iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 14 **Issue:** II **Month of publication:** February 2026

DOI: https://doi.org/10.22214/ijraset.2026.77709

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 14 Issue II Feb 2026- Available at www.ijraset.com

Evidence-Based Analysis of *Dinacharya* Modalities for Oral Hygiene: An *Ayurvedic* Perspective

Dr. Ayushi Khandelwal
Assistant Professor, BAMS, MD(Ayu), Department of Swasthavritta& Yoga (Poshanaahar), National Institute of Ayurveda (Deemed University) Jaipur, Rajasthan, India

Abstract: Background: Oral hygiene plays a fundamental role in maintaining overall health and preventing systemic diseases. Ayurveda, the ancient Indian system of medicine, emphasizes daily regimens (Dinacharya) as a means of sustaining health and preventing disease. Among these, several procedures specifically address oral hygiene, including Dantadhavana (herbal tooth brushing), JihwaNirlekhana (tongue scraping), Gandusha and Kavala (oil retention and gargling), and Pratisarana (massaging the teeth and gums). These practices are intended to cleanse the oral cavity, balance doshas, prevent oral disorders, and enhance systemic immunity. Aim: To critically review and analyze the Ayurvedic concept of Dinacharya in relation to oral hygiene and to assess its relevance through evidence-based modern scientific research. Materials and Methods: Classical Ayurvedic texts, including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, andBhavprakash,were reviewed. A literature search was conducted using PubMed and Google Scholar to identify studies on Ayurvedic oral hygiene practices, herbal formulations, and their comparison with conventional dental care.Results:Research has confirmed that herbal agents like Azadirachta indica (Neem), Triphala, and Glycyrrhiza glabra (Yastimadhu) are effective in lowering plaque, gingivitis, and harmful bacteria. Oil pulling with sesame or coconut oil has shown beneficial effects in reducing Streptococcus mutans counts and improving gingival health. Tongue scraping has been shown to effectively reduce halitosis and bacterial colonization. These practices align well with modern preventive dentistry and offer holistic benefits with minimal side effects. Conclusion:Ayurvedic Dinacharya modalities for oral hygiene offer a scientifically supported, low-cost, and culturally sustainable approach to oral health. Integrating these traditional practices with contemporary dental care may enhance preventive strategies and support broader public health outcomes.

Keywords: Ayurveda, Dinacharya, Oral Hygiene, Oil Pulling, Dantadhavana, Herbal Dentistry

I. INTRODUCTION

Ayurveda stands as one of the most profound contributions of ancient Indian wisdom to the world. Over the past two decades, global interest in traditional and alternative systems of medicine has grown significantly.More than just a system of treatment, *Ayurveda* is a comprehensive lifestyle philosophy that is now drawing attention not only from people within India but also from researchers and healthcare professionals worldwide.

The core objective of *Ayurveda* is to maintain and enhance positive health, with disease prevention and treatment being secondary. To achieve optimal well-being, *Ayurveda* recommends a structured lifestyle through various regimens such as *Dinacharya*(daily regimen), *Ratricharya* (nighttime regimen), *Ritucharya* (seasonal regimen), *Sadvritta* (cods of conduct), and *Achara Rasayana* ((behavioral conducts). Deviating from these principles is believed to contribute to the onset of diseases.[1]

Health, according to *Ayurveda*, is defined not merely as the absence of disease but as a state of balanced *Doshas*, proper functioning of *Agni*, healthy tissues (*Dhatus*), timely excretion, and a content mind, soul, and senses (*Swasthya*).[2] To maintain this state of balance, *Ayurveda* prescribes a daily regimen known as *Dinacharya*, which includes practices intended to uphold physical and mental well-being. [3]One of the integral aspects of *Dinacharya* is oral hygiene (*Mukha Swasthya*), addressed through time-tested practices such as *Dantadhavana*(tooth brushing), *JihwaNirlekhan* (tongue scraping), *Gandusha and Kavala* (oil-holding and gargling), *TambhulaCharvana* (chewing of betel), *Pratisarana* (Massaging the Teeth and Gums).[4]

Ayurveda identifies the oral cavity as one of the nine vital openings of the human body and emphasizes that these openings are naturally prone to accumulating impurities and secretions throughout the day and night. Therefore, regular and thorough cleansing of these channels is considered essential. As the primary gateway to the digestive tract, the mouth plays a critical role in both health and disease. Keeping it clean and healthy is crucial to prevent the entry of harmful agents. Moreover, since the initial phase of digestion begins in the oral cavity, maintaining its hygiene is imperative for overall digestive health and general well-being.

©IJRASET: All Rights are Reserved

The oral cavity is the primary gateway to the body and is critically linked to both local and systemic health. *Ayurveda* emphasizes that poor oral hygiene can lead not only to conditions like *Dantashula* (toothache), *Mukhapaka* (stomatitis), and *Krimi* (parasitic infestations), but also to systemic disorders through the accumulation of *Ama* (toxins).[5]Modern research increasingly supports these traditional notions, associating poor oral health with conditions such as cardiovascular diseases, diabetes, and respiratory infections.[6]

Traditional Ayurvedic oral hygiene practices have been re-evaluated in light of recent evidence-based research. Oil pulling techniques like *Gandusha* and *Kavala* using sesame or coconut oil have demonstrated significant antibacterial, anti-inflammatory, and antioxidant effects, reducing plaque, gingivitis, and oral microbial load. [7-9] Similarly, herbal formulations such as *Triphala*, *Arimedadi Taila*, and *Dashana Samskara Churna* have shown efficacy in improving gingival health, reducing halitosis, and modulating oral immunity. [10-11]

As oral health is an essential aspect of overall well-being and disease prevention, reestablishing these *Ayurvedic Dinacharya* practices through a scientific lens provides a bridge between traditional knowledge and contemporary health care. This review aims to explore and analyse oral hygiene modalities described in *Dinacharya*, with special emphasis on their clinical efficacy, pharmacological potential, and relevance in modern preventive dentistry.

II. AIM

To analyze*Ayurvedic Dinacharya* modalities for oral hygiene through a scientific lens and assess their relevance in modern preventive dentistry.

III. OBJECTIVES

- To document and explain key oral hygiene practices mentioned in Ayurvedic texts.
- To evaluate the pharmacological and clinical evidence supporting these practices.
- To compare Ayurvedic and modern approaches to oral hygiene in terms of efficacy and preventive health benefits.

IV. METHODOLOGY

Literature Sources: *Ayurvedic* Texts: *Charaka Samhita, Ashtanga Hridaya, Sushruta Samhita* and *Bhavprakash.*

Databases: PubMed, Google Scholar, AYUSH Research Portal.

Search Keywords: "*Ayurveda* + oral hygiene," "*Dinacharya* and dental care," "*Neem* oral health," "Oil pulling studies," "*Triphala* mouthwash," "*JihwaNirlekhan*a clinical trial."

V. EVIDENCE-BASED ANALYSIS OF DINACHARYA MODALITIES FOR ORAL HYGIENE

The *Ayurvedic* system emphasizes *SwasthasyaSwasthyaRakshanam*, the preservation of the health of the healthy, as its foremost objective. The concept of oral hygiene in Ayurveda is deeply rooted in the daily health regimen (*Dinacharya*), which emphasizes the preventive aspect of healthcare. Classical texts such as *Charaka Samhita, Sushruta Samhita,* and *Ashtanga Hridaya* describe detailed procedures for maintaining oral and dental health through daily practices. *Dinacharya*-based oral hygiene reflects a preventive philosophy embedded in *Ayurveda*. Modern dentistry increasingly recognizes the significance of natural interventions for preventing dental caries, gingivitis, and periodontal diseases. Various scientific studies have now corroborated the efficacy of *Ayurvedic* oral practices.

1) Dantadhavana(Tooth Brushing)

*Aacharya Charaka*recommends maintaining oral hygiene by cleaning the teeth with fresh twigs derived from specific medicinal plants. Preferred species include *Karanja* (*Pongamiaglabra*), *Karaveera*(*Nerium indica*),*Yastimadhu* (*Glycyrrhiza glabra*),*Arka* (*Calotropis gigantea*), *Malati* (*Jasminum flexile*), *Khadira* (*Acacia catechu*), *Arjuna* (*Terminalia arjuna*), *Neem* (*Azadirachta indica*), and Vijaysara (Pterocarpus marsupium). The selection of these twigs is based on their inherent astringent (*Kashaya*), pungent (*Katu*), bitter (*Tikta*), or sweet (*Madhura*) tastes, which are believed to possess therapeutic benefits. [12]These herb sticks should be either

According to Acharya Sushruta, among the twigs categorized by taste, *Nimba* (*Azadirachta indica*) is most effective among bitter varieties, *Khadira* (*Acacia catechu*) among astringent ones, *Karanja* (*Pongamiaglabra*) among pungent types, and *Madhuka* (*Bassia longifolia*) among sweet-tasting options.[13].

These twigs are softened by chewing their ends to form a natural brush, ensuring no harm is done to the gums during brushing.Ideally, the twig should be approximately the thickness of the little finger(*KnisthikaAnguli Pramana*) and measure about 20–24 cm (12 *Angula*) in length.

In situations where fresh twigs are unavailable, Ayurveda advises the use of herbal tooth powders prepared from *Trikatu* (a combination of*Piper nigrum* (*Kali Mirch*), *Piper longum* (*Pippali*), and dried *Zingiber officinale* (*Saunth*), *Triphala* (comprising *Emblica officinalis (Amalaki)*, *Terminalia bellirica (Bibhitaki)*, and *Terminalia chebula (Haritaki*), *Irimeda* (*Acacia farnesiana*), and *Saindhava lavana* (rock salt).[14]

The process of brushing is to be done gently, moving from the base to the tip of each tooth individually. This practice not only removes unpleasant odor and nightly accumulation on the teeth but also clears phlegm from the gums without causing injury. The result is enhanced taste perception, a clean and refreshed oral cavity, and improved mental clarity and satisfaction.[5]

These traditional tooth-cleaning methods are not only economical and ecologically sustainable but also offer medicinal advantages. Compared to modern toothbrushes and chemical-based pastes, the use of herbal twigs is considered safer, natural, and therapeutically superior.

Ancient *Ayurvedic* literature has extensively documented the use of chewing sticks (*Dantadhavana*) for maintaining oral hygiene. These sticks are believed to exert mechanical cleansing through attrition and leveling of the occlusal surfaces, stimulate salivary secretion, and offer antimicrobial activity that may aid in plaque control and caries prevention.Modern research corroborates that many of the chewing sticks mentioned in classical texts possess significant medicinal and anti-cariogenic properties.[15]

Among these, neem (*Azadirachta indica*) is one of the most widely used chewing sticks across India. Several studies have demonstrated its effectiveness in oral care. Saimbi et al. reported that neem extract exhibited significantly higher antiplaque activity compared to Ayurvedic tooth powders and commercial toothpastes.[16] Venugopal et al. observed that children aged 1–4 years using neem twigs had a lower incidence of dental caries.[17]The antimicrobial efficacy of aqueous neem extract at various concentrations was confirmed by Khalid, showing activity against a broad range of oral pathogens.[18] Neem contains a complex phytochemical profile, including margosine, tannins, alkaloids, saponins, flavonoids, silica, calcium, and essential oils, which contribute to its antimicrobial and anti-inflammatory actions.[19]Vanka et al. demonstrated that neem-based mouthwash significantly reduced Streptococcus mutans and Lactobacillus levels, with the potential to reverse incipient carious lesions .[20]Baswa et al. found neem oil to be bactericidal across temperature ranges, primarily by disrupting bacterial cell membrane synthesis.[21]

In addition to neem, mango leaves (*Mangifera indica*) have also been evaluated for their role in oral hygiene. Summant et al. found that although mango leaves produced higher soft deposit scores compared to toothbrushes, the caries experience remained similar, indicating their protective efficacy.[22]Mango leaves contain mangiferin, a xanthonoid with demonstrated antimicrobial properties against Streptococcus, Staphylococcus, Pneumococcus, and Lactobacillus acidophilus.[23]Other active compounds such as tannins and resins contribute astringent effects, forming a protective layer over enamel surfaces and potentially reducing the risk of dental caries.[24]

A comparative evaluation of traditional herbal chewing sticks indicates that their mechanical and pharmacological actions synergize to maintain oral health. Other herbs like *Acacia arabica* (*Babool*), *Salvadora persica* (*Miswak*), and *Glycyrrhiza glabra* (*Yashtimadhu*) also demonstrate notable antibacterial and anti-inflammatory properties in contemporary studies.[25] These findings validate the traditional Ayurvedic practice of *Dantadhavana* as a viable, natural, and preventive modality in modern dental care.

2) JihwaNirlekhana (Tongue Scraping)

Following dental cleansing, the practice of tongue scraping is recommended using a thin, smooth, curved, flexible strip that possesses a blunt edge to prevent injury to the tongue made of metals like gold, silver, copper, stainless steel, or wood, preferably sourced from the same plant used for dental twigs (*Danta Dhavana*). The procedure involves cleaning the tongue from root to tip with a scraper.

This practice is beneficial in eliminating halitosis (bad breath), removing coatings accumulated at the base of the tongue, and facilitating unobstructed respiration, thereby contributing to overall oral and respiratory health.[26]

Modern studies reveal that tongue scraping reduces volatile sulfur compounds (VSCs) and halitosis while improving oral microbial balance.[27] A comparative study showed that metal tongue scrapers were more effective than plastic ones in reducing Streptococcus mutans count.[28]Another study highlighted its role in reducing oral malodor and improving taste sensation through mechanical debridement of biofilm on the tongue surface.[29]

This practice stimulates the entire digestive tract and enhances *Agni* (digestive fire). Tongue scraping effectively removes a significant number of bacteria, estimated at around 500 different species. Clinical studies have demonstrated that regular use of tongue scrapers significantly reduces anaerobic bacterial populations, thereby minimizing bad breath (halitosis).[30]
Additionally, this practice stimulates reflex points on the tongue, improves the sense of taste, and promotes the secretion of digestive enzymes, contributing to overall oral and digestive health.

3) Gandusha and Kavala (Oil Holding and Gargling)

Gandusha and *Kavala*are traditional *Ayurvedic* oral cleansing practices recommended after dental hygiene procedures like tooth brushing and tongue scraping. These are considered key procedures for strengthening the oral cavity. These techniques differ primarily in the volume of liquid used and method of administration.
In *Gandusha*, the oral cavity is completely filled with a medicated liquid, which is retained passively without movement for a fixed duration (approximately 3–5 minutes) until lacrimation and nasal discharge occur, signalling sufficient exposure. In contrast, *Kavala* involves partially filling the oral cavity (about three-fourths full), followed by active gargling and then expelling the fluid after 2–3 minutes.
Regular practice of *Gandusha* confers several benefits, including improved voice quality (*Swarabalam),* jaw strength (*Hanubalam*), enhanced facial tone, stimulation of taste (*Ruchyam*), firm and healthy teeth (*Drudhadanta*), and protection against both endogenous (*Doshaja*) and exogenous (*Agantuja*) oral diseases.
Various substances have been recommended by classical texts for Kavala and Gandoosha, such as *Tilataila* (sesame oil), *Mustha kashaya* (Cyperus rotundus decoction), Triphala Kashaya, honey mixed with water, cold or lukewarm water, and meat soup or juice.For everyday practice, simple gargling with cold water is also effective in maintaining oral cleanliness, reducing excessive *Kapha*, quenching thirst, and enhancing digestion.In cases of oral ulcers, a mixture of *Triphala* decoction and honey is specifically beneficial due to its healing and anti-inflammatory properties.
Recent scientific studies support the traditional claims of *Kavala* and *Gandusha*. The oral mucosa does not function as a semi-permeable membrane to expel toxins, contradicting some older theories. Instead, the benefits arise from local antimicrobial and anti-inflammatory actions of the medicated fluids used.[31]The viscosity of oils like sesame likely reduces bacterial adhesion and plaque co-aggregation, thereby contributing to oral hygiene. Recent evidence suggests that oil pulling has significant therapeutic potential. Clinical trials have shown that oil pulling significantly decreases plaque index, gingival scores, and oral bacterial counts in patients with plaque-induced gingivitis.[32]
A study by Asokan et al. demonstrated that sesame oil pulling reduced plaque-induced gingivitis and aerobic microbial colony count in adolescents,comparable to chlorhexidine mouthwash.[33] *Arimedadi Taila* has been found to exhibit significant antimicrobial action against oral pathogens and helps in reducing bleeding gums and strengthening teeth.[34]
Similarly, coconut oil was found to significantly reduce plaque and gingival scores in adolescent subjects.[35] These practices also demonstrated a reduction in Streptococcus mutans, a key contributor to dental caries. [36]
Moreover, *Triphala* mouthwash has demonstrated potent anti-cariogenic, anti-gingivitis, and anti-periodontitis effects, making it an effective herbal alternative for oral care. A study by Prakash et al. (2014) found that *Triphala* rinse significantly reduced dental caries and periodontal inflammation. [37]

4) TambulaCharvana (Chewing of Betel)

TambulaCharvana (chewing of betel) is an important daily regimen (*Dinacharya*) described in *Ayurvedic* texts to maintain oral hygiene and promote digestive and sensory health. *Tambula* is traditionally composed of betel leaf (*Piper betle*), areca nut powder (*Areca catechu*), camphor (*Cinnamomum camphora*), cloves (*Syzygium aromaticum*), slaked lime, and nutmeg (*Myristica fragrans, Jatiphala*).
According to *Ayurvedic* classics, *Tambula* should be chewed at specific times, after waking from sleep, following meals (especially dinner), after bathing, and after *Vamana karma* (therapeutic emesis) to enhance oral hygiene and support digestion.The practice provides cleanliness to the oral cavity, eliminates foul breath, enhances facial glow, removes tongue coating, purifies dental secretions, improves voice quality, and stimulates digestive fire (*Agni*). The excessive or inappropriate use of *Tambula* is contraindicated, particularly in individuals suffering from scurvy (vitamin C deficiency-related bleeding gums), excessive thirst (*Trishna*), or in those who are emaciated or of lean constitution.[38]

Modern pharmacological studies support the antimicrobial and digestive stimulant properties of betel leaf and its constituents. Betel leaf exhibits antibacterial activity against oral pathogens, while areca nut and clove have shown digestive and carminative effects in experimental studies. [39]However, excessive or chronic use especially with tobacco, has been associated with adverse oral health outcomes, including oral submucous fibrosis and oral cancers, warranting cautious use, and preference for non-tobacco traditional formulations. [40]

5) Pratisarana (Massaging the Teeth and Gums)

Pratisarana, or massaging the teeth and gums, is a traditional *Ayurvedic* practice recommended as part of daily oral hygiene. It involves the application of herbal powders or pastessometimes mixed with honey or oil,rubbed gently onto the gums and teeth using the fingers.[41] Classical *Ayurvedic* formulations for *Pratisarana* include fine powders of *Vapya* (*Ficus benghalensis*), *Kushta* (*Saussurealappa*), and the combinations known as *Triphala* (*Terminalia chebula, Terminalia bellirica, Emblica officinalis*), *Trikatu* (*Zingiber officinale, Piper nigrum, Piper longum*), and *Trijata*(*Cinnamomum zeylanicum, Elettaria cardamomum, Cinnamomum tamala*), often mixed with honey (*Madhu*) for enhanced efficacy.[42]

According to *Acharya Sushruta*, tooth powders prepared from*Trivarga* (a combination often including *Pippali-Piper longum, Nagakesara- Mesua ferrea*, and *Shunti- Zingiber officinale*), *Madhu* (honey), *Saindhava Lavana* (rock salt), and oil (*Taila*) can be used for *Pratisarana* to maintain dental hygiene, strengthen the gums, and prevent oral diseases.[43] This procedure is considered effective in removing food debris and plaque while promoting periodontal health through enhanced gingival circulation.[44]

Recent clinical studies validate this traditional practice. Suchetha et al. (2013) evaluated the effect of Periocare® gum massage powder, an *Ayurvedic* formulation containing *Cinnamomum zeylanicum* (*Dalchini*), *Piper nigrum* (*KaliMirch*), *Eugenia caryophyllata* (*Lavanga*), *Glycyrrhiza glabra* (*Yashtimadhu*), and *Rubia cordifolia* (*Manjistha*),and found significant reductions in plaque scores, gingival index, and microbial colony-forming units, both aerobic and anaerobic, compared to mechanical plaque control alone.[45]

Further, *Curcuma longa* (*Haridra*), a cornerstone herb in *Ayurveda*, is noted for its potent anti-inflammatory and antioxidant properties. Its active constituent, curcumin, has been shown to be effective in reversing precancerous conditions like oral submucous fibrosis.[46]Cikrikci et al. (2008) reported that a paste made of turmeric (*Curcuma longa*), salt, and mustard oil (*Brassica juncea*) showed notable improvements in gingivitis and periodontitis when applied twice daily.[47]Similarly, a pilot study by Suhag et al. (2007) found that a 1% curcumin solution used as a subgingival irritant resulted in better resolution of inflammatory signs than chlorhexidine or saline irrigation.[48]

Thus, *Pratisarana*, enriched with classical *Ayurvedic* wisdom and validated by modern scientific research, remains an effective tool in maintaining oral hygiene and preventing periodontal disorders.

VI. CONCLUSION

The *Ayurvedic* regimen of *Dinacharya*presents a time-honored, holistic framework for daily self-care that extends far beyond cosmetic cleanliness to encompass systemic health and disease prevention. Oral hygiene, as conceptualized in *Dinacharya* through modalities such as *Dantadhavana* (tooth brushing with herbal twigs), *JihvaNirlekhana* (tongue scraping), *Gandusha*(oil retention), and *Kavala*,(herbal gargling), and *Pratisarana* (massaging the teeth and gums), reflects a nuanced understanding of the interconnectedness between oral and systemic well-being.

Scientific validation of these practices is steadily emerging. Contemporary research has demonstrated that herbs like Neem*(Azadirachta indica*), *Triphala*, *Yastimadhu(Glycyrrhiza glabra)*, and *Lavang* (*Syzygium aromaticum*), traditionally used in Ayurvedic oral hygiene, possess antimicrobial, anti-inflammatory, antioxidant, and anti-cariogenic properties. These findings affirm that *Dinacharya* modalities are not only culturally and historically significant but also clinically relevant in the context of modern preventive dentistry.

Furthermore, the constitutional approach of *Ayurveda*, which tailors oral care based on an individual's *Prakriti* (body constitution), lifestyle, and seasonal changes (*Ritucharya*), offers a personalized healthcare model. This integrative, preventive strategy has particular promise in low-resource settings where access to commercial oral hygiene products is limited. By leveraging indigenous knowledge systems, *Ayurveda* provides sustainable, cost-effective, and ecologically sound alternatives that align with global public health goals.

Procedures like *Dantadhavana* using *Dattuna* (chewing sticks) offer a natural alternative to commercial toothbrushes. Research has shown these twigs possess medicinal, anti-plaque, and anti-cariogenic benefits.

Similarly, *Gandusha* and *Kavala* have been associated with broader systemic effects, indicating their therapeutic value beyond oral health. These practices involve minimal cost, use readily available natural materials, and have a longstanding record of safety and efficacy.

In light of these findings, integrating *Ayurvedic* oral hygiene into modern dental practice can be a valuable addition to preventive dentistry and integrative medicine. However, to promote widespread acceptance and clinical application, further interdisciplinary research, including randomized controlled trials, phytochemical studies, and longitudinal evaluations, is essential to establish standardized protocols and dosage regimens.

In conclusion, *Dinacharya*-based oral hygiene is more than just a set of traditional practices; it represents a convergence of ancient wisdom and contemporary science, offering a sustainable, holistic, and evidence-based model for oral and general health promotion. By revisiting and rigorously evaluating these age-old interventions, we can redefine the scope of dental care, contribute to integrative health models, and address global oral health challenges with culturally sensitive and ecologically responsible solutions.

REFERENCES

[1] Misra Brahmasankara and Vaidya Rupalalaji, Bhava prakashapoorva khanda with Vidyotinihindi commentary, varanasi, chaukhambasanskrit sansthan:2007;5:12 13:108
[2] Acharya JT, editor. Charaka Samhita of Agnivesha. Sutra Sthana, Ch. 30, Ver. 26. Varanasi: Chaukhamba Sanskrit Sansthan; 2017.
[3] Shastri AD. Ashtanga Hridaya of Vagbhata. Sutra Sthana, Ch. 2. Varanasi: Chaukhamba Sanskrit Series; 2015.
[4] Professor sharmapriya vat, editor, charakasamhita, text with english translation, 9th edition, Vol Chaukambhaorientalia 2005;5;43:464
[5] Dash B, Sharma RK. Aggravation of Ama and its Role in Pathogenesis. In: Caraka Samhita. Delhi: Chowkhamba Krishnadas Academy; 2003.
[6] Tonetti MS, Van Dyke TE. Periodontitis and atherosclerotic cardiovascular disease: Consensus report of the Joint EFP/AAP Workshop. J Periodontol. 2013;84(4 Suppl): S249.
[7] Asokan S, Emmadi P, Chamundeswari R. Effect of oil pulling on plaque-induced gingivitis: A randomized, controlled, triple-blind study. Indian J Dent Res. 2009;20(1):47–51.
[8] Peedikayil FC, Sreenivasan P, Narayanan A. Effect of coconut oil in plaque-related gingivitis A preliminary report. Niger Med J. 2015;56(2):143–7.
[9] Thaweboon S, Nakaparksin J, Thaweboon B. Effect of oil-pulling on oral microorganisms in biofilm models. Asia J Public Health. 2011;2(2):62–6.
[10] Jagdish L, Sridevi V, Kaviyarasan V. Antimicrobial activity of Triphala against dental pathogens. J Ethnopharmacol. 2009;124(2):289–94.
[11] Hugar SS, Kukreja P, Hugar SM, Deshmukh MA. Evaluation of the effect of Dashana Samskara Churna on gingivitis: A clinical study. Ayu. 2010;31(2):224–8.
[12] Vaidya YadavjiTrikamji Acharya. Charaka Samhita of Agnivesha, Sutrasthana, Chapter 5, Verse 78-88. Reprint ed. Varanasi: ChaukhambaSurbharati Prakashan; 2017. p. 38.
[13] Acharya Sushruta. Sushruta Samhita, Sutrasthana, Chapter 45, Verse 13. Edited by Vaidya Yadavji Trikamji. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2018. p. 199.
[14] Sharma PV. Dravyaguna Vijnana, Vol. 2. Reprint ed. Varanasi: Chaukhamba Bharati Academy; 2013. p. 156–160.
[15] Gupta P, et al. Role of traditional chewing sticks in oral hygiene: A review. J Oral Health Comm Dent. 2009;3(1):29–31.
[16] Saimbi CS, et al. Antiplaque effect of neem extract. J Indian Dent Assoc. 1994;65(2):49–52.
[17] Venugopal T, et al. Effect of neem on dental caries among preschool children. J Indian Soc Pedod Prev Dent. 2001;19(1):19–23.
[18] Khalid A. Antimicrobial activity of Azadirachta indica (neem) leaf extract against oral pathogens. Pak J Pharm Sci. 1999;12(1):23–28.
[19] Biswas K, et al. biological activities and medicinal properties of neem (Azadirachta indica). Curr Sci. 2002;82(11):1336–1345.
[20] Vanka A, et al. antimicrobial efficacy of neem-based mouth rinse: A comparative study. Indian J Dent Res. 2001;12(3):107–112.
[21] Baswa M, et al. Bactericidal activity of neem oil. Indian J Exp Biol. 2000;38(7):697–700.
[22] Summant R, et al. Comparative evaluation of mango leaf and toothbrush for oral hygiene. JIDA. 1992;63(6):267–70.
[23] Muruganandan S, et al. Antimicrobial and anti-inflammatory properties of mangiferin. Indian J Pharmacol. 2005;37(4):239–42.
[24] Rai S, et al. Phytochemical analysis of Mangifera indica leaves and their antibacterial activity. J PharmacognPhytochem. 2014;3(6):64–66.
[25] Al–Zahrani MS. The effect of chewing stick use on oral health: A review. Saudi Dent J. 2010;22(2):55–59.
[26] Pedrazzi V, Sato S, de Mattos Mda G, Lara EH, Panzeri H. Tongue-cleaning methods: A comparative clinical trial employing a toothbrush and a tongue scraper. J Periodontol. 2004;75(7):1009–12.
[27] Seemann R, Conceição MD, Filippi A. Tongue coating: Its relationship to oral malodor and microbial composition. Quintessence Int. 2001;32(6):479–91.
[28] Chopra R, Mathur S, Sandhu M, Goyal K, Sood S, Sood R. Comparative evaluation of efficacy of different tongue cleaning aids in reducing Streptococcus mutans count and tongue coating among school children. J Indian Soc Pedod Prev Dent. 2013;31(4):242–7.
[29] Yaegaki K, Sanada K. Volatile sulfur compounds in mouth air from clinically healthy subjects and patients with periodontal disease. J Periodontal Res. 1992;27(4):233–8.
[30] Gilmore J, Augenstein W, Johnson N, et al. Reducing oral malodor by tongue cleaning and its influence on oral health: A review. J Contemp Dent Pract. 2012;13(6):849–56.
[31] Hebbar A, Keluskar V, Shetti A. Oil pulling – Unraveling the path to mystic cure. J Int Oral Health. 2010;2(4):11–15.
[32] Peedikayil FC, Sreenivasan P, Narayanan A. Effect of coconut oil in plaque related gingivitis – A preliminary report. Niger Med J. 2015;56(2):143–147.
[33] Asokan S, Emmadi P, Chamundeswari R. Effect of oil pulling on plaque-induced gingivitis: A randomized, controlled, triple-blind study. Indian J Dent Res. 2009;20(1):47–51.
[34] Gupta R, Sharma V, Singh R. Evaluation of the efficacy of Arimedadi Taila in the management of bleeding gums: A clinical study. Ayu. 2012;33(3):399–402.
[35] Peedikayil FC, Sreenivasan P, Narayanan A. Effect of coconut oil in plaque-related gingivitis — A preliminary report. Niger Med J. 2015;56(2):143–7.

[36] Thaweboon S, Nakaparksin J, Thaweboon B. Effect of oil pulling on oral microorganisms in biofilm models. Asia J Public Health. 2011;2(2):62–6.
[37] Prakash S, Shelke AU. Comparative evaluation of efficacy of Triphala mouthwash and chlorhexidine gluconate mouthwash on oral health in school children. J Ayurveda Integr Med. 2014;5(4):229–232.
[38] Shastri A. Ayurveda Tattva Sandipika. Commentary on Ashtanga Hridaya. Varanasi: Chaukhambha Publications; 2015.
[39] Jagetia GC, Baliga MS. Evaluation of anticancer activity of betel leaf (Piper betle) extract. J Ethnopharmacol. 2004;90(1):107–114.
[40] Warnakulasuriya S. Betel quid and oral cancer: A review. J Oral Pathol Med. 2002;31(5):239–246.
[41] Vagbhata. Ashtanga Hridaya, Sutrasthana, Ch. 2/9. Edited by Gupta K. Varanasi: Chaukhambha Sanskrit Series; 2010.
[42] Bhavamishra. Bhavaprakasha Nighantu, Dantyadi Varga. Varanasi: Chaukhambha Bharati Academy; 2009.
[43] Sushruta. Sushruta Samhita, Chikitsasthana, Ch. 24/12. Edited by Acharya YT. Varanasi: Chaukhambha Orientalia; 2014.
[44] Sharma S. Kriya Sharira. Varanasi: Chaukhambha Sanskrit Bhawan; 2013. p. 209–211.
[45] Suchetha A, Venkat R, Rai K. Clinical evaluation of the efficacy of an Ayurvedic gum massage powder (Periocare®) in oral hygiene. J Ayurveda Integr Med. 2013;4(4):213–219.
[46] Rai B, Kharb S, Jain R. Effect of curcumin on clinical and histological parameters of oral submucous fibrosis: A pilot study. J Contemp Dent Pract. 2010;11(4):34–41.
[47] Cikrikci S, Mozioglu E, Yilmaz H. Biological activity of curcuminoids isolated from Curcuma longa. Rec Nat Prod. 2008;2(1):19–24.
[48] Suhag A, Dixit J, Dhingra K. Comparative evaluation of subgingival irrigation with 1% curcumin solution, 0.2% chlorhexidine, and saline in chronic periodontitis patients: A pilot study. Indian J Dent Res. 2007;18(3):148–151

पृष्ठभूमि:

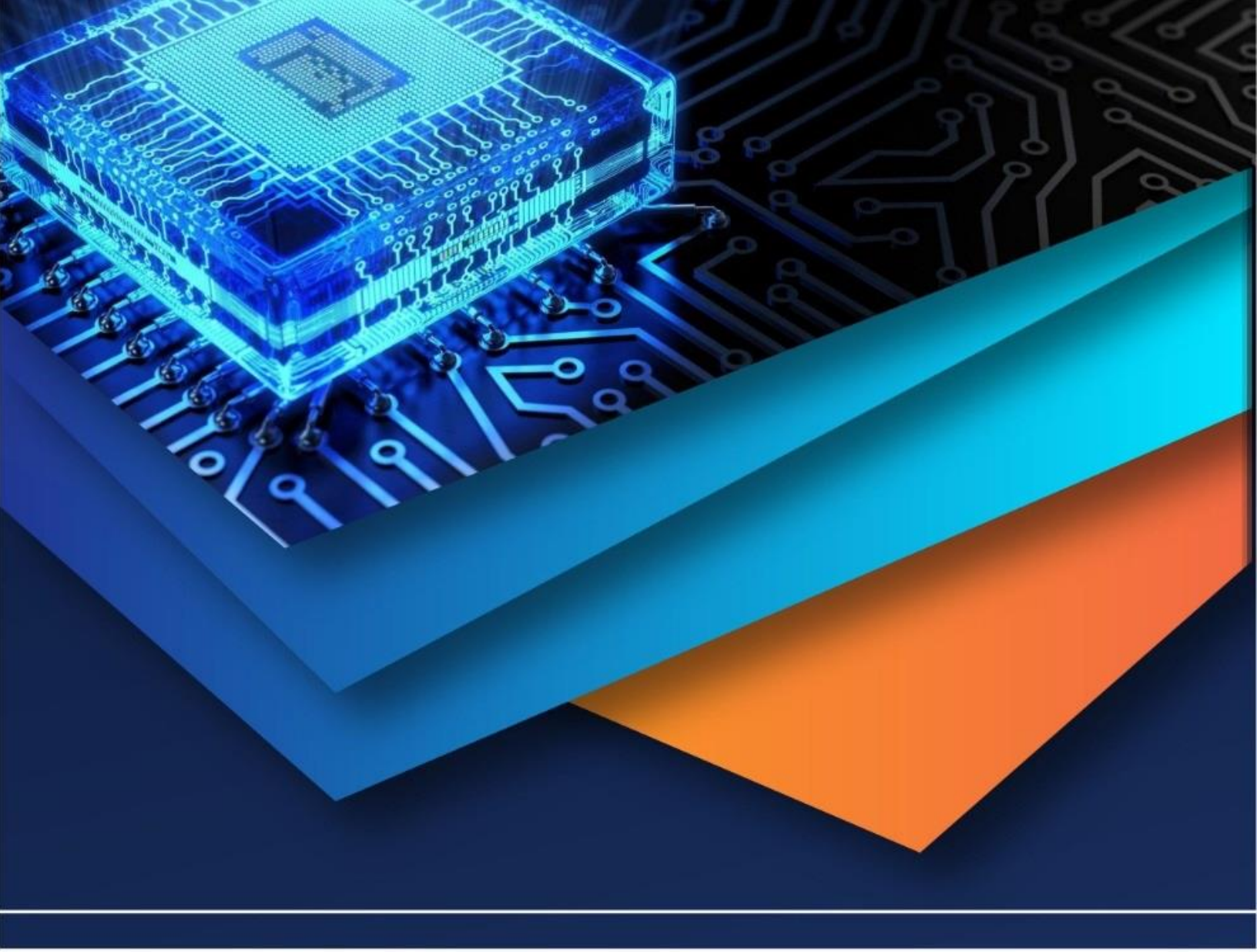
मौखिकस्वच्छतासम्पूर्णस्वास्थ्यकीरक्षातथाप्रणालीगतरोगोंकीरोकथाममेंएकमहत्वपूर्णभूमिकानिभातीहै।आयुर्वेदजोकिभारतकीप्राचीनचिकित्सापद्धतिहैमें स्वास्थ्यकीरक्षाएवंरोगोंकीरोकथामहेतुदिनचर्या (दैनिकआचार)

कोविशेषरूपसेमहत्वदियागयाहै।इसदिनचर्यामेंकईविधियाँविशेषरूपसेमौखिकस्वच्छतासेसंबंधितहैं, जैसेदन्तधावन (औषधीयदंतमंजन), जिह्वानिर्लेखन (जीभकीसफाई), गण्डूषऔरकवल (तेलधारणएवंकुल्ला), तथाप्रतिसारण (दाँतएवंमसूड़ोंकीऔषधीयमालिश)।इनउपायोंकाउद्देश्यमुखगुहाकीशुद्धि, दोषोंकासाम्यकरण, मुखरोगोंकीरोकथामएवंप्रणालीगतप्रतिरक्षाकीवृद्धिकरनाहै।उद्देश्य:

दिनचर्याकेअंतर्गतवर्णितआयुर्वेदिकमौखिकस्वच्छताविधियोंकीआलोचनात्मकसमीक्षाकरनाएवंआधुनिकवैज्ञानिकशोधोंकेमाध्यमसेइनकीप्रासंगिकताकामू ल्यांकनकरना।सामग्रीएवंविधियाँ:चरकसंहिता, सुश्रुतसंहिता, अष्टांगहृदय,

एवंभावप्रकाशजैसेआयुर्वेदिकग्रंथोंकीसमीक्षाकीगई।इसकेसाथहीपबमेडएवंगूगलस्कालरजैसेवैज्ञानिकडेटाबेसपरउपलब्धशोध-पत्रोंकाविश्लेषणकियागया, जिनमेंआयुर्वेदिकमौखिकस्वच्छतापद्धतियों, औषधीयसंयोजनोंएवंआधुनिकदंतचिकित्साकेसाथउनकीतुलनापरआधारितअध्ययनसम्मिलितथे।परिणाम: अनुसंधानोंसेयहसिद्धहुआहैकिअज़दिराच्टाइण्डिका (नीम), त्रिफला, एवंग्लायसीर्राइजाग्लाब्रा (यष्टिमधु) जैसेऔषधीयघटकदन्तपट्टिका, मसूड़ोंकीसूजन, एवंहानिकारकजीवाणुओंकोकमकरनेमेंप्रभावीहैं।तिलअथवानारियलतेलसेकीगईगण्डूषक्रियासेस्ट्रेप्टोकॉकसम्यूटेन्सजैसेजीवाणुओंकीसंख्यामेंकमीआतीहैएवं मसूड़ोंकास्वास्थ्यसुधरताहै।जिह्वानिर्लेखनसेदुर्गन्धतथाजीवाणुओंकीवृद्धिमेंकमीदेखीगईहै।येसभीपद्धतियाँआधुनिकनिवारकदंतचिकित्साकेसिद्धांतोंकेअनु रूपहैंतथान्यूनतमदुष्प्रभावोंकेसाथसमग्रलाभप्रदानकरतीहैं।निष्कर्ष: मौखिकस्वच्छताहेतुआयुर्वेदमेंवर्णितदिनचर्यापद्धतियाँवैज्ञानिकरूपसेप्रमाणित, कमलागतवालीएवंसांस्कृतिकरूपसेस्वीकार्यउपायहैं।इन्हेंआधुनिकदंतचिकित्साकेसाथएकीकृतकरकेनिवारकउपायोंकोअधिकप्रभावशालीबनायाजासकताहै , जिससेव्यापकजनस्वास्थ्यलाभप्राप्तहोसकतेहैं।

मुख्यशब्द: आयुर्वेद, दिनचर्या, मौखिकस्वच्छता, तेलधारणा, दन्तधावन, प्राकृतिकदंतचिकित्सा।



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089 (24*7 Support on Whatsapp)