



## Unit 37. Oṣṭharoga (Diseases of the Lips)

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A. Oṣṭhakope—Vātaja, Pittaja, Kaphaja Oṣṭha-prakopa (Cheilitis; correlation: Herpes labialis)

#### 1) Paribhāṣā (Definition)

**Oṣṭharoga** are disorders localized to the lips (Oṣṭha), chiefly presenting with **Śopha** (swelling), **Rāga/Varṇa-vikāra** (discoloration), **Ruk/Śūla** (pain), **Piṭikā/Arbuda** (papules/blisters), **Śoṣa** (dryness) and functional issues in **bhakṣaṇa-pāna-vāk-prayoga** (eating, drinking, speech). In **Aṣṭāṅga Hṛdaya Uttarasthāna 21 (Mukharoga-vijñānīya)**, Vāgbhaṭa enumerates *oṣṭhagatā roga* with distinct doṣa-lakṣaṇas and special entities like **Khaṇḍoṣṭha** and **Jalārbuda** (see below).

#### Vātaja Oṣṭhakope—mukhya lakṣaṇa (classical):

ओष्ठकोपे तु पवनात् स्तब्धवोष्ठौ महारुजौ ।  
दाल्येते परिपाटयेते परुषासितकर्कशौ ॥AH Uttarasthāna 21.4

#### Pittaja Oṣṭhakope—mukhya lakṣaṇa:

पित्तात् तीक्ष्णासहौ पीतौ सर्षपाकृतिभिश्चितौ ।  
पिटिकाभिर्बहुक्लेदावाशुपाकौ ॥AH Uttarasthāna 21.5

#### Kaphaja Oṣṭhakope—mukhya lakṣaṇa:

... कफात् पुनः शीतासहौ गुरु शूनौ सवर्णपिटिकाचितौ ॥AH Uttarasthāna 21.6

**Samnipātaja lakṣaṇa (for completeness):** विविधवर्ण-piṭikā, दुर्गन्ध-srāva, पिच्छिलत्व, आकस्मिक म्लान-śūna/rujā, viṣama-pāka—AH Uttarasthāna 21.6cd-7.

#### Modern correlations:

- **Cheilitis**—inflammatory disorders of the vermilion (irritant/allergic contact cheilitis, angular cheilitis, actinic cheilitis).
- **Herpes labialis** (cold sores)—clusters of painful vesicles on the lip border; classical **pittolbaṇa piṭikā, āśu-pāka** map well to the acute vesicular phase.

#### 2) Nidāna (Etiology)

- **Doṣa-prakopa:**
  - **Vāta:** śīta-rūkṣa āhāra, ati-vāta exposure, vega-dharana, nidrā-viparyaya.
  - **Pitta:** amla-lavaṇa-kaṭu-uṣṇa ahāra, sūryātapa, madya, krodha.
  - **Kapha:** guru-snigdha-madhura-atiyoga, divāsvapna, avyāyāma.
- **Viśeṣa hetu (modern):** cosmetics/fragrances (contact allergens), chronic sun exposure (actinic), lip licking, ill-fitting dentures, iron/B-complex deficiency, HSV-1 reactivation (fever/stress/UV), oral breathing.

#### 3) Samprāpti (Pathogenesis—Ayurvedic view)

- **Doṣa-prakopa** → srotorodha of **rasavaha/raktavaha** micro-channels of **oṣṭha-māṃsa-tvak**.
- **Vātaja:** rūkṣa-śoṣa predominates → खरा/कर्कश/स्तब्धता with pain and fissuring.
- **Pittaja:** dāha-rāga-tikṣṇatā → पीत-piṭikā, jal-srāva, āśu-pāka blisters.

- **Kaphaja:** guru-śīta-picchila → śoṭha, gaurava, sama-varṇa piṭikā.

#### 4) Lakṣaṇa-Upaśaya (Clinical features & relieving factors)

Type	Key signs (Ayurveda)	Modern mapping	Upaśaya (benefits)
<b>Vātaja</b>	Dry, rough, blackish, stiff painful lips with fissures—AH U.21.4	Angular fissuring, exfoliative cheilitis	Snehana (ghṛta, taila), mṛdu-svedana; vātānulomana
<b>Pittaja</b>	Heat-intolerant, yellow, mustard-seed like papules; oozy, <b>āśu-pāka</b> —AH U.21.5	Herpes vesicles; eczematous ooze	Śītala, kaṣāya-tikta dravyas; raktapraśamana
<b>Kaphaja</b>	Cold-intolerant, heavy, swollen lips with same-color papules—AH U.21.6ab	Edematous cheilitis; salivary pooling	Laṅghana, uṣṇa-dīpana, kaphaghna gargles
<b>Samnipātaja</b>	Mixed colors, foul discharge, slimy; sudden withering/swelling—AH U.21.6cd-7	Secondary infection, mixed dermatitis	Samśamana with doṣa-prādhānya + śodhana when needed

#### 5) Viśeṣa Cikitsā (Management)

##### A. Sāmānya-upakrama (all cheilitis):

- **Śamana:**
  - **Vātaja:** Ghṛta-mūrchita snehapāna (as per agni), maṇḍa-yavāgu; snehana with Jivantyādi ghṛta on lips; yastimadhu-ghṛta pratisāraṇa.
  - **Pittaja:** Tikta-kaṣāya (Nimba, Gudūcī, Patola), Sārivādi; dhātrī-svarasa + madhuka; local śītala lepa (Candrina-uśīra).
  - **Kaphaja:** Trikaṭu-pañkolā-siddha kaṣāya for kaṅṭha-gaṇḍūṣa; uṣṇa-jala lip cleanses; avoid guru-snidha.
- **Karaṇa:** Gandūṣa/Kavala with kaṣāya-dravyas (AH Sūtrasthāna 22: Gaṇḍūṣādi-vidhi—mouth-care principles).
- **Pathya** (common): Uṣṇa-mṛdu āhāra, seasonal fruits; hydration; avoid licking lips, fragranced cosmetics; sun-protection (hat/zinc lip balm; for actinic cheilitis strict photoprotection).
- **Apathya:** ati-uṣṇa/kaṭu/amla, smoking, alcohol, late nights, unprotected sun exposure.

##### B. Herpes labialis (pittolbaṇa vesicular phase) - integration:

- Acute dāha-piṭikā phase: cool compresses, Nimba-Gudūcī-Sārivā internally; local yastimadhu-ghṛta thin film.
- Modern add-ons (when indicated): **Acyclovir** / valacyclovir topical or short systemic course; analgesia; counsel about **triggers** (UV, stress, fever). Recurrent severe cases: discuss prophylaxis.

**C. Complications/When to refer:** persistent ulcer (>2-3 wks), induration/bleeding (exclude actinic cheilitis with dysplasia), frequent HSV recurrences, immunocompromised states.

## B. Khaṇḍoṣṭha (Cleft Lip)

### 1) Paribhāṣā & Bheda

**Congenital defect of lip continuity** (cleft lip), recognized in Ayurveda as **Khaṇḍoṣṭha**:

तत्र खण्डोष्ठ इत्युक्तो वातेन् ओष्ठो द्विधा कृतः ॥ AH Uttarasthāna 21.3

(Vāgbhaṭa attributes the split of the lip into two parts to deranged Vāta operating in utero.)

**Bheda:** unilateral / bilateral; complete / incomplete; association with **Tālu-bheda** (palate).

**Adhikaraṇa-saṅgati (functional impact):** feeding difficulty, nasal regurgitation (with cleft palate), speech issues, otitis risk.



## 2) Nidāna-Samprāpti (integrated)

- **Garbhotpatti-doṣa** (vāta-vaiguṇya) → **mukha-sandhi** non-coalescence; supported by modern factors: folate deficiency, teratogens (alcohol, antiepileptics), maternal smoking, familial predisposition.
- **Doṣa-dhātu**: Vāta vitiation with **asthi-māṃsa** malformation.

## 3) Cikitsā

- **Śalyatantra-mukhyā (cheiloplasty)**: Timing typically around **3-6 months** (align with modern protocols and pediatric anesthesia fitness). Principles: precise **māṃsa-sandhāna**, **vraṇa-śodhana-ropana**, tension-free **sūtra-bandhana** respecting **marmas** and vermilion-white roll alignment.
- **Pre-/post-op**: Vāta-śamana (warm oils), nutrition (folate, iron), wound-care; protect suture line; nasoalveolar molding in appropriate centers.
- **Saṅketa (prognosis)**: excellent cosmetic/functional outcomes with staged multidisciplinary repair; address speech, dento-alveolar development, psychosocial support.

## C. Jalārbuda (Lip Mucocele)

### 1) Paribhāṣā & Lakṣaṇa

जलबुद्बुदवद् वातकफादोष्टे जलार्बुदम् □ AH Uttarasthāna 21.10

**Definition:** *Water-bubble-like* swelling on the inner lip, **Vāta-Kapha** predominant.

**Modern mapping:** **Oral mucocele** (mucus extravasation cyst) of minor salivary gland—classically **bluish, dome-shaped**, fluctuant, may wax-wane; often lower lip; usually painless.

### 2) Nidāna-Samprāpti

- **Abhighāta** (lip-biting/trauma) + **kapha-saṅga** → ductal rupture/extravasation → **mucus pooling** in submucosa (**sirā-srotorodha**) with **vāta-kopa** creating palpable, mobile cyst.

### 3) Cikitsā

- **Sthāniya-upakrama**: if small/early—**pratiśaraṇa** with **kaṣāya/tikta lepa**, gentle **abhyāṅga** around (not over) lesion; counsel to avoid biting.
- **Śalyakarma (preferred for persistent/recurrent): Chedana** (complete excision) **sahita** removal of adjacent minor salivary gland lobules; meticulous hemostasis; mucosal approximation with fine atraumatic sutures.
- **Anuśaṅga**: recurrences occur if partial excision or persistent habit. Differential: fibroma, hemangioma, mucous retention cyst, minor salivary neoplasm (rare) → **refer** for histopathology if atypical.

## D. Saṃanya Cikitsā-Sūtra for Oṣṭharoga (all types)

### 1. Ahāra-Vihāra (Pathya-Apathya)

#### ○ Pathya:

- **Vāta-pradhāna**: warm, unctuous foods; **ghṛta** (cow ghee), **mudga-yūṣa**, **yavāgu**; avoid dehydration; gentle steaming to face; **nidrā** regular.
- **Pitta-pradhāna**: **śītala** and **tikta-kaṣāya** tastes (dhātrī, nimbapatra, gudūcī); avoid midday sun; cold compresses in acute phase.
- **Kapha-pradhāna**: light, warm, **uṣṇa-jala**; **trikaṭu** as indicated; exercise; avoid day sleep.

- **Apathya**: excessive spice/acid, very hot foods/drinks (pitta); dry/cold/windy exposure (vāta); heavy sweets, dairy excess (kapha); lip-licking; allergen-laden cosmetics; tobacco, alcohol.



## 2. Sthāniya-kriyā

- **Gandūṣa/Kavala** (AH Sū.22): medicated mouth-holdings with **kaṣāya/tikta** decoctions (nimbādi, triphalā) for oozing/infected states; **ghṛta-gandūṣa** for dryness/fissures.
- **Pratiśaraṇa** (gentle smear) of **yastimadhu-ghṛta**, **maṇḍūkapaṇī-siddha-taila**, or **pañcavalkala-kaṣāya-lepa** as per doṣa.
- **Raktaprasādāna** when pitta signs are prominent; **Śodhana** (virecana/nasya) only in recurrent, doṣa-ulbaṇa, physician-supervised contexts.

## 3. Contemporary adjuncts

- **Cheilitis**: bland emollients (petrolatum/lanolin-free if allergic), allergen avoidance (fragrance-free), barrier repair; **actinic** cheilitis → strict photoprotection; biopsy if dysplasia suspected.
- **Herpes labialis**: topical/systemic **acyclovir** early; hygiene counseling; avoid picking; discuss triggers.
- **Mucocele**: watchful waiting for tiny, non-troublesome lesions; standard of care is **surgical excision** if persistent/recurrent.

## E. Sādhyā-Asādhyā (Prognosis)

- **Sādhyā**: uncomplicated **doṣaja oṣṭhakope** (cheilitis) with trigger control; small mucocele post-excision; early herpes labialis (self-limited).
- **Kṛcchra-sādhyā**: chronic contact/actinic cheilitis (recurrence, premalignant risk), recurrent mucocele.
- **Yāpya**: severe photosensitive/immune-mediated cheilitis requiring long-term control.
- **Śāstra-sādhyā**: **Khaṇḍoṣṭha** (cheiloplasty), persistent **Jalārbuda** (excision).

## Quick Recall Table

Entity	Classical phrase	Key idea
<b>Vātaja Oṣṭhakope</b>	“स्तब्ध, महारुज, परुष-ककेश, कृष्णाभ”	Dry fissured painful lips
<b>Pittaja Oṣṭhakope</b>	“तीक्ष्णासह, पीतवर्ण, सरषप-piṭikā, āśu-pāka”	Hot, vesicular, oozy (HSV-like)
<b>Kaphaja Oṣṭhakope</b>	“शीतासह, गुरु, शून, सवर्ण-piṭikā”	Heavy, swollen, same-color papules
<b>Khaṇḍoṣṭha</b>	“वातेन... ओष्ठो द्विधा कृतः”	Cleft lip—Vāta-mediated congenital split
<b>Jalārbuda</b>	“जलबुद्बुदवत्... ओष्ठे”	Water-bubble-like mucocele (Vāta-Kapha)

## Short Practice (Self-check)

1. A 20-year-old with **painful burning vesicles** at vermilion border after sun exposure—classify doṣa, and list 3 Ayurvedic measures + 2 modern steps.
2. Enumerate **salient lakṣaṇas** distinguishing Vātaja vs Kaphaja **oṣṭhakope**.
3. Outline **pre- and post-op principles** of **Khaṇḍoṣṭha** repair the way a Śalyatantra viva would expect (timing, alignment, sūtra-doṣa precautions).

(Try answering briefly now; then compare with the tables above.)

## Model Assessment Section

### A) Long Essay (10 marks)

1. **Describe Oṣṭharoga with special reference to Vātaja-Pittaja-Kaphaja Oṣṭhakope.** Add classical citations, differential diagnosis with modern entities, and a rational plan of management (Ayurveda + contemporary).



## B) Short Essays (5 marks)

1. **Khaṇḍoṣṭha**: definition, bheda, timing and principles of cheiloplasty; rehabilitation.
2. **Jalārbuda**: nidāna-samprāpti, lakṣaṇa, and śalyakarma.
3. **Actinic cheilitis**: risk factors, exam findings, and integrative management.
4. **Pathya-apathya** across Oṣṭharoga with reasoning from doṣa-bala.

## C) Short Answers (2 marks)

1. “Āśu-pāka” in Pittaja Oṣṭhakope—meaning and significance.
2. Two **gaṇḍūṣa** options for cheilitis (with drug rationale).
3. **Three red flags** on the lip requiring biopsy/referral.
4. Common allergens in **contact cheilitis**.
5. One doṣa-virodhi rule for each: Vāta, Pitta, Kapha.

## D) Viva Prompts

- Quote **any one** śloka for **Vātaja Oṣṭhakope** / **Jalārbuda** / **Khaṇḍoṣṭha** with source.
- Why is **Jalārbuda** Vāta-Kapha pradhāna? Explain from samprāpti.
- List two precautions around the vermilion-white roll during **cheiloplasty**.

## References

### Classical

- **Aṣṭāṅga Hṛdaya**, *Uttarasthāna 21* (Mukharoga-vijñānīya)—doṣaja oṣṭhakope, khaṇḍoṣṭha, jalārbuda. (Śloka cited above.)
- **Aṣṭāṅga Hṛdaya**, *Sūtrasthāna 22* (Gaṇḍūṣādi-vidhi)—principles of oral local therapies.
- **Suśruta Saṃhitā**, *Uttara-tantra* (Mukha-gata roga & Śalya-tantra principles) for surgical fundamentals and wound care.

### Modern

- Contemporary Oral & Maxillofacial Surgery texts (cheilitis differentials; mucocele surgery).
- Standard OMF/ENT handbooks on **cleft lip** protocols, timing, and multidisciplinary care.
- Evidence-based clinical reviews on **herpes labialis** and **oral mucocele** (diagnosis, management).

## (For your notes) Quoted Ślokas

- **Vātaja Oṣṭhakope**: “ओष्ठकोपे तु पवनात्...” *AH U.21.4*.
- **Pittaja Oṣṭhakope**: “पित्तात् तीक्ष्णासहौ...” *AH U.21.5*.
- **Kaphaja Oṣṭhakope**: “कफात् पुनः शीतासहौ...” *AH U.21.6ab*.
- **Khaṇḍoṣṭha**: “तत्र खण्डोष्ठ इत्युक्तो...” *AH U.21.3*.
- **Jalārbuda**: “जलबुद्बुदवद्... जलाबुदम्” *AH U.21.10*.

**You're exam-ready when you can:** (i) classify a lip lesion by doṣa from 3-4 words of description, (ii) map each to the nearest modern entity, and (iii) write a crisp, integrated plan (1 line of pathya-apathya, 2-3 Ayurveda measures, and any essential modern add-on).