



**Case Study**

**UNRAVELING THE AYURVEDIC PROTOCOL IN THE MANAGEMENT OF RANULA**

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**Article info**

**Article History:**

Received: 13-02-2024

Accepted: 10-03-2024

Published: 04-04-2024

**KEYWORDS:**

*Mukharogas,*  
*Upajihwika,*  
*Jihwagata rogas,*  
*Ranula,*  
Extravasation cyst.

**ABSTRACT**

*Shalakyata tantra* is the branch of Ayurveda which deals with *Urdhwajatrugata rogas* i.e., diseases occurring in supraclavicular region. *Acharyas* have mentioned various *Mukharogas* (diseases pertaining to oral cavity) which are further subdivided into various categories. *Acharya Sushruta* has mentioned five *Jihwagata rogas* (diseases of tongue) and their management. *Upajihwika* which is caused by vitiation of *Kapha* and *Rakta*, is the *Jihwagraroopa shwathu* cystic swelling under the ventral aspect of tongue. In modern, it can be correlated with *Ranula* which is a translucent swelling in the floor of the mouth formed due to sublingual gland trauma or obstruction of the ducts. It further leads to extravasation and accumulation of saliva in the surrounding tissue thus forming a cyst. Case and Intervention- A 49-year-old male patient presented to ENT OPD of Patanjali Ayurveda Hospital with swelling in left submandibular region for 2 months. There was no difficulty in mastication and swallowing with no history of trauma. The patient was diagnosed with plunging *Ranula* sized 4x3 cm based on USG findings. He underwent three months and 10 days course of Ayurvedic regime and two follow ups showing reduction in size of the cystic swelling. Conclusion: Several surgical techniques have been introduced to treat *Ranula* ranging from marsupialization, excision of *Ranula*, excision of sublingual glands, sclerotherapy with varying success and recurrence rate. Ayurvedic protocol aimed at holistic approach by pacifying the vitiated *Doshas* and showing marked regression in the cystic growth without making the patient undergo the pain and high cost and adverse effect as that of a surgical procedure.

**INTRODUCTION**

All the eminent *Acharyas* have given detailed description about the clinical features and the management of all the *Mukharogas* (diseases of oral cavity) which also includes *Jihwagata rogas*. *Acharya Sushruta* have explained five *Jihwahata rogas* which are *Vataj, Pittaj, Kaphaj Jihwakantaka, Alaas* and *Upajihwika*<sup>[1]</sup>. *Acharya Vagbhata*, mentioned all the features of *Sushruta* explained *Upajihwika* and called it *Adhijihwika* caused due to *Kapha, Rakta* and *Pitta dosha prakopa*<sup>[2]</sup>. *Upajihivika* is a *Jihwaagraroopa shotha* (dome shaped cystic swelling resembling the tip of tongue) present in *Jihwamoola* i.e., ventral aspect of tongue situated in floor of mouth, *Jihwaunabhaya*

(which pushes the tongue up) caused due to vitiation of *Kapha* and *Rakta, Praseka kandu paridahayukta* associated with salivation, itching and burning sensation in floor of the mouth<sup>[3]</sup>.

In modern science, these symptoms are consistent with that of *Ranula*. The term *Ranula* is derived from Latin word *Rana* meaning frog and describes a blue translucent swelling reminiscent of the underbelly of a frog. *Ranula* is a cystic translucent lesion seen in the floor of the mouth on one side of the frenulum and pushing the tongue up<sup>[4]</sup>. It is extravasation and accumulation of saliva in the surrounding tissue due to damage, trauma to sublingual gland or any obstruction in the salivary ducts. Basically, there are 2 types of *Ranula*- 1) Simple/oral *Ranula* - when the swelling is limited to floor of the mouth and 2) Plunging/cervical *Ranula* - when swelling grows down or extends to neck. It is more common in children and adults of 20-60 years age. Most prevalent in second and third decade of adult life has been reported with distinct male predilection was

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noted for plunging *Ranula*<sup>[5]</sup>. *Ranula* can be seen as a clear translucent or bluish lesion in the floor of mouth and if continues to grow may lead to difficulty in swallowing and breathing due to compression to trachea.

## MATERIALS AND METHODS

### Case Report

#### Patient information and Clinical Findings

A 49-year-old male patient reported to ENT OPD of Patanjali Ayurveda Hospital, Haridwar, with complaint of swelling in left submandibular region from past 2 months. The swelling has gradually increased in size with no interference in swallowing. There was no previous history of trauma. General examination revealed normal appetite, micturition and bowel movements. The vitals were within normal limits. The patient previously consulted allopathic clinic and was advised surgery. On examination, an oval shaped swelling was palpated in the left submandibular region. The swelling was soft, fluctuant, freely movable and non-tender.

#### Diagnostic assessment

Patient was advised USG neck which revealed a multiloculated cyst seen arising from anterior part of floor of mouth into submandibular region on left side measuring approximately 4x3cm in size. On the basis of clinical examination and USG the diagnosis was confirmed as left plunging *Ranula*.

#### Timeline

The patient visited the ENT OPD of Patanjali Ayurveda Hospital, on 12 June 2023. He was prescribed oral medications and advised for a follow up after 2 months. The patient again visited the OPD on 9 August 2023 where again oral medications were prescribed with few changes. On 22 September patient visited the OPD with repeated USG neck revealing the reduction in size of the cystic lesion in submandibular region measuring approximately 10x8 mm size. Total 4 visits were made by the patient in the OPD.

#### Treatment

The patient was prescribed a thorough Ayurvedic treatment protocol which is mentioned in Table no 1.

**Table no 1: Treatment protocol administered**

Date	Name of Drug	Dose & Duration	Route
12/06/23 to 09/08/23	1. <i>Avipattikar churna</i> 100 gm <i>Amalaki rasayan</i> 100 gm <i>Praval panchamrita ras</i> 5 gm <i>Muktashukti bhasma</i> 10 gm <i>Tankan bhasma</i> 10 gm <i>Abhrak bhasma</i> 5 gm	Mixing all the contents together and taking ½ tsf BD before meal with lukewarm water	Oral
	2. <i>Kanchnar guggul</i> <i>Chandraprabha vati</i> <i>Vridhivadhika vati</i>	1 tab each twice a day after meal with lukewarm water	Oral
	3. <i>Purnavarishta</i>	20ml mixed with equal amount of water twice a day after meal	Oral
	4. <i>Anu taila</i>	Instil 2-2 drops in each nostril twice a day	Nasal
09/08/23 to 22/09/23	1. <i>Amalaki rasayan</i> 100 gm <i>Praval panchamrita ras</i> 5 gm <i>Muktashukti bhasma</i> 10 gm <i>Tankan bhasma</i> 10 gm <i>Abhrak Bhasma</i> 5 gm	Mixing all the contents together and taking ½ tsf BD before meal with lukewarm water	Oral
	2. <i>Kanchnar guggul</i> <i>Vridhivadhika vati</i> <i>Arogyavardhini vati</i>	1 tab each twice a day after meal with lukewarm water	Oral
	3. <i>Purnavarishta</i>	20ml mixed with equal amount of water twice a day after meal	Oral
	4. <i>Anu taila</i>	Instil 2-2 drops in each nostril twice a day	Nasal

22/09/23 to 12/12/23	1. Avipattikar churna 100 gm Amalaki rasayan 100 gm Praval panchamrita ras 5 gm Muktashukti bhasm 10 gm Tankan bhasma 10 gm Abhrak bhasmaa 5 gm	Mixing all the contents together and taking ½ tsf BD before meal with lukewarm water	Oral
	2. Kanchnar guggul Curcumin gold 95 (Turmeric extract, Ashwagandha extract, Salai guggul) Arogyavardhini vati	1 tab each twice a day after meal with lukewarm water	Oral
	3. Purnavarishta	20ml mixed with equal amount of water twice a day after meal	Oral
	4. Anu taila	Instil 2-2 drops in each nostril twice a day	Nasal

The patient was strictly advised to follow the balanced diet including intake of green leafy vegetables, salads, whole grains and to avoid curd, spicy, sour, oily and stale food.

**Follow-up**

Patient visited the OPD for first follow up on 22/09/2023 and for second follow up on 12/12/2023.

**RESULT**

After taking oral medications and properly following the *Pathya ahara* and *Vihara* for 3 months and 10 days, USG neck was repeated which revealed the reduction in size of the cystic lesion in submandibular region. The USG findings before and after the intervention are shown in Table no. 2.

**Table 2: USG Findings before and after treatment**

Findings	Before treatment	After treatment
Shape	Multiloculated	Single loculated/oval shaped
Size	4x3 centimeters	10x8 millimeters

Before and after treatment USG Reports are presented as Figure 1 and 2.

**Figures**



**Figure 1: USG Neck report before treatment**



Figure 2: USG Neck report after treatment

## DISCUSSION

In case of *Ranula* there is gradual increase in the size of the extravasation cyst, temporarily needle aspiration and in long term excision of *Ranula* or marsupialization is the only surgical modalities provided in modern medicine. The rate of reoccurrence is variable making the procedure unreliable. In Ayurvedic texts, the main *Dosha* involved in *Upajihwika* is *Kapha* and *Rakta*. Due to *Nidan sevan* i.e., *Kapha* and *Rakta vardhaka ahara* and *vihara* leads to vitiation of *Doshas* which travel to *Urdhwajatra* (supraclavicular region). These vitiated *Doshas* takes *Sthan sanshraya* in *Jihwa* and causes *Strotoavrodha* leading to formation of retention cyst.

The patient was treated with *Kanchnaar guggul*, *Chandraprabha vati*, *Vridhivadhika vati*, *Aarogyavardhini vati*, *Divya Curcumin Gold 95* which has *Haridra*, *Ashwagandha*, *Salai guggul* as main ingredients, *Purnarnavarishta*, *Ashwagandharishta*, and mixture formulation consisting of *Avipattikar churna*, *Amalaki rasayan*, *Pravalapanchamrit ras*, *Muktashukti bhasma*, *Tankan* and *Abhrak bhasma* in form of *Shaman Chikitsa*. *Anu taila* for *Pratimarsha nasya* as *Shodhan Chikitsa*.

The *Kanchnaar guggul* given to patient as it is indicated in *Apachi* and *Arbuda Chikitsa*<sup>[6]</sup>. Research revealed that *Kanchnaar guggul* exhibited a cytotoxic effect by inhibiting cell division (anti-mitotic) and reducing cell proliferation<sup>[7]</sup>. *Vridhivadhika vati* has *Kapha shamaka* and immunity booster properties. *Chandraprabha vati*<sup>[8]</sup> and *Punarnavarishta* are potential diuretics and have *shothahara* property which helps in regressing the cyst<sup>[9]</sup>. *Aarogyavardhini vati*, *Avipattikar churna*, *Amalaki rasayan*, *Pravalapanchamrit ras*, *Muktashukti bhasma* acts on *Jathara agni* and pacifies the *Pitta dosha*, improving

digestive power and metabolic activity. *Abhrak Bhasma* has *Kaphashamaka* property and immunostimulatory action<sup>[10]</sup> and *Tankan Bhasma* possesses *Katu*, *Ushna*, *Ruksha*, *Teekshna guna* and is *Kapha Vishleshahara* which acted as a chelating agent helping in resolution of the cyst<sup>[11]</sup>. *Divya Curcumin Gold 95* (*Haridra*, *Ashwagandha* extract, *Shuddha Salai Guggul*) has anti-inflammatory and immunomodulator action. For *Shodhana Chikitsa* (detoxification), *Anu taila* was administered through nasal route which acted on *Shrigantaka marma* thus flushing out the toxins and strengthening all the sense organs. It has overall *Tridosha* balancing effect<sup>[12]</sup>.

## CONCLUSION

In cases of *Ranula*, there are only surgical procedures advised in modern science. On contrary, *Ayurveda* serves as a boon providing cost effective, patient friendly, safe from any kind of adverse effect treatment protocol. The *Ayurveda* acts on the principle of *Sanshodhan* and *Sanshaman* treating the root cause of the ailment and pacifying the vitiated *Doshas* hence alleviating the symptoms. It proves that *Ayurveda* has marked efficiency in treating the disease in early stage. Hence there is dire need to make more emphasis on treating the disease following *Ayurvedic* regime and more patients should be encouraged and scheduled for *Ayurvedic* management of such diseases.

## REFERENCES

1. Shastri Ambikadutta, Sushruta Samhita with Ayurveda Tattva Sandipika Part I, Reprint Edition 2018, Varanasi, Chaukambha Sanskrit Sansthan, Nidan Sthana Chapter 16/38, Page no 386.
2. Gupta Atrideva, Ashtanghridyam of Vagbhata with Vidyotini Hindi Commentary, Reprint Edition 2019,

- Varanasi, Chaukhambha Prakashan, Uttartantra 21/34-35 Page no 710.
3. Shastri Ambikadutta, Sushruta Samhita with Ayurveda Tattva Sandipika Part I, Reprint Edition 2018, Varanasi, Chaukhambha Sanskrit Sansthan, Nidan Sthana Chapter 16/41, Page no 387.
  4. Dhingra PL, Diseases of Ear, Nose, Throat & Head and Neck Surgery, 7<sup>th</sup> Edition, Elsevier Publication, Page no 252.
  5. Zhao YF, Jia Y, Chen XM, Zhang WF. Clinical review of 580 ranulas. Oral Surg Oral Pathol Oral Radiol Endol 2004; 98(3): 281-7.
  6. Shastri Laxmipati, Yog-Ratnakar with Vidyotini Hindi Commentary, Reprint 2015, Varanasi, Chaukhambha Prakashan, Page no 150.
  7. Tomar P, Dey YN, Sharma D, Wanjari MM, Gaidhani S, Jadhav A. Cytotoxic and antiproliferative activity of Kanchnaar Guggulu, an Ayurvedic Formulation. J Integr Med.2018; 16(6): 411-7.
  8. Sen Govind Das, Bhaisajya Ratnavali with Siddhiprada Hindi Commentary, Reprint Edition 2016, Varanasi, Chaukhambha Surbharati Prakashan, Chapter 37/102-104 Page no 706.
  9. Sen Govind Das, Bhaisajya Ratnavali with Siddhiprada Hindi Commentary, Reprint Edition 2016, Varanasi, Chaukhambha Surbharati Prakashan, Chapter 42/189 Page no 785.
  10. Kulkarni Dattatreya Anant, Rasratna Samuchaya with Hindi Commentary, Reprint Edition 2010, New Delhi, Meherchand Lachhmandas Publications Chapter 2/2 page no 18.
  11. Sharma Sadananda & Shastri Kashinath, Rasatarangini with Hindi Commentary, Reprint Edition 2012, New Delhi, Motilal Banarasi Das Publication, Chapter 13/79 page no 319.
  12. Gupta Atrideva, Ashtanghridayam of Vagbhata with Vidyotini Hindi Commentary, Reprint 2019, Varanasi Chaukhambha Prakashan, Sutrasthan 20/37-38 Page no 176.

**Cite this article as:**

Negi Sangyasri, Negi Aman, Sharma Shushmita. Unraveling the Ayurvedic Protocol in the Management of Ranula. International Journal of Ayurveda and Pharma Research. 2024;12(3):84-88.

<https://doi.org/10.47070/ijapr.v12i3.3170>

**Source of support: Nil, Conflict of interest: None Declared**

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