

Review article

Historical focus of Ayurveda on Shitad Vyadhi

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ABSTRACT:

Shalakyatantra, one amongst the 8 specialties of Ayurveda, deals with the precious Supra clavicular organs, Head and Neck, the diseases affecting them and their management. (Su. U.1/4) Acharya Sushruta has explained the surgical management of various diseases of Shalya and Shalaky specialty. The Mukha i.e. Oral cavity, works as reflector of the body health by acting as gateway of the alimentary canal and in that way it is considered to be one of the most important part of the Urdhwa – jatru. In Sutra Sthana, Charaka and Sushruta have given guidelines for daily care of oral cavity under the heading ‘Dinacharya’. Negligence of oral care may give rise to different oral diseases. In Nidana Sthana, Sushruta has described the Mukharogas (diseases affecting the oral cavity). Sushruta classified the disease of Mukha, according to the seven sub sites e.i. Auṣṭa, Danta, Dantamula, Jihwa, Talu, Kaṇṭha and Sarvasar. (S. Ni. 16/3)

KEY WORDS: Oral cavity, Dantaula, Talu, Buccal Cavity, Shitada

INTRODUCTION:

Ayurveda, before thousands of years; has defined a healthy wellbeing only who is having complete physical, mental and spiritual equilibrium; is very similar to the criteria of the health given by the W.H.O. Ayurveda is the medical system which gives the way of perfect living with nature (S. Su. 1/15). Ayurveda has given the unique principles of Tridosha, Dhātu and Mala for the homeostasis of the body. (S. Su. 15/3) Ayurveda, the science of healthful living, emphasizes equally on preventive and curative aspects of diseases. It also suggests that a wise person who wants to be healthy should take care of his body. (C Su 6/103). Asātmya indriyārtha smyoga (improper use of sensory and motor organs in daily life), Prajnaparādha (living against social and communal codes) and Pariṇama (time and season) are the root cause of any disease. (C. Su. 11/43)

Aims & Objectives:

Aim:

Historical Ayurveda focus on Shitad Vyadhi

Objectives:

- Focus on Ayurveda Review Shitad Vyadhi.
- To study Conceptual study of Shitad Vyadhi.

MATERIALS & METHODS-

MATERIALS-

Source of Data-

- Various Ayurveda Samhita
- E-Journals
- Sharangadhara Samhita

METHODS-

- To compile available literature on Shitad Vyadhi.
- To compile the literature of Shitad Vyadhi appearance of Conceptual. This is literary research study. In this articles all the references from Ayurveda Samhita and respective commentaries regarding -

“Historical Ayurveda focus on Shitad Vyadhi”

Review of Literature-

Gingival and Periodontal diseases, in their various forms have afflicted humans since the dawn of history and studies in etio pathology have indicated that destructive periodontal disease, as evidenced by bone loss affected early humans. The earliest historical records dealing with medical topics reveal an awareness of periodontal disease and the need for treating it. Scattered references in ancient texts are available regarding oral hygiene and oral diseases.

India:

- In Urdhwajratru, Dantamula is also included in addition to Mukha, Aushta, Danta, Talu, Jihva, etc. (Atha.-10/2/6-,Ya.-25/1)
- One of the responsible factors for dental disorders is "Krimis"; we kill those Krimis situated in between the teeth and those remaining in Netra and Nasika. (Ath.-5/23/3)
- White Sarsapa destroys Krimis who eat Mamsa Dhatu (Ath.8/6/6)
- Kavala by water to keep the oral cavity clean has been mentioned in Manusmriti. The word Gandusha has also been used for mouth cleaning in Ramayana. (Ramayana-2/41/9)
- In Bhagavata, the word 'Mukhapuranam' is used for Gandusha (Bhagavata-9/15/3).
- In Charaka Samhita, tooth brush and oral hygiene methods are mentioned in Sutrasthana (Ch.Su.5).
- In Sushruta Samhita, the disease Shitada is described separately. Pratisarana and Manjana are mentioned for oral hygiene and in diseased condition.
- Vagbhatta have mentioned separate and detailed description of Gandusha, Kavala and Pratisarana including its indications and contraindications.
- Other Ayurvedic texts have followed Acharya Sushruta And Acharya Vagbhatta in describing Shitada as well as oral care techniques.

Sumeria:

Oral hygiene was practiced by the Sumerians of 3000 BC.

Mesopotamia:

Mesopotamians were cleaned their interdental space by decorated gold toothpicks.

Babylonia and Assyria:

The Babylonians and Assyrians, apparently suffer from periodontal problems, and a clay tablet of the period tells of treatment by gingival massage combined with various herbal medications. (History of Dentistry – Philadelphia – 1909)

Egypt:

Periodontal diseases were the most common of all diseases evidenced in the embalmed bodies of the ancient Egyptians. It is thus not surprising that the problem received attention in medical and surgical writings of the time. The EBERS POPYRUS contains many references to gingival disease and offers a number of prescriptions for strengthening the teeth and gums. These remedies were made from various plants and minerals and were applied to the gums in the form of a paste with honey, vegetable gum, or residue of beer as a vehicle.

(Ebbel B. The Papytus Ebers, Copenhagen, Jevin and Munksgard, 1937)

China:

Ancient Chinese medical works also discussed periodontal diseases. In the oldest book, written by Huang Ti about 2500 BC, there is a chapter devoted to dental and gingival diseases. Oral diseases were divided into three types. Out of the three types, he described - Fong Ya - Inflammatory diseases & Yo Kon - Diseases of the soft investing tissues of the teeth.

Furthermore, "The gingiva are pale or violet red, hard and lumpy, sometimes bleeding; the toothache is continuous". Herbal remedies are mentioned for treatment of these conditions. (Dabry P. La, Medicine Chiez lez Chionose, Paris, 1863) Greece: Among the ancient Greeks, Hippocrates of cos (460 – 377 BC) who is considered as the father of modern medicine, has discussed the foundation and eruption of the teeth and also the etiology of periodontal disease. He believed that inflammation of the gums could be caused by accumulations of pituita means calculus, with gingival hemorrhage occurring in cases of persistent splenic maladies. (Hippocrates works, Edited and translated by WHS Jones and ET Wishington, London – 1923, 193)

Rome:

Among the Romans, Aulus Cornelius celsus (25 BC – 50 AD) referred to diseases that affect the soft parts of the mouth and their treatment as follows : "If the gums separate from the teeth it is beneficial to chew unripe pears and apples and keep their juice in the mouth". He described looseness of the teeth caused by the weakness of their roots or by flaccidity and noted that in this cases it is necessary to touch the gums lightly with a red-hot iron and then smear them with honey. The Romans were very interested in oral hygiene. Gingival massage was an integral part of oral hygiene. (Celsus A. De Medicina. Translated by WG Spencer London, Heinemann; 1935 – 1938).

Arabia:

Ibn Sina (Avicenna) (980 - 1037), was possibly the greatest of the Arabic physicians. His "canon" a comprehensive treatise on medicine, is probably the most famous medical text of all time and was in continuous use for almost 600 years. Headings in the canon on gingival disease include. "Bleeding Gums", "Fissures of the Gums", "Ulcers of the Gums", "Separation of the Gums", "Recession of the Gums", "Looseness of the Gums". (Avicenna Liber canonic, Venice, 1507. Reprinted, Hildesheim, Georg Olms, 1964). Other milestones of development in periodontal diseases are found in history as follows -

- The Italian physician Girolamo Cardano (1501 – 1576) seems to have been the first to differentiate types of Periodontal disease. (Held A – J. Periodontology, from its origins up to 1980).
- Anton Van Leeuwenhoek (1632 – 1723) of Delft, Holland, using material from his gingival tissues, he first described oral bacterial flora and his

drawings offered a reasonably good presentation of oral spirochetes and bacilli.

- (Leeuwenhoek A. Van, Arcana Nture. Delphis Bartavorum 1965. Reprinted in facsimile, Brussels, culture et civilization 1966)
- Leonard Koecker (1785 - 1850) described inflammatory changes in the gingiva and the presence of calculus on teeth, leading to their looseness and exfoliation. He mentioned the careful removal of tartar and the need for oral hygiene by the patient which he recommended to be performed in the morning and after every meal, using an astringent powder and a toothbrush, placing the bristles into the spaces of the tooth”.
- Bernhard Gottlieb (1885 - 1950) described the attachment of the gingival epithelium to the tooth, the histopathology of inflammatory and degenerative periodontal disease.
- The American Dental Association recognized periodontics as a speciality of dentistry in 1947. Periodontal education has grown in the second half of the 20th century. Number of scientist were gave their contribution for developing the branch and lot many research will be going on, particularly on gingival anatomy, mechanisms, microbiology and Investigation till today.

RESULT & DISCUSSION:

If we are able to understand the historical view of Shitada Vyadhi properly the knowledge of classical books to review. Thus the proper knowledge of Shitada Vyadhi helps in understands the process in ancient view. Also the knowledge of historical point is helpful for getting best approach to cure disease.

CONCLUSION:

Shitad Vyadhi, in their various forms has afflicted humans since the dawn of history and studies in etio - pathology have indicated that destructive periodontal disease, as evidenced by bone loss affected early humans. The earliest historical records dealing with medical topics reveal an awareness of periodontal disease and the need for treating it. Scattered references in ancient texts are available regarding oral hygiene and oral diseases. Here, an attempt has been made to compile the knowledge of ancient Ayurveda Scholars which is scattered in Ayurveda texts so as to present it systematically, which is one of the requirements of the present era. Furthermore, Oral Hygiene methods are also mentioned as a part of Dincharya, the role of which is needed to be expressed in proper way to reduce prevalence.

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