



Case Study

CONSERVATIVE INTEGRATIVE MANAGEMENT OF *KRIMIDANTA JANYA DANTAPUPPUTA* (ALVEOLAR ABSCESS) IN A PAEDIATRIC PATIENT

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ABSTRACT

Dantapupputa is a *Dantamoolagata Vyadhi* described in Ayurvedic literature, predominantly involving *Kapha* and *Rakta Dosha*. It is characterized by localized gingival swelling, pain, and suppuration. Based on its clinical presentation, it closely resembles an acute alveolar abscess. Early conservative management is essential to prevent progression of infection and avoid emergency surgical intervention. A seven-year-old child presented with pain and localized gingival swelling in the premolar region for one month. The child had a history of untreated dental caries for three years and had previously been advised incision and drainage by a local dental practitioner for an acute alveolar abscess. Based on clinical findings and Ayurvedic assessment (*Nidana Panchaka*), the condition was diagnosed as *Krimidanta Janya Dantapupputa*. Conservative integrative management was initiated using *Kavala* (medicated gargling), *Pratisarana* (local application), internal Ayurvedic medicines, dietary modifications, oral hygiene instructions, and short-term paracetamol for pain relief. Progressive reduction in pain, gingival swelling, and tenderness was observed during treatment. Spontaneous drainage facilitated rapid clinical improvement, and the lesion healed without the need for surgical incision and drainage. This case demonstrates that early integrative management of *Krimidanta Janya Dantapupputa* can effectively control acute infection, promote spontaneous drainage and healing, and facilitate definitive management without emergency surgical procedures.

INTRODUCTION

Oral diseases constitute a major public health concern among children because of inadequate oral hygiene practices, frequent consumption of cariogenic foods, and delayed dental treatment. Dental caries remains one of the most prevalent chronic diseases in childhood and, when left untreated, may progress to pulpal infection and subsequent periapical abscess formation. Acute alveolar abscess represents a localized odontogenic infection characterized by severe pain, gingival swelling, tenderness, and accumulation of purulent exudate around the root apex of the affected tooth.

If appropriate treatment is delayed, the infection may extend into adjacent fascial spaces and produce systemic manifestations such as fever and facial swelling.^[1-3]

Ayurvedic classics describe *Dantapupputa* as one of the *Dantamoolagata Rogas*, produced predominantly due to vitiation of *Kapha* and *Rakta Dosha*. The disease is manifested by *Shotha* (localized swelling), *Ruja* (pain), and localized suppuration involving the gingival tissues surrounding the affected tooth. The etiopathogenesis indicates obstruction of local channels, inflammatory changes, and progressive accumulation of vitiated *Doshas* leading to localized pus formation.^[4,5] From a contemporary clinical perspective, these manifestations show close resemblance to an acute alveolar abscess arising secondary to untreated *Krimidanta* (dental caries).^[1,4]

Classical Ayurvedic texts recommend conservative management during the *Apakwa Avastha*, emphasizing therapies that reduce inflammation,

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promote purification of the lesion, alleviate pain, and facilitate natural healing. Therapeutic measures such as *Kavala*, *Pratisarana*, local cleansing procedures, and administration of *Shamana Aushadhi* possessing *Tikta*, *Katu*, *Kashaya Rasa*, and *Ushna Guna* are advocated to pacify the vitiated *Doshas* and prevent progression of suppuration. [5,6] Experimental and clinical studies have demonstrated that *Triphala* possesses anti-microbial, antioxidant, and wound-healing activities, while *Haridra* exhibits potent anti-inflammatory effects and *Yashtimadhu* promotes tissue repair and mucosal healing. [7-10]

The present case report describes the successful conservative integrative management of *Krimidanta Janya Dantapupputa* in a seven-year-old child. During treatment, spontaneous drainage of pus occurred through the gingiva, followed by gargling using *Triphala Kashaya* and purified alum water, resulting in complete clinical recovery. This case highlights the potential role of Ayurvedic principles as an adjunct in the conservative management of odontogenic infections while emphasizing the importance of timely definitive dental treatment. [1,4-10]

MATERIALS AND METHODS

Case Presentation

A seven-year-old male child was brought to the Outpatient Department (OPD) of *Shalakya Tantra* with the chief complaints of pain and swelling over the gingival region associated with the upper premolar tooth for one month. The patient's parents reported that the pain had developed gradually and progressively increased in intensity over the preceding month. The discomfort was aggravated by consumption of chocolates, sugary foods, and inadequate oral hygiene practice and temporary relief is obtained by gargling with salt water.

The child had a history of untreated dental caries involving the affected tooth for approximately three years. Three years earlier, pulpectomy had been advised by a dental practitioner; however, the recommended treatment was not undertaken. One month before presentation, progressive gingival swelling developed around the carious tooth. The patient subsequently consulted a local dentist, where incision and drainage of the abscess was advised. As the parents preferred conservative management, the child was brought to the *Shalakya Tantra* OPD for Ayurvedic treatment.

There was no previous history of diabetes mellitus, hypertension, thyroid disorders, or any other significant systemic illness. The child's appetite was satisfactory, bowel habits were occasionally irregular, micturition was normal (4-5 times per day), and sleep was undisturbed. Dietary history revealed frequent

intake of junk food, chocolates, and sweetened snacks along with improper tooth-brushing habits, indicating poor oral hygiene.

General Examination

The child was conscious, cooperative, and well oriented. General physical examination revealed a well-built and well-nourished child weighing 25kg. Pulse rate was 80 beats/minute, respiratory rate was 22 breaths/minute, and body temperature was within normal limits at the time of initial examination. Pallor, icterus, cyanosis, and generalized oedema were absent. Mild enlargement of the submandibular lymph nodes was noted on the affected side.

Systemic examination of the cardiovascular, respiratory, and central nervous systems did not reveal any clinically significant abnormality. The patient's *Nadi* was *Hamsa Gati*. *Jihva* was *Alipta*, while *Shabda*, *Sparsha*, *Drik*, and *Akruti* were *Prakrita*. *Mala* was *Vibandha*, and *Mutra* was *Prakrita*. The patient exhibited *Vata-Pittaja Prakruti* with *Madhyama Sara*, *Madhyama Samhanana*, *Madhyama Satmya*, and *Madhyama Satva*. *Ahara Shakti*, *Jarana Shakti*, and *Abhyavarana Shakti* were assessed as *Madhyama*. *Vyayama Shakti* was *Heena*, and the patient belonged to the *Bala* age group (*Vaya*).

Local Examination

Clinical examination of the oral cavity demonstrated localized inflammatory changes involving the gingiva surrounding the affected premolar tooth.

Gingival Findings

- Localized gingival swelling (*Shotha*) was present.
- Gingiva appeared reddish in colour.
- Marked tenderness with pain on palpation was noted.
- Localized gingival enlargement suggestive of abscess formation was observed.
- No spontaneous discharge of pus was present during the initial examination.
- Burning sensation, perforation, and abnormal tissue growth were absent.

Dental Findings

Examination of the involved tooth revealed extensive dental caries with blackish discoloration. The tooth exhibited structural damage consistent with *Krimidanta*. Pain was elicited on examination; however, the tooth remained stable without abnormal mobility. Sensitivity to thermal stimuli was absent. Cracks and cavitation involving the affected tooth were noted.

Nidana Panchaka

Nidana

Frequent intake of sweet and junk foods, improper oral hygiene, and long-standing untreated dental caries were considered the principal etiological factors responsible for the development of the disease.

Purvarupa

The untreated *Krimidanta* gradually progressed to localized gingival discomfort and swelling, eventually leading to *Dantapupputa*.

Rupa

The patient presented with the classical manifestations of *Dantapupputa*, including:

- *Shotha* (localized gingival swelling)
- *Ruja* (pain)
- *Krimidanta* (caries tooth)

Samprapti

Continuous exposure to etiological factors resulted in vitiation of *Kapha* and *Vata Dosha* with involvement of *Rakta*, producing inflammatory changes in the *Dantamoola*. Obstruction of the local *Srotas* led to localized swelling and suppuration around the affected tooth, culminating in *Krimidanta Janya Dantapupputa*.

Samprapti Ghataka

- *Dosha: Kapha, Vata, Rakta*
- *Dushya: Rakta, Mamsa, Asthi*
- *Srotas: Raktavaha, Mamsavaha,*
- *Srotodushti: Sanga and Siragranthi*
- *Agni: Mandagni*
- *Udbhava Sthana: Kostha*
- *Vyakta Sthana: Danta and Dantamoola*

Diagnosis

Based on detailed clinical examination and Ayurvedic assessment through *Nidana Panchaka*, the condition was diagnosed as *Krimidanta Janya Dantapupputa*, showing close clinical resemblance to an early-stage alveolar abscess associated with chronic dental caries.

Treatment Protocol

Local Therapy

Kavala (Medicated Gargling)

A medicated gargle was prepared using equal quantities (5gm each) of *Triphala Churna*, *Yashtimadhu Churna*, *Haridra Churna*, and *Saindhava Lavana*. The child was instructed to gargle with the freshly

prepared warm decoction twice daily after meals for 12 days.

Purified alum water was also given for gargling twice daily for 12 consecutive days.

Pratisarana (Local Application)

Stomatab capsule was applied locally over the affected gingiva twice daily as an adjunctive local therapy up to 7 days.

Internal Medication

Triphala Guggulu– Half tablet twice daily after food for 12 days with warm water.

Supportive Therapy

Paracetamol was administered in an age-appropriate paediatric dosage every eight hours for 7 days to provide analgesia during the acute inflammatory phase.

Pathya (Dietary Advice)

The patient was advised to consume a light, soft and easily digestible diet with emphasis on *Yava*, *Trinadhanya*, *Patola*, *Karavellaka*, and *Tambula* as appropriate. Parents were instructed to encourage adequate oral hygiene by supervised tooth brushing twice daily.

Apathya

The patient was advised to avoid chocolates, sugary foods, junk food, excessively sour food items, hard food substances, and all known etiological factors contributing to disease progression.

RESULTS

The patient's clinical response was assessed through serial clinical examinations performed during the treatment period and follow-up. At presentation, the patient had localized gingival swelling, pain, tenderness, and a carious premolar tooth associated with *Dantapupputa*.

During the initial phase of treatment, gradual reduction in pain and tenderness was observed. On the seventh day, spontaneous drainage of a scanty amount of pus occurred through the gingival swelling without surgical incision. Gargling with *Triphala Kashaya* and purified alum water was subsequently performed, and *Pratisarana* was discontinued while the remaining treatment was continued. Progressive healing of the gingival tissues was noted with reduction in inflammation and tenderness.

By the 12th day, marked improvement in pain, swelling, and local tenderness was observed. Complete resolution of the acute inflammatory lesion was achieved without the need for incision and drainage.

Table 1: Clinical Outcome

Clinical Parameter	Before Treatment	Day 7	Day 12
Pain	Present	Reduced	Absent
Gingival swelling	Moderate	Reduced after spontaneous drainage	Absent
Tenderness	Present	Mild	Absent
Pus discharge	Absent	Scanty spontaneous drainage	Absent

**Figure 1: 0th day****Figure 2: 12th day follow-up**

DISCUSSION

Dantapuppata is described in the Ayurvedic classics as a *Dantamoolagata Roga* predominantly involving *Kapha* and *Rakta Dosha*, presenting with localized swelling, pain, and suppuration around the tooth.^[4,5] The clinical features observed in the present case showed close resemblance to an acute alveolar abscess secondary to long-standing dental caries (*Krimidanta*).^[1,2] Untreated dental caries leads to pulpal infection and subsequent spread of microorganisms into the periapical tissues, resulting in localized inflammatory swelling and abscess formation.^[1-3]

The present case was managed conservatively during the acute stage (*Apakwa avastha*) in accordance with the Ayurvedic principles described for the management of *Dantapuppata* and *Dantavidradhi*, as both conditions share a similar line of treatment as per classical texts.^[4-6] The therapeutic approach emphasized reduction of inflammation, purification of the affected area, relief of pain, and promotion of local healing through a combination of local and systemic interventions.

Kavala prepared with *Triphala*, *Yashtimadhu*, *Haridra*, and *Saindhava Lavana* were selected because these drugs are traditionally indicated for disorders of the oral cavity.^[5,6] *Triphala* possesses antimicrobial, antioxidant, anti-inflammatory, and wound-healing properties that help reduce microbial load and promote tissue repair.^[7,10] *Haridra* (*Curcuma longa*) exhibits potent anti-inflammatory activity through modulation of inflammatory mediators.^[8] *Yashtimadhu* (*Glycyrrhiza glabra*) has demonstrated anti-inflammatory, antimicrobial, and mucosal wound-healing properties.^[9] *Saindhava Lavana* facilitates local

cleansing, improves drainage of inflammatory exudates, and supports healing of infected tissues as described in Ayurvedic literature.^[5,6] Collectively, these interventions may reduce local infection, improve oral hygiene, and accelerate healing of inflamed gingival tissues.

Pratisarana was employed with stomatab capsule has *Gairika* which reduces heat, stops bleeding and helps heal wounds.^[10] During the initial inflammatory stage to deliver the medicinal drugs directly to the affected gingival tissues.^[5,6] Following spontaneous drainage of pus on the seventh day, *Pratisarana* was discontinued because the lesion had entered the drainage phase. Local wound irrigation with *Triphala Kashaya* and purified alum water was subsequently performed to cleanse the draining cavity, reduce local contamination, and facilitate healthy tissue repair. Alum has been reported to possess astringent, antimicrobial, and wound-cleansing properties that may support healing of oral wounds and reduce local microbial contamination.^[12]

Systemic administration of *Triphala Guggulu* was intended to complement local therapy by reducing inflammation and facilitating resolution of the underlying pathological process.^[5,7,13] Dietary regulation and reinforcement of proper oral hygiene practices were important adjunctive measures in reducing the risk of further disease progression.^[13] The favourable clinical outcome observed in this patient suggests that early conservative Ayurvedic management may help control localized inflammation, promote spontaneous drainage in selected cases, improve patient comfort, and prepare the patient for definitive dental treatment. Nevertheless, this report

represents the clinical outcome of a single patient and should not be interpreted as evidence that conservative therapy alone is appropriate for all cases of alveolar abscess. Careful clinical assessment, regular follow-up, and timely definitive dental intervention remain essential for successful management of odontogenic infections. [1-3]

CONCLUSION

Dantapupputa is a *Dantamoolagata Vyadhi* that exhibits close clinical similarity to an acute alveolar abscess resulting from untreated dental caries. Early recognition and appropriate conservative management may help reduce inflammation, relieve pain, promote spontaneous drainage where clinically appropriate, and improve local tissue healing.

In the present case, an integrative approach consisting of Ayurvedic local therapies, internal medications, supportive analgesia, wound irrigation following spontaneous drainage resulted in satisfactory clinical recovery without the need for emergency incision and drainage.

Although this report demonstrates a favourable clinical outcome, larger observational studies and controlled clinical trials are required to further evaluate the role of Ayurvedic interventions as supportive management in patients with odontogenic infections.

Patient Consent

Written informed consent for publication of this case report and accompanying clinical details was obtained from the patient's parent/legal guardian.

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