



ISSN 2456-3110

Vol 8 · Issue 10

October 2023

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

**Indexed**

## Comparative study on efficacy of *Kavala Dharana* with *Godugdha* and *Goghrita* in management of *Mukhapaka*

Manjula Patil<sup>1</sup>, K.B. Nagur<sup>2</sup>, Nagaraj Jalihal<sup>3</sup>

<sup>1</sup>Post Graduate Scholar, Dept. of Swasthavritta, Dr. B.N.M. Rural Ayurvedic Medical College, Vijayapur, Karnataka, India.

<sup>2</sup>HOD, Dept of Swasthavritta, Dr. B.N.M. Rural Ayurvedic Medical College, Vijayapur, Karnataka, India.

<sup>3</sup>Assistant Professor, Dept of Swasthavritta, Dr. B.N.M. Rural Ayurvedic Medical College, Vijayapur, Karnataka, India.

### ABSTRACT

*Mukhapaka* is affected to particular age, socioeconomic status, improper food habits and life style. Here control over *Pittadosha* is the very first step. There is a need to find out a simple, cost effective, economical, reliable and most suitable therapy by which one can give good results on disease. *Godugdha* & *Goghrita* is best *Vranaropaka* and due to its *Guna*, it cures *Mukhapaka*. In present era people are interested towards *Ayurveda*, which is most effective and reliable. Hence the present work was undertaken "Comparative study on efficacy *Kavala Dharana* with *Godugdha* and *Goghrita* in management of *Mukhapaka*". **Objectives:** To compare the efficacy of *Godugdha* and *Goghrita Kavala Dharana* in the management of *Mukhapaka*. **Conclusion:** *Goghrita Kavala* has shown better effect than *Godugdha* during subsequent follow up with very minimal recurrence rate was found.

**Key words:** *Dinacharya*, *Kavala*, *Mukhapaka*, *Godugdha*, *Goghrita*

### INTRODUCTION

Ayurveda is an ancient science derived from "Vedas". Ayurveda is given by Bramha to mankind to teach them properly the manner of living in world by preventing & curing disease. The ancient science is said to be 'Divya'. *Anadi*, *Nitya*, *Shashwat* etc. because of its own unchanged principles Ayurveda is a holistic healing science. It comprises of both practical & scientific information. On various subjects beneficial to mankind like health, philosophy, astrology & engineering. Ayurveda is science dealing not only with treatment of disease but is also a complete way of life. The aim of Ayurveda is to give complete health & not just getting

free from physical disease. Ayurveda treatments don't suppress the main symptom & create new ones as side effects of the main treatment. It is to remove the root cause & give permanent relief. The treatment mainly comprises of powders, tablets, decoctions, medicated oils etc. prepared from natural herbs, plants & minerals. We are thousands year away from the time when Ayurveda was practiced uniquely. The *Siddhanta's* of this science then & now are the same. These *Siddhanta's* are too revised in the context of modern lifestyle. To maintain the health of healthy person is main the main goal of *Swasthavritta*. The branch parallel to *Swasthavritta* is 'Preventive & Social Medicine (PSM) which is now considered to be one of the important branches in the modern medicine. *Swasthavritta* mainly emphasizes on following a proper routine regime as well as seasonal regime. Daily regime stresses on day-to-day instructions like morning, routine, basic cleanliness, natural urges, evening routine etc. There are some principles which are mentioned in old classical, texts are '*Dinacharya*' *Upakrama*. By following rules of *Dinacharya*. We can take care of *Indriya* i.e., Sensory organs & keep them clean, so they can do their function normally *Dantadhavan*, *Nasya*, *Gandoosha*, *Kavala*<sup>[1]</sup> and *Anjana*

#### Address for correspondence:

Dr. Manjula Patil

Post Graduate Scholar, Dept. of Swasthavritta, Dr. B.N.M. Rural Ayurvedic Medical College, Vijayapur, Karnataka, India.

E-mail: drmanjula27patil@gmail.com

Submission Date: 11/08/2023

Accepted Date: 23/09/2023

#### Access this article online

##### Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.8.10.4

are some of the *Upakrama's* described in *Dinacharya*.<sup>[2]</sup> Now a days as life style are changed everyone is trying to live western style. In today modern & fastmoving hectic life style common man has no time to take care of his health. Many bad habits are developed in human being. Some of them alcohol, smoking, gutkha chewing, soft drink etc. Due to busy & hectic schedule oral hygiene is neglected ultimately leads to *Mukhapaka*.<sup>[3]</sup> To maintain oral hygiene Ayurveda describe *Kavala & Gandoosh Upkrama* in *Dincharya*.

*Kavala* is defined as holding medicated decoction or Semisolids in the mouth in such a quantity so that it could be moving in the mouth.<sup>[4]</sup> Advantages of *Godugdha* and *Goghrita* are described in old text *Bhavaprakasha Nighatu*. Due to oral hygiene neglected so many people are approaching from treatment for complaining *Mukhapaka*<sup>[5]</sup> recurrently. Ayurveda *Acharyas* mentioned various *Dravyas* which are effective as well as affordable for patients. As *Godugdha*<sup>[6]</sup> and *Goghruta*<sup>[7]</sup> are easily available any were and also it is having *Ropana* quality. So, this topic was selected to evaluate the efficacy of *Godugdha and Goghrita kavaladhrana* in *Mukhapaka*.

## OBJECTIVE OF THE STUDY

1. To study the *Kavala, Mukhapaka* in detail.
2. To study the effect of *Godugdha & Goghrutha Kavala Dharana* in detail.
3. To compare the efficacy of *Godugdha and Goghruta Kavala Dharana* in the management of *Mukhapaka*.

## MATERIALS AND METHODS

### Source of data

Literary Source from Classical books of Ayurveda and Modern Science. Articles from Periodicals, Journals, Dissertation and other Published and Unpublished works. Related Sources of the data from the website.

### Clinical Sources

*Mukhapaka* patients were selected by Random sampling method from OPD, IPD and Camps conducted in College and Hospital.

## Materials

*Godugdha & Goghrita* was selected for *Kavala* as mentioned in *Sushruta Samhita*<sup>[8]</sup>

**Drugs:** 1. *Godugdha* 2. *Goghrita*

**Composition of drug:** Only *Godugdha & Goghrita* was used for present study.

**Dose:** 30ml

**Time:** Morning (after *Dantadhavana*)

## Procedure:

**Poorvakarma:** The individual was made to sit comfortably in a room devoid of breeze and dust. Mild massage and fomentation was given to the shoulder neck, throat and forehead.

**Pradhankarma:** Individual was asked to keep his face slightly lifted up and advised to hold *Godugdha* or *Goghrita* allowing movements of *Dravya* inside the mouth till the secretion occur in mouth, nose and eyes.

**Paschatkarma:** After spitting out the contents, mouth was cleaned with lukewarm water.

**Methods of collection of data:** Diagnosed patients of *Mukhapaka* will be selected with respective of age above 5 years. Irrespective of sex, occupation, socio economic status from OPD and Camps conducted in college and hospital. The sample size will be 30 (minimum) excluding dropouts.

## Study design

The sample of 30 patients of *Mukhapaka* will be randomly divided into the following two groups.

**Group A:** 15patients of this group will be advised for *Godugdha Kavala Dharana* in the morning.

**Group B:** 15 patients of this group will be advised for *Goghrita Kavala Dharana* in the morning.

**Study duration: Total duration:** 30 days.

**Treatment duration:** Treatment will be performed for 15 days.

**Follow up study: 1<sup>st</sup> follow up:** On the last day of treatment i.e., on 15 days.

**2<sup>nd</sup> follow up:** After 15 days of treatment i.e., on 30<sup>th</sup> day.

### Parameters of the study

#### Subjective parameters

1. *Daha*
2. *Ruja*
3. *Spotha*

#### Objective Parameters

*Spotha* (numbers of ulcers)

#### Inclusive Criteria

1. Patients with *Lakshanas* of *Mukhapaka* were selected.
2. Patients of age above 5 yrs were selected.<sup>[12]</sup>
3. Patients of both genders were included irrespective of their religion & caste.
4. Patients fit for *Kavaladharana* were selected.

#### Exclusive Criteria

1. Patients of below 5 years of age were excluded.
2. Patients suffering from any systemic disorders were excluded.
3. Patients suffering from CA of oral cavity, toothache were excluded.
4. Patients unfit for Kavala dharana were excluded.

#### Assessment Criteria

1. *Daha*
2. *Ruja*
3. *Sphota*

Symptoms are taken as parameters for the assessment & gradation. The observations were noted from time to time of every user in research as well as group A and group B. This categorized information is prepared & presented statistically to subject to the critical analysis. After analyzing the information, we are going to make an effort to draw better conclusions regarding the facts mentioned above in the aims & objectives of this clinical study. All the symptoms were assessed using scoring pattern.

Score grading

0 : No Symptom

1 : Mild degree

2 : Moderate degree

3 : Severe degree

#### Assessment Variables

Clinical assessment was made for the severity of the disease and for clinical improvement. Grading for the severity of individual symptoms was framed as variables on the basis of guidelines of 3 the management. The grading of 4 variables is given along with clinical proforma specially designed for the study on *Mukhapaka*. The severity of each variables ranging from Normal (1), Mild (2), Moderate (3) and Severe (4).

#### Assessment of clinical improvement

Clinical improvement of the disease was based on the improvement in, reduction in severity of the symptoms & overall severity of disease.

#### Statistical Analysis

The data were collected from both Groups. Before, in between the treatment, after treatment and post follow up. They are statistically analyzed by using unpaired student's 't' test in consultation with Biostatistician.

### OBSERVATIONS AND RESULTS

In the present study 30 patients suffering from *Mukhapaka*, fulfilling inclusion criteria were taken for clinical study. Patients were randomly categorized under following groups.

**Group A - Godugdha** - 15 patients.

**Group B - Goghrita** - 15 patients.

**Table 1: Showing the different degree of assessment criteria after follow-up.**

SN	Assessment Criteria	Group- A							
		NR		MLD		MDR		SVR	
		G1	%	G2	%	G3	%	G4	%
1.	<i>Ruja</i>	2	13.33	8	53.33	-	-	-	-
2.	<i>Daha</i>	04	26.66	4	26.66	-	-	-	-
3.	<i>Sphota</i>	07	46.66	02	13.33	-	-	-	-

**Table 2: Showing the different degree of assessment criteria after follow-up:**

S N	Assessment Criteria	Group- B							
		N R G 1	%	ML D G2	%	MD R G3	%	SV R G4	%
1.	Ruja	05	33.33	08	53.33	-	-	-	-
2.	Daha	02	13.33	02	13.33	-	-	-	-
3.	Sphota	03	20	03	20	-	-	-	-

**Statistical analysis of Group A**

Parameters	BT Mean ±SE	Follow up	AT Mean ±SE	Df	t-value	%	p-value	Remarks
Ruja	1.93±0.12	AT	1.00±0.14	14	14.0000	48.27	<0.001	HS
		AF	0.53±0.13		10.6927	72.41	<0.001	HS
Daha	1.07±0.23	AT	0.73±0.15	14	2.6458	31.25	=0.0192	SS
		AF	0.27±0.12		4.5826	75	=0.0004	HS
Sphota	0.93±0.18	AT	0.60±0.13	14	2.6458	35.71	=0.0192	SS
		AF	0.13±0.09		4.5826	85.71	=0.0004	HS

**Statistical analysis of Group B**

Parameters	BT Mean ±SE	Follow up	AT Mean ±SE	Df	t-value	%	p-value	Remarks
Ruja	1.80±0.17	AT	1.07±0.12	14	6.2048	40.74	<0.001	HS
		AF	0.53±0.13		5.5513	70.37	<0.001	HS

Daha	1.27±0.21	AT	0.47±0.13	14	4.0000	63.15	=0.0013	HS
		AF	0.13±0.09		5.9059	78.94	<0.001	HS
Sphota	0.93±0.18	AT	0.47±0.13	14	2.8243	50	=0.0135	SS
		AF	0.20±0.11		4.0359	85.71	=0.0012	HS

**In between Group - A v/s Group - B**

Parameters	Treatment	Group A Mean±SE	Group B Mean±SE	Df	t-value	p-value	Remarks
Ruja	AT	1.00±0.14	1.07±0.12	28	0.7165	=0.1051	NS
	AF	0.53±0.13	0.53±0.13	28	0.0000	=1.0000	NS
Daha	AT	0.73±0.15	0.47±0.13	28	1.3127	=0.2000	NS
	AF	0.27±0.12	0.13±0.09	28	0.8944	=0.3787	NS
Sphota	AT	0.60±0.13	0.47±0.13	28	0.7135	=0.4814	NS
	AF	0.13±0.09	0.20±0.11	28	0.4752	=0.6383	NS

**Overall result of Group A**

Parameters	BT Mean±SE	AT Mean±SE	df	t-value	%	p-value	Remarks
Overall Parameters	3.93±0.44	3.27±0.52	14	2.8697	16.94	=0.0124	SS

**Overall result of Group B**

Parameters	BT Mean±SE	AT Mean±SE	df	t-value	%	p-value	Remarks
Overall Parameters	4.00±0.45	2.87±0.46	14	2.9155	28.33	=0.0113	SS



## DISCUSSION

*Kavala* is among the Ayurvedic theories explained in *Dinacharya* which has been attributed not only as promoter of oral hygiene but also taken as an *Upakrama* in the management of *Mukhagata Rogas*.<sup>[8]</sup> Regular practice of *Kavala* will exert cleansing action and promotes the defense mechanism in oral cavity thus prevents oral disorders. It is true fact that if a person does not follow the rules of oral hygiene has an important role in the maintenance of body health. It is believed that the nature provides both the disease and the drug together and gave concept of protection, restoration and regeneration of health. Ayurveda being a nature remedy gave concept of *Kavala* in the *Mukhapaka Roga* for protection restoration and regeneration of oral health. So, efficacy of *Kavala* has been taken for clinical study. *Mukhapaka* is the *Sarvasaramukhagataroga* which is due to the vitiation of *Vata*, *Pitta*, *Kapha* and *Rakta*. The *Sarvasara* manifested by the vitiation of *Pitta* and *Rakta* is known as *Mukhapaka* having the symptoms of *Daha*, *Alparuja* and yellow or red *Sphota* in the *Mukha*.<sup>[9]</sup> *Acharya Vagbhata* explained that the vitiated *Vatadosha* in the *Mukha* leads to the *Vrana* all over the *Mukha*,<sup>[10]</sup> these *Vrana* and *Ruksha*, are red in color called as *Mukhapaka*. There is great necessity to find an effective and economical mode of treatment method. So, to see the effect of these procedures *Kavala Dharana* in disease *Mukhapaka* which is the most common problem caused by improper food habits, the study was undertaken with title entitled Comparative study on efficacy of *Kavala Dharana* with *Godudhga* and *Goghrita* in the management of *Mukhapaka*.

*Kavala* is one of *Kriya Kalpa* procedure explained in classics. It is explained under the context of daily regimen as well as part of treatment. *Kavala* is routine process of filling the mouth with liquid which helps to maintain the oral health. It is also an *Upakrama* for *Mukhapaka* for *Mukharoga*. So, it is having preventive and curative effect. From the definition of *Kavala* it reveals that *Kavala* the process of holding any medicated liquid like *Kwath*, *Swarasa*, *Madhu*, *Ghrita*, *Taila*, *Gomutra*, *Ushnodaka* etc. in mouth fill half and do movement until tears and nasal watering starts and

then asked to split out. The classification of *Kavala* is mainly based on its *Karma* i.e., *Snaihika*, *Shamana*, *Shodhana* and *Ropana Kavala* which is useful in *Vataja Mukharoga*, *Pittaja Mukharoga*, *Kaphaja Mukharoga* and *Mukhagata Vrana* respectively.

### General mode of action of *Kavala*

Even though *Kavala* is *Sthanika Chikitsa* its action can be understood as both

1. Local action
2. Systemic action

### Local action<sup>[11]</sup>

*Kavala* has many actions locally they are as follows. Increase local defense mechanism. Enhancing both mechanical and chemical digestion of food that starts in Mouth. Removing of metabolic waste (urea and uric acid), Soothing effect strengthening of muscles of oral cavity. The action of *Kavala* exerts increased mechanical pressure inside the oral cavity. So, this increased stimulate pressoreceptor (stretch reflex) that are present in mouth. Once the pressoreceptor is stimulated they send signals to salivary nuclei in the brain stem (pons and medulla). As a result, para sympathetic nervous system activity increases and motor fiber in facial (VII) and glossopharyngeal (IX) nerve trigger dramatically increased output of saliva chemical constituent present in the drug also stimulate chemoreceptor present in mouth, which in turn increases salivary secretions. An enzyme called lysosome present in saliva is bacteriostatic in action. It will not allow for growth of pathogenic microorganisms in the oral cavity, Antibody IgA present in saliva also provide protection against microorganisms. Thus, *Kavala* increases local defense mechanism. The enzyme salivary amylase present in saliva and lingual lipase secreted by the lingual gland present at the dorsum of tongue initiates digestion of carbohydrate and fats respectively. *Kavala* increases secretions of the enzymes. Excessive salivary secretion, which predominantly contains water, removes metabolic wastes present in oral cavity. Some of *Dravyas* used for *Kavala* like *Panchavalkala* produces soothing effect on lesions like ulcers thus prevents ulcers from physical

and chemical injury. The act of *Kavala* and *Gandusha* gives proper exercise to the muscles of cheeks tongue, lips and soft palate there by increasing the motor functions of these muscles

### Systematic action<sup>[12]</sup>

Mucosal layer inferior to tongue (sublingual) is thin and highly vascular enough to permit the rapid absorption of lipid soluble drugs into systematic circulation. Some of drugs irritates the oral mucosa (by their chemical nature) and increase cellular permeability. Thus, an active principle of *Dravya* gets absorption in systematic circulation. Most of the *Dravas* (*Kwatha*) given for *Gandusha* thereby enhancing systematic absorption of and are warm (*Sukhoshna*) so raised temperature causes the increased vascular permeability there by enhancing systematic absorption of drugs.

### CONCLUSION

*Kavala* is one among the *Dinacharya* which has been attributed not only as promoter of oral hygiene but also taken as an *Upakrama* in the management of *Mukhapaka*. The disease *Mukhapaka* can be correlated with disease stomatitis. *Nidana Parivarjana* plays a vital role in preventing the disease *Mukhapaka*. *Godugdha Kavala* has shown significant result in management of *Mukhapaka*. *Goghrita Kavala* has shown significant results in management of *Mukhapaka*. *Goghrita Kavala* has shown better effect than *Godugha* during subsequent follow up with very minimal recurrence rate was found.

### REFERENCES

1. Vriddavagbhata. Astanga Sangraha. Edited by Dr. Shivaprasad Sharma. Varanasi: Chowkambha Sanskrit Series; 2006. Chapter 30, Verse 43, p. 41.
2. Agnivesha. Charaka Samhitha. Text with English translation and critical exposition based on Cakrapani Dattas Ayurveda Dipika, by R.K Sharma, Bhagwan Dash. Varanasi.
3. Sushruta Samhita Chikitsasthana edited by Kaviraj Ambikadutta Shastri, part-2, Chaukhamba Sanskrit Sansthan, Varanasi. Reprint 2004.
4. Vriddavagbhata. Astanga Sangraha. Edited by Shivaprasad Sharma. Varanasi: Chowkambha Sanskrit Series; 2006. Chapter 30, Verse 43, p. 41.
5. Astanga Hridayam Sutrashtana by K.R. Srikntmurthy, Chaukhamba Sanskrit Sansthana, Varanasi. Reprint 2004.
6. Bhavaprakasha. Bhavamishra. Translated by Prof. K.R. Shrikantamurthy. Varanasi: Krisnadas Academy; 2000. Chapter 6, Verse 18, p. 472.
7. Bhavamishra. Bhavaprakasha. Translated by Prof. K.R. Shrikantamurthy, Varanasi, Krisnadas Academy; 2000. Chapter 6, Verse 16, p. 472.
8. Susrata Samhita chikitsasthana edited by Kaviraj Ambikadutta Shastri part-2, Chaukhamba Sanskrit Sansthana, Varanasi. Reprint 2004.
9. Susrata Samhita Chikitsasthana edited by Kaviraj Ambikadutta Shastri, part-2, Chaukhamba Sanskrit Sansthana, Varanasi. Reprint 2004.
10. Sarangadhara Samhita. Editor – Sri Dayas Ankara Pandeya. Chaukhamba Amarabharati Prakashan, Varanasi. 7th Edition, 1988.
11. Human Anatomy – Volume Three by B.D. Chaurasia. 2nd Edition, 1993. Publisher: S.K. Jain, Delhi.
12. A Manual of Clinical Surgery by Dr. Somen Das. 4th Edition, 1996. Publisher: Dr. S. Das.
13. Vriddavagbhata. Astanga Sangraha. Edited by Dr. Shivaprasad Sharma. Varanasi: Chowkambha Sanskrit Series; 2006. Chapter 6, Verse 43, p. 41.

**How to cite this article:** Manjula Patil, K.B. Nagur, Nagaraj Jalihal. Comparative study on efficacy of Kavala Dharana with Godugdha and Goghrita in management of Mukhapaka. J Ayurveda Integr Med Sci 2023;10:28-33.  
<http://dx.doi.org/10.21760/jaims.8.10.4>  
**Source of Support:** Nil, **Conflict of Interest:** None declared.

\*\*\*\*\*