RESEARCH PAPER

Role of Saptaparna Churna Pratisarana in Oral Aphthous: A Case Study

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ABSTRACT

Oral aphthous ulcers are among the most common painful lesions affecting the oral mucosa, often associated with burning sensation, difficulty in eating, speaking, and swallowing, thereby affecting the quality of life of patients. In Ayurveda, these lesions can be correlated with Mukha Paka or ulcerative conditions of the oral cavity predominantly involving vitiation of Pitta and Kapha Dosha. The present case study evaluates the therapeutic role of Saptaparna Churna Pratisarana in the management of oral aphthous ulcers.

A 32-year-old male presented with recurrent painful ulcers over the buccal mucosa and inner aspect of the lips associated with redness, tenderness, burning sensation, and discomfort during food intake. The patient was managed with local application (Pratisarana) of Saptaparna Churna over the affected area twice daily for 7 days along with dietary and oral hygiene advice. Clinical assessment was carried out based on pain, size of ulcer, erythema, burning sensation, and healing progression.

Marked improvement was observed in pain, inflammation, and ulcer size within the treatment period. Complete healing of ulcers with reduction in burning sensation and tenderness was noted without any adverse effects or recurrence during short-term follow-up. The probable mode of action of Saptaparna may be attributed to its Kashaya and Tikta Rasa, Krimighna, Shothahara, and wound-healing properties which help in reducing inflammation and promoting mucosal healing.

This case study suggests that Saptaparna Churna Pratisarana may serve as an effective, safe, and economical Ayurvedic local therapeutic approach in the management of oral aphthous ulcers. However, further clinical studies with larger sample sizes are recommended to validate its efficacy scientifically.

Keywords: Oral Aphthous, Saptaparna, Alstonia Scholaris (Linn.).

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Introduction-

Recurrent Aphthous Stomatitis (RAS), commonly referred to as oral aphthous ulcer, is one of the most frequently encountered inflammatory conditions affecting the oral mucosa. The condition is characterized by recurrent, painful ulcerations that interfere with eating, speaking, and swallowing, thereby negatively influencing the patient's daily activities and overall quality of life. Clinically, the ulcers usually appear as shallow, round or oval lesions surrounded by erythematous margins and covered with a yellowish-white pseudomembrane.

Although the exact etiology of oral aphthous ulcers remains uncertain, several precipitating factors such as emotional stress, dietary irritants, smoking habits, nutritional deficiencies, altered immune responses, and local trauma have been implicated. In many patients, prolonged intake of spicy and acidic foods acts as an aggravating factor leading to repeated episodes of mucosal irritation and ulcer formation. Conventional management primarily focuses on symptomatic relief using topical corticosteroids, analgesics, antiseptic mouthwashes, and anti-inflammatory agents. However, these treatments often provide only temporary relief and may produce undesirable effects such as mucosal dryness, secondary fungal infections, or recurrence after discontinuation.

From an Ayurvedic perspective, the clinical features of recurrent oral ulceration closely resemble Mukhapaka, a disorder described under Mukharoga. The disease is predominantly associated with vitiation of Pitta and Rakta Dosha along with impairment of Bodhaka Kapha. Excessive intake of Ushna, Tikshna, Amla, and Vidahi Ahara contributes to localized inflammation within the oral cavity, resulting in Daha (burning sensation), Shoola (pain), and ulceration.

In the present case, the patient had a clear history of excessive consumption of spicy foods, carbonated beverages, and irregular dietary habits during a recent vacation period. Clinical examination revealed multiple painful ulcers associated with erythema and severe burning sensation, particularly during mastication. Considering the localized nature of the lesion and predominance of Pitta symptoms, a topical therapeutic approach was considered more appropriate.

Ayurvedic classics advocate Sthanika Chikitsa in diseases affecting the oral cavity, among which Pratisarana is considered particularly beneficial. Saptaparna (Alstonia scholaris) possesses Tikta and Kashaya Rasa along with documented anti-inflammatory, antimicrobial, and wound-healing

properties. These pharmacological and Ayurvedic attributes make it a promising local therapeutic agent for managing inflammatory oral lesions. The present case study was therefore undertaken to evaluate the clinical effectiveness of Saptaparna Churna Pratisarana in the management of oral aphthous ulcers.

2. Case Presentation

Patient Information

A 32-year-old male presented with complaints of severe burning sensation, painful oral ulcers and difficulty in chewing for 7 days. The patient had a history of consumption of recurrent spicy food and carbonated drinks. Symptoms started as mild irritation but then developed into painful ulcers.

2.1 Present Medical History

The 32-year-old male patient approached the clinic with complaints of a severe burning sensation in the oral cavity, painful oral ulcers and significant difficulty in chewing and swallowing food for past 7 days.

The patient reported that his symptoms has shown a progressive trend initially starting from mild oral irritation and sensitivity to spicy food, which rapidly advanced to the formation of multiple painful ulcerations. The patient had been consuming spicy foods and carbonated beverages regularly during a recent vacation lasting for 2-3 weeks.

Clinical Examination

A thorough examination was performed, and stable vital signs were found. On inspection, the following findings were noted in the specific location:

The clinical parameters that were assessed include: number of ulcers present, size of the ulcer (expressed in millimeters), severity of pain, erythema, oral thrush, burning sensation, difficulty in swallowing.[3]

The patient was referred for hematological examination to exclude the presence of systemic deficiency conditions, and the test results fell within the normal range.

Inspection From Ayurvedic Perspective

According to Ayurvedic diagnostic methods (Trividha Pariksha), the following findings were made regarding the patient's clinical presentation:

- Prakriti (Body Constitution): Pitta predominant.
- Agni (Digestive Fire): Mandagni (impairment of digestive capability).
- Nadi (Pulse): Pittanubandhi (Predominance of Pitta properties).
- Koshtha (Bowel Nature): Krura (hardness).
- Jihva (Tongue): Saama (covered), implying the presence of Ama (accumulation of toxins).

Chronicity of smoking habit, Pitta predominant body type, and Mandagni could be responsible for the derangement of Pitta and Rakta Dosha, resulting in Mukhapaka (Stomatitis).

2.2 History Of Past Illness

The patient has no history of past illness associated with chronic metabolic disorders or systemic diseases such as Diabetes Mellitus, Hypertension, and Tuberculosis was noted by the patient. No history of previous surgeries and hospitalization was mentioned in connection with oral health problems. In addition, the patient does not have a history of recurrent viral infection (e.g., Herpes Simplex) or autoimmune disorder (e.g., Behcet's disease, Pemphigus). The patient has never taken any medications in the past that might cause an allergic reaction or suppress immunity.

2.3 Family History

There is no significant family history oral mucosal diseases or systemic illness.

2.4 Patient's Daily Routine

His daily routine and eating habits were studied to identify aggravating factors from the lifestyle aspect. He used to get up at 6:00 a.m., then spend the whole morning without any physical activity. His breakfast was served between 8:30 a.m. and 9:00 a.m. and included tea with biscuits or some fried food products such as vada pav and samosa. His daily activities did not require much physical exertion because of his profession.

He took lunch between 1:30 p.m. and 2:00 p.m. His lunch included a normal vegetarian or non-vegetarian diet with spicy pickles and chili. He took tea with some light snacks in the evening. Dinner was taken in the evening after 11:00 p.m. He used to go to sleep immediately after dinner.

It is important to note that the patient's diet included Katu (pungent), Amla (sour), and Vidahi (burning sensation) types of food. The patient consumed food that had been fermented, spicy, and fried with carbonated drinks, almost every day for the last 2 weeks.

2.5 Etiology and physiopathology of disease

Habitual intake of Katu (pungent), Amla (sour), and Vidahi (burning) foods along with smoking cigarettes is considered a powerful Aganthuja (external factor) that affects the oral mucosa. In accordance with the concepts of Ayurveda, the above factors cause the aggravation of Pitta and Rakta Dosha. The vitiated Pitta, which is characterized by Ushna (hot) and Tikshna (sharp) properties, localizes in the Mukha Pradesh (oral cavity) affecting the Mamsavaha and Raktavaha Srotas (channels responsible for muscles and blood) resulting in inflammation and ulceration known as Mukhapaka [13,14]

Modern Pathophysiology

Recurrent Aphthous Stomatitis (RAS) is an inflammatory disorder affecting the oral mucosa and is characterized by recurrent, painful ulcerative lesions. The condition develops due to a combination of local irritation, immune dysregulation, oxidative stress, and mucosal hypersensitivity. In many individuals, dietary habits, emotional stress, smoking, and nutritional

imbalance act as precipitating factors that initiate mucosal inflammation.

In the present case, the patient had a recent history of excessive consumption of spicy foods, fried snacks, and carbonated beverages for approximately two to three weeks before the onset of symptoms. Continuous exposure to such irritants may weaken the protective mucosal lining and increase local tissue sensitivity. In addition, irregular meal timings and smoking habits could have further aggravated mucosal injury and delayed tissue recovery.

The inflammatory process in aphthous ulcers is primarily mediated through activation of T-lymphocytes and release of pro-inflammatory cytokines such as tumor necrosis factor-alpha (TNF-α), interleukin-2, and interferon-gamma. These mediators promote epithelial cell damage, vascular congestion, and localized tissue breakdown, leading to ulcer formation. Clinically, this inflammatory response manifests as erythema, burning sensation, tenderness, and pain during mastication or swallowing.

The patient in this study presented with multiple painful ulcers associated with marked burning sensation and difficulty in chewing. Persistent irritation during food intake suggested active inflammation and exposure of sensory nerve endings within the ulcer base. The presence of erythematous margins around the lesions further indicated ongoing inflammatory activity.

Oxidative stress may also contribute to progression of the lesion by increasing free radical-mediated epithelial injury and delaying mucosal healing. In some cases, secondary microbial colonization can prolong inflammation and interfere with regeneration of damaged tissue. These factors collectively contribute to delayed recovery and recurrence of ulcers.

Saptaparna (Alstonia scholaris) possesses documented anti-inflammatory, antimicrobial, antioxidant, and wound-healing properties. Local application of Saptaparna Churna in the form of Pratisarana may help reduce local inflammation, minimize microbial proliferation, and support re-epithelialization of the ulcerated mucosa. Its Kashaya (astringent) property may additionally help reduce local exudation and promote contraction of ulcer margins.

The progressive reduction in pain, erythema, and ulcer size observed during follow-up in this patient may therefore be attributed to the combined anti-inflammatory and mucosal healing effects of Saptaparna along with avoidance of dietary aggravating factors.

Treatment protocol

A patient suffered from the symptoms of Mukhapaka (oral ulcers) .Due to the nature of the disease, it was decided that a topical treatment using Saptaparna Churna (powder of Alstonia scholaris) should be suggested. The traditional use of Saptaparna includes Tikta (bitter) and Kashaya (astringent) characteristics; hence, there exists a strong therapeutic potential of wound healing and Pitta-kaphashamana (balance of Pitta and Kapha).

The prescription was that the Saptaparni Churna should be applied externally on the affected buccal mucosa thrice daily for 21 consecutive days. To facilitate easy application and ensure uniformity, the patient was prescribed the use of fine sieved Churna in airtight vessels along with an instruction leaflet.

It was recommended that the patient continue with his usual routine while avoiding Katu (spicy) and Amla (sour) foods that might exacerbate the burning sensation. In case the patient had a feeling of hunger between meals, Pitta reducing foods like coconut water, pomegranate juice, and warm cow's milk with ghee were allowed to be consumed by him.

Diagnosis

Modern Diagnosis:Oral Aphthous.

Ayurvedic Diagnosis: Mukhapaka with Pittaja predominance

Intervention

Saptaparna churna was prepared from authenticated bark as per Sharangdhara Samhita guidelines [7].

The drug was applied locally as pratisarana with honey thrice daily for 21 days.

Follow-up & Outcomes

Follow-up was done once a week (days 7, 14, and 21) to determine the healing process.

Assessment Criteria

Clinical parameters	Day 0	Day 7	Day 14	Day 21
No. of ulcer	4	2	1	0
Size of ulcer	4mm,2mm,1mm,1mm	2mm, 1mm	1mm	Absent
Erythema	Present	Present	Absent	Absent
Degree of pain	severe	moderate	mild	No pain
Difficulty in swallowing	Present	Absent	Absent	Absent

4. Discussion

Oral aphthous ulcers are among the most common inflammatory lesions affecting the oral mucosa and are frequently associated with pain, burning sensation, and difficulty in eating. In the present case, the patient reported severe discomfort during mastication and swallowing, which significantly affected his routine dietary intake for nearly one week prior to treatment. Clinical examination revealed multiple ulcers over the buccal mucosa

accompanied by erythema and tenderness, indicating active mucosal inflammation.

The patient had a notable history of excessive intake of spicy foods, fried snacks, and carbonated beverages during a recent vacation period. Such dietary habits are known to irritate the oral mucosa and may precipitate ulcer formation in susceptible individuals. In addition, smoking history, irregular meal timings, and late-night eating habits may have further aggravated the inflammatory process and delayed mucosal recovery.

According to Ayurvedic principles, frequent consumption of Katu, Amla, and Vidahi Ahara contributes to aggravation of Pitta and Rakta Dosha, leading to conditions such as Mukhapaka. The patient's Pitta-predominant constitution, coated tongue, and impaired digestive status indicated the involvement of Agnimandya and Ama in disease manifestation. These findings suggest that both local irritation and systemic dietary imbalance played a role in the development of oral lesions.

An important clinical observation in this case was the early reduction in burning sensation within the first week of therapy. The patient also reported improved tolerance to soft foods during follow-up visits. Progressive reduction in erythema and ulcer size suggested effective control of local inflammation and initiation of mucosal healing. By the end of treatment, complete epithelial healing was observed without evidence of secondary infection or residual scarring.

Saptaparna (Alstonia scholaris) was selected for Pratisarana because of its documented anti-inflammatory, antimicrobial, antioxidant, and wound-healing properties. From an Ayurvedic perspective, its Tikta and Kashaya Rasa are considered useful in reducing Pitta-associated inflammatory conditions and promoting tissue repair. The Kashaya property may have contributed to contraction of ulcer margins and reduction of local exudation, while Tikta Rasa possibly helped alleviate burning sensation and irritation.

Previous pharmacological studies on Alstonia scholaris have demonstrated analgesic and anti-inflammatory activities due to the presence of alkaloids and other bioactive phytoconstituents. These actions may explain the reduction in pain, erythema, and tenderness observed in this patient during the treatment period. The absence of adverse reactions throughout therapy also supports the safety of local application.

Another noteworthy aspect of this case was the role of dietary modification and lifestyle counseling. The patient was advised to avoid spicy foods, smoking, and carbonated beverages during treatment. Improvement in symptoms may therefore be attributed not only to the medicinal action of Saptaparna Churna but also to removal of aggravating dietary factors and improved oral care practices.

Compared with conventional topical corticosteroid therapy, the present intervention appeared simple, economical, and non-invasive. Furthermore, no complications such as mucosal thinning or opportunistic fungal infection were observed. Although this is a single case study, the clinical outcome indicates that Saptaparna Churna Pratisarana may be useful in managing mild to moderate oral aphthous ulcers, especially in patients seeking Ayurvedic treatment options.

However, longer follow-up and larger controlled studies are necessary to evaluate recurrence rates, establish standardized treatment protocols, and further validate the therapeutic role of Saptaparna in recurrent aphthous stomatitis.

4.1. Limitations of Case Report

Though the results from this case report are optimistic, the study has been conducted on a single individual. In order to gather solid scientific data regarding the efficacy of Saptaparna Churna in the treatment of Mukhapaka, more research needs to be done using a large sample size. Moreover, since the duration of the study covered only the period during which the medication was administered, long-term studies need to be conducted to check the frequency of ulcers following the discontinuation of the preparation, particularly in individuals with a history of recurrent oral aphthous.

4.2. Strengths

One of the biggest advantages of the described case study is the local and non-invasive approach. The employment of Saptaparna Churna helped provide fast results in treating the painful condition and quick recovery of the mouth mucous membranes without the administration of systemic medication. The procedure was easy to implement, inexpensive, and simple for the patient to carry out at home. In addition, the impressive results in terms of increased mouth aperture and reduced pain were obtained within 21 days only.

5. Conclusion

The present case study demonstrates that Saptaparna Churna Pratisarana may be beneficial in the management of oral aphthous ulcers associated with burning sensation, pain, and difficulty in chewing. In this patient, topical application of Saptaparna Churna along with dietary regulation resulted in progressive reduction in ulcer size, erythema, and discomfort during the 21-day treatment period. Complete healing of the lesions was observed without secondary infection, adverse effects, or scar formation.

The clinical improvement noted in this case may be attributed to the anti-inflammatory, antimicrobial, astringent, and wound-healing properties of Saptaparna (Alstonia scholaris). In addition, avoidance of dietary irritants such as spicy foods and

carbonated beverages appeared to support faster mucosal recovery and reduce local inflammation.

This case also highlights the importance of combining local Ayurvedic therapy with correction of lifestyle and dietary factors in disorders affecting the oral mucosa. Compared with prolonged use of topical corticosteroids, the present intervention appeared simple, economical, non-invasive, and well tolerated by the patient.

Although the outcome observed in this case was encouraging, larger clinical studies with standardized assessment parameters and longer follow-up are necessary to establish the therapeutic efficacy and recurrence prevention potential of Saptaparna Churna Pratisarana in recurrent aphthous stomatitis.

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