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Ayurvedic perspective of the relationship between periodontal disease and cardiovascular disease

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Abstract

Periodontal disease is one of the diseases of mouth region, which is also known as "gum disease" and in Ayurveda it falls into the category of "Dantamoolagata roga". Periodontal diseases are infections of the structures around the teeth, which include the gums, periodontal ligament and alveolar bone. Recent researches have recorded that periodontal disease has been associated with an increased risk of cardiovascular events and is highly prevalent among patients of chronic heart failure. Theoretically, the inflammatory proteins and the bacteria in the periodontal tissue that enter the blood stream can cause various effects on the cardiovascular system. The aim of this study was to interpret the relationship between periodontal disease and cardiovascular ailments from Ayurvedic perspective. Ayurvedic classics were used as the primary sources and research papers published on the relationship between periodontal disease and cardiovascular disease were the secondary sources. Ayurveda has not directly or indirectly mentioned any relationship between periodontal disease and cardiovascular disease in any text and no research had been published on the same. In the present study, aconceptual pathway was design where Mukharoga nidana can lead to produce Agnimandaya due to vitiated Kapha dosha, Pacaka pitta and Raktha dhatu. Ama produced due to Agnimandya can create an unwholesome biochemical atmosphere that is friendly for growth of pathogenic bacteria and a mixture of inflammatory proteins that can be harmful. The bacteria found in periodontal disease play a role in strokes that spreads to the heart. When Amavisha enters the Raktha Dhatu it acts as an antigen and produces antigenantibody complex that leads to cellular and tissue level changes in cardiovascular system. It can be concluded that the relationship between periodontal disease and cardiovascular disease is possible to be described from Ayurvedic perspective.

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