

REVIEW ARTICLE

Ayurvedic Management of *Jalarbuda* w.s.r to Mucocele of Lip - A Case Study

Author: Mariswami¹

¹Department of Shalaky Tantra, Poornima Ayurvedic Medical College Hospital & Research Centre, Raichur, India

ABSTRACT

Mucocele is a clinical condition presented with swelling caused due to collection of saliva at the site of injury or blocked minor salivary gland duct. The most common sites for Mucoceles are lower lip, tongue, floor of the mouth, buccal mucosa and palate. Trauma to a minor salivary gland excretory duct with laceration of the duct results in the pooling of saliva in the adjacent submucosal tissue and consequent swelling. Mucocele are characterized by blue coloured even surfaced, distinct, painless swelling measuring few mm to cm in diameter. Treatment modalities are surgical excision, aspiration and intralesional corticosteroids. According to Vagbhata, dushita Vatakapha doshas get lodged into Osta forms Jalarbuda which resembles a bubble of water. The signs and symptoms of oral mucocele having analogues with Jalarbuda. The Ksharakarma is one of the treatments explained for Jalarbuda. In the current Case report, the Kshara Karma was selected.

Key Words *Osta, Jalarbuda, Kshara karma, Oral Mucocele*

Received 06th February 2024 Accepted 22nd April 2024 Published 10th May 2024

INTRODUCTION

Mucoceles or mucus cysts, originate from minor salivary glands or their duct and are the most common cyst of the oral soft tissue. Two types are recognized; extravasation mucoceles are the most common (more than 80%) and their pathogenesis is related to duct rupture from the trauma due to biting; retention mucoceles are rare and their pathogenesis is related to partial obstruction of the duct, probably due to infection, calculus, or sialoliths¹.

Extravasation-type mucoceles display a peak incidence during the second and third decades, whereas the retention-type mucoceles are more

common in older age groups. However, there is no sex predilection, and they may occur at all ages. Most frequently, mucoceles occur on the lower lip, usually laterally, at the level of the bicuspid, less commonly on the buccal mucosa, floor of the mouth, palate, tongue and very seldom on the upper lip^{1,2}.

Clinically, mucoceles are painless, spherical, solitary fluctuant masses that vary in size from a few millimetres to several centimetre in diameter. Superficial cyst is translucent and bluish, whereas deeper lesions have the colour of normal mucosa. Usually, they appear suddenly, rapidly reaching their final size, and may persist for several weeks to several months. Sometimes they empty

REVIEW ARTICLE

partially and then reform due to accumulation of fresh fluid. Treatment consists of surgical excision or cryo-surgery¹.

According to Vagbhata, due to vitiation of Vatakapha dosha Stanasamshraya in Osta produces a disease called Jalarbuda, which resembles a bubble of water³. In Uttana Avastha of Jalarbuda Bhedana followed by Teekshan Dravya (Pippali, Maricha etc..) and Madhu Pratisarana is explained; whereas in Avagadha Avasta Kshara and Agnikarma are explained³.

CASE REPORT

A 30-year-old male patient reported with the chief complaint of a painless swelling over the lower lip for 8 months. No burning sensation, no discharge, there is no other complaints, the initially lesion is small and then gradually increased in size. There was a history of trauma noticed by the patient and with no significant medical history. There was no contributory family history.

Clinical examination showed a round, pale, soft swelling seen over the lower lip, towards lateral side at the level of incisor, measuring around 5mm in diameter (Figure-1).

Based on the clinical features case was diagnosed as Jalarbuda (mucocele). Routine haematology investigation was within normal limits, Fitness of the patient was checked and inform consent of the patient was taken.

Patient was made to sit comfortably then the area of the Mucocele was cleaned with sterile gauze

and the lip was pulled outward and downward with left hand followed by with the help of Shalaka, Apamarga Kshara was applied (Figure-2).

After Shatamatra kaala (~60 seconds approx.), the Kshara was cleaned with Nimbu Swarasa to neutralize the effect and patient was asked to gargle with the same as well to avoid any remnant of Kshara. The lesion turned into Pakva jambuphala varna (~bluish black colour similar to ripe jamun fruit) (Figure-3). After 2 sitting of procedure, patient was observed for 7 days and the lesion had gradually reduced in size and the colour had also attained normal as surrounding mucosa (Figure-4). Patient experienced no discomfort or any complications post operatively. On follow up after 3 months showed no recurrence, no visible scar/ fibrosis at the site of lesion (Figure-5).



Figure 1 On oral examination, a round, pale, soft swelling was seen over the lower lip, towards lateral side at level of incisor. The mucocele was around 5mm in diameter

REVIEW ARTICLE



Figure 2 Application of Apamarga Kshara over the Jalarbuda (Mucocele)



Figure 3 The lesion turned into Pakva jambuphala varna (~bluish black colour similar to ripe jamun fruit)

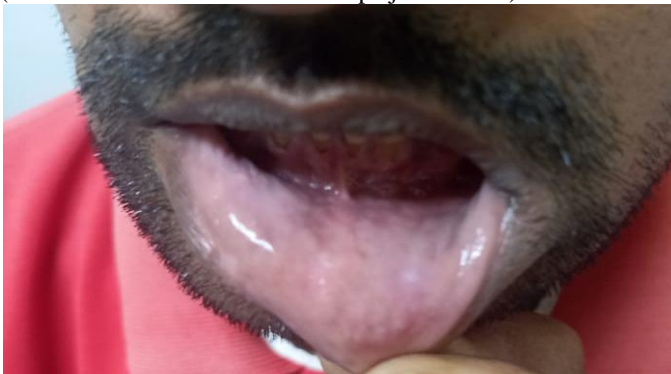


Figure 4 After 2 sitting of procedure, patient was observed for 7 days and the lesion had gradually reduced in size and the colour had also attained normal as surrounding mucosa



Figure 5: On follow up after 3 months showed no recurrence, no visible scar/ fibrosis at the site of lesion.

DISCUSSION

Oral mucoceles are normally harmless, painless cysts that don't cause any long-term complications. Common sites include cheeks, floor of the mouth and palate. The cause is usually trauma, especially cheek or lip biting which may lead to stenosis or rupture of the duct and accumulation of saliva. They are common in children and young adolescence. These cysts usually present as painless, smooth, bluish swelling containing fluid. Treatment involves delicate enucleation⁴.

According to Acharya Vagbhata, dushana of Vatakapha doshas in Osta resulting watery bubble-like appearance over the lip called Jalarbuda³. Based on the Lakshana, Jalarbuda is classified into two types; in Utthana Avastha Bedhana should be done by Pratisarana of Teekshna Dravyas along with Madhu is advised, in case of Avagadha Avastha Ksharakarma or Agnikarma is advised³. Chikitsa should be aimed at Vata-kaphahara, Shothahara, Lekhana and Vranaropana. In this case Kshara karma was selected.

Properties of Kshara:

As per Sushruta, Kshara possesses Tridoshagna, Soumyta, Dahana, Pachana, Darana, Katuka, Ushna, Teekshna, Vilayana, Shodhana, Ropana, Shoshana, Stambhana, Lekhana, Krimighna & Shukragna in nature⁵. Based on the properties Kshara act as Doshahara, Lekhana and Ropana.

REVIEW ARTICLE

CONCLUSION

Mucocele is the clinical term used to describe the mucus extravasation phenomenon, as well as the mucus retention cyst. Clinically, the lesion is painless and present as a smooth round or oval swelling that fluctuates. Treatment is surgical and entails excision of the lesion. There is a high chance recurrence after surgical excision. Therefore, Ksharakarma is an easy procedure, cost effective and the chances of recurrence is very minimal.

REVIEW ARTICLE

REFERENCES

1. George Laskaris. Color Atlas of Oral Diseases. 2nd edition, revised and expanded. New York: Thieme Medical Publishers; 1994: 108-109.
2. Martin S. Greenberg, Michael Glick. Burket's Oral Medicine Diagnosis and Treatment. 10th edition. Spain: BC Decker Inc; 2003: 246.
3. Anna Moreswara Kunte and Krsna Ramachandra Sastri Navre. Astanga Hridaya of Vagbhata, Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri commentaries. Uttarasthana-21: Chaukambha Sanskrit Sansthan Publishers; 2020: 846, 851.
4. U J Moore. Principles of Oral and Maxillofacial Surgery. Sixth edition. Newcastle: Wiley-Blackwell publishing; 2011: 301- 302.
5. Vaidya Jadavji Trikamji Acharya and Narayan Ram Acharya Kavyatirtha. Susruta Samhita of Sushruta with the Nibandhasangraha Commentary of Sri Dalhanacharya. Varanasi: Chaukhamba Surbharti Prakashana.