



MANAGEMENT OF PITTAJA OSHTA PRAKOPA WITH SHAMANA CHIKITSA AND NIDANA PARIVARJANA: A SINGLE CASE REPORT

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Article DOI: <https://doi.org/10.36713/epra22693>

DOI No: 10.36713/epra22693

ABSTRACT

In Susruta Samhita 65 types of Mukha rogas are explained in total categorizing them under 7 Mukha avayavas respectively. Pittaja oshta roga is one among the 8 Oshta rogas explained by Acharya Susruta. A 35 year old patient presented with ulceration of lower lip associated with swelling, bleeding and burning sensation since 2 months. Patient had underwent many conventional treatments but does not have any permanent relief. In this patient Bahya lepa (applying of paste over lips) was chosen as main treatment modality along with Guduchyadi kashayam, Grab capsule & Vaiswanara churnam internally. Along with aushadhi pathya ahara and vihara was advised like Dantasodhana, thikta rasa pradhana ahara and apathya ahara and vihara like mahisha ksheera sevana, tobacco chewing was advised to be avoided. The study concluded that after 3 weeks of above treatment patient got complete relief in all the symptoms with no reoccurrence of symptoms till last follow up.

KEYWORDS: Pittaja oshta roga, Lepana, Shamana chikitsa, Nidana parivarjana, Chelitis

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] In Ayurveda, descriptions of Oshtha rogas are found under Mukha rogas which is explained in the Nidana sthana in Susruta Samhita & Uttara tantra in Ashtanga Hrudaya. Acharya Susruta has explained the features of Pittaja oshta roga as Sarshapa akrutbhih pidakaabhih achitau, daha, paka, samsarava and Neela peeetau.^[2] On the basis of finding more than 3 symptoms explained as above the patient was diagnosed as Pittaja oshta roga. The treatment explained for the same are Rakthamokshana, virechana, Thikta bhojana, rasa pana, sheeta pradeha and sheeta parisechana.^[3]

PATIENT INFORMATION

35-years-old male patient, salesman by profession visited Shalakya Tantra (ENT) OPD on 19/09/2024 with chief complaints of lesion in the lower lip which is having uneven margin and reddish discoloration associated with yellowish-red boils, pain and burning sensation over lower lip since 2 months. On detailed history taking it was revealed that he had a long standing habit of tobacco chewing since 4 years. Patient was suffering with this condition since last 2 years and was under allopathic medication. No satisfactory relief in symptoms was noticed with the treatment, so he approached Ayurveda for further treatment.

Clinical Findings: The patient was afebrile. Pulse was 72 beats/min. Blood pressure was 110/80 mmHg. His digestion was disturbed. No abnormality was noticed in the functioning of respiratory, circulatory system.

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 left side of lip with reddish yellowish boils.

DIAGNOSTIC FOCUS AND ASSESSMENT

Before treatment, haemogram (Hb%- 13.2 gm%, ESR- 40 mm/hr); Fasting Blood Sugar (FBS- 99 mg/dl) and urine analysis were within normal limits.

Dashavidha pareeksha (~tenfold examination)

The Shareera Prakriti (~nature of body) of patient was Pitta-vataja. Vikriti (~morbidity) was Pittaja. Satwa (~psyche), Sara (~excellence of tissues), Samhanana (~compactness of organs), Satmya (~suitability) and Pramana (~body proportion) of the patient were of Madhyama (~moderate) level. Ahara Shakti (~digestive power), Vyayama Shakti (~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 Oshtha Lepana (~applying paste over lips) with internal medications i.e. Guduchyadi kashayam and Grab capsule



(Table 1) for 21 days. After assessment of *Bala* (~strength), *Agni* (~digestive capacity) and *Koshtha* (~bowel habits), patient

was advised to take *Vaiswanara churnam* as *Deepana* (~carminative) for 10 days.

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

Intervention	Medicine	Duration	Dose	Frequency	Anupana
<i>Deepana-Pachana</i>	<i>Vaiswanara churna</i>	1 st to 10 th day	1 tsp (5 gm)	BD- Before food	Luke warmwater
<i>Lepa</i>	<i>Pitaka churna</i> (<i>Darvi twak, Sindhubdhava, Manashila, Yavashuka, Haritala</i>)	1 st to 21 st day	Approx. 10gm	Once a day	Mixed with <i>Madhu</i>
Internal	<i>Guduchyadi kashayam</i>	1 st to 21 st day	15ml	Twice a day (In empty stomach)	With 30ml luke warm water
	Grab capsule	1 st to 21 st day	1 capsule	Twice a day (After food)	With lukewarm water

Clinical Images

Fig 1 : Lower lip having lesions with uneven border - Before Treatment



Fig 2 : After Treatment





FOLLOW-UP AND OUTCOME

After treatment of 21 days patient was completely cured. On examination, lips were of normal colour and appearance (Figure 2). Follow-up of the patient was done at the regular interval of 15 days for 3 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 *Pittaja osthara* and treatment was planned examining the signs and symptoms.

Deepana-Pachana

Deepana-Pachana therapy is a crucial approach in Ayurveda, which involves the oral administration of specific medications to enhance and support the functioning of the gastrointestinal tract. *Deepana*, the appetizer component, stimulates *Agni* but does not digest *Ama*. The *Pachana* drugs, categorized as digestives, focus on breaking down *Ama* without necessarily increasing *Agni*. *Deepana* drugs aid in the separation of *Dosha* from *Dathu*, the body tissues. *Deepana-Pachana Chikitsa*, an integral therapy within Ayurveda, is highly effective in treating various ailments while improving *Agni's* functionality. *Deepana-Pachana Chikitsa* plays a pivotal role in restoring the normal functioning of the digestive system which helps in the prevention of *Mukha rogas*.

Oshtha lepa

For *Lepana*, *Pitaka churna* [4] was used which has the following ingredients. *Daruharidra* (*Berberis Aristata* DC.), *Saindhava/sindhudbhava* (Rock salt), *Manashila* (Realgar), *Yavakshara* (Alkali of *Hordeum vulgare*) and *Haritala* (Orpiment). It was advised to applied with honey. Gauze immersed in the same was kept on wound and over it a sterile pad was placed for 15 minutes. The *churna* possess *Vrana ropana* (Healing), *Lekhana* (scraping) and *Pitta-kaphahara* properties. Pharmacologically these drugs are proved to be anti-inflammatory, analgesics, antioxidant and anti-microbial.

Internal Medications

Guduchyadi kashaya

Guduchi and all other drugs in the *kwatha* acts on *Rasavaha srotas* and it also has the properties to reduce *Rukshata*. It also reduces the burning sensation which is a prominent feature in *Pittaja oshta roga*.

GRAB Capsule

Grab capsule is composed of *Arogyavardhini rasa*, *Gandhaka rasayana*, *Triphala* and *Vranapahari rasa*. It has *Vrana ropana*, *Tridosha hara* and *Krimighna* properties. It helps in the healing of the existing lesions and also helps in prevention of new lesion eruption.

Dietary and Habitual Advice

According to Ayurveda *Aahara* and *Vihara* play a vital role in an individual's well-being and according to *Aacharya* *Susrutha* *Nidana Parivarjanam* is the prime factor to achieve normal health [5]. In this case, food items that are predominantly *Pittakara* in nature are advised to avoid such as *Amla Rasa Pradhana Dravyas*, *Mastya*, *Ksheera*, *Masha*, food items which are hard to digest and most importantly *Abhishyandi* and *Vidahi*

Dravyas such as *Dadhi*, *Mahisha ksheera* which is *guru* in nature was also advised to avoid as the patient already had *mandagni*. *Thikta rasa pradhana ahara* was advised for regular consumption.

Viharas such as *Adhomukha Shayana*, and *Diva swapna*, [6]

, tobacco chewing and exposure to sun was advised to be avoided. *Dantasodhana* was advised to practice twice daily.

CONCLUSION

The case report exhibits the clinical improvement in *Pittaja osha roga* with Ayurvedic management along with correction of the causative factors. Treatment used here is effective, easily approachable, simple and economical. As this is a single case report it would be helpful to analyze and understand the particular action of drugs on the disease.

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