

Case Report



Ayurvedic management of Sublingual Varices - A case report

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ABSTRACT:

Background: Sublingual varices (SLVs) are among the most prevalent oral lesions. These are clinically multi-dimensional, irregular, blue-purple, elevated or papular blebs on the ventral and bilateral border of the tongue and are more common among the senior individuals. The prevalence of SLVs among seniors is 56.7%. **Clinical findings:** In the present case report a 57-year-old female patient presented with a chief complaint of burning sensation in the mouth while having hot and spicy food since for one month along with foreign body like sensation on the bilateral side of the tongue. **Intervention:** Considering the pathology, symptomatology, *dosha* and *dushya* involvement, *Sthanika Chikitsa* was done which includes *Nasya karma*, *Kavala dharana* and *Gandusha* followed by *Shamanoushadhis*. **Outcome:** After seven days of treatment the associated symptoms were subsided completely and significant reduction of SLV was observed after 1 month of treatment. **Conclusion:** No adverse events were noted during the treatment. This case report sets an example that *Ayurveda* has an effective and safe management for the condition of Sublingual varices. This case also becomes evidence and base for further research works.

KEYWORDS: Sublingual varices, *Nasya*, *Kavala*, *Gandusha*, Case Report

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1. INTRODUCTION

Jihwa (tongue) is one of the most important sense organs. A detailed study and analysis of the concept of the *Jihwa* and its anatomical and physiological aspects is of utmost importance. A wide range of tongue diseases are seen according to modern science, like glossitis, bald tongue, ankyloglossia, ageusia, cancer of the tongue, etc., which are a very few of them. SLVs is one among them and most prevalent in seniors. The clinical features of SLV are usually multiple, irregular, blue-purple, elevated, or popular blebs on the ventral and bilateral border of the tongue. They are usually distributed from the posterior part bilaterally to the apex of tongue. Chronic cough, venous insufficiency, cardiovascular and cardiopulmonary diseases, portal hypertension, diabetes mellitus, chronic vitamin C deficiency, smoking, and denture wearing have been suggested as predisposing factors for sublingual varices. [1]

Under contemporary science treatment modalities Sclerotherapy and Laser treatment are mentioned but it has certain demerits. Sclerotherapy can lead to extensive tissue necrosis and systemic corticosteroids are required to reduce the inflammatory reaction.[2] Whereas Laser irradiation alters cellular metabolism and cellular function of the body. [3]

In Ayurvedic literature, there is no detailed description about the SLV as a disease, but it can be considered as a *Siravikruti* (venous disorder) and named as *Sirakautilya* or *Kutilsira*. The scrutiny shows a high correlation with *Siragranthi* (Venous Dilatation with Nodularity) [4] and is due to *Vatadosha*. Based on clinical features, SLV can be considered as *Jihwagata siragranti*. (Coined term) As

Charaka mentioned, all diseases cannot be labeled with some name; unsaid diseases or diseases that do not have any similarities with *Granthokta vyadhi* can be studied as a *Kupit Dosh*, *Hetu*, and their *Sthana*, and the disease can be treated. Aging and loss of vascular elasticity, cardiovascular diseases, genetic predisposition, chronic venous insufficiency, prolonged immobility, smoking, hormonal changes, etc., may lead to SLVs. Among these etiological factors, *Vruddhapy*—advancing age—leads to a physiological change usually developing due to senile elastolytic degeneration of sublingual veins. [5] This can be considered as aggravated *Vata* and can cause *Siragranthi* by obstructing the veins, causing *Sankocha* (compression), *Sampeedana* (squeezing), and *Vishoshana* (drying up), and produces *Granthi* structure. Other etiological factors may be considered as the influences lead to vitiation of *Pitta*, *Rakta*, and *Kapha dosha*, counterparts to the *Samprapti* (Pathogenesis) of *Siragranti* explained by Charaka. That is, because of the *Nidana* (causative factors), not only *Vata* but also *Kapha*, *Rakta*, and *Pitta* get vitiated, which then enter the external blood vessels, get lodged there, and produce obstruction and spread to the nearby areas, causing varicose veins.[6] Based on the *Dosha*, *Dushya*, and *sthanasamshraya*, *sthanika chikitsa*—*Pratisarana* (~rubbing medicinal paste over affected parts), *Gandusha* (~swishing medicated liquids in mouth), and *Nasya* (~installing medicated liquids in nostrils) along with internal medicines were selected and got effective results. *Ayurveda* has a great potential in the management of various tongue-related disorders, and in this article the

success story of the management of SLV is being reported.

2. CASE REPORT:

Patient Information: A 57-year-old Female patient, outpatient department number OP24001850 on January 8, 2024 with the chief complaints of burning sensation in the mouth while having hot and spicy food for one month along with foreign body like sensation in bilateral side of tongue for which she approached KLE Ayurveda Hospital & Medical Research Centre, Shahapur Belagavi, for the management, with no known history of Diabetes mellitus, Hypertension and Thyroid. Her bowels were regular having micturition usually 5-6 times in a day. Usual sleep pattern was sound with normal appetite. Regarding menstrual history she got the Menopause at the age of 43 years. There was no family history regarding the complaint. After thorough oral examination *Ayurvedic* treatment modalities was planned and the patient has not consulted previously to anyone.

Clinical findings

According to *Ayurveda: Prakruti* of the patient was *Vata- Kaphaja Prakruti* and *Dosha* in *Vyadhi Awastha* was *Vata pradhana Tridosha* and *Dushya* as *Rakta* and *Siras* (Veins).

The patient was afebrile with a pulse rate of 70 bpm, blood pressure was 110/70 mmHg and no abnormality was noticed in the functioning of the respiratory and circulatory systems. Proper oral cavity examination revealed Small irregular blue/purple lesions and dilated tortuous veins on the bilateral surface of the tongue, no congestion in the throat region, Tonsils and oral mucosa

were also normal in appearance. On palpation on the nodules no tenderness was reported with discoloration of the tongue (Image 1). Examination of Lymph nodes of head and neck was found to be normal.

Diagnostic assessment

Diagnosis of SLV is primarily based on the clinical presentation. The patient presents with typical Small irregular blue/purple lesions and dilated tortuous veins on the bilateral surface of the tongue—Grade 1 category (SLV present in a medium or severe form is Grade 1, and SLV that are absent or only a few visible, is Grade 0). To reach the final diagnosis, a detailed history of the patient was taken. The vitals of the patient were within normal limits and no blood investigations were carried out as it was not necessary for SLV. Finally, as per the symptoms, signs, position and severity, the disease was considered as sublingual varices—grade 1.

Differential diagnosis:

- Venous malformations & Hemangioma- Congenital or early life onset
- Lymphangioma / Lymphatic malformations- Often have translucent vesicles
- Kaposi sarcoma- often multiple lesions with immunosuppression
- Melanoma- Pigmented, not vascular etc.

Intervention:

- Oral medication- *Vyoshadi vati* (Baidhyanath Pharmacy) twice daily and *Panchatiktaka ghrita guggulu* (Dhutapapeshwar Ltd.) tablets thrice daily were given after food. The same medicine continues even after post-discharge.
- Topical Oral Treatment-

Stomatab Capsule (Sagar pharma) with honey applied on the tongue for seven days. *Kavala dharana* with *Triphaladi kwatha* (*Amalaki, Haritaki, Bibhitaki, Haridra churna, Yashitimadhu churna, Saindhava Lavana* all taken in equal quantity of 5gm each) three times and

Gandusha with *Kheerabala Taila* (KLE Ayurveda pharma) once in a day during the treatment period.

- *Panchakarma* Treatment-
Nasya karma with *Kheerabala Taila* 101 (swadeshi pharma) drops in *Arohana matra* (8 to 14 drops).

Timeline:

Table 1: Therapeutic intervention timeline

Date	Internal medications	Procedures	Topical Oral Treatment	Notes
8/01/2024	-	Initial assessment and examination	-	Admission
9/01/2024	Vyoshadi vati BD A/F Panchatiktaka ghrita guggulu TID A/F	<i>Nasya-Ksheerabala Taila</i> 101 8 drops in each nostril	Local Application of Capsule <i>Stomatab</i> with honey once, <i>Gandusha</i> with <i>Ksheerabala</i>	Assessment of signs and symptoms.
10/01/2024		<i>Nasya-Ksheerabala Taila</i> 101 10 drops in each nostril	<i>Taila</i> once daily and <i>Kavala</i> with <i>Triphaladi kwatha</i> thrice daily.	Continued same
11/01/2024		<i>Nasya- Ksheerabala Taila</i> 101 12 drops in each nostril	Continued Same	
12/01/2024		<i>Nasya- Ksheerabala Taila</i> 101 12 drops in each nostril		
13/01/2024		<i>Nasya-Ksheerabala Taila</i> 101 13 drops in each nostril		
14/01/2024		<i>Nasya- Ksheerabala Taila</i> 101 drops 14 drops in each nostril		
15/01/2024		<i>Nasya-Ksheerabala Taila</i> 101 14 drops in each nostril		
17/1/2024		-	-	<i>Stomatab</i> Capsule daily once with honey for local application
19/03/2024 (FU)	-	-	-	No Reoccurrence of the symptoms

3. FOLLOW-UP AND OUTCOME:

The patient was treated on an IPD basis for seven days of therapeutic intervention and it was observed that lesions and discoloration were reduced and no more tortuous veins were present. The patient was

discharged on January 17, 2024 with follow-up medications for one month as included in the table1. After one month of follow up the patient was fine without any reoccurrence of symptoms (Table2 & image 2).

Table2: Before and after Treatment

Findings	Initial assessment (on the day of admission) Jan 9, 2024	Assessment (on the day of discharge Jan 17, 2024
Small irregular blue/purple Lesions	Present ++++	Subsided +
Dilated tortuous veins	Present ++++	Subsided +
Appearance Diffuse Discoloration	Present +++	Moist pink coloration



Image 1: Before treatment Image 2: After treatment

4. DISCUSSION:

Jihwa is an important *Indriya* among all the *Pancha Jnanendriyas* which is also known as *Rasanendriya Adhithana* whose function is to provide information about *Shadrasa*. The *Jihwa* is formed by essence of *Kapha, Rakta & Mamsa*. The *Jihwagata siragranthi* (Sub Lingual varicosities) is a *Vata Pradhana Tridosha Prakupita* and *Rakta Dushti Vyadhi* which causes intolerance to the hot food items and vein engorgement. *Vimarga gamana* and *Sanga* of *dosha* finally leading to *Sthana Samsraya* in *Mukha (jihwa) Adhithana* followed by *Vyaktaavastha of Roga*. Physiological change may be associated with advancing age or due to other underline systemic diseases cause senile elastolytic degeneration of sublingual veins that further lead to thrombosis and hemangiomas condition.

Mode of Action of drugs:

Stomatab capsule include ingredients like *J.grandifloru* and *F. religiosa* which have anti-inflammatory, antiseptic, analgesic, antiulcer action such wound healing properties helps in decreasing the burning. Also Red ochre contains cooling, antibilious and wound healing properties [7] *Sheeta Guna* helps in reducing the burning sensation.

Panchatiktaka ghrita guggulu mainly acts on *Rakta, Pitta, Sweda* (sweat) & *Kapha*. Its ingredients - *Nimba (Azadiracta indica)* has chemical composition Nimbidin that possesses anti-inflammatory activity & significant anti-ulcer effect. *Guduchi (Tinospora cordifolia)* having Berberin & Tinosporin mainly acts as anti-oxidant. *Vasa (Adhatoda vasica)* - the Vascicinone has anti-histaminic, anti-oxidant & anti-inflammatory properties. *Ghrita* has lipophilic action so helps in ion transportation to a target organ and facilitates entry of drug in to cell & it's delivery to mitochondria, microsomes & nuclear membrane.[8] Its *Ruchya, Deepana* and *Tridosahara* action helps in subsiding the *Sopha* condition. *Guggulu* possesses *Vatashamaka, Srothosudhikaraka* and *Vyadhihara Rasayana* properties. Thus, helps to pacify *Vatadosha*.

Vyoshadhi Vati- Amlavetasa (Garcinia pedunculata Roxb) *Kaphavataghna* helps in reducing *Aruchi, Ela*

(*Amomum subulatum Roxb*) acts as *Kaphapittashamak*.

Overall, it balances the *Tridosha*.

Kheerabala Taila- *Sida cordifolia* has antioxidant activity in neurodegenerative conditions.[9] *Ksheerabala oil* suppresses nerve inflammation due to its *Sheeta* property and promotes nerve regeneration. [10]

Kwatha- *Triphala churna* acts as *Tridosahara* and strengthens the gum,[11] *Haridra churna* is *Tridosha shamaka* and possess anticoagulant activity. *Yasthimadhu Churna* has *Madhura Rasa, Sheeta Virya, Madhura Vipaka* which is *Vata-pitta shamaka*. [12]

Kavala and **Gandusha** is beneficial for the alleviation of morbid *Doshas* in the buccal cavity. *Gandūsha* reduces the irritation and burning sensation and has soothing effect in the buccal cavity. The process exerts mechanical pressure inside the oral cavity which in turn stimulates the stretch reflex (pressoreceptors). These receptors send signal to salivary nuclei in brainstem (Pons and Medulla). This causes an increase in parasympathetic activity and the motor fibers of 7th and 9th cranial nerve (Facial and Glossopharyngeal) trigger the production of saliva. An enzyme lysosome present in saliva causes an increase in the local defense mechanism. Antibody IgA provides protection against pathogens and microorganisms.[13]

Patient tolerated all treatment well and No Adverse Effects were seen.

Limitations: This is a **single case report**, so the findings cannot be generalized. **No laboratory or imaging investigations** were performed to rule out systemic associations. The **follow-up period was short (1**

month), which limits conclusions about long-term effectiveness or recurrence.

5. CONCLUSION:

SLV is one of the asymptomatic diseases but this case is associated with complaints like burning sensation and foreign body sensation and was managed effectively. Ayurvedic *Sthanik Chikitsa* for 7 days & *Shamana* therapy for 1 month were used to treat the disease and there were no adverse effects throughout treatment including follow-up on 19/03/2024. The treatment used here was effective, approachable with availability of drugs, simple procedures, and hence, economically cost-effective. As this is a single case study, it may open a new path to clinicians and researchers for exploring the treatment protocol for sublingual varices.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - Patient had a burning feeling and foreign body sensation in oral cavity after consuming hot or spicy food. After a week of Ayurvedic treatment, these symptoms got relief and able to consume Hot and spicy food. After a month of follow up the patient was happy with the treatment because it was easy, safe, and made life better.

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