



AYURVEDIC MANAGEMENT OF MUKHAPAKA W.S.R TO STOMATITIS -A CASE STUDY

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Received 20th May 2025; Revised 5th July 2025; Accepted 2nd Oct. 2025; Available online 1st July 2026

<https://doi.org/10.31032/IJBPAS/2026/15.7.10293>

ABSTRACT

Background: Mukhapaka is an oral mucosal condition described in Ayurveda as a Pitta-dominant Tridoshaja and Raktapradoshaja disorder affecting Rasa, Rakta, and Mamsa Dhatus, closely correlating with stomatitis in modern medicine. It manifests with symptoms like burning sensation, pain, difficulty in chewing, and multiple oral ulcerations that impair the quality of life. Despite available symptomatic treatment in contemporary medicine, recurrence is common. Ayurvedic texts mention both internal and external interventions for effective management of this condition. **Objective:** To evaluate the effectiveness of Ayurvedic internal and external therapeutic interventions in managing Mukhapaka with an emphasis on ulcer healing, symptomatic relief and to prevent the recurrence of the condition. **Methods:** A 24 year old female patient diagnosed with Recurrent Mukhapaka was treated with a 7-14 days Ayurvedic regimen. Internal medications included Avipattikara Churna (1 tsp with lukewarm water at bedtime for 14 days), Kamdugha Rasa (2 tablets twice daily before food for 7 days), and a combination of Yashtimadhu and Amalaki Churna (10 gm each mixed, 1 tsp twice daily before food for 14 days). External procedures comprised Kavala using Triphala, Guduchi, and Madhu Kwatha twice daily for 14 days and Khadiradi Vati for chushana. On discharge, Arogyavardhini Vati (2 tablets twice daily after food) was prescribed to prevent recurrence. **Results:** Marked improvement was observed in symptoms such as burning sensation, pain, difficulty in chewing, and number and size of ulcerations.

Burning and pain reduced significantly by the 7th day, and complete ulcer healing was seen by the 14th day. The patient experienced no side effects and follow-up revealed no recurrence. **Conclusion:** This case highlights the clinical efficacy of Ayurvedic treatment in managing Mukhapaka. The holistic approach combining dosha-pacifying internal medications and locally acting external procedures was successful in providing symptomatic relief and preventing recurrence. Such treatments are cost-effective, safe, and offer a viable alternative or adjunct to conventional management of stomatitis.

Keywords: Mukhapaka, Stomatitis, Ayurveda, Pitta Tridosha, Avipattikara Churna, Kamdugha Rasa, Kavala, Rasayana

INTRODUCTION

Ayurveda, the science of healthy lifestyle, is the most rational and scientific amongst the ancient systems of medicine, which has struck its deep and permanent roots in the mind of the people of this country about its capacity to provide an effective cure for all types of diseases with the fundamental principle of 'Swasthasya Swasthya Rakshanam Aturasya Vikara Prashamanam' Shalakyatantra, one amongst the Ashtangas of Ayurveda, deals with the precious supra clavicle organs, head and neck, the diseases affecting them, and their management [1]. The Mukha (Oral cavity) is considered to be one of the most important parts of the Urdhwajatru because it works as the reflector of the body's health by acting as a gateway of the alimentary canal. Mukhapaka is one of the Mukharogas, [2] characterized by Vedanayukthavrana in Mukha. It is mentioned among the Pittajananathmaja and Rakthapradoshaja vikaras [3]. It can occur anywhere in the mouth including cheeks, gums, lips, palate,

and tongue, and disrupt a person's ability to talk, eat and sleep.

Acharya Susrutahas detailed explanation of 65 mukharogas and mukhapaka is discussed under sarvasararoga, along with its signs and symptoms in Nidanasthana and Dosha-specific therapy in Chikitsasthana [1]. Acharya Vagbhata has detailed 75 different forms of Mukharogas. The overall etiopathogenesis and a full description of mukhapaka's signs, symptoms, and management are given in Uttarasthana. Acharya Bhavamisra has explained 67 types of mukharogas, its lakshanas, and its chikitsa [4]. According to Acharya Sharangadhara, there are 74 mukharogas, of which 8 are known as mukhantha hasambhava rogas including 5 different forms of mukhapaka [5]. In Yogaratnakara Uttarartham under the heading of 7 mukhaangas, he listed 67 different forms of mukharogas including 3 sarvasara rogas [6]. Mukhapaka is a condition primarily involving Pitta-dominant tridoṣha along with Rakta affecting the Rasa, Rakta, and Māmsa

Dhatus. The Rasavaha, Raktavaha, and Māmsavaha Srotas become vitiated due to Jatharāgni and Dhatvagni Mandya, resulting in the formation of Ama. The Srotodushti types observed are *Atipravṛtti* and *Sanga*, with the Roga Marga being *Bāhya*, Udbhava Sthāna in the *amasaya*, and manifestation (*Vyaktasthana*) seen in the *Sarvasya*. According to the sequence of Śaṭkriyakala, the pathogenesis begins with *Nidana Sevanā*, leading to *Agnimandya*, ama formation, and subsequent *Srotorodha*. This causes the vitiated Doṣas to ascend to the urdhvajatrubhaga, particularly localizing in the *Mukha* (oral cavity), producing prodromal symptoms such as burning, itching, or stinging sensations (though not specifically mentioned in classics), followed by the *Vyaktavastha* or clinical stage of mukhapaka [1]. This Ayurvedic understanding closely correlates with stomatitis in contemporary medicine, a condition characterized by inflammation of the oral mucosa due to factors like infection, nutritional deficiencies, systemic illness, or hypersensitivity reactions. The involvement of Doṣas and Dhatus, along with *Ama* and *Srotodushti*, helps to explain the recurrent and inflammatory nature of stomatitis from an Ayurvedic perspective. As the most vulnerable and socially marginalized communities bear the largest burden of oral diseases. It is important to take into account the Ayurveda, the ancient and holistic health

science describes Kavala, Gandusha, Pratisarana, etc local therapies for Mukhapaka. Ayurveda Acharyas have mentioned various Oushadayogas which are effective as well as affordable for patients.

PATIENT INFORMATION

A 25-year-old female patient reported to the OPD of Shalaky Tantra, Khemdas Hospital, Parul University, Vadodara with complaints of painful ulcers in the oral cavity for the past 7 days. The ulcers were associated with burning sensation, difficulty in chewing, and discomfort during speech and swallowing. She also complained of dryness in the mouth and a general feeling of heat in the body and history of recurrent mouth ulcers. On examination, multiple shallow ulcerations were observed on the buccal mucosa, lateral and ventral surface of tongue and inner surface of the lips, with moderate erythema surrounding the lesions. The patient's appetite was reduced due to pain while eating. She had no significant history of systemic illnesses such as diabetes, hypertension, or immunodeficiency. However, she had a recent history of excessive intake of spicy food and emotional stress. Even after taking some medications earlier she found no relief of symptoms

ASHTASTHANA PAREEKSHA

Naadi – Pitta-Kapha

Mootra- Samanya

Mala- Baddha

Jihwa- Liphtha
 Shabda- Prakritha
 Sparsha-Anushnasheeta
 Drik – Vyaktha
 Aakrithi – Madhyama

LOCAL EXAMINATION:

No.of Patches : 2 - 3 patches of ulcers
 Colour :Redness and white patchy border
 Site :Tip, ventral and lateral surfaces of the tongue and inner surface of left cheek



Figure 1: Before Treatment



Figure 2: After Treatment

ASSESSMENT CRITERIA:

Subjective Parameters

- Burning sensation
- Pain
- Difficulty in chewing.

Objective Parameters

- Size of ulcer
- Number of ulcers

TIMELINE:

Table 1: Sequential Representation of Treatment Done

14/01/2025	21/01/2025	28/01/2025	04/02/2025
<ul style="list-style-type: none"> • C/o painful ulcers in the oral cavity associated with burning sensation, difficulty in chewing, and discomfort during speech and swallowing. • She also C/o dryness in the mouth and a general feeling of heat in the body and history of recurrent mouth ulcers • After examination and diagnosis of Mukhapaka the patient was admitted and procedures and medications started 	<ul style="list-style-type: none"> • After 7 days of treatment the patient was examined (as per the assessment grading) • Burning, Pain and Size of ulcerations reduced significantly 	<ul style="list-style-type: none"> • After 14 days the patient was again examined((as per the assessment grading) • Burning sensation , Pain ,Size and No.of Ulceration reduced • Patient was discharged and discharge medications were given to the patient . 	<ul style="list-style-type: none"> • First - Follow-up after discharge • C/o Burning sensation , Pain ,Size and No.of Ulceration - completely resolved

DIAGNOSTIC ASSESSMENT :

The patient's evaluation was based on the classic symptoms of Mukhapaka, which include burning, pain, and difficulty

chewing, as well as several shallow ulcers on the tongue's underside and lateral borders.

THERAPEUTIC INTERVENTION

Table 2: Treatment Done in First Visit

DATE	INTERNAL MEDICATION	PROCEDURE
14/01/2025-21/01/2025	<ul style="list-style-type: none"> Kamadudh Ras 2tab BD B/F Yashtimadhu + AmalakiChurna 1tsp with warm water BD A/F AvipattikarChurna 1tsp with luke warm water A/F at night 	<ul style="list-style-type: none"> Kavala with Thriphala +Guduchikwatha +Madhu (twice daily) Khadirativati - Chushanartha
21/01/2025-28/01/2025	<ul style="list-style-type: none"> Yashtimadhu + AmalakiChurna 1tsp with warm water BD A/F AvipattikarChurna 1tsp with luke warm water A/F at night 	<ul style="list-style-type: none"> Kavala with Thriphala +Guduchikwatha +Madhu (twice daily) Khadirativati - Chushanartha

Table 3: Discharge medication & Follow-up

DATE	INTERNAL MEDICATION	PROCEDURE
Discharge : 28/01/2025	<ul style="list-style-type: none"> Arogyavardhinivati2 tab BD A/F AvipattikarChurna 1tsp with luke warm water A/F at night 	<ul style="list-style-type: none"> Triphalakhwatha – mouth rinse
Follow-Up : 04/02/2025	<ul style="list-style-type: none"> Evaluated for symptom regression or continuation Continue Arogyavardhinivati for 7 more days 	

FOLLOW-UP AND OUTCOMES

Table 4: Assessment Grading Scale

Assessment criteria	Grade 0	Grade 1	Grade 2	Grade 3
Burning sensation	No complaint	On touch with hot beverages	Felt on taking spicy acidic and salty food	Throughout the day with out any aggravating factors
Pain(VAS Scale)	0	1-4	5-6	8-10
Difficulty in chewing	Can easily eat	Can eat solid food	Can eat liquid food only	Painful when having liquid
Size of ulcerations	No ulceration	<3mm	3mm-1cm	>1cm
No.of Ulcerations	No ulceration	1-3	4-6	>6

TABLE NO.05 Observations

	BEFORE TREATMENT	AFTER TREATMENT (7DAYS)	AFTER TREATMENT (14 DAYS)	FIRST FOLLOW-UP
Burning Sensation	3	2	1	0
Pain	3	2	1	0
Difficulty in chewing	2	1	0	0
Size of Ulceration	2	1	1	0
No.of ulcerations	2	1	1	0

DISCUSSION

In the ayurvedic management of mukhapaka primary focus is to pacify vitiating rakta, rasa, and mamsa dhatus as well as addressing the underlying pitta-pradhanatridoshaja involvement. Agnimandya usually starts the pathogenesis,

which then progresses to ama formation and srotorodha, which in turn causes the vitiated doshas to move upward and cause symptoms to appear in the oral cavity. therefore, restoring agni, getting rid of ama, calming vitiated doshas, and encouraging tissue healing are the goals of treatment.

This calls for a multimodal approach that combines external procedures that act locally on the oral mucosa with ShamanaChikitsa, by emphasising pittaraktashamanam, vranaropana (ulcer healing), and mukhashodhana (cleaning), the protocol guarantees both symptomatic relief and long-term recurrence control. Treatments are chosen according to their capacity to address underlying metabolic abnormalities, cool and calm the irritated mucosa, and cleanse the oral tissues. A synergistic effect is produced when systemic dosha-specific measures are combined with local therapies like kavala, which supports mucosal regeneration as well as the management of acute symptoms. Maintaining the balance of Agni and making sure that tissue is properly nourished (Dhatu poshana) are crucial in chronic or recurring cases like this one. Rasayana-based follow-up is also used to address preventive aspects in order to preserve the oral cavity's tissue integrity and immunity.

Kavala when given with a combination of Triphala, GuduchiKwatha, and Madhu works in concert to promote healing and prevent recurrence. As a Rasayana and immunomodulator, Guduchi calms Rakta and promotes tissue regeneration, while Triphala's astringent, anti-inflammatory, and antimicrobial qualities aid in lowering Pitta and Kapha doshas [7, 8]. Madhu helps by relieving pain and irritation and

promoting the healing of ulcers through its antiseptic, wound-healing, and calming qualities. By ensuring prolonged local contact between the medicated liquid and the afflicted mucosa, the Kavala procedure improves absorption and encourages direct action on the lesions. By eliminating the microbial load and local ama, it enhances circulation, increases salivary secretion, and cleans the oral cavity. By combining the cleansing properties of Shodhana and the healing properties of Ropana, this formulation effectively reduces symptoms like pain, burning, and difficulty chewing while restoring mucosal integrity. In the Ayurvedic treatment of Mukhapaka, Kavala Graha, when combined with vitiated Pitta and Rakta, strengthens local immunity and is a very effective, site-specific intervention. KhadiradiVati has a long-lasting local therapeutic effect on the oral mucosa when it is used for Chūṣaṇa (sucking) in Mukhapaka. The formulation includes important ingredients with anti-inflammatory, antiseptic, astringent, and analgesic qualities, such as Khadira (Acacia catechu), Karpura (Camphora), and Katphala. Khadira promotes ulcer healing, lowers inflammation, and purifies Pitta and Rakta. Karpura instantly relieves pain and burning sensations due to its local cooling and analgesic properties. These herbs' astringent properties aid in drying out excess secretions and creating a barrier that shields

ulcers. As a lozenge for Chūṣaṇa, the vati guarantees extended contact with the oral tissues, allowing for a sustained release of active compounds, supporting the anti-inflammatory (Shothahara) and healing (Ropana) effects. Additionally, it supports good oral hygiene [8]. It serves as a supportive local therapy in the Ayurvedic treatment of mukhapaka by preventing secondary infection.

Kamdugha Rasa is frequently used for ailments like Mukhapaka that involve Pitta and Rakta vitiation. The patient in this instance had Pitta Prakriti and a history of consuming a lot of spicy food, both of which aggravate Pitta dosha and are directly linked to the development of oral burning ulcers. With components like Pravalā, Mukta, Shankha, and Kapardika, Kamdugha Rasa has potent Pitta-shamana, Raktaprasadaka, and Sheetala (cooling) qualities. It relieves the burning sensation and speeds up ulcer healing by lowering the excessive heat and inflammation in the oral tissues. While its mild Agnideepana property promotes digestion without escalating Pitta, its astringent and haemostatic properties aid in stabilising the irritated mucosa [9]. Consequently, in this patient, Kamdugha Rasa was essential to the effective treatment of Mukhapaka because it helped to reduce internal Pitta aggravation, soothe the irritated mucosa, and stop additional tissue damage.

Avipattikara Churna is renowned for its Agnideepana, mild laxative, and Pitta-pacifying qualities. Mukhapaka is essential for treating the underlying cause as well as aggravating factors, particularly in Pitta Prakriti patients who have a history of constipation and excessive consumption of spicy foods. By neutralising excessive stomach acid, the formulation lowers systemic Pitta, which fuels oral inflammation and ulcers. In order to clear Ama and lessen Pitta buildup in the GIT and avoid an upward doshic flare into the Urdhwajatru region (head and neck), its Rechana (laxative) property corrects Mala Sanga (hard stools) and encourages regular bowel movements. Trivrit, Haritaki, and Vidanga are among the ingredients that aid in detoxification, while sugar and liquorice (Yashtimadhu) offer a cooling and calming effect, which helps to relieve mouth burns [10]. Avipattikara Churna, therefore, acts as a systemic regulator, lowering internal heat, purifying the gut, and establishing a balanced Pitta environment, all of which help to relieve acute symptoms and stop recurrence in Mukhapaka.

In addition to helping with the acute treatment of mukhapaka, the combination of Yashtimadhu and Amalakichurna is important for preventing its recurrence. Strong mucoprotective and anti-inflammatory, yashtimadhu calms the oral mucosa, lessens pain and burning, and

promotes Vrana-ropana (wound healing) [11]. Rich in antioxidants and vitamin C, amalaki promotes collagen synthesis, strengthens local tissue immunity, and helps with Rakta-prasadana. Together, they address underlying Agni dysfunction and dhatu kshaya while also calming Pitta and Rakta, the two main doshas implicated in Mukhapaka. By strengthening systemic immunity, enhancing mucosal resilience, and nourishing oral tissues, their combined Rasayana action lessens vulnerability to recurrent flare-ups. This combination is beneficial when taken regularly during the recovery and follow-up phases. Frequent use of this combination during the recuperation and follow-up period reduces the chance of recurrence, preserves doshic balance, and shields the oral cavity from additional harm [12].

Thus, by addressing the underlying causes at the systemic and local levels in addition to the symptoms, the Ayurvedic treatment approach provides a thorough remedy for mukhapaka. Dosh balancing, detoxification, tissue rejuvenation, and mucosal repair work together to effectively control the disease and reduce the likelihood of recurrence.

PATIENT PERSPECTIVE

The patient reported a significant improvement in symptoms like pain, burning, and difficulty chewing. During the first week of treatment. She was especially

pleased with the Kavala procedure's calming effects and the ulcer's shrinkage. She noticed long-lasting healing and increased comfort when speaking and eating, in contrast to prior episodes where symptoms would recur or persist despite topical treatments. The patient was confident in the Ayurvedic approach and particularly valued its holistic focus on both short-term relief and long-term prevention. The follow-up visit showed no indications of recurrence. She reported feeling more energised, having better digestion, and being willing to follow the advice to continue supportive care with Rasayana therapy.

INFORMED CONSENT

The authors attest that the patient gave their informed consent before their clinical information was published. The patient is aware that total anonymity cannot be guaranteed, even though every attempt will be made to maintain confidentiality. Their initials and name won't be revealed, though.

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