

AN AYURVEDIC APPROACH TO MANAGE A CASE OF ANGULAR STOMATITIS IN LINES OF PITTAJA MUKHAPAKA CHIKITSA

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ABSTRACT

In Susruta Samhita 65 types of Mukha rogas (diseases of oral cavity) are explained in total and are categorizing them under 7 Mukha avayavas respectively. Mukhapaka is one of the Mukha Roga that comes under Sarvasara Mukha Rogas. An 80 year old patient presented with ulceration of Right oral commissure and lower lip which extended beyond the vermilion border associated with Raktasrava (bleeding) and Daha (burning sensation) in mouth since 2 weeks. Patient underwent conservative treatment for the same complaints before 1 month with no significant permanent relief. The case was diagnosed as Angular stomatitis and treatment was adopted on Pittaja Mukhapaka lines. In this patient Bahya Lepa (applying of drug over lips) and Gandusha (oil pulling) was chosen as main treatment modalities along with Vajrakam Kashayam & Prabhakara Vati internally for Shamana Chikitsa (palliative treatment). The study concluded that within 1 week of above treatment patient got complete relief in all the symptoms with no reoccurrence of symptoms till last follow up which was after 1 month of cure.

KEYWORDS: Gandusha, Lepana, Mukha roga, Pittaja mukhapaka, Irimejadi thaila, Vajrakam kashayam, Prabhakara vati, Angular stomatitis.

INTRODUCTION

In Ayurveda, descriptions of Sarvasara mukha rogas (diseases of all parts of Mukha) are found under Mukha rogas (diseases of oral cavity) which is explained in the Nidana Sthana in Susruta Samhita & Uttara tantra in Ashtanga Hrudaya.^[1,2] Acharya Kashyapa and Charaka described it as Mukhapaka. Among all the Mukhapaka's, Vataja and Pittaja are the most common types of presentation seen in patients. The following work is an article of a case study of Pittaja Mukhapaka with reference to Angular stomatitis which was treated in a short treatment period of just 1 week with complete cure of symptoms.

Acharya Susruta has explained 4 types of Sarvasara Mukhapaka which are Vataja, Pittaja, Kaphaja and Raktaja Sarvasara. Sarvasara means the disease that will spread all over the buccal mucosa. The deteriorated Vatadi doshas reaches the mukha to cause Paka and Vrana. The symptoms explained in Susruta Samhita for Pittaja Mukhapaka are Daha (burning sensation), osha (localised temperature), rakta peeta vrana (red-yellow ulcer), tikta vakrata (pungent taste in mouth), and ksharokshitakshatasama vrana (Vrana that feel like alkali).^[3]

Stomatitis is the inflammation of oral mucosa. The causes include local causes such as injury which maybe mechanical, chemical or thermal. The systemic causes can be malnutrition, vitamin deficiency, haematological disorders etc. There are many types of stomatitis according to cause for example, Bacterial, viral, fungal, aphthous etc. Angular stomatitis is one among them and it is characterized by superficial ulcers or break in tissue typically on the oral commissure. Angular stomatitis is also known as Cheilosis.

Gandusha (oil pulling) is a procedure in which the mouth is completely distended by filling with decoction or oil and held without any movement for a speculated period.^[4] Gandusha (oil pulling) has preventive as well as curative properties.

PATIENT INFORMATION

80-years-old male patient, visited Shalakya Tantra (ENT) OPD on 8/10/2024 with chief complaints of ulceration of Right oral commissure and lower lip which extended beyond the vermillion border associated with raktasrava (bleeding) and daha (burning sensation) in mouth since 2 weeks. Patient underwent conservative treatment for same complaints before 1 month with no significant permanent relief.

HISTORY OF PRESENT ILLNESS

Patient was apparently well before 1 month, suddenly developed ulceration of Right oral commissure and lower lip which extended beyond the vermilion border for which he undertook conservative treatment and had diminution of the symptoms. But the symptoms recurred after discontinuation of the treatment. So he approached our hospital for the same complaints.

HISTORY OF PAST ILLNESS

No history of Diabetes and hypertension.

Habits- Tobacco chewing since 15 years

CLINICAL FINDINGS

The patient was afebrile. Pulse was 72beats/min. Blood pressure was 130/80 mmHg. No abnormality was noticed in the functioning of respiratory, circulatory systems.

Tongue – coated +++ with yellowish tinge

ASSESSMENT CRITERIA

Effect of the therapy was assessed based on sign and symptoms mentioned in the Ayurveda classical references.

On MUKHA (Opening of oral cavity):-

Oral commissure (Right)- Ulcer with pus discharge+++

Oral commissure (Left)- ulcer with pus+

On OSHTA (lips examination):-

Tubercle of upper lip- WNL

Tubercle of lower lip- ulceration of the left side

Vermillion border of upper lip-WNL

Vermillion border of lower lip-Loss of border on the left side due to extended ulcer margin

DASHAVIDHA PAREEKSHA (~ tenfold examination)

The Shareera Prakriti (nature of body) of patient was Pitta-Kaphaja. Vikriti (morbidity) was Pittaja. Satwa (psyche), Sara (excellence of tissues), Samhanana (compactness of organs), Satmya (suitability) and Pramana (body proportion) of the patient were of Madhyama (moderate) level. Ahara Shakti (digestive power), Vyayama Shakti (capacity of exercise) were of Avara (poor) level.

THERAPEUTIC INTERVENTION

Assessment was done on subjective parameters. Routine investigations were carried out. After assessment of Bala (strength), Agni (digestive capacity) and Koshtha (bowel habits) the treatment regimen was planned with Osha Lepana (applying paste over lips) and Gandusha (oil pulling) with Vajrakam kashayam & Prabhakara vati internally for 7 days.

Table 1: Herbo-mineral compound Ayurveda formulations used in treatment.

Intervention	Medicine	Duration	Dose	Frequency	Anupana
Gandusha	Irimeyadi Thaila	1 st to 7 th day	10ml	HS-after food	Luke Warm water for cleaning
Lepa	Pitaka Churna (Darvitwak, Sindhudbhava, Manashila, Yavashuka, Haritala)	1 week	Approx. 10gm	Once a day	Mixed with Madhu
Internal medicine	Vajrakam kashayam (vasa, nimbi, guduchi, triphala, patola, vyaghri, karanja, hrivera)	1 st to 7 th day	15ml	Twice a day (In empty stomach)	With 30ml lukewarm water
	Prabhakara vati (Abhraka, Sudhashilajit, swarnamakshikabhasma, lohahasma, arjuna swarasa)	1 st to 7 th day	1 capsule	Twice a day (After food)	With lukewarm water

CLINICAL IMAGES

Fig 1: Before Treatment (Day 1)- Ulceration of Right side oral commissure and left tubercle of lower lip extending beyond the left vermillion border of lower lip.



Fig 2: During Treatment (Day 4)- Discharge reduced and healing started.



Fig 3: After Treatment (on 8th day)- Complete remission of symptoms with no pain and discharge.



Fig 4: Post follow up (after 1 month of treatment) – No recurrence of disease.



FOLLOW-UP AND OUTCOME

After treatment of 7 days patient was completely cured. On examination, lips and oral commissures were of normal colour and appearance (**Figure 3**). Follow-up of the patient was done after 1 month to enquire about the status of any recurrence. No recurrences of any symptoms were complained by the patient during the period.

DISCUSSION

The case was diagnosed as Pittaja Mukhapaka or Angular stomatitis and treatment was planned examining the signs and symptoms.

Gandusha (oil pulling):

Gandusha (oil pulling) is one among Kriyakalpa that involves swishing of medicated oil/ decoctions for a stipulated period of time. Irimedadi thaila was prescribed for Gandusha karma (oil pulling procedure). Irimedadi thaila(5) includes Yashti, Trijatha, Manjishta, Gayatri, Lodhra, Katphala, Kshirivrikshatwak, Irimedatwak, Musta, Agaru, Shvetachandana, Rakta chandana, Karpooora, Jati, Takkola, Mamsi, Dhataki, Gairika, Mrinala, Mishi, Vaidehi, Padmakesara, Kumkuma, Laksha, Samanga, Manjishta, Brihati, Bilvapatra, Suradruma, Shaileya, Sarala, Sprikka, Palasha, Rajani, Daruharidra, Priyangu, Tejani, Pradhakaleya, Pushkara, Jaya, Vyaghri, Madana, TilaTaila. Irimedadi thaila has helped in reducing the Daha inside oral cavity and also helped in tissue regeneration in the oral commissures and lips.

Oshta lepana (applying paste over lips)

For Lepana, Pitaka churna^[6] was used which has the following ingredients. Daruharidra (Berberis AristataDC.), Saindhava/sindhudbhava (Rock salt), Manashila (Realgar), Yavakshara (Alkali of Hordeum vulgare) and Haritala (Orpiment). It was advised to applied with honey. Gauze immersed in the same was kept on wound and over it a sterile pad was placed for 15 minutes. The churna possess Vranaropana (Healing), Lekhana (scraping) and Pitta-kaphahara properties. Pharmacologically these drugs are proved to be anti-inflammatory, analgesics, antioxidant and anti-microbial.

Internal medications

1) Vajrakamkashayam^[7]

Vajrakam kashayam is an ideal drug of choice in many inflammatory skin diseases. Reference of the medicine is found in Kushta chikitsa adhyayain Ashtanga Hrudaya Chikitsa sthana. The drug is explained in the form of ghee preparation in classical texts which can be

prepared in decoction form under Kashaya kalpa vidhi. The drugs in the formulation are vasa, nimba, guduchi, triphala, patola, vyaghri, karanja and hrivera. Out of the drugs Patola has anti bacterial, anti fungal properties and acts as Vranaropana (wound healing)^[8] which helps to control the spreading nature of ulcer in this case. Triphala is one of the best rasayana (rejuvenative), vata pitta shamaka (pacifying in nature) and drug that possess anti-bacterial, anti-fungal, anti-mutagenic and anti-oxidant, also has wound-healing properties that helps in wound healing in angle of mouth and lips and reduces the pus discharge due to the rooksha guna (dry quality).^[9] Nimba soothe irritation, protect the skin, boost the immune system, and reduce inflammation.^[10] Guduchi is one of the best pittahara dravya (drug that pacify pitta) which helps in reducing the burning sensation and also helps in tissue repair. Kantakari also possess vishahara guna (detoxifying quality) that helps in reducing the infection in this case. Vasa possessing thikta kashaya rasa (bitter astringent taste) & sheeta virya (cold in potency) also reduces the Pitta dosha involved. Karanja also has anti-inflammatory and wound-healing properties that helps in the fastened healing of the case.^[11]

Prabhakara vati

Prabhakara vati contains Abhraka bhasma, Sudha shilajit, swarnamakshika bhasma, loha bhasma, arjuna swarasa as ingredients. Abhraka bhasma possess snigdha (unctuous), sheeta veerya (cold in potency), kashaya & madhura rasa (astringent and sweet) and also possess Datu poshaka guna (tissue nurturing quality)^[12] Shilajitu is also Madhura-thikta rasa (sweet-bitter taste) and acts as Vata-pittahara in nature and Rasayani (rejuvenative). Swarnamakshika bhasma possess Thikta-madhura rasa (bitter-sweet taste) and sheeta virya (cold in potency) and has Tridoshaghna properties. Loha bhasma can contribute in the Lekhana (scraping) of dead tissues. Arjuna being an excellent drug that helps in regulation of pitta, helps to tie up all the drugs by using its swarasa (juice) for bhavana (processing) for the preparation of Prabhakara vati. In this case Prabhakara vati has helped in bringing about Pitta nirharana (elimination of pitta) along with Dhatu rasayana (tissue regeneration) & helped in wound healing and restoration of the normal tissues on the lip.

Dietary and habitual advice

According to Ayurveda Aahara (food) and Vihara (activity) play a vital role in an individual's well-being and according to Aacharya Susruta Nidana Parivarjanam is the prime factor to achieve normal health.^[13] In this case, food items that are predominantly Pittakara in nature are advised to avoid such as Amla Rasa Pradhana Dravyas (food that are

sour dominant), Mastya (fish), Ksheera (milk), Masha (urad dal), food items which are hard to digest and most importantly Abhishyandi (that can cause obstruction to channels) and Vidahi Dravyas (that can generate burning sensation) such as Dadhi.

Viharas (activities) such as Adhomukha Shyana (sleep with face in downward position), and Diva swapna (day sleep)^[14] and exposure to sun was advised to be avoided.

CONCLUSION

The case report exhibits the clinical improvement in Pittaja Mukhapaka (Angular stomatitis) with Ayurvedic management within 1 week of Kriyakalpa and internal medications with no reoccurrence of symptoms till last follow up which was after 1 month of cure. Treatment used here is effective, easily available and economical. Even though the references of internal medications are from Kushta & Hridroga their dosha karma has given a very effective management of Mukha roga (disease of oral cavity) also. Even though Mukha (Oral cavity) is in Urdhwajatru bhaga (region above clavicle) when totality of Shareera (body) was considered and drugs were selected it gave a quick and fast relief in patient.

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