WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 21, 902-907. Case Study ISSN 2277–7105

AN AYURVEDA THERAPEUTIC APPROACH TO THE MANAGEMENT OF *SHITADA* (GINGIVITIS): A CASE REPORT

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Article Received on 25 Sept. 2026,
Article Revised on 15 Oct. 2026,
Article Published on 01 Nov. 2026

https://doi.org/10.5281/zenodo.23764679

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How to cite this Article: Dr. Shastri Shreya Samirkumar*[1], Prof. (Dr.) D. B. Vaghela[2]. (2026). An Ayurveda Therapeutic Approach To The Management of Shitada (Gingivitis): A Case Report. World Journal of Pharmaceutical Research, 15(21), 902–907.

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ABSTRACT

Background: *Shitada* is described among the diseases of *Dantamoola* and is characterized by clinical features such as gingival bleeding, altered gingival consistency, halitosis and other inflammatory changes. Its clinical presentation shows considerable correspondence with gingivitis, particularly when bleeding, edema, sponginess and redness of the gingiva are present. **Case presentation**: A 42 years old female Patient presented with bleeding from the gums during brushing, gingival swelling and foul smell from the mouth for 3 months. There was no history of systemic illness, previous surgery, tobacco, alcohol or other addiction. Oral examination revealed average oral hygiene, soft and spongy gingiva with a smooth, glazing-red surface, edema, grade 3 gingival hypertrophy, grade 3 halitosis and positive bleeding on probing. **Intervention**: The patient was advised *Pratisarana* with *Kushtadi Churna* mixed with honey twice daily and *Triphala Churna* 5 g HS with lukewarm water. The patient was reviewed at weekly intervals. **Outcome**: Subjective improvement was approximately 30% on day 7, 70% on day 14 and 95% on day 21. Gingival hypertrophy and halitosis progressively reduced from grade 3 to grade 2, then grade 1, and finally became absent. Bleeding on probing became negative by the third visit. At the fourth visit, the gingiva was clinically healthy, soft and pinkish, with no edema, halitosis or hypertrophy. **Conclusion**: The observed clinical improvement suggests that the selected Ayurveda oral-care regimen may have a beneficial role in the management of a clinical presentation corresponding to *Shitada*/gingivitis.

KEYWORDS: *Shitada*, gingivitis, *Dantamoola*, *Pratisaraṇa*, *Kushtadi Churna*, *Triphala Churna*.

INTRODUCTION

The oral cavity reflects both local and systemic influences on health. Inflammatory disorders of the gingiva are among the common conditions encountered in dental and oral practice. Gingivitis is an inflammatory process limited to epithelial tissues of oral mucosa and characterized by the inflammation of marginal gingiva surrounding the cervical portion of the teeth and the alveolar processes.[1]

Ayurveda describes a number of disorders involving the *Dantamoola* (gingiva). *Shitada* is described as an early disease of the *Dantamoola* and is characterized by features including bleeding from the gums, halitosis, softness or sponginess of the gingiva, discoloration, excessive moisture and gingival recession.[2] The symptom complex observed in contemporary gingivitis, particularly gingival bleeding, redness, edema, altered consistency and halitosis therefore permits a clinical correlation between *Shitada* and gingivitis.

Classical Ayurveda management of *Dantamoolagata* disorders includes local oral procedures such as *Pratisarana* and *Gandusha*.

CASE REPORT

A 42 years old female patient came to *Shalakya* OPD with complaints of bleeding from the gums while brushing, swelling of the gums and foul smell from the mouth from last 3 months.

HISTORY OF PRESENT ILLNESS

The patient was completely asymptomatic until 3 months ago, when she gradually noticed an increase in gingival bleeding during brushing. Over the last 3 months, this complaint was accompanied by a persistent foul smell from the mouth and gingival discomfort. She had been maintaining routine oral hygiene during this period and underwent her last formal dental checkup 1 month ago. Seeking holistic management for her progressive gingival discomfort, she presented to the specialized Ayurveda *Shalakya* facility.

PERSONAL HISTORY

Addiction history	No addiction history
Systemic illness	No known systemic disease

Surgical history	No surgical history
Kshudha (Appetite)	*Madhyama*
Mala (Bowel habit)	1-2 times/day
Mutra (Urination)	5-6 times/day
Nidra (Sleep)	7-8 hours/night, sound sleep

CLINICAL EXAMINATION

On the first visit: oral hygiene was assessed as average. The gingiva was soft and spongy, with a smooth, glazing-red surface and edema. Gingival hypertrophy was graded as grade 3. Halitosis was graded as grade 3. Bleeding on probing was positive.

DIAGNOSTIC ASSESSMENT

Halitosis index (Organoleptic method)[3]

Grade 0: No odor detectable

Grade 1: Malodor hardly detectable

Grade 2: Odor slightly exceeding the threshold of malodor recognition

Grade 3: Most certainly identifiable odor

Grade 4: Strong malodor

Grade 5: Very strong malodor

Gingival index[4]

Grade 1: Absence of inflammation/normal gingiva

Grade 2: Mild inflammation, slight change in color, slight edema, no bleeding on probing

Grade 3: Moderate inflammation, moderate glazing redness, edema and hypertrophy bleeding on probing

Grade 4: Severe inflammation, marked redness, hypertrophy or redness and tendency to spontaneous bleeding.

TREATMENT

- *Kushtadi Churna* - quantity sufficient (QS), mixed with honey, used for *Pratisaraṇa* twice daily.
- *Triphala Churna* - 5 g HS with lukewarm water.

The same treatment was continued throughout the documented treatment period, with assessment at weekly intervals.

Visit	Date	Subjective improvement	Gingival appearance	Hypertrophy	Halitosis	Bleeding On Probing	Treatment
1st	13/07/2026	Baseline	Soft, spongy, smooth, glazing red surface, edematous	Grade 3	Grade 3	Positive	*Kushtadi Churna* + honey *Pratisaraṇa* BD, *Triphala Churna* 5 g HS
2nd	20/07/2026	30%	Similar to baseline, soft, glazing red surface	Grade 2	Grade 2	Negative	Same treatment continued
3rd	27/07/2026	70%	Soft and pinkish	Grade 1	Grade 1	Negative	Same treatment continued, follow up after 7 days
4th	03/08/2026	95%	Normal, soft, pinkish and healthy, no edema	Nil	Nil	Negative	Clinical follow-up

OUTCOME

The initial assessment showed gingival bleeding during brushing, foul smell from the mouth, gingival swelling and discomfort, indicating significant gingival involvement. Following Ayurveda treatment the patient showed marked overall improvement with reduction in gingival bleeding, swelling, foul smell and gingival discomfort. The patient reported improved oral comfort and overall improvement in gingival health. No adverse effects were observed throughout the treatment.

RESULT

Over the 21 days treatment protocol progressive changes were noted in the clinical parameters of gingival health. Gingival colour gradually improved from an inflammed appearance towards a healthier pink shade with improvement in gingival consistency and reduction in swelling. Gingival bleeding on brushing showed a noticeable decline during the treatment period. A reduction in foul odour and gingival discomfort was also observed. No treatment related adverse effects were noted during the 21 days protocol.

DISCUSSION

Shitada is described by the classical *Acharyas* as one of the *Dantamoolagata Rogas*. *Acharya Sushruta* characterizes *Shitada* by features such as spontaneous gingival bleeding, halitosis, blackish discoloration and softening of the gums, excessive fluid discharge, and progressive

destruction of gingival tissue. The condition is attributed to the vitiation of *Kapha* and *Rakta* resulting from etiological factors such as excessive consumption of fibrous foods and improper oral hygiene.

Pratisarana with *Kushtadi Churna*[5] was carried out for a duration of 21 days. The predominance of *Tikta* and *Kashaya Rasa* along with *Ushna Veerya* in *Kushtadi Churna* facilitates the alleviation of *Kapha Dosha* which plays a major role in the pathogenesis of *Shitada*. The predominantly *Ruksha Guna* of its constituent drugs helps to counteract the excessive *Dravatva* and *Prakledata* of *Dantamamsa* observed in *Shitada*. The presence of *Tikta* and *Kashaya Rasa*, along with *Madhura Rasa* and *Sheeta Veerya* in certain drugs contributes to the pacification of aggravated *Pitta* and thereby supports the restoration of *Rakta Dhatu* to its normal state. The *Laghu* and *Ruksha Guna* further help in reducing the *Drava Guna* of *Rakta*, contributing *to Rakta Stambhana*. Additionally, the *Tikta, Kashaya Rasa* and *Sheeta Veerya*, along with the haemostatic property of *Lodhra* aid in controlling gingival bleeding and reducing *Rakta Srava*.

The formulation comprises *Kushta, Daruharidra, Musta, Lodhra, Lajjalu, Patha, Tikta, Chavya* and *Haridra*, which have been described with properties such as *Raktashodhaka, Kapha-Pittahara, Krimighna* and *Vranaropaka* actions. These properties may collectively contribute to the management of local inflammation, bleeding, microbial involvement and impaired gingival tissue integrity associated with *Shitada*. Furthermore, the anti-inflammatory properties reported for several constituents of the formulation may contribute to the reduction of inflammatory signs and symptoms.

Triphala Churna[6] was administered internally at bedtime with lukewarm water as an adjunctive *Rasayana* therapy. *Triphala* is traditionally regarded as a *Tridosha* balancing *Rasayana* and is described as supporting the nourishment and rejuvenation of debilitated tissues. In *Shitada*, where the gingival tissue is affected by *Prakledata*, bleeding and progressive tissue degeneration, its *Rasayana* action may support the maintenance and restoration of healthy *Dantamamsa*. The astringent and tissue supportive properties of *Triphala* may further aid in reducing gingival inflammation and bleeding, thereby complementing the local therapeutic action of *Kushtadi Churna*. Its reported beneficial effects on gingival inflammation and bleeding further support its use as an adjunctive therapy in gingival disorders.

CONCLUSION

Increasing awareness about oral hygiene is important for preventing gingival problems and maintaining good oral health. Ayurveda practices such as proper tooth brushing, *Jihva Nirlekhana*, *Pratisarana* and *Kavala - Gandusha* can be encouraged as a part of daily oral care. The classical management of *Shitada* aims to address the underlying pathology through simple and less invasive measures. In the present case, *Pratisarana* with *Kushtadi Churna,* and internal administration of *Triphala Churna* showed improvement in the clinical features of *Shitada*. The treatment was simple, economical and well tolerated, with no adverse effects observed during or after the treatment.

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