A case report of Ayurvedic management on Dantavidradhi w.r. to periodontal Abscess

Dhara M. Makwana¹, D.B. Vaghela²

¹Ph.D. (Ayu) Scholar, Department of Shalakya Tantra, Institute of Teaching and Research, Jamnagar, Gujarat, India.
²Head of Department, Professor, Department of Shalakya Tantra, Institute of Teaching and Research, Jamnagar, Gujarat, India.

**ABSTRACT**

**Background:** Acharaya Vagbhatta has described seventy five Mukhroga; among them Dantamoolgat Roga are thirteen. Dantavidradhi (Periodontal Abscess) is one of the Dantamularaga Roga can be correlated with periodontal Abscess. Dantavidradhi (Periodontal Abscess) is Tridoshaja, Sadhya Vyadhi as swelling develops on gums and accomplished with pain, burning sensation, pus discharge and sometimes with blood stains. **Materials and Methods:** A 47 year old normal and oriented female patient attended Shalakya Tantra OPD at ITRA Hospital with complains of swelling on upper jaw gums (gingiva) as chief complain associated with pain during chewing, mild pus discharge since 12 days. She was diagnosed with Dantavidradhi (Periodontal Abscess) and treated by Ayurvedic management as orally Triphala Guggulu, Gandusha and Kavala with Panciharkk Kwaitha, Pratisarana/Lepa of Katuki Churna mixed with Gomutra locally and advised to maintain oral hygiene properly. **Observation and Result:** Considerable reduction of swelling is observed on the upper jaw gums (gingiva) within 8 days. Pain and pus discharge were relieved after 5 days. Complete relief in symptoms were noticed after 10 days. **Conclusion:** Ayurveda line of treatment approach is helpful in the management of Dantavidradhi (Periodontal Abscess).

**Key words:** Dantamoolgat Roga, Dantavidradhi, Periodontal Abscess

**INTRODUCTION**

As per modern science this stream can be correlated with E.N.T., Ophthalmology and Oro-Dentistry.

Acharaya Vagbhatta has described seventy-five Mukhroga, among them Dantamoolgat Roga are thirteen. Dantavidradhi (Periodontal Abscess) is one of the Dantamularaga Roga correlation with periodontal Abscess. Dantavidradhi (Periodontal Abscess) is Tridoshaja, Sadhya Vyadhi as swelling develops on gums and accomplished with pain, burning sensation, pus discharge and sometimes with blood stains. Periodontal Abscess is a localized accumulation of pus within the gingival wall of a periodontal pocket. Periodontal therapy divided in Non-Surgical and surgical Therapy. The treatment of periodontal abscesses includes drainage, mechanical debridement, and mouth rinses, reserving antibiotic with anti-inflammatory therapy.

Nowadays Patients are going to aware about traditional medicines. The main aim of this case study to evaluate the efficacy of non-evasive ayurvedic treatment of periodontal disease.
CASE HISTORY

A 47 year old well-oriented female patient attended Shalakya Tantra OPD at ITRA Hospital. Patient was healthy before 12 days, after that gradually she felt swelling over the upper jaw gums. on after 2-3 days, she felt pain during chewing and burning sensation. Gradually symptoms increase and she had mild pus discharge since 5 days. With the chief complains of Swelling on upper jaw gums (maxillary gingiva) since 12 days. Her associated complains were pain during chewing with mild pus discharge. After the complete examination of oral cavity she was diagnosed with Dantavidradhi (Periodontal Abscess)

MATERIALS AND METHODS

History

Past History: Covid-19 Positive 3 year ago

Systemic diseases: None

Medicinal History: Patient didn’t take any medicines for current condition as she wanted ayurvedic treatment. No any current medication since 1 year.

Surgical History: None

Family History: None

Personal History:

- Aahar/Diet: Non Vegetarian
- Agani/Appetite: Samyak/ Normal
- Nindra/Sleep: sound sleep 6-7 hours
- Mutra/Urine: 5-6 t/D, 0-1 t/N
- Mala/Stool: satisfactory, 1 t/day
- Jihva: Nirama
- Shabda: Prakrut
- Druka: Prakrut
- Akruti: Krish/Avar Prama

Addiction: tea 2-3 t/d

Menstrual cycle: irregular (every 2-3 months), Scanty (1 pad/day, 3 days)

CASE REPORT

Samanya Pariksha / Vitals

- BP: 110/70 mmhg
- Pulse: 76/min
- RR: 20/min
- Temp: 97.2°F

On examination

Intra Oral Examination

Oral hygiene: Fair
Halitosis: present

Labial Mucosa: NAD

Buccal Mucosa: NAD

Tongue: NAD

Palate: NAD

Tooth examination

Saucer shaped abfraction of teeth

Missing teeth present at lower central incisors and right maxillary both premolars

Tooth mobility was absent

Gingiva examination (Figure no. 1)

Generalised Gum Recession

Swelling over gingiva i.r.t. 1st and 2nd incisors 1st quadrant (right upper maxillary)

Suppuration - Present

Pain on percussion,

No bleeding on probing

Figure 1: Before treatment
Laboratory Investigations

Haematological investigations carried out for any other disease.

Result: Within normal limit

Therapeutic Intervention

1. Tab. *Triphala Guggulu* was advised orally 2 BD after meal with warm water
2. *Katuki Churna* for Ptatisarana/Lepa (Locally), 10-15 gms mixed with *Gomutra*
3. *Panchtiktak Kwatha* for *Kaval* and *Gandusha* BD before meal

Patient was also advice to maintain oral hygiene properly and follow the *Pathapathya*.

Pathya:

*Aahar:* Laghu, Ushna, Tikta Katu Aahar Sevana, Mrudag, Shashishali etc.

*Vihara:* Dantadhana, Jihvanirlekhana, Kaval, Gandish etc.

*Apathya:*

*Aahar:* Madhur, Amla Rasasevan, Paya, Dadhi, Matsya Sevana etc.

*Vihara:* Dantadhavanadhesh, Anuchit Kaval and Gandush etc

Follow up: Patient was under observation for next 10 days

**Observation and Results**

Reduction of swelling is observed on the upper jaw gums (gingiva) within 8 days. Pain and pus discharge were relieved after 5 days. Burning sensation and Heaviness subsided within 2 and 3 days respectively. Complete relief in symptoms were noticed after 10 days. (*Figure no. 2*)

**Discussion**

Dosha are involved in *Dantavidradhi* are Tridoshaja with *Rakta* and *Mansa Dhatu* are vitiated. According to *Sadhyasadyata* it is included in *Sadhya Vyadhi*. Aacharya Vagbhatta has described two types of treatment according to *Avastha*.[6]

**Amavastha**

- *Kavala* - A warm decoction of drugs of Katu (pungent), Tikta (bitter) and Kashaya (astringent) properties mixed with Go-Mutra (cow’s urine) is used for *Kavala* (gargling).
- *Lepa* - with above mentioned ingredients.
- *Pratisarana* - Paste of Katuka, Kushtha, Meshashrungi, Yavakshara is applied on swelling.
- For preventing suppuration - *Ruksha* and *Sheeta* drug properties should be used systemically whereas *Sheeta Lепa* is applied externally/locally.

**Pakvavastha**

- *Shastrakarma* - Abscess, if develops, should be incised, and drained followed by cauterization if deeply seated.
- *Gandush* should be performed with decoction of *Triphala*, *Tulsi* and *Nimbi* (Arishta).
- *Nasya* should be performed with *Ghrutamanda* processed with *Yashtimadhu*.

Treatment given in the present study was prescribed according to their reference in the Ayurveda classics in *Astang Sangaha Samhita*. *Triphala Guggulu* has *Haritaki*, *Bibhitaki*, *Aamlaki* and *Guggulu* as the main ingredient of the classical formulation. It is best effective in inflammatory conditions. It has the ability to inhibit cellular accumulation and fluid exudation.
**CONCLUSION**

The entire Ayurvedic treatment selected for this case indicated *Kapha-Pitta Shamaka*, Ant-inflammatory, Antioxidant, and gingiva rehabilitation properties. Where no invasive strategy was utilized and in short period marked improvement was achieved. Thus, we can conclude that Ayurveda *Chikitsa* is helpful in the management of *Dantavidradhi* (Periodontal Abscess).

**REFERENCES**


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