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AYURVEDIC MANAGEMENT OF MUKHAPAKA (CHRONIC RECURRENT APHTHOUS STOMATITIS) IN CHILDREN: A CASE REPORT

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ABSTRACT

Recurrent aphthous stomatitis or ulcerative stomatitis is a common disorder of the oral cavity and pharynx. It is a condition that causes pain, swelling, and sores inside the oral cavity. These are white ulcers with surroundings erythema, located on the oral mucosa, tongue, and pharynx. It can be caused by a disease, infection or irritating foods and chemicals. This kind of stomatitis can be correlated to Mukhapaka. Mukha paka is one of pittaja vikara where paka and vrana are formed inside the mukha associated with toda, raga and daha. This article will highlight the Ayurvedic approach and management of Mukhapaka in children with a case report of a 12-year-old male child presented with a 2-year history of episodes of multiple recurrent ulcers all over the mouth.

Keywords: children, mukhpaka, stomatitis, recurrent aphthous stomatitis, shodhana, shamana

INTRODUCTION

Mukha (mouth or oral cavity) is the first part of the digestive system, which is meant for eating and speaking purpose and any disturbance in mukha will affect the entire body as well mind, hence maintenance of mukha Arogya is very important, especially in children. During any oral disorders, because of pain and burning sensation the child will be irritable and refuses to take anything orally and the child's food intake will get decreased, which directly affects the nutritional status of the child which in turn may hamper the growth and development of the children on long run.

Aphthae are common oral lesions that affect 10% to 20% of the population [1], whose aetiology is poorly understood, with controversial treatment and difficult to control in clinical practice. The exact aetiology of aphthous stomatitis / ulcerative stomatitis is unknown but according to increased evidence, its development has an immunogenic process that causes the ulceration of the involved oral mucosa. Similar-appearing lesions may arise in following systemic disorders: Behcet's disease, sweet's syndrome, Cyclic neutropenia, a periodic syndrome with fever and pharyngitis. It generally occurs due to deficiency of Vitamin B12, folate deficiency, inflammatory bowel diseases, stress, chronic illness which needs

antibiotics therapy, leukaemia, dilatary as well as nutritional deficiencies [2].

Recurrent aphthous stomatitis is the most common disease of the oral cavity and can occur anywhere in the mouth, including cheeks, gums, lips, palate and tongue. These ulcers are associated with redness in the oral cavity, excessive salivation, pain, and burning sensation in mouth. It can disrupt a person's ability to talk, eat and sleep. Recurrent aphthous ulcers are usually classified into three different types: Minor, Major and herpetiform Recurrent aphthous stomatitis [3].

In Ayurveda it can be correlated to Mukhpaka. Mukha paka may be a swatantra roga or it may be associated feature in other disease as anubandha roga as in Grahani roga. It is caused by both aharaaja and viharaja nidanas. Mukha paka is one among the 40 nanatmaja pitta roga [4] and is mainly pittaja vikara and mukhapaka are of 4 types vataja, Pittaja, kaphaja and Raktaja [5]. The aggravated dosha takes sthanasamshraya in mukha and produces paka and vrana leading to sputana, toda, daha etc features⁶. This disease is characterised by the formation of Vrana (ulcers) in the internal surface of the oral cavity. Vata dosha which is travelling in the entire body causes rukshatwa (dryness) in the oral cavity and lips by causing multiple numbers of yellow or red coloured vesicles. This is associated with burning

sensation, intolerance to cold items, tenderness, ulcers on the tongue, heaviness in the oral region, splitting of skin and mucous membranes and formation of kantaka (spike like projections) [7].

In Kashyapa Samhita acharya has specifically explained clinical features of mukhapaka in children as excessive salivation, infants do not take proper breast feeding, irritability, repeatedly vomits the milk taken and keeps the mouth open and respire [8]. Along with these clinical feature Vagbhatacharya has mentioned that the patient will also have other features like unable to open the mouth and talk [9].

CASE REPORT

A 12-year male patient presented with 2- year history of recurrent painful and burning ulcers all over the mouth. Patient had associated complaints like difficulty in eating swallowing and speaking. The ulcers were associated with little mucoid discharge and were tender on palpation. On the basis of history, clinical features and examinations, the diagnosis of minor aphthous was made in contemporary science and the patient was investigated with various laboratory tests such as CBC, HIV, HBSAG and all test results found negative. Patient underwent two courses of antibiotics, multivitamin and iron supplementation therapy with local applications but did not find any relief. Hence the patient

approached for ayurvedic treatment for better relief.

As per contemporary medicine there is no specific treatment for stomatitis. Combination of antibacterial and antifungal are generally used in form of paste, gels or solution of gargles which gives temporary relief because of their cooling soothing effect.

As per Ayurveda the patient was diagnosed as a case of Mukhapaka. Mukhapaka is pittaja vikara and the dosha involved in this condition were Pitta Vata and Rakta. The patient was subjected to ayurvedic therapeutic regimen consisting of shodhana (A Pancha karma therapy which mainly does Purification and detoxification of the body) - Virechana (Purgation therapy). The child was started with agni deepana and pachana chikitsa with panchakola phanta. Arohana snehapana was done using indukanta grita starting from 30ml for 5 days with 150ml on 5th day. For next 3 days sarvanga abhyanga with yastimadhu taila followed by nadi sweda was done. Virechana was done using trivruth leha 40 grams with 100ml of draksha rasa. The child had 14 vega which was a pravara shuddhi. Samsarjan krama was advised for next 5 days. The child was very cooperative during the panchakarma therapy and the verechana procedure went uneventful. The child was discharged with shamana oushadhi and was advised for

follow-up after 15 days. Patient parents reported complete relief of pain and there was no discomfort. The size of ulcers was reduced and the features of inflammation

were also reduced. During 2nd follow-up after 1 month now new ulcers were developed and child was completely fine.



According to ayurvedic classical texts virechana is the chief treatment for pitta and rakta dosha and it also causes rakta dhatu prasadana [10]. It normalises the vata dosha which helps in breaking the pathogenesis of Mukhrogas. Along with the above treatments shamana chikitsa such as Kavala / Gandoosha [11] (gargling with medicated oils or decoctions) are proved to be best. Hence Gandoosha with Irimedadi taila was advised, which helped in relieving pain, discomfort and thus helped in healing ulcers of mukhpaka (stomatitis) [12]. Patient was advised to take oral medications like Kamadugha mukta vati twice a day for 15 days, Drakshadi kashayam 10 ml twice a day and Avipattikara churna 5 grams at bed time with luke warm water as nitya virechana

[13]. The oral medications recommended in this case are mainly pitta shamaka thus helping in the management of mukhpaka.

Diet modification was also done which includes Pathya and Apathya ahara. In Mukharoga (oral diseases) following pathya dravyas are recommended in ahara - Purana Shaali (old rice), godhuma (wheat), moolaka (radish), tambul (Betel leaf), khadir, ghruta (Grita). All the above-mentioned drugs are having katu and tikta rasa because of that it is useful in pittaja and raktaja vyadhi [14].

DISCUSSION

Mukhpaka is one of the most common diseases in India. It is found in all the age groups especially in pitta prakriti persons. As per Ayurveda mukhpaka is

caused by aggravation of pitta dosha in Amashaya.

Ayurvedic treatment approach to mukha paka includes

1. Nidana Privarjana
2. Shodhana : Virechana.
3. Sthanika chikitsa : Kavala/ Gandoosha : kwath of triphala and irimedaadi taila
4. Shamana chikitsa

Aharaja and viharaja Nidana like consumption of ati usna, teekshna, katu amla aahara and vihara like oral unhygiene, ratri jagarana etc are important causative factors for mukhapaka in children. As mukhapaka is pittarakta vyadhi and in sampratti the role of vata is also found classical shodhana - virechana may be helping in subsiding vikrita pitta and vata. Shamana chikitsa should include nitya virechaneeya oushadi like avipattikara choorna and kamadugha with moukta which may help in preventing the recurrence. Stahnika chikitsa like kavala / gandoosha with taila / grita helps in healing of ulcers as well as reduces pain and burning sensation in oral cavity.

CONCLUSION

Mukha paka is one of the common problems in children. Pitta dosha is the main dosha involved. Shodhana in the form of virechana helps in elimination of vikrita kupita pitta. Hence virechana followed by pitta shamaka oushadhi chronic recurrent mukha paka in children can be managed successfully.

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