

Clinical effect of *Manjisthadi Kwatha* orally and *Pippali Churna Pratisaran* in the management of Gingivitis – A Case Study

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Abstract:

Gingivitis is a reversible oral disease that refers to gingival inflammation induced by bacterial biofilms also called as 'plaque' adherent to tooth surfaces. Without treatment gingivitis can progress to periodontitis in which the inflammation of the gums results in tissue destruction and bone reabsorption around the teeth which is more serious and can eventually lead to loss of teeth in 40-45% of population of India. In Ayurvedic classical texts there are many treatment modalities given e.g. *Pratisarna*, *Raktamokshana* and some internal medicine for systemic cause of *Sheetada*. In present study we have discussed a case of 32 year old female patient came to our OPD with chief complaints of foul smell from mouth, bleeding from gums on brushing and spitting, generalised inflamed gums and blackish discoloration of gums from last two months. On examination hallitosis, poor gums consistency, bleeding from gums & calculus were found. Ayurvedic treatment was planned and *Manjisthadi Kwatha* internally and *Pippali Churna Pratisarna* was started.

Keywords: Ayurveda, Bleeding gums, Gingivitis, *Manjistahadi Kwatha*, *Pippali*, *Sheetada*.

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Introduction:

Oral cavity is a unique area of the body which is also known as the window of G.I.T. because many systemic disease can be clinically correlated upto some extent. If oral hygiene is not maintained properly than its sequelae can be quite dangerous. Gingivitis is known as inflammation of gums usually caused by bacterial infection. It can become a more serious infection known as Periodontitis. According to American Dental Association gingivitis and periodontitis are major cause of tooth loss in adults. ^[1] Dental infections can add up to health as well as wealth of the person. According to the centres for Medicare and Medicaid, Americans spent an estimated \$117 billion on dental service in 2015. ^[2] Gingiva actually attaches to the teeth at a lower point than the gum edges that we see. This forms a small space called as sulcus. Food and plaque can get trapped in this space and cause a gum infection or it may leads to gingivitis on chronic accumulation of food or plaque. Plaque is a thin film of bacteria which is continuously formed on the surface of teeth , as plaque advances it hardens and gets converted into tartar, when plaque extends below cervical line it may leads to bacterial infections like Gingivitis. The modern science medicine admires frequent gargling with Chlorohexidine mouthwash frequently which partially improves the gingival condition of the patient. As frequent gargling is quite annoying and also disturbance in day to day life. So an attempt has been made to improve

the periodontium status of the patient through classical internal medicine. If left untreated this bacterial infection can leads to detachment of gums from tooth surface and the tooth/teeth may become loose and unstable.

Case Report:

A fully conscious and oriented female patient, age 32 years came to OPD of *Shalakyta Tantra*, IPGT&RA, Jamnagar with complaints of foul smell from mouth, bleeding from gums on brushing and spitting, generalised inflamed gums and blackish discoloration of gums from last two months.

Personal History:

Diet: Mixed; Appetite: Good; Sleep: Sound, Bowel: Regular, Bladder: Normal; *Koshtha: Madhyama; Agni: Sama*. Vitals: WNL

On Examination:

- Hallitosis (grade 4)
- Poor gums consistency (grade 2)
- Bleeding from gums (grade 3)
- Calculus (grade 1) were noticed.

Treatment Given:

Manjisthadi Kwathain a dose of 10ml internally (after meal) for one month

Pippali Choorna Pratisarna after morning mouth wash daily for 1 month

During treatment abstinence from hot and spicy food, Sleep during day time and forceful tooth brushing.

Result and Discussion:

After the internal medication of 1 month, the oral examination of patient was done and was 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. There has been a general perception that oral health in India is considered to be least important. Albandar in an overview concluded that subjects of Asian ethnicity had the third highest prevalence of periodontitis. [3] Bacterial plaque accumulates in the spaces between the gums and teeth and in calculus (tartar) that forms on the teeth. As Gingivitis (*Sheetada*) is a most common and complicated disease of the oral cavity. In classical texts it has been mentioned under *Dantamoolagata Roga* due to *Dushti* of *Kapha* and *Rakta Dosha*. [4] So in the present case study an attempt has been made to treat *Kapha* and *Rakta Dosha* at systemic level. *Pippali Churna* for *Pratisarna* is used due to its *Lekhana* property on the materia alba and dental plaque. *Manjistha* is given internally in the form of decoction, as it is well established blood purifier by our ancient *Acharayas*. The main constituent of *Manjisthadi Kwatha* is *Manjistha* which is having following properties— *Rasa- Tikta, Kashaya, Madhura, Guna- Laghu, Ruksha, Ushna Veerya* and *Katu Vipaka* along with overall *Kapha Pitta Shamaka* properties. *Manjistha kwatha* is having *Laghu, Ruksha Gunas* which acts on *Kapha* and *Pitta Dosha*, causes *Kapha* and *Piita Shamana* as well as possess *Rakta Shodhaka* properties. As a

result of *Raktashuddhi* the relief is found in bleeding gums which is the main *Lakshana* of *Sheetada* also the blackish discoloration of the gums also subside and there is overall improvement occurs in contour and consistency of gingival tissue. So overall relief was observed in gingivitis as there is overall improvement in chief complaints of the patient.

Conclusion:

In the present study we found that Gingivitis can also be relieved by using *Manjisthadi Kwatha* as blood purifier (*Raktshodhaka*) drugs of Ayurveda locally as well as internally. As *Manjistha* is having *Ruksha* and *UshnaGuna* so it should not be used in *Vatajprakruti* and hypertensive patients. Multicentric studies with large sample size on same drugs should be carried out to bring authenticity to our science.

Photo – not available

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