

Ayurvedic Management of Sheetada with Special Reference to Gingivitis

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ABSTRACT:

Sheetada is one of the common problems of *Dantamoola* which is portrayed by the *Raktasrava* (Bleeding gum), *Durghandha* (halitosis), *Krushnta* (Discolouration of gums), *Kledata* (Excessive discharge) *Mruduta* (Softness of gums), *Sheernata* (gum downturn). It very well may be associated by Gingivitis. Gingivitis is caused mainly by the accumulation of debris, plaque, and calculus at the tooth margin, due to neglect of oral care. Among all periodontal disease *Sheetada* is an early stage of periodontal disease. It is caused by vitiated *Kapha* and *Rakta* which produces spontaneous bleeding from dark, slimy and soft gums with offensive odour and gum recession. In present study we have discussed a case of 52 year old female patient came to our OPD with chief complaints of foul smell from mouth, bleeding from gums on brushing, pain and swollen gums from last 6 months. This case was intervened with *Dantamoola shodhana* (dental scaling) followed by *Pratisarana* with *Kushtadi Churna* and *Gandoosha* with *Lakshadi Taila*. These intervention showed a potential improvement in the management of *Sheetada*.

Keywords: Gingivitis, Sheetada, Dantamoola shodhana, Pratisarana, Gandoosha

INTRODUCTION:

Oral cavity is referred as “MIRROR” of the body because many systemic disease can be clinically correlated upto some extent. Gingivitis is an inflammatory process limited to epithelial tissues of oral mucosa and characterized by the inflammation of marginal gingiva surrounding the cervical portion of the teeth and the alveolar processes. ^[1] usually caused by bacterial infection. General prevalence of gingivitis is 46.6%. The most important factor that has been associated with gingivitis is plaque accumulation on the dental surface, resulting in an inflammatory reaction, with clinical signs of redness, edema, gingival bleeding, and sometimes pain, whereas the condition that persists with initially edematous gingiva may become more fibrotic.

Periodontal diseases are mentioned in Ayurveda and that *Sheetada* appears to correspond to the condition known today as gingivitis. The disease “*Sheetada*” is the primary or early stage or disease condition of *Dantamulagata Roga* which affects the *Dantavestha* (Gums). Their early diagnoses with proper management give better prognosis. While considering the symptomatology of *Sheetada* like *Akasmat Rakta Srava* (Sudden bleeding from gums), *Mukhadaurgandhyata* (Halitosis), *Mriduta* (Sponginess), *Krishnata* (Discoloration), *Prakledata* (Moistness) and *Shiryamanata* (Gingival recession) ^[2] It can be correlated with Gingivitis.

As far as the management is concerned, Acharya Sushruta, Vagbhata, Chakradutta, Madhava, Yogaratnakara have recommended blood-letting, Nasya, Pratisarana, and Gandusha. Management of

Gingivitis according to Modern Dentistry is by mechanical removal of plaque by professional dental cleaning. Many a times there will be persistent gingival inflammation even after repeated Scaling. Repeated Deep cleaning methods may cause nerve damage, tooth sensitivity and gum recession. The use of chemicals for mouth wash is known to have side effects if used continuously.

CASE REPORT:

Patient Information:

A 52-year-old, non-diabetic, normotensive female patient presented with complaints of foul smell from mouth, bleeding from gums on brushing and swollen gums since 6 months. There was no history of any other systemic illness as well as no history of any previous medical or surgical treatment. Appetite was normal, and there was no history of tobacco use, smoking, or alcohol abuse.

Clinical Findings

On clinical examination, yellowish white band of plaque wider than 1mm but covering less than 1/3 of the crown corresponding to grade 4 plaque index is seen. Gingiva appeared red and inflamed in the maxillary and mandibular arches. Gingiva appeared soft, spongy with smooth and glazing red surface redness, edema and hypertrophy corresponding to Grade 3 was observed, Most certainly identifiable odor (halitosis index grade 3) was observed. Bleeding on probing was present.

Diagnostic Assessment :

Halitosis index (Organoleptic method)^[3]

Grade 0: No odor detectable

Grade 1: Malodor hardly detectable

Grade 2: Odor slightly exceeding the threshold of malodor recognition

Grade 3: Most certainly identifiable odor

Grade 4: Strong malodor

Grade 5: Very strong malodor

Gingival index^[4]

Grade 1 : Absence of inflammation/normal gingiva

Grade 2 : Mild inflammation; slight change in color, slight edema, no bleeding on probing

Grade 3 : Moderate inflammation; moderate glazing redness, edema and hypertrophy bleeding on probing

Grade 4 : Severe inflammation; marked redness; hypertrophy or redness and tendency to spontaneous bleeding.

Plaque index^[5]

Grade 0: No plaque

Grade 1: Separate flecks of plaque at the cervical margin

Grade 2: A thin, continuous band of plaque at the cervical margin

Grade 3: A band of plaque wider than 1mm but covering less than 1/3 of the crown

Grade 4: Plaque covering at least 1/3 but less than 2/3 of the crown.

Grade 5: Plaque covering 2/3 or more of the crown.

Therapeutic Intervention :

Therapeutic intervention was Dantamoola shodhana followed By Pratisarana with quantity sufficient of kushtadi Churna and Gandoosha with lakshadi taila twice daily for 14 days.

- Dantamoola shodhana (manual Dental Scaling) on first day. (fig.1)
- Pratisarana with Kushtadi churna twice daily for 14 days.(fig2)
- Gandusha with Lakshadi taila twice daily for 14 days(fig3)



Fig1. Dantamoola shodhana



Fig2. Pratisarana



Fig 3. Gandoosha

Timeline:

DATE	INTERVENTION	OBSERVATIONS
05/12/2023	Dantamoola Shodhana(dental scaling)	Dental plaque removed by manual scaling method (fig 1)
15/12/2023 to 19/12/2023	<ul style="list-style-type: none"> • Pratisarana with Kushtadi churna twice daily • Gandoosha with Lakshadi taila twice daily 	

20/12/2023		Patient got relieved of all symptoms. On examination, Gingival index -grade 1 , plaque index -grade 1 , Halitosis index -Grade 0 was observed.
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Follow up and results :

Patient was assessed for subjective outcomes on 15th day. On examination, No signs of gingival inflammation are seen. Separate flecks of plaque at the cervical margin corresponding to a plaque index Grade 1 are seen. No halitosis is observed. Thereby, all treatment was stopped and the patient is instructed with methods of proper oral hygiene practices. The patient was assessed twice with an interval of 15 days. No recurrence of disease was observed. Changes in treatment are shown in the following photographs :



Fig.4 Before treatment



Fig.5 After treatment

Discussion

Dantamoola shodhana counteracts the pathogenesis of Sheetada by removing plaque deposition and also it drains out impure blood from unhealthy gingivae. Draining the vitiated Rakta, plays an important role in Samprapti vighatana of Sheetada as it is a Raktaja Vyadhi.

Pratisarana is gently rubbing over teeth with the tip of a finger. By *Pratisarana*, mechanical pressure is exerted which removes food debris, food impaction, plaque, calculus and bacterial colonies. It helps to remove remaining calculus after scaling. Kushtadi churna contains churna of *Kushta*, *Daruharidra*, *Mustha*, *Lodhra*, *Lajjalu*, *Patha*, *Tiktha*, *Chavya* and *Haridra* [6]. These ingredients have *Rakta shodhak*, *Kapha-Pittahara*, *Krimighna* and *Vranaropaka* properties.

Gandoosha is beneficial in cleansing the oral cavity. Chemical constituents present in the drug also stimulate chemoreceptors present in the mouth, which in turn increases salivary secretions. An enzyme called lysozyme present in saliva is bacteriostatic in action. It prevents the growth of pathogenic microorganisms in the oral cavity. Antibody IgA present in saliva also serves as a shield against microorganisms. Thus *Gandusha* increases local defense mechanism and endorses oral hygiene. *Lakshadi taila* contains *Tila taila*,

Laksha rasa, Ksheera, Irimesha, Lodhra, Katphala, Manjishta, Padma kesara, Padma, Chandana, Uthpala, Yashtimadhu^[7] Most of these drugs have *kashaya, tikta and madhura rasa, sandhaneeya, and vranaropana* properties.

Conclusion:

Increasing awareness of oral hygiene is crucial for preventing gum disease, promoting overall health, and maintaining a confident smile throughout life. Awareness as well as encouragement should be given to the practice of ayurvedic oral hygiene practices like proper technique of Tooth Brushing, Jihva Nirlekhana, Pratisarana, kavala-Gandoosha should be encouraged.

The classical management of Sheetada has a strong possibility to breakdown the pathogenesis of this disease. The interventions used here are found to be less invasive, & economic. No side-effects observed during and after the treatment. The procedure of Dantamoola shodhana followed by pratisarana with kushtadi Churna and Gandoosha with Lakshadi taila are found to be effective in the management of Sheetada.

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