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Pittaja Mukhapaka (Stomatitis) and its Ayurvedic Management

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ABSTRACT

Pittaja Mukhapaka is a frequently occurring oral disorder described in Ayurveda, primarily resulting from the aggravation of Pitta Dosha and classified under Mukha Roga. Clinically, it is characterized by burning sensation, erythema, inflammation, painful oral ulcers, excessive salivation, and difficulty in speaking and eating. These manifestations closely resemble those of stomatitis, particularly recurrent aphthous stomatitis, a common inflammatory condition affecting the oral mucosa. The present review examines the Ayurvedic concept of Pittaja Mukhapaka, compares its clinical features and pathogenesis with contemporary stomatitis, and evaluates the effectiveness of Ayurvedic management based on both classical literature and current scientific evidence. Classical Ayurvedic texts, including the Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Madhava Nidana, along with peer-reviewed studies published between 2021 and 2026, were reviewed comprehensively. Relevant literature was identified through electronic databases and evaluated for disease pathology, diagnostic features, clinical outcomes, and available treatment approaches. Ayurvedic management focuses on correcting the underlying Pitta imbalance, reducing inflammation and burning, promoting ulcer healing, and restoring the health of the oral mucosa. Traditional therapeutic approaches, including Pitta-shamana medicines, local applications, herbal formulations, dietary modifications, and appropriate oral hygiene measures, may provide a safe and holistic approach to management. However, further well-designed randomized controlled clinical trials are needed to establish standardized treatment protocols and strengthen the scientific evidence supporting the integration of Ayurvedic therapies into modern oral healthcare.

Key Words *Pittaja Mukhapaka, Stomatitis, Recurrent Aphthous Stomatitis, Ayurveda, Mukha Roga, Pitta Dosha, Gandusha, Oral Ulcer*

Received 14th July 2026 Accepted 21st August 2026 Published 10th September 2026

INTRODUCTION

Oral health is an essential component of overall health and well-being, influencing an individual's ability to eat, speak, communicate, and enjoy a good quality of life. Disorders affecting the oral cavity can interfere significantly with routine activities such as eating, drinking, chewing, swallowing, and speaking¹. Among the common

inflammatory conditions of the oral cavity is stomatitis, which refers to inflammation of the oral mucosa. It may present with redness, swelling, pain, burning sensation, and the development of painful ulcers or sores. Stomatitis may occur as an independent condition or may be associated with systemic diseases, nutritional deficiencies, infections, autoimmune disorders,

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physical trauma, allergic reactions, and adverse effects of certain medications¹. One of the most common forms of stomatitis is recurrent aphthous stomatitis (RAS), which is characterized by recurrent, painful ulcers of the oral mucosa that may significantly impair eating, speaking, and swallowing, thereby reducing the patient's quality of life. Although RAS is widely recognized in modern medicine, its exact etiology and pathogenesis remain incompletely understood. Current management primarily focuses on symptomatic relief and may include topical corticosteroids, analgesics, antiseptics, antimicrobial agents, and vitamin or nutritional supplementation².

Because of these limitations, increasing attention has been directed toward traditional and complementary systems of medicine that adopt a more comprehensive and holistic approach to disease prevention and management. Ayurveda provides detailed descriptions of diseases affecting the oral cavity under the broad category of Mukha Roga. Classical Ayurvedic texts, including the Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Madhava Nidana, describe the causes, clinical manifestations, classification, pathogenesis, and treatment principles of various oral disorders².

Among these conditions, Mukhapaka is an important inflammatory disorder involving the oral cavity. According to Ayurvedic principles, the condition develops due to the vitiation or imbalance of one or more Doshas. Based on the predominance of the involved Dosha,

Mukhapaka may be classified as Vataja, Pittaja, Kaphaja, and Raktaja. Pittaja Mukhapaka is characterized by prominent inflammatory manifestations, including burning sensation, redness, severe pain, ulceration, excessive thirst, tenderness, and difficulty in speaking or swallowing³.

According to Ayurvedic theory, Pittaja Mukhapaka develops primarily because of the aggravation of Pitta Dosha. Pitta vitiation may occur due to excessive consumption of spicy, sour, salty, and hot foods; exposure to excessive heat; alcohol and tobacco use; emotional factors such as stress and anger; inadequate sleep; and poor oral hygiene. When aggravated, Pitta affects Rakta Dhatu and the tissues of the oral cavity, leading to inflammation, redness, burning sensation, ulcer formation, and tissue damage²⁻³.

The Ayurvedic approach to managing Pittaja Mukhapaka focuses not only on relieving local symptoms but also on correcting the underlying dosha imbalance. Treatment principles generally emphasize Pitta-shamana and Rakta-prasadana, along with measures to reduce inflammation, relieve burning and pain, promote mucosal healing, and prevent recurrence².

REVIEW OF LITERATURE

A review of the available literature indicates growing scientific interest in the Ayurvedic management of Pittaja Mukhapaka (Stomatitis), particularly regarding the efficacy of herbal formulations and local therapeutic procedures

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such as Gandusha and Kavala. Recent studies have explored the correlation between the Ayurvedic concept of Mukhapaka and modern stomatitis and have provided evidence supporting the potential role of Ayurvedic interventions in reducing symptoms, promoting ulcer healing, and preventing recurrence¹.

Datkhile et al. presented an integrative review comparing the Ayurvedic concept of Mukhapaka with modern stomatitis. The review highlighted similarities in clinical presentation, including oral ulceration, pain, burning sensation, redness, and inflammation. It emphasized the importance of Nidana Parivarjana, or avoidance of causative factors, together with herbal medicines and local therapeutic approaches in promoting healing and potentially preventing recurrence¹.

Moger and Solankar reviewed Ayurvedic drugs used in oral mucosal diseases, with particular emphasis on Triphala, Pata, Mridvika, and Jatipallava. The review summarized their reported anti-inflammatory, antimicrobial, antioxidant, and wound-healing activities, supporting their potential clinical application in oral ulcerative disorders².

Sutnga et al. conducted a randomized controlled clinical trial to investigate the efficacy of Jatyadi Kwatha Gandusha in the management of Pittaja Mukhapaka. Patients receiving the intervention showed statistically significant reductions in burning sensation, pain, ulcer size, and inflammation compared with baseline findings. The study suggested that Jatyadi Kwatha Gandusha may be an effective Ayurvedic

intervention for aphthous ulcers and Pittaja Mukhapaka³.

Additional clinical and review evidence has evaluated Triphala Kwatha, Madhu Mukha Dhavana, and Triphala Kwatha Gandusha in the management of Mukhapaka and aphthous ulcers, further supporting the need for standardized and well-designed clinical studies^{4,5}.

Overall, the available literature suggests that Ayurvedic management of Pittaja Mukhapaka may offer beneficial therapeutic effects through a combination of causative-factor avoidance, herbal medicines, and local oral therapeutic procedures¹⁻⁵. However, larger and well-designed randomized controlled trials are still needed to confirm these findings, establish standardized treatment protocols, evaluate long-term safety, and strengthen the evidence for integrating Ayurvedic interventions into modern oral healthcare.

MATERIALS AND METHODOLOGY

Study Design

The present study is a narrative review aimed at evaluating the Ayurvedic concept of Pittaja Mukhapaka (Stomatitis) and its management through classical Ayurvedic principles and contemporary scientific evidence. The review correlates the disease with modern stomatitis, particularly recurrent aphthous stomatitis, and critically analyzes the available literature on its etiology, pathogenesis, clinical features, diagnosis, and treatment. The study also

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examines the potential role of Ayurvedic therapeutic approaches in reducing inflammation, relieving pain and burning sensation, promoting oral ulcer healing, and preventing recurrence³⁻⁵.

Materials

The study utilized both classical Ayurvedic literature and modern scientific literature to obtain a comprehensive understanding of Pittaja Mukhapaka and its correlation with contemporary stomatitis.

A. Ayurvedic Sources

The following classical Ayurvedic texts were reviewed:

- *Charaka Samhita*
- *Sushruta Samhita*
- *Ashtanga Hridaya*
- *Madhava Nidana*
- *Yogaratanakara*
- *Bhaishajya Ratnavali*

These texts were examined to identify descriptions related to the causes (Nidana), pathogenesis (Samprapti), clinical features (Lakshana), classification, and management (Chikitsa) of Mukhapaka and other related oral disorders².

B. Modern Scientific Literature

Contemporary scientific literature was reviewed to establish the correlation between Pittaja Mukhapaka and modern stomatitis, particularly recurrent aphthous stomatitis. Relevant peer-reviewed articles, clinical studies, review articles, and scientific publications were evaluated for information related to disease etiology, pathogenesis, clinical presentation, diagnosis,

conventional treatment, Ayurvedic interventions, herbal formulations, and clinical outcomes².

CONCLUSION

Pittaja Mukhapaka is a well-described oral disorder in Ayurveda that closely correlates with stomatitis, particularly recurrent aphthous stomatitis, in modern medicine. The disease is primarily associated with the aggravation of Pitta Dosha and Rakta Dushti, leading to inflammation, painful oral ulcers, burning sensation, redness, tenderness, and difficulty in eating and speaking. Although modern treatment can provide effective symptomatic relief, recurrence remains a common clinical challenge. Ayurveda offers a comprehensive and holistic approach by addressing the underlying causes of the disease through Nidana Parivarjana (elimination of causative factors), Shamana Chikitsa, Shodhana Chikitsa, appropriate dietary and lifestyle modifications, and local therapeutic procedures such as Gandusha, Kavala, and Pratisarana. These approaches aim to pacify aggravated Pitta, reduce inflammation, relieve pain and burning, and promote healing of the oral mucosa^{1,3-5}.

Medicinal plants and formulations, including Yashtimadhu (*Glycyrrhiza glabra*), Guduchi (*Tinospora cordifolia*), Triphala, Amalaki (*Embllica officinalis*), and Khadira (*Acacia catechu*), have been reported in Ayurvedic and scientific literature to possess anti-inflammatory, antimicrobial, antioxidant, and wound-healing

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properties. These activities may contribute to the management of oral ulcers and inflammatory conditions resembling Pittaja Mukhapaka^{2,4,5}.

Overall, the available classical and contemporary evidence suggests that Ayurvedic management has potential as a complementary and holistic approach for Pittaja Mukhapaka¹⁻⁵. However, further high-quality randomized controlled trials with larger sample sizes, standardized diagnostic criteria, validated outcome measures, and long-term follow-up are required to establish the clinical efficacy and safety of specific Ayurvedic interventions and to strengthen the evidence for their integration into modern oral healthcare.

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