Ayurvedic management of Leukoplakia - A Case Study

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ABSTRACT

Oral leukoplakia (OL) is a premalignant lesion described as “a predominant white lesion of the oral mucosa which cannot be defined as any other known lesion”. OL located on the floor of the mouth, soft palate and tongue are considered as high-risk lesions, while, in other areas, they may be considered as of low malignancy risk. A Forty five years old male patient had complaints of white lesion on left lat. Surface of tongue, along with burning sensation since 4-5 months. He was diagnosed with Leukoplakia and he had taken allopathic medicine for 4 to 5 times, but it was inversely relapsed, so he was treated with Pratisarana of Bibhitaka Churna and Rasayana Churna, Yastimadhu Ghanavati as lozenges along with Rasayana tablets orally for a period of 6 months. After 6 month therapy, white lesion became disappear and no burning sensation. Thus this patient was successfully treated with above therapy with no recurrence or any complications till date.

Key words: Oral Leukoplakia, Pratisarana, Yastimadhu Ghanavati, Rasayana Tablet.

INTRODUCTION

Oral leukoplakia (OL) is a premalignant lesion described as “a predominant white lesion of the oral mucosa which cannot be defined as any other known lesion”. OL’s etiopathogenesis encompasses two broad categories, as follows: OL of unknown etiology or idiopathic and OL associated with tobacco use. OL is more often found among older and elderly men and its prevalence increases with age advancement. It has been estimated that less than 1% of the affected men are younger than 30 years old and that the prevalence increases to 8% in male patients older than 70 years old and to 2% in female patients of 70 years or more. OL located on the floor of the mouth, soft palate and tongue are considered as high-risk lesions, while, in other areas, they may be considered as of low malignancy risk. In order to conduct treatment for OL, the degree of epithelial dysplasia may be assessed. In the presence of moderate or severe epithelial dysplasia, surgical treatment may be recommended. OL surgical treatment may be performed either through conventional surgery, electro-cauterization, laser ablation or cryosurgery. Recurrence of OL after surgical treatment has been reported in 10%–35% of cases.

Nonsurgical treatment may also be considered for the management of OL. This modality offers minimal adverse effects to patients, especially for patients with widespread OL that involves a large area of the oral mucosa or patients with medical problems and consequently, high surgical risks. Additionally, potential advantages of the nonsurgical treatment of OL include easy application that does not require treatment at a medical center and relative low cost.

CASE REPORT

Forty five years old male patient came with chief complaints of white patch on left lat. Surface of
tongue, along with burning sensation since 4-5 months. Before 4-5 month patient was in healthy status then gradually white patch developed on left lat. Surface of tongue. Then patch increased in size and gradually onset of burning sensation on the site of patch. He had taken allopathic medicine for 4 to 5 times, but it was inversely relapsed, so he consulted here for better management.

- **Past history:** Patient had P/H of leukoplakia 3 yr ago and then Laser Surgery done for leukoplakia.

- **History of Recurrence:** Recurrence of leukoplakia occurred after 2.5 year of surgery for same. Patient advised for investigation and then he advised for Laser surgery again.

- **Work history:** He was working in company.

- **Family history:** There is no any relevant family history found in this patient.

- **Vital sign:** All vital sign were normal.

- **Systemic examinations:** were normal.

- **Addiction:** He used to addict for tobacco and smoking since > 10 yrs.

**Specific examination**

- **Inspection:** White patch seen on left lateral surface of tongue.

- **Palpation:** Slightly raised and thick, no tenderness.

**Investigation**

Histopathology report of Left side of tongue - Kerato - Acanthosis in mucosa with focal mild dysplasia associated chronic mucosal inflammation.

**Diagnosis:** Leukoplakia

**Treatment Plan:**

1. **Bhibhitaka Churna-** 2gm  
   **Rasayanachurna** - 2gm : For Pratisarana with Madhu Two times per day
2. **Yastimadhu Ghanavati** : 1 tab 3-4 times as lozenges
3. **Rasayana** tab : 2tab BID

**Follow up**

Follow up was taken every month upto completion of therapy

**Table 1: Observations of the study**

<table>
<thead>
<tr>
<th>Months</th>
<th>White Lesion</th>
<th>Burning sensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Month</td>
<td>+++</td>
<td>++</td>
</tr>
<tr>
<td>2nd month</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>3rd Month</td>
<td>++</td>
<td>-</td>
</tr>
<tr>
<td>4th Month</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>5th month</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>6th month</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**RESULT**

After 6 month therapy, white lesion became disappear and no burning sensation.

**DISCUSSION**

A white patch on either tongue or oral mucosa is called as leukoplakia. It is an important premalignant condition. *Jihva* developed by *Mamsa, Rakta* and *Kapha*. Leukoplakia may occur due to *Mamsa, Rakta* and *Kapha Dusti*. Trial drugs have *Kapha, Raktashamaka* properties, which are used as local and

**CONCLUSION**

As per above case discussion, it can be concluded that *Pratisarana of Bibhitaka Churna and Rasayana Churna*, lozenges of *Yashtimadhu Ghanavati* and orally *Rasayana* tablet are effective in the management of Leukoplakia. This therapy should be used in leukoplakia in large sample as clinical trial.