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"Role of Lodhradi Lepa And Gandusha Along With Shothahara Mahakashaya Kwatha In The Ayurvedic Management Of Shitada (Gingivitis): A Comprehensive Review"

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ABSTRACT

Background: *Shitada* (Gingivitis) is a prevalent *Mukha Roga* characterized by inflammation, bleeding, swelling, and foul smell in the gums. Modern approaches provide symptomatic relief, yet recurrences are common. In *Ayurveda*, *Shitada* is managed effectively with specific *Kalpas* and *Mahakashayas* that address the underlying *Dosha* imbalance, particularly *Kapha* and *Rakta* Dushti. *Lodhradi Lepa & Gandusha along with Shothahara Mahakashaya* kwatha are classical formulations known for their *Lekhana*, *Ropana*, *Stambhana*, and *Shothahara* properties, making them ideal for holistic and sustainable management of *Shitada*.

Aim: To explore and critically analyze the therapeutic potential of *Lodhradi Lepa & Gandusha along with Shothahara Mahakashaya kwatha* in the management of *Shitada* (Gingivitis) through classical references and contemporary insights. **Objectives:** To study the *Ayurvedic* etiology and pathogenesis of *Shitada*, To review the pharmacological actions of *Lodhradi Lepa & Gandusha along with Shothahara Mahakashaya kwatha*, To highlight clinical and experimental evidences supporting their comparative efficacy.

Materials and Methods: This review is based on classical *Ayurvedic* texts, commentaries, and compendia (e.g., *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Bhavaprakasha*), along with analysis of modern pharmacological studies available in databases such as PubMed, AYUSH Research Portal, and Google Scholar. Emphasis was placed on anti-

inflammatory, antimicrobial, and wound-healing potentials of key herbs.

Results: *Lodhra* (Symplocos racemosa), *Madhuka*, *Kalakuta*, and other constituents of *Lodhradi Kalpas*, along with herbs in *Shothahara Mahakashaya* such as *Gokshura*, *Brihati*, *Punarnava*, and *Devadaru*, have shown significant *Shothahara*, *Krimighna*, and *Raktaprasadana* actions. Their synergistic use helps in reducing gingival inflammation, arresting bleeding, and promoting gum healing. Experimental studies also support their antibacterial activity against periodontal pathogens. **Conclusion:** The integrated application of *Lodhradi Lepa & Gandusha* along with *Shothahara Mahakashaya* kwatha offers a promising, evidence-based, and side-effect-free alternative for managing *Shitada* (Gingivitis). These classical formulations align with both traditional wisdom and modern pharmacology, reinforcing the efficacy of *Ayurvedic* therapeutics in oral health care.

Keywords: *Shitada*, *Lodhradi Lepa*, *Gandusha*, *Shothahara Mahakashaya kwatha*, Gingivitis, *Ayurvedic* Oral Care, *Mukha Roga*

INTRODUCTION

Mukha Roga, a group of oral diseases described in classical *Ayurvedic* literature, includes *Shitada*, a condition affecting the gums. *Shitada* is primarily a manifestation of *Kapha* and *Rakta* Dushti, presenting with symptoms such as *dantamamsa shotha* (swelling of gums), *raktasrava* (bleeding), *mukha daurgandhya* (bad breath), and *mukha shosha* (dryness). The involvement of vitiated *Doshas*, *dushya* (tissues), and improper oral hygiene leads to chronic inflammation and deterioration of oral health. The condition closely resembles Gingivitis in modern dentistry, an early stage of periodontal disease caused by bacterial plaque accumulation.[1]

From a contemporary viewpoint, Gingivitis is a common and reversible inflammatory condition of the gingiva, often triggered by bacterial biofilm or plaque. It is marked by redness, swelling, bleeding on probing, and sometimes pain. Poor oral hygiene, hormonal changes, systemic diseases like diabetes, and immunocompromised states are contributing factors. Conventional treatment includes mechanical debridement and antimicrobial mouthwashes. However, recurrence, microbial resistance, and adverse effects of chemical agents have led to an increased interest in safer, plant-based alternatives.[2]

Ayuvedic interventions offer a comprehensive and holistic management approach by targeting the root cause and restoring *Dosha* balance, enhancing immunity, and promoting tissue regeneration. Classical texts mention several *Kalpas* (formulations) and *Mahakashayas* (herbal groups) that are indicated in *Mukha Roga* management. Specifically, *Lodhradi Lepa & Gandusha* and *Shothahara Mahakashaya kwatha* contain potent herbs with *Krimighna* (antimicrobial), *Shothahara* (anti-inflammatory), *Raktaprasadana* (blood-purifying), and *Ropana* (healing) properties beneficial in treating *Shitada*.[3]

Lodhradi Lepa/Gandusha consist of herbs like *Lodhra* (Symplocos racemosa), *Madhuka* (Glycyrrhiza glabra), and *Kushta* (Saussurea lappa), which are traditionally used for gum and oral health issues. These herbs exhibit astringent, anti-inflammatory, and antimicrobial properties that directly benefit inflamed and bleeding gums. On the other hand, *Shothahara Mahakashaya kwatha* as enumerated in *Charaka Samhita*, includes ten herbs like *Punarnava*, *Gokshura*, *Brihati*, *Shalaparni*, and others, known for reducing *Shotha* (swelling) and promoting tissue repair, making them suitable for systemic and local treatment of *Shitada*.[4]

Despite strong classical references and positive anecdotal evidence, the role of *Lodhradi Lepa & Gandusha along with Shothahara Mahakashaya kwatha* in *Shitada* management is

underexplored in contemporary research literature. This review aims to bridge that gap by compiling Comparative *Ayurvedic* and modern evidence to establish a rational basis for their use. It also highlights the pharmacological mechanisms, potential synergies, and clinical utility of these formulations in the integrated management of Gingivitis, ensuring both scientific validation and preservation of traditional knowledge.[5]

AIM AND OBJECTIVES

Aim:

To explore the Comparative therapeutic potential of *Lodhradi Lepa & Gsndusha* along with *Shothahara Mahakashaya* in the *Ayurvedic* management of *Shitada* (Gingivitis).

Objectives:

1. To study the *Ayurvedic* understanding of *Shitada* and its pathogenesis.
2. To assess comparative effectiveness of Lodhradi in Lepa & Gandusha form.
3. To review classical references and compositions of *Lodhradi Lepa/Gandu*sha and *Shothahara Mahakashaya kwatha.*
4. To analyze the pharmacological actions relevant to gingival inflammation and healing.
5. To evaluate supportive modern scientific evidence for these formulations.
6. To propose their integrated role in oral healthcare management.

MATERIAL AND METHOD:

This review article is based on a thorough examination of classical *Ayurvedic* texts such as *Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya,* and *Bhavaprakasha Nighantu* to identify references related to *Shitada, Lodhradi Lepa & Gandusha along with Shothahara Mahakashaya kwatha*. Commentaries and compilations were also consulted to understand the formulations' indications and therapeutic properties. Contemporary scientific literature was searched through PubMed, Google Scholar, AYUSH Research Portal, and other databases to extract relevant studies on the pharmacological actions—such as anti-inflammatory, antimicrobial, and wound-healing properties—of the individual herbal components. Inclusion criteria involved classical evidence-supported herbs and studies published in peer-reviewed journals. Data were analyzed to assess their relevance in the management of gingivitis and to establish a rational correlation between traditional claims and modern pharmacological findings.

CONCEPTUAL STUDY

In *Ayurveda*, *Shitada* is classified under *Mukha Roga* (oral disorders) and is primarily a disease of the *Danta-Mamsa* (gums). The term *Shitada* is derived from the root "*Shita*" (to ooze or flow), indicating the bleeding tendency seen in the gums.[6]

Synonyms and Descriptions:

- *Charaka Samhita* and *Sushruta Samhita* describe *Shitada* as a *Kapha-Rakta Pradhana Roga* affecting the gum tissues.
- Often used interchangeably with *Dantamamsa Shotha*, it is characterized by symptoms such as gum inflammation, bleeding, foul smell, and discoloration.

Nidana (Etiological Factors)[7]

According to classical texts, the following *Nidanas* (causative factors) are responsible for the manifestation of *Shitada*:

- *Atisevana* of *Guru, Snigdha, Madhura Ahara* (excessively heavy, oily, and sweet food)
- Poor oral hygiene and lack of regular *Danta Dhavana* (tooth brushing)

- *Kapha Prakopaka Ahara* and *Vihara* (Kapha aggravating diet and lifestyle)
- Habitual indulgence in cold, stale, or sticky food
- Excessive consumption of milk and milk products
- Day sleeping and sedentary lifestyle

Samprapti (Pathogenesis)[8]

The vitiated *Kapha* and *Rakta* localize in the *Danta-Mamsa* region, leading to the following pathological events:

1. *Kapha Dosha* causes heaviness, swelling, sliminess, and foul smell.
2. *Rakta Dushti* leads to bleeding, pain, and discoloration.
3. The combination results in softening of the gums, loosening of teeth, oozing of blood or pus, and halitosis.

Samprapti Ghataka:

Component	**Details**
Dosha	Predominantly *Kapha* and *Rakta*
Dushya	*Rasa*, *Rakta*, *Mamsa* Dhatu
Srotas	*Raktavaha* and *Mamsavaha Srotas*
Adhisthana	*Danta-Mamsa* (gingiva)
Roga Marga	*Bahya Marga*
Vyadhi Swabhava	*Krimija*, *Bahudosha Sambhuta*, *Sadhya with proper management*

Lakshana (Clinical Features)[9]

According to *Ayurvedic* texts, the classical signs and symptoms (*Lakshanas*) of *Shitada* include:

- *Danta-Mamsa Shotha* (swelling of gums)
- *Raktasrava* (spontaneous bleeding from gums)
- *Danta-Mamsa Raga* (reddish or bluish discoloration)
- *Mukha Dourgandhya* (foul breath)
- *Danta-Mamsa Mriduta* (soft and spongy gums)
- *Danta Chyavana* (loosening of teeth)
- *Vedana* (pain or tenderness in gums)
- *Mukhapaka* (ulceration in oral mucosa)

Types and Stages (According to Modern Dentistry)[10]

While classical *Ayurveda* does not define explicit stages, modern dentistry categorizes gingivitis into:

- Plaque-induced Gingivitis: Common, reversible, caused by biofilm accumulation.
- Non-plaque-induced Gingivitis: Due to systemic, hormonal, or drug-induced changes.
- Acute Necrotizing Ulcerative Gingivitis (ANUG): Severe painful form with ulceration and necrosis.

Sadhyasadhyata (Prognosis)

- If managed early with *Shodhana* (cleansing) and *Shamana* (palliative) approaches, *Shitada* is generally **Sadhya** (curable).
- Chronic cases progressing to *Danta Chyuti* are difficult to treat and may become **Krichrasadhya**.

Chikitsa Siddhanta (Line of Treatment)[11]

***Nidana Parivarjana* (Avoidance of causative factors)**

- Avoid cold, heavy, and sticky food
- Adopt proper oral hygiene

***Shamana Chikitsa* (Palliative treatment)**

- Use of *Lodhradi* for local application (Lepa & *Gandusha*)
- Administration of *Shothahara Mahakashaya* kwatha internally for systemic anti-inflammatory action

***Kriya Kalpa* (Topical measures)**

- *Gandusha* (medicated oil pulling with *Tilataila*, *Triphala Kwatha*, *Dashana Samskara Churna*)
- *Kavala*, *Dhuma*, *Pratisarana* with *Lodhradi Churna*, *Madhuyashti*, *Triphala*

***Raktaprasadana* and *Rasayana* therapies**

- Use of *Triphala*, *Amalaki*, *Guduchi*, and *Manjishtha* for internal detox and rejuvenation

MODERN REVIEW

Gingivitis is a common, reversible inflammatory condition affecting the gingival tissues, primarily caused by bacterial plaque accumulation at the gingival margin. It is considered the earliest form of periodontal disease and, if untreated, may progress to periodontitis, resulting in irreversible tissue damage. Gingivitis is characterized by redness, swelling, bleeding on probing, and sometimes discomfort, but notably, it does not involve loss of periodontal attachment or alveolar bone. It affects individuals of all age groups and is one of the most widespread oral health issues globally.[12]

The primary causative factor in gingivitis is the formation of dental plaque—a microbial biofilm composed predominantly of anaerobic gram-negative bacteria such as *Porphyromonas gingivalis*, *Prevotella intermedia*, and *Fusobacterium nucleatum*. These microorganisms trigger an immune-inflammatory response in the gingiva, leading to the clinical manifestations of gingivitis. Other contributing risk factors include poor oral hygiene, smoking, hormonal fluctuations (such as during puberty, menstruation, or pregnancy), systemic conditions like diabetes mellitus, nutritional deficiencies (especially vitamin C), and medications such as phenytoin, cyclosporine, and calcium channel blockers. Stress, immunocompromised states, and mouth breathing also predispose individuals to gingivitis.[13]

The pathogenesis of gingivitis involves a host–bacterial interaction that initiates with the accumulation of microbial plaque. In the initial stage (0–4 days), the host immune response involves neutrophil infiltration and vasodilation, leading to increased vascular permeability. By days 4–7, lymphocyte infiltration and collagen fiber degradation occur, marking the early lesion phase. From day 14 onward, plasma cells dominate the chronic inflammatory response, leading to persistent edema, capillary proliferation, and epithelial changes. Despite

inflammation, the periodontal attachment and alveolar bone remain intact—differentiating gingivitis from periodontitis.[14]

The cardinal signs of gingivitis include gingival redness (erythema), swelling (edema), bleeding upon probing or brushing, and halitosis (bad breath). The gingiva becomes soft and shiny due to loss of stippling, and patients may report mild tenderness or itching. Diagnosis is primarily clinical, involving inspection of the gingiva and probing with a periodontal probe. Tools such as the Gingival Index, Plaque Index, and Bleeding on Probing scores are commonly used to assess severity. Radiographic findings are typically normal since bone loss is absent in gingivitis.[15]

Gingivitis is highly manageable and completely reversible with timely intervention. The cornerstone of treatment is the mechanical removal of plaque through professional scaling and improved oral hygiene practices, including brushing twice daily with fluoridated toothpaste, flossing, and the use of interdental aids. Chemical plaque control using antiseptic mouth rinses such as chlorhexidine gluconate (0.12–0.2%) or essential oils can further enhance outcomes. Patient education, nutritional support (especially vitamin C), stress management, and control of systemic illnesses are crucial components of comprehensive care. With consistent oral hygiene and routine dental follow-ups, the prognosis of gingivitis is excellent. However, neglect may lead to progression toward periodontitis, which involves irreversible damage.[16]

LODHRADI LEPA & GANDUSHA ALONG WITH SHOTHAHARA MAHAKASHAYA KWATHA

In the management of *Shitada*, which involves *Kapha-Rakta Dushti* and *Mamsa Dhatvagata Vikara*, the therapeutic approach should include *Kledahara*, *Raktaprasadana*, *Shothahara*, *Krimighna*, *Lekhana*, and *Ropana* dravyas. Two classical *Ayurvedic* groups of formulations fulfill this indication prominently:

- *Lodhradi* – primarily used for Lepa and *Gandusha.*
- *Shothahara Mahakashaya* – systemically administered or used locally for *Shotha* (inflammatory conditions).[17]

LODHRADI LEPA/GANDUSHA

Lodhradi formulations are named after their chief ingredient, *Lodhra* (*Symplocos racemosa*), and commonly include:

- *Lodhra*
- *Madhuka* (*Glycyrrhiza glabra*)
- *Manjishtha* (*Rubia cordifolia*)
- *Katphala*
- *Kushta* (*Saussurea lappa*)
- *Triphala* or *Daruharidra* may be added in some variants

Classical References:

- *Charaka Samhita – Lodhra* is mentioned under *Varnya*, *Raktasthapana*, and *Kashaya rasa* drugs
- *Bhavaprakasha Nighantu* and *Yogaratnakara* include *Lodhradi Churna* for oral and skin disorders

B. Pharmacological Actions

Ingredient	Key Actions
Lodhra	*Kashaya rasa, Raktasthambhaka, Ropana, Kapha-Pittaghna*
Madhuka	*Shothahara, Vranaropaka, Sheetala*
Manjishtha	*Raktaprasadana, Vishaghna, Krimighna*
Katphala	*Dantya, Shothahara, Tikta-Kashaya rasa*
Kushta	*Lekhana, Krimighna, Vranahara*

C. Indications in *Shitada*

- Lepa of *Lodhradi* reduces gum swelling, bleeding, and foul odor.
- Local *Gandusha* with *Lodhradi decoction* provides antiseptic and anti-inflammatory benefits.
- Helps in *Raktasthambhana* (arresting bleeding), tissue tightening, and microbial control.

D. Modern Correlation

Lodhra has demonstrated significant antimicrobial activity against periodontal pathogens (*P. gingivalis*, *A. actinomycetemcomitans*), along with anti-inflammatory and astringent properties. *Glycyrrhizin* in *Madhuka* also possesses potent anti-ulcer and healing effects.[18]

3. *Shothahara Mahakashaya Kwatha*

A. Source and Reference

Mentioned in *Charaka Samhita*, Sutra Sthana 4 – "*Mahakashaya Vibhaga*", *Shothahara Mahakashaya* is a group of ten drugs specifically indicated for reducing *Shotha* (inflammatory swellings) and *Srotorodha*.[19]

Constituents (Dashamula-based variation may apply):

1. *Shalaparni* (*Desmodium gangeticum*)
2. *Prishniparni* (*Uraria picta*)
3. *Brihati* (*Solanum indicum*)
4. *Kantakari* (*Solanum xanthocarpum*)
5. *Gokshura* (*Tribulus terrestris*)
6. *Punarnava* (*Boerhavia diffusa*)
7. *Devadaru* (*Cedrus deodara*)
8. *Musta* (*Cyperus rotundus*)
9. *Rasna* (*Pluchea lanceolata*)
10. *Dashamula* decoction may be integrated for systemic use

B. Pharmacological Properties

- **Systemic anti-inflammatory**: Effective in reducing soft tissue inflammation
- **Analgesic and antiedematous**: Alleviates pain, swelling, and tissue congestion

- **Microvascular modulator**: Improves capillary permeability and reduces lymphatic stasis
- **Mild antimicrobial and antioxidant**: Supports tissue healing

C. Use in *Shitada*

- Internally used in *Kwatha* form to reduce *Raktashotha* in gingiva
- Some drugs like *Punarnava*, *Gokshura*, and *Devadaru* possess local *Shothahara* and *Krimighna* effects and can be used for *Gandusha*
- Strengthens gum integrity and clears systemic *Ama* or inflammation if involved

D. Modern Validation

- *Punarnava* has diuretic and anti-inflammatory actions proven in rodent models
- *Devadaru* and *Musta* have antioxidant and antimicrobial properties
- *Dashamula* has been clinically validated for anti-inflammatory effects in musculoskeletal and periodontal disorders

Comparative Summary Table

Feature	***Lodhradi Lepa & Gandusha***	***Shothahara Mahakashaya***
Primary Use	Local application (Lepa, *Gandusha*)	Internal use (*Kwatha*, *Churna*)
Site of Action	*Danta-Mamsa*, *Mukha Roga*	Systemic inflammation, *Shotha*
Actions	*Krimighna*, *Raktasthambhaka*, *Lekhana*, *Ropana*	*Shothahara*, *Srotoshodhaka*, *Rasayana*, *Vedana sthapaka*
Indicated For	Bleeding, inflammation, foul odor in *Shitada*	Underlying tissue edema and inflammation
Modern Support	Antimicrobial, astringent, wound healing	Anti-inflammatory, antioxidant, microvascular support

RESULTS AND FINDINGS

1. *Lodhradi Lepa & Gandusha* exhibited significant anti-inflammatory, astringent, and antimicrobial effects on gingival tissues.
2. Local application helped reduce bleeding, swelling, and halitosis in *Shitada*.
3. *Shothahara Mahakashaya kwatha* acted systemically to reduce gum inflammation and support Rakta shuddhi (blood purification).
4. Key ingredients like *Lodhra*, *Madhuka*, *Manjishtha*, and *Punarnava* showed modern pharmacological support for their wound healing and periodontal protective actions.
5. Combined use of both Kalpas offered dual benefits – local symptom relief and internal doshic correction.
6. No known side effects or adverse reactions were reported in studies supporting the safety of these herbal drugs.
7. The formulations demonstrated potential to serve as safe, evidence-based alternatives to chemical oral care agents.

DISCUSSION

Shitada, a common *Mukha Roga*, corresponds closely to Gingivitis in modern dental pathology. It is primarily a *Kapha-Rakta Dushti* disorder manifesting as bleeding, inflammation, swelling,

and foul smell in the gums. The disease involves *Danta-Mamsa* as its seat, and its progression leads to weakening of the periodontal support. Modern gingivitis, similarly, is initiated by microbial plaque leading to gingival inflammation without loss of attachment. Both systems recognize that poor oral hygiene and systemic predispositions contribute significantly to disease onset and chronicity. This parallel understanding provides a strong foundation for integrating *Ayurvedic* and modern management principles.[20]

Lodhradi Kalpas, especially *Lodhradi Lepa & Gand*usha, are classical formulations indicated in *Mukha Roga*. These formulations contain *Lodhra*, *Madhuka*, and *Manjishtha*, which have *Kashaya rasa*, *Shothahara*, and *Krimighna* properties. Modern pharmacological studies support the antibacterial, anti-inflammatory, and wound-healing properties of these herbs. *Lodhra* (Symplocos racemosa) has been found effective against periodontal pathogens such as *Porphyromonas gingivalis*, while *Madhuka* (Glycyrrhiza glabra) demonstrates mucoprotective and antimicrobial action. Thus, the traditional use of *Lodhradi Kalpas* for bleeding gums is now supported by emerging scientific evidence.[21]

On the other hand, *Shothahara Mahakashaya kwatha* offers systemic support in reducing gum swelling, pain, and underlying inflammatory burden. The inclusion of herbs like *Punarnava*, *Devadaru*, *Gokshura*, and *Rasna* contributes to *Shothahara*, *Raktaprasadana*, and *Srotoshodhaka* actions. These herbs have been shown in pharmacological studies to reduce edema, modulate inflammatory cytokines, and promote tissue repair. While *Lodhradi Kalpas* work topically, *Shothahara Mahakashaya* enhances systemic immunity and reduces local recurrence, thereby offering a more comprehensive approach.[22]

The integrative use of both *Lodhradi Lepa & Gandusha along with Shothahara Mahakashaya kwatha* addresses the multifactorial pathogenesis of *Shitada* by targeting both local and systemic pathology. Their synergistic action promotes *Dosha* pacification, *Dhatu* healing, and microbial control. Unlike chemical mouthwashes, these formulations offer sustainable benefits without adverse effects like mucosal irritation or taste alteration. Therefore, they hold significant potential in routine gingival care, especially in populations preferring herbal or traditional medicine-based oral hygiene. Future clinical trials with standardized protocols are recommended to validate their efficacy and ensure broader acceptance in integrative dental care.[23]

CONCLUSION

The combined application of *Lodhradi Lepa & Gandusha along with Shothahara Mahakashaya kwatha* offers a safe, effective, and holistic approach for the management of *Shitada* (Gingivitis). While *Lodhradi* serve as potent local agents for reducing bleeding, swelling, and microbial load in the gums, *Shothahara Mahakashaya kwatha* provides systemic anti-inflammatory and *Raktaprasadana* support. Both classical references and modern pharmacological evidence substantiate their efficacy in promoting oral tissue healing and preventing disease recurrence. Thus, these formulations hold significant promise as integrative alternatives to conventional chemical-based gingival therapies and can be incorporated into routine oral care protocols within the *Ayurvedic* framework.

CONFLICT OF INTEREST -NIL
SOURCE OF SUPPORT -NONE

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