



RESEARCH ARTICLE

EFFICACY OF JESHTHAMADH SIDDHA TAIL KAWALDHARAN IN MANAGEMENT OF OSMF, A SINGLE CASE STUDY.

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Abstract

- OSMF is a complex, irreversible, highly potent pre-cancerous condition, which is characterised by juxta -epithelial inflammatory reaction and progressive fibrosis of sub mucosal tissue.
- In modern science, many medicinal and surgical treatments available having no satisfactory result with irreversible results.
- As the disease OSMF exactly cannot be equated with any *mukhrogas* in Ayurveda but can be managed according to *Ayurveda*.
- So to look for alternative treatment and proves efficacy of *ayurvedic* treatment, this study was carried out.

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Introduction:-

Oral sub mucous fibrosis is a chronic disease of oral cavity which is common in patients who are chewing betel-nuts in the Indian subcontinent¹. It is characterised by the progressive build-up of constricting bands of collagen in the cheeks and adjacent structures of mouth which can severely restrict the mouth opening and tongue movement as well as cause problem with speech and swallowing². In modern science various medical and surgical treatment modalities have been used, but results are not satisfactory.

In Ayurveda, this disease is not mentioned clearly in *mukhroga*, but some scattered symptoms can be correlated with OSMF such as.

1. 'krichchan vivrinoti mukham'³ (difficulty in opening mouth)
2. *Mukhdaha*⁴, *ushna*⁵ (burning sensation in mucosa).
3. *Mukhantergat vrana*⁶ (ulceration of oral mucosa).

It seems to be to *vata-pitta* dominant chronic *sarvasarmukhroga* and many local treatment modalities like *Gandush*⁷, *kawaldharan*⁸ and *pratisaran*⁹ are mentioned by our *Aacharyas* which have great potential. Hence taking all considerations, this study was planned to deal this crippling disease.

Prevalance:-

In India, the prevalence increases over the past four decades from 0.03% to 6.42%¹⁰.

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Case study:-

A 45yrs old female patient, Hindu by religion, came to OPD with complaints:-

1. Burning sensation in mouth (*mukhdaha*)
2. Unable to eat spicy food (*katu ras asahishnuta*)
3. Dryness in mouth (*mukh shushkata*)
4. Unable to open mouth

Since 2-3 months:-

Patient had taken allopathic treatment for above complaints but does not get relief, so she came to hospital for alternative treatment. Patient was thoroughly examined and detailed history was taken.

No H/O – any major illness like HTN/ DM/ Chronic.

H/O- Pt. had habit of betel quid since 10-15 yrs.

On Examination:-

1. General condition-Fair, Afebrile
2. *Dehbhar*(weight)-60kg
3. *Deh prakriti-vata Kapha*
4. .Pulse – 68/min BP-130/80mm of Hg.

Local Examination:-**Oral cavity:-**

1. Lip – Dry, blackish discoloration.
2. Mouth opening- Restricted, measures 2 finger tight.
3. Tongue- Ulceration seen at tongue margin.
4. Oral mucosa- Discolouration(pale white).
5. Pharynx- Posterior pharyngeal wall congestion.
6. No tonsil hypertrophy.

Rest WNL.

By observing symptoms and signs, the disease was confirmed to-“OSMF” As per *Ayurvedic text*¹¹ - *Dosh: vat-pitta Dushya: mansa*.

Assessment Criteria:-**Table no.1:-** Subjective criteria.

	0	1	2	3
1. <i>Mukhdah</i> (Burning sensation in mouth)	Nil	On taking spicy food	On taking normal food	continue
2. Ulceration In mouth	Nil	Mild	Moderate	Severe
3. Colour of oral Mucosa	Pink Normal	Red or deep pink	Pale white	Blanched White

Table no 2:- Objective Criteria : Inter incisal distance (mouth opening) -

0	1	2	3
Normal complete opening	Three finger tight	Two finger tight	One finger tight

Investigations:-

Blood - Value

Hb% - 9.5gm%

TLC - 7600/cumm

ESR - 10mm

BSL(R) - 98mg/dl

Alb. - Nil

Sugar - Nil

Micro. - NAD

Urine - Value

Treatment Modality And Observations:-

- According to *Ayurvedic* text, OSMF symptoms and signs can resembles with *vata-pitta* dominant chronic *sarvasaramukhroga*, so decided to give “*Jeshthamadhsiddhatailkawaldharan*” *Jeshthamadh siddha tail*¹² –
- Prepared by –*samanya sneha siddhi kalpana*. *Kalka dravya* - *Jeshthamadh kalka* -10gm. *Sneha dravya* –*Tiltail* -40ml. Liquid - *Jeshthamadh kwath* -160ml.

Time of kawaldharan :Twice a day1. At morning and 2. At evening

Duration:- 1 month

Assessment After treatment:-

Assessment Criteria	Before treatment	After Treatment
1. 1. <i>Mukhdah</i> (Burning sensation in mouth)	2	0
2. Ulceration In mouth	2	0
3.Colour of oral Mucosa	1	0
4.Mouth opening	2	1

Result and Discussion:-

In above case study, patient got relief from signs and symptoms of OSMF.

Jeshthamadh having *vata-pittaghna* and *vranaropan* and *shodhan karya*¹³.

- According to modern research, *Jeshthmadh* contain liquorice which have properties like anti-inflammatory, anti-microbial, analgesic and immune modulatory.
- The compound glycyrrhizin plays key role in healing ulcers of mouth.
- As well as *til-tail*¹⁴ having *vrana sandhan* and *sukshma*¹⁵ properties (enters minute channels).
- Thus by doing *Jeshthamadh kawaldharan*, oral mucosa gets nourished by increasing blood circulation and tissue vascularity.
- It also gives physiotherapy, which needed for stretching the mucosal bands.

Conclusion:-

- The present study proves that, *Ayurvedic* medicine has great potential and ensures the regain of the oral mucosa to normal and healthy.
- It is effective in subsiding the symptoms and signs of OSMF in same extent without any adverse effect.
- This drug can be taken as an alternative medicine for patients of OSMF for better compliance.

Referances:-

1. Dingara PL. common disorders of the oral cavity in diseases of Ear, nose and throat 4th Ed, New Delhi-Reed Elsevier Private Limited 2007.
2. Pinborg J.J. and Sirsats.M. Oral submucous fibrosis, oral surge oral path 2001, 22(6);764-79.
3. Paradakara Ph editor *Ashtanga Hridayas* of *Vagabhatta, Uttarantra* (b.21) ver 59.6, 6th Ed. varanasi chaukhambha surbharati prakashan 2010.
4. Paradakara Ph editor *Ashtanga Hridayas* of *Vagabhatta, Uttarantra* (b.21) ver 59.6, 6th Ed. varanasi chaukhambha surbharati prakashan 2010.
5. Paradakara Ph editor *Ashtanga Hridayas* of *Vagabhatta, Uttarantra* (b.21) ver 59.6, 6th Ed. varanasi chaukhambha surbharati prakashan 2010.
6. Acharya YT editor. *sushruta samhita*, Nidanasthan ch.16, ver 65-6 3rd Ed. varanasi chaukhambha surbharti prakashan 2010, P 336.
7. Acharya YT editor, *sushruta samhita*, chikitsasthan ch.21 ver, 40 3rd Ed. Varanasi chaukhambha surbharti prakashan 2010. P 404.
8. Acharya YT editor, *sushruta samhita*, chikitsasthan ch.21 ver, 40 3rd Ed. Varanasi chaukhambha surbharti prakashan 2010. P 404.
9. Acharya YT editor, *sushruta samhita*, chikitsasthan ch.21 ver, 40 3rd Ed. Varanasi chaukhambha surbharti prakashan 2010. P 404.

10. Epidemiology, control and prevention of tobacco, induced oral mucosal lesions in India (Article year 2014, volume 51).
11. Acharya YT editor. Sushruta Samhita, Nidanasthan ch.16, ver 65-6 3rd Ed. Varanasi Chaukhamba Surbharti Prakashan 2010, P 336.
12. Mishra, Siddhinandana; Shri Govind Daskrita Bhaishjya Ratnavali, Chaukhamba Surbharti Varanasi (2005).
13. Mishra SB editor Bhawamishra 2nd ed, Varanasi Chaukhamba Sanskrita Bhawan 2010.
14. Acharya YT editor, Sushruta Samhita, Chikitsasthan ch.21 ver, 40 3rd Ed. Varanasi Chaukhamba Surbharti Prakashan 2010. P 404.
15. Shastri SR editor Bhaishajya Ratnavali of Govindadas ch.65 ver.81-3 20th Ed. Varanasi Chaukhamba Prakashan 2010.