

## TO STUDY THE EFFECT OF TRIPHALA KWATHA KAVALA & GANDUSHA WITH MADHU IN THE MANAGEMENT OF MUKHAPAKA WITH SPECIAL REFERENCE TO STOMATITIS

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### ABSTRACT

'Mukhapak' is a recurrent mouth ulcer. According to its sign and symptoms we can compare it with Aphthous ulcer. Stomatitis is a general complaint of 60% of the population. Even though it is prevalent in all the age group, the incidences are more in females and those who take spicy and non-vegetarian diet very often. *Ayurveda* explains this feature of mouth ulcer as a characteristic feature of Pitta prakruti individuals. Over consumption of extremely pungent and spicy food. It may also occur because of chewing of chemical agents like Tobacco - Gutaka, Insomnia, Vitamin deficiency, much life threatening disease like Malignancy, Sub mucosal fibrosis, Skin disease and disturbances in G.I. Tract like Constipation. In modern

medicine, several mouth paints and mouth gargles are used for the treatment of Aphthous ulcer adjuvant to steroids, Complex group of drugs and various other treatments like injection placentrex (sub mucosal) which have their own limitation. Therefore, an attempt was made for Health promoting procedure in the form of Kavala and Gandusha explained under *Dinacarya* procedures which helps in prevention of oral problems which are mentioned in *Ayurveda* Classics for treatment of this disease .

### INTRODUCTION

Mukha Swasthya has gained importance now-a-days. An Unhealthy diet, Spicy food, Poor oral hygiene, Indigestion conditions leads to Mukhapaka, which is one of the major problem in the Society. Which doesn't have immediate relief. Mouth is invaded by large number of

micro-organisms, which are normally controlled by maintaining oral hygiene. If neglected bacterial population may proliferate and cause Mukhapaka.

In Ayurvedic classics, Health promoting procedure are explained in the form of DINACHARYA like Dantadhavana, Kavala and Gandusha which helps in prevention of oral problems.

The present study was taken to evaluate the role of Kavala and Gandusha with Triphala kwatha and Madhu in management of Mukha paka roga which effects large segment of population.

## OBJECTIVES

To evaluate the role of KAVALA and GANDUSHA with TRIPHALA KWATHA and MADHU in management of MUKHAPAKA.

## METHODOLOGY

### Source of data

1. **Literary source:** The literary data was collected from Ayurveda classics, text of modern medical science, reputed journals Retrospective Study was conducted on related work from different universities.
2. **Drug source:** Triphala was collected from market, and was authenticated by the Department of Dravyaguna & Yavakuta churna preparation was done by under expert guidelines.  
Department of Rasashastra.
3. **Sample:** Subjects were selected from OPD of JSS Ayurveda Hospital.

**Informed consent was prepared and subject data was recorded in detail in the performance of case Study specially designed for this purpose.**

1. **Sample size:** 20 Subjects were selected
2. **Study design:** 20 Subjects of Mukha paka from JSS Ayurveda hospital was selected and subjected for Kavala and Gandusha. Duration of study was 15 days for every individuals. A fresh sample of Triphala churna in a coarse form was taken. The quantity of churna required for the preparation of kwatha for 1 day is 100 gms and quantity of water is 200 ml. It is boiled up to 1/4<sup>th</sup> part residual. i.e. to make 50 ml.

Madhu 10 ml is added then held within mouth and movements will be done for 5 Minutes for 7 days. Assessment will be done before and after the study period follow up will be done on 14th day.

### Intervention

It was a single observational clinical study. The 20 subjects were selected from the OPD & IPD of JSS Ayurveda Hospital, Mysuru, between the age group 16 to 60years irrespective of gender and number of ulcers in mouth.

A fresh sample of Triphala churna in a coarse form was taken. The quantity of churna required for the preparation of kwatha for 1 day is 100 gms and quantity of water is 200 ml. It is boiled up to 1/4th part residual. i.e. to make 50 ml. Madhu 10 ml was added and subjects were asked hold within mouth and to make movements for 5 Minutes two times a day for 7 days. Assessment was done before and after the study period and follow up was on 14th day.

### Method of assessment of treatment

The results were assessed on the basis of severity of the symptomatology

#### Assessment chart

Sl. No	Symptoms	Before treatment	After treatment
1	No Ulcer in mouth		
2	Redness around the Ulcer		
3	Amount of Salivation		
4	Pain in Ulcer		
5	Burning sensation during food intake		

#### Assessment scoring

Sl. no.	Symptoms	Grades
1	No of Ulcers in mouth	0- no ulcer in oral cavity 1- 1 or 2 ulcers 2 – 2 or 3 ulcers 3 – 3 or 4 ulcers 4 – 4 or > than 5 ulcers
2	Redness around the Ulcer	0 – no redness 1 – mild redness 2 – moderate 3 –severe 4 -extreme
3	Amount of Salivation	0- no salivation 1 – mild 2 – moderate 3 – 4 to 7 times spitting a day

		4 - > than 7 times spitting
4	Pain in Ulcer	0 – no pain in ulcer 1 – mild pain 2- moderate 3- severe pain 4- extreme pain
5	Burning sensation during food intake	0- no burning sensation 1- mild 2-moderate 3- severe 4-extreme

### Overall assessment of the treatment

The overall assessments of the results in the present study were grouped into the following 5 categories.

#### Complete relief

Patient was said to be completely relieved (100%) when the symptoms were completely subsided.

#### Marked improvement

If the signs and symptoms of about more than 75% were relieved then such patients were considered under marked improvement.

#### Moderate improvement

If the signs and symptoms of about 50-75% were relieved then such patients were considered under moderate improvement.

#### Mild improvement

If the signs and symptoms of about 25-50% were relieved then such patients were considered under mild improvement.

#### No improvement

If there was no reduction in the signs and symptoms even after the treatment was considered under no improvement.

The data were collected randomly on 0 day (1<sup>st</sup> Follow-up), 7<sup>th</sup> day (2<sup>nd</sup> Follow-up)

## Master chart

Sl. No	Age	Sex	Occupation	Onset	Chronicity	Prakruti	Ahara	Agni	Kostha	Before Treatment					After Treatment				
										1	2	3	4	5	1	2	3	4	5
1	18	M	Farmer	4days	Moderate	Vatapitta	Mixed	Sama	Madhyama	2	1	1	2	2	1	0	0	0	1
2	38	F	Housewife	5days	Moderate	Kapha	Veg	Sama	Madhyama	2	2	2	1	2	1	1	0	0	1
3	45	M	Driver	3days	Mild	Pittakapha	Veg	Sama	Mrudhu	2	2	1	2	3	0	1	1	0	1
4	22	M	Student	4days	Mild	Vatapitta	Mixed	Vishama	Madhyama	2	3	1	2	3	0	1	0	0	1
5	23	M	Engineer	3days	Mild	Kaphapitta	Mixed	Sama	Madhyama	2	2	1	3	3	0	1	0	1	0
6	22	M	Student	5days	Moderate	Vatapitta	Mixed	Manda	Mrudu	3	2	1	2	2	0	1	0	0	2
7	21	M	Student	2days	Moderate	Vatapitta	Mixed	Sama	Krura	2	3	1	2	3	0	1	1	0	1
8	54	M	Labor	5days	Moderate	Pittakapha	Mixed	Sama	Madhyama	2	3	1	2	3	0	0	1	0	1
9	19	M	Student	3days	Mild	Vatakapha	Mixed	Vishama	Madhyama	2	1	3	2	3	1	1	0	1	1
10	21	M	Engineer	4days	Mild	Kaphapitta	Veg	Sama	Madhyama	1	2	2	3	2	0	1	1	0	0
11	20	M	Student	2days	Moderate	Kaphapitta	Mixed	Vishama	Krura	3	2	1	2	2	1	0	0	0	1
12	21	M	Student	5days	Severe	Vatapitta	Veg	Sama	Madhyama	2	2	1	2	2	1	0	1	0	2
13	35	M	Doctor	3days	Moderate	Vatapitta	Mixed	Sama	Madhyama	2	1	3	1	2	1	0	2	2	1
14	18	M	Student	4days	Mild	Kaphapitta	Veg	Sama	Vishma	1	2	2	3	2	0	1	1	2	1
15	22	M	Student	2days	Mild	Vatapitta	Veg	Vishama	Krura	1	2	1	2	2	0	1	1	0	0
16	32	M	Businesses	4days	Moderate	Kaphapitta	Mixed	Sama	Madhyama	2	1	2	1	2	1	0	0	1	0
17	20	M	Student	2days	Moderate	Vatapitta	Mixed	Sama	Madhyama	3	2	1	2	2	2	0	0	0	1
18	21	M	Student	5days	Moderate	Pittakapha	Mixed	Smam	Madhyama	3	2	1	1	2	1	2	0	0	1
19	22	M	Student	6days	Moderate	Pittakapha	Mixed	Sama	Madhyama	2	2	1	1	2	0	1	1	0	1
20	17	M	Student	2days	Mild	Vatapitta	Veg	Sama	Madhyama	3	2	2	1	2	1	0	1	1	0

## RESULTS

The action of *Gandusha* and *Kavala* was evaluated by this observational study. This study was selected to find quicker effect on *mukhapaka* irrespective of its chronicity. The data regarding the samples were collected based on the scoring given to each of the symptoms as mentioned in the assessment criteria. The parameters of the study were observed during each follow-up for 7 days. The overall assessment was made based on these results. The parameters of the study was number of Ulcers.

## DISCUSSION ON OBSERVATION

### Case study

Total of 25 cases were registered during the study there were 5 dropouts during various stage of the study.

Two male and three female patients discontinued the treatment because they were unable to come On 7<sup>th</sup> day as they were out station.

The clinical study was completed successfully in the remaining 20 patients.

### Availability

All the cases were reported to JSS Hospital (OPD sections). Patients were registered as per case sheet proforma prepared for the study which is shown in appendix.

### Chronicity

In this study it was observed that the chronicity of 2 to 4 days in 14 patients (30.43%), 5 to 6 days in 6 patients (65.21%), the chronicity was observed this may be because of improper usage of medicaments and continuing the apathya sevana.

## DISCUSSION ON RESULTS

During the treatment the medicines were administered on OPD. Treated and untreated cases of Mukhapaka were taken for study. Observations were made before, during and after treatment for the subjective parameters and observation were carried out on 7<sup>th</sup> day follow-up for the symptoms of Mukhapaka . A fresh sample of Triphala churna in a coarse form was taken. The quantity of churna required for the preparation of kwatha for 1 day is 100 gms and quantity of water is 200 ml. It is boiled up to 1/4th part residual. i.e. to make 50 ml. And given to each subject for *Gandusha* and *Kavala* which was done for 5 minutes two times a

day. The result of the study shows that 15 patients showed faster recovery. 5 patients showed slower recovery due to its chronicity.

## CONCLUSION

- *Mukhapaka* (Stomatitis) is a disorder which is caused mainly due to irregular food habits, in terms of *asatmya bhojana*, *nidranasha*, *amlapitta*, *guru bhojana*, and *ati bhojana*. *Manasika karanas* such as *chinta*, *shokha*, *bhaya* mentioned as the cause of the disease were clinically observed.
- *Mukhapaka* is one of the painful condition of the oral cavity which is very difficult to cure permanently and quickly.
- *Gandusha and Kavala* is the one of the *Dinacharya* procedure to maintain oral hygiene mentioned in Ayurveda Classics also indicated in number of oral disease among one is *Mukhapaka*.
- This observational study shows quicker action and prolonged relief of *Kavala* and *Gandusha* by *Triphala Kwatha* with *Madhu* in 20 subjects.
- So clinically it can be concluded that *Gandusha and Kavala* by *Triphala Kwatha* with *Madhu* is safer *Dinacharya* procedure which can be adopted in any individual irrespective of sex, age, and season to maintain oral hygiene. Also to manage pathological conditions of Oral Cavity.

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