

TO STUDY THE ADD ON EFFECT OF AVIPATTIKAR CHURNA WITH MADHU JAL GANDUSH IN THE MANAGEMENT OF PITTAJ SARVASAR

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ABSTRACT

Sarvasar is a most common condition of oral cavity found in India as well as all over the world. It is a condition of oral cavity caused by *pakavastha* of oral mucosa and produces ulcer in oral cavity, vitiated pitta being the main dosha. **Aim:** To assess the add on effect of *Avipattikar churna* with *Madhu Jal Gandush* in the management of *Pittaj Sarvasar*. **Material and Methods:** Total 40 patients of the age group 18-60 years presenting with signs and symptoms of *Pittaj Mukhapaka* were selected randomly from OPD of the department of *Shalakyatantra*. The 20 patients of trial group were treated with *Avipattikar churna* and *Madhu Jal Gandush* and 20 patients of control

group were subjected to *Madhu Jal Gandush* only. **Conclusion:** It was observed that add on effect of *Avipattikar churna* was more effective than *Madhu Jal Gandush* in all symptoms of *Pittaj Sarvasar*.

KEYWORDS: *Pittaj Sarvasar*, *Ayurveda*, *Mukhapaka*, *Avipattikar Churna* with *Madhu Jal Gandush*, Stomatitis.

INTRODUCTION

“Health comes first, and it enters through the mouth.” When we say the word ‘mouth,’ we mean the oral cavity, a space in the lower part of head which functions as the entrance to the digestive system. The content of oral cavity determines its functions. It houses the structures necessary for mastication and speech, which includes the teeth, the tongue, and associated structures such as salivary glands. In *Ayurveda*, *Paka pakthi* means-inflammation, ulcer. *Mukhapaka* is known as *Aanan paka*, *Mukha* stands for oral cavity and *Sarvasara* includes

the *sarva bhaga* of the *mukha*. Many types of stomatitis manifest and commonly Aphthous (Greek: mouth ulcers) manifest. Oral hygiene maintenance goes a long way in prevention of *Mukharogas* and aids in better absorption and nutrition. The condition which affects all 7 parts of the *Mukha* that is lips, gums, teeth, tongue, palate, throat, and entire oral cavity is called '*Sarvasar*'. It is *Pittaj nanatmaja* and *Raktapradoshaja vyadhi*.^[1] In today's lifestyle excessive intake of fast food, refrigerated and Stored food, cold drinks, various addictions like tobacco chewing, smoking, alcohol, poor oral hygiene, improper diet habits and night shifts which all are explained *Apathyakar* and *Pittaprakopak hetu* mentioned in Ancient Literature.

All these causes *Pittavruddhi* and *Raktadushti*. Therefore, it causes diseases like *Sarvasar*. The symptoms of *Sarvasar* are redness in mouth, ulcers, pain, burning sensation, excess salivation. Some *Acharyas* have mentioned *Sarvasara* as *Mukhpak*. *Pittadosha*, *Rakta* and *Mansa* are the main *dushyas* in *Sarvasara*.^[2]

According to *Acharya Sushruta*, there are 65 *Mukharogas* which occur at seven locations such as Lips, Teeth, Tongue, Palate, Throat and Oral cavity and out of them 8 occurs in Lips, 15 in Gums, 8 in Teeth, 3 in tongue, 9 in Palate, 17 in Throat and 3 in entire mouth as described in *Uttartantra*.^[3] To break this *Samprapti*, *pitta doshahar*, *Rakta prasadak*, *Vranashodhak*, *Vranaropak*, *Shothahar chikitsa* is essential. As per *Ayurveda*, the line of treatment for *Sarvasara* should be *Pittashamaka*, *Shothahara*, *Vedanasthapaka*, *Vranashodhana*, *Vranaropana*, *Raktaprasadaka* and *Mansa dhatu pustikara*. The potential causes that make a person ill are *trividha hetu*. To prevent these factors, *Swasthavrittaparipalana* in the form of *dinacharya*, *Rutucharya* have been advocated respectively. Among these, *Dinacharya* has its own significance as it includes personal protective measures explained for maintenance of personal hygiene. But habits like tobacco chewing, smoking, over consumption of extremely pungent and spicy food, insomnia, vitamin deficiency, malignancy, submucosal oral fibrosis, skin diseases, G.I. disturbances like constipation etc have increased incidence of diseases pertaining to oral cavity. Prevalence of aphthous ulcer is 21% according to NCBI.^[4] Its incidence is increasing due to poor oral hygiene, bad habits and environmental changes.

In Allopathy we can correlate *Sarvasara* with aphthous ulcer i.e., recurrent ulcerative stomatitis a condition characterized by recurrent formation of ulcers in the oral cavity for largely unknown reason. Stomatitis is considered as one of the prevalent oral disease

worldwide characterized by redness, salivation, ulceration and pain. The symptoms degree from presence of mouth ulcers, redness and erosion of buccal mucosa, burning sensation of oral mucosa, difficulty in chewing pungent and hot things and/or enlargement of sublingual and submandibular lymph nodes. In allopathic system of medicine various vitamins, systemic antibiotic, tetracycline mouth wash, local application of thick layer of triamcinolone acetonide, local anti-inflammatory agents like kenalog, orabase, etc. are being recommended in this disease. There is only symptomatic treatment for apthous ulcer in Allopathy. However, *Ayurvedic* treatments for this disease are safe, effective, cheap, and nontoxic. In *Ayurveda* treatment for *pitta dosha* is *virechana*. In *yogratnakar* main *chikitsa* of *Pittaj Sarvasar* is *virechana*.^[5] Most of the times cause of stomatitis is constipation. So, *Avipattikar churn* from *bhaishajya ratnawali* is chosen which is *pittaghna* and *malmutravibandh nashak*.

Injury to oral cavity (due to exposure to various factors) can be better counteracted by practicing *Gandusha* daily iv. Various *dravyas* have been mentioned in the classics for *Gandusha*. *Madhu jal gandush* is explained under *Pittaj Sarvasar* as local line of treatment which is *vranropak*. Research on *Madhu jal gandush* has been previously done so it has been decided to work on this topic.

AIM

1. To assess the add on effect of *Avipattikar churna* with *Madhu jal gandush* in the management of *Pittaj Sarvasar*.

OBJECTIVES

1. To compare the add on effect of *avipattikar churna* with *Madhu jal gandush* in the management of *pittaj Sarvasar*.
2. To study the adverse effect of *Avipattikar churna* and *Madhu jal gandush* in the management of *Pittaj Sarvasar*.
3. To study the role / action of *Avipattikar churna* and *Madhu jal gandush* in the management of *Pittaj Sarvasar*.

MATERIAL AND METHODS

Total 40 patients of the age group 18-60 years presenting with signs and symptoms of *Pittaj Mukhapaka* were selected randomly from OPD of the department of *Shalakyatantra*. The 20 patients of trial group were treated with *Avipattikar churna* and *Madhu jal Gandush* and 20 patients of control group were subjected to *Madhu Jal gandush* only.

Criteria for selection of patients

Diagnostic criteria: Patients were diagnosed which were having signs and symptoms of *Pittaj Sarvasar* given in *Ayurveda*.

Inclusion criteria

1. Patients suffering from *Pittaja mukhapaka*.
2. Patients ready to give written consent for the study trial.
3. Patients of age group 18 to 60 years of either gender.

Exclusion criteria

1. Patients not willing for clinical trial.
2. Patients having tuberculosis, HIV, Herpes zoster, malignancy, Crohn's disease, ulcerative colitis, lichen planus, etc.

Assessment criteria

Parameters	Symptoms	Grade
<i>Shool</i> (i.e., Pain at affected area)	Absent (No Pain)	0
	Mild Pain on touch	1
	Moderate Pain without touch	2
	Pain causing difficulty in Chewing	3
<i>Rakta, Pitta varni tanu pitika Utpatti</i> (i.e., redness and erosion of buccal mucosa or congestion)	Absent (No redness)	0
	Reddish coloured mucosa	1
	Red coloured mucosa	2
	Cherry red coloured mucosa	3
<i>Daha</i> (i.e., Burning sensation and increased intolerance of spicy food)	Absent (no complaint of burning)	0
	Tolerance to light spices	1
	Burning at any food	2
	Burning at rest	3
<i>Ksharokshitasama Vrana</i> and <i>Vranasankhya</i> (Ulceration with number of <i>Vrana</i>)	Pinkish coloured mucosa with no ulcer	0
	Only congestion with one or two ulcers	1
	Few ulcers with congestion	2
	Multiple ulcers with congestion	3
<i>Sakashta Charvan</i> (i.e., Difficulty in chewing)	Patient can eat easily	0
	Patient can eat solid food	1
	Patient can eat liquid food only	2
	Patient cannot eat solid as well as liquid food	3

Follow ups: 3rd, 5th and 7th day of treatment.

The graded values were later totally and individually scored and assessed statistically to find out the rate of effect of treatment. The age, gender, occupation, habitat wise distribution of patients with socioeconomic status was also recorded and assessed statistically. The effect of treatment in each group was assessed separately by analysing the pre-treatment and post treatment data, scores, and values. The comparison of the effect of therapy of two groups done by statistical analysis.

Ingredients of Drug and Preparation of *avipattikar churna*^[6]

This miraculous drug finds place in *Bhaishajya Ratnavali*, *Rasendra Chintamani*, *Rasendra Sar Sangraha*, *Dhanvantari Nighantu*, *Vangasena*. This relieves *Amla pitta*, *Shula*, *Durnaam*, (*Arsha*) *Prameha*, *Mutraghaat*, *Ashmari*.

Ingredients of *avipattikar churna*: *Shunthi*, *Maricha*, *Pippali*, *Amalaki*, *Haritaki*, *Bibhitaki*, *Mustha*, *Vidanga*, *Ela*, *Tejpatra*, *Nishoth*, *Lavanga*, *Sharkara*, *Vidalavan*.

Procedure: *Triphala*, *Trikatu*, *Musta*, *Vidnamak*, *Vayvidang*, *Ela*, *Tejpatra* 1 tola each +*Lavang*-11 tola + *Nishotar*-44 tola + *Sharkara sambhag* 66 tola. All finely powdered and mixed.

***Madhu* (Honey)**

It is commonly known edible product which is prepared from bees which steal the nectar from the flower and prepare honey. Almost all the types of *ayurvedic* products are mixed in honey for their quicker action. *Honey* is used as a catalyst for all *churnas* and *guti*, *vatika* for their further absorption and quicker action and because of the unpleasant taste of mostly all drugs, patient is happier to take the medicine along with honey.^[7]

Gandusha

It is the process of holding any medicated liquid in the mouth to its full capacity for a specific time without allowing any movement inside the mouth.^[8]

Drug regimen

Subject	Group A	Group B
Number of patients	20	20
Age group	18-60 years	18-60 years
Drug name	<i>Avipattikar Churna</i> and <i>Madhu jal Gandush</i> .	<i>Madhu Jal Gandush</i>
Dose of drug	<i>Avipattikar Churna</i> -8 gm	Combination of 80-100 ml

	before dinner once at night, <i>madhu jal</i> 80-100 ml for <i>Gandush</i>	water and 15-20 ml of <i>madhu</i> for <i>Gandush</i> .
Route of administration	Per oral internally and local	Local
Duration	7 Days	7 Days
Follow up	0 th , 3 rd , 5 th and 7 th days.	0 th , 3 rd , 5 th and 7 th days.

Data thus collected during the study, summarized, and statistically analyzed as per protocol.

Statistical Analysis for Group A (Trial Group) for subjective criteria by Wilcoxon Signed Rank test

Sr. No.	Variables	Number of Pairs (N)	Sum of all Ranks (W)	BT Mean	SD	AT Mean	SD	P
1.	Pain	20	-4.088 ^b	2.15	0.67	0.15	0.37	0.0000435 Highly significant
2.	Congestion	20	-4.088 ^b	2.20	0.70	0.20	0.41	0.0000435 Highly significant
3.	Burning sensation	20	-3.981 ^b	2.15	0.67	0.20	0.41	0.0000686 Highly Significant
4.	Ulceration	20	-4.088 ^b	2.20	0.70	0.20	0.41	0.0000435 Highly Significant
5.	Difficulty in chewing	20	-4.088 ^b	2.10	0.64	0.10	0.31	0.0000435 Highly Significant

Statistical Analysis for Group B (Control Group) by Wilcoxon Signed Rank test- (subjective criteria)

Sr. No.	Variables	Number of Pairs (N)	Sum of all Ranks (W)	BT Mean	SD	AT Mean	SD	P
1.	Pain	20	-4.088 ^b	2.15	0.59	0.40	0.50	0.0000435 Highly significant
2.	Congestion	20	-4.041 ^b	1.95	0.69	0.40	0.50	0.0000531 Highly significant
3.	Burning sensation	20	-4.053 ^b	2.00	0.73	0.40	0.50	0.0000506 Highly significant
4.	Ulceration	20	-4.041 ^b	1.95	0.69	0.40	0.50	0.0000531 Highly significant
5.	Difficulty in chewing	20	-4.099 ^b	1.65	0.67	0.35	0.49	0.0000435 Highly significant

Statistical analysis in between the trial and control group subjective parameters (by Mann Whitneys U test)

Parameters	Group	Mean rank	Sum of Ranks	U	P
Pain	Trial	22.63	452.5	157.5	0.03429 NS
	Control	18.38	367.5		

Congestion	Trial	24.80	496.0	114.0	0.00391 NS
	Control	16.20	324.0		
Burning Sensation	Trial	23.00	460.0	150.0	0.03313 NS
	Control	18.00	360.0		
Ulceration	Trial	24.33	486.5	123.5	0.01536 NS
	Control	16.68	333.5		
Difficulty in Chewing	Trial	26.45	529.0	81.0	0.00031 NS
	Control	14.55	291.0		

Overall assessment criteria

Sr. No.	Assessment	Trial	%	Control	%
1	Marked Improvement	20	100	14	70
2	Moderate Improvement	00	00	06	30
3	Mild Improvement	00	00	00	00
4	No Improvement	00	00	00	00
5	Total	20	100	20	100

OBSERVATIONS

The study conducted in *Tarachand hospital, Pune* and it comprises 40 patients with two groups. We found that 40% of patient having habit of mixed diet with addictions of consuming excess tea/coffee, 26% tobacco chewing, 20% smoking-and -04% alcoholic and 44% patients were having anaemia.

40% patients were afflicted with *Chinta* (stress) and *Krodha* (anger) which are said to be the strong influencing factors for the causation of *Pittaja mukhapaka*.

As per the *Ayurvedic* science, *Tikta* (bitter) and *Madhura* (sweet) *Rasa* (tastes) influences *Kapha dosha* and *Amla* (sour) and *Katu* (pungent) *Rasa* vitiates *Pitta dosha* and therefore, *Kapha* and *Pitta dosha* becomes the causative factor of the disease.

In the present study, *Ahara rasa* preferred by the patients were *Tikta*-36%, *Madhura*-23%, *Amla*-17%, *Katu*-10% and *Lavana*-04%.

RESULTS

- 1. Pain at affected site:** In group A, 85% effect is observed in grade 0 and 15% effect is observed in grade 1. In group B, 60% effect is observed in grade 0 and 40% effect is observed in grade 1. Thus, we conclude that significant effect was observed both trial and control group.
- 2. Difficulty in chewing:** In group A, 90% effect is observed in grade 0 and 10 % effect is observed in grade 1. In group B, 65% effect is observed in grade 0 and 35% effect is

observed in grade 2. Thus, we conclude that significant effect is observed in both trial and control group. group A is more effective to decrease the difficulty in chewing than group B.

3. **Congestion:** In group A, 80% effect is observed in grade 0, 20% effect in grade 1. In group B, 60% effect is observed in 0 and 40 % effect is observed in grade 1. Thus, we conclude that significant effect is observed in both the trial and control group. Group B is more effective to decrease the congestion than group A.
4. **Ulceration:** In group A, 80% effect is observed in grade 0, 20% effect in grade 1. In group B, 60% effect is observed in 0 and 20% effect is observed in grade1 Thus, we conclude that significant effect is observed in both the trial and control group. Group A is more effective to decrease the ulceration than group B.
5. **Burning sensation in mouth:** In group A, 80% effect is observed in grade 0, 20% effect in grade 1. In group B, 60% effect is observed in 0 and 40%effect is observed in grade 1. Thus, we conclude that significant effect is observed in both the trial and control group. Group A is more effective to burning sensation the congestion than group B.

DISCUSSION

The disease profile consists of both *ayurvedic* and Modern aspect of *Pittaja mukhapaka*. The signs and symptoms of *Mukhapaka* is similar to that of the stomatitis. The *Nidana*, *Lakshana*, *Chikitsa* and *Pathyapathya* have been explained in details. Pertaining to the modern part the causes, signs, symptoms, types, and treatment are explained. Oral wound healing and its complications explained. Vitamins and oral manifestations elaborated. Numbers of people are suffering from *Mukhapak* (stomatitis) mostly the young generation. Due to busy and stressful life, the factors like eating spicy food, irregular timing of diet and sleep, chewing of tobacco and *gutakhas*. These *hetus* cause the aggravations of *tridoshas* mainly *Pitta* and corrupt the *Rakta dhatu* prone to the disease- *Mukhapak*. In this study project, an attempt was made to overcome this problem by an easy method of drug administration. During the study project detailed study of previous work was done. All available information about materials was collected from all *ayurvedic* and modern medicine textbooks and studied detailed. Drug review deals with the drugs *Avipattikar* and *Madhu*. Till date, no research work has been carried out on *Avipattikar*. But the research work on *Madhu Jal Gandusha* have been done. So, it is decided to study add on effect of *Avipattikar churna* and *madhu jal gandush* on *mukhapaka*. *Mukhapaka* is a condition characterized by *Vedana Yukta Vrana (Shopha)*. The *Lakshanas* of *Mukhapaka* can be correlated to a clinical entity "Apthous Ulcer" (recurrent

ulcerative stomatitis) explained in the contemporary medical science, which is also characterized by painful superficial ulcers in the movable mucosa of the mouth with recurrent episodes. We found that *Mukhapaka* is neither a serious disorder nor one that can be dismissed as cursory. It is not life threatening, but at the same time it can be crippling by grossly disturbing the individual's life style. We observed that disease mainly occurs due to the vitiated *Pitta dosha* and the regime used routinely against it, is generally *Pittashamak* but *Pittashaman* alone is not enough to cure the *Mukhapaka*. *Avipattikar churna* plus *madhu jal gandush* as trial drug for group A found more effective than the local treatment. As per the keen interest to treat the signs, symptom, cure the disease and to avoid recurrence, it is important to treat the *Utpattisthana* i.e. *Amashaya*. Looking at the *Samprapti* of *Mukhapaka* the main vitiated *dosha* is *pitta*. This *prakruti pitta* corrupts *Rakta*. This vitiated *Pitta* and *Rakta* again get mixed with vitiated *Kapha* and *Vata doshas* and produce inflammation i.e., *Vranashotha*. Continuation of *hetus* get *paka* in mucosa and then in *vrana*, such *Samprapti* occurs in Mouth.

CONCLUSION

There is significant difference in Control Group & Trial Group in Effects of factors Pain at affected site, Difficulty in chewing, Congestion, Ulceration, Burning Sensation are considered. Hence, we can conclude that, effect observed in Group A is better than Group B.

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