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Case Study

EFFECT OF PRATISAARANEEYA APAMARGA KSHARA IN THE MANAGEMENT OF JALARBUDA W. S. R TO MUCOCELE OF LIP-A CASE STUDY

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ABSTRACT

Jalarbuda is a water bubble like growth in lip caused due to vitiation of *Vata* and *Kapha*. *Ksharakarma* is one of the para-surgical procedures advised for management of *Jalarbuda*. This condition can be correlated to mucoccele of lip. This is a case report of 22 year old man who presented with a small swelling in lip associated with discomfort since one month. In this study *Pratisaaraneeya Apamarga Kshara* is used in management of mucoccele. The size of mucoccele reduced after two days of *Kshara* application.

INTRODUCTION

Jalarbuda is one among the *Oshtagatha roga* explained by Acharya vagbhata. It is a water bubble like growth in lip caused by vitiation *Vata* and *Kapha dosha*.¹ The treatment of *Jalarbuda* has been explained in two stages; in *Utthana Avastha* (superficially situated/ early stage) *Bhedana* (incision and drainage) followed by *Pratisarana* (application) of *Priyangu*, *Rodhra*, *Triphala*, *Makshika*, in *Avaghada avastha* (deeply situated/ chronic stage) *Ksharakarma* or *Agnikarma* is advised.² This condition can be correlated to mucoccele of lip.

The incidence of mucocceles in the general population is 0.4–0.9%. There is no gender predilection.³

As regards mucoccele location in the oral cavity, most investigators consider the lower lip to be the most frequently affected location (40% to 80% of all cases), followed by the cheek mucosa and floor of the mouth.⁴

The cause is usually damage to the duct of a mucous gland. They are usually superficial and rarely larger than 1 cm in diameter. In the early stages, they appear as rounded fleshy swellings. Later, they are obviously cystic, hemispherical, fluctuant and bluish due to the thin wall.

Preceding the formation of a mucoccele, saliva leaking from a damaged duct into the superficial surrounding tissues excites an inflammatory reaction. The pools of saliva gradually coalesce to form a rounded collection of fluid, surrounded by compressed connective tissue without an epithelial lining.

A small superficial mucoccele should be excised with the underlying gland. The latter is usually found to have been removed with the cyst.⁵

Case report

A 22 year old man reported with chief complaint of discomfort and painless swelling on the inner aspect of lower lip since one month. The swelling was small initially and gradually increased to attain present size. Patient had no other systemic illness. There was no significant family history.

On examination, there was a round solitary swelling measuring about 3-4mm on the inner aspect of lower lip. The colour of swelling was same as that of surrounding mucosa.

The lesion was diagnosed as *Jalarbuda* (mucoccele) based on clinical features. It was treated using *Ksharakarma*.

Routine haematology investigation were within normal limits, Fitness of the patient was

checked and inform consent of the patient was taken.

Patient was made to sit comfortably then cleaned the area of the Mucocele with sterile gauze and the lip was pulled outward and downward with left hand. By the right hand *Pratisaaraneeya apamarga kshara* was applied on the Mucocele with the help of *Shalaka*, it was wiped after 100 *Matra kala*⁶ (2 minutes).

By this procedure the Mucocele area completely burnt by leaving behind a clean wound of *Jambuphala Varna* (colour of *Syzizium cumini* Linn. fruit) Then the *Kshara* was wiped-out using gauze piece dipped in *Nimbu swarasa*. Later on a sterile gauze was kept on the site for 30 minutes. Patient was asked to gargle with *Triphala kashaya* twice daily and not to take hard food articles. The scar mark completely disappeared in seven days.

DISCUSSION

The histopathologic aspect of mucocele ranges from acute inflammation intermingling with the mucus collection to patterns of mature lesions with scarce amounts of mucus and connective tissue fibrosis. The lesion may show hyperplastic parakeratinized stratified squamous epithelium, small cystic spaces containing mucin and mucus-filled cells, areas of spilled mucin surrounded by a granulation tissue and sebaceous cells in the connective tissue.⁷

With this description we can see the Vata and *Kapha dosha* involvement in formation of mucocele/*Jalarbuda*. Chikitsa should be aimed at *Kapha-vata shamana*, *Shotha hara*, *Lekhana* and *Vranaropaka* line. Considering this correlation and *Utthana avastha chikitsa* of *Jalarbuda* in this case *Pratisaaraneeya apamarga kshara* was selected.

Properties of Kshara

Being a composite of many drugs it alleviates the 3 *Doshas*, being white in color it is *Soumya*, capable of doing *Dahana*, *Pachana*, and *Bhedana*. It has *Katu* (pungent), *Ushna* (hot), *Teekshana* (sharp), *Pachaka* (digestive), *Vilayaka* (liquefier), *Shodhaka* (cleansing effect), *Ropaka* (healing), *Shoshana* (absorbent), *Sthambhana* (styptic) and *Lekhan* (scraping) properties.⁸Hence it

helps in tearing off the Mucosal lining, scrapping the mucocele tissue and healing the scar.

CONCLUSION

Though surgical excision is the treatment of choice in management of mucocele of lower lip, there is high chance of recurrence. The *Pratisaaraneeya kshara* is an easy procedure, cost effective. The chance of recurrence is very least in *Ksharakarma*.

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Before treatment



Kshara application



After Kshara application



After 7 Days