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(ISSN-2321-1563)



RESEARCH ARTICLE

TASK: ASSESSMENT CRITERIA FOR AYURVEDA DENTAL FORMULATIONS

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Received on: 26/12/2013, Revised on: 01/01/2014, Accepted on: 02/01/2014

Abstract

Ayurveda is an ancient knowledge utilized by the common in India even today. India has witnessed a surge in interest in Ayurveda for its huge potential in term of people acceptance and the variety of new drugs and molecules that can be developed. Studies calculating effect on Ayurveda formulation on small or moderate patient sample size are being carried out in Indian institutions. Nearly all or most of the studies have shown potential of Ayurveda or herbal products. Yet the applicability of the results is lacking and the commercial interest is virtually non-existent. A prudent step here would be to develop a basic set of criteria upon which enhance clinical applicability of these varied formulations and products can be compared so that meaningful information about the Ayurveda or herbal formulations can be derived. This set of criteria derived score would serve for professional communication as well can serve the purpose of comparison unique to Ayurveda.

Keywords: Ayurveda, Dental formulations, Herbal dental medicine, Assessment

Introduction

Ayurveda is an ancient knowledge utilized by the common in India even today.⁵ India has witnessed a surge in interest in Ayurveda for its huge potential in term of people acceptance and the variety of new drugs and molecules that can be developed. Studies calculating effect on Ayurveda formulation on small or moderate patient sample size are being carried out in Indian institutions. Nearly all or most of the studies have shown potential of Ayurveda or herbal products^{1,2}. Yet the applicability of the results is lacking and the commercial interest is virtually non-existent. A prudent step here would be to develop a basic set of criteria upon which enhance clinical applicability of these varied formulations and products can be

compared so that meaningful information about the Ayurveda or herbal formulations can be derived. This set of criteria derived score would serve for professional communication as well can serve the purpose of comparison unique to Ayurveda.

Criteria of use:

Criterion No.1: Ayurveda formulations in India has been traditionally prepared and dispensed by traditional village doctors or elders. The formulations were largely a secret and kept with family. Information about the constituents and their relative amount has been depending upon the experience of the village doctors. Although the newly tested formulations in studies in India are all standardized but a large variety of

formulations still exist for which exact amount of the constituent is not yet known. Uniform composition is a must for comparison, wider use and acceptance. This calls for basic criteria which can tell about the standardization of the product formulation spoken about.

K⁰: Product formulation not known and standardized.

K¹: Product formulation known but relative amount of constituents not standardized.

K²: Product formulation known and standardized.

Criterion No. 2: This criterion basically determines the safety of the formulation by determining to how large a sample has been subjected to the formulation. If the drug has been present for many years and has been used and approved by locals and prescribed by local doctors, there are greater chances that the drug is safe. Even a well conducted trial cannot determine the safety of the drug but in case of local formulations it can be easily known. For example use of chewing of Neem Sticks (*Azadirachta indica*) for oral hygiene and health has been in practice of so many years that it cannot be argued that chewing Neem sticks is safe for subjects.³

S⁰: laboratory tested and small sample size

S¹: Tested on a moderate sample size: very less frequently prescribed and used locally

S²: Has been in use for specific ailments by sizeable population.

S³: has been used widely and commonly.

Criterion No. 3: This criterion is related to the effectiveness of the formulation. In village settings or even in laboratory settings there are a multitude of herbal formulations available for a single ailment. For example Eucalyptus, Babul (*Acacia arabica*)⁴ and Neem (*Azadirachta indica*)³ all have been are being used for oral hygiene and oral health. But the effectiveness of all may vary and their usefulness may similarly vary for oral hygiene needs. This calls for a

criterion that determines and compares the effectiveness of the formulation on a single parameter. This might have to be compared based on subjects answer on a questionnaire or by laboratory testing. This criterion is most important for ultimate use of the product.

E⁰: Only a few subjects report a definite change or effectiveness.

E¹: Most of the subjects consider the product or formulation helpful.

E²: Showed universal benefit.

Criterion No. 4: Last criterion for an Ayurveda or herbal formulation is report of side or toxic effects and general acceptability by the population. Local populations where herbal formulations are used know a great deal about the side effects and toxic effect profile of a formulation. They also know various other parameters associated with the drug use like the suitability in pregnancy or lactating mothers, precautions while on herbal medications and the age-group of most usefulness. This knowledge can indeed be used and incorporated in this last criterion.

T⁰: No toxic or side effect reported. No instruction-of-use or precautions. Product is acceptable and in use.

T¹: Few complaints regarding side-effects or toxic products. Used as a second or third option.

T²: Shows side-effects in most, tolerated by few. Used as a last option.

Application of criteria and aggregate score:

The criteria is easy to apply and can be used readily. For example: Neem sticks (*Azadirachta indica*) for oral hygiene use can be given a score of T⁰, E², S³, K².

Usefulness of criteria:

In India herbal medicines are being used and will be used for a long time to come. Lack of An effective criteria and drug trials has made professionals and educated elite to question the use and effectiveness of time-tested formulation and agents. In this way it would be for benefit

for the professional community and common alike that these criteria are used for each agent so that a fairly good idea about the effectiveness of a formulation can be made. Moreover these criteria take into account the safety profile, acceptance, effectiveness and product

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standardization. Also, it can be used or modified to compare new Ayurveda or herbal formulation, which increasingly generate interest in us, the practitioners of a conventional system of medicine.

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Cite this article as: Pankaj Bansal, Pritma Singh, Afshan Bey, N.D. Gupta. TESK: Assessment Criteria for Ayurveda Dental Formulations. *Journal of Ayurveda and Holistic Medicine (JAHM).* 2013; 1(9).p.3-5.

Source of support: Nil, Conflict of interest: None Declared.