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AN AYURVEDA MANAGEMENT OF *PITTAJA MUKHAPAKA*-CASE SERIES

Dr. Shrutishri Hanamapure[1], Dr. Naveen B. S.*[2], Dr. Geethakumari B.[3], Dr. Krishnan Namboodiri[4], Dr. Laxmi M. Naik[5], Dr. Swathi A. C.[6]

[1]Final Year PG Scholar, Department of PG Studies in Shalakya Tantra, Sri Sri College of Ayurvedic Science and Research, Bengaluru.
[2]Professor and HOD, Department of PG Studies in Shalakya Tantra, Sri Sri College of Ayurvedic Science and Research, Bengaluru.
[3]Professor, Department of PG Studies in Shalakya Tantra, Sri Sri College of Ayurvedic Science and Research, Bengaluru.
[4]Associate Professor, Department of PG Studies in Shalakya Tantra, Sri Sri College of Ayurvedic Science and Research, Bengaluru.
[5,6]Assistant Professor, Department of PG Studies in Shalakya Tantra, Sri Sri College of Ayurvedic Science and Research, Bengaluru.

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***Corresponding Author**

Dr. Naveen B. S.

Professor and HOD, Department of PG Studies in Shalakya Tantra, Sri Sri College of Ayurvedic Science and Research, Bengaluru.

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ABSTRACT

Introduction: *Mukhapaka* (oral ulcers) is a common condition characterised by ulceration of the oral mucosa, accompanied by pain, burning and difficulty with mastication and speech. *Pittaja Mukhapaka* arises due to an imbalance of *Pitta Dosha* and presents with *Ruja*(pain), *Daha* (burning sensation), *Toda* (pricking pain), *Rakta Varnata*(erythema) and tenderness. Conventional therapy generally involves topical anti-inflammatory measures, but relapse is common, and prolonged steroid use may produce adverse effects. Ayurveda advocates local therapies such as *Kashaya Gandusha* for mucosal healing and *Pitta* pacification. **Materials and Methods:** A total of fifteen patients aged 20–40 years with symptoms of *Pittaja Mukhapaka* within the last three weeks were selected. The therapeutic protocol included *Kashaya Gandusha*, prepared from *Triphala, Vasa, Draksha, Jati*, and *Guduchi* drugs, which are described as *Tridoshahara* and *Ropana* in Ayurveda literature. Treatment was administered for seven days. Assessment parameters included reduction in pain, ulcer size, mucosal inflammation, and

healing time. A follow-up was undertaken to assess for recurrence. **Results:** All patients exhibited notable clinical improvement within seven days. Pain, inflammation, and ulcer size were significantly reduced, and healing time was shorter compared to the baseline. No adverse reactions or recurrences were reported during the follow-up period. **Discussion:** The *Kashaya Gandusha* appears effective in *Pittaja Mukhapaka* due to its anti-inflammatory, wound-healing, and *Pitta*-pacifying actions. The *Gandusha* might have provided localised soothing and mucosal protection, contributed to local detoxification, and helped control inflammation. The study highlights Ayurveda therapies as a safe and holistic modality for managing oral ulcers with minimal recurrence.

KEYPOINTS: *Gandusha, Kashaya, Pittaja Mukhapaka.*

INTRODUCTION

Pittaja Mukhapaka is classified under *Sarvasara Mukharoga* in classical Ayurveda, representing a form dominated by *Pitta Dosha* in the pathogenesis of oral ulcers and inflammation. This condition mainly presents with symptoms such as *Raga* (erythema), *Daha* (burning sensation), *Toda* (pricking pain), *Tanu* (tissue thinning), *Tiktavaktrata* (bitter taste), and *Khasrokshitakshatasama Vrana* (ulcers characterised by alkaline corrosion).[1]

Epidemiological data indicate that oral mucosal lesions affect approximately 10.26–16.8% of the population, with aphthous ulcers among the most frequently observed, often resulting in considerable disruption to daily activities.[2] Within the Indian context, frequent consumption of pungent and spicy foods is identified as a significant risk for oral mucosal injury. Ayurveda classics have described the negative impact of *Katu Rasa*, stating that it leads to ulceration and tissue erosion.[3]

Ayurveda further proposes that the integrity of *Agni* (digestive/metabolic fire) is crucial for health, and imbalances among the *Dosha*, *Dhatu*, and *Mala* contribute to disorders such as *Pittaja Mukhapaka*, disturbing overall well-being. The aetiology is multifactorial, with contributory elements including hormonal fluctuations, mechanical trauma, adverse drug reactions, dietary irritants, nutritional insufficiencies, and psychological stress.[4]

Contemporary medical treatments such as topical corticosteroids, anti-inflammatory medications, and tetracycline provide symptomatic relief but often do not ensure sustained clinical improvement. Ayurvedic interventions, including *Kavala* (gargling), *Gandusha*

(retaining medicinal fluids in the oral cavity), *Dhumapana* (medicated smoking), and *Raktamokshana* (bloodletting), are effective modalities for *Pittaja Mukhapaka*.[5] Among these, *Gandusha* is classified into four groups based on therapeutic benefits: *Snehana* (oleation), *Shamana* (symptomatic relief), *Shodhana* (cleansing), and *Ropana* (wound-healing). Owing to the ulcerative nature of *Pittaja Mukhapaka*, *Ropana Gandusha* combined with healing medicaments is emphasised as an ideal therapeutic approach.

This study evaluates the clinical efficacy of *Gandusha* with *Kashaya* prepared using *Jati Patra*, *Guduchi*, *Daruharidra*, *Triphala*, *Vasa*, and *Draksha*, selected for their *Ropana* and *Pittahara* properties, to establish effective clinical strategies for the management of *Pittaja Mukhapaka*.

MATERIAL AND METHODS

1. Patients aged between 21 and 40 years, irrespective of gender, occupation, religion, and socioeconomic status
2. Patients fulfilling the diagnostic criteria
3. Patients willing to undergo the trial and sign the informed consent

STUDY DESIGN

Table 1: Study design.

	Group
Drug Name	*Mukhapakahara Kashaya*
Dose	30-40ml with 10ml *Madhu* once a day in the morning
Duration of holding *Gandusha*	*Kaphapurna Asyata or Sravat Ghrana Akshi*
Route of Drug Administration	Oral
Time of administration	Before food
Treatment period	7 days
Duration of study period	15 days

Method of preparation of *Kashaya* - *Mukhapakahara Kashaya* was prepared according to *Kashaya Kalpana Vidhi* as mentioned in *Sharangdhara Samhita*

- All ingredients were mixed and given to the Patients.
- *Kashaya* preparation was explained to them.
- 10 grams of the drug should be added to 100ml of water, reduced to ¼ parts, filtered, and 10 ml of *Madhu* is added after cooling.
- Subjects were advised to take 30-40 ml of *Kashaya* along with 10 ml of *Madhu* once a day in the morning in the form of *Gandusha*.

DIAGNOSTIC CRITERIA

Based on classical signs and symptoms of *Pittaja Mukhapaka*.

ASSESSMENT CRITERIA

Assessment will be made based on the subjective and objective parameters.

SUBJECTIVE PARAMETERS

1. *Ruja* (pain)
2. *Daha* (burning sensation)
3. *Asyavairasyata* (altered taste)

OBJECTIVE PARAMETERS

1. Number of Vrana
2. Size of *Vrana*
3. Colour of *Vrana*
4. pH value of saliva before and after treatment by litmus paper

SCORING SYSTEM

Subjective parameters

1. *Ruja* (pain)VAS[6]

Table 2: *Ruja* parameter.

No *Ruja*	0
Mild –*Ruja* during the churning of food	1-3
Moderate-*Ruja* during talking and gets relief from topical anaesthetics	4-6
Severe-*Ruja* even during rest, no relief by topical anaesthetics	7-10

2. *Daha* (burning sensation) VAS[7]

Table 3: *Daha* parameter.

No Daha	0
Mild-tolerable, no need for cooling agents like glycerine or cold juice	1-3
Moderate-intolerable, gets relief from cooling agents	4-6
Severe-intolerable, no relief by cooling agents	7-10

3. *Asyavairasyata*[8]

Table 4: *Asyavairasyata* parameter.

Asyavairasyata	**Grade**
Proper taste perception, enjoys the taste of the food	0
Often complains about the taste of food	1
Shows disinterest in food	2
Often skips a meal	3

Objective Parameters

1. Number of *Vrana*[9]

Table 5:

SL.no	Number of *Vrana*	Score
1.	No *Vrana*	0
2.	1-2 *Vrana*	1
3.	3-4 *Vrana*	2
4.	More than 4 *Varnas*	3

2. **Size of *Vrana*[10]**

- Measurement with a calibrated periodontal probe.

3. Colour of *Vrana*[11]

- Colourimetric Scales
- CMYK and RGB colour specifications:

Table 6: colour of *Vrana.*

Score	Colour	Colour specification
0	Purple	C:15 M:50 Y:10 K:0; R:215 G:145; B:177
1	Bluish	C:100 M:70 Y:30 K:0; R:0 G:78; B:126
2	Dark Red with or Without Yellow/White	C:40 M:100 Y:100 K:0; R:168 G:25; B:25 C:8 M:8 Y:40 K:0; R:241 G:228; B:168 C:2 M:6 Y:4 K:0; R:248 G:237; B:235

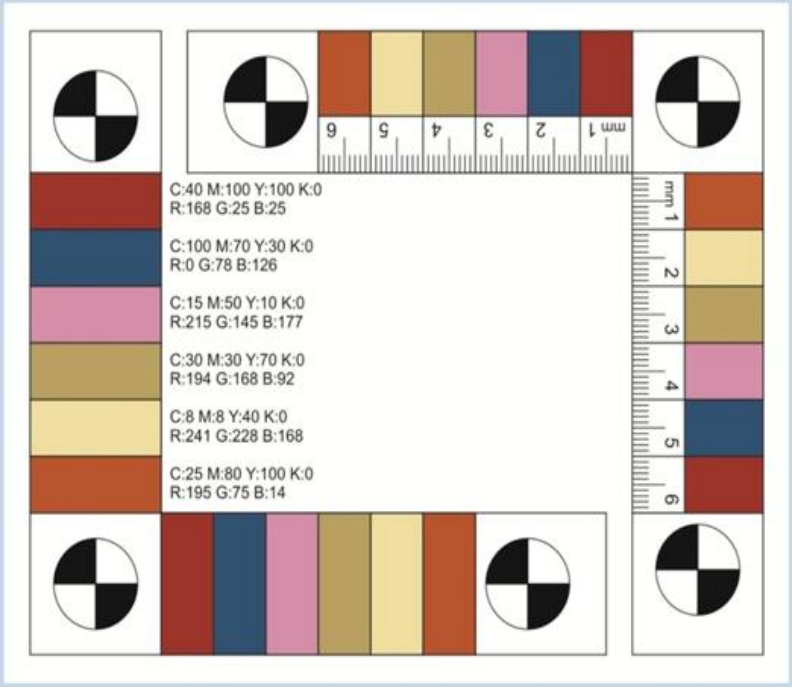

Figure 1: Colourimeter Scale.

5. pH value of saliva before and after treatment by litmus paper[12]

Table 7: pH of saliva.

Sl.no	pH of Saliva	Score
1.	7.0-7.5 Normal	0
2.	>7.5 Slightly Alkali	1
3.	<6.9-6.5 Slightly Acidic	2
4.	>6.5 Strongly Acidic	3

OBSERVATION

Table No. 8: Observation on symptoms of *Pittaja Mukhapaka.*

Symptoms		0th Day	%	5th Day	%	8th Day	%	15th Day	%
1. Ruja	Grade 0	1	6.66	4	26.66	10	66.66	14	93.33
	Grade 1	5	33.33	5	33.33	5	33.33	1	6.66
	Grade 2	5	33.33	6	40	0	0	0	0
	Grade 3	4	26.66	0	0	0	0	0	0
2. Daha	Grade 0	0	0	5	33.33	13	86.66	14	93.33
	Grade 1	8	53.33	9	60	2	13.33	1	6.66
	Grade 2	6	40	1	6.66	0	0	0	0
	Grade 3	1	6.66	0	0	0	0	0	0
3. Asyavairasyata	Grade 0	11	73.33	13	86.66	15	100	15	100
	Grade 1	4	26.66	2	13.33	0	0	0	0
	Grade 2	0	0	0	0	0	0	0	0
	Grade 3	0	0	0	0	0	0	0	0
4. Size of *Vrana*	Grade 0	4	26.66	8	53.33	15	100	15	100
	Grade 1	11	73.33	7	46.66	0	0	0	0
	Grade 2	0	0	0	0	0	0	0	0
	Grade 3	0	0	0	0	0	0	0	0
5. Number of *Vrana*	Grade 0	4	26.66	7	46.66	14	93.33	15	100
	Grade 1	11	73.33	8	53.33	1	6.66	0	0
	Grade 2	0	0	0	0	0	0	0	0
	Grade 3	0	0	0	0	0	0	0	0
6. pH of Saliva	Grade 0	8	53.33	15	100	15	100	15	100
	Grade 1	7	46.66	0	0	0	0	0	0
	Grade 2	0	0	0	0	0	0	0	0
	Grade 3	0	0	0	0	0	0	0	0
7. Colour of *Vrana*	Grade 0	6	40	12	80	15	100	15	100
	Grade 1	0	0	0	0	0	0	0	0
	Grade 2	9	60	3	20	0	0	0	0

RESULTS

Table No. 9: Within the group assessment based on the Wilcoxon signed rank sum test.

Symptoms	P-value 0th – 5th Day	P-value 0th – 8th Day	P-value 0th – 15th Day
1. ***Ruja***	0.002**	<0.001**	<0.001**
2. ***Daha***	<0.001**	<0.001**	<0.001**
3. ***Asyavairasyata***	0.500	0.125	0.125
4. **Size of *Vrana***	0.125	<0.001**	<0.001**
5. **Number of *Vrana***	0.250	0.002**	<0.001**
6. **pH of saliva**	0.016*	0.016*	0.016*
7. **Colour of *Vrana***	0.031*	0.004**	0.004**
P-value > 0.05 – Non-significant, P-value < 0.05 (*) – Statistically significant, and P-value < 0.01 (**) – Statistically highly significant.			

DISCUSSION

DISCUSSION ON DISEASES

The discussion on disease is an essential part of research as it provides a comprehensive understanding of the condition under study through classical references and modern literature. In this study on *Pittaja Mukhapaka*, the disease review elaborates on the *Nidana, Samprapti, Lakshanas,* and *Chikitsa* of *Pittaja Mukhapaka*, while correlating them with the aetiology, pathology, clinical features, and management of Recurrent Aphthous stomatitis, thereby bridging Ayurvedic and modern perspectives.

Pittaja Mukhapaka is one of the *Sarvasara Vyadhis* described in Ayurvedic classics, where the etiological factors have been detailed extensively.

An overview of the etiopathogenesis of *Pittaja Mukhapaka* indicates that the major causative factors are *Apathya ahara-vihara* (improper diet and lifestyle) and irregular oral hygiene.

The actual pathology arising from these factors can also be correlated with the views of modern science. Consumption of *Atiguru* and *Atisnigdha* food, eating before the previous meal is digested, or intake of *Masha* leads to indigestion, which acts as a primary cause of *Mukhapaka*. Indigestion produces ama and aggravates *Kapha* and *Pitta Doshas*. The aggravated doshas, in turn, contribute to the development of *Pittaja Mukhapaka*.

In *Pittaja Mukhapaka*, *Asyavairasyata* arises due to *Pitta*-induced mucosal irritation and micro-ulceration, leading to altered taste perception. Improvement in *Asyavairasyata*

following therapy indicates reduction of *Pitta-Dushti*, epithelial healing, and restoration of salivary composition.

The *Lakshanas* of *Pittaja Mukhapaka* are *Ruja* (pain), *Daha* (Burning sensation), *Tikta Vaktratha* (Bitter taste), *Peeta* (Yellow colour), *Tanu* (Thin), *Pidakas* (ulcer), *Ksharakshatavrana (*Ulcer resembles alkali burn) may be seen.

DISCUSSION OF THE MODE OF ACTION

The formulation *Mukhapakahara Kashaya,* which acts as *Ropana Gandusha*, has been used, containing drugs possessing *Kashaya, Tikta, and Madhura Rasa* with *Shita Virya* and *Ropana* action**,** which might have helped in reducing burning sensation and facilitating ulcer healing.

Here *Madhu* possesses *Yogavahi, Shodhana, Ropaṇa* and *Lekhana* properties, facilitating deeper penetration of medicament, reducing microbial load and burning sensation, enhancing mucosal healing and taste recovery during *Gandusha.*

Due to local retention in the oral cavity, *Mukhapakahara Kashaya* provides direct contact over the oral mucosa, producing a cleansing and soothing effect. The mechanical pressure generated during *Gandusha* stimulates oro-facial chemoreceptors and mechanoreceptors, enhancing salivary secretion. Increased saliva assists in the removal of food debris, microbial load, and metabolic waste, thereby improving local oral hygiene.

Enhanced salivary flow containing IgA, IgM, lysozyme, and coagulation factors strengthens the local host defence and reduces infection. Raised vascular permeability promotes rapid absorption of bioactive constituents of *Mukhapakahara Kashaya* through the buccal mucosa, aiding anti-inflammatory and wound-healing effects. Restoration of oral pH further inhibits pathogenic proliferation and supports healing.[13]

Systemically, buccal absorption of phytoconstituents may modulate inflammatory mediators and enhance microcirculation, accelerating tissue repair. Neuro-salivary reflex activation during *Gandusha* may promote parasympathetic predominance, reduce stress-mediated exacerbation and aid mucosal recovery.

Overall, *Mukhapakahara Kashaya* Gandusha acts locally and systemically to pacify aggravated Pitta, promote tissue repair, and restore mucosal integrity.

CONCLUSION

The present clinical study demonstrates that *Mukhapakahara Kashaya Gandusha* is effective in the management of *Pittaja Mukhapaka*. Statistically significant improvement was observed in the key clinical parameters, including *Ruja, Daha*, reduction in the number and size of *Vrana*, improvement of *Varna*, and normalisation of salivary pH within a short therapeutic window of seven days. No adverse reactions or recurrences were noted during follow-up, indicating both safety and sustained therapeutic benefit. here pH was assessed using litmus paper, which provides approximate pH values. A digital pH meter was not used due to practical constraints, including the need for calibration, sterilisation of probes for intra-oral use, and cost limitations in the outpatient setting. This limitation is acknowledged for future refinement.

The probable efficacy may be attributed to the *Ropana*, *Pittahara*, and *Tridoshahara* properties of the constituent drugs, combined with the local *Pitta-Shamana* and mucosal healing effects inherent to *Ropana Gandusha*. The local retention of medicament in the oral cavity supports enhanced absorption through the buccal mucosa, promoting anti-inflammatory and wound-healing mechanisms while improving oral hygiene.

Overall, *Mukhapakahara Kashaya Gandusha* offers a holistic and minimally invasive therapeutic modality for *Pittaja Mukhapaka*, with advantages in both efficacy and safety compared to contemporary measures. This study affirms the relevance of Ayurveda principles in the management of oral mucosal disorders and encourages further controlled clinical research with larger sample sizes to substantiate these findings.

Conflict of Interest: There was no conflict of interest seen.

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