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CASE REPORT

# Multimodal Ayurvedic Intervention in *Shitad* (Gingivitis): A Clinical Case Report

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## Abstract
Oral cavity is a unique area of the body which is also known as the window of G.I.T. because many systemic diseases can be clinically correlated up to some extent. Symptomatically, *Shitada* (~Gingivitis) can be compared with Gingivitis. *Shitada* (~gingivitis) is one among the *Danta Mulagata Rogas* (~periodontal diseases) characterized by spontaneous bleeding from gums. The gums become foul-smelling, blackish, soft, and sodden. Gingivitis is a reversible oral disease that refers to gingival inflammation induced by bacterial biofilms, also called plaque, adherent to tooth surfaces. In Ayurvedic classical texts there are many treatment modalities given e.g. *Pratisarna*, *Raktamokshana* and some internal medicine for systemic cause of *Shitada*. The management of gingivitis may not be satisfactory because of the mechanical removal of plaque by scaling, and the use of chemicals is much costly as well as time-consuming. In this case report, the 46-year-old female patient with gingivitis for six months was intervened for one month with Raktamokshana, *Priyangvadi Pratisarana*, *Triphaladi Gandusha* and *Triphala Churna* orally which showed a potential in the management of *Shitada* and better compliance was observed by the patient

**Keywords:** *Gandusha*, Gingivitis, Periodontal disease, *Pratisarana*, *Raktamokshana, Shitada, Triphala*

## Introduction
Oral health is of prime importance to all individuals and oral hygiene habits are inculcated in childhood itself, irrespective of the nationality or geographic location of an individual. *Shitada* (~gingivitis) is an inflammatory process limited to the mucosal epithelial tissues or inflammation of marginal gingiva surrounding the cervical portion of the teeth and the alveolar processes.[1] *Shitada* (Gingivitis) is one of *Mukha Roga* come under the classification of *Dantamulagata Roga* which is fifteen in number mentioned in *Sushruta Samhita*.[2] *Dantamulagata Roga* is simulated with the periodontal diseases.[3]

According to Acharya *Sushruta* and Acharya *Vagbhatta*, *Shitada* is caused by the vitiated *Kapha* and *Rakta Doshas*. Sudden bleeding from gums which are foul-smell, blackish, moistened, softened, and succumbed to necrosis and suppurated; one after the other would be the signs and symptoms of *Shitada*.[4]

Gingiva is a masticatory mucosa which covers the alveolar process of the jaw.[5] Gingivitis is an inflammation of the marginal, unattached terminal end of gingivae which results mainly by the accumulation of debris, plaque and calculus at the tooth margin. Chronic inflammation is the most common disease process to affect the periodontium and it is a major factor responsible for tooth loss in adults and also the persistence of infection at the gingival margins leads to progressive inflammation usually getting destruction of the supporting tissues.[6]

The prevalence of periodontal disease increases with age.[7] The epidemiological studies conducted by American Academy of Periodontology shows that gingivitis of varying severities is nearly universal and it is estimated that over 76% of the world's population suffers from gingivitis. Among children and adolescents; the incidence rate is 54.08%.[8] In the 3rd National Health and Nutritional Examination Survey, it was found that 50-80% of adults had gingivitis in at least 3-4 teeth.[9] In Gujarat, the prevalence of gingivitis was found to be 51.9%. Risk factors for gingivitis include older age, poor

oral hygiene, tobacco use, alcohol consumption, stress, malnutrition, and diabetes mellitus and other chronic diseases.[10] 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.[11] Without treatment gingivitis can progress to periodontitis, in which the inflammation of the gums results in tissue destruction & bone reabsorption around the teeth which is more serious and can eventually lead to loss of teeth in 40-45% of population of India.[12]

As far as the management is concerned, *Acharya Sushruta* has recommended *Raktamokshana* (~blood-letting), Nasya (~nasal therapy), *Pratisarana* (~medicated powder application) and *Gandusha* (~medicated gargles). The Modern management of gingivitis may not be satisfactory because of mechanical removal of causes such as scaling, or use of chemicals i.e. mouthwash etc. which are high in cost as well as time consuming. The drugs used for treatment of gingivitis have several side effects including staining of mouth, loss of taste sensation, supragingival calculus and oral mucosal erosions etc. if they are used for a long duration.[13] The last treatment choice is surgery which is not completely safe in all cases. Recurrences are present and treatment itself is expensive.

## Aims and Objectives

To evaluate the efficacy of *Raktamokshana (PrachchannaKarma)*, *Priyangvadi Churna Pratisarna*, *Triphaladi Kwatha Gandusha* and *Triphala Churna* orally in the management of *Shitada* (Gingivitis).

## Case Presentation

A 46 years old non-diabetic female patient visited OPD of Shalakyatantra, Janseva Hospital with complaints of foul smell from mouth, swollen gums, bleeding from gums on brushing and spitting and blackish discoloration of gums from last six 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. On clinical examination the Oral Hygine-Poor, Halitosis (grade 4), Poor gums consistency (grade 3) Bleeding from gums (grade 3) and blackish discoloration of gums (grade 2) were noticed. In personal history, mixed diet, poor appetite, disturbed sleep, constipated bowel, bladder: Normal, Madhyama Koshtha, Visham Agni. Vitals are PR-74/mintues, BP-120/80 mm Hg, RR-14/mintues, Temp.-37˚c found. No abnormality detected in functioning of Respiratory, Circulatory and Digestive system. Before treatment CBC, heamogram, blood sugar level and urine analysis was within normal limits.

## Therapeutic Intervention

After taking written informed concent, the holistic treatment protocol of Acharya Susruta applied with Pathya-Apathya. Treatment prescribed is as shown in Table: 1 below

**Table 1. Treatment Protocol**

| S.N. | Treatment | Medicine | Mode of administration | Duration |
|---|---|---|---|---|
| 1. | *Raktamokshana* | *Pracchanna Karma* | Cleaning of the mouth is done by povidone iodine solution gargle. Then with the help of 26 no. needle the inflamed gums are pricked at a measurement of 2-3mm deep and leave the site to bleed until it stops automatically. | 3 sittings at the interval of 15 days |
| 2. | *Pratisarana* | *Priyangvadi Churna* | 3 gms Churna mixed with Madhu BD after meal locally for 2-4 Minutes | 1 month |
| 3. | *Gandusha* | *Triphaladi Kwath* | 50 ml Kwath BD for gargeling holding for 10 min before meal | 1 month |
| 4. | *Shamana Chikitsa* | *Triphala Churna* | 5 gms after meal HS orally with luke warm water. | 1 month |

### *Pathya*

*Yava, Mudga, Kulattha, Shatavari, Karavellaka, Patola, Ushnodaka, Tambula, Ghrita, Khadira, Katu – Tikta Dravya.*[14] Oral hygiene instructions were reinforced, i.e., brushing of teeth twice a day, oral irrigation after having meal, eating a balanced diet, and drinking plenty of water.

### *Apathya*

*Snana, Amla Dravya, Matsya, Dadhi, Kshira, Guda, Masha, Rukshanna, Kathina Dravyas, Guru, Abhishyandhi Ahara, Diva Swapna, Adhomukha Shayana.*[15]

### *Result*

After the internal medication of 1 month, the oral examination of patient was done and asked orally about any symptomatic relief in complaints which the patient

was having 1 month ago, the patient was fully satisfied with the treatment protocol and all the chief complaints (halitosis, bleeding gums, poor contour of gums, discoloration of gums) were resolved completely

**Table 2. Timeline and Assessment**

| Symptoms | 1st Visit | At 15th Day | At 30th Day | Follow up at 15 Day |
|---|---|---|---|---|
| Halitosis | Grade 4 | Garde 2 | - | - |
| Bleeding Gums | Grade 3 | Grade 2 | Grade 1 | - |
| Generalized Inflamed Gums | Grade 3 | Grade 2 | Grade 1 | - |
| Blackish Discoloration of Gums | Grade 2 | Grade 1 | - | - |

**Table 3. Bleeding Gums**

| Clinical features | Score |
|---|---|
| Absence of bleeding | 0 |
| Slight bleeding on brushing or occasional bleeding | 1 |
| Moderate bleeding on brushing or eating hard articles | 2 |
| Severe bleeding on brushing or even on chewing food | 3 |
| Spontaneous bleeding | 4 |

**Table 4. Halitosis**

| Clinical features | Score |
|---|---|
| Absence of bad odour | 0 |
| Slight bad odour which decreases after mouth wash | 1 |
| Moderate bad odour rarely decreases after mouth wash | 2 |
| Persistent bad odour even after repeated mouth wash | 3 |

**Table 5. Inflammation of Gums**

| Clinical features | Score |
|---|---|
| Absence of inflammation | 0 |
| Mild inflammation, slight change in colour and in texture of the marginal or papillary gingival unit | 1 |
| Moderate inflammation, glazing redness, oedema of the marginal or papillary gingival unit | 2 |
| Severe inflammation, marked redness, oedema of the marginal or papillary gingival unit | 3 |

**Table 6. Discoloration of Gums**

| Clinical features | Score |
|---|---|
| Normal (pinkish red) | 0 |
| Slight discoloration of gums, reddish | 1 |
| Moderate discoloration of gums, reddish blue | 2 |
| Severe discoloration of gums, bluish red, or blue | 3 |

## Discussion

There has been a general perception that oral health in India is considered to be least important. Bacterial plaque accumulates in the spaces between the gums and teeth and in calculus (tartar) that forms on the teeth. Chronic inflammation of the gingiva is triggered by the accumulation of plaque and hence the primary cause of gingivitis. Gingivitis (*Shitada*) is a very common and the most complicated disease of the oral cavity. Its description in classical texts is found under *Dantamoolagata Vyadhi* and it has been mentioned in classical texts that most of the *Dantamoolgata Vyadhis* occur due to *Kapha* and *Rakta Dushti*.[16] So in the present case study an attempt has been made to treat *Kapha* and *Rakta Dosha* at systemic level. The above-mentioned case is a long-standing case of *Shitada* for the past six months. The patient presented with bleeding from gums, halitosis, and soft, spongy with smooth and glazing surface of the gingiva. Gradual improvement was noticed in bleeding, inflammation of gums, and halitosis. The patient became asymptomatic after one month of treatment. Inflammation of the gingiva resolved completely. There was no bleeding and bad breath present after treatment [Figures 3 and 4].

*Gandusha* is defined as "*Asancharyo mukhe purne Gandushaha*."[17] The action of *Gandusha* facilitates increase in mechanical pressure inside the oral cavity which stimulates pressure receptors (stretch reflex). Once the stretch receptor is stimulated, they send signals to salivary nuclei in the brainstem (pons and medulla).[18] The *Dravas* (solutions) given for *Gandusha* are *Sukhoshana* (~warm), so raised temperature causes further increased vascular permeability, thereby intensifying absorption of drugs.[19] The ingredients of *Triphaladi Kwatha* are having *Kashaya*, *Katu Rasa* which decreases the *Kapha* and stops bleeding.[20] It dries up the excessive fluid and decreases the inflammation. The drugs by their *Laghu*, *Ruksha* properties help in *Chhedana* of vitiated *Kapha* that can also be correlated with plaque. Most of the drugs possess anti-inflammatory and anti-bacterial activities. Due to these it can prevent recurrent infections and reduces inflammation.

*Priyangvadii Churna* for *Pratisarna* is used due to its *Lekhana* property on the materia alba and dental plaque. So, overall relief was observed in gingivitis as there is overall improvent in chief complaints.

*Raktamokshana* is main treatment for *Raktadushti*. Here *Prachchanna Karma* used as tool of *Raktamokshana* due to easy applicability on gums and it pacifies the *Kapha* along with *Rakta Dosha*. As vitiated bloodletting done it lessen the morbid materials of blood. By eliminating the vitiated blood it increases the flow of pure blood and reduces the inflammation. Flow of pure

blood helps in cell regeneration which leads to a healthy gingiva.



**Fig. 1- Before Treatment, 0th day**



**Fig. 2- At 15th day, Raktamokshana Done**



**Fig. 3- At 30th day, mild bleeding on probbing**



**Fig. 4- After complete Treatment**

*Mandagni* (~lack of digestive fire) is said to be responsible for manifestation of all kinds of diseases,[21] including *Mukha Rogas*, keeping it in mind, and to enhance Agni (~digestivefire) as well as to break the pathogenesis of *Shitada*, *Triphala Churna* was administered. This *Churna* reduces inflammation and also increases *Agni*, thereby pacifying the disease process. It also having properties of *Tridosha Shamana*, anti-inflammatory, analgesics, antioxidant, relieves *Ama Dosha*, and strengthens *Rasa*, *Mamsa Dhatus* of the body.

One of the most important determinants of treatment outcomes is patient compliance. The willingness to perform adequate oral hygiene measures and receive timely periodic recalls and treatment is essential for a successful outcome. The drugs given in this case showed no adverse effects and easy to administer, and thus, better patient compliance was observed.

## Conclusion

In modern life, however, due to lack of time and negligence, oral hygiene is not properly maintained, which leads to various oral diseases. Finally it can conclude that *Raktamokshana* (*Prachchanna Karma*), *Priyangvadi Churna Pratisarna, Triphaladi Kwath Gandusha* and *Triphala Churna* orallyis beneficial in the management of *Shitada* (Gingivitis) and need to tried this formulation in more cases. Large sample study on same drugs should be carried out to bring authenticity to science.

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## Conflicts of Interest

There are no conflicts of interest.

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