Clinical Research

A comparative study of Dashana Samskara Choorna Pratisarana and Dashana Samskara paste application in the management of Sheetada (Gingivitis)

K. P. P. Periris, Manjusha Rajagopal,1 Nayana Patel1
Senior Lecturer, Department of Shalya-Shalakya, Gampaha Wickramarachchi Ayurveda Institute, University of Kelaniya, Yakalana, Sri Lanka, Associate Professor, Department of Shalakya Tantra, Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurveda University, Jamnagar, Gujarat, India, Professor and Head, Department of Periodontology, Government Dental College and Hospital, Jamnagar, Gujarat, India

Abstract
Sheetada is the early stage of periodontal diseases. This occurs due to negligence of oral hygiene, changing life-style, habits, and addictions. It is Kaptha Rakta Pradhana Vyadhhi. In modern dentistry papillary or marginal gingivitis can be correlated with Sheetada, on the basis of similarities in symptoms, involvement of anatomical structure, etology and prognosis. The epidemiological studies conducted by American Academy of Periodontology shows that gingivitis of varying severities is nearly universal. It is estimated that over 80% of the world’s population suffers from gingivitis. In this clinical study, 106 patients were registered among them 103 completed the treatment and were randomly divided by lottery method into two groups. In Group-A, Dashana Samskara paste local application on gums and in Group-B, Dashana Samskara Choorna Pratisarana on gums was given. After enrollment of the patients in the study cardinal symptoms of Sheetada (gingivitis) such as, Raktaaravita, Krishnota, Prakledata, Mrudula, Mukhadosamgandhi, and also the objective criteria such as oral hygiene index, Gingival Index (GI-S), and Gingival Bleeding Index (GBI-S) were studied before and after the treatment. While considering comparative effect on subjective parameters such as Raktaaravita, Dantamanna Shvaramana, Shotha and Chalata statistically significant results were obtained in Group-A than Group-B. In objective parameters such as, GI-S and GBI-S also showed statistically significant results in Group-A. Observations in follow-up study confirmed that the recurrence rate in the Group-A was significantly lesser than the Group-B.

Key words: Dashana Samskara Choorna, gingivitis, oral hygiene, Pratisarana, Sheetada

Introduction

The Mukha (oral cavity) is considered to be one of the most important parts of the Unihvajjatura (part above the clavicles). Being the gateway of the alimentary canal, it reflects the body health. Acharya Sushruta classified the diseases of Mukha according to the seven subites - Oshtha (lips), Dantamanna (gingiva and tooth supporting structures), Dana (teeth), Jihva (tongue), Tala (palate), Kantha (throat) and Sarasara (oral mucosa).11

Sheetada is a disease described elaborately in Ayurveda as a type of Dantamodagajuraga (periodontal disease). The symptomatology of Sheetada can be considered as general marginal and papillary gingivitis, which may progress into periodontitis if not treated properly. Sheetada occurs due to vitiated Kaptha and Rakta. The clinical features of the disease are Raktaaravita (bleeding gums), Krishnota (discoloration of gums), Prakledata (moistness), Mrudula (sponziness), Shotha (gingival swelling), Mukhadosamgandhi (halitosis) at the initial stage. In a later stage, Taka (suppuration), Dantamanna Shvaramana (gum recession) and Chalata (tooth mobility) may be seen. For the management of this disease systematic therapy such as Vayu (inflation), and local therapies such as Raktaaravita (blood letting), Pratisarana (local application), Gandrasoka (mouthwash), Karala (gargle), and Pratepatu (paste) are advocated.

Gingivitis is a similar entity in modern dentistry and it was recognized as a clinical disorder in the mid-19th century. Gingivitis is non-destructive periodontal disease. If left untreated, it may progress to periodontitis, which is a destructive form.
Periodontal disease is widely regarded as the second most common oral disease worldwide after dental decay. In the United States, it is prevalent in 50-50% of the population, but only about 10% have severe forms. Several population-based studies have shown its high prevalence and risk in systemic health. Modern research suggests that systemic health may be affected by oral hygiene more than previously recognized. For example, a recent review discussed possible etiological associations between periodontitis and cardiovascular disease in general and infective endocarditis specifically as well as rheumatoid arthritis, pneumonia, and preterm birth and low birth weight.  

The epidemiological studies conducted by the American Academy of Periodontology show that gingivitis of varying severities is nearly universal and has been estimated that over 80% of the world's population suffers from gingivitis. Among children and adolescents, the incidence rate is 52.03%. In the 3rd National Health and Nutrition Examination Survey, it was found that 50% of adults had gingivitis in at least 3-4 teeth. In Gujarat, the prevalence of gingivitis was found to be 74.45%.  

In the present era, treating periodontal modalities such as scaling and polishing, root planning, and gingival grafting have their own limitations. Moreover, these modalities do not focus on regenerating and improving the health of the gingiva. To overcome these problems, in Ayurvedic classics several treatment modalities such as Pratissarana, Gandushka, and Karavita have been mentioned for the management of Sheethada.  

Among these, Pratissarana has been selected in this study and it is a kind of local application which mainly possesses therapeutic effects such as Shodhana (cleansing) and Ropana (growing). In Pratissarana, Choornam (fine powder) is used to make a paste; the paste is taken on a finger and then massaged on the gums with mechanical pressure exerted in a specific direction. This process removes the food debris and plaque, which are the main causative factors of the disease. Furthermore, Pratissarana helps to increase blood circulation and enhances gingival defense mechanism, giving strength to the gingival fibers to maintain the gingival and the periodontal health.

Repeated advocacy of different Ayurveda advocates an interest in a search for a better remedy for gingivitis from the medicinal heritage of Indian Materia Medica. An Ayurvedic formulation, that is Kapha-Pitta Shamak (pacifying Pitta and Vata) and has Shodhakari (anti-inflammatory), Krimighna (anti-microbial) and Rasayana (rejuvenation) properties is likely to be effective for the management of Sheethada.  

Dashana Sanskruti Yoga formulation is documented in Ayurvedic literature. It is a widely used classical formulation for treating all types of oral cavity disorders. It is predominantly dominant with Katu (astringent) and Tikta Rasa (bitter taste). Laghu (light), Ruksh (rough), and Tikshna (strong) Gunas (properties); Katu Vipaka, Sheeta Verry (cold potency); and Kapha Pitta Shamaka Karma. Further, it’s Shodhakari (anti-inflammatory), Leharana, Shodhakri, Rakshambhakri (stypetic), and Krimighna (anti-microbial) properties would help to remove the gingival pathology. Its Rasayana (immune-promotive) property improves the gingival defense mechanism and helps to regenerate gingival tissues.  

Although the Choornam (powder) form is a classical formulation, it has some defects like short shelf life, greater chances of contamination, and inconvenience of application. Thus, pastes were less likely to use it consistently and be satisfied with its benefits. To overcome these problems, a paste form of the formulation was used. Pastes are widely used for dental disorders because they tend to be the most suitable and convenient formulation. It was in sterile form, and therefore has less likelihood of microbial contamination. It also has a longer shelf life.

After studying the classical references and results of previous research works, this present study was planned to compare the effect of Dashana Sanskruti Yoga clinically in paste and powder forms.

Materials and Methods

Method of Preparation Paste

Nearly 30% hydro-alcoholic extracts of each ingredient of Choornam (except Karporni and Khatika) 25% w/w out of total Choornam was mixed with the base of gum acacia and sorbit 48%. This paste was prepared at the ISO recommended pharmacy of K. P. Nambudiripad Ayurvedic, R and D Laboratory, Vadakkkekad, Thrissur.

In this Dashana Sanskruti paste preparation wet gum technique is used.

Process

- Step 1: Gum base is dispersed thoroughly in water and transferred to the contra rotary mixer and added sorbitol.
- Step 2: Added extracts of 1-8 and chalk powder and mixed thoroughly for 30 min until a homogenous mass is obtained.
- Step 3: Added powdered Karporni and continued mixing for 20 min.

After the paste formed, it was filled in 40 g aluminum tubes and packed under aseptic sterile conditions.

Patient's Selection

Patients attending the Out Patient Dispensary of Department of Shahakya Tantra, with signs and symptoms of Sheethada (gingivitis) were registered irrespective of their sex, religion, occupation, education etc. Total 106 patients were recruited for the study. An elaborative case taking process was specially designed for the purpose of incorporating all aspects of the disease in Ayurvedic and modern parlance. Patient’s information sheet was prepared and Informedconsent was taken from all the registered patients for the trial.

Sampling Technique

A total of 106 registered patients were divided into two groups (Group A: 54 patients, Group B: 52 patients) using the random sampling technique by lottery method to maintain the uniformity in both groups.

Grouping and Posology

- **Group A:** Pratissarana with Dashana Sanskruti paste, 1 g twice a day
- **Group B:** Pratissarana with Dashana Sanskruti Choornam, 1 g twice a day
• Kala: 15 min after meal
• Duration: 1 month
• Follow-up: 2 months after the completion of course of treatment.

Inclusion criteria
Patients having signs and symptoms of Sheetada (gingivitis) described as per the Ayurvedic and modern science of 16 to 60 years age were included. In this study, five subjective parameters as per Ayurvedic features and three objective parameters as per modern parameters were considered as inclusion criteria of all patients.

Exclusion criteria
• Patients having any systemic diseases, i.e., diabetes mellitus, Hypertension, hematological disorders, which causes gingivitis.
• Patients using any other systemic drugs which may alter the results of the study.
• Pregnant women.
• Patients below 16 years and above 60 years.

Investigations
Following investigations were carried out in order to rule out any systemic disease:
• Routine hematological: Hb% Total Count (TC), Differential Count (DC), Bleeding Time (BT), Platelet count and Erythrocyte Sedimentation Rate (ESR)
• Biochemical: Blood sugar (R)
• Urine: Routine and microscopic
• Stool: Routine and microscopic
• Microbiological examination: Gingival crevicular fluid swab culture before and after treatment of 20 patients in each group

Method of Pratisarana
For Pratisarana Karuna all the patients were advised to follow the given instructions, viz.:
• Patients were advised to do Pratisarana for 2 times morning and evening after proper cleaning of mouth
• Doshana Samshara Choorna should be taken in 1 g quantity and mixed with very little amount of Luke warm water and make the Choorna in paste form
• It should be taken on tip of the index finger and applied all over the gingiva smoothly with gentle pressure for 3-5 min in clockwise, round direction. Finally with slight pressure massage toward the gingival margin should be done and drug should remain on gingiva for 20-30 min
• After that proper rinsing was advised with Luke warm water
• Same procedure was instructed for the paste and also application has been adopted by using tip of the finger.

Instructions to the Patient
All the patients were advised to follow the instructions during therapy and in follow-up period:
• Oral hygiene methods and their importance in the reversal of the disease were explained.
• Proper brushing by using soft brush 2 times a day morning and evening after meals by using “Basa” method was advised
• Instructions regarding Ahara and Vikara were given, i.e. fibrous, non-sticky, less sweeten, etc., and proper mastication by using both sides
• Proper mouth rinse after each meal/food item.

Assessment criteria
Subjective criteria

<table>
<thead>
<tr>
<th>Aharana Rakt Svara (bleeding)</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence of bleeding</td>
<td>1</td>
</tr>
<tr>
<td>Slight bleeding on brushing or occasional bleeding</td>
<td>2</td>
</tr>
<tr>
<td>Moderate bleeding on brushing or eating hard articles</td>
<td>3</td>
</tr>
<tr>
<td>Severe bleeding on brushing or even on chewing food</td>
<td>4</td>
</tr>
<tr>
<td>Spontaneous bleeding</td>
<td>5</td>
</tr>
<tr>
<td>Shotha (inflammation)</td>
<td>6</td>
</tr>
<tr>
<td>Absence of inflammation</td>
<td>7</td>
</tr>
<tr>
<td>Mild inflammation, slight change in color in texture of the marginal or papillary gingival unit</td>
<td>8</td>
</tr>
<tr>
<td>Moderate inflammation, glazing redness, edema of the marginal or papillary gingival unit</td>
<td>9</td>
</tr>
<tr>
<td>Severe inflammation, marked redness, edema of the marginal or papillary gingival unit</td>
<td>10</td>
</tr>
<tr>
<td>Shitamanaas Dantamavna (gingival recession)</td>
<td>11</td>
</tr>
<tr>
<td>At CE junction</td>
<td>12</td>
</tr>
<tr>
<td>At cervical 1/3rd</td>
<td>13</td>
</tr>
<tr>
<td>At middle 1/3rd</td>
<td>14</td>
</tr>
<tr>
<td>At apical 1/3rd</td>
<td>15</td>
</tr>
<tr>
<td>Kritinata (discoloration of gums)</td>
<td>16</td>
</tr>
<tr>
<td>Normal (pinkish red)</td>
<td>17</td>
</tr>
<tr>
<td>Slight discoloration of gums, reddish</td>
<td>18</td>
</tr>
<tr>
<td>Moderate discoloration of gums, reddish blue</td>
<td>19</td>
</tr>
<tr>
<td>Severe discoloration of gums, bluish red, or blue</td>
<td>20</td>
</tr>
<tr>
<td>Mukhshurungdhyaj (halitosis)</td>
<td>21</td>
</tr>
<tr>
<td>Absence of bad odor</td>
<td>22</td>
</tr>
<tr>
<td>Slight bad odor which decreases after mouth wash</td>
<td>23</td>
</tr>
<tr>
<td>Moderate bad odor rarely decreases after mouth wash</td>
<td>24</td>
</tr>
<tr>
<td>Persistent bad odor even after repeated mouth wash</td>
<td>25</td>
</tr>
<tr>
<td>Vedana (pain)</td>
<td>26</td>
</tr>
<tr>
<td>Absence of pain</td>
<td>27</td>
</tr>
<tr>
<td>Occasional pain with low intensity-dullache</td>
<td>28</td>
</tr>
<tr>
<td>Frequent pain with moderate intensity-continuous dullache</td>
<td>29</td>
</tr>
<tr>
<td>Continuous pain with severe intensity-which increases during mastication-lancinating pain-radiating type of pain</td>
<td>30</td>
</tr>
<tr>
<td>Dantamavna Mriduta (spongingness)</td>
<td>31</td>
</tr>
<tr>
<td>Absence of sponging</td>
<td>32</td>
</tr>
<tr>
<td>Slight spongy gums</td>
<td>33</td>
</tr>
<tr>
<td>Moderate spongy gums</td>
<td>34</td>
</tr>
<tr>
<td>Severe spongy gums</td>
<td>35</td>
</tr>
<tr>
<td>Dantamavna Prakleodata (moistness)</td>
<td>36</td>
</tr>
<tr>
<td>Absence of moistness</td>
<td>37</td>
</tr>
<tr>
<td>Slight moistness is visible</td>
<td>38</td>
</tr>
<tr>
<td>Moderate moistness is visible</td>
<td>39</td>
</tr>
<tr>
<td>Severe moistness is visible</td>
<td>40</td>
</tr>
<tr>
<td>Pusa (pus discharge)</td>
<td>41</td>
</tr>
<tr>
<td>Absence of pus discharge on examination</td>
<td>42</td>
</tr>
<tr>
<td>Slight pus discharge on digital examination</td>
<td>43</td>
</tr>
<tr>
<td>Moderate pus discharge on digital examination</td>
<td>44</td>
</tr>
<tr>
<td>Severe pus discharge on digital examination</td>
<td>45</td>
</tr>
</tbody>
</table>
Chaladanta (tooth mobility)
Absence of mobility 0
Noticable movement in its socket with in a range of 1 mm 1
Movement of a tooth with in a range of 2 mm 2
Movement of a tooth with more than 3 mm 3

Objective criteria
- Oral Hygiene Index (OHI-S)
- Gingival Index (GI-S)
- Gingival Bleeding Index (GBI-S).

Overall effect of therapy
The total effect of therapy was assessed considering the overall improvement in signs and symptoms.
- Cured: 100% relief in the signs and symptoms and no recurrences during follow-up
- Marked improvement: 76-99% relief in the signs and symptoms
- Moderate improvement: 51-75% relief in the signs and symptoms
- Mild improvement: 26-50% relief in the signs and symptoms
- Unchanged: Up to 25% relief in the signs and symptoms

Statistical analysis
The information gathered on the basis of observations was subjected to statistical analysis. Chi-square test and unpaired Student "t"-test were carried out to observe the comparative effect of therapies on subjective and objective parameters.

Observations and Results
Total 54 patients were registered in Group-A; among them 53 patients were completed the treatment. In Group-B, out of 52 registered patients, 50 patients completed the treatment. In the present study, majority of the patients, i.e., 45.28% were from the age group of 51 to 45 years, 66.04% were females. Maximum, 49.06% of the patients were housewives. Maximum i.e. 61.32% patients were belonged to rural area, 34.91% were educated up to secondary education level. 48.11% patients were having Pitta-Kapha Deka Prakriti, 49.06% were taking Madhuna Rasa dominant diet. Maximum i.e. 54.72% patients were having Maradagu.

Majority of the patients i.e., 50.9% were found to have moderate gingivitis and 40.57% were reported chronicity between 6 to 12 months.

Regarding oral hygienic measures, majority of patients, i.e., 90.57% were using tooth brush and 95.28% were using tooth paste as a cleansing material and 77.56% patients were cleaning their teeth once a day.

Maximum number of patients, i.e. 100% were having Raktasara, Kshirastha, Praklokitra, Mrudasta, and Dantamaya Shiriyanamata. Mukhadaugandhi was presented in 90.57% of patients, Shotha was observed in 98.11%, Vedana in 60.38% and Chipata were reported in 23.58% patients. Before treatment the observations on objective parameters indicate that 42.45% patients had fair oral hygiene. On GI-S shows 50.95% patients with moderate gingivitis and 55.66% patients with moderate gingival bleeding.

Results of microbiological examination
Before starting the treatment, in Group-A, 15 samples were isolated with Escherichia coli bacilli and 5 samples with Streptococci. In Group-B, 13 samples were isolated with E. coli bacilli and 7 samples with Streptococci. After treatment in both the groups, all samples of gingival crevicular fluid were found free of pathogens.

Effect of therapies
Group-A:
In clinical features, 93.4% relief was found in Raktasara, 100% in Kshirastha, 98.3% in Mrudasta, 91.7% in Dantamaya Shiriyanamata, 100% in Praklokitra and Paha, which are statistically highly significant (P < 0.001). In associated symptoms, Mukhadaugandhi was relieved by 73.3%, Shotha by 94.9%, Vedana by 96.3% and Chipata by 91.7%, which are statistically highly significant (P < 0.001) [Figures 1 and 2].

On objective criteria, all objective parameters that is OHI-S, GI-S and GBI-S were improved by 77.3%, 90.6%, and 97% respectively and the results being statistically highly significant (P < 0.001) [Figure 3].

Group-B:
In clinical features, 77.3% relief was found in Raktasara, 98.6% in Kshirastha, 86.7% in Mrudasta, 90.5% and Dantamaya Shiriyanamata 54.4%, which are statistically highly significant (P < 0.001). In associated symptoms, Mukhadaugandhi was relieved by 59.3%, in Paha 96%, in Shotha 68.7% and in Vedana 97.1% relief was obtained, which are statistically highly significant (P < 0.001). Statistically insignificant improvement (P > 0.05) was found in Chipata only [Figures 1 and 2].

On objective criteria, OHI-S was improved by 72.2%, GI-S by 84.7% and GBI-S was improved by 88.2%, which are statistically highly significant at the level of P < 0.001 [Figure 3].

Comparative effect of therapies
Effects of Dashana Samskara paste and Choorula on chief complaints of Sheetala (gingivitis) shows that, statistically significant difference was obtained in four of the chief complaints that is Raktasara, Dantamaya Shiriyanamata, Shotha, and Mukhadaugandhi in Group-A, with comparison to Group-B. Data reveals that Group-A has been shown better effect on these clinical features than Group-B. The comparative effect on objective parameters reveals that Group-A shown statistically significant difference to that of Group-B. In two indices that is GI-S and GBI-S, the results were significant statistically with the P value at less than 0.05 level.

Comparative effect was obtained in GBI-Sand GI-S, which was statistically significant at the level of P < 0.01. However, in OHI-S it was statistically insignificant at the level of P > 0.10.

During the clinical study period, no any adverse effect was observed in any of the groups. This indicates that Dashana Samskara Yaga is safe and non-toxic in both the forms.

Clinical observations of patients after follow-up
After completion of the clinical trial of 1 month, the patients were followed-up for further 2 months in both groups. During this period, some patients have reported the recurrence or
aggravations of the complaints. In Group-A, during follow-up study 19% patients were reported with altered OHI, followed by 2% patients reported with altered GI-S as well as GBI-S. In Group-B, maximum number of patients that is 50% were reported with altered GBI-S during follow-up period followed by altered GI-S in 24% patients and altered OHI-S was found in 46% patients.

**Overall effect of therapy**

In Group – A, 9.43% patients were cured, 79.25% patients had marked improvement and 9.43% patients were moderately improved followed by one patient was observed under mild improvement category. In Group - B, 2% patients were found under cured category, 58% patients in marked improvement, 32% patients in moderate improvement and 8% patients were recorded in mild improvement category. None of the patients in both the groups were found under unchanged category [Figure 4].

**Discussion**

Gingivitis can occur at any age group. The epidemiological studies show that the prevalence rate is high among children and adolescents, because of age related changes and lack of awareness. In this study, majority of patients (42.28%) were reported in the age group of 31-45 years that is the late phase of adolescence. Data clearly implies that above group of patients were under sub-clinical stage during their adolescence age and presented with *Sheetalu* in our OPD in the late adolescence phase.

Global studies show that prevalence of gingivitis is more common among males. However, maximum patients observed in the present study were females. This may be because of general trend of the female patients attending the hospital. As day time male patients may be engaged with their professional duties. Another factor may be females are careless about their oral health because of lack of time and awareness. In this study, among female patients, 57% were under premenopausal stage. It also could be the reason that majority of patients were females because studies also claim that hormonal imbalance have a direct role to play in the pathogenesis of gingivitis.

It was observed in the present clinical study that maximum numbers of patients were belonged to rural area. This finding is supported by several previous research works. They have proved that in general, the prevalence and severity of periodontal disease are slightly higher in rural areas than in urban areas. It may be due to lack of awareness and poor oral hygiene practice. The previous studies show that periodontal disease is inversely related to increasing levels of education.

Maximum that is 8.11% of patients registered in this study, were having *Kapha-Pitta* (*Prakriti* constitution) and all of them presenting with moderate grade of gingivitis. Owing to the involvement of *Kapha Dosha* and *Rakta Dhatu* in *Sheetalu*, *Kapha-Pitta* *Prakriti* is more prone to this disease due to the *Aakrasyasini* *Bhana*. The majority of the patients were having moderate gingivitis, which indicates that maximum patient’s gingival status can be regressed to normal condition with proper management with early diagnosis.

It is a known fact that general condition of *GIT* favors the normal nourishment and health of the body tissues. It was observed that majority of the patients i.e. 54.72% were having *Avara Jaraana Shakti* (low digestive power) and *Mandagni* (low biological fire). These may favor the formation of *Ama* (undigestive food) and initiation of *Sampraapti* (aeiotic pathogenesis) of *Sheetalu*.

Present study shows that majority of patients had chronicity between 6 months and 12 months. It indicates that the disease is chronic in nature. Because of patient’s unawareness of their
evenly dispersing ability on gingival epithelium.

Comparative effect of therapy on clinical features

Although considering comparative effect on clinical features such as Raktastrava, Dantamamsa Shriyamanata, Shotha and Chalata statistically significant results were obtained. This was confirmed that, Group-A Dushana Samskara paste has shown better results in above clinical features than Dushana Samskara Choorna. Though maximum ingredients of both forms of Dushana Samksa-eya have same pharmacodynamic properties such as Katu (pungent), Tikta (bitter), Kashaya (stringent) Rasata (taste), Laghu (light), Raksha (rough), Tikshana (sharp) Guna (properties), Sheeta Veerya, and Kopha Pitta Shamaka in nature predominant with Srotoshidhana, Lebhana, Sthathbhanata (checking), Krimighna and Shothahara actions and also with proven pharmacological actions such as anti-inflammatory, analgesic, styptic, and anti-microbial activities. However, paste has been shown more effect, which may be due to its quick absorption power enhanced by hydro-alcoholic nature with finenesse, more penetrating capacity and equally dispersing ability on gingival epithelium.

Comparative effect of therapy on Indices

On assessing comparative effect objectively on the basis of improvement in all three indices, only GI-S and GBI-S have been shown statistically significant improvement at the level of P < 0.01. It was confirmed that Group-A shows better improvement in GI-S and GBI-S than Group-B. It may be due to quick absorption power, equally dispersing ability on gingival epithelium like qualities in paste and synergistic action of the paste base.

Conclusion

Dushana Samskara Yaga in Choorna and paste form found to be effective in treating the features such as Raktastrava, Mridula, Krishnata, Prakledata, Shotha, Dantamamaa Shriyamanata, and Mokshadurganuliba. Paste formulation showed comparatively better results in the features such as Raktastrava Shotha, Dantamamsa Shriyamanata, and Chalata. During follow-up, the recurrence rate was minimum seen in the patients treated with paste formulation. Both the forms were found to be effective in controlling the oral microbes. Recurrence of Shethada (gingivitis) was minimal among the patients who were treated with the paste form of Dushana Samskara Yaga. Evidence drawn from clinical and follow-up studies have been confirmed that Dushana Samskara paste is more effective and appropriate to control the disease “Sheethada” in comparison to Choorna.

References

2. Ibid, Sushruta Samhita, Nidana Sthana 16/13.
हिंदी सारांश

दशन संस्कार चूर्ण प्रतिसारण एवं दशन संस्कार पेस्ट एलीकेशन का शीताद (जिन्जीवाइटिस) में तुलनात्मक अध्ययन

के. प्रेम, संजय, आदि. नवना पटेल

शीताद, दलवेश के रोगों की शुरु की आस्था है। शीताद मूर्तियों का स्वाभाविक व्यक्ति—ज्यादा से ज्यादा नहीं रहा, जीवन शैली में परिवर्तन, बुली आदिर एवं व्यस्त शास्त्री के अनुसार पेशी-लाल अयोग्य मानसिक जिन्जीवाइटिस के भेदों को भेद, लक्षण एवं संकट के अनुसार शीताद के अनुशंसा रखा जा सकता है। अमेरिका एक सूची आर जिन्जीवाइटिस के द्वारा चिकित्सा एवं जीवन-एकादीय अवस्था में पाया गया कि जिन्जीवाइटिस समस्या रूप से सभी रूपों के लोगों में पाया जाता है और लगभग 95% जनसंख्या इससे प्रभावित रहती है। इस विकसितीय अवस्था में 106 आयुर्विज्ञान का नामांकन किया गया जिसमें 903 आयुर्विज्ञान ने चिकित्सा की और उनके बजाय लोगों की विशेष दूरदर्शन से विशेषता किया गया। वर्ण-‘अ’ में दशन संस्कार पेस्ट को मसूद के पर लगाने के लिए एवं वर्ण-‘ब’ में दशन संस्कार चूर्ण को मसूद पर प्रतिसारण करने के लिए दिया गया। आयुर्विज्ञान में समाजवाद वाले श्रीमती व लक्षण जैसे रूपस्थ, कृपयामूर्ति, सहयोगी, महत्व, न्युनतम का अवधारणा एवं अवधारणा भारतीय जैसे और सर्वाधिक इंडिया, जिन्जीवाइटिस व जिन्जीवाइटिस व शीताद आदि का विभिन्न पूर्ण एवं विभिन्न व्यापार अवधारणा किया गया। आयुर्विज्ञान लक्षण जैसे रूपस्थ, दलमात शीर्षात्मक, शीर्ष-‘ब’ की अपेक्षा वर्ण-‘अ’ में अधिक साधि प्राप्त हुआ। वैद्य संस्कार लक्षण में जैसे जिन्जीवाइटिस एवं जिन्जीवाइटिस शीताद में वर्ण-‘ब’ में अधिक साधि प्राप्त हुआ। साथ में यह भी देखा गया कि रोग की उपचारण वर्ण-‘ब’ की अपेक्षा वर्ण-‘अ’ में बहुत कम रही।