

## ***Dantodbhava Janya Vikara: Ayurvedic Understanding and Contemporary Evidence on Teething Problems***

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### **ABSTRACT**

*Teething, the eruption of the deciduous teeth, is a normal developmental process that is widely believed by caregivers to cause a range of troublesome symptoms in infants. Ayurveda describes this period under the concept of Dantodbheda and recognises a group of disorders arising during dentition, termed Dantodbhava janya vikara, while contemporary paediatrics continues to debate which symptoms can legitimately be attributed to teething. This paper reviews the Ayurvedic understanding of teething-related disorders alongside contemporary evidence, with the aim of clarifying convergences, divergences, and implications for safe care. A structured review of the classical Ayurvedic texts and of the modern paediatric and dental literature was undertaken. The classical texts, particularly the Kashyapa and Sushruta Samhitas, describe the timing of eruption and a set of local and systemic manifestations — including Jvara, Atisara, Kasa, Chhardi, and Aruchi — that are generally regarded as self-limiting and as resolving after eruption. Contemporary studies, including a meta-analysis, indicate that eruption is associated with mild local signs such as gingival irritation, drooling, and irritability, and with a slight rise in temperature, but not with high fever or serious illness. Both traditions converge on a largely supportive, reassurance-based approach and caution against attributing serious illness to teething. The review highlights the value of integrating classical insight with contemporary evidence for the safe management of teething problems.*

**KEYWORDS:** *Dantodbheda, Dantodbhava janya vikara, Teething, Tooth eruption, Kaumarabhritya, Ayurveda, Infant, Paediatrics*

## INTRODUCTION

The eruption of the deciduous teeth, commonly known as teething, is a normal milestone in infant development that nonetheless attracts a remarkable degree of concern. Across many cultures and for many centuries, a wide variety of infant ailments has been attributed to teething, ranging from mild irritability to fever, diarrhoea, and even, historically, serious and fatal illness [13], [14]. This long tradition of attribution is clinically important, because believing that a symptom is merely due to teething may delay the recognition of a genuine and potentially serious illness.

Ayurveda addresses this period through the specialty of Kaumarabhritya, which describes the process of dental eruption as Dantodbheda and recognises a group of disorders that arise during dentition, collectively understood as Dantodbhava janya vikara. The classical paediatric texts, foremost among them the Kashyapa Samhita, together with the Sushruta Samhita and later compendia, describe the timing of eruption, the local and systemic manifestations that may accompany it, and an approach to management that emphasises the generally self-limiting nature of these disorders [1], [2].

Contemporary paediatrics has, over recent decades, sought to clarify which symptoms can legitimately be attributed to teething. Whereas earlier views blamed a broad range of symptoms on dental eruption, prospective cohort studies and a meta-analysis have refined this understanding, indicating that eruption is associated with certain mild local signs and a slight elevation of temperature but not with high fever or serious systemic illness [8], [11]. Alongside this, attention has turned to the safety of remedies used for teething, with regulatory warnings against certain products [16].

Despite the richness of the classical descriptions and the growing body of contemporary evidence, the two perspectives have rarely been brought together. The present paper therefore reviews the Ayurvedic understanding of Dantodbhava janya vikara alongside contemporary evidence on teething, comparing the two traditions, mapping classical manifestations to their contemporary correlates, and drawing implications for the safe and integrative management of teething problems.

## LITERATURE REVIEW

The classical Ayurvedic literature on paediatrics provides detailed accounts of dental eruption. The Kashyapa Samhita, the foundational text of Kaumarabhritya, describes the process of Dantotpatti, or dentition, and the disorders that may accompany it, while the Sushruta Samhita and the Charaka Samhita also refer to the eruption of teeth and to the involvement of the Doshas in disorders of childhood [1], [2], [3]. The Ashtanga Hridaya and Ashtanga Sangraha, in their sections on Balaroga, and later compendia such as the Bhavaprakasha, further enumerate the manifestations of dentition and the principles of their management [4], [5], [6].

Within this literature, the concept of Dantodbhava janya vikara refers to the cluster of complaints that may arise during the eruption of the teeth. These include local discomfort, such as Danta-kandu (gum irritation), and a range of systemic manifestations, among them Jvara (fever), Atisara (loose motions), Kasa (cough), Chhardi (vomiting), Pratishyaya (coryza), and Aruchi (loss of appetite). The classical texts attribute these to the disturbance of Vata and Kapha and to the stress of eruption, and importantly regard them as generally self-limiting, tending to subside once the teeth have erupted, so that aggressive treatment is discouraged [1], [2], [7].

The contemporary literature has approached the same phenomenon empirically. Prospective cohort studies have recorded the signs and symptoms occurring around the time of eruption, finding associations with local irritation, drooling, and irritability rather than with severe illness [8], [9], [10]. A meta-analysis of such studies concluded that eruption is associated with a constellation of mild signs and a slight increase in temperature, while emphasising the heterogeneity of definitions and methods across studies [11]. Authoritative reviews have reinforced the message that most symptoms historically blamed on teething are either mild or coincidental [13], [14].

A further strand of the contemporary literature concerns clinical caution and safety. Commentators have stressed the danger of attributing serious illness to teething, since doing so may delay the diagnosis of infections and other conditions that happen to coincide with the period of dental eruption [12]. In parallel, regulatory authorities have warned against the use of certain teething remedies, including topical anaesthetic gels, because of safety concerns, and have encouraged non-pharmacological measures and caregiver reassurance instead [16], [17].

The principal classical sources and their content are summarised in Table 1.

**Table 1: Principal classical sources describing dentition and its disorders**

<b>Text</b>	<b>Context</b>	<b>Description</b>
Kashyapa Samhita	Kaumarabhritya	Foundational paediatric text; detailed account of Dantotpatti and related disorders
Sushruta Samhita	Sharira / Nidana	Eruption of teeth and disorders of dentition; self-limiting tendency
Charaka Samhita	Bala roga	Involvement of the Doshas in disorders of childhood
Ashtanga Sangraha / Hridaya	Uttara (Balaroga)	Manifestations of dentition and principles of management
Bhavaprakasha	Bala roga	Later compilation of paediatric disorders and treatment

## **RESEARCH GAP**

Although the classical Ayurvedic texts describe Dantodbhava janya vikara in detail and a substantial contemporary literature has characterised the signs and symptoms associated with teething, the two perspectives have rarely been brought together in a systematic comparison. The classical manifestations have seldom been mapped to their contemporary correlates, and the points at which the traditions converge and diverge — particularly regarding the systemic symptoms of dentition — have not been clearly articulated. Furthermore, the implications of integrating classical insight with contemporary evidence for the safe management of teething have received little attention. This review addresses these gaps by comparing the Ayurvedic and contemporary understandings, mapping classical manifestations to modern correlates, and considering the implications for integrative care.

## **OBJECTIVES**

The primary objective of this review was to compare the Ayurvedic and contemporary understandings of teething problems.

The specific objectives were:

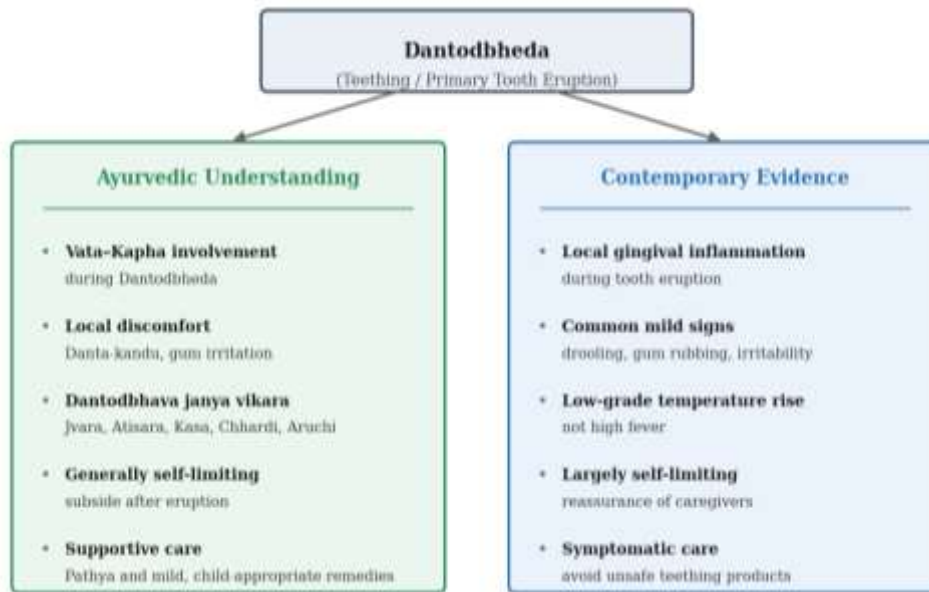
- to review the Ayurvedic understanding of Dantodbheda and Dantodbhava janya vikara;
- to summarise contemporary evidence on the signs and symptoms associated with teething;
- to compare the two perspectives and map classical manifestations to their contemporary correlates; and
- to derive implications for the safe and integrative management of teething problems.

## METHODOLOGY

**Approach.** A structured narrative review was undertaken to compare the Ayurvedic and contemporary understandings of teething problems. The Ayurvedic understanding was derived from the classical Samhitas and their commentaries, and the contemporary understanding from the modern paediatric and dental literature. The conceptual framework guiding the comparison is shown in Figure 1. As a conceptual review, the study did not involve the recruitment of participants or the collection of primary clinical data.

**Sources.** For the Ayurvedic understanding, the principal classical texts of Kaumarabhritya and general medicine were consulted, including the Kashyapa Samhita, the Sushruta Samhita, the Charaka Samhita, the Ashtanga Sangraha and Ashtanga Hridaya, and the Bhavaprakasha, together with standard translations and commentaries. For the contemporary understanding, the modern literature was searched using terms relating to teething, tooth eruption, and the deciduous or primary teeth, and their associated signs and symptoms.

**Selection and synthesis.** Classical references describing the timing of eruption, the manifestations of dentition, and their management were identified, as were contemporary prospective studies, meta-analyses, and authoritative reviews and guidance on teething. From each tradition, information on the timing of eruption, the associated manifestations, and the recommended approach to care was extracted and compared thematically. Classical manifestations were mapped to their contemporary correlates, and the approaches to management of the two traditions were juxtaposed, as presented in the tables and figures.



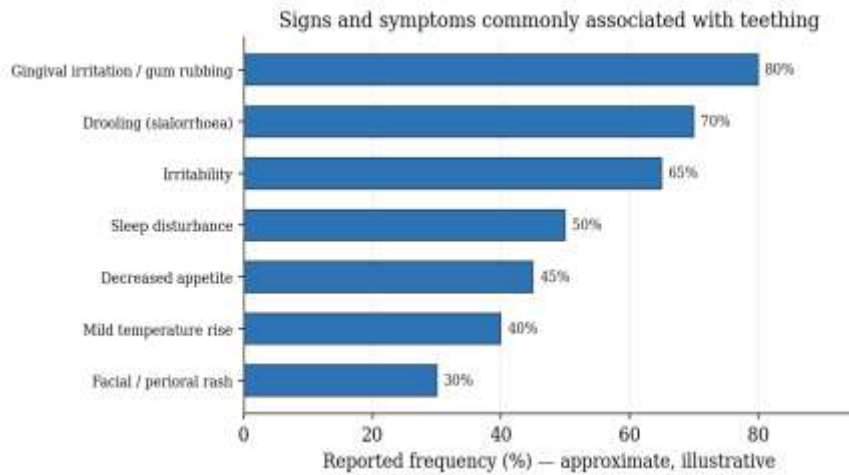
*Figure 1: Conceptual framework comparing the Ayurvedic and contemporary understandings of teething.*

## RESULTS AND FINDINGS

**Ayurvedic understanding.** The classical texts describe Dantodbheda as commencing in infancy, broadly from around the sixth to eighth month, and recognise that its course may be accompanied by Dantodbhava janya vikara. These comprise local discomfort, including gum irritation, and systemic manifestations such as Jvara, Atisara, Kasa, Chhardi, Pratishtyaya, and Aruchi, which are attributed to the disturbance of Vata and Kapha during eruption. A defining feature of the classical view is that these disorders are generally self-limiting and tend to resolve once the teeth have erupted, so that management is largely supportive, with appropriate diet and care (Pathya) and only mild, child-appropriate remedies, and aggressive treatment is discouraged [1], [2], [7].

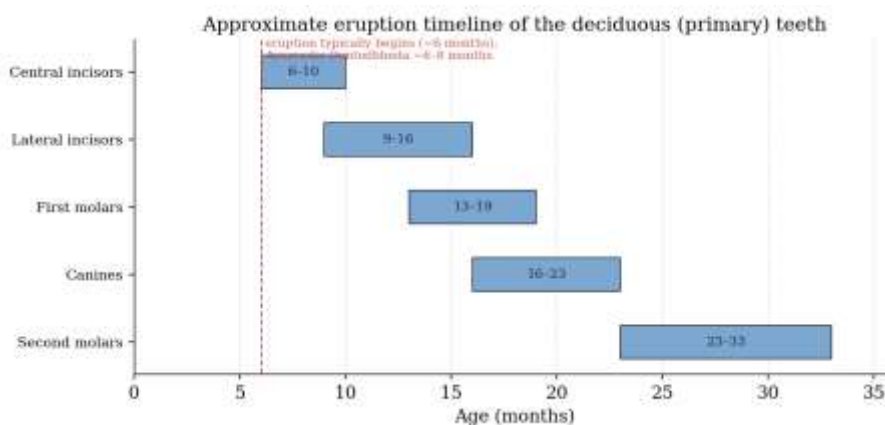
**Contemporary evidence on eruption and symptoms.** Contemporary data indicate that the deciduous teeth erupt over a predictable but variable period, beginning typically around the sixth month and continuing into the third year, as shown in Figure 3. Around the time of eruption, prospective studies and a meta-analysis report a constellation of mostly mild signs, whose approximate reported frequencies are illustrated in Figure 2; these include gingival irritation and gum rubbing, drooling, irritability, sleep disturbance, and decreased appetite [8], [10], [11]. A slight elevation of body temperature has been observed in the days surrounding

eruption, but this does not reach the level of true fever, and eruption is not associated with high fever or serious systemic illness [9], [11].



**Figure 2: Signs and symptoms commonly associated with teething in contemporary studies.**

**Comparison and mapping.** Comparison of the two perspectives reveals both convergence and divergence, summarised in Table 2. The traditions broadly agree on the timing of eruption, on the presence of local discomfort and certain mild systemic features, on the largely self-limiting nature of the process, and on the wisdom of not over-treating it. They diverge chiefly in that the classical texts enumerate a wider range of systemic manifestations, such as Atisara and Kasa, whereas contemporary evidence regards most such symptoms as coincidental rather than caused by eruption. Notably, the classical principle that these disorders subside after eruption is itself consistent with a view of them as temporally associated rather than directly produced.



**Figure 3: Approximate eruption timeline of the deciduous teeth.**

**Approaches to management.** The two traditions also converge in their approach to management, as set out in Table 3. Both favour a largely supportive strategy centred on reassurance, gentle local measures, and appropriate feeding and hygiene, and both treat significant systemic symptoms on their own merits rather than dismissing them as mere teething. Both also counsel caution: the classical emphasis on mild, child-appropriate remedies parallels the contemporary advice to avoid unsafe teething products and to exclude serious illness when a child is unwell [12], [16]. The mapping of classical manifestations to contemporary correlates is detailed in Table 2.

**Table 2: Dantodbhava janya vikara and their contemporary correlates**

<b>Ayurvedic vikara</b>	<b>Description</b>	<b>Contemporary correlate</b>
Danta-kandu	Gum irritation	Gingival irritation, gum rubbing, biting
Lala srava	Excess salivation	Drooling (sialorrhoea)
Daurmanasya	Restlessness	Irritability, fretfulness, sleep disturbance
Aruchi	Loss of appetite	Decreased appetite, feeding difficulty
Jvara	Fever	Mild, low-grade temperature elevation
Atisara	Loose motions	Loose stools (often coincidental)
Kasa, Pratishyaya	Cough, coryza	Coincidental respiratory symptoms
Chhardi	Vomiting	Regurgitation; coincidental

## **DISCUSSION**

This review reveals a striking degree of convergence between the Ayurvedic and contemporary understandings of teething, alongside an instructive divergence. Both traditions recognise dental eruption as a normal process accompanied by mostly mild and self-limiting complaints, both centre management on supportive care and reassurance, and both caution against the dangers of over-treatment and of overlooking serious illness. The classical principle that the disorders of dentition resolve once the teeth have erupted anticipates, in its own terms, the contemporary conclusion that teething is not a cause of serious or persistent illness [1], [11].

The principal divergence concerns the systemic manifestations. The classical texts include within Dantodbhava janya vikara a broader range of symptoms, such as Atisara, Kasa, and Chhardi, than contemporary evidence attributes to eruption. This difference is most plausibly explained by temporal coincidence rather than contradiction. The period of dental eruption, extending from around six months into the third year, coincides with the waning of maternal immunity, the introduction of weaning foods, increasing oral exploration, and a consequent rise in common infections of infancy. Symptoms arising from these causes would naturally appear during teething and, in a framework based on careful observation, become associated with it [10], [11]. The classical insistence that such disorders subside after eruption is consistent with their being coincident illnesses that run their own course rather than direct products of dentition.

From a clinical perspective, the convergence of the two traditions offers a sound basis for integrative care. The Ayurvedic emphasis on supportive measures — appropriate diet and care, gentle local soothing, and the avoidance of strong medication in infants — aligns closely with contemporary recommendations for non-pharmacological management and caregiver reassurance [15], [16]. At the same time, the contemporary evidence provides a valuable safeguard: because eruption does not cause high fever or serious illness, any infant who is significantly unwell should be assessed for another cause rather than having the illness ascribed to teething [12]. This safeguard is fully compatible with the classical approach of treating significant symptoms on their merits.

The review also underscores the importance of safety. The contemporary caution against certain teething remedies, including topical anaesthetic gels associated with adverse effects, resonates with the classical preference for mild, child-appropriate measures, and both point towards gentle, non-pharmacological care as the mainstay [16]. The broader significance of this analysis lies in demonstrating that a centuries-old body of careful clinical observation and a modern evidence base can be brought into dialogue, each reinforcing the other in the service of safe and reassuring care for a near-universal experience of infancy.

## LIMITATIONS

Several limitations should be acknowledged. First, this was a narrative rather than a systematic review, and although the principal classical and contemporary sources were consulted, the

selection of literature was not exhaustive. Second, the Ayurvedic understanding was drawn from classical texts through translations and commentaries, and the interpretation of classical terms and their mapping to contemporary concepts inevitably involves a degree of judgement. Third, the contemporary studies of teething are themselves heterogeneous in their definitions and methods, which limits the precision of any summary, and the symptom frequencies presented here are approximate and illustrative. Fourth, the review did not include primary clinical data. These limitations indicate that the comparison should be regarded as an interpretive synthesis rather than a definitive account.

### **FUTURE SCOPE**

Future work could undertake a systematic review of the signs and symptoms associated with teething and of their management across traditions, using standardised definitions to improve comparability. Well-designed prospective studies evaluating gentle, non-pharmacological Ayurvedic supportive measures during dentition, with appropriate safety assessment, would help to place classical practice on a firmer evidence base. Research clarifying the relationship between dental eruption and the common illnesses of infancy that coincide with it would further refine the attribution of symptoms. The development of integrative, evidence-based guidance for caregivers and clinicians, combining the supportive wisdom of Kaumarabhritya with contemporary safety evidence, would be of practical value, as would educational efforts to discourage the misattribution of serious illness to teething and the use of unsafe remedies. Such work would strengthen the safe and reassuring management of teething problems.

### **CONCLUSION**

This review compared the Ayurvedic understanding of Dantodbhava janya vikara with contemporary evidence on teething. The classical texts of Kaumarabhritya describe dental eruption and a set of local and systemic manifestations that are regarded as generally self-limiting and as resolving after eruption, while contemporary studies indicate that eruption is associated with mild local signs and a slight rise in temperature but not with high fever or serious illness. The two perspectives converge on the largely benign and self-limiting nature of teething, on a supportive and reassurance-based approach to management, and on the importance of not attributing serious illness to dentition, diverging chiefly in the range of systemic symptoms ascribed to eruption — a divergence best explained by temporal

coincidence. Together, the classical insight and the contemporary evidence support an integrative approach that combines gentle, non-pharmacological care with an evidence-based readiness to exclude other illness, offering safe and reassuring management of a common concern of infancy. The dialogue between traditional observation and modern evidence thus enriches the care of teething problems.

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