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Ayurvedic management on Kaphaja oshtha roga- A Case Report

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ABSTRACT:

Kaphaja oshtha roga is rare but very annoying condition. Acharya Sushruta has explained many local therapies for its management. A 50-year-old female patient presented with recurrent boils and eruptions having the same colour of the lips with itching, swelling. Associated with heaviness and severe stickiness since last nine years. Patient underwent many conventional treatments but does not have any permanent relief. Here Ostha dhupana (~fumigation over lips), Lepa (~applying paste over lip), Prakshalana (~lavation of lips) was chosen as main treatment modalities and Mahasudarshana Ghanvati 500mg thrice a day with luke warm water was given internally. The study concluded that after given treatment patient got complete relief in all the symptoms. No adverse effect of treatment was observed.

KEYWORDS: Dhupana, Kaphaja Oshtharoga, Lepa, Mahasudarshana Ghanvati, Prakshalana.

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INTRODUCTION:

All the organs of the body can get afflicted with imbalanced *Vata*, *Pitta* and *Kapha doshas* and so does *Oshtha* (~lips). *Oshtha rogas* (~diseases of lips) are set of diseases occurring in the lips. They are part of *Mukhagata rogas* (~diseases occurring in mouth and its parts). [1] According to Ayurveda there are 8 types of diseases occurs in *Oshtha* (~lips). Acharya Sushruta described clinical features of *Kaphaja oshtha roga* i.e. *Pidikabhi savarnabhistu chiyate* (~boils or eruptions having the same colour of the lips are formed over the lips), *Avedana* (~ not associated with pain), *Shuna* (~swollen lips), *Pichilla* (~sticky

lips), *Guru* (~heaviness in lips). On the basis this sign and symptoms patient was diagnosed as *Kaphaja oshtharoga*.^[2] In Ayurveda, treatment described for this condition is *Raktamokshana* (~blood letting), *Virechana* (~purgation), *Dhuma* (~fumigation), *Sweda* (~fomentation), *Kavala* (~gargles), *Pratisarana/Lepa*^[3] (~applying paste), *Gandusha* (~gargles).^[4]

PATIENT INFORMATION:

A 50-years-old female patient, housewife by profession visited Shalakya Tantra (Dental) OPD on 19/03/2021 with chief complaints of lesion having the same colour of lips, not associated with pain. Associated with sticky

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discharge from boils, itching and heaviness over lower lip since 3 months. Patient was suffering with this condition since last 9 years and was taking allopathic medication. No satisfactory relief in symptoms was noticed with the treatment, so she opted Avurveda for further treatment.

Clinical Findings: The patient was afebrile. Pulse was 78 beats/min. Blood pressure was 130/90 mmHg. No abnormality was noticed in the functioning of respiratory, circulatory and digestive systems.

Assessment criteria: Effect of the therapy was assessed on the basis of sign and symptoms mentioned in the Ayurvedic text. On lips examination; Upper lip was normal. Lower lip – lesion over lip with sticky discharge.

DIAGNOSTIC FOCUS AND ASSESSMENT:

Before treatment, haemogram (Hb%- 13.2 gm%, ESR- 40 mm/hr); Random Blood Sugar (RBS- 108 mg/dl) and urine analysis were within normal limits. Biopsy of lower lip was done and it was negative for malignant cells.

Dashavidha pareeksha (~ tenfold examination)

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

THERAPEUTIC INTERVENTION:

Assessment was done on subjective parameters. Routine investigations were carried out. The treatment regimen planned with Ostha dhupana (~fumigation of lips), *Lepa*(~applying paste over lips), *Prakshalana* (~lavation of lips) with internal medications i.e. Mahasudarshana Ghanwati (Table 1) for 23 days. After assessment of Bala (~strength), Agni (~digestive capacity) and Koshtha (~bowel habits), patient was advised to take Chitrakadi vati as Deepana (~digestives) and Pachana (~appetizers) for seven days.[5]

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

Intervention	Medicine	Duration	Dose	Frequency	Anupana
Deepana-	Chitrakadi vati	1st to 7th	2 tablets	Twice a day	Luke
Pachana		day	(500		warm
			mg)		water
Ostha dhupana	Nimba churna,	8 th to 30 th	Approx	Twice a day	-
	Daruharidra, Musta,	day	14-15		
	Sarshapa, Vidanga,		gm		
	Trikatu churna,		(2 gm		
	Arogyavardhani Rasa.		each)		
Lepa	Nimba churna,	8 th to 30 th	Appro.	Twice a day	Mixed
	Daruharidra, Trikatu	day	10 gm		with
	churna.		(3 gm		Gomutra
			each)		
Prakshalana	Panchavalkala Kwatha.	8 th to 30 th	Appro.	Twice a day	-
		day	15 gm		
Internal	Mahasudarshana	8th to 30th	2 tablets	Thrice a day	With luke
	Ghanvati	day	(500		warm
			mg)		water

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Clinical images:



Figure-1: Lower lip having lesions with sticky discharge. (Before treatment)



Figure-2: During treatment on Figure-3: 15th day



Completely cured (After treatment)

FOLLOW-UP AND OUTCOME

After treatment of one month patient was completely cured. On examination, lips were of normal colour and appearance (Figure 2 and 3). Follow-up of the patient was done at the regular interval of 15 days for 7 months to enquire about the status of any recurrence. No recurrences were complained by the patient during the period.

DISCUSSION:

The case was diagnosed as Kaphaja ostharoga and Ayurveda treatment was planned considering the symptoms.

Deepana-pachana-

It does Ama pachana and Dosha pachana and so facilitates the entry of medicine so that we can proceed to next stage of treatment i.e. Shodhana/purification/ detoxification. All diseases according to Ayurveda are due to vitiated Agni and Ama (~harmful toxins) is the main factor for vitiation of Agni. Deepana Pachana drugs prepare the body for next stage of treatment by removing the Srotorodha (~opening of channel) through digestion of (~harmful toxins). According to Ama Acharya Hemadri Pachana drugs does digestion of Ama and Deepana (~appetizers) drugs does separation of Dosha from Dhatu. Both drugs help to bring the Sama condition to Nirama condition. Here, reason behind chosing the Chitrakadi *vati* is that it balances the *Vata* (~air) and Kapha (~earth and water) and improves Pitta(~fire and air) Doshas and plays a key role in effectively removing Ama doshas (~harmful toxins) from the body.

Oshtha prakshalana

Panchavalkala kwatha prakshalana was done twice daily (Morning and evening) before and after applying Lepa for 10 minutes. Ingredients of Panchavalkala Kwatha^[6] are Nyagrodha (Ficus bengalesis Linn.), *Udumbara* (*Ficus glomerata* Roxb.), Ashvatha (Ficus religiosa Linn.), Parisha (Thespesiapopulena soland ex correa) and Plaksha (Ficus infectoria Roxb.). Here healing doesnot occurred due to discharge and slough. For the removal of slough and discharge, the drugs should have the qualities of Laghu (~lightness quality), Roooksha (~non-unctuousness quality) and Kashaya rasa (~astringent) Panchvalkala possess all these requisite qualities. Further it possesses Stambhana (~checking discharges), Kaphashamana



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Kapha), Rukshta (~rough (~pacifices Kledashoshaka (~absorbs quality), moisture) and Lekhana (~scraping property); checks the Srava and remove the slough. Due to all these actions Panchavalkala has provided significant relief in the symptoms.

Oshtha lepa

For Lepana Nimba churna^[7] (Azadirachta indica A. Juss), Daruharidra[8] (Berberis Aristata DC.), Trikatu churna[9] i.e. Pipalli (Piper longum L.), Shunthi (Zinziber officinalis Mill.), Maricha (Piper nigrum G.) with Gomutra was used. Gauze immersed in the same was kept on wound and over it a sterile pad was placed for 15 minutes. These drugs possess Shophahara (~anti inflammatory). Kandughna (~destrovs Kushthagna itching), and Kaphahara properties. Pharmacologically these drugs are proved to be anti-inflammatory, analgesics, antioxidant and anti-microbial.

Oshtha dhupana

In the wounds above the region of neck (above neck the region of Kaphadosha), in Kapha vata janya vrana, Shotha, Srava, wounds *Dhupana karma* is indicated.^[10] Here drugs used were Nimba (Azadirachta indica A. Juss) , Daruharidra (Berberis Aristata DC.), Musta[11] (Cyperus rotundus L.), Sarshapa^[12] (Brassica juncea Linn.), Vidanga^[13] (Embelia ribes Burm.f.), Trikatu i.e. Pipalli (Piper longum L.), Shunthi (Zinziber officinalis Mill.), Maricha (Piper nigrum G.), Arogyavardhani rasa[14] in equal ratio. All these drugs possesses Tikta-katu rasa and so prevents Vranagata kleda, Puya, Dushtasrava from the site of lesion and helps in Ropana (~healing of wound). Moreover all these drugs possesses antimicrobial, antifungal and antiviral properties. The fumes helps in combating the bacterial growth on the wound and hence helps in its better recovery and healing.

Mahasudarshana ghanawati

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It reduces *Ama*, which blocks the channels in the body. It also unblocks the microchannels. It pacifies Tridosha. It has variety of properties like anti-pyretic, detoxifying, anti-microbial, Haematinic, Appetizer, Anti-oxidant, Antipruritic and so thought to be effective in this disease.^[15]

CONCLUSION:

The case report demonstrates clinical improvement in *Kaphaja ostharoga* with Ayurvedic management. Treatment used here is effective, easily approachable, simple and economical. As this is a single case report, it may open a new path to clinicians.

DECLARATION OF PATIENT CONSENT:

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for images and other clinical information to be reported in the journal. The patient understands that names and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

REFERENCES:

- 1. Shastri AD. Sushruta Samhita, Nidana sthana, chapter 16, versus 04, Varanasi: Chaukhamba Orientalia; Varanasi. Reprint ed. 2012. Vol. 01, P 382.
- Shastri AD. Sushruta Samhita Nidana sthana, chapter 16, versus 08, Chaukhamba Orientalia; Varanasi. Reprint ed. 2012. Vol. 1, P 382.
- 3. Shastri AD. Sushruta Samhita, Chikitsa Sthana, chapter 22, versus 08, Chaukhamba Orientalia; Varanasi. Reprint ed. 2012. Vol. 1, P 122.
- 4. Vagbhatta. Ashtanga Hridaya Uttara sthana, Chapter22 versus 08;



INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

- Chaukhamba Orientalia; Varanasi. 9 ed., 2005.p.715.
- 5. Mishra S. Bhaishjya Ratnavali Agnimandhya Rogadhikar, Chapter 10, versus 22-24; Chaukhamba Orientalia, Varanasi. Reprint ed.2016, p. 337.
- 6. Mishra S. Bhaishjya Ratnavali Mukharoga Rogadhikar, Chapter 61, versus 78; Chaukhamba Orientalia; Varanasi. Reprint ed.2016, p. 958.
- 7. Muthulingggam N, Subramanian P. Pharmalogical and non-pharmacological activity of Azadirachta inndica Neem- A review Int. J.Biosci. 2014/09, 104-112.
- 8. Potdar D, Hirwani RR, Dhulap S. Phytochemical and pharmacological applications of Berberis aristata. Fitoterapia. 2012;83(5):817-30.
- 9. Sharma V, Kritika H, Narendra S, Gautam DN. phytochemistry and pharmacology of trikatu. 2016.
- 10. Shastri AD. Sushruta Samhita, Sutra sthana, chapter 1, versus 12, Chaukhamba Orientalia; Varanasi. Reprint ed. 2012. Vol. 1, P 8.
- 11. Patra S, Sahu S, Singh AKM. A Review Of Medicinal Properties On Musta (Cyperus Rotundus Linn.). ayush 2019;6(3):2235-41.

- 12. Neethu P, Vijitha Vijyan, Athulya CM, Arathi Rajesh. A review on anti-toxic effect of sarshapa. Pharma Innovation 2019;8(1):261-264.
- 13. Karpakal S, Rajasekharan PE. A review on the pharmacology of Embelia ribes burm. F.-A threatened medicinal plant. International Journal of Pharma and Bio Sciences. 2014;5 (2): 23-30.
- Nathusinhji T. Rasatantra sara or Siddha Yoga Sangraha, 27th ed. Ajmer: Krishna Gopal Ayurveda Bhavan; 2017.p. 328.
- 15. Shastri AD. Rastantrasara Churna prakrana, part 1, Krishna gopal Ayurveda bhavana; Ajmer. 27 ed. Reprint 2017. P 326.

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