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"CLINICAL STUDY OF ASHWATHADI LEP WITH MADHU PRTISARAN IN MANAGEMENT OF MUKHAPAKA"

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ABSTRACT:

Mukhapaka 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 *Mukhapaka*. To verify clinical study of *Ashwathadi Lep* with *Madhu* in treatment of *Mukhapaka*, a study was conducted on 30 patients, 15 patients were allocated in trial group and 15 patients in control group by random selection method. The patients in to Control group were treated with *Kamdudha* Churn with *Madhu pratisaran*, while trial group patient were treated with *ashwathadi lep* with *madhu* for 7 days. Internal medicine was not given to both groups. It is revealed that there is highly significant reduction *in vedana*, *Daha*, *Mukhadurgandhi*, and number of sites of ulcers and size of ulcer in trial group.significant reduction in Aarochaka was observed. *Ashwathadi lep* has *vranaropaka*, *vranashodhana*, *sandhankaraka*, *shothaharaproperties*. By all these properties, by this study it is proved that as *Ashwathadi Lep* is better option in the treatment of Mukhapaka.

Key Words:

Ashwthadilep, Madhu, Mukhroga, Mukhapaka.

INTRODUCTION-

21st century is the century of science and innovations; life is become faster in this time. Civilizations have changed human life considerably; with not only good benefits of it, but some bad effects on human health. As the life style is changed individuals are consuming excessive quantity of apthyakarahar i.e. mixed type of food, acidic foods, spicy foods, chat foods, instant foods, Chinese, cold drinks etc. also addiction like chewing tobacco, supari-(betel nut), gutka, tobacco with lime, smoking, drinking alcohol etc. which in turn disturb in the normal physiology of the body. These dietary ir-regulations, Dietary allergen, habits and addictions perform long bad effects on human body which reduces the immunity and make them prone to many diseases; one of them is mukhapak i.e. Stomatitis. Many treatment modalities like antibiotics, antiinflammatory, anesthetics drugs, supplements like vitamins etc. are tried in modern science, which are either limited or unsatisfactory. Hence medical science is in the search of a safe, easily available cost effective, therapy for this disease. In Mukhapak mainly pitta dosha and raktavaha and mamsa are the dushyas. To break this samprapti, pitta doshahar, raktaprasadak, vranashodhak, vranropak, shothaharchikitsa is essential.

Review of Ayurvedic text was done and according to various Acharyas, prescribed treatment for *mukhapak* is in the form of pratisaran, kawalgraha, gandush, raktmokshan etc. Particularly in case of Mukhapak ashwathadilep along with madhupratisaran is advised. Both are having properties like-Anti-inflammatory, Vedanasthapan, Vranashodhan. Vranaropan and Raktapittahar, kaphashamak, ulcer healing properties. AIM:

A study on the efficacy of *Ashwathadilep* with *Madhu* in management of *mukhapka*. OBJECTIVES-

• To study *Mukhapakavyadhi* according to Ayurveda.

• To study stomatitis according to modern medical science.

• To study the role of *pratisaran chikitsa* & efficacy of *Ashwathadilep* in *Mukhapaka*.

• To study the importance of systemic effects of *Ashwathadilep in Mukhapaka*.

REVIEW OF AYURVEDIC LITERATURE MukharogaNidana – Hetu –

In general *Ayoga*, *Atiyoga* and *meethya* yoga of *kala*, *buddhi* and *Indriyarth* are the causative factors for any disease. In other words, the causes of the diseases relating to both mind and body are three fold wrong utilization, non-utilization and excessive utilization of time, mental facilities and objects of sense organs In *Ayurvedic* literature, special *nidan* has been mentioned for *mukharoga*. The causative factors in general are mentioned for all types of *mukharoga*.

SamanyaSamprapti of Mukharoga -

Due to specified etiological factors, tridosha get vitiated and among which kapha is aggravated more producing mukharoga. Mukha is sthan of the Bodhakkapha. So the etiological factors, of the mukhroga do the vikruti of the Bodhakkapha. Madhur and amlarasas are the main etiological factors for the vikruiti of the bodhakkapha. Due to the above factors mainly kaphapradhanpra kopit Dosha causes the mukharog.

Mukharoga – SamanyaRoopa –

Kashayapa has told the signs and symptoms of the *mukhroga* in children. Excessive salivary secretions, refusal for breast feeding pain in oral cavity, restlessness of child, vomiting after milk feeding and increased respiratory rates, crying etc.

Mukharoga Samanya Chikista Sutra In oral Cavity, in Mukharoga mainly and *Raktadusti* is kapha there SO Raktamokshana is main chikitksa. Kosteshudhi by virechana and as need vamak medicinal dravyas are helpful kawalagraha, gandusha, Nasya, shirovirechana. Pratisarana. Dhooma.

Agnikarma, Ksharakarma, are also helpful in mukhrogas. Charak has told pradhamananasya, virechana, vaman, lekhana and vat, pitta, kapha, shamakahar and dravyas.

Mukhroga Samanya Pathya –

Generally in all *mukhroga*-old Rice, *Joa*, *Muga*, *Kulalthya*, *karella*, *paravala*, *komal*, *muli*, Hot water *tikta* and *kandu Rasa* are all *pathayakar*.

Specially *kapha* and *raktashodhakahar* is useful in *Mukhroga*. Green vegetables, fruit, dry fruits, butter, carrot, tomato, orange, limes, santra, *palaka*, *Awala*, *Haridhaniya* are useful in *mukhrog*a which contains vit. A, B, C. etc .

Apathyas –

Generally _ in all mukhroga Amalapadartha, cured milk,, sweet padartha, vidahi, Rukshanna, kathinabhari and Abhishyandiahar are apathyakar, cold water, brushing, eating of hard padartha, fish, anupadesh, goat Animals mamsa, sleeping at day time are ahitkar. Adhomukhashayana is also Ahitkar. **Disease Review**

Acharyasushruta had described mukhroga in Nidansthan. There are 65 mukhroga which occur at seven locations such as lips, teeth tongue, palate, throat and oral cavity. 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. Mukhapaka-

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The disease, which affects the whole oral cavity, i.e. buccal mucosa is called as *Mukhapaka*. As the disease spreads very quickly in the oral cavity it is called as *Mukhapaka*. *Acharyasushruta* had told types of *Mukhapaka* as *vataj*, *pittaj*, *kaphaj*, and *Raktaj*.

PittajMukhapaka -

1.Burning type of red and yellow coloured crackling thing blisters / boils or ulcers in the mouth

2.Burning and combusting type of pain with feeling of bitterness in the mouth3.Ulcers in the mouth are formed like that of the ulcers formed by alkalis.

Samanya Chikitsa of the Mukhapakaare -

- 1.SheeraVedha
- 2.SheeroVirechana
- 3.Kaya Virechana

4.Kawalgrah (Gargels) – with mutra, oil, Ghee, madhu, <mark>Milk.</mark>

Kawalgrah {Ga<mark>rgles}</mark> –

Kawalgraha & Gandusha are the procedures of gargling with the medicinal liquid kas either kwatha, taila etc. kept in mouth for a period of a Dharanakala. Basic difference in kawala and Gandusha is kawala is that of quantity of drug which can be easily moved in mouth and if it is taken full of mouth is called as Gandusha. Vishesha Chikitsa Pittaja Mukhapaka – In case of pittaja Mukhapaka pittahar Chikitsa of all types with the help of Madhu and sheetal medicinal Dravyas are

advised. Pitta and Rakta shaman chikitsa should be done in *pittaja Mukhpaka*. Drug Review-Ashwatha-Gana:Mutrasamgrahaniya, kashayaskandha. Family:Moraceae. Kula:vatkula. Botanical name: Ficusreligiosalinn English name: Sacred fig. **Properties** -Rasa: madhur,kashaya Veerya: sheet Guna: guru,ruksha Vipaka: katu Dosha: khaphapittashamak Chemical composition: *Twag* contain tannin {4%} Parts used: Bark, Fruit, Shunga[leafbud], Kshir Source of Drug: Ashwatha & madhu drug is were collected authentified from GMP certified & company. Madhu(honey) Guna Karma-Rasa – Madhur , kashaya Guna-Sheeta,Laghu,Ruksha Dosha – Rakta, Pittahara, Kaphashamak, Tridoshghna. MATERIALS AND METHODS-Materials for examination of patient 1.Bulls Lamp 2.Head Mirror

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3.Torch	every 3rd, 5th, 7th, day & necessary
4.Tongue depressor	advice was given to the patient time to
5.Autoclaved hand gloves	time.
6.Autoclaved cotton.	2)Control group(B) -
Materials for Administration of	Control group was treated with Kamdudha
Medicament	churn with madhupratisarana twice times
•Chair to sit the patient	in a day .
• <i>Madhu</i> – in a sterile bottle	Sampling Techniques – A random
•Sterile gloves	sampling technique was adopted.
•Ashwathaditwag	Inclusion Criteria –:
•Head mirror, napkin etc.	Patient of age group 10 to 50 yr. of both
•Tongue depressor	sex. That the patient should give history of
STUDY DESIGN:	burning sensation in oral cavity.
The whole study was divided in 2 group /	1.Patient with intolerance to eat spicy
types.	foods.
1)Conceptual study.	2.Change in color of oral mucosa.
2)Clinical study.	3.Ulcers in oral cavity.
1)Conceptual Study – Detailed review of	4.Above complains with recurrent
Ayurvedic and modern literature was	episodes of
carried out to know about disease – Pittaj	Pittaj Mukhapaka.
Mukhapaka- entity and treatment.	Exclusive Criteria –
2)Clinical Study – Total 30. Patients of	1. Patients having gingivitis, pyorrhea, etc.
pittaj Mukhapaka was selected and	2. Tubercular ulcers / syphilitic ulcers /
randomly divided into two groups .	diabetic ulcer.
Clinical trial group & Control group	3. Conidial ulcer, oral thrush.
Patients were reviewed at 3rd, 5th, 7th day	4. Ulcers due to herpes zoster.
and 15th, 30th day if required and the	5. Traumatic ulcers.
prognosis of disease was recorded of each	6. Immune-suppressive disorders.
patient.	7. Oro-dental fistula.
1)Experimental group(A) –	8. Known oral, throat, tongue
The study group i.e. trial group was treated	malignancies etc.
with Ashwthadilep with Madhu twice	9. Severe Anemia.
times in a day. Therapy will be given upto	10. OSMF (oral sub mucosal fibrosis).
7 days and follow up will be taken on	

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disease.

11. Known case of gastritis.

OBSERVATIONS & RESULTS –

From the study, it was observed that *mukhapak* is a common disease in all the age groups of present era. It is more common in young as *pittapradhanyata* found in young age. Due to many reasons it occurs in mouth.in this disease *mukha* is affected by *paka* procedure which is always associated with pitta *dosha*. So *mukhapak* is more found in pitta *pradhandesh*, *pitta pradhanprakruti*& in *pittajkala*.

The occurrences of symptoms in both the groups were same. The symptoms relived in the patients of both the groups were compared & also shown graphically. It showed that *Ashwathadi lep* with *madhu pratisaran* with locally worked more effective in relieving all the symptoms.

In group A , result were found as 88% of patients had total relief of all the symptoms on the 7th day. Total 3.3% patients had no relief at all. In group B, 75% of patients got relief on 7th day.6.6% of patients had no relief.

DISCUSSION -

Mukhapaka is a disease of oral cavity; it is the *paka* of oral mucosa and produces ulcers in oral cavity. Various treatment modalities from different medical faculties are in this disease like – local application, local anti- inflammatory, agents like ken

log, or abase. The paste application locally up to heal the ulcer. Tetracyelline mouthelline mouthwash, then application of thick layer of Triamcinolone Acetoride recommended. Oral systemic is or antibiotic are administered if necessary. Supplementation of vitamins and iron is also recommended. These treatment have very limited or unsatisfactory results. In Mukhapaka pitta dosh prokopa and rakta, Mamsa, dhatu, dushti is dushya is there, localizing in oral cavity. Hence the line of treatment should be pittashamaka, Shothahara. Vedanasthapana, vranashodhana, Vranaropana, Raktaprasadaka. Mamsadhatupustikara. Scholars have selected Ashwathadilep with madhu, Proved to be very effective in this

Ashwathadilep is *tridoshahar*, laghu, *rukshagunas*. It is having properties likeanti-inflammatory activity, wound healing properties, antipyretic and antiseptic. *Madhu* when applied locally to mucous membrane, it causes stimulation of mucous membrane. Madhu removes vitiated doshas, improve wound healing. Patients of study group treated with Ashwathadilep with Madhu and that of control group with Kamdudhachurna with madhu, for same period and same pattern, follow up of each finding was recorded symptom wise in qualitative form and noted before difference and after

treatment. After study we came across the effect of *Ashwathadilep* with *Madhu*was better in all respect than that of control group.

CONCLUSION-

From the given observations we can come to the following conclusions:

- 1. *Mukhapak* is one of the commonest oral diseases in india.
- 2. Mukhapak is found in all the age groups.
- 3. *Mukhapak* is found more in pitta*pratisaran* is found to effective.
- 4. Use of *Ashwathadilep* with *madhupratisaran* is found to effective.
- 5. Use of *Kamdudhachurna* with *madhupratisaran* is found to effective

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