



“A REVIEW STUDY ON PUTIMUKHATA W.S.R TO HALITOSIS”

DR. JUNED ASLAM KOTHALI ¹, DR. KIRAN. B. PATIL ²

DR. CHANDRASHEKHAR. N. MULE³

1. Pg Scholar, M.S (Shalakyatantra) Yashwant Ayurvedic Collage P.G.T&R.C Kodoli,
Tal -Panhala, Dist-Kolhapur

Email Id-juned.20kothali@gmail.Com

2. Guide, M.S, Ph.D (Shalakyatantra), Yashwant Ayurvedic Collage P.G.T&R.C Kodoli, Tal -
Panhala ,Dist-Kolhapur

3. HOD, M.S [Shalakyatantra] Yashwant Ayurvedic Collage P.G.T&R.C Kodoli, Tal -Panhala
,Dist-Kolhapur

Abstract

Oral hygiene is one of the major components of daily routine. Deficiency in this, results into origin of many diseases. Ayurved described Putimukhata a disease caused due to deficiency of oral hygiene.in classical texts Acharya sushruta and Acharya vagbhata has described Putimukhata in a brief way. Ayurved advised a wide range of medicines in management of Putimukhata such as Shodhana procedure(Vamana, Shiro Virechana), Mukhadhawana, Dantadhawana, Gandoosha and internal medicines as well. As Putimukhata is one of the commonly observed disease there is need of illustrate it with more with correlation with contemporary science with probabale pathophysiology by ayurved aspect. Here is an attempt to review on ayurved and contemporary aspect of Putimukhata

Keywords- Putimukhata, Halitosis, Gandoosha, Oral Hygiene

Introduction

Oral cavity is the entry organ of alimentary system of prime importance withholding multiple structures like lips, teeth, gums, tongue, palates and so on. Oral hygiene is profound to be important daily routine to keep alimentary system healthy and active. Deviation from oral hygiene may leads to diseases of oral cavity such as halitosis.

Halitosis is defined as unpleasant or offensive odor that is emitted from oral cavity.¹ the word halitosis is derived from latin where *halitus* means breathed air and *osis* means pathologic alteration.² it is one of the common complaint found in ENT and dental clinics. The prevalence of halitosis is 21.7% in males while 35.3% in females.³ halitosis has wide range of etiological factors and mainly classified as genuine halitosis and delusional halitosis. Furthermore genuine halitosis is again classified as physiological and pathological halitosis. As halitosis is of mainly unhygienic origin, it is a preventable and easily curable disease by mechanical removal of biofilm and microorganisms by brushing and scrapers, followed by antimicrobial treatment.

In Ayurved halitosis can be co related with Puti Mukhata. Acharya Vagbhata has described Putimukhata as one of the Mukharogas originated from avoidance of practices of Dantadhawana etc. rituals. As Acharya has given very short description of commonly found disease, there is need of illustration of disease by classical and modern view.

Materials And Methods

Ayurvedic classical references were explored from Ashtanga Sangraha, Ashtanga Hridaya and Sharangadhara Samhita. Contemporary references were taken from medical and dental journals available on internet sources as well as literature available

Sr No	Samhita	Descriptiom given
1.	Charaka samhita	-
2.	Sushruta samhita	+
3.	Ashtanga hrudaya	+
4.	Ashtanga sangraha	+
5.	Sharangdhara samhita	+

Acharya Sharangdhara has explained eight types of Mukhrogas ⁴ i.e.

1. Vataja Mukhpaka,
2. Pittaja Mukhpaka,
3. Kaphaka Mukhpaka,
4. Raktaja Mukhpaka,
5. Sannipatika Mukhpaka,
6. Putimukhata,
7. Urdhwa Guda,
8. Arbuda.

Etiology ^{5,6}

The Vitiated dosha produces Foul smell in mouth due to improper cleaning of teeth (with dantha Kaasta) and mouth

Samprapti



Management - ^{7,8,9}

- 1) Sneha - Sweda
- 2) Vaman
- 3) Teekshna nasya
- 4) Teekshana Dhooma Pana
- 5) Gutika For Mukha Dhawana- Svarjikā, Hingu, Grhadhūma, Manaśsilā, Elā, Śunthi, Vidanga, Tejovati,
- 5) Brushing of teeth and gargling with samanga, Dhataki, padma, Lodra, priyang,.
- 6) Sheetada Upakusha Chikitsa (these two are Dantha moola Vyadhies)

7) Gandoosha, with the decoction of Triphala, Jathi Patra,, haridra

Daruharidra, Guduchi, Nimba and patola etc.

8) Irimededi taila Gandoosha.

9) Chewing of Khadhiradi Vati Or Lavangadi vati.

Modern aspect -Halitosis

Definition

an unpleasant or offensive odour that is emitted from the oral cavity.¹ The word halitosis is derived from Latin, where halitus means breathed air and osis means pathologic alteration.

Risk factors

1.Dry mouth

It has been found to be associated with oral offensive odour, may be due to reduced salivary flow favouring anaerobic bacterial putrefaction of food debris that remains in the oral cavity after eating.

2.Smoking

cigarette smoking is associated with the high levels of VSCs in diseased periodontal pockets, as well as a harmful effect on the periodontium.

there is also an increase in the absolute numbers of VSC producing bacteria. tobacco smoke contains VSCs and smoking also predisposes hyposalivation, which aggravates people's perception of their own breath malodor.

3.Dietary habits

foods containing volatile compounds such as onions garlic, and spices, can cause transient unpleasant oral malodor,

Durian, a fruit with a very pungent Oduor, can also give rise to a profound dietary-related halitosis.

4. Alcohol Consumption

Alcohol consumption is potential risk factor for halitosis. chronic alcohol drinkers have been found with unique type of breath that might result from oxidation of alcohol in the mouth and liver,

producing acetaldehyde and other odorous byproducts. Alcohol causes hyposalivation and dry mouth.

Types

1. Primary Extra Oral
2. Secondary Intra Oral

Halitosis can be classified as

- 1) primary, extra-oral
which originates from the exhalation by the lungs,
- 2) secondary, intra-oral,
which originates from the mouth or upper airways.

Sources Of Halitosis

1. Extraoral Sources

The liver is most important extraoral sources of bad breath, with its chronic infection. The term fetor hepaticus, referring to a slightly sweet, musty and fecal breath is directly correlated with hepatitis and liver failure. A defining feature of fetor hepaticus is the VSC methyl mercaptan, and its association with halitosis is substantial, especially when combined with known attenuating factors such as periodontitis, xerostomia and smoking.

Extra-oral halitosis can also be caused by respiratory tract infections causing nasal or sinus secretions passing into the pharynx, gastrointestinal disease, hematological or endocrine system disorders. The main VSC associated with extra-oral halitosis is dimethyl sulphoxide whereas the main VSCs contributing to intra-oral halitosis are methyl mercaptan and hydrogen sulphide.

2. Intra-oral sources

The humid conditions and temperature of up to 37°C inside the oral cavity provide an ideal environment for bacteria to flourish and efficiently metabolize Sulphur-containing amino acids (L-cysteine + L-methionine) to generate hydrogen sulphide and methyl mercaptan.

3. Tongue coating

Tongue coating is considered the most important contributor to halitosis levels. This is probably because the dorsum of the tongue is a reservoir for anaerobic bacteria: a single epithelial cell on the dorsum of the tongue can harbour up to 100 bacteria, more than anywhere else in the oral cavity. This is mainly due to the 'cratered' surface of the tongue consisting of a complex papillary structure that supports the retention of considerable quantities of bacteria. These microbes, especially Gram-negative and proteolytic nitrate-producing anaerobes, for example, Veillonella and Actinomyces, are proficient at producing odiferous substances from epithelial cell debris and food remnants. There is also high bacterial species diversity on the dorsum of the tongue, suggesting that oral malodor is created by interactions between several bacterial species rather than a few dominant ones. Clinically, there is a correlation between more severe halitosis and greater tongue coating scores. Tongue coating is most commonly classified using the Kojima scoring criteria.

4. Periodontal Disease

A proposed microbiological link between halitosis and periodontal disease is through a property of the main microbially generated VSCs, whereby hydrogen sulphide and methyl mercaptan facilitate the penetration of lipopolysaccharide into the gingival epithelium, inducing inflammation. The VSCs also aid bacterial invasion of the connective tissue by their toxic effects on epithelial cells, while methyl mercaptan hinders epithelial cell growth and proliferation. This is accentuated by decreasing oxygen tension arising from an increase in periodontal pocket depth, with a concomitant decrease in pH, which is necessary for the putrefaction of amino acids that create VSCs.

5. Other Intra-Oral Sources

It includes exposed tooth pulps, non-vital teeth, healing wounds and fixed orthodontic appliances. All of these factors create a food or plaque retention site which enables putrefaction of amino acids by bacteria, causing halitosis.

6. Delusional Halitosis

In addition to conventional halitosis, approximately 5% of cases are termed ‘delusional halitosis’ or ‘monosymptomatic hypochondriasis’. These are situations where the patient complains of persistent malodor but there are no subjective or objective signs from examination and further investigations. This can occur either because the patient is convinced, they have a problem (pseudo-halitosis) or because they are so afraid they might develop the condition that they believe they have it already (halitophobia). These cases are very rare but should not be disregarded when a patient sits in the dental chair. Interestingly, advertisements of oral hygiene products have shown to be responsible for the increase in the number of patients with halitophobia. In terms of treatment, the recommendation for delusional halitosis is to carefully explain the actual situation to the patient and send them for psychological or psychiatric support as soon as possible. A multidisciplinary approach involving dentists, health care practitioners, psychologists and psychiatrists is thus necessary for these conditions.

TREATMENT OF HALITOSIS

1. Dental issues-, appropriate treatment
Scaling, root planning and detailed oral hygiene instructions.
2. Diet
Instructions to quit smoking and use of baking soda dentifrices
3. Oral hygiene
Tongue brushing with specialized tongue scrapers
4. Chemotherapeutic treatment
Peppermint mouth rinses zinc component of mouthwash chlorhexidine mouthwash
5. Probiotics
Lactobacillus salivarius, streptococcus salivarius
6. Oduor masking agents
Generic rinsing products, flavored toothpastes and mint tablets

Discussion

Ayurvedic practitioners refers Putimukhata also known as halitosis as vata kaphaja vyadhi. Gandoosha with decoctions like triphala,jati or irimedadi taila. The following pathogenesis might be considered during treatment of Putimukhata. In management of Putimukhata suppression of vitiated vata dosha and kapha dosha is important after removal of halitosis creating entity i.e. dental plaque or biofilms over it. Ayurved suggest gandoosha with irimedadi tailam to reduce malodor and also to suppress vitiated vata during Putimukhata. Many times, halitosis is associated with other orodental pathology such as neoplastic lesions or infections of other structures. Therefore, there is immense need of evaluate each case of Putimukhata to rule out other Mukharogas

Conclusion

This publication outlines the review of important disease of ENT practice. This study gives review the disease from both classical and Ayurved aspect. By studying the disease in both ways, it is found to be clinical features described as Putimukhata can be correlated with that of halitosis. So, in management of halitosis, treatment of Putimukhata can be implicated. This study gives guidance to qualified practitioner, ayurvedic treatments can complement conventional medicine and contribute to overall wellbeing.

References

1. Apatzidou AD, Bakirtzoglou E, Vouros I, Karagiannis V, Kon-stantinidis A. Association between oral malodour and periodon-tal disease-related parameters in the general population. ActaOdontol Scand 2013;71:189–195
2. Loesche WJ, Kazor C. Microbiology and treatment of halitosis. Periodontology 2000;28:256–279.
- 3.. Halitosis: prevalence, risk factors, sources, measurement and treatment – a review of the literature J Wu, RD Cannon, P Ji, M Farella, L Mei , Australian Dental Journal, 1 2020; 65: 4–11
4. Sharangdhara Samhita Madhyama Khanda Adhyaya No 8 Shloka 140-141
5. Ashtaga Sangraha Uttartantra Adhyaya 25 Shloka No 64
6. Ashtanga Hridaya Uttartantra Adhyaya No 21 Shloka No 64

7. Ashtanga Sangraha Uttartantra 26 Shloka No 195
8. Ashtanga Hridaya Uttartantra Adhyaya 22 Shloka 79-80
9. The Shalakyia Tantra Diseases Of Eye, Head, Ent Dr Dingari Lakshamana Chary

