



ROLE OF DARUHARIDRAQUATHGANDUSH AND DARUHARIDRARASKRIYAPRATISARAN IN MANSA SANGHAT (ORAL SUB MUCUS FIBROSIS)

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INTRODUCTION:

India is the largest country where people are addicted to either tobacco chewing, Gutkha chewing or cigarette smoking .Large number of people now a days suffering with the complications of these habits. One of the most common disease found is Mansa Sanghat (Oral sub mucous Fibrosis) as a complication of tobacco chewing.

Leukoplakia, LichenPlanus, Erythroplakia, Oral Sub mucus Fibrosis in a chronic stage converted in to cancer like diseases.

The disease Mansa Sanghat (Oral sub mucous Fibrosis) firstly explained by Schwartz in 1952.

The line of treatment available with modern medical science is as follows:

1. Medical treatment includes:

Corticosteroid: Local injection, Topical application of corticosteroid

Topical Hyaluronidase

Placental extracts

Injection Iodine

Vitamins and iron supplements

2. Surgical Treatment:

Simple excision of bands

Excision of band with skin grafting

Both line of treatments does not shows significant results and reoccurrence is very common.

Shushrutacharya has explain the disease Mans sanghat and the symptoms shows similarity as explained in Oral sub mucous Fibrosis.

Sushrutaaacharya has explained role of Daruharidra and Rasanjan in the treatment of Mans Sanghat.

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Aim and objective:

Literature review of Mansa Sanghat (Oral sub mucous Fibrosis) with modern and ayurved perspective.

Application of Daruharidra and Rasanjan and to observe the effect of treatment in Mansa Sanghat (Oral sub mucous Fibrosis)



Material and Method:

30 patients who has diagnosed as Mansa Sanghat (Oral sub mucous Fibrosis) as been taken for the study

Dosage of the Daruharidra and Rasanjan was decided according to the severity of the diseases.

Patients were observed and follow up taken each after 7 days 14 days ,21 days and 30 days.

Statistical analysis was done on the collected data

Inclusion criteria of patient:

- 1 Recurrent stomatitis patients
- 2 Lake of saliva in sub mucus cavity
- 3 Burning in sub mucus cavity
- 4 Difficulty in opening the mouth due to fibrotic changes.
- 5 Whitish patches in sub mucosal skin of mouth

Exclusion criteria:

Patient suffering with following disease were excluded

1. Erythroplakia
2. Candidacies
3. Leukoplakia
4. Diphtheria
5. Acute inflammatory condition of Oral Cavity.
6. Congenital Deformities
7. Malignancy.

Observations and result:

Out of 30 patients 76.67% patients were addiction to gutka and supari chewing which shows that those who are addicted to such kind of chewing are more prone to the sub mucus fibrosis.

Out of 30 patients 83.33% were male patient and 16.67% female patients. This shows that male are more prone to Tobacco chewing.

Out of 30 patients 53.33% having age group 20 to 30, which indicates that young adults are more prone to the addiction and the disease mansanghat.

Clinical observations were taken on Mukhdaha (Burning sensation), mukhavrana (Ulceration), and formation of submucosal fibrosis in mukhshlesmalkala and decreased salivation. After application of daruharidrarasakriyapratisharan and DaruharidraQuathGandush

Statistical Wilcoxon sign rank test were applied to observational values and the results are as follows

In the symptom Burning sensation Z value is 4.736 and $P < 0.05$

In the symptom Ulceration Z value is 4.623 and $P < 0.05$

In the symptom formation of submucosalfibrosis Z value is 4.01 and $P < 0.05$

In the symptom reduced salivation Z value is 4.37 and $P < 0.05$

At the end of the study we found following resulys

Burning sensation reduced by 79.10%,Ulceration reduced by 80.32%,formation of submucosalfibrosis



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were reduced by 37.68%, symptom reduced salivation improves by 92.85%

CONCLUSION:

Above study significantly shows usefulness of DaruharidraQuathGandush and DaruharidraRaskriyaPratisaran in Mansa Sanghat (Oral sub mucous Fibrosis).