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INTERNATIONAL JOURNAL OF DIAGNOSTICS AND RESEARCH**Observational Single Case Study Of Adhimamsa(Pericoronitis) On
Orthopantomogram (OPG).**Dr. Deepali Amale¹, Dr.S.S.Sapkal ², Dr. A.M. Deshmukh³¹Professor, Guide & H.O.D. of Rognidan Evum Vikruti Vigyan. C.S.M.S.S. Ayurveda Mahavidyalaya and Rugnalaya, Kanchanwadi, Chh. Sambhajinagar.²PG Scholar, Rognidan Evum Vikruti Vigyan. C.S.M.S.S. Ayurveda Mahavidyalaya and Rugnalaya, Kanchanwadi, Chh. Sambhajinagar.³Associate Professor, Rognidan Evum Vikruti Vigyan. C.S.M.S.S. Ayurveda Mahavidyalaya and Rugnalaya, Kanchanwadi, Chh. Sambhajinagar.

Corresponding author: Dr. Deepali Amale

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Abstract

Ayurveda conceptualizes diseases as imbalances within the dosha–dhatu–mala system rather than pathological entities. *Adhimamsa* represents abnormal proliferation of *Mamsa* Dhatu, commonly categorized as *Granthi* or *Arbuda*. Pericoronitis, an inflammation of the soft tissues around a partially erupted mandibular third molar, arises when insufficient space forms a pericoronal flap, predisposing to food impaction and microbial colonization. This study correlates the Ayurvedic understanding of *Adhimamsa* with pericoronitis and employs Orthopantomogram (OPG) to evaluate associated soft tissue and bony changes. Integrating classical knowledge with radiological evidence enhances diagnostic precision and promotes a holistic approach to managing localized oral tissue proliferations.

Keywords- *Adhimamsa*, Pericoronitis, Orthopantomogram.

Introduction :

Ayurveda, the ancient science of life, views diseases not just as pathological entities but as imbalances within the dosha-dhatu-mala system.^[1]

Among the various pathological conditions outlined in classical texts, *Adhimamsa* stands out as a significant condition marked by the excessive growth of *Mamsa Dhatu* (muscular tissue), often categorized as either *Granthi* (benign tumor-like swelling) or *Arbuda* (neoplastic swellings).^[2]

Pericoronitis is an inflammatory condition affecting the soft tissues around the crown of a partially erupted tooth, most frequently the lower third molar (wisdom tooth). This condition typically arises when there is insufficient space for the tooth to fully erupt, resulting in a flap of gum tissue (operculum) that traps food and bacteria.^[3]

Adhimamsa can be associated with Pericoronitis.^[4]

The soft tissue covering a partially erupted tooth is referred to as the pericoronal flap or gingival operculum. Pericoronitis involves inflammation of the soft tissue surrounding the crown of a partially erupted tooth, which includes the gums and the dental follicle.^[5]

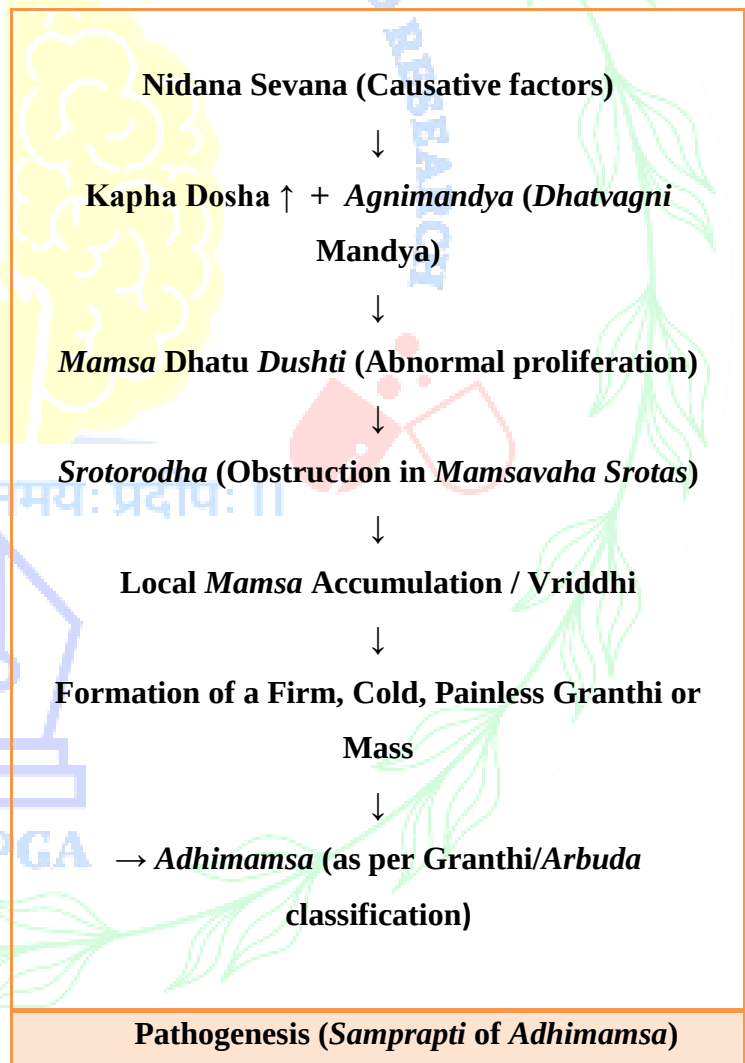
Modern science utilizes *radiodiagnostic* tools such as the Orthopantomogram (OPG) to visualize these tissue abnormalities, particularly in the head and neck area. OPG is a panoramic dental X-ray of the upper and lower jaws, commonly employed to identify bony expansions, cystic lesions, or other pathological tissue growths.^[6] This article aims to connect the conceptual understanding of *Adhimamsa* from Ayurvedic texts with contemporary radiographic evidence through OPG. By reviewing literature and interpreting

radiological images in light of Ayurvedic philosophy, the study aspires to improve diagnostic accuracy and foster a synergistic approach to the pathology of *Adhimamsa*.

Ayurvedic review of *Adhimamsa* :

Ayurveda classifies swellings under^[7,8,9]:

- *Granthi*: Benign, encapsulated swellings.
- *Arbuda*: Malignant, progressive, infiltrative swellings.
- *Adhimamsa*: Often considered a non-malignant but proliferative pathology due to Kapha and *Mamsa Dhatu* vitiation.



Clinical Features of *Adhimamsa*

(*Nidana*, *Lakshana*)

a. *Nidana* (Causative Factors):

- Guru Ahara (heavy foods)
- Kapha *Prakopaka Aahara* and Vihara
- *Agnimandya* (low digestive/metabolic fire)
- *Dhatvagnimandya*
- Local trauma or repeated strain (similar to trigger factors in modern pathology)

b. *Purvarupa* (Premonitory Symptoms):

- Local heaviness
- Mild swelling
- Sensation of dullness or numbness
- Lack of pain in early stages

c. *Rupa* (Clinical Features):

- Localized, firm swelling
- Non-tender or mildly tender
- Well-encapsulated or sometimes infiltrative
- Skin over swelling remains normal
- Minimal functional interference unless compressive

d. *Upashaya-Anupashaya*

- Cold compresses may increase heaviness (Kapha nature)
- Heat and scraping therapies show temporary relief

Modern review of Pericoronitis :

Pericoronitis is defined as an inflammation of the overlying gingiva associated with infection in the soft tissues surrounding a partially erupted tooth.^[10] Mandibular third molars are most commonly affected.^[11] This pathological condition is most prevalent in young adults, although patients of any age group may present with pericoronal inflammation.^[12]

Modern review of Orthopantomogram :

- Orthopantomogram (OPG)-OPG is a diagnostic imaging tool used widely in dentistry and oral surgery. It provides a two-dimensional panoramic view of the upper and lower jaws, temporomandibular joints (TMJ), teeth, and surrounding bones.
- Findings Similar to *Adhimamsa***-Soft tissue masses in gingival, mandibular or maxillary regions, Bony expansions (localized or diffuse), Radiolucent lesions (e.g., cysts), Mixed radiopaque/radiolucent areas (suggestive of abnormal tissue proliferation), Non-painful swellings identified accidentally during routine OPG.

Aim :

To assess the relationship between OPG findings and the Ayurvedic understanding of *Adhimamsa*, aiming to integrate traditional and modern diagnostic perspectives.

Objective :

To study the Ayurvedic concept of *Adhimamsa*.

To study the concept of Pericoronitis.

To evaluate the significance of Orthopantomogram (OPG) in the assessment of *Adhimamsa*.

To correlate radiological indicators of soft tissue pathology on OPG with features of *Adhimamsa* described in Ayurvedic literature.

Material and Methods :

This research is based on review of literature , Ayurvedic books including Sushruta Samhita, Charak Samhita and Madhav Nidan.

Diagnosed patient of *Adhimamsa vyadhi*.



Enrolled patient in study and written informed consent obtained.



Patient was assessed for subjective and objective criteria



Obtained data correlated



Discussion about findings



Conclusion drawn

Study Design

Subjective criteria:-*Adhimamsa vyadhi lakshanas*:

1 . Hanu Paschim *Dantamul Shoth* [Oedema at 3rd Molar Tooth]

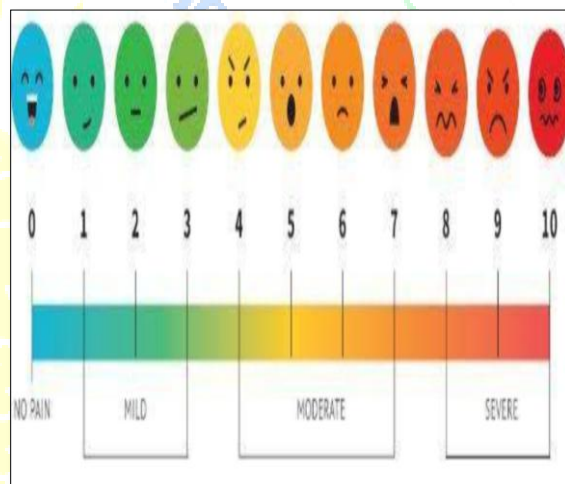
Grade	Hanu Paschim <i>Dantamul Shoth</i> [Oedema At 3 rd Molar Tooth]
1	Barely visible Hanu Paschim <i>Dantamul Shoth</i>
2	Visible Hanu Paschim <i>Dantamul Shoth</i>
3	Hanu Paschim <i>Dantamul Shoth</i> in large area

2 . Hanu Paschim *Dantamul Shool* [Pain at 3rd Molar Tooth]

Grade	Hanu Paschim <i>Dantamul Shool</i> [Pain at 3 rd Molar Tooth]
1	Tolerable pain at <i>Dantamul</i>
2	Pain at <i>Dantamul</i> can be relieved by Analgesic
3	Pain at <i>Dantamul</i> <i>can not</i> be relieved by Analgesic

3 . *Abhyavarhan Samayi Vedana* [Pain during swallowing]

Grade	<i>Abhyavarhan Samayi Vedana</i> [Pain during swallowing]
1	Tolerable pain during swallowing
2	Pain during swallowing can be relieved by Analgesic
3	Pain during swallowing <i>can not</i> be relieved by Analgesic



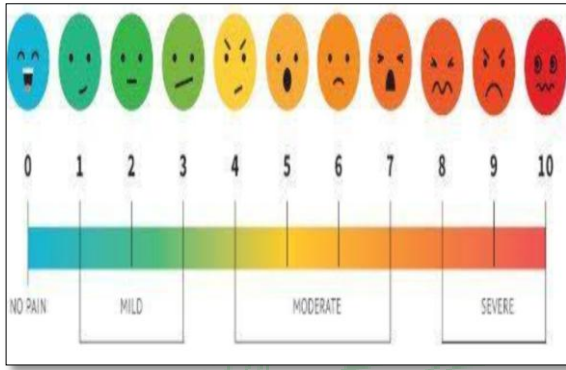
Pain Scale (VAS)

4.*Abhyavarhan Samayi Pratihani* [Difficulty during swallowing]

Grade	<i>Abhyavarhan Samayi Pratihani</i> [Difficulty during swallowing]
1	Difficulty during initial phase of swallowing
2	Difficulty during occasionally swallowing
3	Continues difficulty during swallowing

5 . *Karnamul Ruja* [Earache]

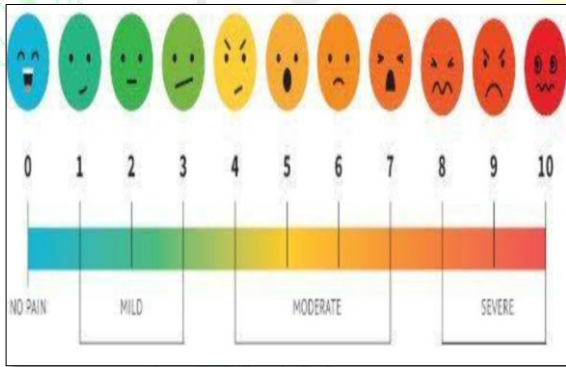
Grade	<i>Karnamul Ruja</i> [Earache]
1	Tolerable Earache on affected side
2	Earache on affected side can be relieved by Analgesic
3	Earache on affected side <i>can not</i> be relieved by Analgesic



Pain Scale (VAS)

6.Hanu Ruja [Pain at Temporomandibular Joint]

Grade	Hanu Ruja [Pain at Temporomandibular Joint]
1	Tolerable pain at Temporomandibular Joint
2	Pain at Temporomandibular Joint can be relieved by Analgesic
3	Pain at Temporomandibular Joint <i>can not</i> be relieved by Analgesic



Pain Scale (VAS)

Objective criteria:- OPG :

Grade	Clinical Findings
Grade 1	- Partially Erupted Tooth - No Bone Loss - Soft Tissue/ Gingival Flap

Grade	Clinical Findings
Grade 2	- Tooth Angulated / Partially Impacted - Surrounding Bone Level Slightly Reduced - Radiolucency Around Crown May Be Visible
Grade 3	- Complete Impacted Tooth - Marked Bone Resorption - Radiolucency With Signs Of Infection / Abscess

Correlation of *Adhimamsa* on radiological findings :

Parameter	Ayurvedic Perspective (<i>Adhimamsa</i>)	Modern Radiological (OPG)
Pathology	<i>Mamsa</i> Dhatu <i>Dushti</i> due to Kapha	Benign mass growth.
<i>Samprapti</i>	<i>Agnimandya</i> → <i>Srotorodha</i> → <i>Mamsa vridhi</i>	Slow tissue proliferation, cystic or solid
Location	Predominantly in <i>Mukhapradesha</i> , Gala, Kapha <i>sthana</i>	Oral cavity, mandible, maxilla
Lakshana	Oedema and pain at 3 rd Molar Tooth, Pain during swallowing, Difficulty during swallowing, Earache, Pain at TMJ Joint.	Non-tender, encapsulated swelling
Diagnostic Tools	<i>Sparshana</i> , Nadi Pariksha, <i>Roga</i> Lakshana	OPG

Observation :

Patient Information:-

Name: XYZ

Age: 25 years, Sex: Female

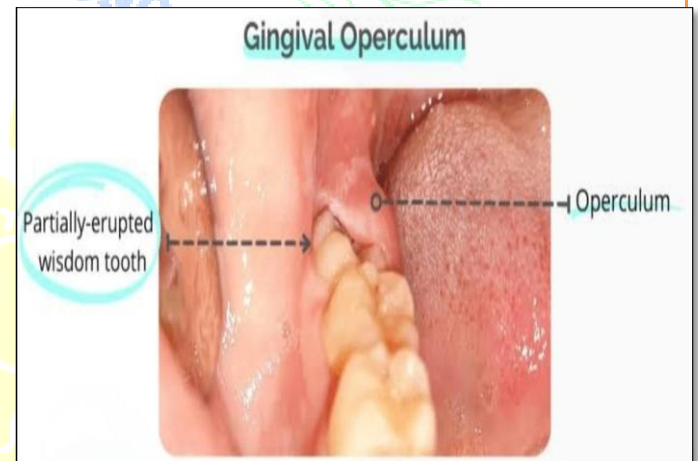
OPD No: 24097, Date: 20-07-20

Subjective Criteria :

Sr. No	Subjective Criteria	Observation In Patient	Grade
1	Hanu Paschim Dantamul Shoth [Oedema At 3rd Molar Tooth]	Visible Hanupaschim Dantamul Shoth	2
2	Hanu Paschim Dantamul Shool [Pain At 3rd Molar Tooth]	Pain At Dantamul Can Be Relieved By Analgesic	2
3	Abhyavarhan Samayi Vedana [Pain During Swallowing]	Pain During Swallowing Can Be Relieved By Analgesic	2
4	Abhyavarhan Samayi Pratihani [Difficulty During Swallowing]	Difficulty During Occasionally Swallowing	2
5	Karnamul Ruja [Earache]	Earache On Affected Side Can Not Be Relieved By Analgesic	3
6	Hanu Ruja [Pain At Temporomandibular Joint]	Pain At Temporomandibular Joint Can Not Be Relieved By Analgesic	3

Objective Criteria :

Sr. No	Observation In Patient	Grade
1	Tooth Angulated / Partially Impacted Surrounding Bone Level Slightly Reduced Radiolucency Around Crown Visible	2



Adhimamsa(Pericoronitis) correlated with OPG Grade 2 findings.

Discussion :

Adhimamsa, though described in ancient Ayurvedic texts, continues to have relevance in modern pathology. Ayurveda perceives diseases through

Doshic and *Dhatu*-based alterations. Radiological science, particularly tools like OPG, gives a clear visual access to such pathologies.

This interdisciplinary evaluation allows several key insights:

- a. Holistic Understanding of *Adhimamsa* Pathology: Ayurveda identifies the root cause through *Doshic* imbalance and tissue dysfunction. Modern imaging identifies the location, size, and extent of pathology. Together, they offer a complete view — internal cause and external manifestation.
- b. Importance of Kapha and *Mamsa Dushti* in *Adhimamsa*:-*Adhimamsa* shows all Kapha-predominant features. Thus, interpreting such lesions as *Adhimamsa* becomes contextually appropriate.
- c. OPG's Role in *Adhimamsa*: Though Ayurveda does not originally include imaging, modern practitioners can adopt OPG as a supportive diagnostic tool to visualize *Adhimamsa*-like conditions. This brings better documentation, prognosis, and cross-referral with modern medicine. On an OPG (Orthopantomogram) radiograph, *Adhimamsa* (pericoronitis), an inflammation of the gum tissue around a partially erupted tooth (usually a wisdom tooth), can reveal several findings. These include the position of the impacted or partially erupted tooth, the presence of bone loss around the tooth, and potentially signs of infection like soft tissue swelling.

Conclusion :

The correlation of *Adhimamsa* - a classical Ayurvedic concept of abnormal tissue growth — with radiological findings seen on OPG images opens a new realm in diagnostic integrative medicine. OPG serves as a modern extension of *Darshana Pariksha*, offering visual confirmation of *Doshic* changes described in Ayurvedic texts.

This approach not only increases clinical clarity for Ayurvedic practitioners but also fosters

interdisciplinary respect and communication. Through conceptual understanding, clinical pattern recognition, and modern radiological validation, *Adhimamsa* can be interpreted, managed, and researched with greater depth and evidence.

The future lies in embracing tools like OPG as supportive, not contradictory, to Ayurvedic thought thereby building a bridge between Shastra and Science.

OPG plays a vital role in the evaluation of *Adhimamsa* (pericoronitis) by revealing the position of the impacted or partially erupted tooth, detecting associated bone loss, and indicating possible signs of infection such as soft tissue swelling. Thus, it serves as an essential diagnostic aid for clinical decision-making.

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