EFFECT OF TRIPHALA KASHAYA GANDOOSHA & SHEETALI PRANAYAMA IN MUKHAPAKA W.S.R TO RECURRENT APHTHOUS STOMATITIS - A CASE STUDY

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Abstract

Recurrent Aphthous Stomatitis is the most common non-traumatic form of oral ulcerative disease chiefly affecting oral & oro pharyngeal mucosa. In Ayurveda we find elaborate description of diseases of the oral cavity under the section of mukharogas.

Need of the study :-

Change in the life style has given birth too many numbers of diseases where exact cause of the disease is difficult to trace out. Similarly treatment lies on symptomatic analysis. Yoga & Ayurveda have originated in India & both sciences give importance to prevention of the disease as well as curative aspect. Predisposing factors for aphthous ulcers mainly comprise of psychological stress, hormonal influences, food sensitivity, and nutritional deficiency. Ayurveda mainly focuses on nidana parivarjana as first line of treatment. In this regard an attempt is made to discuss the role of, Triphala Kashaya Gandoosha & Sheetali pranayama in Sarvasara mukharogas w.s.r to recurrent aphthous ulcers.

A female patient aged 56 years approached with a complaint of recurrent sore throat since 5-6 months. Proper history suggested that earlier patient had suffered from typhoid fever & investigations revealed that the patient was anemic. As per ayurvedic parameters case was diagnosed as tridosha mukhapaka. Ayurveda gives prime importance to removal of the cause. History revealed that there was agnimandya. Initially five days patient was treated for agnimandya (to improve appetite) and later on advised for Gandoosh with triphala kashaya along with sheetali pranayama for 10 days. Improvement was seen with regard to intolerance to spicy, hot food, and general health of the patient.

Key words: - Mukhapaka , Recurrent Aphthous Stomatitis, Triphala, Gandusha, Sheetali Pranayama.
INTRODUCTION

Mukhapaka

Mukhapaka consists of two words “Mukha” & “Paka” which means a condition characterized by avasta of paka of oral mucosa.

Recurrent Aphthous stomatitis is a common condition of unknown etiology. Many pre-disposing factors have been identified like vitamin B12 deficiency, folic acid & iron deficiency, exposure to UV rays, stress, hormonal influence, higher socio-economic status, local physical trauma etc. It is characterized by small vesicles on the oral or pharyngeal mucosa which ulcerate with sloughy base & hyperemia. The lesion is extremely painful and may last for a few days or weeks. Ulcers are seen on the movable mucosa of oral cavity, where as fixed mucosa of the hard palate & gingivae are spared.

Ayurveda elaborately describes the diseases of the oral cavity under the title of Mukha rogas. Classical texts have defined “Mukha” as an organ which comprises osta (lips), dantamoola (gums), danta (Teeth) Jihwa (Tongue), talu (palate), gala (throat).

Lot of Importance has been given to mukha rogas. Acharya Vagbhata opines that “Mukha” is a part where pranavayu sanchara takes place. Hence if not treated in time may kill the patient. (A. H. U. 22/111).

Mukha paka is a condition where all the parts of the mukha are affected. Single or multiple ulcers are seen in the mukha.

Excessive intake of fish, beef, black gram, curds, milk, sugar, improper oral hygiene, improper administration of dhoompana, vamana, gandoosha, siravyadha and kapha kara hetus are considered as causative factors.

Sushruta has described there types of Mukhapaka Viz Vataja, Pittaja, Kaphaja.

Vagbhata has considered five types of Mukhapaka Viz, Vataja, pittaja. Kaphaja, Raktaja and Sarvaja.
Number of Sarvasara Mukharogas:

<table>
<thead>
<tr>
<th></th>
<th>Sushruta</th>
<th>Vagbhata</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vataja</td>
<td>Painful vesicles are seen in oral cavity</td>
<td>ulcers very painful, progressive in nature, dry &amp; rough mucosa. Inflamed lips, tongue &amp; palate, difficulty in opening the mouth, sensitivity to cold items.</td>
</tr>
<tr>
<td>Pittaja</td>
<td>Yellow &amp; red colored vesicles, burning sensation.</td>
<td>Small, red vesicles, severe pain, bitter taste, difficulty in mastication and deglutition.</td>
</tr>
<tr>
<td>Kaphaja</td>
<td>Vesicles (Savarna) itching &amp; mild pain</td>
<td>Ulceration in the oral mucosa, mouth becomes sweet &amp; sticky, itching sensation.</td>
</tr>
<tr>
<td>Raktaja</td>
<td>_</td>
<td>Pittaja laxanas</td>
</tr>
<tr>
<td>Sannipataja</td>
<td>_</td>
<td>All laxanas</td>
</tr>
</tbody>
</table>

Mukha, dantamula gata rogas are said to be Kapha & rakta pradhanya vyadhis. Therefore rakta visravana, kaya, shirovirechana, vamana, kavala/gandoosha with katu tikta rasa dravyas and kapha rakta hara chikitsa is indicated.6

Many number of yogas are indicated for Gandoosha/kavala in the texts. Bhavaparakash kara opined that triphala is kapha pittahara, mehakustahara, chakshushhya, Deepana.7 In Astanga sangraha use of Triphala kwatha along with madhu (Honey) is said to be beneficial in mukhapaka vyadhi. Mukha rogas are kapha rakta pradhana roga & triphala is kapha pitta hara dravya. Therefore Gandoosha with triphala kashaya will hasten healing process in Mukhapaka. Gandoosha is the process of holding medicated liquid in the mouth to its capacity for a specific time without allowing any movement inside the mouth.8

Ayurveda and Yoga are called as sister sciences. Yoga originated in India & developed with the basic concept of Tridosha theory. Pranayama is one among the Astanga Yogas explained by Patanjali in Yoga sutras. Hathayoga pradeepika emphasizes the role of pranayama in sroto shodhana kriya. Ayurveda also accepts srotodusti as the
main factor in pathogenesis causing illness.⁹ Among the various pranayamas, sheetali is said to alleviate kapha & pitta dosha. Sheetali pranayama is performed by folding the tongue like a tube, drawing the air in through mouth, holding the breath as long as one can & then exhaling slowly through both the nostrils.¹⁰

**Materials & Methods:** *(Case report)*

A female patient aged 56 years approached SHES AMC & Hospital Kalaburgi, and was referred to dept of Shalakya tantra. Patient presented with a complaint of sore throat since 5-6 months; she had intolerance to hot and spicy food, loss of appetite. History revealed that patient developed ulcers in the movable part of the oral cavity 6 months back. By the time the ulcers healed new ulcers were seen, & the process continued for 6 months. Patient gave the history of typhoid fever 8 months before. Routine blood & urine investigations were carried out and she was found to be anaemic with Hb 8gm %.

On examination 3 ulcers were seen at the floor of the tongue, redness over the tip of the tongue & sides was noted.

**Method of scoring**

<table>
<thead>
<tr>
<th>Number of vesicles (Pidakas)</th>
<th>Score</th>
<th>Number of vranas (ulcers)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pidaka</td>
<td>0</td>
<td>No Vrana</td>
<td>0</td>
</tr>
<tr>
<td>Number of pidakas 1-2</td>
<td>1</td>
<td>Number of vrana</td>
<td>1</td>
</tr>
<tr>
<td>Number of pidakas 3-4</td>
<td>2</td>
<td>Number of vrana 3-4</td>
<td>2</td>
</tr>
<tr>
<td>Number of pidakas &gt; 4</td>
<td>3</td>
<td>More than -4</td>
<td>3</td>
</tr>
</tbody>
</table>

Before starting the treatment following criteria was used.
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EFFECT OF TRIPHALA KASHAYA GANDOOSHA & SHEETALI PRANAYAMA IN MUKHAPAKA

<table>
<thead>
<tr>
<th>Shoola (Pain)</th>
<th>Score</th>
<th>Daha (Burning Sensation)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td>0</td>
<td>No burning</td>
<td>0</td>
</tr>
<tr>
<td>Mild Pain</td>
<td>1</td>
<td>Mild burning</td>
<td>1</td>
</tr>
<tr>
<td>Mod Pain</td>
<td>2</td>
<td>Mod burning</td>
<td>2</td>
</tr>
<tr>
<td>Severe</td>
<td>3</td>
<td>Severe</td>
<td>3</td>
</tr>
<tr>
<td>Extreme</td>
<td>4</td>
<td>Extreme</td>
<td>4</td>
</tr>
</tbody>
</table>

Score Before & After the Treatment:

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Treatment</td>
<td>10</td>
</tr>
<tr>
<td>After One week treatment</td>
<td>7</td>
</tr>
<tr>
<td>After two Weeks</td>
<td>5</td>
</tr>
<tr>
<td>After 4 weeks</td>
<td>1</td>
</tr>
<tr>
<td>After 2 Months</td>
<td>No recurrence</td>
</tr>
<tr>
<td>After 3 Months</td>
<td>No recurrence</td>
</tr>
</tbody>
</table>

Treatment given; Patient was treated with Avipattikara Churna, cap Stomatab, Triphala Kashaya Gandoosha and Sheetali pranayama.

Results: Remarkable improvement was seen with regard to intolerance to hot, spicy food, loss of appetite, pain within one week of treatment. After two weeks symptoms totally subsided, pidakas were not seen, however ulcers started healing. After 4 weeks totally no ulcers /vesicles were seen. Follow up after 2nd month & 3rd month revealed no recurrence.
Discussion

Mukhapaka is the disease explained under Sarvasara Mukharogas. Most of the Mukharagas are said to be santarpanotha vyadhis. Sedentary life style, improper food habits are considered to be the main etiological factors according to Ayurveda. Srotodusti is the important factor of pathogenesis. Ayurveda aims to bring sroto shuddhi to reverse the pathogenesis. Scientific studies carried out in the past two decades have validated many ethno medical claims & researches have shown triphala to possess free radical scavenging, antioxidant, anti inflammatory, anti pyretic, anti bacterial, would healing effects.¹¹

Contemporarily Yoga is a health care system which has got a major role in prevention of the disease. Yoga does accept the importance of nadi dusti (Srotodusti) as a cause of the disease. Therefore Asanas, Pranayama are said to initiate & bring nadi shodhana.

Probable mode of action:-

Two therapeutic interventions are considered in this study; one is Gandusha with triphala kashaya and second one is sheetali pranayama.

Gandusha is the process of holding any medicated liquid in the mouth without any moment. Decoction of triphala along with honey & rock salt was selected. Gandusha increases the mechanical pressure inside the oral cavity. The active ingredients of the drug stimulates the parasympathetic fibers of the salivary gland, causes secretion of saliva with large quantity of water. The parasympathetic fibers activate the acinar cells & dilate blood vessels of salivary glands. Acetylcholine is the neurotransmitter. Stimulation of sympathetic fibers causes secretion of saliva which is thick & rich in organic constituents such as mucous. These fibers activate the acinar cells & causes vasoconstriction. Noradrenalin is the neurotransmitter. Further saliva prevents bacterial growth by removing the materials which serve as culture media for the bacterial, proline - rich proteins present in saliva possess anti-microbial property, immunoglobulin Ig in saliva also has antibacterial & anti viral action.¹²

Sheetali pranayama was selected and taught to the patient. Treatises on Yoga reveal that sheetali pranayama is beneficial in indigestion kapha & pittaja disorders. Precise mechanism of action of Yogic exercises & pranayama has not been determined;
it has been hypothesized that some yogic exercises & pranayama causes a shift toward parasympathetic nervous system dominance possibly via direct vagus stimulation.\(^{13}\)

**CONCLUSION:**

Sedentary lifestyle, excessive intake of Kapha kara ahara & vihara leads to Mukhapaka. Recurrent aphthous stomatitis is the most common form with unknown etiology.

Ayurveda Mainly focuses on nidana privarjana. Triphala is a combination of three drugs known for broad spectrum multiple utility. Gandusha is one of the unique procedures that effectively detoxifies the toxins in the oral cavity. It not only prevents the disease but also possess curative & healing property. Sheetali pranayama effectively brings sroto shodhana & thus helps in detoxification & healing. Combination of Ayurveda & Yoga provides better results due to their unique holistic approach.

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