

Clinical Evaluation of Viddhakarma as an Add-on Therapy with Babbula Twak Kwath Kaval in Pittaja Mukhapaka: A Randomized Comparative Clinical Trial

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Abstract: Pittaja Mukhapaka is an inflammatory condition of the oral cavity characterized by painful ulcers, burning sensation, redness, and difficulty in eating. In Ayurveda, it is associated with the vitiation of Pitta and Rakta Dosha. The present randomized comparative clinical trial was undertaken to evaluate the additional therapeutic effect of Viddhakarma along with Babbultwak Kwath Kaval in the management of Pittaj Mukhapaka. The study compared the clinical efficacy of the combined intervention with Babbula Twak Kwath Kaval alone by assessing symptoms such as Daha, Osha, Tiktavakrata, Raktata, Ksharokshitasama Vrana, and Pain intensity using the Visual Analogue Scale (VAS). The result demonstrated statistically significant improvement in most assessed parameters, with no statistically significant difference observed in Daha ($P = 0.2833$). These findings suggest that Viddhakarma, when used as an Add on therapy to Babbul Twak Kwath Kaval, may provide additional therapeutic benefits in the management of Pittaja Mukhapaka.

Keywords: Pittaja Mukhapaka; Mukhapaka; Viddhakarma; Babbula Twak; Kwath Kaval; Ayurveda; oral ulcer; clinical trial

I. INTRODUCTION

Mukhapaka is an oral disorder described in Ayurvedic literature and is characterized by painful lesions and disturbances of the oral mucosa. Pittaja Mukhapaka is predominantly associated with vitiation of Pitta and Rakta and presents with symptoms such as Daha, Osha, Tiktavakrata, Raktata and painful ulcerative lesions. These manifestations can interfere with eating, speaking and routine activities.

Babbula Twak is described as having Kashaya Rasa, Ruksha and Vishada Guna, Sheeta Virya and Katu Vipaka. In the dissertation, these properties are correlated with Pitta-Rakta shamana, Stambhana and Ropana actions. The astringent and local healing effects of Babbula Twak are also discussed in relation to tannins, gallic acid and polyphenolic constituents.

Viddhakarma is a para-surgical Ayurvedic procedure involving controlled therapeutic puncture. In the present study it was used as an add-on procedure with the intention of producing local Srotoshodhana and reducing local congestion and vitiated Rakta. The study therefore assessed whether adding Viddhakarma to Babbula Twak Kwath Kaval improved outcomes beyond the effect of Kwath Kaval alone.



Aim and Objectives

Aim: To evaluate the add-on effect of Viddhakarma with Babbula Twak Kwath Kaval in the management of Pittaja Mukhapaka.

Objectives:

- To assess the effect of Babbula Twak Kwath Kaval on the clinical features of Pittaja Mukhapaka.
- To evaluate the additional therapeutic effect of Viddhakarma when used with Babbula Twak Kwath Kaval.
- To compare the clinical efficacy of the two treatment approaches.

Materials and Methods

Study design: A randomized comparative clinical trial was conducted in patients fulfilling the diagnostic criteria for Pittaja Mukhapaka. A total of 62 patients were enrolled and randomized into two groups. 58 patients completed the trial, with 29 patients in each group.

Selection of Patients^[3]

Patient presenting with clinical features of Pittaj Mukhapaka such as *Daha*, *Oasha*, *Tiktavakrata*, *Ksharokshitkashatsama vrana*, *Raktata* were included

Grouping

Group A (Trial Group): Babbula Twak Kwath Kaval along with Viddhakarma.

Group B (Control Group): Babbula Twak Kwath Kaval alone.

29 Patients from Group A and 29 Patients from Group B were allocated for the study. The study was performed for 5 days and result were observed.

Intervention:

Group A (Trial Group)- Babbula Twak Kwath Kaval was administered in a dose of 20 ml twice daily for 5 days. Viddhakarma was performed on day 1 and day 3. Patients were assessed on day 0, day 3 and day 6.

Group B (Control Group)- Babbula Twak Kwath Kaval was administered in a dose of 20 ml twice daily for 5 days. Patients were assessed on day 0, day 3 and day 6.

Drugs Review^[4]

Babbultwak : Therapeutic Uses of Babbul (Acacia Arabica)

Babbul Possesses *Kashay Rasa*, *Grahi* and *Stambhana* properties its Bark decoction is use for Oral, dental and throat disorders, including stomatitis, gingivitis and sore throat, particularly as a gargles.

The bark, leaves and gum promote wound healing and help control bleeding due to their astringent properties. *Babbul* is used for its antimicrobial, anti-inflammatory and tissue-contracting effect.

Inclusion criteria:

Patients diagnosed with Pittaja Mukhapaka and presenting with a minimum of three classical signs and symptoms were included.

Daha (Burning Sensation)

Oasha (Burning At Ulcer Site)

Tiktavakrata (Bitter Taste In Mouth)

Ksharokshitkashatsama vrana (Size Of Vrana)

Raktata (Redness)

Patient from age group of 18-60 years irrespective of sex, religion, socio-economic status.



Exclusion criteria:

- 1) Patient recently undergone oral surgeries.
- 2) Known case of HIV, syphilis, fungal infections.
- 3) Known case of carcinoma of oral cavity. Known case of Bleeding Disorders, anticoagulants users.

Withdrawal criteria

The protocol has been violated or a patient has become uncooperative.
The patient is not willing to continue the trial or to follow the assessment schedule.
Any adverse effect of medicine seen in the patient

Procedure- In the trial group

Vidhahakarma^[5]

The patient should be positioned comfortably sitting or lying posture. The tip of tongue should be placed against the palate to ensure clear visibility of the base of tongue. Insert the sterile, hollow disposable needle perpendicularly at the selected vidhahakarma points at the base of the tongue, between the frenulum and lingual veins on both sides for 3-5 sec avoiding lohitaksha marma. Allows fresh blood freely until clotting begins naturally. Approximately 0.2-0.5ml of blood is expelled from each Viddha point, facilitating the removal of vitiated doshas.

Kaval^[6]

Patient is seated comfortably at Nirvatsthana, Ekagramanachitta. Mild fomentation around neck, cheeks, and forehead done. Then Babbul twak kwath taken in mouth kwath is moved 3-4 times in mouth then spit the kwath.

Assessment criteria

Subjective Criteria^[7]

Daha (Burning Sensation)
Oasha (Burning At Ulcer Site)
Tiktavakrata (Bitter Taste in Mouth)
Raktata (Redness)

Objective Criteria^[8]

Ksharokshitkashatsama Vrana (Size of vrana)
Visual Analogue Scale

Statistical analysis:

Intra-group changes in the five clinical parameters were analyzed using the Wilcoxon matched-pairs signed-rank test, while VAS was analyzed using the paired t-test. Inter-group comparison was performed using the Mann-Whitney U test for the clinical parameters and the unpaired t-test for VAS. A p-value below 0.05 was considered statistically significant.

Observation And Results

Parameter	Group A Relief	Group B Relief	Inter-group p-value
Daha	77.41%	58.82%	0.2833
Osha	68.75%	44.29%	<0.0001
Tiktavakrata	72.72%	48.33%	<0.0001
Raktata	80.00%	50.00%	<0.0001
Ksharokshitkashatsama Vrana	68.18%	46.03%	<0.0001



VAS	78.97%	58.06%	<0.0001
Overall	74.43%	50.92%	—

Both groups demonstrated statistically significant improvement in all six parameters on intra-group analysis ($p < 0.0001$). The add-on Viddhakarma group showed greater percentage relief in every parameter. The largest improvement in Group A was observed for Raktata (80.00%) and VAS (78.97%). Daha showed a numerical difference between the groups but the inter-group difference was not statistically significant ($p = 0.2833$).

Discussion

The results indicate that Babbula Twak Kwath Kaval produced clinically meaningful improvement in Pittaja Mukhapaka. The response observed in both groups may be related to the Ayurvedic properties of Babbula Twak, particularly its Kashaya Rasa, Ruksha-Vishada Guna and Sheeta Virya, which were considered suitable for the Pitta-Rakta predominant clinical presentation.

The additional benefit observed in Group A suggests that Viddhakarma may enhance the therapeutic response when used with local Kwath Kaval. According to the dissertation's Ayurvedic interpretation, Viddhakarma may act through local Srotoshodhana and reduction of localized congestion and vitiated Rakta. The greater improvement in Raktata, pain, Osha, Tiktavakrata and the ulcer-related parameter supports a beneficial local effect.

The reduction in VAS was greater in Group A (78.97%) than in Group B (58.06%), with a statistically significant inter-group difference. This finding suggests that the add-on procedure may have contributed particularly to relief of pain and discomfort. Similarly, the significant inter-group differences in Raktata and other clinical parameters indicate that the combined approach had a broader clinical effect than Kwath Kaval alone.

The absence of a significant difference in Daha ($p = 0.2833$) indicates that the additional effect of Viddhakarma was not uniform across every symptom. Therefore, the overall conclusion should be based on the pattern of results across parameters rather than on any single symptom.

No major adverse effects were reported. Mild transient discomfort following Viddhakarma was observed in some patients and resolved without intervention.

II. CONCLUSION

Both Babbula Twak Kwath Kaval alone and its combination with Viddhakarma were effective in the management of Pittaja Mukhapaka. However, the addition of Viddhakarma resulted in greater overall clinical improvement, with an overall relief of 74.43% compared with 50.92% in the control group. Significant additional benefit was demonstrated for Osha, Tiktavakrata, Raktata, Ksharokshitkashatsama Vrana and pain intensity measured by VAS, whereas the inter-group difference in Daha was not statistically significant. Thus, Viddhakarma may be considered a useful add-on procedure with Babbula Twak Kwath Kaval in Pittaja Mukhapaka.

REFERENCES

1. Shastri A, Mehta Pranjivan, Sushrut Samhita of Sushrut with ayurved tatva sandipika hindi commentary, Published By Chaukhamba Sanskrit Sansthan, Varanasi, Reprinted in 2021, Sushrut Nidansthan, chapter 16/67 page no.392.
2. Tripathi B, Ashtang Hridayam of Shrimadvagbhata with Nirmala Hindi Commentary, Published By Chaukhamba Sanskrit Sansthan, Delhi, Reprinted in 2022, Ashtang Hridayam Uttartantra Chapter 21/61 Page No. 1033.
3. Tripathi B, Ashtang Hridayam of Shrimadvagbhata with Nirmala Hindi Commentary, Published By Chaukhamba Sanskrit Sansthan, Delhi, Reprinted in 2022, Ashtang Hridayam Uttartantra Chapter 21/61 Page No. 1033
4. Bhavamishra. Bhava Prakasha Nighantu (Vatadi Varga, Verses 36-37). In: Pandey GS, Chuneekar KC, editors. Bhavaprakasha Nighantu of Sri Bhavamishra. Varanasi: Chaukhambha Bharati Academy; 2010.
5. Vagbhata. Ashtanga Hridayam (Sutrasthana, Chapter 27, Verse 25). In: Gupta A, editor. Ashtanga Hridayam of Vagbhata with Vidyotini Hindi Commentary. Varanasi: Chaukhambha Prakashan; 2010



6. Bhavamishra. Bhava Prakasha Nighantu (Vatadi Varga, Verses 36-37). In: Pandey GS, Chunekar KC, editors. Bhavaprakasha Nighantu of Sri Bhavamishra. Varanasi: Chaukhambha Bharati Academy; 2010.
7. The gradation of disease of shalakyatantra-part-3(Mukharoga) Published by-The association of shalaki Department of Shalakyatantra Tilak Ayurved Mahavidyalaya pune 2019
8. The gradation of disease of shalakyatantra-part-3(Mukharoga) Published by-The association of shalaki Department of Shalakyatantra Tilak Ayurved Mahavidyalaya pune 2019.

