

An Ayurvedic Approach to the Management of Mukhapaka (Recurrent Stomatitis): A Case Study

¹Soham B Shirole, ²Arun Raj GR, ³Mokindan R, and ⁴Kavya Mohan

Affiliation:

¹⁻⁴Department of Kaumarabhritya, Parul Institute of Ayurved and Research, Parul University, Vadodara - 391760 (India)

Corresponding Author: Dr. Soham B Shirole

Email: sohamshirole98@gmail.com

Phone: +91 9373139556

Abstract

Mukhapaka (stomatitis) is a commonly encountered condition in pediatric care, which can result in nutritional deficiencies and irritability among children. This case illustrates the *Ayurvedic* treatment of *Mukhapaka* in a pediatric patient, highlighting its comprehensive and sustainable approach in contrast to traditional therapies. The distinctiveness of this case is in showcasing how personalized *Ayurvedic* treatments can effectively alleviate symptoms while also addressing the root *doshic* imbalance. The child exhibited recurrent oral ulcers, pain, and a burning sensation, which worsened after consuming spicy foods. A clinical examination showed multiple aphthous ulcers on the buccal mucosa, accompanied by discomfort during meals. Following *Ayurvedic* evaluation, the condition was identified as *Pittaja Mukhapaka*. The treatment included *Shamana Chikitsa* with herbal remedies such as *Yashtimadhu*, *Triphala*, and *Khadiradi Vati*, in addition to the local application of *Tankana Bhasma* and a mouthwash made from *Triphala Kwatha*. Recommendations were made for dietary adjustments and the avoidance of foods that aggravate *Pitta*. Significant symptomatic relief was noted within a week, with complete healing of the ulcers and enhanced feeding. This case emphasizes the effectiveness and safety of *Ayurvedic* treatment in pediatric *Mukhapaka*, showcasing its ability to foster mucosal health and prevent recurrence through addressing root causes and providing holistic care.

Key words : *Mukhapaka*, Stomatitis, Oral hygiene, Ayurveda, *Gandusha*

^{1,3}Post Graduate Scholars, ²Professor & Head, ⁴Associate Professor

Mukhapaka is a term derived from two Sanskrit words: *mukha*, meaning mouth, and *pakare* referring to inflammation or ulceration. This condition is comparable to stomatitis in modern medicine. It is primarily characterised by inflammation, sores, and pain within the oral cavity. It affects the soft parts inside the mouth and lips. It can happen with or without visible ulcers or blisters. In Ayurvedic literature, *Mukhapaka* is considered a *sarvasara roga*, meaning a disease of significant concern, because it can involve the entire oral region, making it both widespread and distressing¹. The most frequent causes include infections, lack of essential nutrients, allergic responses, emotional stress, hormonal changes, and exposure to radiation therapy, among others⁴. In classical Ayurvedic texts, a detailed account of oral cavity diseases is provided under the category of *Mukharoga*. The term *Mukha* is described as a structure that includes the lips (*oshtha*), gums (*dantamoola*), teeth (*danta*), tongue (*jihva*), palate (*talv*), and throat (*gala*)⁹. *Mukhapaka* is classified under disorders of the mouth (*Mukharoga*) and is characterised by inflammation that affects the entire oral cavity. According to *Acharya Charaka*, it is considered a *Pittaja* disorder that arises independently without being a symptom of another disease¹⁰. This condition is caused solely by the vitiation of *Pitta dosha*. Since the mouth is a region through which *Pranavayu* (life-sustaining vital air) flows, any ailments affecting it if left untreated, can potentially block this vital passage, posing a serious risk to life. Therefore, timely and effective treatment of oral diseases is of utmost importance⁵.

Modern medicine does not offer a

definitive cure for stomatitis. Typically, a combination of antibacterial and anti-inflammatory agents is administered in the form of topical pastes, gels, or mouth rinses. These treatments mainly provide symptomatic relief, offering a cooling and soothing effect to alleviate discomfort². The present case study will discuss a 13-year-old female patient with *Mukhapaka* and the management of the condition with Ayurveda interventions.

Patient Information :

Name: XXX

Age: 13 years

Sex: Female

Address: Waghodiya

Socio-economic status: Lower-middle class

Date of Admission (DOA): 07/05/2025

Date of Discharge (DOD): 21/05/2025

IPD No: 252324

OPD No.: 25016999

Chief complaints :

A 13-year-old female patient visited the *Kaumarbhritya* outpatient department at Khemdas Hospital, presenting with repeated episodes of mouth ulcers over the past three months. She reported sensitivity to hot and spicy foods, which made eating difficult and speaking painful. The condition caused considerable distress and discomfort. These symptoms were notably aggravated by the intake of cold substances and during seasonal transitions (*Rutu Sandhi*).

History of present illness :

The patient is a 13-year-old female child who reported to the outpatient department of *Kaumarbharitya* in Khemdas hospital with a chief complaint of repeated episodes of mouth ulcers over the past three months. The symptoms were notably aggravated during seasonal changes. With this background, the patient was brought to the hospital for Ayurvedic consultation and treatment.

Past medical history :

The patient has a significant past history with repeated episodes of mouth ulcers, especially during seasonal changes such as the onset of monsoon and winter. These episodes were often triggered by exposure to cold weather, consumption of ice cream or cold drinks, and sudden environmental changes.

Family history :

There is no significant family history of stomatitis, respiratory illnesses, allergies, or other chronic conditions such as asthma, tuberculosis, or genetic disorders.

Birth history :

The patient was born as a full-term female child through normal vaginal delivery. His birth weight was 2.7 kg, and he cried immediately after birth, indicating no signs of perinatal asphyxia.

Developmental history :

The child achieved all developmental milestones for his age.

Immunization history :

The child has been fully immunized according to the national immunization schedule provided by the government.

Personal history :

Diet: Vegetarian
Sleep: Sound (8–9 hours)
Appetite: normal

General examination :

On general examination, the patient appeared fair, with normal build and nourishment. There was no pallor, cyanosis, icterus, clubbing, edema, or lymphadenopathy detected. Vital signs were within normal limits with a pulse rate of 86/min, respiratory rate of 22/min, SpO₂ of 98%, and body temperature of 98.4°F. Anthropometric measurements recorded were head circumference 52 cm, chest circumference 78 cm, mid-upper arm circumference 17 cm, height 135.4 cm, weight 33.9 kg, and BMI 18.5 kg/m². In Ashtasthana Pariksha, nadi was observed as pittapradhan vata, mala showed malavashtambha, mutra was prakrut, jihva was lipta, shabda and druk were prakrut, sparsha was ushna, and akruti was madhyama. Dashavidha Pariksha revealed prakriti as pittapradhan vatanubandhi, vikriti as kapha, sara and samhanana as madhyama, and pramana corresponding to the recorded anthropometric data (height 135.4 cm, weight 33.9 kg, BMI 18.5 kg/m²). The patient was *Sarvarasa Satmya*, with *Madhyama Satva*, *Pravara Ahara Shakti*, *Madhyama Vyayama Shakti*, and belonged to the *baala avastha* (childhood stage).

Systemic Examination :

On systemic examination, the chest was bilaterally symmetrical with no scars or deformities. Trachea was centrally placed, chest expansion was equal on both sides, and vocal fremitus was diminished. Percussion revealed resonance, and auscultation showed equal bilateral air entry without any abnormal sounds. Cardiovascular and gastrointestinal examinations were unremarkable with normal heart sounds, no tenderness, and audible bowel sounds. The patient was alert, conscious, and well-oriented with no neurological deficits.

Local Examination :

The tip of the tongue and the inner side of the left upper, left lower, and right upper lips appeared reddish. Three ulcerative lesions were noted over the affected areas, exhibiting a reddish-white base with mild surrounding erythema. The lesions were tender on touch. The oral mucosa was otherwise moist and healthy, and no bleeding or discharge was observed. Examination of the throat revealed normal findings with no congestion, tonsillar enlargement, or exudation.

Therapeutic Intervention :

Date	Therapeutic Management
07/05/2025 To 14/05/2025	External medication : <i>Gandush of Darvi ghana</i> -20 to 30 ml mixed with 7gms. honey two times daily. Internal medication : <i>Hingavastaka churna</i> ½ tsp with <i>Takra</i> <i>Septiline</i> tablet (1 – 0 – 1) A/F with warm water <i>Chitrakadi vati</i> (1 – 0 – 1) B/F with warm water
14/05/2025 To 21/05/2025	<i>Gandush of Darvi ghana</i> - 20 to 30 ml mixed with 7gms. honey two times daily. <i>Hingavastaka churna</i> ½ tsp with <i>Takra</i> <i>Septiline</i> tablet (1 – 0 – 1) A/F with warm water

The patient showed progressive improvement with treatment. Her symptoms continued to diminish steadily. After completing 15 days of treatment, she experienced full relief, leading to the discontinuation of *Chitrakadi Vati*. However, *Gandush* therapy was continued for another 7 days and subsequently stopped as well. Within 15 days, her pain and sensitivity to hot and spicy foods had significantly subsided. Over time.

Mouth ulcers are among the most frequently encountered conditions affecting the oral cavity. The primary contributors are unhealthy dietary habits and improper lifestyle choices, collectively referred to as *Apathyakara Ahara* and *Vihara*. *Gandush* therapy using *Darvi Ghana* mixed with honey serves as a localised treatment that exerts direct therapeutic effects on the oral mucosa by creating mechanical pressure within the mouth.



Fig. 1. Before Treatment



Fig. 2. After Treatment



Fig. 3. Before Treatment



Fig. 4. After Treatment

The active compounds in these *Gandush* ingredients stimulate the parasympathetic nervous system, particularly the salivary glands, thereby enhancing salivary secretion. Saliva, rich in immunoglobulin Ig, possesses natural antimicrobial and antiviral properties. In such conditions, *Sthanik Dosha Chikitsa* localised treatment is essential alongside internal medication, as the *doshas* in the

affected area are in a latent (*leena*) state. Local therapies assist in cleansing these dormant *doshas* (*shodhana*), and the transdermal micro-absorption of *Gandush* herbs supports the elimination of pathogenic factors and promotes the healing of ulcers. In Ayurveda, the ancient holistic system of medicine, *Darvi* (*Daruharidra*) has been recognised for its wound-healing properties. The root bark of this

plant contains 'berberine,' a potent bitter alkaloid known for its antibacterial, fever-reducing, anti-inflammatory, and pain-relieving effects. When combined with *Madhu* (honey), *Daruharidra* becomes especially beneficial in managing aphthous ulcers, surface abrasions, and oral lesions. Due to its astringent (Kashaya) taste, *Daruharidra* supports the healing process and plays a role in balancing the aggravated *doshas Kapha, Rakta, and Pitta*⁸. Honey, due to its cooling nature, is effective in pacifying bleeding disorders and calming aggravated *Kapha dosha*. Additionally, it aids in wound healing and tissue repair.⁶ Honey helps cleanse and freshen the oral cavity, supports the healing of ulcerative lesions, and alleviates sensations of heat or burning.⁵ Honey's healing effect is attributed to its natural antibacterial qualities and its thick, viscous texture, which forms a protective coating over wounds to guard against infection. Its ability to modulate the immune response also plays a significant role in supporting tissue repair and regeneration.³

Patient perspective :

The patient and his caregivers expressed satisfaction with the treatment outcomes. They reported significant relief from symptoms within a few days of starting Ayurvedic therapy and appreciated that the treatment was non-invasive and free from side effects. The family was particularly experienced in improved sleep, appetite, and overall well-being. They expressed confidence in continuing Ayurvedic care for future seasonal concerns.

Informed Consent :

Informed consent was obtained from

the patient's parents for the use of clinical details, investigation findings, and treatment outcomes for academic and publication purposes. The identity of the patient has been kept confidential, and the family was assured that all information would be used solely for educational and research activities.

Mukhapaka is primarily caused by unhealthy dietary patterns and an improper lifestyle. Ayurveda emphasises *Nidan Parivarjana*, i.e., eliminating the *Hetu* (causative factors) as a fundamental approach to halt the advancement and prevent the recurrence of the disease. Findings from this study suggest that local therapy (*Sthanik Chikitsa*) targeting the *Leena Doshas* is essential alongside systemic treatment. In this particular case, *Gandush* therapy demonstrated positive outcomes. However, as this is an isolated case report, further clinical trials involving a larger sample size are necessary to validate the effectiveness of this approach, especially in cases of stomatitis that are resistant to conventional treatments.

I wish to extend my heartfelt gratitude to, Department of Kaumarbhritya, Parul Institute of Ayurveda and Research, Ishwarpura, Vadodara, for his constant encouragement and academic guidance throughout the preparation of this manuscript.

Funding:

No external funding or material assistance was obtained for the preparation of this article.

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