



ROLE OF KHANDPIPPALI AWALEHA ON DANT-HARSH IN A CASE OF AMLAPITTA

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ABSTRACT

Acid Regurgitation is commonly found in GERD which may cause dental enamel erosion. Tooth sensitivity or odontitis in present day scenario with more or less severity in population is found like GERD. This disease has very similar symptoms like *dantaharsha* explained in Ayurveda. During treating a case of *Amlapitta* with *khandapippali avleha* (KPA), remarkable relief in associated illness of *dantaharsha* was observed. Patient was diagnosed with GERD and odontitis on the basis of clinical findings. Ayurvedic diagnostic methods made the diagnosis of *Amlapitta* and *Danharsha*. KPA was given 10 g twice a day after meals with lukewarm water for 60 days. *Anupana* was lukewarm water. Regular follow up of patient after every 15 days was done. Final follow up was done after 2 months of treatment. Patient was followed up for 4 months after completion of treatment to check the reoccurrence of treatment. In follow up period, there was no reoccurrence of symptoms. KPA has successfully managed *Danharsh* in a patient with *Amalpitita*. Larger study can be conducted to understand its effect in better way.

Key words- *Khanda Pippali Avleha, Danta Harsha, Amlapitta, GERD, Odontitis,*

INTRODUCTION

GERD has a common complaint of Regurgitation (when sour or bitter tasting acid backing up into throat or mouth) which may cause erosion of enamel of teeth which may increase the sensitivity of teeth (~periodontitis). Nowadays, periodontitis is considered as the 6th most prevalent condition worldwide with an age-standardized prevalence of about 11%. Periodontitis and associated tooth loss have not only a negative impact on oral health-related quality of life but also on general health (e.g., diabetes, cardiovascular diseases, and adverse pregnancy outcomes.¹ Tooth extraction is the only treatment in contemporary science today.

More than a distinct pathophysiological mechanism, GERD is multifactorial disease representing different ends of a spectrum varying with the severity of reflux. The estimated number of individuals suffering from GERD globally is 1.03 billion. Using the UN 2017 Revision of World Population Prospects, prevalence of GERD in India was 15-19.9%.²

While treating *Amlapitta*, *dantharsha* (~odontitis) was found as associated symptom which was not primary complaint. *Khandapippali avleha*(KPA) was given as treatment in *Amlapitta*³ mentioned by *Yogratnkar* shows significant results in relieving symptom as *Dantaharsha*.

Ayurvedic correlation of disease according to symptomatic similarity is there between *dantaharsha* and odontitis like increased tooth sensitivity for hot or cold or normal touch. Acharya *Madhav* accepted role of *pitta* and *vata*⁴ both while *Sushruta* mentioned only *vata dosha*⁵. Presence of

inflammation of tooth pulp indicates here the acceptance of *pitta* as well.

Ayurveda treatment principle for *dantaharsha* is *kaval* (holding medicine in oral cavity) with *sneha*. Beside that *Snehika Dhoom Nasya*, *Mamsa Rasa Shirovasti* or other *vatahara* treatment principles are described.⁶

A CASE

A 44 years old female patient attending OPD in Uttarakhand, presented with complaints of indigestion, gastric reflux, nauseatic sensation, soreness of teeth along with mild pain, altered mouth taste and headache frequently since 01 years.

Personal history- Appetite was decreased, Bowel habits-altered, Sleep- Disturbed sometime, Urine- burning micturition, thirst- normal.

No relevant family history was present.

Clinical Examination: Puffiness below eyes, blemishes on face.

Oral examination: Teeth were with Ridges and yellowish coloration; Mild swelling of gums was present. Halitosis- not present.

During *Astavidhpariksha*; *Nadi* (~pulse) was *Vatpradhan-pitta*; *Jihva*(~tongue)was *Malavritta*; *Mala*(~stool) was *amayukta*; *Mutra*(urine) was of yellow coloured; *Sparsa- ushna*, *Sabda*(speech), *Drika*(eyesight) were found normal.

Prakriti(~constitution)of patient was *kapha-vattika*, *Vikriti*(~pathogenesis) was *pitta-Kaphaja*, *Sara* was *raktasara* and *Vyayam Shakti* (~exercise capacity) was *madhyam*, *Vaya*: *Yuva*, *Jarana Shakti*(~digestion capacity), *Ahara Shakti-avara*, *Satva*, *Satyama*, *Bala*(strength) were found *Madhyam*, *Agni* (~metabolism) was

manda(~decreased) during *Dashvidha Pariksha*.

Differential diagnosis

Patient was diagnosed with GORD and odontitis on the basis of clinical findings. Ayurvedic diagnostic methods made the diagnosis of *Amlapitta* and *Dantharsha*.

Pharmacological treatment:

Khandpippali awaleha was given 10 g twice a day after meals with lukewarm water for 60 days. *Anupana* was lukewarm water. *Pathya*- Stoppage of, *dahi*, excessive red chilly, spicy food and oily food.

Follow up and Outcomes: Regular follow up of patient after every 15 days was done. Final follow up was done after 2 months of treatment. After 15 days, indigestion, soreness of mouth taste was completely relieved, bowel habit become regular (once and complete evacuation) after 1 month of treatment. Tongue coating removed completely. Discharge from gums and swelling was completely resolved. Sensitivity to hot and cold food items intake was resolved completely. Yellowish coloured teeth were mildly changed toward white colouration. Appetite was good, bowel was regular, sleep was sound. No reflux and nauseatic sensation or indigestion was there. Headache was not there at the end of treatment. Patient was followed up for 4 months after completion of treatment to check the reoccurrence of treatment. In follow up period, there was no reoccurrence of symptoms.

Adherence and tolerability of intervention was assessed by the patient. There was no adverse or unanticipated event during treatment.

TIMELINE: Showing the timeline of patient (Chart1)

DISCUSSION

According to modern science, odontitis is a condition in which enamel of tooth are decayed and pulp is exposed directly in oral cavity leading to its infection and nerve ending, blood supply of tooth became exposed causing sensitivity of teeth. It may extend and cause other symptoms like fever, bad breath, dental abscess, swelling around cheek and swollen lymph node. Maximum symptoms were in present case.

RATIONAL OF PATHOLOGY

Dantaharsha is when teeth become sensitive to touch whether hot, cold or normal(*ma.ni56/25*). As per *Madhav doshas* involved in *dantaharsha* are *vata* and *pitta* while *Acharya Sushrut* mention only *vata dosha*(*su.ni.16/32*). *Acharya Charak* has not mentioned *dantharsha* as *vyadhi* but he explains *harsha* as "*Atma karma*" of *vata dosha* and said whenever exaggerated vitiated *vata* enters in body it produces it's symptom like *harsha*.⁷

Vata has its *guna* like *ruksha*, *sheeta*, *laghu* and *khara*. Here *vata parkopa* by major *guna* like *Ruksha*-due to enamel decay, tooth became *ruksha* and *khara*. *Sheeta*-responsible for sensitivity to cold. *Chala guna* -when odontitis is not treated teeth will have impaired blood and nerve supply which make tooth mobile/loose.

As *asthi*/bones are the main site of *vata dosha*. *Acharya* mentioned symptoms of *asthi kshaya* as *dvij*⁸ and *majja* resides in between *asthi*. So we can consider here *majja kshaya lakshan* also like *sheeryanti ev cha Asthini*.⁹ Here *sheern* may be

compared to enamel decay. *Dvij prapatan* can be compared to tooth mobility and then falling off due to extended odontitis leading to its loosening. As inflammation of pulp of teeth is there, *pitta dosha* must be involved due to symptoms like *daha, raag*¹¹ as it is accepted by *acharya Madhav* also.

RATIONALE OF ACTION OF THE DRUG

Main content of KPA are *sharkara, amlaki, shatavari, pippali, madhu and ghrit*. (Y.R)

Sharkara is main content i.e 1/4 which is *madhur rasa and madhur rasa is asthi-majja vivardhanam, pitta-vishamarutahanam, sandhaankara*¹⁰ which is reversing the pathology like *asthi majja kshaya* as well relieving the symptoms of inflammation and *sandhankara* is to healing it. *Amlaki* is *pittahara* and work for inflammation around teeth. *Pippali* is *yogvahi, tridosahar* work as *deepan, pachan* combating the *manda agni* in *asthi kshaya* condition via helping *poshan* of *dhatu* helping them giving *deepan* effect. *Shatavari* is *vatapittahar* and proved of having anti-ulcer and anti-secretory activity. As the drug is in the form of *awaleha* in which *go-ghrita* is used. *Ghrita*

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has *vatapitta shamak* property and it may leave a coating on nerve ending leading to decrease the sensitivity of teeth.

Keeping in mind the above rationales and facts, it can be summarized that *Sharkara, Gau ghrit, gaudugdh* and *madhu* all are *madhura rasa, sheet veerya and madhur vipaak* hence working for *vatapitta shaman*.

STRENGTH OF THE STUDY

Patient's symptoms were presenting multifactorial pathology; still it was managed withing 02 months. Relief in symptoms was found just after 15 days. Even after completion of treatment, there was not any reoccurrence of symptoms within 4 months (follow up time).

LIMITATIONS OF THE STUDYx

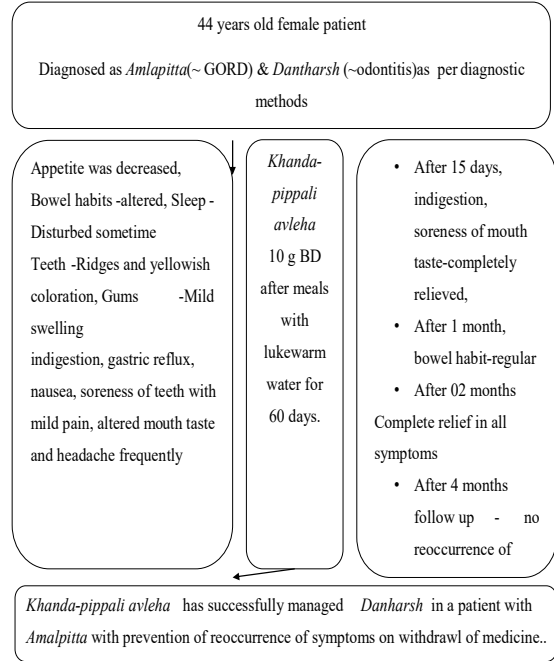
Tools used for diagnosis or assessment of treatment were subjective only.

CONCLUSION

KPA has successfully managed *Danharsh* in a patient with *Amalpitta* with no reoccurrence of symptoms on withdrawal of drug. Larger study can be conducted to understand its effect in better way.

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