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Management of *Mukhpaka* by *Khadira Hima Kavala*.

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ABSTRACT:

Mukhpaka is a common problem seen in day to day practice. So to contribute my share towards this, it was decided to undertake a study in the field of *Mukhpaka*. To verify clinical efficacy of *Khadir Hima Kavala* in treatment of *Mukhpaka*. A study was conducted on 30 patients, 15 patients were allocated in trial group and 15 patients in control group by random selection method. Control group patients were treated with lukewarm water, while Trial group patients were treated with *Khadir Hima Kavala* for 15 days. No internal medicine was given to both groups. It is revealed that there is highly significant reduction in *Vedana*, *Daha*, *Mukhdurgandhi*, *Asyavairasya*, and Number of sites of ulcers and Size of ulcer in Trial group. Significant reduction in *Aarochaka* was observed. *Khadir Hima Kavala* has *Vranashodhana*, *Vranaropaka*, *Sandhankara*, *Shothhara*, *Shlesmakala Sankochaka* properties. By all these properties, it proved better option in the treatment of *Mukhpaka*.

KEY WORDS – *Kavala*, *Khadira Hima Kavala*, *Mukhpaka*.

INTRODUCTION-

To maintain the health of a healthy person by preventing him from illness is the main goal of *Swasthavritta*. For prevention of disease and to maintain the health, there are some principles which are given in old classical texts as *Dincharya Upkrama* is advised. By following rules of *dincharya*, we can take care of our *Indriya* that is sensory organs and keep them clean, so they can do their functions normally.

Now a days life style has changed drastically creating many health problems. Due to pollution, junk food habits and addictions (i.e. Tobacco, *Gutkha* chewing etc.) problems are arising progressively. Therefore there are increased problems regarding oral hygiene. To maintain good oral hygiene, *Kavala upkrama* is very necessary. If we do not take care of oral hygiene, different types of diseases of oral cavity can occur at various stages of life *Ayurved* has advised *Kavala* as *upakrama* for treatment and prevention of *Mukhpaka* which is very common in person having poor oral hygiene.

AIMS & OBJECTIVES

AIM: - To assess the role of *Khadira hima Kavala*, as *upakrama* in the management of *mukhapaka*.

OBJECTIVES: - To verify importance of *Kavala upakrama* in *dincharya*, as described in *Ayurved*. - To assess effect of *Khadira hima Kavala* in maintenance of proper oral hygiene.

Materials & Methods:

Procurement of drug: Raw drugs was collected from the G.M.P. approved Pharmacy.

Preparation: Firstly, raw drugs were ground into a *churna* form, for which 60 no. of sieve was used. One part of coarse *Khadira churna* is added to the 6 part of water and kept in the vessel for whole night. In a morning this mixture is filtered using cloth, this filtered liquid is known as *Hima*. Fresh *Khadira hima* was prepared for *Kavala* for everyday

Statement of limitation:

Inclusion criteria:

- a) Age – 20 -50 yrs.
- b) Sex – both sex
- c) Persons having *Mukhpaka* were included in the study.

Exclusion criteria:

- a) Persons having systemic disorders.
- b) Persons having immunosuppressive diseases like AIDS.
- c) Oral malignancies and benign tumor in oral cavity.

Study design:

Type of Study:

Clinical, Randomized single blind method. Patients were observed before and after treatment.

Period of study: 30 days Trial was conducted for 15 days with five follow up.

Year of Research Work: 2008-09

Place of study: Swastharakshan O.P.D. (B.V.U. Ayurved Hospital Pune)

Selection of Patients: Clinical trial was carried out on 30 persons, which were divided into two groups.

a) Group A (Trial group) -15 persons suffering from *Mukhapaka* were treated by *Khadira hima Kavala*.

b) Group B (Control group) – 15 persons suffering from *Mukhapaka* were selected

for control group who were given Luck warm water.

c) No internal medicine was given to both groups.

Follow up: Both groups were examined time to time for expected results.

1 st	2 nd	3 rd	4 th	5 th
Day 3	Day 5	Day 7	Day 15	Day 30

Preparation of Khadira Hima:

Firstly, raw drugs were ground into a *churna* form, for which 60 no. of sieve was used. 15 gms of coarse *Khadir churna* is added to the 90 ml of water and kept in the glass vessel for whole night. In a morning this mixture is filtered using cloth, this filtered liquid is known as *Hima*. Fresh *Khadira Hima* was prepared for *Kavala* for every day.

Purvakarma:

The neck, cheeks and the forehead of the patient to be treated with *Kavala*, was massaged with *Tila Tail* and fomented with hot water bag.

Pradhan karma:

Khadira Hima should be hold in mouth and then should gargled properly and should be spit out, the whole procedure should be repeated till the eyes and nose start watering. It takes three to five minutes. This time was measured while doing procedure of *Kavala* at the time of Research Work.

Time for Kavala :

At morning after Dantadhavan for 15 days.

Kavala Mukha Dharan matra :

Which can be so easily and conveniently rolled out in the mouth.

The observations were noted from time to time of every patient in treatment as well as control group.

Lakshana were taken as parameter and they are graded as below,

a] Gradation for *Lakshanas* - *Satodavrana, Sadahavrana, Mukhdurgandhi, Arochaka, Asyavairasya* - 0 - absent 1 - mild 2- moderate 3 – severe

b] Gradation of ulcer according to number of sites - 0 – No ulcer 1 - 1 to 3 ulcers 2 - 4 to 6 ulcers 3 - 7 or more ulcers

C] Gradation of size of ulcer - 0 – No ulcer 1 – 1 to 5 mm 2 - 6 to 10 mm 3 - more than 10 mm

This categorized information was prepared and presented statistically to subject to the critical analysis.

After analyzing the information, we are going to make an effort to draw conclusions regarding the facts mentioned above in the aims and objectives of this clinical study.

OBSERVATIONS AND RESULTS

In sex wise analysis, it was found that male group was 60 % and female group was 40% in control group.

In sex wise analysis it was found that male group was 53 % and female group was 47% in control group.

On the basis of *Sharir-prakruti*. 20% people were of *Vatapittaj Prakruti*, 7% people were of *Vatakaphaj Prakruti*, 0 % people were of *Pittakaphaj Prakruti*, 0% people were of *Pittavataj prakruti*, 27% people were of *Kaphavataj prakrui*, 46% people were of *Kaphapittaj prakruti* in control group.

On the basis of *Sharir-prakruti*. 34 % people were of *Vatapittaj Prakruti*, 13 %

people were of *Vatakaphaj Prakruti* 13% people were of *PittakaphajPrakruti*, 13 % people were of *Pittavataj prakruti*, 0% people were of *Kaphavataj prakruti* 13% people were of *Kaphapittaj prakruti*.

From *Aahar*-wise analysis in Control group, it was found that 67% people were vegetarian and 33% people were mix dietarian. No one was registered as a pure Non-vegetarian individual.

From *Aahar*-wise analysis in Trial group, it was found that 40% people were vegetarian and 60 % people were mix dietarian. No one was registered as a pure Non-vegetarian individual.

In the Age-wise analysis in control group, it was found that between 20-30 yrs. and 41-50 yrs. age group were more prone to the *Mukhapaka*.

In the Age-wise analysis in Trial group, it was found that between 20-30 yrs. and 41-50 yrs. age groups were more prone to the *Mukhapaka*.

From *Oak-Satmya (Vyasanas)* wise analysis, in control group, it was found that 14% people had habit of tobacco chewing, 14% have habit of Smoking, 36% have habit of *Gutkha* chewing, 22% have habit of *Mishri* and 14% have habit of Alcohol consumption.

From *Oak-Satmya (Vyasanas)* wise analysis, in Trial group, it was found that 34% people had habit of tobacco chewing, 11% have habit of Smoking, 22% have habit of *Gutkha* chewing, 11% have habit of *Mishri* and 22% have habit of Alcohol consumption.

From *Koshta*-wise analysis, in control group, it was found that patients Having *Mrudu Koshta* were 80%, *Krura Koshta* were 13% and *Madhyam Koshta* were 7%. Here *Mukhapaka* was observed more in *Mrudu Kosta*.

From *Koshta*-wise analysis, in Trial group, it was found that patients having *Mrudu Koshta* were 67%, *Krura Koshta* were 0% and *Madhyam Koshta* were 33%. Here *Mukhapaka* was observed more in *Mrudu Kosta*.

In Control group, significant results were seen in all symptoms except *Mukhdurgandhi*.

In Trial group significant reduction was seen in all the symptoms.

While comparing both the groups, Trial group shown better results than control group.

DISCUSSION

Khadira used for this clinical study is used in *Ayurved* from ancient times for internal as well as external use.

This study shows the effect of simple *Upkrama* like *Kavala*, which has been described in *Dinacharya* for cleanliness of the sensory organs.

Khadira is of *Tikta Kashaya rasa*, *Sheet veerya* and *katuvipaka*.

It has *Laghu* and *Rukshaguna*. According to *rasa* and *gunas*, we can consider the action as follows:

Khadira has *Tikta Kashaya rasa*. Due to *Tikta Rasa lekhan* of the *Kapha* will take place. *Kashaya Rasa* is *vranaropak* and *sandhankar*. *Tikta* and *kashay Rasa* are *shothahar* and *shlesmakalasanghoshak* due to which they promotes healing of ulcers.

As healing starts, *vedana* gradually goes on reducing.

Due to *Laghu Guna*, *suksmastrotogamitva* will take place.

Due to *Ruksha Guna*, *lekhan* of the *Kapha* will take place.

Due to *Tikta Rasa* local *Aamapachan* will take place, due to which *Mukhdurgandhi* will be diminish.

Tikta and *Kashaya Rasa* are *Ruchivardhak*.

Tikta and *Kashaya Rasa* have *krimighna* and *shothhara* action which is useful for *Vranashodhan* and *Vranaropana*.

According to clinical observation, the effects of *Khadira hima Kavala* in *Mukhapaka* are found as follows:

Drug is safe to use, *Kavala* procedure is easy to perform and time required is also less. Patients having different *vyasanas* are more prone to *Mukhpaka*.

Khadira hima Kavala was used for *Kavala* in Trial Group and Lukewarm water was used in Control Group.

When statically analyzed, it has shown following results:

a) **Vedana** is not significantly reduced in control group after 30 days by giving Lukewarm water *Kavala*, while *Vedana* is much reduced in trial group after 30 days by giving *Khadira hima Kavala*.

b) **Daha** is not significantly reduced in control group after 30 days by giving Lukewarm water *Kavala*, while *Daha* is much reduced in trial group after 30 days by giving *Khadira Hima Kavala*.

c) **Mukh durgandhi** is not significantly reduced in control group after 30 days by giving Lukewarm Water *Kavala*, While *Mukhdurgandhi* is much reduced in trial group after 30 days.

d) **Arochaka** is significantly reduced in both control as well as trial group.

e) **Asyavairasya** is not significantly reduced in control group, while *Asyavairasya* is much reduced in trial group.

f) **Number of sites of ulcers** was not significantly reduced in control group, while number of sites of ulcers was significantly reduced in trial group.

g) **Size of ulcer** is not significantly reduced in control group, while size of

ulcer is significantly reduced in trial group. In today's modern era, life style has changed drastically creating many health problems. due to spicy, oily and junk food habits and addictions like tobacco, *gutkha*, *mishri*, smoking and alcohol consumption, oral hygiene problems are arising progressively. *Khadira Hima* has been found very useful in maintaining oral hygiene and curing *mukhapaka*. From all the above observations, it is confirmed that if *Khadira Hima Kavala upakrama* described in *Dincharya* is done regularly, definitely it will help the people in improving their oral hygiene and preventing the *Mukhapaka*.

CONCLUSION

Khadira Hima Kavala is very effective in treatment of *Mukhapaka*.

It reduces *Vedana*, *Daha*, *Mukhdurgandhi*, *Aasavairasya* and *Vrana* to significant extent.

Khadira Hima Kavala is useful in prevention of *Mukhpaka*.

Hence from the study it is concluded that, *Kavala* is an important *upakrama* of *Dincharya* mentioned in *Samhitas* which should be followed regularly in today's era, in order to prevent *Mukhrogas* and to maintain oral hygiene.

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