



## CLINICAL STUDY OF EFFICACY OF RAKTAVISRAVANOTTAR JIRAKADYA CHURNA PRATISARAN IN THE MANAGEMENT OF DANTAVESHTAKA WITH SPECIAL REFERENCE TO PERIODONTITIS

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### INTRODUCTION

In *Sutrasthana*, *Charaka* & *Sushruta* have given guidelines for daily care of oral cavity under heading *Dincharya*. Negligence of oral care may give rise to different oral diseases.

In *Nidan Sthana*, *Sushruta* has described the sixty five *Mukha Rogas*. Diseases of oral cavity are found to attack seven different locations viz, lips, gums, teeth, tongue, palate, throat & entire oral cavity. Teeth & gums are important part of oral cavity. *Aacharya Sushruta* has mentioned fifteen *Dantmulgat Rogas* & *Dantaveshtak* is one of them.<sup>[1]</sup>

In *Dantaveshtak* – Bleeding / pus in gum, movable teeth these clinical feature are seen.<sup>[2]</sup>

*Dantaveshtak* is compared with periodontitis. Number of patients comes across in OPD of *Shalaky Tantra* with complaints of *Dantaveshtak*. Prevalence rate of *Dantaveshtak* is 17.5% in the age group of 25-55 years. In *Dantaveshtak Raktavistravan* is first line of treatment mentioned by *Acharya Sushruta*. In *Yogratnakar*, “*Jirakadya Churna Pratisaran*” is accepted for the treatment of *Dantaveshtak*. *Jirakadya Churna* has property to relieve all the basic complaints of *Dantaveshtak*. This drug is easily available & easy to use. Hence, this topic is selected.

### Prevalance

Prevalence rate of *Dantaveshtak* is 17.5% in the age group of 25-55 years.

### AIM

Clinical Study Of Efficacy Of *Jirakadya Churna Pratisaran* After *Raktavistravan* In *Dantaveshtak* With Special Reference To Periodontitis.

### OBJECTIVES

#### Primary Objective

To Study the effect of *Jirakadya Churna Pratisaran* after *Raktavistravan* in the management of *Dantaveshtak* with special reference to Periodontitis.

#### Secondary Objective

- To Study the effect of *Jirakadya Churna Pratisaran* improving periodontal status.
- To Study the effect of *Jirakadya Churna Pratisaran* controlling gingival bleeding & inflammation.

### HYPOTHESIS RESEARCH QUESTION

Is “*Jirakadya Churna Pratisaran* after *Raktavistravan* effective in *Dantaveshtak*” with special reference to Periodontitis?

### PRIMARY HYPOTHESIS

#### Null Hypothesis (H0)

There is no role of *Jirakadya Churna Pratisaran*, twice in a Day (Morning & Evening) for 21 Days, after *Raktavistravan* in *Dantaveshtak*.

#### Alternate Hypothesis (HA)

*Jirakadya Churna Pratisaran*, twice in a Day (Morning & Evening) for 21 Days, after *Raktavistravan* is significantly effective in *Dantaveshtak*.

**DISEASE REVIEW (AYURVEDIC)****DANTAVESH TAK**

While describing the disease, *Sushruta* has told that vitiated *Rakta* gets accumulated in *Dantaveshtak* (gums) and give rise to *Raktamishrita Puyastrava* (Bloody & purulent discharge) from gums & loosening of teeth.<sup>[3]</sup>

**Nidana Panchaka of Dantaveshtak** The General causative factor of *Mukharogas* like *Kaphaprakopak* & *Raktaprakop* can be considered as the causes of “*Dantaveshtak*.”

Similar to *Acharya Sushruta*, *Vagbhata*, *Acharya Madhava*, *Bhavamishra* & *Yogratnakar* have same description of *Dantaveshtak*.

**Dosh Dushti** - According to *Sushruta* –*Kapha and Rakta dushiti*. Similar to *Acharya Sushruta*, *Vagbhata*, *Acharya Madhava*, *Bhavamishra* & *Yogratnakar* have same description of *Dantaveshtak*.

**Dushya** - *Mamsa* and *Rakta*.

**Samprapti of Dantaveshtak**

**Hetu**



*Kapha rakta Dosh Dushti*

*Khavaigunya in Gingival pocket due to bad oral hygiene*



*Doshprasar via Sira*



*Collects in Gingiva*



*Excessive vitiation of Doshas*



*Mamsa & Rakta Dhatu Dushti*

*Raktadushti Mamsa Shotha,*

*Kleda, Chaladanta*

**Dantaveshtak****Rupa**

While describing the disease, *Sushruta* has told that vitiated *Rakta* gets accumulated in *Dantaveshtak* (gums) and give rise to *Raktamishrita Puyastrava* (Bloody & purulent discharge) from gums & loosening of teeth.<sup>[4]</sup>

**Chikitsa**

Different treatment modalities like *Raktavistravan*, *Nasya*, *Pratisaran* & *Gandush* has been described for the management of *Dantaveshtak*.<sup>[5]</sup>

Therefore all the texts of *Ayurveda* emphasize more on local therapy for *Dantaveshtak*.

Among the various *Yoga* described in the therapy of *Dantaveshtak*, the *Pratisaran Yoga* ‘*Jirakadya Churna Pratisaran*’ has been selected for this clinical study to establish their therapeutic effect.

All the ingredients of this *Yoga* are used in combination for *Pratisaran*. The name given is ‘*Jirakadya*’ as the *Shloka* of *Chikitsa* starts with *Jiraka* and rest of the drugs come accordingly. Therefore the *Jirakadya Churna* contains drug *Shweta Jiraka*, *Shalmali*, *Haritaki* and *Saindhava* which are easily available, low cost, afforded by low economic status. The reference of ‘*Jirakadya Churna*’ is seen in *Yogratnakar*.<sup>[6]</sup>

Prior to clinical study a detailed description of the ingredients and the properties of each of the combination and individual drugs are being described here in brief.

Drug	Latin Name	Rasa	Virya	Vipak	Guna	Doshghnata	Karma
<i>Jirak</i> ( <i>ShubhraJirak</i> )	<i>Cuminum cyminum</i>	<i>Tiktakatu Madhur</i>	<i>Ushana</i>	<i>Katu</i>	<i>Laghu Tikshna Snigdha</i>	<i>Pitta Rakta</i>	<i>Vedanasthapn Shothghna</i>
<i>ShalmaliKantak</i>	<i>Bombaxmalabaricum</i>	<i>Madhur</i>	<i>Sheet</i>	<i>Madhur</i>	<i>Laghu Snigdha Pischil</i>	<i>Vat Pitta</i>	<i>Shoth-har</i>
<i>Haritaki</i>	<i>Terminalia chebula</i>	<i>Panchras except lavan, kashayaraspradhan</i>	<i>Ushna</i>	<i>Madhur</i>	<i>Laghu Ruksh</i>	<i>Tridoshaghna</i>	<i>Vedanasthapan Vranshodhan Vranropan</i>
<i>Saindhav</i>	<i>Sodii.chloridum</i>	<i>Lavan</i>	<i>Sheet</i>	<i>Madhur</i>	<i>Snigdha Laghu</i>	<i>Tridoshaghna</i>	<i>Vranshodhan Vranropan</i>

**METHOD REVIEW – RAKTAVISTRAVAN, PRATISARANA****RAKTAVISTRAVAN**

*Raktavistravan* therapy is the blood cleansing and purification therapy. It is a therapeutic cleaning process given by *Ayurveda*. It is one of the essential parts of the *panchkarma* healing treatments. *Raktavistravan* is the prime process of blood detoxification. *Sushruta* explained *Raktavistravan* among *Panchkarma*. It is derived from the two words, „*Rakta*“, which means blood and „*Mokshana*“, which means leave. Thus, *Rakt mokshan* means to let the blood out. The blood is expelled out from the body to reduce the toxic substances in the blood borne disorders. However, this therapy is not generally recommended to the patients. This is because; it involves a certain amount of risk factors in the whole cleansing and detoxification processes.

According to Acharya *Sushruta*, there are various methods used as a line of treatment, some of which are very effective, so simple and safe. *Charak* has mention

### PRATISARAN



The reference of *Pratisaran Chikitsa* is explained in almost all *Samhitas*. *Pratisaran* is a “*Sthanika Chikitsa*” which means – “*Pratisaaryate Gharshayate Aneneti Pratisaranam*”.<sup>[9]</sup> “*Shanair Gharshnam Angulya Taduktam Pratisaranam*”.<sup>[10]</sup>

A gentle massage over on the teeth, tongue or buccal cavity with *Churna*, *Kalka* and *Avaleha* with the finger for a shorter duration is called *Pratisaran*.<sup>[11]</sup>

*Pratisaran Chikitsa* is a local treatment explained in the treatment principles of *Mukha-Roga*. The medicine is taken with index finger and applied at oral cavity.

Here the word “*Gharshana*” is used for rubbing of medicine so that it exerts its action well. But *Acharya Sushruta* has described it as one of the *Upakarma* of *Vrana*.<sup>[12]</sup>

In modern orodentistry, there is vast use of antibiotic oral gels and steroids to treat the condition and to avoid the recurrences of the diseased conditions. Where as in

*Raktavistravan* by *Shruna*, *Jalowka*, *Suchi*, *Alabu* in *Chikitsa Sthan*.<sup>[7]</sup>

*Acharya Charak* has advocated multiple pricking by needle(*Suchi*) and bloodletting as one type of *Raktamokshan*.<sup>[8]</sup>

*Raktavistravan* in *Dantmulgat Roga* works as a preventive therapy and curative therapy as well.

*Sthanik Raktavistravan* is done on First day of treatment. (By multiple pricking with needle Number 24, superficially on gum).

*Shalaky Tantra* with the help of simple drug selection and *Pratisaran* procedure we can attain the similar result.

*Pratisaran* is mainly carried out in *Kapha Pradhana Vyadhi* with expected *Lekhana* effect, here with the help of *Dravya* there will be added effect of *Lekhana*. Hence this study is carried out to understand in depth regarding the procedure and its action.

*Jirakadya Churna Pratisaran*, for 2 minutes, Dose: 5gm (morning and evening) for 21 days.

**Study Setting:** Dental OPD & IPD of *Shalaky Tantra* in our Institute.

- **Study Duration:** Each patient will be given treatment for 21 days. Followed up on 30th day.
- **Study Population:** 60 Patients of both the sexes of the age range 25-55 years irrespective of their religion, education & socio-economic status fulfilling selection criteria were selected from the study.

**CRITERIA FOR SELECTION OF PATIENTS****1) Inclusion Criteria**

- Patients having classical sign & symptoms of *Dantaveshtak* (periodontitis) as per *Ayurvedic* & Modern texts.
- Patients willing for clinical trials.
- Age – 25-55 years.
- Presence of local irritant factor like dental plaque and calculus.

**2) Exclusion Criteria**

- Patient not willing for treatment.
- Rapidly progressive periodontitis, acute necrotizing ulcerative gingivitis.
- Periodontitis due to factors other than dental plaque & calculus.
- Advanced case of periodontitis.
- Periodontal pocket depth > 6mm.
- Tooth mobility of III grade.
- Uncontrolled Diabetes mellitus/ HTN/ skin disease.

**3) Withdrawal Criteria**

- Patient can be withdrawn from the trial if –
1. Occurrence of serious adverse event.
  2. The protocol has been violated or a patient has become un-co-operative.
  3. The patient is not willing to continue the trial or to follow the assessment schedule.

**ASSESSMENT CRITERIA****SUBJECTIVE CRITERIA****1) Gingival Bleeding index****Grades**

0. No Bleeding.
1. Bleeding occurs after Brushing/ hard food chewing.
2. Spontaneous Bleeding

**2) Suppuration**

To determine whether pus discharge is present in a periodontal pocket, pressure is applied on marginal gingiva in a rolling motion towards the tooth crown.

**Grades**

0. No Pus discharge.
1. Pus Discharge after pressure squeezing.
2. Pus coming out spontaneously.

**Objective Criteria****1. Tooth Mobility****Grades**

0. Mobility Absent.
1. 0.5 to 1.0 mm Facio-lingual movement.
2. 1 mm to 2 mm Facio-lingual movement.
3. >2 mm Facio-lingual & apical coronal Depressibility.

**3. Probe Test: - To measure pocket depth****Grades**

0. <2 mm
1. 2-4 mm
2. >4 mm

**DEMOGRAPHIC DATA**

Both male and female patients were randomly selected, out of 120 patients, 52 (43.3%) were male patients and 68 (56.7%) were female patients. It was observed that female patients were more affected than male patients to Periodontitis.

Out of 120 patients 20 patients (16.7%) had Farmer, 45(37.5%) patients had housewife, 18(15%) patients had Students, 9(7.5) Patients had Teacher and 28(23.3%) patients had workers. Means Periodontitis mostly observed in Housewife and Workers.

Out of 120 patients, 72 (60%) patients were from Rural and 48 (40%) patients were from Urban population. Out of 120 patients 2 patients (1.67%) were Dietary habit of Junk food and about 60 patients(50%) were consume sticky foods. Kaphakar aahar is the main cause of *Dantaveshtak*.

Out of 120 patients, 47(39.2%) patients were dant Dhawan by Brush and 67 (55.8%) were danta Dhawan by Finger.

Out of 120 patients in 119 (99.2%) patients were Dant Dhawan Once in a day and only 1 (0.83%) patient was Dant Dhawan twice in a day. Wilcoxon Signed Ranks Test Z test is applied.

**According to % Relief in parameters****Table % Relief in Parameters.**

Sr. No.	Parameters	% Relief
1	Gingival Bleeding	78.69
2	Suppuration	77.97
3	Tooth Mobility	79.55
4	Probing Depth	66.67
5	Average % Relief	75.71

**RESULT**

Effect of the *Jirakadya Churna Pratisaran* after *Raktavistravan* statistically proved to be highly significant on subjective criteria such as Bleeding Gums, Pus in Gums and objective criteria such as Movable teeth.

**CONCLUSION**

1. *Dantaveshtak* can be correlated with Periodontitis.
2. *Dantaveshtak* is found predominantly in middle age group individuals in our study.
3. Improvement observed in clinical assessment after 14 days of treatment in trial group and in control group improvement occurs after 21 days.
4. Clinically and statistically improvement was observed in Bleeding gums, Pus in gums and movable teeth in both groups equally.
5. *Jirakadya Churna* is proved to be in symptoms of *Dantaveshtak* such as Bleeding gums, Pus in gums and movable teeth without any side effects.

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