

**ROLE OF RAKTAMOKSHANA FOLLOWED BY GANDUSHA AND PRALEPA IN THE
MANAGEMENT OF SHITADA (GINGIVITIS) - A SINGLE CASE STUDY**Shivani Patel^{*1}, Tanvi Modi², Bhumi Baraiya³, Nisha Ganatra⁴, Umang Kapadiya⁵ and Bhakti Chhaya⁶^{1,2,3,4,5}MS Scholar, PG Department of Shalaky Tantra, Govt. Akhandanand Ayurved College, Ahmedabad.⁶Associate Professor, PG Department of Shalaky Tantra, Govt. Akhandanand Ayurved College, Ahmedabad.***Corresponding Author: Shivani Patel**

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ABSTRACT

Mukha is considered as one of the most important part of *urdhvajatru*, because it works as the reflection of the body health by acting as the gateway of alimentary canal. Due to changing dietary habits and busy life style, prevalence of *Mukharoga* specially *Dantamoolagata-roga* increasing day by day, *Shitada* (gingivitis) is one of them. The prevalence of gingivitis is 80-90% in our country. Currently there are no reliable predictors as to which individual is susceptible to this disease progression. If gingivitis is neglected and left untreated it may progress to another stage of disease periodontitis so prevention and control of gingivitis is essential. Due to *Nidana sevana kaphapradhan dosha* dushti occurs and then due to continuous *nidansevan kapha* and *Rakta prakopa* occur and it results in *Shitada*, it is characterised by *Aksamata raktasrava* from *dantamoola*, *daurdhyandhya*, *mruduta*, *shiryanmanta* and *paraspara pachana* of *Dantamamsa* As per *Ayurvedic* classics, treatment of *Shitada* include: a) *Raktamokshana*, b) *Gandusha*, c) *Pratisarana* and d) *Nasya* In *Dantamoolagata roga* mostly *Raktadushti* occurs so *Raktmokshana* is line of treatment. So here, present case study reveals role of *Raktamokshana* followed by *Gandusha* and *Pralepa* which gives beneficial effect in the management of *Shitada* (gingivitis). **Aim:** To find out the results of *Raktamokshana* followed by *Triphala kwatha* *gandusha* and *Triphala churna* with *madhu* for *pralepa* in the management of *Shitada* (gingivitis). **Material and Method:** A case report of 33 year old female patient presented with the complaint of *Dantamoolagata raktasrava*, *Dantamoolagata sophia* and felt bad smell from her mouth so she was treated with *Raktamokshana* followed by *Triphala kwath gandusha* and *Triphala churna with madhu* for *Pralepa* along with internal medicine. **Result:** There was significant improvement in symptoms like *Dantamoolagata raktasrava*, *Dantamoolagata sophia* etc. **Conclusion:** This case study on *Raktamokshana* followed by *Triphala kwath Gandusha* and *Triphala churna with Madhu for Pralepa* shows that *Shitada* can be successfully managed by *Ayurvedic* treatments.

KEYWORD: *Shitada*, *Dantamoola*, *Mukha roga*, *Raktamokshana*, *Gandusha*, *Pralepa*.**INTRODUCTION**

There is a very famous health tip which says, "Eat your liquids and drink your solids." For this one has to masticate the food thoroughly which is possible only with healthy oral cavity. *Mukha* is considered as one of the most important part of *Urdhvajatru*, because it works as the reflection of the body health by acting as the gateway of alimentary canal. Fast food culture, unhealthy habits like smoking and improper oral hygiene have caused irreversible damage to human health. One of the main diseases of which human generation is suffering due to above factors is *Shitada* mentioned in *Ayurveda* classics as which can be correlated to gingivitis as per modern dentistry.

Earliest reference about *Shitada* is available in *Sushruta Samhita*. He has mentioned it under *Dantamoolagata rogas* in *Mukharoga prakarana*. There will be vitiation

of *Kapha* and *Rakta* resulting in soft, bleeding, moist gingiva associated with foul smell and blackish discoloration.

Shitada can be correlated to gingivitis. It is most commonly encountered oral disease in day to day practice. It is often caused by plaque. The cause of plaque induced gingival disease is the accumulation of bacterial plaque at or near the gingival margin. The bacterial component of plaque produces a variety of enzymes and toxins which diffuse through the functional epithelium and initiate inflammatory changes in the gingival connective tissue. If there are no plaque control measures gingivitis progress to may involve deeper structures and cause destruction of the periodontal fibres and resorption of alveolar bone inadequate oral hygiene invariably leads to gingivitis which is an inflammatory response of the gingiva without the destruction of

supporting tissues. Inflamed gingival is clinically recognized by the signs of inflammation such as redness of the gingiva, swelling, bleeding, exudation and occasional pain. The prevalence rate of gingivitis in India is 80-90%. Currently there are no reliable predictors of which individual are susceptible to this disease progression so prevention and control of gingivitis is essential in every case.

Management of gingivitis according to modern dentistry is by mechanical removal of plaque by scaling. Many a times there will be persistent gingival inflammation even after repeated scaling. Last treatment of choice is flap surgery, which is quite expensive and use mouth wash is known to have side effects if used continuously.^[1]

The treatment described in our classical for *Shitada* are *Raktamokshna*, *Pratisaran*, *Gandusha* and *Nasya* which are aimed at breaking the pathogenesis of the disease and improving the health of the gingiva a references *Sushruta Samhita* describe the line of treatment in *Shitada* as a *Raktamokshana* followed by *Gandush*, *Pralepa*, *Nasya* these are simple procedure free from side effect and cost effective.^[2] *Raktamokshana* is indicated in *Raktaja vyadhi* that helps in draining the vitiated *Rakta*, in play important role in *Samprapti vighatana* of *Shitada*. The remaining doshas, and *Shayi Rakta dhatu* is purified by local procedure, like *Gandush* and *Pralepa*. Hence following this principles of management and apply in this case study in *Shitada*.

MATERIAL AND METHODS

Case Report

A 33 year old Hindu, female, non-diabetic, normotensive patient visited OPD of Government Akhandanand Ayurveda Mahavidhyalaya, Ahmedabad on 14 April 2019 with Chief complaints of *Dantamoolagata raktasrava*, mostly on time of brushing, patient also having complain of *Dantamoolagata soph*a and felt bad smell from her mouth since last 6-7 month.

Aim and Objectives

To find out the efficacy of *Raktamokshana* followed by *Triphala kwatha Gandusha* and *Triphala churna* with *Madhu* for *Pralepa* in the management of *Shitada* (gingivitis).

Case Findings

Patient was said to be asymptomatic 6-7 months back. Then gradually onset of *Dantamoolagata raktasrava*, mostly on time of brushing, patient also having complain of *Dantamoolagata soph*a and felt bad smell from her mouth since last 6-7 month. She had taken allopathic medicines for 3 months but she didn't get satisfactory results, Hence, she approached OPD of Government Akhandanand Ayurveda Mahavidyalaya, Ahmedabad for the same and started treatment.

Past History: Patient had not any relevant past history.

Work History: She was work in private company.

Family History: There was no any disease related family history found in this case.

Personal History

- **Ahar** (food): She took *Niramish ahar* (vegetarian food), spicy, fermented and bakery food every day and also excessive *Amla* and *Lavana rasa sevan*.
- **Vihar** (Oral hygiene): Brushing with Tooth paste once in a morning.

Investigations

Routine haematological and urine investigation were carried out to rule out systemic pathology specifically, Haemoglobin was 10.6 gm. %, Bleeding time was 2 min, PT time was 11 sec, RBS was 96 mg/dl, HIV & HBsAg-Negative. Which were all within normal limits.

Clinical findings

Patient was afebrile. Pulse was 89/min. Respiratory rate was 18/min. and blood pressure was 130/80 mmHg. No abnormality was noticed in the functioning of respiratory, circulatory or digestive systems.

Dasha vidha Pariksha

Prakriti of the patient was *Kaphapitta Kapha Pradhan raktaja vikriti* was observed during the analysis. *Satwa*, *Sara*, *Samhanana*, *Ahara Shakti*, *Vyayama Shakti*, *Satmya* and *Pramana* of the patient were of normal level.

Ashtavidha Pariksha

Nadi, *Mutra*, and *Shabda* were *Sadharana*. *Mala* were *Savibandha*, *Jihwa* was *Anupalepa*, *Sparsha* was *Anushna sheeta*, *Akriti* was *Madhyama* and *Drik* was *sadharana*.

Specific Examination

Examination of Lip, tongue and Buccal mucosa were normal. Colour of teeth was yellowish and no seen occlusion and caries lesion.

Examination of Gingiva

Colour	Blackish
Contour	Normal
Position	Normal
Consistency	Oedematous
Surface texture	stippling present
Bleeding	Bleeding on probing

Treatment Protocol

Treatment protocol was *Raktamokshana* followed by *Triphala kwath Gandusha* and *Triphala churna* with *madhu* for *Pralepa* along with internal medicine.

1. *Nidana parivarjana*
2. *Raktamokshana* – *Pracchhana* karma with *Parijat Patra* after *Shanika Swedana* by *kavaldharana* with *ushnodaka* as per classics 1 time on first day.
3. *Gandusha* – *Triphala kwatha*

- Time: 2 time/day & patient was instructed to retain the *Triphala kwatha* in the position of Head towards upward direction with full concentration. With explanation to retain *Aushadhadravya* till feeling of secretion from oral cavity, nose and eyes. Then it should be spit out.

4. *Pralepa – Triphala churna with Madhu*

- Time: 2 time/day.
- Patient instructed gently applied the thick *lepa* over the affected part and then after garging with lukewarm water.

5. *Tab Arogyavardhini vati (500 mg) - 2 tab BD for 1 month.*

- Duration of treatment: One month.



Before Treatment



After Treatment

Observation of Complains

	1 st week	2 nd week	3 rd week	4 th week
<i>Dantamoolagata raktasrava</i>	+++	++	+	-
<i>Dantamoolagata Sopha</i>	+++	++	++	-
<i>Mukhadaurgandhya</i>	++	+	-	-
<i>Dantamoola krushnata</i>	++	+	-	-

DISCUSSION

Nidana sevana like Excessive taken fermented, bakery food and excessive *Amla* and *Lavan* rasa sevan and improper oral hygiene *Kapha* dushti, *Ama* formation and *Rakta* dushti occur. This is the *Sanchay* stage. If this *Nidana sevana* continuous *Dosha Prakopa* occurs and *Dushita Rakta* interacts with *Dushita kapha* and finally ascend to *Urdhwajatru (vimargamana)* and localized in *Dantamoola*. This is the *Sthana Samsraya* of *Doshas*. As a result of this, *Sthana Samsraya*, *Mamsa* and *Sira* dushti in *Dantamoola* takes place which leads to the production of prodromal symptoms like *Daurgandhya*, excessive salivation etc. When the pathogenesis progress to the next *kriyakala* is *vyaktavastha*, in which *Akasmata Raktasrava* up to *Parspara Pachana* of *Dantamoola* occur.^[3]

In the present study, *Raktamokshana* followed by *Triphala kwath Gandusha* and *Triphala churna with madhu kalka Pralepa* were adopted.^[4] According to *Ayurvedic* principles of disease management any disease

Followup

After 1 month all complains were reduced. There were no *Dantamoolagata raktasrava*, *Dantamoolagata Sopha*, felt bad smell from mouth after one month follow up.

OBSERVATION

During procedure the patient experienced mild pain but cooperated with some anxiety.

has to be treated by destructing the aetio- pathogenesis.

Probable mode of action of *Raktamokshana/visravana*
Visravana by *Prachchanna* vidhi counteract the pathogenesis of *Shitada* which is produced by *dushtarakta*. It drains out impure blood from unhealthy gingivae. Once, the major vitiated blood along with toxin products is gone, *Raktamokshana* removes the *Upadaka* karana of *Shitada* to a great extent.^[5] It drains the fluid rich in pathogenic factors from *Dantamoola* and helps in easy flow of blood by removing the obstruction in blocked channels, it controls the progression of the disease process and regress the severity of the disease by alleviating *Pitta* dosha. Based on the above reference, we can assume that *Visravana* enhances the constant stream of neutrophils emigration from the gingival vessels; these are the primary and first line of defence around the teeth. Further, re-establishment of epithelial barrier takes place. *Raktamokshana* helps in *Vrana Shodhana* and *Ropana*.

Probable mode of action of *Triphala kwath Gandusha*
Gandusha brings out toxins and other debris from the interdental, marginal and gingival margins, there by cleansing the oral cavity and also helps in the penetration of the drug into the oral mucosa. The lukewarm liquid used for *Gandusha* helps in dilation of blood vessels in the oral mucosa and thus helps in absorption of the active ingredients present in medicines, which in turn gives strength to the roots of the teeth. The drugs used in this preparation possess anti-inflammatory, anti-infective property and anti-oxidant property which in turn helps in

faster healing. *Gandusha* with this decoction helps in the reduction of specific bacteria in the oral cavity.

Probable mode of action of *Pralepa*

Removes food debris, plaque, necrotic tissue remnants, inflamed granulation tissue and bacterial colonies too. Thus it removes the main causative factors of the disease. Rate of gingival crevicular fluid production is increased by *Pralepa*. This crevicular fluid inhibits bacterial diffusion into the tissues as it has phagocytic leukocytes, specific antibodies and enzymes of several specificities.^[6] It also promotes salivation which brings about faster cure. There is an added benefit of *Madhu* which possess cleansing debriding, anti-inflammatory and anti-bacterial properties. It also acts as a very good healing agent.

Arogyavardhini vati helps alleviating *Rakta dosha* and C.^[7]

CONCLUSION

The efficacy of *Triphala kwatha Gandusha* and *Triphala churna* with *Madhu* for *Pralepa* following *Raktamokshana* is said to be proven because of no symptoms of *Dantamoolagata raktasrava*, *Dantamoolagata Sopha*, *Mukha daurgandhyata*. The classical management of *Shitada* has a strong possibility to breakdown the pathogenesis of this disease.

REFERENCES

1. Shanthipriya Reddy. Essentials of clinical periodontology and periodontics 1st ed. New delhi Jaypee BrothersPublication, 2006; 428.
2. Sushruta, Sushruta Samhita, Nibandhsangrah Commentary of shri Dalhana Acharya and the Nyayachandrika edited by Vaidya Jadavaji Trikamji Acharya and the rest By Narayan Ram Acharya 'Kavyatirtha'; Chaukhambha Orientalia Publication Varansi, Reprint, Chikitsasthana, 2014; 22/11: 122.
3. Kaviraja Ambikadutta Shastri Sushruta Samhita of Sushruta, Published by Chaukhambha Sanskrit Varansi Nidanasthana, 16/29: 339.
4. Kaviraja Ambikadutta Shastri Sushruta Samhita of Sushruta, Published by Chaukhambha Sanskrit Varansi Chikitsa Sthana, 22/23: 421.
5. Sushruta, Sushruta Samhita, Nibandhsangrah Commentary of shri Dalhana Acharya and the Nyayachandrika edited by Vaidya Jadavaji Trikamji Acharya and the rest By Narayan Ram Acharya 'Kavyatirtha'; Chaukhambha Orientalia Publication Varansi, Reprint Chikitsasthana, 2014; 22/19: 126.
6. Shanthipriya Reddy. Essentials of clinical periodontology and periodontics 1st ed. New delhi Jaypee BrothersPublication, 2006; 523.
7. Anonymous, The Ayurvedic Formulary of India, Ministry of Health and Family Welfare, Govt of India Part I, 2000; (20:4): 664-5.