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Research Article

Study the Tooth mobility in adults of vata pradhan, pitta pradhan and kapha pradhan prakruti individuals

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ABSTRACT:

Ayurveda is the science of life. According to this system, an individual's Prakruti (basic constitution) to a large extent, determines predisposition and prognosis to diseases as well as therapy and lifestyle regime. Now, Charakacharya describe that, this sandhibandhan of various joint have different capacity, which changes according to prakruti. Now, our aim of this article is to find the status of tooth mobility in different deha prakruti persons.

KEY WORDS: Tooth mobility, Prakruti, Ayurveda

INTRODUCTION:

According to ayurveda dosha, dhatu, mala are three pillars on which whole human life rests. When the equilibrium among these three pillars, then health is maintained properly but when the equilibrium is disturbed then there will be unhealthy conditions in our body. (SU.S.SU.15/3)

Prakruti is a group of characteristics inherited by on individual formed at the time of conception. The dosha which is predominant at the time of conception that type of prakruti is formed. (SU.S.Sha.4/62)

Now, Charakacharya describe that, this sandhi-bandhan of various joint have different capacity, which changes according to prakruti. In kaphaprakruti, this joint holding ligaments are very firm & united. In pitta prakruti,this sandhibandhan is soft & lax5. In vataprakruti, sandhibandhan is very poorly nourished & weak. (C.S.Vi.8/96,97,98). Oral hygiene methods are also mentioned as a part of dincharya whose role is needed to be explained in a proper- way to reduce prevalence and risk factors of the diseases of Danta. Now, our aim of this article is to find the status of tooth mobility in different deha prakruti persons.

NEED FOR STUDY:

Also, in today's competitive world and modern life style anxiety, stress and strain are increasing alarmingly and indirectly influencing the oral hygiene habits. It is fact that if a person does not follow the rules of oral hygiene then he suffers from various disease of mouth. There is no doubt hygiene has an important role in the maintainance of body health which is apparent from the infective focus in teeth causing systemic diseases.

Tooth mobility is a common foot problem for both men and women. It also affects the beauty of teeth. Maintenance of normal health of tooth without any costly treatment just by pathyapathya and knowing facts about it can help patient to avoid such complaints.

AIM:

"Study of tooth mobility in adults of vata pradhan, pitta pradhan and kapha pradhan prakruti individuals"

OBJECTIVE:-

1. 30 Subject of kapha pradhan prakruti, 30 subject of pitta pradhan prakruti& 30 subject of vata pradhan prakruti will be selected for observational study with the help of standard proforma.

2. To assess the tooth mobility with subjective & objective parameters.
3. To establish relation between tooth mobility & prakruti of person.

Review of literatue:

1. All the available ayurvedic literature were reviewed for the concept of prakruti, Danta sharir.
2. All the available modern literature were reviwed for the concept of teeth, physiology and anatomy of teeth, pathology of tooth mobility.

Concept of Prakruti:

Prakruti is unique concept explained by various acharya in Ayurveda. Prakruti is Physical and psychological constitution of the individual is known as deha prakruti. prakruti is formed by the predominance of one, two or all three doshas at the time of union of shukra and shonit in garbhashaya. Acharya charak, sushruta, vagbhatta, sharangdhar, bhela, harita, have described the characteristics of different types of deha prakruti. Acharya charka has explained prakruti according to guna of particular dosha . guna plays important role in constitution of prakruti for example vata dosha has ruksha, chala, laghu. pitta has ushna, drava etc and kapha has snigdha, sthir, pischila etc. guna's. According these guna vata prakruti shows specific features, which can not seen in other prakruti. Various features in prakruti are depending on specific guna there for it is intresting to see how guna can make difference in specific features of prakruti. Here, as attempt to see tooth mobility in different deha prakruti on the basis of guna.

Danta sharir:

Before studying any pathology, study of physiology and anatomy of that part is must. Only acharya kashya explained about danta utppati, danttopatti kala, name of the teeth,dantotpatti prakar, danta sampad, danta asampad in detail sutra sthan.

References regaring dantasharir and dantasandhi sharir were found in bruhatryi and laghutrayi, refenrence of danta dhavan and dental care, poisoning effect on danta, arishta lakshan related to teeth, references related to teeth and panchakrma, stri-prasuti vigyan, balavigyan, sarvavyadhi nidan, chiktsa, were found from bruhtrayi and laghutrayi.

According to acharya charak & acharya vagbhatta dantasandhi shithilya is the one of the eighty nanatmaj vyadhi of vata vikara explained in vyadhi nidan.

Relation Between Prakruti And Dantasandhi Bandhan (teeth joints):

Out of this different characters of the prakruti, charakacharaya have described special character that is about sandhibandhan. Sandhibandhan means joints ligaments which hold particular joint firmly, so that action of the joint should be easy & without disturbance. There are many joints in our body. Out of these, joint of teeth with gums are very important sandhi in our body. This dantasandhi have important role in our day today life. Due to this firm gum joint we can chew food partical easily.

चलत्वातअनवस्थितसन्धि ....।
रूक्षत्व रूक्ष अपचितअल्पशरीरा: ॥ (च.वि.८/९८)

द्रवत्वातशिथिलमृदुसंधिमासा:। च.वि.८/९७)

विज्जलत्वातसुश्लिष्ट सारसंधिबंधन । (च.वि.८/९६)

Charakacharya described in viman sthan that, the sandhibandhan of various joint have different capacity, which changes according to prakruti. In kaphaprakruti, this joint holding ligaments are very firm & united due to vijjala guna of kapha dosha. In pitta prakruti, this sandhibandhan is soft & lax due to drava guna of pitta dosha. In vataprakruti, sandhibandhan is very poorly nourished & weak and mobile due to chala guna of vata.

Review of Modern Literature:

All the available modern literature were reviwed for the concept of teeth, physiology and anatomy of teeth, pathology of tooth mobility. Anatomy and physiology were found in text book of physiology and anatomy of B.D. chaurasia's, tortora, gray's anatomy, guyton & hall. Tooth mobility and periodontal diseases are inter-related with each other as for stable tooth periodontium is responsible. Pathology of tooth mobility were found from periodontal books and internet source.

TOOTH MOBILITY

Tooth mobility is the medical term for loose tooth.

Method to check mobility:

Classification Mobility is graded clinically by applying pressure with the ends of 2 metal instruments (e.g. dental mirrors) and trying to rock a tooth gently in a bucco-lingual direction (towards the tongue and outwards again). Using the fingers is not reliable as

they are too compressible and will not detect small increases in movement.

Gradation to check tooth mobility:

Grace & Smales Mobility Index

Grade 0:No apparent mobility

Grade 1:Perceptible mobility <1mm in buccolingual direction

Grade 2 :1mm< but <2mm

Grade 3:2mm< or depressibility in the socket

Miller Classification

Grade 0: no mibility

Grade 1:< 1 mm(Horizontal)

grade 2:>1 mm(Horizontal)

grade 3:> 1 mm (Horizontal+vertical mobility)

MATERIAL AND METHODS:

A) literary study materials:

I) Brihataryi
1) Charak samhita   – Chakrapani tika.
2) Sushruta samhita – Dalhan tika.
3) Asthang Hridhaya – Hemadri tika.

II) Other ayurvedic texts.

III) Modern medical Books, Research Journals, Internet etc.

B) Clinical study material:

- For detection of prakruti, standard kapha prakruti, pitta prakruti & vata prakruti proforma.
- Standard case paper for dental examination.
- 30 kapha predominant prakruti, 30 pitta predominant prakruti & 30 vata predominant prakruti volunteers.
- Self graded questionnaires for assessment of tooth mobility.
- Written consent of each volunteers.
- According to modern dentistry, for tooth mobility gradation, miller's mobility index chart.
- Instrument:- Tooth mobility valid apparatus- Standard periodontal probe.
- the typical probe is a tapered, rod like instrument calibrated in milimeters with a blunt rounded tip.
- Probe having demarcation line at 1, 2, 3 mm.
- Dental mirror.
- Appropriate software for statistical analysis.

METHODOLOGY:

SAMPLING SIZE :

30 Subject of kapha predominant prakruti.
30 Subject of pitta predominant prakruti.
30 Subject of vata predominant prakruti.

Inclusion criteria:

1. 30 volunteers of kapha prakruti, 30 volunteers of pitta prakruti & 30 volunteers of vata prakruti will be selected.
2. Age group- 20 - 50 year.
3. Gender – Male & Female both

Exclusion criteria:

1. People in which any surgery of teeth has done.
2. Any trauma to teeth.
3. Pathological condition - Scurvy, Tooth Decay, etc. will be excluded.
4. Having history of smoking & alcoholism.
5. People having debilitating chronic illness.
6. People having systemic diseases (uncontrolled diabetes, heart disease etc).

Observed data analysis material:

Observed data was analysed statistically with the help of graph pad instat.

Methods:

Following is the plan which has been followed during the study

1. Prakruti detection - Standard prakruti detection proforma. In ayurvedic text available prakruti determination chart used to identify the prakruti of volunteers.
2. Enrollment in the study - 30 kapha predominant prakruti, 30 pitta predominant prakruti & 30 vata predominant prakruti volunteers are selected.
3. Written consent: written consent of each volunteers was taken in Marathi/English which is given in annexure.
4. They were studied with help of Self graded questionnaires for assessment of tooth mobility. 60% and above 'yes' criteria was considered as volunteer has tooth mobility.
5. Tooth mobility was detected with the help of case paper and tooth mobility index. tooth mobility test carried out as following method:
6. Mobility is graded clinically by applying pressure with the ends of 2 metal instruments (e.g. dental mirrors) and trying to rock a tooth gently in a bucco-lingual direction (towards the tongue and outwards again).it is measured in 'mm' 0-grade having no mobility & above that considerd as mobility of the tooth.

7. Instrument:- Tooth mobility valid apparatus-Standard periodontal probe-

    - the typical probe is a tapered,rod like instrument calibrated in milimeters with a blunt rounded tip.

- Probe having demarcation line at 1, 2, 3mm.
- Dental mirror.

STUDY TYPE: Observational type of study.

Duration of study: 1 Year

STUDY DESIGN:

Standard kapha prakruti, pitta prakruti & vata prakruti proforma will be prepared.

↓

30 Subject of kapha pradhan prakruti, 30 subject of pitta pradhan prakruti & 30 subject of vata pradhan prakruti will be selected for observational study with the help of standard proforma.

↓

In 30 subject of kapha pradhan prakruti, 30 subject of pitta pradhan prakruti & 30 subject of vata pradhan prakruti, tooth mobility will be assessed with the help of self graded questionnaires.

↓

Then tooth mobility will be carried out in these 90 subjects, with the help of valid tooth mobility apparatus & miller's mobility index.

↓

Data will be collected & statistically analyzed.

↓

With the help of statistically analyzed data, relation between prakruti & tooth mobility will be established.

↓

Conclusion will be drawn.

OBSERVATIONS AND RESULTS:

After the study following observations were found:

1) **A. Cross distribution of Tooth mobility and Prakruti:**

Table No. 1: **Cross distribution of Tooth mobility and Prakruti**

Tooth mobility		Yes		No		Total	
Sr. No.	Prakruti	Count	Percent	Count	Percent	Count	Percent
1	Vata pradhan	21	70.00%	9	30.00%	30	**100.00%**
2	Pitta pradhan	11	36.66%	19	63.33%	30	**100.00%**
3	Kapha pradhan	4	13.33%	26	86.66%	30	**100.00%**
	Total	36	100.00%	54	100.00%	90	**100.00%**

- Out of 30 volunteers of vata pradhan prakruti, 21 volunteer (70%) were with tooth mobility while 9 volunteer (30%) were without tooth mobility.
- Out of 30 volunteers of pitta pradhan prakruti, 11 volunteer (37%) were with tooth mobility while 19 volunteer (63%) were without tooth mobility.
- Out of 30 volunteers of kapha pradhan prakruti, 4 volunteer (13%) were with tooth mobility while 26 volunteer (87%) were without tooth mobility.

1. B. Cross distribution of Tooth mobility and dwi doshaj Prakruti

Table No. 2: **Cross distribution of Tooth mobility and dwi doshaj Prakruti**

Tooth mobility		Yes		No		Total	
Sr. No.	Prakruti	Count	Percent	Count	Percent	Count	Percent
1	Vata-Pitta	15	93.75%	1	6.25%	16	**100.00%**
2	Vata-Kapha	6	42.86%	8	57.14%	14	**100.00%**
3	Pitta-Vata	10	52.63%	9	47.37%	19	**100.00%**
4	Pitta-Kapha	1	9.09%	10	90.91%	11	**100.00%**
5	Kapha-Vata	3	25.00%	9	75.00%	12	**100.00%**
6	Kapha-Pitta	1	5.56%	17	94.44%	18	**100.00%**
	Total	36	100.00%	54	100.00%	90	**100.00%**

- Out of 16 volunteers of Vata-Pitta prakruti, 15 volunteers (94%) were with tooth mobility while 1 volunteers (6%) were without tooth mobility.

- Out of 14 volunteers of Vata-Kapha prakruti, 6 volunteers (43%) were with tooth mobility while 8 volunteers (57%) were without tooth mobility.

- Out of 19 volunteers of Pitta-Vata prakruti, 10 volunteers (53%) were with tooth mobility while 9 volunteers (47%) were without tooth mobility.

- Out of 11 volunteers of Pitta-Kapha prakruti, 1 volunteer (9%) was with tooth mobility while 10 volunteer (91%) were without tooth mobility.

- Out of 12 volunteers of Kapha-Vata prakruti, 3 volunteers (25%) were with tooth mobility while 9 volunteers (75%) were without tooth mobility.

- Out of 18 volunteers of Kapha-Pitta prakruti, 1 volunteer (6%) was with Tooth mobility while 17 volunteers (94%) were without tooth mobility.

2. Cross distribution of Tooth mobility and Age:

Table No. 3: **Cross distribution of Tooth mobility and Age**

Tooth mobility		Yes		No		Total	
Sr. No.	Age group	Count	Percent	Count	Percent	Count	Percent
1	20 – 30	06	15.79%	32	84.21%	**38**	**100.00%**
2	31 – 40	14	43.75%	18	56.25%	**32**	**100.00%**
3	41 – 50	16	80.00%	04	20.00%	**20**	**100.00%**
	Total	36	40.00%	54	60.00%	**90**	**100.00%**

- In age group 20 – 30 years, out of 38 volunteers, 6 volunteers (16%) were having tooth mobility while 32 volunteers (84%) were without tooth mobility.

- In age group 31 – 40 years, out of 32 volunteers, 14 volunteers (44%) were having tooth mobility while 18 volunteers (56%) were without tooth mobility.

- In age group 41 – 50 years, out of 20 volunteers, 16 volunteers (80%) were having tooth mobility while 4 volunteers (20%) were without tooth mobility.

3 . Cross distribution of Tooth mobility and Gender

Table No. 4: **Cross distribution of Tooth mobility and Gender**

Tooth mobility		Yes		No		Total	
Sr. No.	Gender	Count	Percent	Count	Percent	Count	Percent
1	Male	8	17.39%	38	82.61%	46	**100.00%**
2	Female	28	63.64%	16	36.36%	44	**100.00%**
	Total	36	100.00%	54	100.00%	90	**100.00%**

- Out of 46 males, 8 volunteers (17%) were with tooth mobility while 38 volunteers (83%) were without tooth mobility.

- Out of 44 females, 28 volunteers (64%) were with tooth mobility while 16 volunteers (36%) were without tooth mobility.

4. Cross distribution of Tooth mobility and Fitness:

Table No. 5: **Cross distribution of Tooth mobility and Fitness**

Tooth mobility		Yes		No		Total	
Sr. No.	Fitness	Count	Percent	Count	Percent	Count	Percent
1	Yes	12	36.36%	21	63.64%	33	**100.00%**
2	No	24	42.11%	33	57.89%	57	**100.00%**
	Total	36	100.00%	54	100.00%	90	**100.00%**

- Out of 33 volunteers with Fitness, 12 volunteers (36%) were having tooth mobility while 21 volunteers (64%) were without tooth mobility.

- Out of 57 volunteers without Fitness, 24 volunteers (42%) were having tooth mobility while 33 volunteers (58%) were without tooth mobility.

5. Cross distribution of Tooth mobility and Diet

Table No. 6: Cross distribution of Tooth mobility and Diet

Tooth mobility		Yes		No		Total	
Sr. No	Diet	Count	Percent	Count	Percent	Count	Percent
1	Mixed	17	34.69%	32	65.31%	49	**100.00**
2	Vegetaria	19	46.34%	22	53.66%	41	**100.00**
	Total	36	100.00	54	100.00	90	**100.00**

In 49 volunteers having mixed diet, 17 volunteers (35%) were found with tooth mobility while 32 volunteers (65%) were without tooth mobility.

In 41 volunteers having mixed diet, 19 volunteers (46%) were found with tooth mobility while 22 volunteers (54%) were without tooth mobility.

Statistical methodology:

For dental mobility score, equality of distribution among groups is tested using 'Kruskal-Wallis test'.

For post hoc analysis, Mann-Whitney U test is used with Bonferroni correction.

For assessing whether there is association between tooth mobility and prakruti, we have used "Pearson Chi-square test".

The level of significance is kept at 0.05 throughout the analysis. Finding are presented with proper summary statistics - mean, median and S.D. In graphical representation, variability for mean is represented by S.E. as error bars.

1. Tooth mobility:

Table No. 7: Statistical result of tooth mobility

Group	Tooth mobility		d. f.	Chi-square statistic	P-value
	Yes	No			
Vata prakruti	21	9	2	20.278	< 0.001
Pitta prakruti	11	19			
Kapha prakruti	4	26			

Using chi-square test of independence, the distributions of tooth mobility between Vata pradhan prakruti, Pitta pradhan prakruti and Kapha pradhan prakruti was significantly different (P-value < 0.001) at 5% level of significance.

There were 21 volunteers (prop = 0.900) of Vata pradhan prakruti group, 11 volunteers (prop = 0.367) were of Pitta pradhan prakruti group while 4 volunteers (prop = 0.130) were of Kapha pradhan prakruti group.

Using pairwise two sample proportion tests as post hoc test, vata pradhan prakruti group has significantly higher proportion of tooth mobility volunteers than that of pitta pradhan prakruti group (P-value = 0.039) and kapha pradhan prakruti group (P-value < 0.001) at 5% level of significance. Whereas, there is no significant difference between proportion of tooth mobility volunteers for pitta pradhan prakruti group and kapha pradhan prakruti group (P-value = 0.147) at 5% level of significance.

2. Tooth/Dental mobility score

Table No. 8: Tooth/Dental mobility score

Group	Median	Mean	S.D.	d.f.	Kruskal – Wallis statistic	P-value
Vata prakruti	1	1.033	0.850	2	21.592	< 0.001
Pitta prakruti	0	0.500	0.731			
Kapha prakruti	0	0.133	0.346			

The distribution of tooth mobility score was significantly different over 3 prakruti groups as observed by using Kruskal-Wallis test (P-value <0.001) at 5% level of significance.

Further, using Mann-Whitney U test with Bonferroni correction as post-hoc test, there was no significant difference (P-value = 0.084) between tooth mobility score of Pitta pradhan prakruti group and Kapha

pradhan prakruti group at 5% level of signficance. Whereas, the tooth mobility score for Vata pradhan prakruti group was significantly higher than of Pitta pradhan prakruti group (P-value = 0.034) and Kapha pradhan prakruti group (P-value < 0.001) at 5% level of significance.

DISCUSSION:

Discussion are divided in three parts:

1. Discussion on review of literatue.
2. Discussion on material and methods.
3. Discussion on observation.

DISCUSSION ON REVIEW OF LITERATUE:

Review of literatue:

- All the available ayurvedic literature were reviewed for the concept of prakruti, Danta sharir.
- All the available modern literature were reviwed for the concept of teeth, physiology and anatomy of teeth, pathology of tooth mobility.

Discussion on Concept of Prakruti:

Prakruti is unique concept explained by various acharya in Ayurveda. Acharya charak, sushruta, vagbhatta, sharangdhar, bhela, harita, have described the characteristics of different types of deha prakruti. Acharya charka has explained prakruti according to guna of particular dosha.

Discussion on Danta sharir:

Before studying any pathology, study of physiology and anatomy of that part is must. references regaring dantasharir and dantasandhi sharir were found in bruhatryi and laghutrayi, refenrence of danta dhavan and dental care, poisoning effect on danta, arishta lakshan related to teeth, references related to teeth and panchakrma, stri-prasuti vigyan, balavigyan, sarvavyadhi nidan, chiktsa, were found from bruhtrayi and laghutrayi.

Relation Between Prakruti And Dantasandhi Bandhan: Charakacharya described in viman sthan that, the sandhibandhan of various joint have different capacity, which changes according to prakruti. In kaphaprakruti, this joint holding ligaments are very firm & united due to vijjala guna of kapha dosha. In pitta prakruti, this sandhibandhan is soft & lax due to drava guna of pitta dosha. In vataprakruti, sandhibandhan is very poorly

nourished & weak and mobile due to chala guna of vata.

4. Discussion on Review of Modern Literature:

All the available modern literature were reviwed for the concept of teeth, physiology and anatomy of teeth, pathology of tooth mobility. Anatomy and physiology were found in text book of physiology and anatomy of B.D. chaurasia's, tortora, gray's anatomy, guyton & hall. Tooth mobility and periodontal diseases are inter-related with each other as for stable tooth periodontium is responsible. Pathology of tooth mobility were found from periodontal books and internet source.

DISCUSSION ON MATERIAL AND METHODS:

The conceptual part of this section contains mention of the literary part. The clinical part explains the detailed study work out. This was explained as follows:

Preparation of prakruti parikshan proforma.

Preparation of case paper as per ayurvedic & modern criteria for the detection of tooth mobility was done and tooth mobility were checked with the help of dental prob and mirror.

Mobility is checked in 'mm' with the help miller's mobility index

Discussion on subjective criteria:

60% & above 'yes' criteria of questionnaires was considerd as having tooth mobility.

Discussion on objective criteria:

It was measured in 'mm' with the help of millers mobility index, which had 0 to 3mm gradation out of which 0-grade having no mobility & above that considered as mobility of the tooth. In vata pradhan prakruti gradation was higher around 2-3 mm. in pitta pradhan prakruti gradation was less than vata prakruti around 1-2mm & in kaphapradhan prakruti gradation was least 0-1mm.

3) DISCUSSION ON OBSERVATIONS:

90 individual were included in the study. 30 individual of kapha prakruti 30 individual or pitta prakruti, 30 individual of vata prakruti

Prakruti:

Maximum tooth mobility were found in Vata pradhan

prakruti individual (70%).in pitta prakruti tooth mobility were found moderately around (36.66%) & in kaphapradhan prakruti individual tooth mobility were found least(13.33%). It may be due to chala guna of vata. And drava guna of pitta dosha which causes the looseness of joint.

Age: maximum tooth mobility were found in age group 41-50(80%) it may be due to vata dosha predominance in old age. Wear and tear of dhatu or cells does not occure fast in old age so it may be the cause.

Gender: Maximum tooth mobility were found in female(63.64%).it may be due to hormonal factor, use of oral contraceptive pills, can lead to tooth mobility. also acharya said eruption and falling of teeth in female is early due to porousness of joint and gum.

Fitness: Major difference was not found in between fit and unfit individual. Only 6% difference was observed. But Maximum tooth mobility were found in unfit (42.11). It may be due to 'no exercise' wear and tear of cells would be slow. It is said in ayurveda if vyayam is done properly it gives stability and strength to the body. So it may be the factor mobility seen more in unfit.

Diet: Maximum tooth mobility were found in vegetarian individual(46.34%). major difference were not found (12%) though it may be due to nutrition deficiency in vegetarian individual is more due to which dhatu poshan does not get proper and causes looseness of teeth.

Discussion on overall analysis:

For assessing relation between prakruti and tooth mobility, all the subjective and objective parameters were considered. For this total summated score of subjective and objective parameter were considered as individual having tooth mobility. And then these scores of three prakruties were compared.

Summated score of tooth mobility for vata prakruti subgroup was significantly higher than of pitta prakruti and kapha prakruti subgroups. Also summated score of tooth mobility for pitta prakruti was significantly higher than that of kapha prakruti. There were 21 volunteers (70%) of Vata prakruti group, 11 volunteers (36.66%) were of Pitta prakruti group, while 4 volunteers (13.33%) were of Kapha prakruti group having tooth mobility, having P-value < 0.001 at 5% level of significance.

CONCLUSION:

1. Prakruti affects the extent of tooth mobility as:

- Chala guna of Vata dosha causes tooth mobility in more extent in Vata pradhan prakruti (70%).
- Drava guna of Pitta dosha causes tooth mobility in moderate extent in Pitta pradhan prakruti (36.66%).
- Vijjala guna of Kapha dosha causes tooth mobility in minimum extent in Kapha pradhan prakruti (13.33%).

2. The tooth mobility score for Vata pradhan prakruti group was significantly higher than of Pitta pradhan prakruti group (P-value = 0.034) and Kapha pradhan prakruti group (P-value < 0.001) at 5% level of significance.

Thus it is concluded that tooth mobility depends on prakruti.

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