



“STUDY THE COMPARATIVE EFFECT BETWEEN ASVATTHA AND KHADIRA CHOORNA IN MUKHPAK IN CHILDREN”

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ABSTRACT

Stomatitis is an inflammation of the mucous lining of any of the structures in the mouth. The Causes of stomatitis are- local factors, systemic factors, immunologic factors, poor oral hygiene, poor fitted dentures, mouth burns from hot food or drink and toxic plants.¹ There are various lines of treatment for the management of stomatitis in modern science. Stomatitis can be co-related to Mukhpak mentioned by Acharya Sushruta. Asvattha (*Ficus religiosa*) is having kapha-pitta shamaka, vrana Shodhan and vrana ropan, properties and it is having kashaya rasa, ruksha and guru guna, vipaka sheeta.² Khadira is Tikta rasa pradhana, pitta-kapha shamaka, vrana-ropaka, rakta prasada (Bha. Pra.).³ Madhu (honey) is also having vranasthapan, vrana ropan, vrana Shodhana and pitta shamak properties.⁴ Considering all these properties of Asvattha and Khadira bark choorna, it is selected in this study of Mukhpak with Madhu lepa. This is an open randomized controlled clinical study, in group A 20 patients were treated with Asvattha choorna, Madhu lepa and in group B 20 patients were treated with Khadira choorna, Madhu lepa for 15 days and follow up will be taken on every 3rd, 5th, 7th and 15 days of treatment. It was observed that the group A, patient showed more reduction in symptoms of Mukhpak like cry, vomiting, noise breathing and acceptability to food. Asvattha choorna, Madhu lepa is the safe and effective drug in treatment of Mukhpak.

KEYWORDS: Mukhpak, Khadira Choorna, Asvattha Choorna, Stomatitis.

INRODUCTION

According to Yogratnakar and Sushrut samhita lips, gums, teeth, tongue, palate and throat and entire mouth these seven are the parts of the mouth. Asya (mouth) is the first gateway of the Mahasrotas. It has two osthas (lips), one above and the other below acting as doors, protecting the food from falling out. ⁵Sarvasara roga according to Ashtanga Sangraha, Hiridyakara and Sharangadhara are 8 in number. Types- 1 Vataj mukhpak 2 Pittaj mukhpak 3 Kaphaj mukhpak 4 Raktaj mukhpak 5 Tridoshaja mukhpak 6 Urdhvauga mukhpak 7 Mukharbuda mukhpak 8 Pootimukharogas.

It occurs due to by over indulgence in foods prepared with flesh of animals of aquatic regions, milk, curd, fish, etc. The three doshas with the predominance of kaphaj, undergo abnormal increase and produce diseases of the mouth. ⁶ Sarvasara Mukhrogas are named as Mukhpak, as it occurs by spreading completely in the mukh. Vataja mukhpak lakshanas sphota- blisters with stabbing pain, all over the oral cavity, Pittaja mukhpak lakshanas- thin paka associated with burning sensation. Kaphaja mukhpak lakshanas -less painful, associated with itching and paka which is colour of mucous membrane. ⁷ The lakshanas of Mukhpak can be co-related to the symptoms of Stomatitis. Stomatitis is an inflammation of the mucosa of the oral cavity. Stomatitis can be caused by local and systemic causes. Minor aphthous ulcer indicate that the lesion size is between 3-10mm. They are most common aphthous ulcers. The appearance of lesion is that often erythematous with yellowish or greyish colour. Major Aphthous ulcers have the same appearance as minor ulcerations, but are greater than 10mm in diameter and are extremely painful. They usually take more than a month to heal, and frequently leave a scar. In allopathic medicine, vitamins, antibiotics, mouth wash, local application and local anti-inflammatory drugs are used in this disease. Ayurveda treatments for this disease are safe, effective, and affordable. The Asvattha choorna with Madhu lepa is advised by Acharya Yograntakar in the management of Mukhpak. It is having Shodhan and Ropan actions. So it can be administered easily in children. Hence it was decided to study the comparative effect between Asvattha choorna- Madhu lepa and Khadira choorna-Madhu lepa in mukhpak in children. Patients of group A treated with Asvattha Choorna, Madhu lepa, and that of group B with Khadira choorna, Madhu lepa. After this study we observed the effect of Asvattha choorna- Madhu lepa is more effective than group B. It is more effective and without any side effect.

AIM AND OBJECTIVES

Aim:-

Study the comparative effect of Asvattha and Khadira Choorna in Mukhpak in children.

Objectives:-

1. Study the efficacy of Asvattha choorna in Mukhpak in children.
2. Study the Mukhpak in detail.
3. Study the Stomatitis in detail.
4. Study the guna and karma of Asvattha and Khadira in detail.

MATERIALS AND METHODS

Type of study-

Open randomized controlled clinical study

Trial Drug: Asvattha choorna + Madhu

Control Drug: Khadira choorna + Madhu

Source of data - Patient attending the OPD of Balrog Department, Bharati Ayurveda (Deemed to be university) Hospital Research Center Pune and also fit in the inclusion criteria.

Selection of patients -

1) Inclusion Criteria -

- 1: Age group 1 year to 5 years.
- 2: Both genders having sign and symptoms of Pittaja and Kaphaja of Mukhpak.

2) Exclusion Criteria-

- 1: Patient having sign and symptoms of Vataj Mukhpak.
- 2: Patient with chronic debilitating disease.
- 3: Patient suffering from traumatic stomatitis.
- 4: Ulcer due to herpes zoster.

DURATION- 15days

ROUTE OF ADMINISTRATION:-Local application

DOSE -100mg of drug with 2 ML Madhu

FOLLOW UP:- Follow up starting of the treatment will be considered as day 1st and will be subsequently follow up on 3rd , 5th ,7th and 15th day of treatment.

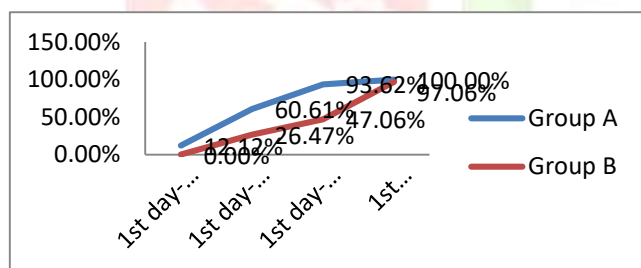
CRITERIA FOR ASSESSMENT -

The assessment was based on subjective criteria after clinical observation and information given by patients. The subjective assessment gradation of symptoms was done as follows.

Subjective	Grade
Cry	0 No cry
	1 Occasional cry
	2 Continue cry
Noise breathing	1 Present
	0 Absent
Vomiting	0 No vomiting
	1 1-2 episode
	2 2-3 episode
	3 3-4 episode
Acceptability to food	0 Child unable to eat and drink
	1 Child able to eat only fluid
	2 Child able to eat only solid diet
	3 Child able to eat solid and liquid diet

OBSERVATIONS AND RESULTS**1. COMPARISON OF GROUP A AND GROUP B ON CRY IN MUKHPAK IN CHILDREN**

Graph No.1

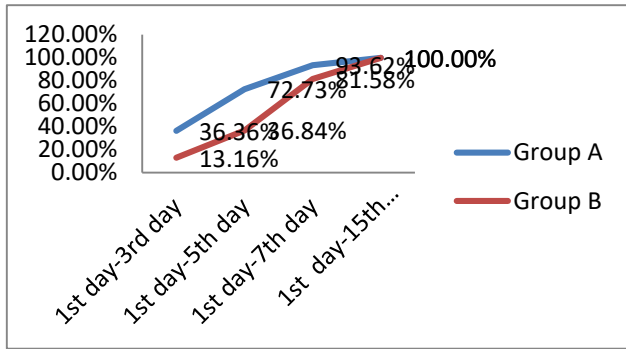


CRY	Mean	t value	P value
Group A	0.238095	-1	0.3298
Group B	0.05		

As p value > 0.05 we found that there was statistical significant difference between group A and group B. Also as percentage of improvement seen from above table we get percentage of improvement in group A was more than group B.

2. COMPARISON OF GROUP A AND GROUP B ON VOMITING IN MUKHPAK IN CHILDREN

Graph No.2



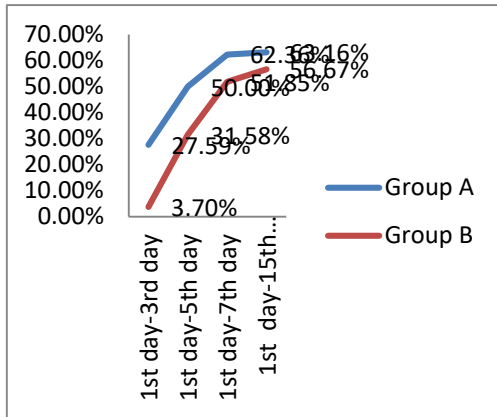
VOMITING	mean	t value	p value
Group A	0.952381	-1	0.3298
Group B	0		

As p value > 0.05 we found that there was statistical significant difference between group A and group B. Also as percentage of improvement seen from above table we get percentage of improvement in group A was more than group B .



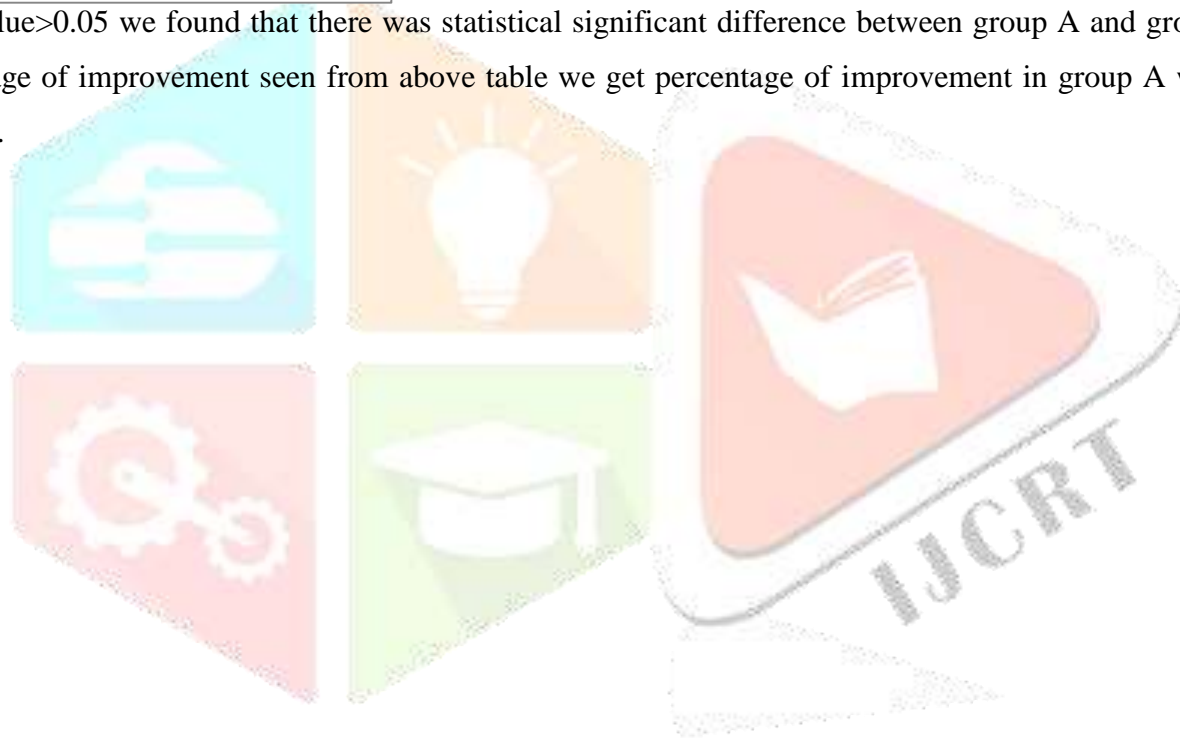
3. COMPARISON OF GROUP A AND GROUP B ON ACCEPTABILITY TO FOOD IN MUKHPAK IN CHILDREN

Graph No.3



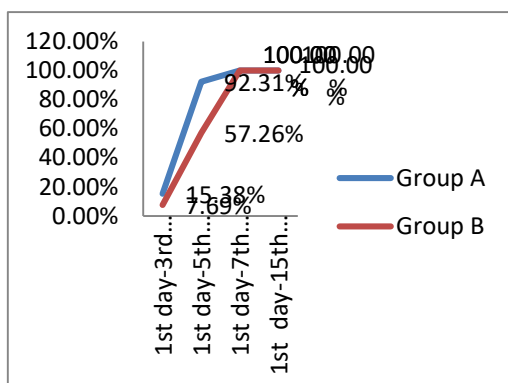
ACCEPTABILITY TO FOOD	Mean	t value	P value
Group A	4.142857	-1	0.3298
Group B	3		

As P value > 0.05 we found that there was statistical significant difference between group A and group B. Also as percentage of improvement seen from above table we get percentage of improvement in group A was more than group B.



4. COMPARISON OF GROUP A AND GROUP B ON NOISE BREATHING IN MUKHPAK IN CHILDREN

Graph No.4



NOISE BREATHING	Mean	t value	p value
Group A	1.666667	-1	0.3298
Group B	0		

As p value > 0.05 we found that there was statistical significant difference between group A and group B. Also as percentage of improvement seen

from above table we get percentage of improvement in group A was more than group B .

DISCUSSION

Mukhpak is a condition that affects in children due to poor hygienic and also due to nutritional deficiencies and prolonged use of antibiotic therapy. In allopathic medicine like vitamins, antibiotics, local application and local anti-inflammatory medicines are used in this disease.⁸ Ayurveda treatment for this disease are safe, effective, and affordable. Hence it was decided to study the comparative effect between Asvattha choorna, Madhu lepa and Khadira choorna, Madhu lepa in mukhpak in children. Patients of group A treated with Asvattha Choorna, Madhu lepa, and that of group B with Khadira choorna, Madhu lepa. This study was conducted in patients diagnosed as Mukhpak, in the age group of 1-5 years from daily OPD based patients in Kaumarbhritya Bala-Roga department of Bharati Vidyapeeth

(Deemed to be university) Ayurved Hospital, Pune. The patient who fit the inclusive criteria was included for the study. Patients were treated with oral lepa (local application) of 100 mg drug with 2 ml madhu for three times in a day for 15 days. According to clinical observation, the effects of Asvattha and Khadira choorna in Mukhpak are found as follows-

CRY:-

The Observations showed 100% improvement in cry in patients of group A whereas 97.06% improvement in group B with in the 15 days of the treatment. The Asvattha choorna (group A drug) and Khadira choorna (group B drug) is having kasaya rasa which is kapha pitta shamak help in reduce the cry ,Asvattha extract has analgesic property⁹. Due to this properties trial drug is more effective than control drug.

VOMITING:-

There was 93.62% improvement in group A within the 7th days; the drug is highly significant in treating the vomiting and 100% at the end of 15days, which is also highly significant in vomiting .Whereas only 81.58% improvement was seen in group B, within the 7 days and 100 % at the 15th day which shows the drug was significantly improvement in vomiting. The group A drug having kasaya rasa which is ruchi vardhak, sheeta virya and katu vipaka reduce vomiting . Due to this properties trial drug is more effective than control drug.

DROOLING OF SALIVA:-

There was observation showed 100% improvement in drooling of saliva in group A whereas 84% in group B with in the 15th days of the treatment. The group A drug having kasaya rasa, sheeta virya and kapha -pitta shamak properties it removes aggravating kapha and pitta from oral cavity.

ACCEPTABILITY TO FOOD:-

There was observations showed 63% improvement in Acceptability to food in group A whereas 56.67% improvement in group B within the 15days of the treatment The group A drug having kasaya rasa which is ruchi vardhak ,sheeta virya and katu vipaka reduce aruchi, Due to this properties trial drug is more effective than control drug.

CONCLUSION-

Asvattha Choorna is significantly effective in Mukhpak (Stomatitis) and is resolved faster without any complication. Symptoms of mukhpak that is cry, vomiting, acceptability to food, drooling of salivation were also cured well and earlier in group A when compared to be group B. The group A drug is having kashaya madhura rasa, guru, ruksha guna and sheeta veerya acts as pitta shamaka and relieves the pain and burning sensation. No side effects were found in the present study. Therefore, from the above observations it can be concluded that group A Asvattha choorna with Madhu lepa is more effective than control drug Khadira choorna with Madhu lepa.

REFERENCES-

1. Dr. Rohit Gadkari Kaumarabhritya (Bala roga) Text book of Ayurvedic Pediatric along with modern approach 1st edition 2014 .
2. Vaidya V.M.Gogte, Ayurvedic Pharmacology & therapeutic uses of medicinal plants dravyagunavignyan Chaukhambha publication ,New Dehli Edition 2009 , part -2 Medicinal Plants contd .
- 3.Vaidya V.M. Gogte Ayurvedic pharmacology & therapeutic uses of medicinal plants dravyagunavignyan chaukhambha publication ,new dehli edition 2009, part -4 medicinal plants contd.
4. Raj Nighantu of Pandit Narhari Dr. Satish Chandra Sankhyadhar, Dr. Deepika sankhyadhar.editor, Varanasi chaukhambha orientalia ,ED 2012.
5. Prof.K.R.Srikanth Murthy Clinical Method in Ayurveda Chaukhamba orientalia Varanasi 2013(2nd Edition) .
6. Madhava Nidanam by SRI Madhav vikara Edited by Dr. Brahmananda Tripathi ,Varanasi Publisher Chaukhamba Surbharati Prakashan 6th edition.
7. Priya Vrat Sharma , Sushruta Samhita with English translation of text and Dalhan Commentar Chaukhamba Visvabharati (Vol -2) .
8. Achar's textbook of Pediatrics 4th Edition by Swarna Rekha Bhat, Publisher :Orient Blackswan.
9. A Review on Pharmacological Activities and Therapeutic Potentials of Ficus Religiosa (Pipal) <https://www.researchgate.net/publication/312197039>