Efficacy of *Kushtadi Choorna Pratisarana* in the Management of *Sheetada* - A Case Study

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**ABSTRACT:**

*Sheetada* is explained elaborately in Ayurveda as a type of *Dantamoolagataroga* (periodontal diseases) In Ayurvedic classics several treatment modalities such as *Pratisarana, Gandoosha* and *Kavala* have been mentioned for the management of *Sheetada*. *Kushtadi choorna* Yoga is one such formulation which is documented in Ayurvedic literature for treating oral cavity disorders like *Raktasrava* (bleeding), *Kandu* (itching) and *Ruja* (pain). Its anti-inflammatory, antioxidative and antimicrobial factors helps to maintain the strength of gingiva. Gingivitis is an inflammatory response of the gingiva without destruction of the supporting tissues. Inflamed gingiva is clinically recognized by the signs of inflammation such as redness of the gingiva, swelling, bleeding and exudation. In the present study, a 26 year old male having the features of *Sheetada* was treated with *Kushtadi choorna* *Pratisarana*. Marked improvement in the signs and symptoms were observed after treatment.

**Keywords:** *Sheetada, Dantamoolagata roga, Gingivitis, Pratisarana, Kushtadi choora*

**INTRODUCTION**

The *Mukha* i.e. Oral cavity, works as reflector of the body health by acting as gateway of the alimentary canal and in that way it is considered to be one of the most important part of the *Urdhwa – jatru.1* In *Sūtra Sthāna, Caraka* and *Suśruta* have given guidelines for daily care of oral cavity under the heading ‘*Dīnacaryā’.2* Negligence of oral care may give rise to different oral diseases. In *Nidāna Sthāna, Suśruta* has described the *Mukharogas* (diseases affecting the oral cavity). *Suśruta* classified the disease of *Mukha*, according to the seven sub sites i.e. *Auṣṭa, Danta,*
Dantamula, Jihwa, Talu, Kantha and Sarvasar. One group of the Mukha Rogas, known as 'Dantamulagata Rogas', is responsible for tooth loss by altering the contour and position of Dantamula. The disease, Sheetada is considered under this group. Sheetada is characterized by spontaneous bleeding without any injury due to vitiated Kapha and Rakta. The symptomatology of Sheetada can be compared with general, marginal and papillary Gingivitis, which may prognoses in periodontitis later stage. Other similar diseases having periodontal pathology in Ayurveda seem to be different stages of periodontal diseases - chronic Gingivitis and chronic periodontitis on the basis of different signs and symptoms. Gingivitis, an inflammation of the marginal gingiva, occurs widely in most populations affecting both children and adults. The high general prevalence of gingivitis is 50% and this may be due to deficient oral health care. It is a state incompatible with good oral health and can progress to more serious conditions like periodontitis. It is caused mainly by accumulation of debris, plaque or calculus on the teeth margin due to indulgence in oral care. Gingivitis is reversible. With successful treatment and good oral hygiene, gingival harmony can be restored. At present, the modern management of Gingivitis is not satisfactory, so prevention and the control of Gingivitis are essential in every case. Pratisarana is a simple procedure were using the finger tips, It cleans oral cavity, teeth, Gums and tongue. It acts as mouth freshener. Helps to stimulates the taste buds and controls over salivation. As this Choorna consists of simple, easily available and cost effective drugs it is adopted in the current study to check for its effectiveness in Sheetada.

MATERIALS AND METHODS

A case of signs and symptoms of Sheetada came to our OPD. Detail history of the patient were taken, examined thoroughly, and given Pratisarana with Kushtadi choorna for 15 days. Assessment was done before end after the course of treatment.

CASE REPORT

A 26 year old male from middle class family came to Shalakya tantra OPD of Sri Sri college of Ayurvedic science and Research hospital with complaints of Bleeding gums, Halitosis and Blackish discoloration of gums since one month and the symptoms aggravated from the past 2 weeks. The complaints get aggravated while taking sweet substances. Patient used regular mouthwash but didn’t get any kind of relief, so the patient came to our hospital for further management

On examination -

Bleeding on probing, Yellowish stains on teeth surface, Gingiva was not firm and Halitosis was also present

History of past illness

Nothing significant.

Treatment history

Patient used mouth washes, but didn’t get any kind of relief

Family History

None of the other family members had similar complaints.

Personal History

Diet – Vegetarian
Appetite – Good
Micturition – 6-7 times a day; Regular
Bowel – Regular
Sleep – Sound
Habits – Nil
Menstrual History – Nil

Assessment criteria

➢ Akasmath rakthasrava
➢ Shotha
➢ Krishnata
➢ Mukhadaurgandhya
➢ Vedana
➢ Dantamamsa mriduta
➢ Dantamamsa prakledata

Table No.1: Assessment of subjective parameters

<table>
<thead>
<tr>
<th>Symptoms seen in the patient on 0th day [Before treatment]</th>
<th>16th day [1st follow up]</th>
<th>23rd day [2nd follow up]</th>
<th>30th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akasmath rakthasrava</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shotha</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Krishnata</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mukhadaurgandhya</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vedana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dantamamsa mriduta</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dantamamsa prakledata</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2

Gingival Index (GI-S) Table 2

Gingival bleeding index (GBI-S) Table 2

Number of bleeding interdental papillae

GBI-S (in %) = ___ X 100

Total amount of inter dental papillae

Assessment was done before treatment, after treatment and on 23rd and 30th day of follow up.

Treatment

Hand scaling done *1day

Kushtadi choorna for pratisarana twice daily* 15 days

Adverse Reaction

No adverse reactions found during the course of treatment.
**Pratisarana Procedure**

Patient was advised to sit in straight posture. *Kushtadi Churna* was taken in two grams quantity. Madhu was taken in two grams quantity to make the *Churna* in paste form. This paste was taken in index finger and applied all over the gingiva. The paste was rubbed all over the gingiva and gently pressure was given for 3 to 4 minutes in clockwise, anticlockwise and round direction.

**RESULT**

Observations seen on 0th day, 16th day, 23rd day and 30th day Table 3

*Pratisarana* was given for 15 days and significant reduction of symptoms was observed after 1 week. Symptoms like inflammation and pain got resolved completely after 15 days of treatment Figure 1 (before treatment)Figure 2 (After treatment)

**DISCUSSION**

*Sheetada* is one among the Dantamoollagata *Roga*, mentioned by Acharyas. Ācārya Śuśruta has described the disease *Sheetada*, characterized by spontaneous bleeding from the gums, foul smell from the mouth, blackish discoloration of gums, softening of gums, increased fluid flow in the gums, destruction of the gingival tissue. It is caused by the vitiation of *Kapha* and Rakta due to *nidāna sevana* like more intake of fibrous foods, improper oral hygiene etc.

*Sheetada* – The symptomatology can be considered as marginal and papillary gingivitis which may progress to periodontitis if not treated at time, the clinical features of diseases are, *Aksamāt Raktastrava* or bleeding gums occurs in 2nd stage (early lesion) of Gingivitis *Kriśnatā* or bluish hue of gingiva occurs in 3rd stage (established lesion) of gingivitis due to local anoxemia. *Daurvedhyā* or halitosis is due to bad oral hygiene in very initial stage of gingivitis. *Dantamāmsa Prakledana* or spongy gums due to increased gingival fluid flow into sulcus in 1st stage of gingivitis. *Dantamāmsa Mriduta* is also due to absence of stipping in gingivitis

*Pratisarana* with *Kushtadi Choorna* was administered for a time period of 15 days. *Kushtadi choorna* has *Tikta* and *Kashaya rasa* with *Ushna veerya* alleviates *Kapha* which is the predominant *dosha* in causing *Sheetada*. *Ruksha guna* of majority of drugs in the *Kushtadi choorna* helps in reducing, *Dantamanssa prakledata* associated with *Sheetada*. *Tikta Kashaya Rasa*, along with *Madhura rasa* and *Sheeta veerya* in few drugs subsides the aggravated *Pitta dosha*, there by bringing *Rakta dhatu* to its *Prakruta* state. *Laghu, Rooksha guna* reduces the *Drava guna* of *Rakta*, hence causes *Rakta Stambhana* In addition, *Tikta, Kashaya rasa* and *Sheeta veerya* along with anti hemorrhagic property of *Lodhra* further aids in this process, thus reduces *Rakta Srava*. Majority of the drugs possess Anti inflammatory action that accounts to lessening the signs and symptoms of inflammation.

*Kushta* is found to have antibacterial action specifically against *Streptococcus mutans* which is one the most common causative organisms of Gingivitis. In *Pratisarana*, the mechanical pressure created by massage over gums removes food debris, plaque and calculus, the causative factors of gingivitis. Further, it clears the sticky biofilms on tooth surface alleviating *Dantamansa Prakledata*. The mechanical action of massage also stimulates gingival epithelial cells which helps in regeneration of gingiva. Moreover, it also retards the inflammation at vascular, cellular and immune level thereby increases the defense mechanism of gingiva.

**CONCLUSION**

*Sheetada* correlated to Gingivitis, is one of the *Dantamoolagata roga* diseases of prevalence rate high among children and adolescence because of age related changes and lack of awareness. Management of this condition is important since it has negative impact on patient’s social life. This case showed significant improvement in most of the parameters according to the assessments done during and after treatment which was retained till the follow ups. Thus concluding, simple treatment modality *Kushtadi choorna pratisarana* proved an efficient way in this study by preventing its progression and managing the features of *Sheetada* effectively.

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**Conflict of interest - None**

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DOI link- https://doi.org/10.47223/IRJAY.2022.51006
Table No.1: Assessment of subjective parameters

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Symptoms</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Akasmath rakthasrava</td>
<td>Absence of bleeding</td>
<td>Slight bleeding</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>2</td>
<td>Shotha</td>
<td>Absence of inflammation</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>3</td>
<td>Krishnata</td>
<td>Normal</td>
<td>Slight discoloration</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>4</td>
<td>Mukhadaurgandhya</td>
<td>Absence of halitosis</td>
<td>Slight odor</td>
<td>Moderate odor</td>
<td>Persistent odor</td>
</tr>
<tr>
<td>5</td>
<td>Vedana</td>
<td>Absence of pain</td>
<td>Occasional pain</td>
<td>Frequent pain</td>
<td>Continuous pain</td>
</tr>
<tr>
<td>6</td>
<td>Dantamamsa mriduta</td>
<td>Absence of spongy gums</td>
<td>Slight</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>7</td>
<td>Dantamamsa prakledata</td>
<td>Normal moist gums</td>
<td>Slight</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
</tbody>
</table>

**Objective Parameters:**

**Gingival Index (GI-S) Table 2**

<table>
<thead>
<tr>
<th>Normal gingiva = 0</th>
<th>Mild inflammation =1</th>
<th>Moderate inflammation= 2</th>
<th>Severe inflammation = 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal gingiva = 0</td>
<td>Mild inflammation =1</td>
<td>Moderate inflammation= 2</td>
<td>Severe inflammation = 3</td>
</tr>
<tr>
<td>Normal gingiva = 0</td>
<td>Mild inflammation =1</td>
<td>Moderate inflammation= 2</td>
<td>Severe inflammation = 3</td>
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<td>Mild inflammation =1</td>
<td>Moderate inflammation= 2</td>
<td>Severe inflammation = 3</td>
</tr>
</tbody>
</table>

RESULT

Table 3 Observations seen on 0th day, 16th day, 23rd day and 30th day

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Symptoms</th>
<th>0th day</th>
<th>16th day</th>
<th>23rd day</th>
<th>30th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Akasmath rakthasrava</td>
<td>3</td>
<td>1</td>
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<td>0</td>
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<td>Shotha</td>
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<td>5</td>
<td>Vedana</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Dantamamsa mridutha</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Dantamamsa prakledata</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Gingival index</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Gingival bleeding index</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Vishnu et al. “Efficacy of Kushtadi Choorna Pratisarana in the Management of Sheetada - A Case Study.”
2022; 5 (10):45-50

Figure 1 (before treatment)

Figure 2 (After treatment)