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## President's Message



It is a matter of concern for Indian System of Medicine that central and state Governments are least interested in development and upgradation of ISM education and institutions. The policy makers of Independent India were having thought to improve the health and medical needs of the people of this country by integrated system of treatment. But practitioners of Allopathy found ISM practitioners as their rivals and professional jealousy provoked them to finish this integration and started to demand a ban on crosspathy. The pervue of this article is not to describe it in detail but at present it seems that they are successful in their conspiracy because to finish a system of integrated medicine, it is necessary to finish its colleges and institutions. It is well reflected in decreasing number of colleges, decreasing number of seats in colleges and poor condition of teaching and training in most of the colleges. On one hand where a regular demand for new colleges of allopathy is there to combat scarcity of doctors, there is no demand for ISM colleges. Seats are being reduced day by day in existing colleges and they are not permitted to take new admissions. Even they are not given sufficient fund to run quality Hospitals for teaching and training of the students. Faculties are never filled as required by minimum standard decided by CCIM. Courses and curriculum are not being updated and modernized according to need of people and time.

So a disastrous condition is all over the country. To improve the situation and to save the Indian System of medicine a multi level effort is required. First step for it is production of highly skilled graduates of ISM. This can be done only when state and central governments will pay attention to ISM both by monetary assistance and making utility of ISM graduates in National health services. No doubt Department of AYUSH of Ministry of H&FW is ready to fund for development of ISM in the country but the root cause of bad condition of ISM is mainly due to lack of job after passing out these courses. So influx of quality student is also not encouraging. When a student finds his study and training unsatisfactory and scope of the degree and diploma very limited, choice for going to these studies decreases automatically. Private sector is also not very interested and enthusiastic to enter in this field.

Government colleges run by state and central govts are also not in a good position. Most of the Govt. colleges of Ayurveda and Unani in UP, Bihar, Gujarat etc are not permitted for taking admission since last several years. Two batches of Govt Ayurvedic college (SSU) Varanasi are facing trouble because CCIM had not permitted it to take admission in 2011 & 2012 batches. Students who have taken admission in these two batches are anxious about their future. Similarly several colleges were asked to reduce seats instead of increasing their infrastructure and faculty. Even CCIM itself has lowered the minimum standard of infrastructure for recognition of colleges but this remedy will not work. It will decrease quality of graduates and situation will worsen. It has been observed that hundreds of teachers are sacked after this declaration.

So policy makers of the nation should think over the problem seriously and this 'Foeticide' of ISM education should be stopped. Because army of ISM doctors only can fulfill demand of doctors for country. This is a long term conspiracy to finish ISM in India. Low quality of education, poor infrastructure, cutting down rights of Integrated practice, no job guarantee are enough to delete ISM from the pervue of the health policy of India.

So we the members of NIMA strongly oppose the new minimum standard criteria for colleges by CCIM and secondly demand urgent attention of Govts. to improve the same. Without quality production of ISM graduates in huge number neither India can fulfill its doctors demand nor Indian system of Medicine can flourish.

— Dr K Tripathi, National President - NIMA-CC  
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## FIFTY FIFTH YEAR OF PUBLICATION





# Management of 'Mukhapaka' by 'Haridradi' Tail w.s.r. to recurrent Aphthous Ulcer

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## Introduction:

Aphthous ulcer is also termed as mouth ulcer (Stomatitis). In India, a habit of consumption of extremely pungent and spicy food poses a potential hazard to the oral mucosa. Not only wrong dietary habits but consuming and chewing of chemical agents like Tobacco-Gutakha, Insomnia, Vitamin deficiency, many life threatening disease like Malignancy, Submucosal fibrosis, Skin disease and disturbances in G.I. tract like Constipation, Dysentery are responsible for the damage of the oral health.

In modern medicine, several mouth paints and mouth gargles are used for the treatment for Aphthous ulcer adjuvant to steroids, B'Complex group of drugs, injection placentex (sub mucosal) which have their own limitations and there is no successful, satisfactory and cost effective treatment available.

In Ayurvedic text, Aphthous ulcer is denoted as 'Sarvasar rog' or 'Mukhapaka' due to its spread in the complete oral cavity (mukha).

It was observed that the trial preparation produced highly significant ( $p < 0.05$ ) symptomatic relief and causes marked improvement ulceration, present in buccal mucosal layer, burning sensation of palate, redness and erosion of oral cavity, difficulty in swallowing & chewing pungent things, enlargement of lymph nodes etc.

## AIM AND OBJECTIVES

1. To evaluate the therapeutic efficacy of 'Haridradi Tail' in 'Mukhapaka' (Recurrent Aphthous Ulcer) as an alternative form of treatment.

2. To rationalise the treatment of 'Mukhapaka' by launching a drug or formulation, which is most effective and potent, easily

available in all seasons, easy to prepare & use, acceptable by any group, which has minimal unwanted action.

## MATERIAL AND METHODS

Drug & Duration of therapy: Haridradi Tail'-Gandoosh', every 4 hourly and also for oral administration, 10 ml twice a day, for 10 days.

### Drug ingredients

Haridra (*Curcuma longa*)

Nimba patra (*Azadirachta indica*)

Yastimadhu (*Glycyrrhiza glabra*)

Neelkamal (*Nelumbo nucifera*) in equal quantity &

Sesame oil (*Sesamum indicum*).

Typical method of 'Siddha oil' preparation (1:4:16) is followed as per 'Sneh kalpana' described in Sushrut samhita.

### Inclusion criteria

Patients presenting with following symptoms were considered for the clinical trial.

1. Male and female patients of age group of 13 years and above.

2. Ulceration occurred any where in buccal cavity e. g tongue, lips, cheek, hard palate, pharyngeal wall etc.

3. Burning sensation of oral mucosa while taking food.

4. Redness and inflammation of the tongue.

5. Difficulty in swallowing & chewing pungent and spicy food and hot drinks.

6. Patients having Mukhapaka/ ulceration due to stress, wrong dietary habits, deficiency of vitamins, drug induced due to anaemia & constipation.

### Exclusive criteria

Patients with Diabetes, Tuberculosis, HIV, Herpes, Malignancy, Chron's disease, Ulcerative colitis, lichen planus etc.

### Pathological Investigations

Complete Blood Count, E.S.R, V.D.R.L, Blood sugar and Urine routine

## ASSESSMENT

The diagnosis of 'Mukhapaka' was

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confirmed on presence of mouth ulcer & difficulty in chewing pungent and hot things; due to erosion buccal mucosa each and every patient had these symptoms.

The clinical feature of 'Mukhapak' were graded in four points 0-3 scale. The effect of the treatment was assessed after every two days, in terms of subjective improvement by way of determining the rate of favourable shift of grades on a four (0 to 3) grade symptoms rating scale developed for this purpose.

### SUBJECTIVE ASSESSMENT

In these study group, age of patient where ranging from 30-82 yrs with average age 35.21 yrs 53.3% of total cases were male 76.6% of total cases were married and 70.0% of cases were educated.

Parameters	Total no. of Cases 30	
	Mean ± SD	Range
Age	35.21 ± 14.97	13-82 Yrs
Sex %	Male 16 (53.3)	Female 14 (46.6)
Diet %	Veg. 15 (50.0)	Mixed 15 (50.0)
Educational Status %	Educated 21 (70)	Illiterate 9 (30)
Marital Status %	Married 23 (76.7)	Single 07 (23.3)

Table 1: Demography of patients

## STATISTICAL OBSERVATIONS

### 1. PRESENCE OF MOUTH ULCERS

(Number of Ulcers, Size of Ulcers, Site of Ulcers)

The initial mean grade of mouth ulcers along with number of ulcers present in trial group of patients (2.29 ± 0.66) on the 2nd day of follow up, it came down to (2.11 ± 0.69), it further came down successively on the 4th day to (1.32 ± 0.61), 6th day (0.48 ± 0.57), on 8th day (0.07 ± 0.26), 10th day (0).

The improvement statistically noted on the 4th, 6th, 8th & 10th day of follow up was highly significant (p < 0.05) significant.

### 2. REDNESS AND EROSION OF BUCCAL MUCOSA

Initial mean grade score for the symptom 'redness and erosion of buccal mucosa' was (2.04 ± 0.74) after 2nd day it came down to (1.61 ± 0.63), on day 4th (0.71 ± 0.60). It came down to (0.24 ± 0.51) on 6th day of treatment. On 8th day (0.03 ± 0.19) and on 10th day (0).

The result still being highly significant (P

< 0.05 significant) in each follow up from 2nd day.

### 3. BURNING SENSATION OF ORAL MUCOSA.

From the very 2nd day of follow up this symptom started reducing i.e. (mean grade score for this symptom was (1.93 ± 0.77) & on 2nd day (1.46 ± 0.64). on day 4th mean grade was (0.57 ± 0.63) & on 6th day the mean grade was (0.24 ± 0.51), on 8th day (0.03 ± 0.19) & on 10th day it came to (0). (p < 0.050), statistically Results highly significant.

### 4. DIFFICULTY IN CHEWING PUNGENT & HOT THINGS

Initially mean score was (1.89 ± 0.79) on 2nd day it came down to (1.31 ± 0.68). On 4th day it was (0.54 ± 0.64), On 6th day the score was (0.21 ± 0.49) on 8th day (0.03 ± 0.19) on 10th day it disappeared completely (p < 0.05 significant).

### 5. ENLARGEMENT OF SUBLINGUAL & SUBMANDIBULAR LYMPHNODES

The initial mean grade score of enlargement & tenderness of lymphnodes was (1.18 ± 1.09) & it remained constant on day 2. it reduced to (0.86 ± 0.85) on day 4th (0.32 ± 0.55) & to (0.14 ± 0.44) on day 6th. on 8th day (0.03 ± 0.19) the result being statistically highly significant (p < 0.05) the symptoms were absent in all cases on tenth day of follow up.

S. No	Symptoms	Initial Mean ± S.D.	After 2 days	After 4 days	After 6 days	After 8 days	After 10 days
1	Number of mouth ulcers & size of mouth ulcers	2.29 ± 0.66	2.11 ± 0.69	1.32 ± 0.61	0.48 ± 0.57	0.07 ± 0.26	0
2	Redness and erosion of buccal mucosa	2.04 ± 0.74	1.61 ± 0.63	0.71 ± 0.60	0.24 ± 0.51	0.03 ± 0.19	0
3	Burning sensation of oral mucosa	1.93 ± 0.77	1.46 ± 0.64	0.57 ± 0.63	0.24 ± 0.51	0.03 ± 0.19	0
4	Difficulty in swallowing pungent and hot things	1.89 ± 0.79	1.36 ± 0.68	0.54 ± 0.64	0.21 ± 0.49	0.03 ± 0.19	0
5	Enlargement of lymphnodes and tenderness	1.18 ± 1.09	0.86 ± 0.85	0.32 ± 0.55	0.14 ± 0.44	0.03 ± 0.19	0

Table 2: Statistical analysis of Objective Parameters

By wilcoxon sign rank test p < 0.05 significant

Above Table shows that mean score of ulceration were 2.29 at base.

After treatment at the end of 4 days mean score had a significant reduction 42.4% and



at end of 6th day reduction were 79.1% at end of 8 day not a single patient had an ulceration.

### RESULT AND CONCLUSION

S.No.	Clinical Features	No of cases	Percentage
1	Mouth ulcers present	30	100%
2	Burning sensation of mucosa	30	100%
3	Redness of oral mucosa erosion	30	100%
4	Difficulting chewing pungent things	27	90%
5	Enlargement of lymphnodes	19	60.3%
6	Recurrence of mouth ulcers	21	70%

Table 3: Clinical profile of the 30 patients.

The object of the present research was to undertake a critical study on the concepts of clinical aetiopathology of 'Mukhapaka' and to evaluate the efficacy of 'Haridradi Taila' to treat the mouth ulcers, one of the commonest occurring disease of oral cavity.

The ancient Ayurvedic physicians were aware of the 'Apathyakara Ahara and Vihara' as the most important causative agent.

Total 30 cases of 'Mukhapaka' were registered for clinical study. Maximum number of patients were in the 2nd and 3rd decades of life; residing in urban area and of lower and middle socio-economic status.

The trial preparation 'Haridradi Taila' was clinically tried on 30 cases of mild to severe types of 'Mukhapaka' in the form of 'Gandoosh', every 4 hourly and also for oral administration; 10 ml twice a day; for 10 days.

The effect of the treatment was assessed after every two days in terms of subjective improvement by way of determining the rate of favourable shift of grades on a four (0 to 3) grade symptoms rating scale developed for this purpose.

It was observed that the trial preparation produces highly significant ( $p < 0.05$ )

symptomatic relief and causes marked improvement ulceration, present in buccal mucosal layer, burning sensation of palate. Redness and erosion of oral cavity, difficulty in swallowing & chewing pungent things, enlargement of lymph nodes etc.

On the basis of case study we can say that management of 'Mukhapaka' by 'Haridradi Taila' has been proved as cost effective, potent, easily available in all seasons, easy to prepare & use, acceptable treatment by any group, with minimal unwanted action.

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— Managing Editor