

## CASE STUDY

# Management of Hunter Glossitis through Ayurveda- A Case Report

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### ABSTRACT

*Hunter glossitis (atrophic) is a disorder where lingual papillae, especially filiform, fungiform papillae, are atrophied causing the tongue to be smooth and glossy and resulting in the absence of taste buds. It is usually linked to nutritional deficiencies, and it is commonly seen in the elderly and debilitated population. Even though it is usually harmless, it might also act as a clinical predictor of some systemic underlying diseases. A 65-year-old man came with a report of sore throat, tongue pain, burning in the mouth during food consumption and loss of taste. Clinical observation of features was that apathetic of atrophic glossitis. An elaborate history reported of a chronic alcohol intake as a likely causative factor. The Ayurvedic medications that were used to treat the patient included Haridrakhanda, Triphala Kwath as Gandusha (oral gargle) and Yashtimadhu Ghrita as an oral preparation. The patient experienced a high level of symptomatic improvement, decreased pain, burning sensation, and a restoration of taste after the treatment regimen. This case presents a somewhat rare form of alcohol-induced atrophic glossitis and shows possible usefulness of Ayurvedic management of this case. Positive clinical outcomes can be achieved through early detection and a comprehensive treatment approach.*

**Keywords-** Hunter Glossitis, Haridrakhanda, Trifala Kwath, Yashtimadhu.

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## INTRODUCTION

Any substance consumed in more quantity causes contraindications. Alcohol is basically a spirit made from fermentation & drinking it reduces your body's natural immune system. Drinking alcohol in any amount carries a health risk and knowing this just for relaxing our patient started drinking Alcohol and developed symptoms which he neglected until it started paining on consumption and later came to Parul Ayurved Hospital for further management [1].

Hunter glossitis, also known as atrophic glossitis associated with vitamin B<sub>12</sub> deficiency, is a clinical condition characterized by erythematous, smooth, and depapillated tongue mucosa. It commonly presents with symptoms such as burning sensation, pain, altered taste perception, and difficulty in swallowing. The condition is frequently linked with megaloblastic anemia, particularly pernicious anemia, and may serve as an early clinical indicator of systemic nutritional deficiency. Modern management primarily focuses on identifying the underlying cause and correcting vitamin deficiencies; however, symptomatic relief and restoration of normal mucosal health may take time and often require supportive care [2-3].

In Ayurveda, conditions affecting the tongue are described under *Jihva roga*, with clinical features resembling Hunter glossitis correlating with *Jihva shotha*, *Jihva paka*, or manifestations of *Pitta* and *Vata dosha dushti*. The tongue (*Jihva*) is considered an important diagnostic tool reflecting systemic health, and its disorders are believed to arise due to derangement of *Doshas*, *Dhatu*s, and impaired *Agni* (digestive fire). Particularly, depletion of *Rasa* and *Rakta dhatu* along with vitiation of *Pitta* may lead to atrophic and inflammatory changes in the tongue. Ayurvedic management emphasizes a holistic approach, including *Nidana parivarjana* (elimination of causative factors), *Dosha shamana* (pacification of vitiated doshas), and *Rasayana chikitsa* (rejuvenation therapy) to restore tissue integrity [4-6]. Therapeutic modalities

such as internal medications, local applications (*Pratisarana*), medicated gargles (*Kavala* and *Gandusha*), and dietary modifications play a significant role in managing such conditions.

## CASE PRESENTATION

### Patient Information

- Age: 65 years
- Gender: Male
- Occupation: Farmer
- History of Consumption Alcohol since 2-3years.  
Later patient developed above presenting symptoms.
- No any previous history of HTN/DM/Asthma etc.

### Personal History

- Appetite – decrease
- Sleep - Disturb
- Bowel habits - constipation
- Bladder habits - properly clear (5-6 times per day)
- Dietary habits - Vegetarian
- Addiction - Alcohol intake since 2-3 years

### On Examination

- Blood Pressure - 140/70 mm of Hg
- Pulse Rate - 86/min.
- Respiratory Rate - 24/min.
- Temperature - Afebrile
- Weight - 70 Kg.
- Height - 166 cm.
- Vitally: Stable
- Ear: NAD
- Nose: DNS to right side
- Throat: Redness over uvula and oropharynx.
- Oral Cavity: Bilaterally loss of taste buds on tongue since 15 days.

### Systemic examination:

- CVS: S1 S2 Normal
- CNS: Conscious & Oriented
- R/S: AEBE Clear
- P/A: Soft

**Table 1: Astavidha Pareeksha**

Mala	Sama
Mutra	Pale yellow
Jihwa	Coated
Shabda	Samanya
Sparsha	Ruksha
Drika	Swetabh
Akriti	Samanya

**Table 2: Dashavidha Pareeksha**

Prakriti	Vata-Pittaj
Vikriti	Mukh Rog
Sara	Mamsa Sara
Samhanana	Madhyam
Praman	Madhyam
Satmya	Sarva Rasa
Satva	Pravara
Aharshakti	Avar
Vyayamshakti	Avar
Vaya	Vrudhha

**Local examination:****Mukhavran-**

Colour – mild red pinkish colour

Site - Bilaterally margin of tongue, dorsal surface ulceration , balding of taste buds.

Size – 2-3 cm

**Symptoms:**

- Sore throat.
- Loss of taste buds on tongue.
- Burning sensation while eating food.

**Hematological Investigations:**

Sr. no.	Parameters	Date 04/04/24
1	Hb	9.7 g/dL
2	RBCs	3.56 milli./cu.mm
3	Platelet	4,24000 /cu.mm
4	Vit B12	226 pg/mL
5	ESR	10 mm/hr

**Table 3: Treatment Protocol**

SN	Name	Dose	Kala	Frequency & Anupana
1.	<i>Sadhyovirechana</i> with Eranda Taila	60ml	After Food	At Night with <i>Sunthisiddha Jala</i> .
2.	<i>Chitrakadi Vati</i>	2 tab	Before Food	BD with Water X 2 Days
3.	<i>Aampachaka Vati</i>	2 tab	Before Food	BD with Water X 2 Days
4.	<i>Rasayan Vati</i>	2 tab	After Food	BD with Water X 7 Days
5.	<i>Haridra Khanda</i>	3mg	After Food	BD with warm Milk
6.	<i>Trifala Quath Gandush</i>	100ml	After Food	BD with Lukewarm
7.	<i>Yashtimadhu Ghrī</i>	1 Tsp	Before Food	QID with Lukewarm Water

**Intervention:**

Patient was advised to stop consumption of Alcohol immediately.

The patient was treated with:

- 1) *Sadhyovirechana* (Immediate Detoxification Therapy) with 60ml *Eranda Taila* was given with *Anupan Shunthisiddha Jala*.
- 2) Followed by *Agni Chikitsa* (Treatment to improve digestive fire) with *Chitrakadi Vati* and *Aampachaka Vati* 2 tab Before food BD for 2 Days
- 3) *Rasayan Chikitsa* 2 tab BD (To overcome the deficiency of vitamin & minerals in body)
- 4) *Haridra Khanda* (powder) 3mg BD
- 5) *Trifala Quath Gandush* lukewarm BD
- 6) *Yashtimadhu Ghrī* 3-4 times/day with anupan lukewarm water.

And advise given to restructure the lifestyle by deaddiction and healthy food intake.

**Outcomes:**

- Within next 48 hours patient had no relapse of any symptoms.
- The patient's symptoms relieved much within next 5 days following the administration of above medicines.

**RESULT AND DISCUSSION**

The current case was treated in a rational Ayurvedic manner of Pitta Shamana, Ama Pachana and Dhatu Poshana so that the case is not only treated but the underlying pathology is also corrected.

The *Sadhyovirechana* using *Eranda Taila* (60 ml), given with the help of *Shunthisiddha Jala* as anupana, was used in the elimination of aggravated Pitta Dosha. Since Pitta is situated mainly in the *Pachyamanashaya* (small intestine), *Virechana* is the most direct therapeutic action in expelling Pitta. Pitta is predominant in conditions like glossitis, which is characterized by burning, erythema, tenderness, and ulceration. The accumulated heat and Ama are easily removed with the help of controlled purgation, thus alleviating systemic inflammation and resulting in a symptomatic response.

Chitrakadi Vati was used because of its Deepana (appetizer) and Pachana (digestive) qualities. It improves Agni, rectifies metabolic defects and promotes digestion and assimilation. It helps to rejuvenate the digestive fire, thus avoiding the re-formation of Ama that is one of the causes of inflammatory diseases such as glossitis.

Aampachaka Vati was given to digest any remaining Ama that is left even after Virechana. It contributes to the preservation of the patency and adequate functioning of the Srotas (microchannels), which promotes metabolic homeostasis and prevents relapse.

Rasayana Chikitsa was added to favour Dhatu Poshana (tissue nourishment), Ropana (healing and regeneration) and Vyadhikshamatva (increase of immunity). It does not only make recovery faster but also enhances general strength (Balya) and disease resistance.

Haridra Khanda was used in the powder form due to its multifaceted actions. It has Guduchi (*Tinospora cordifolia*), turmeric, Trikatu (a mixture of ginger, black pepper and long pepper), Nagkeshara, Musta, which have anti-inflammatory, antihistaminic, antipruritic and anti-oxidant effects. Curative, which is the active ingredient in turmeric, is important in lowering inflammation and increasing the healing rate of ulcers. Since Pitta Dosha is more predominant in the glossitis of Hunter, cool milk was consumed as Anupana, which was a calming and refreshing effect.

Triphala Kwatha Gandusha was advised as a local therapeutic procedure. Triphala, containing Amalaki, Haritaki and Bibhitaki is a famous antimicrobial, astringent and anti-inflammatory product. Triphala decoction with Gandusha is used to treat the mouth cavity and plaque and halitosis, as well as heal ulcers. It provides a favorable condition to the repair of tissues and helps to Pitta Shamana [3].

Yashtimadhu Ghrita was also used on the body as well as on the exterior because of its strong Ropana and Daha Shamana qualities. Yashtimadhu (licorice) has long been known to be effective in the treatment of ulcers and the burning sensation. Ghrita (clarified butter) is a superb carrier, soothing substance, which boosts mucosal restoration and lubricates and protects the tissues involved [8-12].

The combination of Shodhana (purificatory therapy), Shamana (palliative measures) and Rasayana resulted in a total control of the state and the successful elimination of the manifestations and recovery of the oral health [6].

The synergistic anti-inflammatory and mucosal curing effect of Haridra Khanda, Triphala Kwatha Gandusha and Yashtimadhu Ghrita resulted in quick clinical recovery. After 48 hours, burning sensation and discomfort disappeared significantly, and on the fifth day, extensive pain relief, enhanced perception of taste, and recovery of tongue texture were observed. Oral mucosa healed, and related symptoms such as the sore throat went away. The patient was quite satisfied with the results and the tongue was almost fully recovered.

This case underlines the significance of alcohol consumption prevention as a major preventive measure against such conditions. Although chronically taking alcohol is socially widely used in mood-enhancement, it is linked to grave health risks, such as hepatic, cardiovascular, immunological, and neuropsychological disorders.

According to Ayurvedic view, alcohol is aggravating Pitta and Vata Dosha and thus vitilating Rakta and Mamsa Dhatu, which causes inflammatory appearances. The current case shows that a specific practice, which is aimed at Dosha Shamana with several but effective interventions, can produce quick and satisfactory results, which indicates the possibility of individualized Ayurvedic management.

## CONCLUSION

Hunter's glossitis can be effectively managed through a rational Ayurvedic approach that emphasizes individualized, holistic care. The appropriate application of *Amshansh Kalpana*, tailored to the patient's *Dosha*, *Ritu*, and *Prakriti*, plays a crucial role in achieving precise and clinically significant outcomes.

Ayurvedic formulations, being cost-effective and derived from time-tested traditions, offer additional advantages through their inherent anti-inflammatory, antioxidant, and antimicrobial properties, which support oral hygiene and promote mucosal healing.

Overall, the integration of classical Ayurvedic principles with need-based therapeutic planning provides a safe, effective, and sustainable strategy for managing oral inflammatory conditions, with promising clinical relevance.

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