

Clinical Research

Clinical efficacy of “*Bhadra Mustadi Paste*” and “*Nagaradi Kwatha Gandusha*” in *Shitada* (Gingivitis)

Rajshree Unadkat¹, Subrata De², Manjusha R.³

¹Lecturer, Department of Shalakya Tantra, International Centre for Ayurvedic Studies, Gujarat Ayurved University, Jamnagar, ²Director, Research & Development Centre, Waghaldhara, ³Associate Professor, Department of Shalakya Tantra, Institute for Post Graduate Teaching & Research in Ayurveda, Gujarat Ayurved University, Jamnagar, Gujarat, India

Access this article online

Website: www.ayujournal.org

DOI: 10.4103/0974-8520.92590

Quick Response Code:



Abstract

Shitada is one of the *Dantamulagata Rogas* mentioned by *Acarya* Susruta under the heading of *Mukha Rogas*. It is characterized by symptoms like spontaneous bleeding, halitosis, blackish discoloration of gums, and so on. The symptomatology of *Shitada* can be compared with gingivitis, which is caused mainly by the accumulation of debris, plaque, and calculus at the tooth margin due to ignorance of oral care. It can progress into periodontitis – the disease in which the firmness, contour, and position of the gums are altered and teeth become mobile. The prevalence of gingivitis is as high as 50% in most of the population. In the present study, a total of 33 patients were registered in three groups. *Bhadramustadi yoga* has been used in paste form for local application along with *Nagaradi Kwatha Gandusha* in Group A and in powder form for *Pratisarana* along with *Nagaradi Kwatha Gandusha* in Group B. In Group C (Control) *Sphatika Jala* was used. The patients were diagnosed and assessed on the basis of Ayurvedic as well as modern classical signs and symptoms. Further assessment was done with the different indices used in modern dentistry. All the signs and symptoms were given a score depending upon the severity, to assess the effect of the drugs objectively. The effect of therapy was highly significant in group A in most of the signs, symptoms, and indices; and in group B it was highly significant in some signs and symptoms.

Key words: *Bhadramustadi yoga*, bleeding gums, *Dantamula*, Gingivitis, *Nagaradi Kwatha*, oral hygiene, *Shitada*

Introduction

Shitada is considered by *Acaryas* Susruta to come under ‘*Dantamulagata Rogas*’,^[1] which is a group of the *Mukha Rogas*^[2] and is characterized mainly by spontaneous bleeding from the gums, without any injury, and occurs due to vitiated *Kapha* and *Rakta*.^[3] The symptomatology of *Shitada* can be compared with Gingivitis.^[4]

Gingivitis, an inflammation of the gingiva, occurs widely in most populations, affecting both children and adults. The high prevalence of gingivitis is approximately 50%^[5] in the general population.

Gingivitis is caused mainly by accumulation of debris, plaque

or calculus on the teeth margin^[6] mostly due to negligence of oral care. It is a state incompatible with good oral health. It can progress to more serious conditions like periodontitis, which is responsible for tooth loss, by altering the contour and position of the gingiva.^[7] Gingivitis is reversible. With careful early treatment and good oral hygiene, gingival harmony can be restored.^[8]

At present, the modern management of Gingivitis is not satisfactory, as mechanical removal of plaque and debris by scaling causes trauma to the gums; use of chemicals, that is, mouth wash, irrigation, and so on are expensive as well as time consuming, and the last treatment of choice is surgery, which is not completely safe in all cases. Therefore, prevention and the control of Gingivitis are essential in every case.

In *Ayurveda*; *Susruta* and other authors have recommended Bloodletting, *Nasya*, *Pratisarana*, *Gandusha*, and so on, in the management of *Shitada*. The importance of oral hygiene was well-known to the early Hebrews. The procedures for the cleanliness of oral cavity are a very important part of *Dinacarya*. The *Acaryas* have mentioned *Dantadhavana*, *Gandusha*, *Kavala*,

Address for correspondence: Dr. Rajshree Unadkat, C-19/A, Medical Campus, Professor's Quarters, MP Shah Medical College, Jamnagar, India.
E-mail: drrajshreeunadkat@yahoo.com

Pratisarana, *Jihvanirlekhana*, and so forth, as a part of day-to-day life, to keep the oral cavity in a healthy state.^[9]

It is a fact that if a person does not follow the rules of oral hygiene, he suffers from various *MukhagataRogas*. There is no doubt; that oral hygiene also has an important role in the maintenance of general body health, as infective focus in teeth can cause systemic diseases.^[10]

Although, the prevalence of the disease *Shitada* is very high, very few studies have been carried out on *Shitada* as well as on the awareness of oral hygiene. A good number of patients present with gingivitis, to the Outpatient Department (OPD). Due to lack of oral care awareness, busy life, and no apparent difficulty; the patients ignore the disease and it progresses to advance stages.

In a clinical study, by Krishna Makadia, Dr. Manjusha R., et al., 2004, encouraging results with *BhadramustadiCurna* *pratisarana* and *Gandusa* with *Nagaradikwatha* for gingivitis, were reported.^[11]

Ayurvedic medicines are undergoing drastic changes in the present era. Toothpaste is the most widely used form for dental disorders as well as for oral care. The powder form is inconvenient for the patients and has more chances of contamination from the atmosphere. Here an attempt has been made to convert it into the paste form, as a part of continuation of the above study, to compare the efficacy of the same medicine in a different form.

In the present study, *Bhadramustadi yoga*^[12] is used in the paste form for local application with a soft brush, using the Bass technique^[13] of brushing, along with the *Nagaradi Kwatha*^[14] *Gandusa* in the Trial group, that is, Group A, whereas, in Group B the same *Yoga* is used in powder form for local application along with *Nagaradi Kwatha* as the standard control drug and *Sphatikajala* was used in control Group C.

Aims and objectives

1. To evaluate efficacy of *Bhadramustadi* paste and *Gandusa* with *Nagaradi Kwatha*
2. To compare the efficacy of *curna* and paste form

Materials and Methods

Clinical study

The patients attending the OPD of the Shalaky Department of I.P.G.T. and R. A. hospital, Gujarat Ayurved University, Jamnagar, provided the material for clinical study and selection was done randomly irrespective of age, sex, religion, race, occupation, and so on, fulfilling the criteria of selection and eligibility for the study.

Inclusion criteria

1. Patients presenting with signs and symptoms of *Shitada* (Gingivitis), described as per *Ayurvedic* and Modern texts.
2. Patients were diagnosed clinically with the help of a dental mirror, dental probe, and periodontal pocket probe, fulfilling the criteria of *Shitada* as well as gingivitis.

Exclusion criteria

1. Patients with marked pus discharge from the gums

2. Patients with a periodontal pocket
3. Patients having any systemic disease that could cause gingivitis
4. Patients using any other systemic drugs, which may alter the result of the study

Plan of work

1. Research proforma:
A detailed research proforma was prepared to study the patients as well as the disease.
2. Investigations:
Routine investigations of blood, urine, and stool were carried out before treatment to rule out any systemic diseases. The microbial study of the gingival swab was done by bacterial culture in some patients.

Grouping and treatment schedule

Group A: Drugs: *Bhadramustadi* paste for local application with tooth brush, followed by *Nagaradi Kwatha Gandusa*.

Dose: *Bhadramustadi* Paste: Two applications on soft tooth brush twice a day.

Nagaradi Kwatha: 20 ml *Kwatha* for *Gandusa* twice a day after paste application.

Duration: 45 days.

Group B: Drugs: *Bhadramustadi Curna* for local application followed by *Nagaradi Kwatha Gandusa*.

Dose: *Bhadramustadi Curna* – 2 g with honey twice a day.

Nagaradi Kwatha – 20 ml *Kwatha* for *Gandusa* twice a day after application.

Duration: 45 days.

Group C: Drug *Sphatikajala*

Dose: 1 g *Suddha Sphatika* diluted in 250 ml water given for *Gandusa*

Duration: 45 days.

Oral hygiene methods and their importance in the reversal of the disease were explained to the patients of all the groups, and brushing the teeth properly was suggested for cleaning of the teeth.

Bhadramustadi paste [Curna (B.R.61/16)]

The *Bhadramustadi Curna* contains drugs, which were selected by virtue of their properties. It was meant for *Pratisarana* with honey in Group B, while the paste that was prepared out of 100 mesh fine powder of the same *yoga* was given for local application with soft tooth brush in Group A.

Ingredients

The ingredients of *Bhadramustadi yoga* are:

- | | |
|--------------------|-----------------------|
| 1. <i>Musta</i> | - 1 part |
| 2. <i>Haritaki</i> | - 1 part |
| 3. <i>Sunthi</i> | - 1 part |
| 4. <i>Marica</i> | - 1 part |
| 5. <i>Pippali</i> | - 1 part |
| 6. <i>Vidanga</i> | - 1 part |
| 7. <i>Nimba</i> | - 1 part |
| 8. Honey | - Quantity sufficient |

Nagaradi Kwatha (S.Ci. 22/11)

The *Nagaradi Kwatha* was selected for *Gandusa* along with the application of toothpaste as well as *Pratisarana*. It was meant for oral hygiene supplementation therapy in the management of *Shitada*.

Ingredients

The ingredients of *Nagaradi Kwatha* are:

1. *Sunthi* - 1 part
2. *Sarsapa* - 1 part
3. *Musta* - 1 part
4. *Rasanjana* - 1 part
5. *Triphala* - 1 part

Follow up

A period of three months was planned for follow-up study, to evaluate the recurrence after treatment. Instructions regarding the special care of *Ahara* and *Vihara* were given and fibrous, non-sticky food like fruits, vegetables, and so on were advised.

Criteria for assessment of results

The effect of treatment was assessed subjectively by clinical observation, on the basis of relief in the signs and symptoms of the disease. The scoring pattern adopted for the study was prepared depending upon the severity of the symptoms like *Akasmata Raktasrava* (Bleeding gums), *Sotha* (Inflammation), *Siryamana Dantamamsa* (Gingival recession), *Krisnata* (Discoloration of gums), *Daurgandhya* (Halitosis), *Vedana* (Pain), *Dantamamsa Mriduta* (Sponginess), *Dantamamsa Klinnata* (Snigdha), *Paka* (Pus discharge), and *Caladanta* (Tooth mobility). The scoring was given from 0 to 4 depending upon the severity. The patients were objectively assessed on the basis of the gingival index^[15] and the bleeding index. Oral hygiene was assessed with the Simplified Oral Hygiene Index.^[16]

Criteria for assessment of the total therapy

The total effect of the therapy was assessed on the basis of subjective and objective criteria and patients were grouped into the following five categories:

Cured:	100% relief in the signs and symptoms
Marked improvement:	More than 75 and up to 99% relief in the signs and symptoms
Moderate improvement:	More than 50 and upto 75% relief in the signs and symptoms
Mild improvement:	More than 25 and up to 50% relief in the signs and symptoms
Unchanged:	More than 0 and up to 25% relief in the signs and symptoms

A total of 40 patients were registered for the present clinical study, out of them 33 patients completed the treatment and seven left the treatment against medical advice. The patients were divided into three groups by the random sampling method. In Group A 13 patients, Group B 10 patients, and in Group C 10 patients, completed the treatment.

In Group A the patients were advised to use *Bhadramustadi* paste with a soft toothbrush and brush twice per day, once in the morning and once in the evening, using the Bass method.

The trial drug, the *Bhadramustadi* paste, was prepared with *Bhadramustadi Curna* (100 mesh fine powder) 40% mixed with

the common base of toothpaste 60%. Toothpaste was prepared at the pharmacy of Gujarat Ayurved University, Jamnagar.

Observations and Results

Patients (33.33%) reported in the age group of 30–40 years. A majority of the patients were female, that is, 87.90%; majority of the patients were Hindus, that is, 84.85%; 54.55% patients included in the study belonged to the lower middle class. *Raktasrava*, *Sotha*, and *Mriduta* were presented by all the patients. *Daurgandhya* was one of the complaints in 96.97% patients, followed by *Krisnata* and *Vedana* (87.88% each) and *Siryamana* in 84.85% cases. *Paka* and *Caladanta* were complaints of 21.21 and 18.18% patients, respectively; and 90.91% had gingivitis of moderate grade. A maximum of 66.67% patients brushed their teeth once daily to keep the oral cavity clean.

Evaluation of the effect of treatment in Group A

Relief of 91.89% was observed in *Raktasrava*, which was statistically highly significant at the level of $P < 0.001$. 77.88% relief was obtained in *Sotha*, which was statistically highly significant at the level of $P < .001$. Relief of 66.67% was obtained in *Siryamana Dantamamsa*, which was statistically highly significant at the level of $P < 0.001$. Relief of 85.80% was observed in *Krisnata*, which was statistically highly significant at the level of $P < 0.001$. Relief of 100% was obtained in *Daurgandhya*, which was statistically highly significant at the level of $P < 0.001$. Up to 94.52% relief in *Vedana* was found in Group A, and it was also statistically highly significant at the level of $P < 0.001$, *Mriduta* up to 92.59%, and *Klinnata* up to 91.30%, were also relieved, and the results were statistically highly significant. Relief in *Paka* and *Caladanta* (100.00%) was seen, which was statistically significant at the level of $P < 0.02$ ($P < 0.001$) [Tables 1 and 2].

- The Gingival Index was improved up to 74.36%, which was statistically highly significant at the level of $P < 0.001$.
- The Bleeding index was also improved up to 78.43%, which was statistically highly significant at the level of $P < 0.001$.
- Similarly, OHI-S index was improved up to 74.19% and the improvement was statistically significant.

Evaluation of the effect of treatment in Group B

Relief of 55.00% was obtained in *Raktasrava*, which was statistically highly significant at the level of $P < 0.001$. Relief of 50.99% was observed in *Sotha*, which was statistically highly significant at the level of $P < 0.001$. Patients in Group B did not show considerable relief in *Siryamana Dantamamsa* and the difference was also not significant statistically ($P > 0.05$). *Krisnata* was relieved up to the extent of 46.15%, which was statistically significant at the level of $P < 0.01$. Relief of 65% was obtained in *Daurgandhya*, which was statistically highly significant at the level of $P < 0.001$. Relief of 64.29% was observed in *Vedana*, which was statistically highly significant, $P < 0.001$. Relief of 60.00% was obtained in *Mriduta*, which was statistically significant at the level of $P < 0.01$. *Klinnata* was relieved up to the level of 80%, which was statistically highly significant at the level of $P < 0.001$ [Tables 3 and 4].

- Improvement of 46.67% was obtained in the Gingival

Table 1: Effect of therapy on individual signs and symptoms in Group A

Chief complaints	Mean score		Relief (%)	SD	SE	"t"	P
	BT	AT					
<i>Raktasrava</i>	1.85	0.15	91.89	0.48	0.13	12.71	<0.001
<i>Sotha</i>	2.08	0.46	77.88	0.51	0.14	11.5	<0.001
<i>Siryamanata</i>	1.62	0.54	66.67	0.28	0.08	14.00	<0.001
<i>Krisnata</i>	1.62	0.23	85.80	0.51	0.14	9.86	<0.001
<i>Daurgandhya</i>	1.38	0.00	100.00	0.65	0.18	7.68	<0.001
<i>Vedana</i>	1.46	0.08	94.52	0.77	0.21	6.5	<0.001
<i>Paka</i>	0.38	0.00	100.00	0.51	0.14	2.74	<0.02
<i>Mriduta</i>	1.08	0.08	92.59	0.41	0.11	8.84	<0.001
<i>Klinnata</i>	0.92	0.08	91.30	0.38	0.10	8.13	<0.001
<i>Caladanta</i>	0.38	0.00	100.00	0.51	0.14	2.74	<0.02

Table 2: Effect on indices in Group A

Index	Mean score		Relief (%)	SD	SE	"t"	P
	BT	AT					
Gingival index	0.78	0.20	74.36	0.30	0.08	6.94	<0.001
Bleeding index	0.51	0.11	78.43	0.29	0.08	5.06	<0.001
OHI-S	2.17	0.56	74.19	0.74	0.21	7.81	<0.001

Table 3: Effect of therapy on individual signs and symptoms in Group B

Chief complaints	Mean score		Relief (%)	SD	SE	"t"	P
	BT	AT					
<i>Raktasrava</i>	2.00	0.90	55.00	0.57	0.18	6.12	<0.001
<i>Sotha</i>	2.20	1.10	50.00	0.32	0.10	10.99	<0.001
<i>Siryamanata</i>	0.90	0.60	33.33	0.48	0.15	1.96	>0.05
<i>Krisnata</i>	1.30	0.70	46.15	0.52	0.16	3.67	<0.01
<i>Daurgandhya</i>	2.00	0.70	65.00	0.48	0.15	8.5	<0.001
<i>Vedana</i>	1.40	0.50	64.29	0.57	0.18	5.01	<0.001
<i>Paka</i>	-	-	-	-	-	-	-
<i>Mriduta</i>	1.00	0.40	60.00	0.52	0.16	3.67	<0.01
<i>Klinnata</i>	1.00	0.20	80.00	0.42	0.13	6	<0.001
<i>Caladanta</i>	-	-	-	-	-	-	-

Table 4: Effect on indices in Group B

Indices	Mean score		Relief (%)	SD	SE	"t"	P
	BT	AT					
Gingival index	0.75	0.40	46.67	0.20	0.06	5.43	<0.001
Bleeding index	0.67	0.40	40.30	0.17	0.05	5.05	<0.001
OHI-S	2.82	1.55	45.04	0.45	0.14	8.98	<0.001

Index, which was statistically highly significant at the level of $P < 0.001$.

- Improvement of 40.30% was observed in the Bleeding Index, which was statistically highly significant at the level of $P < 0.001$.
- The OHI-S index was improved up to the extent of 45.04%, which was statistically highly significant, $P < 0.001$.

Evaluation of the effect of treatment in Group C

Only 30% relief was obtained in *Raktasrava*, which was

statistically significant at the level of $P < 0.01$. A very negligible effect was observed in *Sotha* relief (9.52%), *Krisnata* relief (6.67%), and *Klinnata* relief (10.00%) among Group C patients, and statistically also the difference was not significant $P > 0.05$. Relief of 44.44% in *Daurgandhya* and 22.22% in *Vedana* was obtained, which was statistically significant at the level of $P < 0.01$ and $P < 0.05$, respectively. *Siryamana*, *Dantamamsa*, *Mriduta*, and *Caladanta* did not show any relief in Group C patients [Tables 5 and 6].

- The Gingival index and Bleeding index did not show any

Table 5: Effect of therapy on Indices in Group C

Chief complaints	Mean score		Relief (%)	SD	SE	"t"	P
	BT	AT					
<i>Raktasrava</i>	2.00	1.40	30.00	0.52	0.16	3.67	<0.01
<i>Sotha</i>	2.10	1.90	9.52	0.42	0.13	1.50	>0.05
<i>Siryamanata</i>	0.90	0.90	0.00	-	-	-	-
<i>Krisnata</i>	1.50	1.40	6.67	0.32	0.10	1.00	>0.05
<i>Daurgandhya</i>	1.80	1.00	44.44	0.63	0.20	4.00	<0.01
<i>Vedana</i>	1.80	1.40	22.22	0.52	0.16	2.45	<0.05
<i>Paka</i>	0.20	0.00	100.00	0.42	0.13	1.50	>0.05
<i>Mriduta</i>	1.00	1.00	0.00	-	-	-	-
<i>Klinnata</i>	1.00	0.90	10.00	0.32	0.10	1.00	>0.05
<i>Caladanta</i>	0.20	0.20	0.00	-	-	-	-

Table 6: Effect on indices in Group C

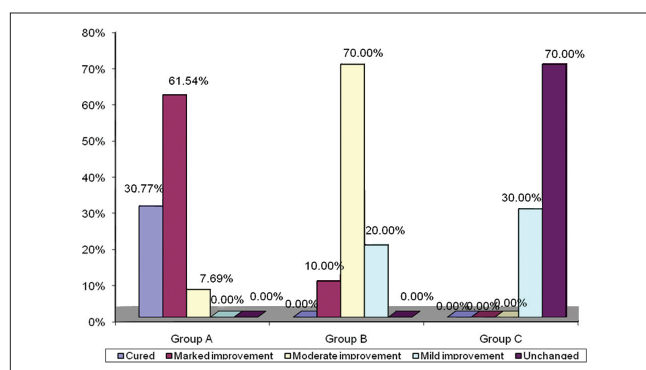
Indices	Mean score		Relief (%)	SD	SE	"t"	P
	BT	AT					
Gingival index	0.70	0.65	7.14	0.10	0.03	1.35	>0.05
Bleeding index	0.62	0.57	8.06	0.10	0.03	1.56	>0.05
OHI-S	2.17	1.25	42.40	0.47	0.15	6.12	<0.001

improvement (7.14 and 8.06%, respectively), which was statistically not significant, $P > 0.05$.

- Improvement of 42.40% was observed in the OHI-S Index, which was statistically highly significant at the level of $P < 0.001$.

Discussion

Shitada (Gingivitis) is highly prevalent in India as well as the rest of the world. It is caused mainly by plaque accumulation on the teeth due to lack of oral hygiene. Application of *Bhadramustadi* paste with toothbrush, using a proper method, can remove the plaque, reduce the swelling, and prevent the infection with its best therapeutic action. *Gandusa* is beneficial in the *sodhana* of the oral cavity. Retention of the medicine in the oral cavity loosens the calculus and gives a mechanical massage to the gingiva. Absorption of the drug reduces the infection. One-third of the patients in this series, that is, 33.33%, were found to be suffering from *Shitada* since the last 15 months or more. It indicates that the disease is chronic in nature. A maximum number of patients (93.94%) used tooth brush as a means to oral hygiene and 75.76% patients adopted horizontal brushing technique. The tooth brush can clean inter-dental areas, pits, fissures, and so on, provided the selection of the toothbrush and the brushing technique is proper. Due to lack of knowledge of the correct brushing technique, the plaque was not removed completely, therefore, proper selection of brush and technique should be explained to the patients. In Group C, that is the control Group, also mild improvement in sign and symptoms and also improvement in OHI was found. It indicated that proper brushing technique and oral hygiene was also important for the maintenance of oral health. Total effect of therapy has been depicted at Graph 1.

**Graph 1: Total effect of therapy in all three groups**

Conclusion

A conclusion can be drawn as follows from the study.

- Eating fibrous and less sticky foods like fruits, pulses, vegetables, and the like keep the body healthy and preserve oral hygiene.
- Oral care methods mentioned in ancient texts should be properly followed in a healthy condition as well as in a diseased condition.
- There is need to increase awareness about oral hygiene in the society. Various programs for oral care methods with regard to its importance and diseases resulting from its negligence, in various age groups of the society, should be conducted.
- In nutshell, it is concluded from this study that *Bhadramustadi* paste application with a soft tooth brush along with *Nagaradi Kwatha Gandusa* is more effective than *Bhadramustadi Curna Pratisarana* and *Nagaradi Kwatha Gandusa* in the management

PROBABLE MODE OF ACTION

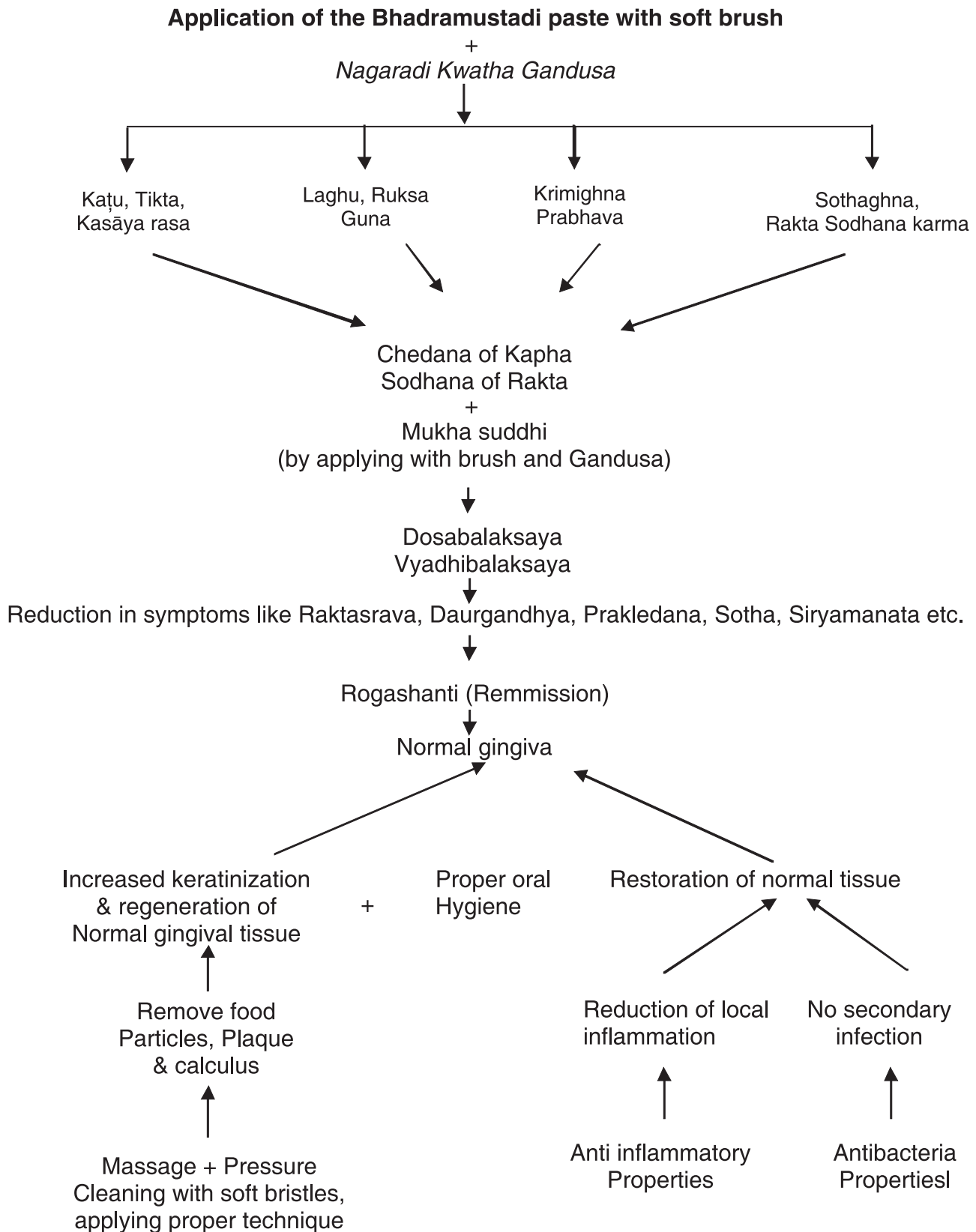


Figure 1: Probable mode of action

of *Shitada* (Gingivitis) as well as this therapy (Probable mode of action at Figure 1) is useful in removing and controlling plaque and calculus. Thus it is a better remedy for maintaining oral hygiene.

References

1. Sushruta, SushrutaSamhita with Sushrutavimarshini Hindi commentary by Sharma Anantaram, part I, Nidanasthana 16/13. Varanasi: ChaukhambaSurabharatiPrakashana;2006. p. 574.
2. Sushruta, SushrutaSamhita with Sushrutavimarshini Hindi commentary by Sharma Anantaram, part I, Nidanasthana 16/3. Varanasi: ChaukhambaSurabharatiPrakashana; 2006. p. 573.
3. Sushruta, SushrutaSamhita with Sushrutavimarshini Hindi commentary by Sharma Anantaram, part I, Nidanasthana 16/14, 15. Varanasi: ChaukhambaSurabharatiPrakashana; 2006. p. 575.
4. Athavale VB. Dentistry in Ayurveda. 1st ed. Delhi: Chaukhamba Sanskrit Prakashana;1999. p. 25.
5. Soben Peter, Essentials of preventive and community Dentistry, 1st ed. New Delhi: ARYA(MEDI) Publishing House;1999 p. 335
6. Newman MG, Takei HH, Carranza FA, Clinical Periodontology. 9th ed, Chap 11. New Delhi: Published by Harcourt (India) Pvt Ltd;2003 p. 182.
7. Shafer WG, Hine MK, Levy BM, Textbook of Oral Pathology. 4th ed, Chap15. New Delhi: Published by Harcourt (India) Pvt Ltd;1993. p. 787.
8. Shafer WG, Hine MK, Levy BM, Textbook of Oral Pathology. 4th ed, Chap 15. New Delhi: Published by Harcourt (India) Pvt Ltd; 2003 p. 778.
9. Sushruta, SushrutaSamhita with Sushrutavimarshini Hindi commentary by Sharma Anantaram, part I, ChikitsaSthana 24. Varanasi: ChaukhambaSurabharatiPrakashana; 2006. p. 354.
10. Shafer WG, Hine MK, Levy BM. Textbook of Oral Pathology. 4th ed, Chap 9. New Delhi: Published by Harcourt (India) Pvt Ltd; Reprint 2001 p. 511.
11. Makadia K, Manjusha R. A clinical study on the role of Nasya and Pratisarana in the Management Shitada V.S.R. to Gingivitis, M.D. Thesis. Jamnagar: IPGT and RA; 2004.
12. Govinddasa, Bhaishajya Ratnavali with Vidhyotini Hindi Commentary by Ambikadatta Shastri chap. 61, Varanasi: Chaukhamba Sanskrit Sansthan;1981, p. 672.
13. Newman MG, Takei HH, Carranza FA, Clinical Periodontology. 9th ed, Chap 49. New Delhi: Published by Harcourt (India) Pvt Ltd;2003. p. 182.
14. Sushruta, SushrutaSamhita with Sushrutavimarshini Hindi commentary by Sharma Anantaram, part I, ChikitsaSthana 22. Varanasi: ChaukhambaSurabharatiPrakashana; 2006. p. 341.
15. Soben Peter, Essentials of preventive and community Dentistry, 1st ed, Chap 14. New Delhi: ARYA(MEDI) Publishing House;1999. p. 478.
16. Soben Peter, Essentials of preventive and community Dentistry, 1st ed, Chap 14. New Delhi: ARYA(MEDI) Publishing House;1999. p. 461.

हिन्दी सारांश

शीताद (जीन्जीवाइटिस) – एक चिकित्सीय अध्ययन

राजश्री उनडकट, सुब्रता डे, मंजूषा आर.

शीताद एक दन्तमूलगत व्याधि है, जिसे आचार्य सुश्रुतने 'मुखरोग' के अन्तर्गत वर्णित किया है। इसके प्रमुख लक्षण मसूढ़ों से रक्तस्राव, मुखदौर्गन्ध्य, मसूढ़ों का शोथ, मसूढ़ों का रंग परिवर्तन आदि है। लक्षणों के आधार पर शीताद की तुलना जीन्जीवाइटिस से की जा सकती है, जो कि प्रायः दांत और मुख की सफाई ठीक तरह से न होने के कारण मसूढ़ों और दांतों पर मैल जमा होने के कारण पाया जाता है। अगर इस व्याधि की चिकित्सा समय पर न की जाए तो ये पेरियोडोन्टाइटिस में परिवर्तित हो सकता है, जिसमें मसूढ़े और भी खराब होकर दांत हिलने लगते हैं। यह रोग समाज में ५०% से अधिक लोगों में पाया जाता है। इस चिकित्सीय अध्ययन में कुल ३३ रुग्णों को कुल तीन समूहों में विभाजित किया गया। समूह अ में भद्रमुस्तादि योग का प्रयोग पेस्ट के स्वरूप में स्थानिक प्रयोग के लिए नागरादि क्वाथ के गण्डूष के साथ किया गया। समूह ब में इसी योग का प्रयोग चूर्ण के स्वरूप में प्रतिसारणार्थ नागरादि क्वाथ के गण्डूष के साथ किया गया। और समूह स में स्फटिका जल का प्रयोग किया गया। रुग्णों का परीक्षण एवं निदान आयुर्वेद एवं आधुनिक शास्त्रवर्णित लक्षणों के आधार पर किया गया। ज्यादा परीक्षण के लिए आधुनिक दन्तशास्त्र में वर्णित इन्डाइसीज का उपयोग किया गया। सभी लक्षणों का मूल्यांकन उनकी मानांक तीव्रता के आधार पर किया गया। चिकित्सा का प्रभाव समूह अ में सभी लक्षणों पर अत्यधिक प्रभावकारी पाया गया। जबकि समूह ब में कुछ लक्षणों पर अत्यधिक प्रभावकारी पाया गया।