



THE EFFECT OF NISHADI TAILA KAWALDHARAN IN MANAGEMENT OF ORAL SUBMUCOUS FIBROSIS, A SINGLE CASE STUDY

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ABSTRACT

Oral submucous fibrosis is a chronic debilitating disease and a well recognized potentially premalignant condition of oral cavity.^[1] In modern science, many medicinal and surgical treatment available having no satisfactory result with irreversible result. As the disease OSMF exactly cannot be equated with any *mukharoga* as in Ayurveda but can be managed according to Ayurveda. So to look for ayurvedic treatment, this study was carried out.

KEYWORDS: OSMF, Kawaldharan, Nishadi tail, mukharog.

INTRODUCTION

Oral submucous fibrosis is a chronic debilitating disease and a well recognized potentially premalignant condition of oral cavity. Various medical and surgical treatment modalities have been used in modern science, but result are not satisfactory owing to recurrence, adverse effect, and sometimes worsening the condition. Oral submucous fibrosis is a chronic debilitating disease of oral cavity characterised by inflammation and progressive fibrosis of lamina propria and submucosa that result in marked rigidity and eventually inability to open the mouth. It manifest as blanching and stiffness of oral mucosa, trismus, burning sensation in mouth, intolerant to eat a hot and spicy food, repeated vesicular eruption and ulceration of buccal mucosa, palate and pillar etc.habit of betel nut and tobacco chewing, excessive consumption of chillies and spices, genetic susceptibility, smoking drinking alcohol completed with dilatory deficiency are through to be the causative factor of OSMF.

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

- 1) *Krichchanvivrinitimukham*^[2] (difficulty in opening mouth)
- 2) *Mukhadaha*,^[3] *ushna*^[4] (burning sensation in mucosa)
- 3) *Mukhantergatavrana*^[5] (ulceration of oral mucosa)

On analyzing the disease condition with Ayurvedic approach it seems to be nearer to *vata-pitta* dominant chronic *sarvasar mukharoga* and many local treatment modalities like *gandush*,^[6] *kawaldharan*,^[7] *pratisaran*,^[8]

are mentioned by our *Acharyas* which have great potential.

Hence taking to all consideration, this study was planned to deal this crippling disease.

Prevalence: in India prevalence increase over the past four decades from 0.03% to 6.42%.^[9]

CASE STUDY

A 45 yrs old male patient hindu by religion came to OPD with complaints

1. *Mukhdaha* (burning sensation in mouth)
2. *Katu rasa asahishnuta* (Unable to eat spicy food)
3. *Mukhasushkata* (dryness in mouth)
4. Unable to open to mouth

Since 2-3 month: Patient had taken allopathic treatment for above complaints but does not get relief so he came to hospital for alternative.

Treatment: patient was thoroughly examined and detailed history was taken.

No H/O any major illness like DM/HTN

H/O patient had habit for betel quid since 10-15 yrs

- On examination:
General condition- fair, afebrile
Dehabhar - 58kg
Dehprakruti- vatakaph
Pulse- 70/min
BP- 110/80 mmHg

- Local examination –

Oral cavity

Lip – dry blackish discoloration
 Mouth opening – restricted measured 2 finger tight
 Tongue – ulceration seen at tongue margin
 Oral mucosa – discoloration (pale white)
 Pharynx – posterior pharyngeal wall congestion

No tonsil hypertrophy

Rest - WNL

By observing symptoms and sign, the disease was confirmed OSMF, as per ayurvedic text.^[10]

Dosh- vata –pitta, dushya – mamsa

Assessment criteria: Table 1: Subjective criteria.

	0	1	2	3
Mukhadaha (burning sensation in mouth)	Nil	On taking spicy food	On taking normal food	Continue
Ulceration in mouth	Nil	Mild	Moderate	Severe
Colour of oral mucosa	Pink normal	Red or deep pink	Pale white	Bleached white

Table 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

hb% - 8.2gm%
 TLC- 7600/cumm
 ESR- 10mm
 BSL(R) – 98mg/dl
 Urine alb –nil
 sug –nil

Treatment modality and observation

According to ayurvedic text, OSMF symptoms and sign can resemble with vata-pitta dominant chronic sarvasara mukharoga, so decided to give Nishadi taila kawaldharan. Nishadi tail prepared by – samanyasneha siddhi kalpana.

Table 3: Nishaditaila^[11]: (Bh.pra. chap 66mukhrogadhikar).

Sr. No.	Name of The Drug	Latin name	Part
1	Haridra	Curcuma Longa	2
2	Nimbpatra	AzadirachtaIndica	1
3	Madhuka	GlycyrrhizaGlabra	1
4	Neelotpala	NymphaeaNouchali	1
5	Tilataila	SesamumIndicum	16

Time of kawaldharan: twice a day 1) at morning 2) at evening

Duration: 1 month.

Assessment after treatment

Assessment criteria	Before treatment	After treatment
Mukhadaha (burning sensation in mouth)	2	0
Ulceration in mouth	1	0
Colour of oral mucosa	1	0
Mouth opening	2	1

RESULT AND DISCUSSION

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

When kawaladharana is done, one gets maximum absorption of the drug through oral mucosa which helps in relieving the symptoms, also movement of mouth helps to relieve stiffness in the disease OSMF. It is useful as physiotherapeutic measure. Most of the drug are snehan, balya, brimhana, rasayana, ropana and dahashamaka as well as possesses anti inflammatory, analgesic, muscle relaxant, antioxidant and tonic

properties. The common base of tilataila makes the whole drugs pervading to micro channels due to its sukshmaand vyavayigunas. Nishaditailakawal specifies vata pittadoshas as well as nourishes local tissues by means of Balya, Brimhana etc. effects which can be included under the heading of local (mukhagata) rasa, rakta, and mamsadhatupushti.

Thus by doing nishaditailakawaldharan, oral mucosa get nourishes by increasing blood circulation and tissue vascularity. It also gives physiotherapy, which needed for stretching the mucosal band.

CONCLUSION

The present study proves that, ayurvedic medicine has great potential and ensure the regain of the oral mucosa to normal and healthy.

It is effective in subsiding the symptoms and sign of OSMF without any adverse effect.

This drug can be taken as a alternative medicines for pateints of OSMF for better compliance.

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