stomatitis is considered as one of the prevalent oral disease worldwide characterized by redness, ulceration in oral cavity with burning sensation, salvation and pain. Stomatitis occurs anywhere in the mouth, including the inside of cheeks, gums, tongue, lips and palate. The symptoms degree from presence of mouth

ulcers, redness and erosions of buccal mucosa, burning sensation of oral mucosa, difficulty in chewing pungent and hot things and or enlargement of sublingual and submandibular lymph-nodes.

As per Ayurveda the line of treatment should bepittashamaka, for mukhpak Shothahara, Vedanasthapana, vranashodhana, Vranaropana, Rakta prasadaka, Mamsadhatu pustikara. There are various drugs in Ayurveda which can be helpful for treating Mukhapaka but Effectiveness of *Tankana* is nevertheless. Acharya Sushruta praised the effect of Kshara (alkalis) so much that it can be replace Shastrakarma since it does the chedna, bhedna, lekhna, darana, shothahara and roopna karmas simultaneously without the help of Shashtra And the best kshara which is priced as *Kshara Raj* means king among all of the kshara is Tankan.

Acharya Charaka says an ideal medicine should have many properties, the various forms of it can be used, it should be available easily and in large quantities and it should be an appropriate drug for condition. These are the properties of ideal medicine. As *Tankana* fulfills all above qualities of ideal medicine and it is readily available naturally hence selected for the present study to determine therapeutic potential of Ayurvedic treatments.

METHODOLOGY

Patients were treated with oral application of not more than 500 mg Shuddha Tankan powder at a time for 2 times a day.

Study Design: Patients diagnosed with Mukhapaka were selected from the O.P.D. in a randomized manner. After taking informed written consent from them, the diagnosed cases were registered for the study in a prescribed case sheet. Out of 22 registered patients, 20 patients completed therapy and 2 patients left the treatment schedule between the therapies, which were counted as dropout cases.

Duration of Study: 10 days

A) Matching criteria:

As per clinical features of Mukhapaka mentioned in classics, cases were diagnosed & patients were selected for study.

B) Inclusion criteria:

Patient was selected irrespective of gender, occupation and habitat.

Age group -18 to 50 yrs.

Patients with complaints of redness, ulceration in oral cavity, salivation, pain and burning sensation in mouth during chewing of food.

C) Exclusion criteria:

Allergic to Borax

| Allergic to Borax | IPI INARY I | (|
|----------------------------------|---------------|---|
| Any fatal and emaciated disease. | 1 6111/(111-1 | (|

Pregnant and lactating women.

D) Withdrawal criteria:

Patient not giving proper follow-up and showing any adverse effect was withdrawal from the study.

Present study was carried out in accordance with ethical principles by following International conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP)

Criteria for Assessment:

The treatment result was assessed in the form different levels of grades assigned to the clinical SIGN AND SYMPTOMS.

Clinical Assessment:

Clinical assessment was done on alternate 0 day and 10th day. Follow up of the patients was also performed on each 2nd day. Changes in symptoms before and after treatment were recorded at each follow up. The obtained qualitative data was further converted to quantitative data for statistical analysis. Grading was given for every clinical feature. The signs and symptoms were assessed by adopting suitable scoring method. The details of symptoms and their gradation are as follows:

Redness:

| G0-No | | redness. |
|-------------|-----------|----------|
| G1- | Mild | redness. |
| G2- | Moderate | redness. |
| G3- | Severe | redness. |
| G4- Extreme | e redness | |

Ulcer in mouth:

G0- No ulceration in oral cavity.

| G1- | 1-2 | ulcers | in | oral | cavity. |
|-----|-----|--------|----|------|---------|
| G2- | 2-3 | ulcers | in | oral | cavity. |

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| - | | | |
|--|-------|--------|-----------|
| G4- More than 5 ulcers in oral cavity | | | |
| Salivation: | 100% | | _ |
| G0- No salivation in oral cavity. | 90% — | _ | |
| | 80% | - | |
| G1-Mild salivation (1-2 times spitting) in a | 70% | _ | |
| day. | 60% - | _ | |
| | 50% | | |
| G2- Moderate (3-4 times spitting) in a day. | 40% — | _ | |
| G3- 5 to 7 times spitting in a day | 30% — | _ | |
| | 20% — | - | |
| G4- severe salivation 7+ times a day | 10% — | | |
| Pain: | 0% | | |
| | | Day 0 | Day 2 Da |
| 0- No pain in ulcers in mouth. | 1 | | |
| 1- Mild pain in ulcers in mouth. | Obse | rvatio | ns of Ulo |
| 2- Moderate pain in ulcers in mouth. | Ulc | ce Da | ay Day |
| 3- Severe pain in ulcers in mouth.4- Extreme | r | 0 | 2 |
| | | | |

pain is ulcers in mouth

4-5

ulcers

in

oral

cavity.

G3-

Burning Sensation during food intake:

0-No pain in ulcers mouth. in

1-Mild pain in ulcers mouth. in

Moderate pain in ulcers 2in mouth.

3- Severe pain in ulcers in mouth.

4- Extreme pain is ulcers in mouth

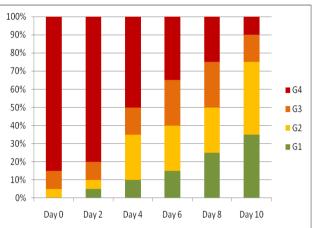
Observations & Results:

The observations before treatment, during the procedures and after the treatment were recorded carefully presented as a result below:

Observations of Redness:

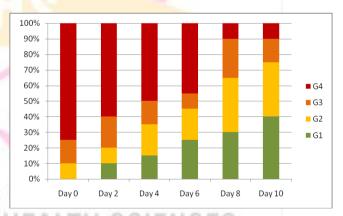
| Red ness | Day 0 | Day 2 | Day 4 | Day 6 | Day 8 | Day 10 |
|-------------|----------|----------|----------|----------|----------|--------|
| G1 | 0 | 1 | 2 | 3 | 5 | 7 |
| G2 | 1 | 1 | 5 | 5 | 5 | 8 |
| G3 | 2 | 2 | 3 | 5 | 5 | 3 |

| G4 | 17 | 16 | 10 | 7 | 5 | 2 |
|----|----|----|----|---|---|---|



cer in mouth:

| | Ulce r | Day 0 | Day 2 | Day 4 | Da y 6 | Da y 8 | Day 10 |
|----|-----------|----------|----------|----------|-----------|-----------|--------|
| | G1 | 0 | 2 | 3 | 5 | 6 | 8 |
| | G2 | 2 | 2 | 4 | 4 | 7 | 7 |
| r. | G3 | 3 | 4 | 3 | 2 | 5 | 3 |
| | G4 | 15 | 12 | 10 | 9 | 2 | 2 |



Observations of Salivation:

| Saliv ation | Day 0 | Day 2 | Day 4 | Da y 6 | Day 8 | Day 10 |
|----------------|----------|----------|----------|-----------|----------|-----------|
| G1 | 0 | 3 | 5 | 7 | 9 | 12 |
| G2 | 0 | 4 | 5 | 5 | 6 | 6 |
| G3 | 1 | 5 | 5 | 6 | 3 | 1 |

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G4

16

12

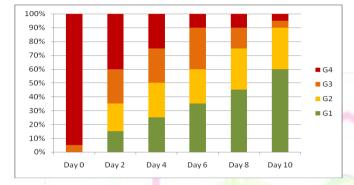
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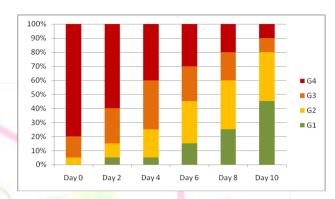
6

4

2

| | G4 | 19 | 8 | 5 | 2 | 2 | 1 |
|--|----|----|---|---|---|---|---|
|--|----|----|---|---|---|---|---|

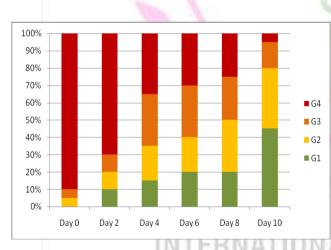




8

Observations of Pain:

| Pain | Day | Day | Day | Day | Day | Day |
|------|-----|-----|-----|-----|-----|-----|
| | 0 | 2 | 4 | 6 | 8 | 10 |
| G1 | 0 | 2 | 3 | 4 | 4 | 9 |
| G2 | 1 | 2 | 4 | 4 | 6 | 7 |
| G3 | 1 | 2 | 6 | 6 | 5 | 3 |
| G4 | 18 | 14 | 7 | 6 | 5 | 1 |



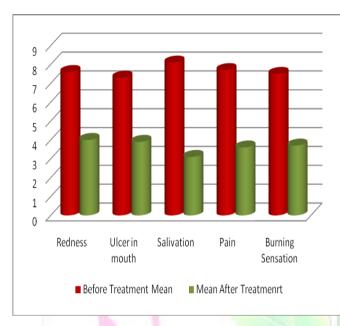
Observations of Burning Sensation during food intake:

| Bur | Day | Day | Day | Day | Day | Day |
|------|-----|-----|-----|-----|-----|-----|
| ning | 0 | 2 | 4 | 6 | 8 | 10 |
| G1 | 0 | 1 | 1 | 3 | 5 | 9 |
| G2 | 1 | 2 | 4 | 6 | 7 | 7 |
| G3 | 3 | 5 | 7 | 5 | 4 | 2 |

All Results at a glance:

| 6. | Sym ptom | Bef | ore | Treat | me | nt | / | | ter eatn | nent | | |
|-----|------------------------------|---------|---------|--------|--------|--------------|---|--------|-------------|--------|--------|--------------|
| A A | S | G 1 | G 2 | G 3 | G 4 | M ea n | 0 | G 1 | G 2 | G 3 | G 4 | M ea n |
| 1 | Red ness | 0 | 1 | 2 | 1 7 | 7. 6 | 1 | 7 | 8 | 3 | 2 | 4. 0 |
| 2 | Ulce r in mout h | 0 | 2 | 3 | 1 5 | 7. 3 | | 8 | 7 | 3 | 2 | 3. 9 |
| | Saliv ation | 0 | 0 | 1 | 1 9 | 8. 1 | | 1 2 | 6 | 1 | 1 | 3. 1 |
| | Pain | 0 | 1 | 1 | 1 8 | 7. 7 | | 9 | 7 | 3 | 1 | 3. 6 |
| | Burn ing Sens ation | 0 RI | 1 VA | 3 | 1 6 | 7. 5 | | 9 | 7 | 2 | 2 | 3. 7 |

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DISCUSSION:

- Review of research work shows that no such clinical research had been carried on this typical disease with respect to the present trial drug.
- Though Tankana is Kshar it has *chedna*, *bhedna*, *lekhna*, *darana*, *shothahara* and *roopna karmas* simultaneously.
- Out of 10 patients of Mukhapaka treated with trial drug, 70% patients had shown maximum improvement and 26% patients were moderately improved.
- This implies that Tankana can be considered as an effective drug for Mukhapaka.
- Statistically it has been proven that the trial drug is significantly effective to reduce all the sign and symptoms of Mukhapaka.

CONCLUSION:

• From this study it is conformed that though there are lot of the drugs are available to

treat Mukhapaka, single drug Shuddha Tanakan is also significantly effective in Mukhapaka.

Scope of further study:

- This trial was a time bound limited study of 10 days so an extended long term trial is required.
- Study with comparing Tankana with other Ayurvedic as well as western drugs is needed for better comparison.
- The mode of action of the drug is not clear as such. It needs a further study.

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