

Bhdramustadi Churna A Miracle Herb for Dantachala Tooth Mobility: A Case Series

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Abstract:

Background: *Mukha* is considered as one of the *Nava Dwaras*. *Danta* is one of the *Sapta-Anga of Mukha* according to *Acharya Bhavprakash*. *Dantchala* is one of *Danta Roga* according to *Acharya Vagbhatta*. *Dantachala* is a prevalent oral health issue affecting individuals globally, often leading to discomfort and impaired oral functions. In contemporary science, Dental mobility treatment is non-surgical and surgical periodontal treatment, splinting and occlusal adjustment. *Acharyas* has mentioned local therapies for its management.

Material and methods: The study was a consecutive case series on four patients of *Dantchala* (~tooth mobility). In whom *Lepana* (~applying paste) with *Bhdramustadi Churna* (5 gm) mixed with *Go-Mutra* for 1 hour twice a day, after that *Gandusha* (~gargles) with *Dashamoola Kwatha* (5 gm) for 21 days was chosen as main treatment modalities. Here selected patients have History of accidental trauma in respected teeth.

Result: Increased keratinization & regeneration of normal gingival tissues and Anti-inflammatory and Antibacterial properties, reduction of local inflammation so restoration of normal tissue occurs.

Conclusion: The study concluded that after given treatment patient got complete relief. No adverse effect of treatment was observed.

Keywords: Ayurveda, *Bhdramustadi Churna*, *Dantchala*, *Dashamoola Kwatha*

Introduction:

Dantarogas (~diseases of teeth) are set of diseases occurring in the teeth. They are part of *Mukhagata Rogas* (~diseases occurring in mouth and its parts).ⁱ According to Ayurveda there are 10 types of diseases occurs in *Danta* (~teeth). *Acharya Vagbhatta* described clinical features of *Dantachala* i.e., *Chaladbhidashan* (~mobility of teeth), *Bhakshanat Adhikavyatha* (~pain during chewing).ⁱⁱ Dental or tooth mobility is the medical term for loose teeth. It can be defined as “the degree of looseness of a tooth” Within their sockets vertically and horizontally caused by gum diseases and trauma. Treatment of tooth mobility is splinting process, replacing tooth, and correction of occlusal surface. In Ayurveda, treatment described for this condition is *Gandusha* (~medicated decoction pulling in mouth), *Pratisaran/Lepa* (~applying paste), *Kaval* (~gargles), *Nasya* (~putting drops in nostrils), *Snigdha Anna* (~unctuous foods).ⁱⁱⁱ

Case presentations:

Patients' information:(Table 1)

| | Patient 1 | Patient 2 | Patient 3 | Patient 4 |
|------------------------------------|---------------------------|---------------------------|-----------------------------|----------------------------|
| Age | 20 | 30 | 45 | 37 |
| Gender | Male | Male | Female | Male |
| Occupation | Student | Shopkeeper | Traylor | Masonry worker |
| Affected location of teeth | Maxillary central incisor | Mandibular right premolar | Mandibular central incisors | Maxillary central incisors |
| Duration of Trauma to teeth | 10 days | 5 days | 7 days | 7 days |

Case 1: A 20-year-old male patients came with complaints of mobility of teeth and mild pain during chewing which started after a sports trauma. Symptoms appeared 10 days before visited O.P.D. of ITRA, Jamnagar. The patients took painkiller for first of 2 days.

Clinical examination: Teeth mobility - Maxillary central incisor (G-3a) History of trauma - falling during sports activity

Case 2: A 30-year-male patient came with complaints of mobility of teeth which started after hard things chewing. Symptoms appeared 5 days before visited O.P.D. of ITRA, Jamnagar. The patients didn't take any medicines.

Clinical examination: Teeth mobility - Mandibular right premolar (G-2b) History of trauma - Hard substance chewing

Case 3: A 45-year-female patient came with complaints of mobility of teeth which started after tailoring work. Symptoms appeared 7 days before visited O.P.D. of ITRA, Jamnagar. The patients didn't take any medicines.

Clinical examination: Teeth mobility - Mandibular center incisors (G-2b) History of trauma - Thread injury during tailoring work

Case 4: A 37-year-male patient came with complaints of mobility of teeth and mild pain during chewing which started after injury during Masonry work. Symptoms appeared 7 days before visited O.P.D. of ITRA, Jamnagar. The patients took painkiller for first of 4 days.

Clinical examination: Teeth mobility – Maxillary central incisors (G-3a) History of trauma – stones injury during Masonry work

All patients have not any periodontal diseases, periapical infections and bone diseases.

All Patient was taking consultation in allopathic science but they were not willing to do splinting and other interventions, so they opted Ayurveda for further treatment.

Clinical findings: All patient were afebrile. Pulse and Blood pressure were under normal limits. No abnormality was noticed in the functioning of respiratory, circulatory and digestive systems.

Assessment criteria: The effect of treatment was assessed subjectively by clinical observation, on basis of relief in pain during chewing. Objectively, several indices have been put forward to measure the tooth mobility. *Miller's* tooth mobility index, mobility index proposed by *Wasserman et al.* and *Nyman's* tooth mobility index are a few.

The GERT score utilizes a modification of *Nyman's* tooth mobility index.^{iv}(Table 2)

| Grade of mobility | Interpretation |
|-------------------|--|
| Grade 0 | Horizontal mobility of > 0.2 mm |
| Grade 1 | Horizontal mobility ranging from 0.2 to 1 mm |
| Grade 2a | Horizontal mobility ranging from 1 to 2 mm |
| Grade 2b | Horizontal mobility ranging from 1 to 2 mm with vertical mobility or repressibility |
| Grade 3a | Horizontal mobility ranging from 2 to 3 mm |
| Grade 3b | Horizontal mobility ranging from 2to3 mm with vertical mobility or repressibility |
| Grade 4 | Horizontal mobility exceeding 3 mm with or without vertical mobility or repressibility |

Therapeutic intervention:(Table 3)

| Treatment | Name of drugs | Days |
|--------------------|--|---|
| 1. <i>Lepana</i> | <i>Bhdramustadi Churna</i> ^v with <i>Go-Mutra</i> for one hour. | 21 days (Two times a day) |
| 2. <i>Gandusha</i> | <i>Dashamoola Kwatha</i> ^{vi} for 5 minutes. | 21 days after <i>Lepana</i> (Two times a day) |

Pathya (Patient was allow to take):

Ahara-Vihar Katu and *Tikta Rasa Pradhana Ahara, Ghrta, Ushna, Snigdha Ahara Trunadhanya, Yava, Mudga, Kulattha, Mamsarasa, Satavari, Karavellaka, Patola, Khadira, Karpura Jala, Usnodaka, Tambula.*^{vii}

Apathya (Patient was not allow to take):

Ahara-Vihara: Ruksanna, Kathina, Guru, Abhishyandi Ahara, Amla Dravya, Matsya, Masa, Guda, Dadhi, Kshira, Danta Kastha, Snana, Diva Swapna, Adhomukhasayana.^{viii}

Follow-up and outcome: After treatment of 21 days, patient was completely cured. On examination, Teeth mobility decrease to (G-0 To 1), Follow-up of the patient was done at the regular interval of 15 days for 3 months. No recurrences were complained by the patient during the period.

Outcome (Table 4):

| Cases | Before treatment | After treatment |
|--------|------------------|-----------------|
| Case 1 | G-3 | G-1 |
| Case 2 | G-2b | G-0 |
| Case 3 | G-2b | G-0 |
| Case 4 | G-3a | G-1 |

Discussion:



Brihat Panchmoola (Vata-Kapha-Shamak) and *Laghu Panchmoola (Vata-Pitta-Shamaka)* have such qualities that it enters into minutes channels of *Shirah*. All these have *Ushna* properties because of this *Ushna Veerya*. Even in *Kaphavarana*, it will remove the *Avaran* of *Kapha* by its *Ushna Veerya, Tridoshashamak*.

Here, *Bhdramustadi Churna* drugs for *Lepana* with *Go-Mutra* and *Dashmoola Kwatha* drugs for *Gandusha* help in Increased keratinization & regeneration of normal gingival tissues and Anti-inflammatory and Antibacterial properties, reduction of local inflammation so restoration of normal tissue occurs.

Conclusion: The case report demonstrates clinical improvement in *Dantachala* with Ayurvedic management. Treatment used here is effective, easily approachable, simple and economical. It may open a new path to clinicians.

ADR declaration: No any adverse drug reaction was noticed during the treatment and follow up period.

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for clinical information to be reported in the journal. The patient understands that names and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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