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Raktavisravanottar Nagaraadi Kashaya Gandusha In Sheetada : Case Report

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Abstract

Gingivitis,^[1] locally known as *Sheetada*^[2], represents one of the most common oral health problems worldwide. It is characterized by inflammation of the gingival tissues, manifesting as redness, swelling, bleeding and persistent bad breath. The condition arises primarily from plaque accumulation along the gumline, but its severity is often influenced by systemic factors such as diabetes, hormonal changes, smoking, and nutritional deficiencies. Although gingivitis is reversible with timely intervention, neglecting early signs can lead to progression into periodontitis, resulting in irreversible tissue destruction and tooth loss.

A 54-year-old male patient presented to the outpatient department with complaints of *Akasmata Raktasrava*, *Dantamamsa Sheernata*, *Mruduta*, *Mukhadaurgandhya*, *Krushnata* and *Kledata* to *dantamoola* for the past 1 year. He also had a history of tobacco chewing and smoking for two years. The patient was treated with *Raktavisravana* by *Prachchana Karma* on the first day, followed by *Nagaraadi Kashaya Gandusha* twice daily in the morning and evening.^[3]

After completion of the treatment, the patient showed complete relief from the presenting signs and symptoms. The therapeutic effect of *Gandusha* may be attributed to its cleansing and local antimicrobial action, which helps flush microorganisms and remove accumulated toxins from the oral cavity. The procedure also provides stimulation to the oral mucosa, nerves and taste receptors, thereby potentially enhancing local drug absorption and therapeutic efficacy. This case highlights the potential role of *Raktavisravana*^[4] and *Gandusha*^[5] in the management of *Sheetada* and suggests that Ayurvedic interventions may provide beneficial outcomes in the early management of gingival disorders.

Keywords: Gingivitis, *Sheetada*, *Gandusha*

Introduction :

In Ayurvedic clinical science, *Sushruta Samhita* is regarded as a classical text. *Acharya Sushruta* has described *Sheetada* among the 15 disorders of *Dantamoola* (*Dantamoolagata Rogas*). *Sheetada* may be considered an early-stage periodontal disorder which, if left untreated, may progress to conditions such as *Dantaveshtaka* [6] and *Upakusha* [7].

According to *Ayurveda*, improper dietary habits and unhealthy practices such as smoking, betel-nut chewing, and inadequate oral hygiene may contribute to the vitiation of Kapha Dosha and Rakta Dhatu, thereby contributing to the manifestation of *Sheetada*. Initial clinical features include Akasmat Raktasrava (spontaneous gingival bleeding), Dantamamsa Sheernata (gum recession), Krushnata (gum discolouration), Kledata (excessive moisture), Mruduta (softness of the gums), and Mukhadaurgandhya (halitosis). In advanced stages, features such as Paka (suppuration), Dantamamsa Sheernata (gingival recession) and Danta Chalatra (tooth mobility) may develop.

Gingivitis is an inflammatory condition of the gingival tissues, commonly associated with plaque and calculus accumulation. Local contributing factors include poor oral hygiene, microbial plaque, calculus, food impaction, defective dental restorations, mouth breathing, malpositioned teeth and other plaque-retentive factors. Systemic factors such as nutritional deficiencies, hormonal changes during puberty, pregnancy and menstruation and certain

medications may also influence gingival health. If untreated, persistent gingival inflammation may progress to periodontitis.

Contemporary management of gingival and periodontal diseases includes Maintaining good oral hygiene, such as regular brushing and flossing to remove plaque; professional cleanings to remove tartar and plaque buildup; controlling risk factors like smoking, diabetes, and other modifiable factors; and non-surgical therapy such as scaling, with surgical therapy may be necessary to restore lost tissues. Therefore, early prevention and management of gingival inflammation are essential to maintain periodontal health and improve long-term prognosis.^[8]

Ayurvedic classics describe several therapeutic modalities for managing *Sheetada*. In *Sushruta Samhita*, *Chikitsasthana Adhyaya 22* describes procedures such as *Raktavisravana* (bloodletting), *Gandusha* (Oil pulling), *Pralepa* (application of medicinal paste), and *Nasya* (therapeutic nasal procedure)^[3]. In *Ashtanga Hridaya*, *Uttara Tantra*, *Adhyaya 2*, *Acharya Vagbhata* has described same procedures for disorders of the oral cavity^[9]. *Gandusha* involves retaining a medicinal liquid in the oral cavity for a specified duration without active movement and may be used as a local therapeutic measure.

In the present case, *Prachchhana Karma* was performed, on the gingiva on the first day with the help of 26 ½ No. needle. *Prachchhana* is a form of controlled bloodletting involving superficial scarification of the affected area and is described in

Ayurveda for conditions involving localised vitiation of *Rakta*. It was selected to facilitate the removal of vitiated blood and reduce local inflammatory manifestations. Following *Prachchhana*, *Nagaradi Kashaya Gandusha* was administered as a local therapeutic procedure. The formulation used in the present study comprises *Nagara* ^[10] and *Sarshapa* ^[11]. The formulation may contribute to *Shothahara* (anti-inflammatory), *Krimighna* (antimicrobial), *Koshthakrumihara* (Anti-Helminthic), *Ruchikaraka* (appetite-stimulating), and *Paachaka* (digestive). These properties may benefit conditions involving gingival inflammation and impaired oral hygiene.

For *Gandusha*, the prescribed drugs were prepared in *Bharada Choorna* form and used for preparation of the *Kashaya* ^[12] (decoction). The patient was instructed to retain the lukewarm Decoction in the oral cavity for approximately 3–5 minutes, as prescribed.

Gandusha may help maintain oral hygiene by removing food debris and other local deposits. Their local therapeutic effects may also support the health of gingival tissue. From an Ayurvedic perspective, these procedures are intended to act upon the underlying *Dosha-Dushya Samurchchhana* and help restore the normal state of the gingiva, particularly by addressing the vitiation of *Rakta* and *Kapha* described in the pathogenesis of *Sheetada*. The treatment protocol was designed with the objective of addressing the local manifestations of *Sheetada*, improving gingival health, maintaining oral hygiene, and

preventing progression to more advanced periodontal disease.

Classification ^[13]

As defined by the 2017 World Workshop, periodontal health, gingival diseases or conditions have been categorised into the following:

Gingivitis – dental biofilm-induced

1. Associated with dental biofilm alone
2. Mediated by systemic or local risk factors
3. Drug-influenced gingival enlargement
4. Gingival pigmentation

Etiology ^[1]

Plaque-induced gingivitis is caused by bacterial plaque, which initiates the body's host response. This, in turn, can destroy gingival tissues and may progress to destruction of the periodontal attachment apparatus. Plaque accumulates in the small gaps between teeth, gingival grooves, and areas known as plaque traps that retain and maintain it. Examples of plaque traps include bulky, overhanging restorative margins; clasps of removable partial dentures; and tartar that forms on teeth. Although these accumulations may be tiny, the bacteria in them produce degradative enzymes and toxins that promote an inflammatory response in the gum tissue. This inflammation can cause an enlargement of the gingiva and subsequent formation. Early plaque in health consists of a relatively simple bacterial community dominated by Gram-positive cocci and rods. As plaque matures and gingivitis develops, the communities become increasingly complex with higher proportions of Gram-negative rods like fusiforms, filaments, spirilla and spirochetes.

Later experimental gingivitis studies using culture provided more information about the specific bacterial species present in plaque. Taxa associated with gingivitis included *Fusobacterium nucleatum* subspecies *polymorphum*, *Lachnospiraceae* species, *Lautropia* species HOTA94 and *Prevotella* *oulorum* (a species of *Prevotella* bacterium), whilst *Rothia dentocariosa* was associated with periodontal health.

Further study of these taxa is warranted and may lead to new therapeutic approaches to prevent periodontal disease and improve systemic health.

Risk factors^[1]

Risk factors associated with gingivitis include the following:

- Smoking and tobacco chewing
- Poor oral hygiene
- Systemic diseases like Diabetes, Obesity, Etc.
- Genetic predisposition, such as hereditary gingival fibromatosis
- Xerostomia
- Crowded or malpositioned teeth
- Nutritional deficiencies
- Hormonal alterations
- Overly aggressive oral hygiene, such as brushing with stiff bristles
- Orthodontic braces, etc.

These factors may act either by increasing plaque accumulation or by modifying the host's inflammatory response to the microbial biofilm.

Epidemiology

Gingivitis is one of the most prevalent periodontal conditions and can occur in both children and

adults. Oral hygiene, age, socioeconomic conditions, access to dental care, systemic health, hormonal status, tobacco use, and other environmental and behavioural factors influence its prevalence and severity.

Plaque-induced gingivitis remains the predominant form of gingival inflammation. Hormonal changes during pregnancy and puberty can increase the inflammatory response to plaque, resulting in increased gingival inflammation in susceptible individuals.

It is important to recognise that the prevalence and severity of gingivitis are multifactorial and may vary substantially between populations depending on oral-hygiene practices, healthcare accessibility, dietary habits, tobacco exposure and socioeconomic conditions.

Pathophysiology^[14]

The development of gingival inflammation following dental plaque accumulation has traditionally been described in stages based on the histopathological model proposed by Page and Schroeder. The classical model describes progression through initial, early and established gingival lesions, with the advanced lesion representing progression from gingivitis to periodontitis.

1. Initial Lesion

The initial lesion represents the earliest inflammatory response to microbial plaque accumulation. It is characterised by an acute exudative inflammatory response, increased gingival crevicular fluid flow and migration of neutrophils from the gingival vascular plexus into the gingival sulcus.

Vascular changes occur within the gingival connective tissue, accompanied by accumulation of inflammatory mediators and changes in the surrounding extracellular matrix. Neutrophils release enzymes, including collagenolytic enzymes, which contribute to localised collagen degradation. Histological changes may become evident within several days of plaque accumulation, although the timing and extent vary between individuals.

2. Early Lesion

As plaque accumulates, the initial inflammatory response progresses to an early lesion. Clinically, the gingiva shows recognisable signs of gingivitis, including erythema, oedema, and bleeding on probing.

The inflammatory infiltrate becomes more pronounced, with lymphocytes becoming a major component, along with macrophages and other inflammatory cells. There is progressive alteration and loss of collagen within the affected connective tissue.

Gingival crevicular fluid flow increases, and leukocytes continue to migrate. Inflammatory cells may also accumulate within the junctional epithelium. The extent and duration of the early lesion vary according to the individual's immune response and the persistence of the microbial challenge.

3. Established Lesion

Persistent plaque accumulation and chronic inflammation result in progression to an established

gingival lesion. At this stage, collagenolytic activity increases, and B lymphocytes, plasma cells, T lymphocytes, and macrophages accumulate more.

Plasma cells and B lymphocytes become prominent components of the inflammatory infiltrate.

The junctional epithelium may proliferate and undergo structural changes, forming a gingival pocket or pseudopocket primarily due to gingival enlargement rather than true periodontal attachment loss.

The established lesion may remain relatively stable for prolonged periods or, in susceptible individuals, may progress toward periodontal tissue destruction. The microbial biofilm composition, host immune response, genetic susceptibility, smoking, systemic conditions, and other modifying factors influence this transition.

Importantly, plaque-induced gingivitis is generally reversible with adequate plaque control and appropriate periodontal treatment.

4. Advanced Lesion

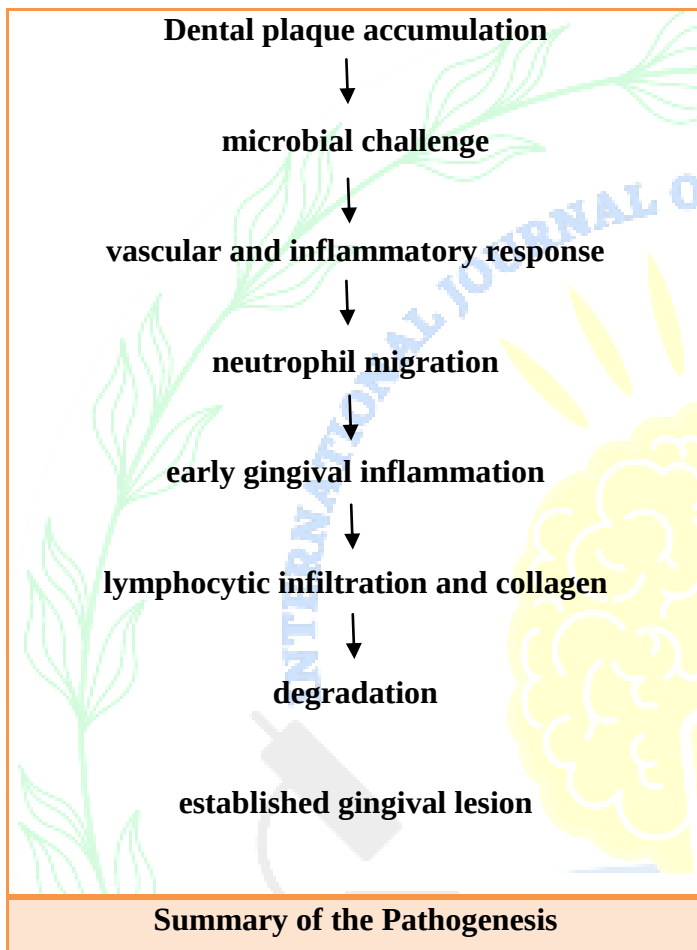
The advanced lesion represents progression from gingivitis to periodontitis. Unlike gingivitis, periodontitis is characterised by irreversible loss of periodontal attachment and destruction of supporting periodontal tissues.

The inflammatory process extends into the deeper periodontal tissues and is associated with destruction of the periodontal ligament and alveolar bone, along with apical migration of the junctional epithelium. These changes may lead to periodontal pocket formation, gingival recession, tooth mobility, pathological tooth migration, and in advanced cases, tooth loss.

Thus, the progression from plaque accumulation to gingivitis and subsequently to periodontitis is influenced by the interaction between the microbial biofilm and host inflammatory response, together

with various local, systemic, behavioural, and environmental modifying factors.

Summary of the Pathogenesis -



History and Physical

A 54-year-old Male patient presented to the outpatient department with complaints of *Akasmataktasrava*, *Sheernata*, *Mukhadaurgandhya*, *Krushnata*, *Kledata* and *Mruduta* to *dantamoola* for the past 1 year.

Patient gives history of bleeding multiple times in a day, odour felt by patient only. On examination, enlarged papillae on the gingival margin; rough, Irregular, Lobulated gingiva; spontaneous bleeding from cracks present on gingiva, Moderate

Discolouration of gums (reddish-blue) is noted. All these signs & Symptoms are present in the past 1 year.

Treatment plan: Patient was treated in OPD basis

Drug for Intervention –

1. *Raktavisravana* with the help of 26 ½ No. needle
2. *Nagaradi Kashaya* – *Gandusha*

Sr . No	Name of drug	Latin name	Dosha-ghnata	Karma
1	Nagara	Zingiber officinale	Vata-Kaphaghna	Ruchikaraka , Paachaka, Shothahara
2	Sarshapa	Brassica campestris	Kapha-Vataghna	Koshtha krumihara

Form- *Kashaya*

Quantity – 40 ml

Time – two times a day

Duration- 14 days

Follow-up on 8th day and on the 15th day

The signs and symptoms were assessed by a scoring system, described in the table.

Symptoms	Before treatment	F/U on 8 th day	F/U on 15 th day
1.Akasmataktasrava	++++	++	NIL
2.Mruduta	++	+	NIL
3.Sheernata	++	+	+
4.Mukhadaurgandhya	++	+	NIL
5.Krushnata	+	+	NIL
6.Kledata	+	+	NIL

Outcome :

The patient showed complete relief from the clinical features of *sheetada* within fourteen days of treatment. Significant improvement was observed in gingival bleeding, halitosis, discolouration, excessive moisture, gingival softness and gingival recession. The patient was advised to maintain proper oral hygiene, including regular, appropriate toothbrushing and routine oral care. He was also strongly advised to discontinue tobacco chewing and smoking as continued tobacco use may adversely affect gingival and periodontal health and may increase the risk of recurrence or progression of periodontal disease. Regular dental follow-up was recommended to maintain the therapeutic benefits and monitor periodontal health.

Discussion :

This review assessed the clinical efficacy of Raktavisravanottar Nagaradi Kashaya Gandusha in managing *Sheetada*, with special reference to gingivitis. Based on clinical observations, the treatment protocol was beneficial in reducing the signs and symptoms of *Sheetada* in this case.

Raktavisravana therapy is the blood cleansing and purification therapy. It involves letting vitiated blood out of the body. It is derived from the two words, *Rakta*, which means blood and *Visravana*, which means leave. Thus, *Raktavisravana* means to let the blood out. The blood is expelled from the body to reduce the toxic substances in blood-borne disorders. However, this therapy is not generally recommended to patients. This is because it involves certain risks during the cleansing and detoxification process.

According to *Acharya Sushruta*, various methods

are used as part of the treatment, some of which are very effective, simple, and safe. *Acharya Charaka* has mentioned *Raktavisravana* by *Shruniga*, *Jalauka*, *Suchi*, and *Alabu* in *Chikitsasthana* ^[15]. *Acharya Charaka* advocates multiple pricking with a needle (*Suchi*) and bloodletting as one type of *Raktavisravana* ^[16]. *Raktavisravana* in *Dantamulgata Roga* serves as both preventive and curative therapy.

Gandusha is an Ayurvedic oral therapeutic procedure in which the medicated liquid is retained in the oral cavity for a specified period. The procedure facilitates local contact between the medicinal preparation and the oral and gingival tissues and may help cleanse the mouth. Retaining the medicated liquid may also stimulate the oral mucosa and salivary glands and may influence sensory receptors within the oral cavity. These local effects may support the therapeutic action of the medicinal preparation.

Nagaradi Kashaya contains drugs with traditionally described properties such as *Shothahara* (anti-inflammatory), *Krimighna* (antimicrobial), *Koshthakrumihara* (Anti-Helminthic), *Ruchikaraka* (appetite-stimulating), and *Paachaka* (digestive) actions. The combined properties of these ingredients may have contributed to the reduction of gingival inflammation, bleeding, halitosis and other clinical manifestations observed in the patient.

The beneficial outcome observed in the present case may therefore be attributed to the local cleansing and therapeutic effects of *Raktavisravana* along with *Gandusha*, together with the pharmacological properties traditionally attributed

to the ingredients of *Nagaradi Kashaya*. However, the findings are based on a single clinical observation and should be interpreted cautiously. Further studies with an adequate sample size, standardised outcome measures, appropriate controls and longer follow-up are required to establish the efficacy and mechanism of *Raktavisravanottar Nagaradi Kashaya Gandusha* in *Sheetada* or plaque-induced gingivitis.

Conclusion :

Thus, the present case suggests that *Raktavisravanottar Nagaradi Kashaya Gandusha* is a useful Ayurvedic intervention for managing *Sheetada* with clinical features corresponding to gingivitis, particularly when combined with appropriate oral-hygiene practices and avoidance of tobacco use.

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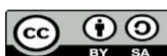
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