



## SHEETADA (GINGIVITIS)- A CASE STUDY

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### ABSTRACT

Sheetada is one of the normal problems of Dantmoola which is portrayed by the Raktasrava (Bleeding gum), Durghandha (halitosis), Krushnta (Discolouration of gums), Kledata (Excessive discharge) Mruduta (Softness of gums), Shinnata (gum downturn). It very well may be associated by Gingivitis. Gum disease is a non-disastrous periodontal sickness, when it untreated, it may advance to periodontitis, which is a damaging type of gum disorder. Subsequently Prevention and control of Gingivitis at the earliest is fundamental. A 42 yrs old female Patient visit our OPD, she was experiencing Raktasrava (Bleeding.gum), Durghandha (halitosis), Krushnta (staining of gums), Kledata (Excessive discharge), Mruduta (Softness of gums), Shinnata (Gum downturn). For most recent a half year, She had a background marked by tobacco biting for most recent 2 years. The Patient was treated with Raktamokshan (Bloodletting) with the Pracchan (Scraping) on first day followed by Patoladi Khashya Gandoosha (Gargling) (double a day; in morning and evening) Patoladi chuna pratisarana (Application) (two times day to day) for 7 days. Avipattikar churna 5 gm around evening time for Purgative move and the follow-up is initiated on eighth day, patient got total alleviation from the side effects. As we going through the method of activity of Gandoosha(Gargling) work of the guideline of assimilation and this movement assists with flushing the microorganism and oust the poisons out. It is a Procedure which animates the nerves and taste buds in oral cavity and henceforth upgrades the ingestion of medication.

**KEYWORDS:** Gandoosh, Gingivitis, Pratisaran, Rakta mokshan, Sheetada.

### INTRODUCTION

In Ayurveda clinical science Susrutha Samhitha is a credible text. Acharya susrutha portrayed Sheetada is one of the Danthamoolagatha roga (periodontal illness) out of 15 infections of Danthamool.<sup>[1]</sup> is the beginning phase of periodontal sickness that might advance later on to Danta vesta and Upakusha state if untreated. Inexpensive food culture, unfortunate propensities like smoking, betel biting and ill-advised oral clean estimates prompts vitiation of Kapha and Raktha dosha,<sup>[2]</sup> which added to Sheetada that appeared with Akasmath Raktasrava (Bleeding gum), Krishnata (staining of gums), Prakledata (clamminess), Mrudutha (suppleness), Shotha (gingival expanding), Mukha Daurgandhya (halitosis) as beginning clinical elements. Paka (Suppuration), Danta Mansha Shiryamanata (gum downturn) and Chalata (tooth versatility) might be seen in later stage. When

contrasted and minimal gum disease gathering of garbage, plaque, math at the tooth edge should be visible because of obliviousness of oral consideration along these lines it advances into periodontitis appearing with the side effects of immovability, changed shape of gums, portable teeth, dividing and floating. According to the cutting edge dentistry causative nearby factors of minimal gum disease are microorganisms, math, food impaction, flawed reclamations, mouth breathing, tooth mal position and the fundamental variables as wholesome lack (nutrients, minerals, protein), certain medication sensitivities (phenol, silver nitrate, ibuprofen) and so forth endocrine dysfunctions, adolescence, pregnancy, feminine cycle. Water system Scaling and cleaning, root arranging, gingivoplasty are the treatment choices in administration of minimal gum disease. Henceforth avoidance and control of gum disease at the

earliest is fundamental to accomplish better forecast. In Ayurveda works of art, Astang Hridaya Uttartantra second chap. Acharya Vagbatta has referenced a few treatment modalities for the administration of Sheetada. Pratisarana (scouring), Visravana (phlebotomy), Pralepa (glue), and Kavala (rinsing) have been recommended by old Ayurveda researchers. It is suggested that Gandush (Gargling) (holding fluid in the mouth loaded with limit without development) in the administration of Sheetada.<sup>[3]</sup>

Among these, first day patient had went through for Prachhana karma (Scrapping) in gums. Prachhana (Scrapping) is a method which assists with emptying out the tainted blood out of gums.

Patoladi Kashaya Gandoosha has been chosen to this concentrate as Gandoosha neighborhood application is finished with patoladi churna which restoratively gives Shodhana (purging), Ropana (developing) activities. Patoladi Kashaya Patola, Shunti, Triphala, Vishala, Tikta, Haridra, Daruharidra, Amrita Gandoosha Ayurveda definition is Kapha-Pitta Shamaka (pacifying Pitta and Rakta) and has Shothahara (calming), Krimighna (against microbial) and Rasayana (rejuvenation) properties are probably going to be successful for the administration of Sheetada. In gandoosha, yavkoot of home grown equation bubbled and Luke warm decoction added with 5 ml of honey and was taken in a glass; Patient was encouraged to fill it in mouth and hold it for 3 to 5 min. In Pratisarana technique the patient was encouraged to involve the sedated powder for scouring over the gums. As cleaning of teeth is contra shown in mukha paaka by Acharya Nimi; Selected the Pratisarana as another option. Over two interaction eliminates the food trash and plaque also increment blood flow, upgrade gingival guard instrument, invigorating gingival strands which are the vitally mending elements of the sickness and it fills in as the impression of the body wellbeing by going about as the door of nutritious trench. The three methods are pointed toward breaking the pathogenesis of the illness and working on the soundness of the gingiva and keep a solid periodontium. It assuages the Rakta dosha which the prime vitiating factor in Sheetada coming about by Dosha Shamana. Also, Patient is advised to take Avipattikara churna 2gm at bed time; because of it's Anulomana property.<sup>[4]</sup> In present period, abrupt expansion in the utilization of natural concentrates or plant items as an elective way to deal with cutting edge drugs consequently, this examination was intended to present logically demonstrated Gandoosha equation for the administration of Sheetada.

### **Etiopathogenesis of Gingivitis**

#### **Introduction**

Gum disease is an incendiary state of the gingival tissue, most regularly brought about by bacterial contamination. Not at all like Periodontitis, there is no connection misfortune and hence no relocation of the junctional epithelium. The condition is limited to the delicate tissue

region of the gingival epithelium and connective tissue.<sup>[5]</sup> Among every one of the periodontal infections, gum disease is viewed as the commonest. There are different types of gum disease in view of clinical appearance, term of contamination, seriousness, and etiology. Notwithstanding, the persistent type of gum disease that is brought about by plaque is viewed as the most incessant variation. Clinically, the gingival tissues are described by expanding, redness, delicacy, a sparkling surface, and draining upon delicate examining. Gum disease only sometimes creates unconstrained draining and is usually effortless, accordingly numerous patients don't perceive the infection and neglect to look for attention.<sup>[6]</sup>

#### **Etiology**

Gum disease is brought about by the microbial plaque stores situated in or near the gingival sulcus. The microorganisms all the more firmly connected with the etiology of gum disease incorporate types of Streptococcus, Fusobacterium, Actinomyces, Veillonella, and Treponema. Bacteroides, Capnocytophaga, and Eikenella are likewise possibly connected to the etiology of the illness. There might be other neighborhood or fundamental etiologic elements that increase plaque statement or the weakness of the tissue to the microbial attack.<sup>[7]</sup>

In view of the etiology, gum disease can be arranged into various sorts.

#### **Plaque Induced Gingivitis**

This is the most widely recognized reason for gum disease. Plaque is a dainty film that structures on the tooth surface because of unfortunate oral cleanliness. While possibly not routinely eliminated, it can solidify up and frame analytics. As plaque harbors countless microorganisms, irritation can happen in the gingival tissue.

A few nearby factors can add to the arrangement of plaque, for example, swarming of teeth because of which plaque expulsion becomes troublesome. As skewed teeth frequently require orthodontic rectification, cleaning trouble increments aggregating more plaque. Moreover, a dental prosthesis that doesn't have a satisfactory fit or isn't as expected completed can likewise go about as a nidus for plaque gathering.

In youngsters, tooth ejection is often connected with gum disease as plaque collection will in general expansion in the space where essential teeth are shedding, and super durable teeth are emitting as oral cleanliness might be hard to be kept up with there. This is alluded to as ejection gum disease.

#### **Dietary Gingivitis**

This might happen because of a lack of L-ascorbic acid. It has been tracked down that an advanced way of life with the admission of an expanded measure of refined

starches and an expanded proportion of omega-6 to omega-3 unsaturated fats can advance the provocative process.<sup>[8]</sup> The instrument by which sugars with a high glycemic record advance the fiery cycle is through initiation of NFkB and oxidative stress.<sup>[9,10]</sup>

### Hormonal Gingivitis

During pregnancy, there are changes in chemical levels as well as a more prominent inclination to widening veins. These elements add to an overstated incendiary reaction by the gingival tissues even to a minor amount of plaque gathering. Truth be told, it has been recommended that the degrees of estrogen decide the seriousness of gingival aggravation made against the biofilm at the gingival edge.<sup>[11,12]</sup>

The hormonal changes that happened during pubescence impact how the gingival tissue responds to plaque aggregation causing what is known as adolescence gum disease. It has been observed that in the cytoplasm of the cells of the gingiva, receptors for the two estrogens and testosterone that have a high partiality for these chemicals are available. The receptors for estrogen are explicitly present in the basal and spinous layers of the epithelium. In the connective tissue, such receptors are found in the fibroblasts and endothelial cells of little vessels. In this way, the gingiva is an obvious objective organ for these steroid chemicals bringing about gum disease. It has been seen that during puberty, gum disease shows up prior in young ladies (eleven to thirteen years) than in young men (thirteen to fourteen years).<sup>[13]</sup>

### Drug-Induced Gingivitis

Different medications utilized for foundational conditions can cause gum disease as an aftereffect like phenytoin (utilized for epileptic seizures), calcium channel blockers (utilized for angina, hypertension), anticoagulants, and fibrinolytic specialists, oral prophylactic specialists, protease inhibitors, vitamin A and analogs. The system behind this gingival aggravation is believed to be the capacity of the metabolites of these medications to actuate the expansion of fibroblasts. An unevenness between the blend and the debasement of the extracellular grid prompts the gathering of juvenile proteins in the extracellular network, especially collagen. This, thus, results in gingivitis.<sup>[14]</sup>

Aside from the all around referenced, different gamble and impacting elements can add to the improvement of gum disease. These incorporate smoking and tobacco biting, foundational conditions, hereditary elements (inherited gingival fibromatosis), and neighborhood conditions (dry mouth, swarmed teeth).

### The study of disease transmission

Gum disease is the commonest of periodontal infections. It is more predominant in guys when contrasted with females since it has been observed that females will generally follow better oral consideration systems. It is usually found in kids and grown-ups. Studies have

viewed gum disease as additional common in individuals with low financial status as individuals with high financial status will quite often show a more uplifting outlook towards the upkeep of oral cleanliness. Additionally, they have better admittance to medical services choices. Studies uncover that gum disease is more predominant in pregnant ladies when contrasted with non-pregnant ladies. Besides, more extreme types of gum disease have been all the more frequently seen in pregnant ladies.<sup>[15]</sup>

The most often seen sorts of gum disease are plaque-actuated, hormonal, intense ulcerative necrotizing, drug-incited, or unexpectedly introducing hyperplastic gum disease. Completely, the more dominating type of gum disease is plaque-instigated. As a matter of fact, this type represents definitely a greater number of cases than any remaining variations combined.<sup>[16]</sup>

### Pathophysiology

Periodontal sickness goes through four distinct stages that were first made sense of by Page and Schroeder in 1976.<sup>[17]</sup> Pathophysiologically, gum disease has been partitioned into introductory, early, and laid out stages, and periodontitis has been demonstrated as the high level stage.

### Introductory Lesion

This stage is described by an intense exudative fiery reaction, a raised gingival liquid stream, and the relocation of neutrophils from the vein of the subgingival plexus situated in the gingival connective tissue to the gingival sulcus. A change of the framework of the connective tissue situated close to vessels brings about the aggregation of fibrin nearby. The underlying injury is seen in the span of four days of the commencement of plaque gathering. There is an obliteration of collagen brought about by collagenase and different proteins emitted by the neutrophils. Around 5% to 10% of the connective tissue is involved by the fiery penetrate in this stage.<sup>[16]</sup>

### Early Lesion

The early sore is reliable with deferred touchiness. It typically shows up following multi week from the start of plaque testimony. In this stage, the clinical indications of gum disease, for example, redness and draining from the gingiva begin showing up. The incendiary cells that prevail in this sore are lymphocytes representing 75% of the aggregate, and macrophages. Few plasma cells are additionally seen. Alongside the incendiary penetration that involves 5% to 15% of the connective tissue of the gingival edge, there is loss of collagen in the impacted region that ranges 60% to 70%. Besides, the nearby fibroblasts go through a progression of obsessive changes, and the gingival liquid stream and the quantity of leukocytes moving to the district keep on expanding. Neutrophils and mononuclear cells are likewise expanded in the junctional epithelium. The term of the

early injury has not entirely settled, it can stay for additional time than already expected.<sup>[16]</sup>

### Laid out Lesion

There is expanded collagenolytic action in this stage alongside an ascent in the quantity of macrophages, plasma cells, T and B lymphocytes. Notwithstanding, the transcendent cells are plasma cells and B lymphocytes. In this stage, a little gingival pocket fixed with a pocket epithelium is made. The injury displays a serious level of association. It has been proposed that the seriousness of gum disease connects with a development in the B cells and plasma cells populace, and a decline in the quantity of T cells.

A laid out injury might follow two ways, it can either stay stable for months or years; or progress to a more

horrendous sore, which has all the earmarks of being connected with an adjustment of the microbial greenery or contamination of the gingiva. This stage has demonstrated to be reversible after a successful periodontal treatment that outcomes in an expansion in the quantity of microorganisms related with periodontal wellbeing that straightforwardly corresponds with a decrease in the plasma cells and lymphocytes.<sup>[16]</sup>

### Progressed Lesion

This stage is a change to periodontitis. It is described by connection misfortune that is irreversible. The incendiary changes and the bacterial contamination begins influencing the supporting tissues of the teeth and the encompassing designs like gingival, periodontal tendon, and alveolar bone bringing about their annihilation and may ultimately bring about tooth misfortune.<sup>[18,19]</sup>

### History and Physical

Name of drug	<i>Karma</i>
(Patola	<i>Krimighna Sarvadosha Prashman</i>
Shunti	<i>Kaph vata hara</i>
Guduchi	<i>Tridosahar Dahprashman Rasayan</i>
Tikta	<i>Kapha pitta Hara</i>
Vishaala	<i>Pitta kapha Saamaka</i>
Haritaki	<i>Tridoshar Rasayan Bruhniya</i>
Vibhitaki	<i>Kaphpitta Har Keshya</i>
Amalki	<i>Rasayan Raktapitta har Kandughna</i>
Trayanthi	<i>Kapha vaata Samaka Pitta shodhaka</i>
Haridra	<i>Tridosha Saamaka Pitta Rechaka</i>
Daru haridra	<i>Tridosha Saamaka</i>

Strong gingival tissue looks pink or pigmented in more obscure looking patients, firm, with practically no signs of redness or growing, and with no depleting after delicately breezing through a periodontal assessment along the gingival opening. On periodontal looking at, strong gingiva shows under 3 mm opening and there is no bone disaster on x-beams.

Treatment plan: Patient was treated in Ipd basis  
Drug for Intervention – *Patoladi Kashyaya*  
Form- *kwath*  
Time – two times in a day  
Duration- 7 days  
Follow up 8<sup>th</sup> day

Treatment	1 <sup>st</sup> day	2 <sup>nd</sup> day	3 <sup>rd</sup> day	4 <sup>th</sup> day	5 <sup>th</sup> day	6 <sup>th</sup> day	7 <sup>th</sup> day
Raktmokshan	Done	Nil	Nil	Nil	Nil	Nil	Nil
Pratisaran	Done	Done	Done	Done	Done	Done	Done
Gandoosh	Done	Done	Done	Done	Done	Done	Done

The sign and symptoms were assessed by scoring system, described in table.

Symptoms	Before treatment	After Treatment	On 8 <sup>th</sup> Day
1. Rakta srava	++	Nil	Nil
2. Daurgandya	+++	Nil	Nil
3. Krishnta	+	Nil	Nil
4. Kledta	++	Nil	Nil
5. Mrudta	+	Nil	Nil

### OBSERVATION

It was seen that the patient got total alleviation from Sheetada in 7 days. Patient was encouraged to keep up with appropriate oral cleanliness by cleaning the teeth

appropriately. What's more, encouraged her to stop tobacco biting as it is undesirable.



**CONCLUSION**

The review was intended to assess the adequacy of Patoladi Kwatha Gandoosh in the administration of Sheetada with unique reference to Gingivitis. It is observed that the medication is extremely viable in treating Sheetada. Gandoosh is a Procedure which helps in feeling of salivary organs, keeps up with the oral Ph, Stimulates the taste buds and nerves, improves the temperature in oral hole and keeps up with the strain in oral cavity. It additionally purifies the mouth. This large number of helps in quicker assimilation of medications in oral cavities.<sup>[24]</sup> About the Patoladi Kashaya, the majority of the medications in Patoladi Kashaya having the properties of Anti-fiery enemy of bacterial, hostile to helmenthic and wound recuperating. These properties were useful for diminishing the side effects of the patient.<sup>[25]</sup> All these ends are made subsequent to thinking about the hypothetical and clinical angles.

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