



SURVEY STUDY OF KAASHYAPOKTA DANTA SAMPAT LAKSHANA WITH SPECIAL REFERENCE TO PRAKRUTI IN YUVA AVASTHA

Dr. Karuna V. Attigeri¹, Dr. Suryakanth V. Ghule M.D. (Ayu)²

*¹Postgraduate Scholar, ²Professor, Department of P.G. Studies in Rachana Shareera,
Government Ayurveda Medical College, Dhanvantari Road, Bengaluru, 560009 Karnataka.*

ABSTRACT

Background: Danta (teeth) are important anatomical structures concerned with mastication and the initiation of digestion. Kaashyapa Samhita describes nine ideal features of teeth under Danta Sampat Lakshana: Poornata, Samata, Ghanata, Uttaronnata, Shuklata, Snigdghata, Shlakshnata, Danta Bandhana Samata and Bruhat Sthira Moola. Prakruti represents the constitutional predominance of Dosha and is considered to influence structural and functional characteristics of an individual. Yuva Avastha is a period in which Dhatu, Indriya, Bala, Oja and Agni are considered relatively stable, making it suitable for assessment of constitutional variation in dental characteristics.¹⁻³

Objectives: To assess Kaashyapokta Danta Sampat Lakshana with reference to Doshaja Prakruti in individuals of Yuva Avastha (18-34 years), to study Danta Shareera according to Ayurveda and modern science, and to evaluate the relation between Danta Sampat Lakshana and Prakruti.

Methods: An observational survey was conducted on 100 individuals (50 males and 50 females) selected from the Dental OPD of K.C. General Hospital, Malleswaram, Bengaluru. Prakruti was assessed using the Prakriti Parikshana application. Danta Sampat was assessed through a structured 27-item Yes/No questionnaire developed from Kaashyapa Samhita and examined by Trividha Pareeksha. Oral-care practices were also recorded. One-way ANOVA was used to compare mean Danta Sampat scores among Prakruti groups.

Results: Dwidoshaja Prakruti was most frequent (54%), followed by Ekadoshaja (34%) and Tridoshaja (12%). The highest mean Danta Sampat score was observed in Kapha Prakruti (20.83), followed by Kapha-Pitta (19.56), while Vata Prakruti had the lowest score (8.25). The thesis reports a highly significant difference among Prakruti groups ($p = 5 \times 10^{-70}$).

Conclusion: The findings support practical assessment of Kaashyapokta Danta Sampat Lakshana in Yuva Avastha and demonstrate variation in Danta Sampat scores across Prakruti groups. The thesis also emphasizes that Danta Sampat is influenced by oral-care routine and other individual factors in addition to Prakruti.

Keywords: Danta, Danta Sampat, Kaashyapa Samhita, Prakruti, Yuva Avastha, Rachana Shareera.

INTRODUCTION

Ayurveda approaches health through the integrated understanding of body structure, function, constitution and daily living. Rachana Shareera deals with structural organization of the body, while classical descriptions distributed across the Samhitas provide the conceptual basis for studying individual structures. Modern anatomy and dental science offer complementary visual and empirical descriptions. Danta is one such structure that has both anatomical and functional importance and is therefore suitable for correlation between classical and contemporary observations.

DANTA IN AYURVEDA AND MODERN PERSPECTIVE

Ahara is described as an important Upastambha for maintenance of health and Dhatu Poshana. Digestion begins in the oral cavity, where Danta performs the essential mechanical function of mastication. The thesis notes that oral health is closely related to general health, although it is often neglected in routine care. Teeth also represent an important developmental milestone during growth.

According to the Ayurvedic review in the thesis, Danta is Parthiva in origin and is included under Asthi, with Sushruta describing teeth as Ruchakasthi. References to Danta are scattered through the Bruhatrayee and Laghutrayee, while Dantagata Rogas are described in

Sushruta Uttara Tantra. Kaashyapa Samhita gives a distinctive account in Dantajanmika Adhyaya and specifically enumerates the features of Danta Sampat.^{1,4,5}

Concept of Danta Sampat

Danta Sampat can be understood as the collection of desirable or ideal characteristics of healthy teeth. The thesis operationalized the classical terms so that they could be observed clinically. The nine characteristics collectively address completeness, arrangement, compactness and firmness, contour, colour, lustre, smoothness, periodontal stability and root stability. This converts a classical qualitative description into a structured observational framework.^{1,7-9}

Lakshana	Operational meaning used in the study
Poomata	Completeness and structural integrity of dentition; absence of breakage, discontinuity and carious porosity.
Samata	Normal spacing, maintained dental arch and proper orientation without crowding, rotation or overlap.
Ghanata	Firm and immobile teeth with intact enamel and absence of abscess or suppuration.
Uttaronnata	Normal convexity, well-defined cusps and chewing surfaces without excessive flattening or wear.
Shuklata	Natural white colour with absence of stains or discoloration.
Snigdhata	Glossy salivary film and absence of dull/chalky appearance or adherent plaque/food debris.
Shlakshnata	Smooth tooth surface appreciated by tongue, gloved finger and after gentle drying.
Danta Bandhana Samata	Firm attachment, stability during mastication and absence of discomfort during biting/clenching.
Bruhat Sthira Moola	Well-formed and stable roots, supported by radiographic and clinical indicators used in the study.

Modern dental correlation

The modern review in the thesis describes teeth in relation to gross dental anatomy, eruption, crown and root morphology, enamel, dentin, pulp, periodontal support and occlusion. These concepts provide clinically observable correlates for several Danta Sampat features. Completeness and alignment correspond to dentition and arch relationships; Ghanata and root stability relate to hard-tissue and periodontal integrity; Uttaronnata relates to crown contour and cusp morphology; and Shuklata, Snigdhata and Shlakshnata are reflected through colour, surface lustre and smoothness.¹⁰⁻¹⁴

PRAKRUTI AND YUVA AVASTHA

Prakruti is described in the thesis as the inherent constitution of an individual, formed by the relative predominance of Vata, Pitta and Kapha. It manifests through physical, physiological, psychological and social attributes and is considered largely stable throughout life. Because Dosha predominance influences Dhatu qualities, assessment of Prakruti provides an individualized framework for examining structural variation in Danta, which is related to Asthi Dhatu.^{2,6}

The study considered both single-Dosha, dual-Dosha and Tridoshaja expressions. For analysis, the detailed groups were Vata, Pitta, Kapha, Vata-Pitta, Pitta-Vata, Vata-Kapha, Kapha-Vata, Pitta-Kapha, Kapha-Pitta and Vata-Pitta-Kapha (VPK). This allowed the study to examine not merely broad constitutional categories but also the ordering of Dosha predominance within Dwidoshaja Prakruti.

Rationale for Yuva Avastha

Kaashyapa describes Vaya Vibhajana and places Yuva Avastha between 17 and 34 years. For feasibility and study design, individuals aged 18-34 years were included. The thesis explains that this stage is characterized by relative stability of Dhatu, Indriya, Bala, Oja and Agni, without the expected degenerative changes of later age. Studying Danta Sampat during this period therefore reduces the influence of age-related degeneration and permits clearer observation of constitutional and behavioural factors.³

Need for the study

The thesis identifies a need to examine whether the ideal dental characteristics described by Kaashyapa can be demonstrated in contemporary individuals and whether their expression varies with Prakruti. Although classical literature contains descriptions of Danta and dental disease, a structured assessment of the nine Danta Sampat Lakshanas in relation to constitution offers scope for practical validation. The study therefore combines literary review, operational definition of classical terms, questionnaire development and clinical observation.

Objectives

- Primary objective: To assess Kaashyapokta Danta Sampat Lakshana with reference to Doshaja Prakruti in individuals of Yuva Avastha (18-34 years).
- Secondary objective: To study Danta Shareera according to Ayurveda and modern science.
- Secondary objective: To evaluate the relation between Danta Sampat Lakshana and Prakruti.

Conceptual relationship examined

The working framework of the thesis is that Prakruti may influence the qualitative expression of Asthi-related structures, including Danta, while oral hygiene, diet, habits and other individual factors may modify the observed dental state. Kapha qualities such as Snigdhata, Ghanata and Dridhata were discussed as potentially favourable to several Danta Sampat features, whereas Vata-associated

Rukshata, Laghuta and Khara qualities were discussed as possible contributors to lower expression of these ideal features. These interpretations were examined against the observed scores rather than treated as the sole determinants of dental status.⁶

MATERIALS AND METHODS

Study design and source of data

The study was designed as an observational survey. Literary references were collected from Ayurvedic treatises including Bruhatrayee, Laghutrayee, commentaries and other relevant texts. Contemporary information was reviewed from journals, publications, articles, dental textbooks and related sources. The reference to Danta Sampat Lakshana in Kaashyapa Samhita formed the basis for development of the assessment questionnaire.

The clinical sample consisted of 100 individuals, equally divided between males and females, selected from the Dental OPD of K.C. General Hospital, Malleswaram, Bengaluru. Random sampling was adopted. Data collection was conducted on an OPD basis for two months. Prakruti assessment and Danta Sampat assessment were performed on the same day of the participant's OPD visit.

Eligibility

Criterion	Details
Inclusion	Individuals aged 18-34 years, either sex, residing in Bengaluru.
Exclusion	Individuals below 18 or above 34 years.
Exclusion	Individuals with history of dental procedures such as cleaning, extraction, fillings, crowns, root canal treatment, braces, bonding or dentures, and those with trauma or facial paralysis.

Assessment procedure

Prakruti was assessed using the questionnaire available in the Prakruti Parikshana application. A structured questionnaire for Danta Sampat was prepared from the nine features described in Kaashyapa Samhita. Meanings of the Sanskrit terms were referred from Sanskrit dictionaries and translated into observable parameters. Authentication and reliability were addressed through review by Subject Matter Experts and a statistician. A case sheet was prepared for uniform data collection.^{1,7-9}

Danta Sampat Lakshanas were assessed using Trividha Pareeksha - Darshana, Sparshana and Prashna. This was selected as a non-invasive, patient-friendly and OPD-feasible approach. The assessment included visual inspection, tactile examination where applicable and participant responses to structured questions.

Materials used

The materials listed in the thesis included gloves, cotton rolls, dental mirror, dental probe, dental explorer, dental floss, tweezers, head lamp or illumination source, tooth shade guide and Orthopantomogram (OPG) machine. These supported visual, tactile and radiographic components of the assessment where specified.

Oral-care and personal-history variables

To avoid viewing Danta Sampat only through constitution, the study also documented brushing frequency, tongue cleaning, stress, adequate water intake, indulgence in alcohol/tobacco/smoking, frequent snacking, excessive sweet consumption and aerated-drink intake. These variables were recorded in a Yes/No format for uniformity and were discussed as possible modifying factors of dental health.

DEVELOPMENT OF THE DANTA SAMPAT QUESTIONNAIRE

The thesis converted nine classical Danta Sampat Lakshanas into a 27-item structured instrument, with three items for each Lakshana. Responses were recorded as Yes = 1 and No = 0, giving a maximum individual score of 27. The total score was used to calculate mean Danta Sampat scores for each Prakruti group.^{1,7-9}

Questionnaire development involved preparation of items from classical descriptions and word meanings, expert validation, pilot testing, reliability assessment and final reforming. Ten Subject Matter Experts from relevant disciplines were involved in validation. A pilot study was conducted on 30 individuals (15 males and 15 females). The thesis reports that Cronbach's alpha was in an acceptable range, supporting internal consistency before application to the main sample.

Domain	Three assessment items used in the thesis
Poornata	Complete set of permanent teeth; no breakage/discontinuity; no holes/caries/porosity.
Samata	Normal spacing without crowding; dental arch maintained; no rotation/overlap.
Ghanata	Firm/immobile/stable teeth; enamel intact without erosion; no abscess/suppurative.
Uttaronnata	Normal central convexity; well-defined cusps; chewing surfaces without flattening/excessive wear.
Shuklata	No stains/discoloration; natural whiteness uniformly maintained; teeth appear white.
Snigdhatta	Thin glossy salivary film; no dull/chalky appearance; no plaque/food-debris adherence.
Shlakshnata	Tongue glides easily; gloved finger glides smoothly; surface remains smooth after drying.
Danta Bandhana Samata	Firm on gentle testing; firm during chewing; no discomfort/instability on biting or clenching.
Brihat/Bruhat Sthira Moola	Well-formed root with intact lamina dura and PDL space radiographically; no premature loss; no recurrent infection/inflammation.

Scoring and statistical plan

For every participant, the 27 binary responses were converted into a total Danta Sampat score. Participants were then grouped according to assessed Prakruti, and the mean score for each Prakruti was calculated. Before parametric comparison, the thesis states that data distribution was assessed using skewness and logarithmic transformation. One-way ANOVA was then used to compare mean scores across multiple Prakruti groups at a significance level of 0.05. Pairwise mean differences were subsequently presented to describe the magnitude of separation between selected groups.

Clinical interpretation of the domains

The instrument deliberately combines structural and surface characteristics. Poornata, Samata, Ghanata, Uttaronnata and Sthira Moola emphasize completeness, arrangement, density/firmness, crown morphology and root stability. Shuklata, Snigdhatta and Shlakshnata capture visible and tactile qualities of the tooth surface. Danta Bandhana Samata reflects stability of attachment. Together, the nine domains offer a broad clinical translation of Kaashyapa's description rather than limiting assessment to a single modern dental index.^{1,10-14}

OBSERVATIONS: DEMOGRAPHIC PROFILE

All 100 participants belonged to the selected Yuva Avastha range of 18-34 years. The largest age-group representation was 27-30 years (29%), closely followed by 18-22 years (28%) and 31-34 years (26%); 23-26 years constituted 17%. At individual ages, 27 years had the highest representation (n=12), followed by 31 years (n=9).

Age group	n	Percentage
18-22	28	28%
23-26	17	17%
27-30	29	29%
31-34	26	26%
Total	100	100%

The sample was intentionally balanced by sex, with 50 males and 50 females. Religion-wise, 86% were Hindu, 12% Muslim and 2% Christian. Educational status included school-level education (30%), SSLC (14%), PUC (16%), graduates (26%) and postgraduates (14%).

Variable	Category	n / %
Religion	Hindu	86
Religion	Muslim	12
Religion	Christian	2
Education	School	30
Education	SSLC	14
Education	PUC	16
Education	Graduate	26
Education	Postgraduate	14

Socio-economic distribution in the thesis was: poor 18%, lower middle 20%, middle 33%, higher middle 27% and higher 2%. The majority therefore belonged to middle and higher-middle categories. Diet distribution was nearly balanced, with 52% reporting a mixed diet and 48% a vegetarian diet.

Relevance of demographic and personal-history observations

The discussion relates education to awareness regarding oral care, diet, nutrition and oral hygiene. Socio-economic status was included because differences in Ahara and Vihara may influence Dhatu Poshana and dental quality. Dietary habits were considered relevant because nutrition and food patterns can influence development, strength and maintenance of teeth.

Oral-care routine

The study recorded brushing, tongue cleaning, stress, water intake, indulgence, frequent snacking, sweet consumption and aerated drinks across Prakruti groups. The thesis discusses brushing and tongue cleaning in relation to Dinacharya and oral cleanliness. Adequate water intake is linked in the discussion with salivary flow, oral hydration, acid buffering and enamel remineralization. Stress is discussed as a modifier of salivary flow, immune response and parafunctional habits. Tobacco, smoking and alcohol are considered potential contributors to impaired salivary function and periodontal or mucosal changes. Frequent snacks, sweets and aerated drinks are discussed as increasing the frequency of acid exposure and risk of demineralization and caries.

These observations were included to emphasize that Prakruti is not the only determinant of Danta Sampat. The final dental state reflects the interaction of constitutional qualities with daily oral care, diet, habits and other individual factors.

RESULTS: PRAKRUTI DISTRIBUTION

At the broad level, Dwidoshaja Prakruti was the most prevalent category, representing 54% of the study population. Ekadoshaja Prakruti accounted for 34%, while Tridoshaja Prakruti accounted for 12%.

Prakruti category	n	Percentage
Ekadoshaja	34	34%
Dwidoshaja	54	54%
Tridoshaja	12	12%
Total	100	100%

Detailed Prakruti distribution

The detailed distribution showed variation across ten analytical groups. Vata and Kapha-Pitta each had 16 participants. Pitta-Kapha included 13, Kapha 12, and VPK 12. Vata-Pitta and Pitta-Vata each had 7, Kapha-Vata 6, Pitta 6 and Vata-Kapha 5. This detailed classification was retained for calculation and comparison of Danta Sampat mean scores.

Prakruti	n
Vata	16
Pitta	6
Kapha	12
Vata-Pitta	7
Pitta-Vata	7
Vata-Kapha	5
Kapha-Vata	6
Pitta-Kapha	13
Kapha-Pitta	16
VPK	12

Constitutional basis discussed in the thesis

The discussion interprets Prakruti as an inherent constitutional makeup determined by relative predominance of Doshas. Because Danta is associated with Asthi Dhatu, constitutional qualities were considered relevant to the expression of dental characteristics. Kapha predominance was discussed in relation to Snigdghata, Ghanata and Dridghata, which may be reflected as greater structural stability and favourable surface qualities. Vata predominance was discussed in relation to Laghuta, Rukshata and Khara Guna, which may correspond with comparatively reduced expression of the ideal Danta Sampat features.^{2,6}

The study's use of detailed dual-Dosha categories also allowed comparison of the effect of ordering. For example, Kapha-Pitta and Pitta-Kapha were analyzed separately, as were Vata-Pitta and Pitta-Vata. This is important to the thesis because it attempts to preserve the predominance hierarchy rather than merging all dual-Dosha constitutions into a single category.

Purpose of individualized assessment

The thesis states that evaluating Danta Sampat with reference to Prakruti can help describe natural variation, provide a constitutional basis for dental characteristics, avoid generalized conclusions and support an individualized preventive approach. This framing follows the broader Ayurvedic emphasis on Purusha Vishesh - assessment of the individual rather than application of a single uniform description to everyone.

RESULTS: DANTA SAMPAT SCORES

Each participant's Danta Sampat score was calculated from 27 Yes/No items. The mean score was then calculated for each Prakruti group. A clear gradient was reported, with Kapha at the highest end and Vata at the lowest.

Rank	Prakruti	n	Mean Danta Sampat score
1	Kapha	12	20.83
2	Kapha-Pitta	16	19.56
3	Kapha-Vata	6	16.50
4	Pitta-Kapha	13	16.10
5	Vata-Kapha	5	15.00
6	Pitta	6	14.00
7	VPK	12	12.00
8	Pitta-Vata	7	11.80
9	Vata-Pitta	7	10.71
10	Vata	16	8.25

Kapha Prakruti showed the highest mean score of 20.83 out of the 27-item assessment, followed closely by Kapha-Pitta at 19.56. Groups with Kapha in prominent positions generally occupied the upper part of the score distribution. Vata Prakruti showed the lowest mean score at 8.25, while Vata-Pitta and Pitta-Vata were also toward the lower end.

Interpretation of individual Lakshanas

Poornata was assessed through completeness of dentition, absence of breakage and absence of carious porosity. The thesis notes that although 32 teeth represent ideal adult completeness, many participants had 28 visually observed teeth because third molars may erupt late, remain impacted or be congenitally absent.^{1,10-14}

Samata was assessed through normal spacing, maintenance of the dental arch and orientation without rotation or overlap. Ghanata was assessed through firmness and immobility, intact enamel and absence of abscess or suppuration. Uttaronnata was assessed through normal central convexity, defined cusps and lack of excessive flattening or wear of chewing surfaces.

Shuklata was assessed through natural whiteness and absence of staining or discoloration. Snigdhatta emphasized a thin glossy salivary film and freedom from dull/chalky appearance or adherent debris. Shlakshnata represented smoothness on tongue and finger examination and after gentle drying. Danta Bandhana Samata represented firmness and stability during chewing and biting. Bruhat Sthira Moola incorporated clinical history and radiographic indicators of well-formed, stable roots.^{1,10-14}

Age-wise observation

The thesis separately reports age-group Danta Sampat values as 80 for 18-22 years, 67 for 23-26 years, 108.25 for 27-30 years and 94.75 for 31-34 years. Because these values exceed the maximum individual questionnaire score of 27, they are reproduced here as the thesis-reported age-group Danta Sampat values rather than reinterpreted or recalculated.

STATISTICAL ANALYSIS AND PAIRWISE FINDINGS

One-way ANOVA

One-way ANOVA was applied because the study compared mean Danta Sampat scores across more than two Prakruti groups. The thesis reports $p = 5 \times 10^{-70}$. At $\alpha = 0.05$, this value is far below the significance threshold and was interpreted in the thesis as a highly statistically significant difference in mean Danta Sampat scores among the Prakruti groups.

The statistical result demonstrates heterogeneity of mean scores across the groups in this sample. It does not, by itself, establish that Prakruti is the only cause of the observed dental differences; the thesis separately acknowledges oral-care and lifestyle factors as relevant influences.

Kapha compared with other Prakruti groups

Comparison	Mean difference	Thesis interpretation
Kapha vs Vata	12.58	Very high / Highly significant
Kapha vs Vata-Pitta	10.12	Very high / Highly significant
Kapha vs Pitta-Vata	9.03	High / Significant
Kapha vs VPK	8.83	High / Significant
Kapha vs Pitta	6.83	Moderate / Significant
Kapha vs Vata-Kapha	5.83	Moderate / Significant
Kapha vs Pitta-Kapha	4.73	Moderate / Less significant
Kapha vs Kapha-Vata	4.33	Low / Less significant
Kapha vs Kapha-Pitta	1.27	Very low / Not significant

The maximum reported difference was between Kapha and Vata (12.58), while the minimum was between Kapha and Kapha-Pitta (1.27). This pattern parallels the mean-score ordering, with Kapha-Pitta lying close to Kapha and Vata lying at the opposite end.

Other pairwise observations

Comparison	Mean difference	Thesis interpretation
Kapha-Pitta vs Vata	11.31	Very high / Highly significant
Kapha-Vata vs Vata	8.25	High / Significant
Pitta-Kapha vs Vata	7.85	High / Significant
Pitta vs Vata	5.75	Moderate / Less significant
VPK vs Vata	3.75	Moderate / Less significant
Kapha-Pitta vs Kapha-Vata	3.06	Low / Less significant
Pitta-Kapha vs Vata-Kapha	1.10	Very low / Not significant
Pitta-Vata vs Vata-Pitta	1.09	Very low / Not significant

The thesis notes that similar Dwidoshaja combinations had relatively small mean differences, while comparisons spanning Kapha-dominant and Vata-dominant groups showed larger differences. Post-hoc Tukey testing is discussed in the thesis as the method for pairwise comparison following significant ANOVA.

DISCUSSION

Danta Sampat as a clinically assessable classical concept

A central contribution of the study is the attempt to convert a classical qualitative description into a repeatable clinical assessment. Each of the nine terms was linked to three observable or reportable items, producing a 27-item tool. This allowed Danta Sampat to be expressed numerically while retaining the classical categories. The use of Darshana, Sparshana and Prashna made the assessment practical in an OPD setting and aligned the method with Ayurvedic examination principles.^{1,7-9}

Relationship with Prakruti

The observed score pattern was strongest in Kapha and Kapha-Pitta and weakest in Vata. The thesis discusses this in terms of Dosha Guna. Kapha is associated with qualities such as Snigdha, Guru, Sthira and Sandra/Ghana, which conceptually correspond to lustre, firmness, stability and compactness. These qualities can be related to Snigdha, Ghanata, Danta Bandhana Samata and Sthira Moola. Vata, characterized by Ruksha, Laghu, Khara and Chala qualities, is discussed as less supportive of the ideal dental characteristics measured by the questionnaire. The intermediate position of mixed constitutions is interpreted according to the relative predominance of the participating Doshas.⁶

At the same time, the thesis does not treat constitution as an isolated explanation. Dental appearance and integrity are affected by oral hygiene, diet, hydration, habits, stress and previous dental events. The inclusion of oral-care variables therefore strengthens the observational framework by acknowledging real-world modifiers of Danta Sampat.

Discussion of oral-care variables

Brushing was included because regular Danta Dhavana supports cleanliness and plaque control. Tongue cleaning was considered as Jihva Nirlekhana, an element of Dinacharya that contributes to oral hygiene. Adequate water intake was discussed in relation to salivary flow and oral hydration. Stress was considered because it can influence salivary flow and parafunctional habits such as bruxism. Indulgence in tobacco, smoking and alcohol was recorded because of their potential adverse influence on periodontal and mucosal health. Frequent snacking, excess sweets and aerated beverages were included because repeated exposure to fermentable carbohydrate and acidity may contribute to demineralization and caries.

Strengths and interpretive considerations

The study combines classical textual review with direct clinical observation, uses an equal male-female sample, defines a restricted age range and develops a structured instrument from the nine Lakshanas. Expert validation and pilot testing were incorporated before main data collection. The analysis also preserves detailed Prakruti categories rather than collapsing all dual-Dosha types.

Interpretation should remain within the observational design. The sample was drawn from a single hospital OPD in Bengaluru and included 100 participants. The exclusion of people with several previous dental procedures creates a more specific study population and may limit generalization. The thesis reports strong statistical separation of group means, but oral-care, dietary and behavioural factors remain relevant potential contributors. The questionnaire translates classical concepts into modern observable criteria; therefore, future studies could further examine external validity, inter-rater reliability and replication in larger, multi-centre populations.

CONCLUSION

The observational survey study demonstrates that Kaashyapokta Danta Sampat Lakshanas can be operationalized and assessed in individuals of Yuva Avastha using a structured questionnaire and Trividha Pareeksha. The nine classical features - Poornata, Samata, Ghanata, Uttaronnata, Shuklata, Snigdha, Shlakshnata, Danta Bandhana Samata and Bruhat Sthira Moola - were represented through 27 clinically oriented items.

Among the 100 participants, Dwidoshaja Prakruti was the most common broad category. Mean Danta Sampat scores varied substantially across the detailed Prakruti groups. Kapha showed the highest mean score (20.83), followed by Kapha-Pitta (19.56), whereas Vata showed the lowest (8.25). The thesis reports a highly statistically significant overall difference by one-way ANOVA. The largest reported pairwise mean difference was between Kapha and Vata.

The study concludes that Danta Sampat Lakshanas are demonstrable with reference to Vaya and Prakruti, while also emphasizing the influence of Bala, Satva, Sthairya, Agni, Vaya, oral-care routine and habits. Thus, the observed dental phenotype is presented as a product of constitutional features together with individual and behavioural factors. The work provides a basis for further clinical assessment of classical dental descriptions and for larger studies exploring personalized preventive oral-health approaches in Ayurveda.

LIMITATIONS AND FUTURE SCOPE

The present work is an observational survey with a sample of 100 individuals from one Dental OPD and a defined 18-34-year age range. The questionnaire was developed specifically for the classical Danta Sampat construct. Future studies may evaluate the instrument in larger and more diverse samples, examine reproducibility between examiners, compare with standardized dental indices, and prospectively assess how oral-care practices influence individual Lakshanas over time. Such studies could help distinguish constitutional associations from modifiable behavioural effects.

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