



## REVIEW ARTICLE

### DENTAL MYTHS OR SOCIAL TABOOS IN DENTISTRY

**1,\*Dr. Mansi Jain, <sup>2</sup>Dr. Sanjay Kumar, <sup>3</sup>Dr. Suma Sogi and <sup>4</sup>Dr. Saru Dhir**

<sup>1</sup>Professor, MDS, Pediatric and Preventive Dentistry, Maharishi Markandeswar College of Dental Sciences, Mullana, Ambala

<sup>2</sup>Professor, MDS, Oral and Maxillofacial Surgery, MN DAV Dental College and Hospital, Tatul, Solan

<sup>3</sup>Professor, MDS, Pediatric and Preventive Dentistry, Maharishi Markandeswar College of Dental Sciences, Mullana, Ambala

<sup>4</sup>Senior lecturer, MDS, Pediatric and Preventive Dentistry, Maharishi Markandeswar College of Dental Sciences, Mullana, Ambala

Received 27<sup>th</sup> August, 2019; Accepted 16<sup>th</sup> September, 2019; Published 30<sup>th</sup> October, 2019

#### ABSTRACT

Dental myths are the misconceptions about regular dental treatment and oral practices which are prevalent among general population and should be cleared timely to provide an effective dental treatment and maintain a the proper oral hygiene. This article describes common dental myths and the explanation behind them.

**Key words:** Dental Myths, Oral Hygiene, Toothache, Tooth Decay, Milk Teeth, Extraction, Scaling

**Copyright** © 2019, *Mansi Jain et al.* This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Citation:** Dr. Mansi Jain, Dr. Sanjay Kumar, Dr. Suma Sogi and Dr. Saru Dhir. "Dental myths or social taboos in dentistry" *International Journal of Current Research in Life Sciences*, 8, (10), 3260-3263.

#### INTRODUCTION

Taboo's are the misconceptions or misbeliefs prevalent among people. Dental myths are extensive and unquestioned false perceptions which usually emerge because of lack of education along with traditional beliefs and socio-cultural factors with non-scientific knowledge (Saad Ahmed Khan, 2012). Regardless of world wide progress in diagnosis, curative and preventive health, there are people still living with their traditional values, customs, beliefs and myths intact (Vivek, 2012). Every culture has its own influence on health, sickness, beliefs, knowledge and medical practices and dentistry is no exception (Devesh Tewari, 2014). These ideas get embedded in the psyche of individuals with time and are carried over for generations (Sarah Sheela Emerald, 2016). If these misconceptions are timely exploded then it might reduce the expenses and effort required for dental treatment thus converting an operative treatment into conservative dental management and up to level of patient satisfaction.

#### Myths related to oral hygiene

- Avoid brushing if gums are bleeding (Vignesh, 2012) - Is it really advisable to stop brushing if gums bleed during brushing.

It shouldn't be as it will aggravate the problem by more accumulation of calculus and plaque which further increase inflammation leading to progressive gum disease. In case of bleeding gums proper oral hygiene measures should be followed to clean the plaque and debris.

- Brush teeth more than once a day can harm enamel (Devesh Tewari, 2014)- Soft toothbrush should be used to avoid being harsh to gums and teeth. So brushing twice or even thrice a day with a soft brush is recommended to achieve good oral hygiene without any fear of harming enamel. Brushing especially before going to bed is essential as during sleeping the cleansing effect from saliva is null and bacteria gets a good chance to thrive in the anaerobic environment created in oral cavity during night.
- Chewing sugar free gums after a meal is just as effective as brushing - Sugar free gums can help to clean teeth and freshen breath but is not the replacement of brushing. It can be used after day time meals when at work and where brushing cannot be worked upon.
- After brushing, flossing is not required (Saad Ahmed Khan, 2012)- Brush cannot clean plaque completely from all the tooth surfaces especially proximal surfaces where it cannot reach. So it is advisable to use floss to clean the surfaces wherever brush cannot reach in order to assure good oral health.
- Hard tooth brush cleans the teeth better than a soft toothbrush (Vignesh, 2012) - It is proper brushing technique which is important for through cleaning of

**\*Corresponding author: Dr. Mansi Jain,**

Professor, MDS, Pediatric and Preventive Dentistry, Maharishi Markandeswar College of Dental Sciences, Mullana, Ambala.

plaque and not the hard toothbrush which in turn can cause tooth abrasions leading to tooth sensitivity.

- Cleaning teeth using finger is far better than toothbrushes (Devesh Tewari, 2014) - Finger cannot reach all the tooth surface where a toothbrush can gain access hence cleaning tooth surfaces better than finger.
- Using finger with charcoal to clean the teeth is better than using toothbrush and toothpaste (Vivek, 2012) - Charcoal powder is coarse and it could abrade the enamel and damage periodontal ligament thus causing sensitivity so using toothbrush and toothpaste is better.
- Powdered salt can clean the teeth better than paste (Vignesh, 2012) - These salts also have abrasive particles which can abrade the tooth enamel.
- Brushing of teeth should be done only before breakfast (Devesh Tewari, 2014) - Brushing teeth after breakfast is recommended then doing before as it removes the food debris and keeps the oral environment clean for longer time thereby decreasing the progression of caries.
- Using datoon/chewing stick or tree twig to clean the teeth harms them (Saumyendra, 2013) - Datoon or tree twig is still used in rural areas as an oral hygiene measure but its harsh action may cause gingival trauma and occlusal wear. Though being inferior to tooth brushing, its massaging action makes it more satisfactory. Further extracts of many sticks have yielded potent antimicrobial and antiplaque substances which are helpful to decrease the caries occurrence.
- Flossing harms the gums (Vignesh, 2012) - Flossing helps to clean those tooth surfaces where even toothbrush can't reach. Thus it maintains good gingival health too.
- Toothbrushes can be shared between members of same family (Devesh Tewari, 2014) - Sharing of toothbrushes can transfer microbial flora from one person to another thus deteriorating the oral health and also can affect the systemic health.
- Rinsing with plain water after every meal can prevent all dental problems (Devesh Tewari, 2014) - Rinsing can be helpful to decrease the problem from aggravating as it clears the food debris but is not the substitute for brushing.
- Foul odour in the mouth is only because of poor cleanliness of teeth (Vignesh, 2012)- Foul odour from mouth can be present in spite of maintaining good oral hygiene which can be due to many systemic diseases or even stomach problems.
- Longer and harder you brush, more clean teeth you get (Vignesh, 2012) - To properly clean the plaque it is enough to spend 2 minutes for brushing teeth. Increasing the duration or force can only damage the tooth and gums.

#### Myths related to tooth decay

- Tooth decay depends on the amount of sugar we eat (Devesh Tewari, 2014) It is not the amount of sugar alone who is the criminal to cause the tooth decay. It is the sticky forms of sugar or to frequent eating habits which has the main hand in harming the tooth. On the contrary dental problems can be even worst if oral hygiene is poor even though sugar consumption is too low.

- White color of tooth indicates healthy tooth - White tooth can also have cavities or gum problems that require treatment. So regular dental check up is equally important for individuals having white teeth also.
- Good dental health is inherited - Genetics play a minor role in oral health. Though tooth problems can be seen to run in family but dental decay mainly depends on oral hygiene measures undertaken.
- Patients demand that they want to see the removed worms from teeth (Sugandha Agarwal, 2017) - Certain patient's demands that the dentist should show them the worms from teeth because they believe that tooth decay is caused by worms.
- Decay occurs because teeth are soft (Devesh Tewari, 2014) - Poor oral hygiene and to frequent eating habits are mainly responsible for tooth decay though defects in enamel formation and genetics also plays role to some extent.
- Calcium tablets should be taken to prevent tooth cavities (Devesh Tewari, 2014) - Proper oral hygiene measures are more important to prevent cavities rather than taking calcium tablets which donot have any topical effect on tooth structure.
- Tooth once treated does not require any treatment again (Vignesh, 2012) - Even a restored tooth can develop caries again if proper oral hygiene is not maintained.
- Tooth decay is caused by God for the sins committed (DeveshTewari, 2014).
- Embedding nail on the tree stops progression of caries (Devesh Tewari, 2014).

#### Myths related to toothache

- Treating toothache by placing aspirin tablet or clove (DeveshTewari, 2014andAnupNagaraj, 2014)- Dental decay once initiated cannot be treated by home remedies. Placing Aspirin tablet against the hurting tooth in long contact with soft tissue can lead to painful chemical burns. Clove may give temporary relief but cannot cure the problem and dental treatment has to be persuaded.
- If a toothache stops the problem is cured(Vignesh, 2012) - Pain is not the only condition that calls for attention to treat dental problems. There may not be any pain if tooth becomes nonvital or abscess formed gets vented of itself. While there is no pain it still requires treatment to prevent the infection to spread further.
- Our ancestors believed that worship of sun can cure toothache (DeveshTewari, 2014).
- The tooth of a man who had died in violence was considered to cure a toothache.
- In some parts of India Brahmins and Priests clean their teeth with cherrywood as they believe that it has blessing to keep away the toothache.

To relieve toothache (DeveshTewari, 2014)-

- Apply mixture of figs, saffron, mustard seed and plaster of myrrh.
- Rub the tooth with dry cow dung.
- Boil earthworms in oil and drop the oil into ear holes.
- Application of a paste of lemon and mustard oil

Tooth decay and toothache once started has to be treated by dentist to stop further aggravation of the problem and no application of any such mixtures is helpful. These misconceptions about home remedies are mainly travelling from elderly uneducated female from village areas where there is hardly any access to modern dentistry (Sadhana, 2017).

#### Myth related to extraction

- Removal of upper teeth affects vision (AnupNagaraj, 2014 and Sadhana, 2017) - People think that extracting upper arch tooth affects vision and they are reluctant to undergo extraction as they are afraid that they will lose their eyesight. But the bone harboring the tooth sockets is different from the eye orbit thus under no circumstance eyesight can be lost by extraction of teeth. This misconception is inherited due to lack of awareness in uneducated societies and false exaggerated information by those who had previous negative dental experience.
- No extraction during rainy season - People avoid tooth extraction during rainy season as it is a common belief that healing is poor during this weather and is going to affect their health. But the weather has no role to play in extraction and healing.

#### Myths related to scaling

- Scaling leads to enamel damage and forms gap between teeth (Anup Nagaraj, 2014) - Scaling removes hard calculus from the tooth and root surfaces which makes the patient feel like they have more gap between teeth after scaling. Extra sensitivity can be there as calculus covered surfaces get exposed by cleaning.
- Scaling makes teeth loose (Sadhana, 2017) -After removal of hard calculus, slight mobility can occur as calculus was binding teeth together, but it disappears as healing of supporting periodontal structures occurs.

#### Myths related to milk teeth

No need to treat milk teeth as they will ultimately shed in few years (Anup Nagaraj, 2014; Sadhana, 2017) - Milk teeth are essentially important for child, as apart from their function of chewing and esthetics they serves as the best space maintainer for preserving the space for eruption of permanent tooth. If deciduous tooth is lost earlier, then it can lead to tooth movements in present space leading to space discrepancies thus causing malocclusion. So awareness about oral health should be established right from childhood to protect the milk teeth.

**Fate of extracted deciduous teeth:** If exfoliated or extracted deciduous teeth is kept under a rock or thrown on top of the roof then permanent teeth that will erupt will be as strong as stone (Devesh Tewari, 2014; Anup Nagaraj, 2014; Sadhana, 2017).

- If kept in rat hole, they will get permanent teeth as strong and sharp as rats teeth (Devesh Tewari, 2014).
- Permanent teeth will erupt only if you bury the deciduous tooth under grass.

These kinds of beliefs were mainly attributed from elderly uneducated females, especially grandmother, who exerted a considerable influence on the family thus forcing them to practice these false behavior practices.

- Presence of natal or neonatal teeth (Anup Nagaraj, 2014) - If a child has natal or neonatal teeth it is a sign of danger to the life of his grandparents. Misconceptions vary from believing them being very positive with exceptional favor and at the other extreme, related with supernatural powers, ill-luck and being evils that would bring misfortune to the family.
- Teething causes fever, diarrhea and vomiting (Olanrewaju, 2013) - During teething child chews on everything he gets and even mouthing objects lying on floor to get rid of gum irritation due to tooth eruption. This can lead to gastrointestinal infections in turn leading to diarrhea.
- If mother wipes her finger on gum pads of infant then child faces difficulties during teething.
- If upper incisors erupt before lower then it is a threat for child's uncle in law.
- Deciduous tooth erupts when the child learns to walk - According to this misbelieve it is because during walking pressure is applied from heels which pushes the teeth out of the socket. But there can be no such association. People correlate it because it is around the first birthday when child learns to walk and it is same time around which teething starts.

#### Myths related to pregnancy and delivery

- No dental procedures should be undertaken in pregnant females (Devesh Tewari, 2014) - Certain procedures such as x-ray and painful procedure should be avoided but regular dental procedures can be undertaken with precautions in a pregnant female. It is safe to get the treatment done during second trimester of pregnancy. Further if mother's good oral hygiene is established before the birth of child it will reduce the transfer of bacteria from mother to child later.
- Don't brush teeth after delivery - During pregnancy some females might be already suffering from swollen gum leading to gum bleeding. Some people believe that roots of teeth become weak after giving birth to baby. So brushing can harm the tooth and the female should stop brushing. But by practicing this swollen gum caused by hormonal changes during pregnancy gets even worse thereby damaging the gums and tooth instead of saving them.

#### Conclusion

The best way to overcome these misconceptions is to base our suggestions on the best available evidence and educate people at all age levels which will help them to recognize and modify their false perceptions and beliefs with the real information provided and also alter the unhealthy practices.

#### REFERENCES

Anup Nagaraj, Shravani Ganta, Asif Yousuf and Sonia Pareek. Enculturation, Myths and Misconceptions Regarding Oral

- Health Care Practices among Rural Female Folk of Rajasthan. *Ethno Med*, 2014; 8(2): 157-164.
- Devesh Tewari, L. Nagesh, Manish Kumar. 2014. Myths Related to Dentistry in the Rural Population of Bareilly District: A Cross-Sectional Survey. *Journal of Dental Sciences and Oral Rehabilitation*, April-June;5(2):58-64.
- Olanrewaju O, Olubukola PB. 2013. Teething myths among nursing mothers in a Nigerian community. *Niger Med J.*, 54(2):107-110.
- Saad Ahmed Khan, Narendar Dawani, Sobia Bilal. Perceptions and myths regarding oral healthcare amongst strata of low socioeconomic community in Karachi, Pakistan. *J Pak Med Assoc*, 2012;62(11):1198-1203.
- Sadhana A., Raina, Poorvi S. Jain, Manjusha M. Warhadpande. 2017. Myths and taboos in dentistry. *International Journal of Research in Medical Sciences. Int J Res Med Sci.*, May;5(5):1936-1942.
- Sarah Sheela Emerald, N., ChandraSekhara Reddy, V., Sudhakar Rao. N. 2016. Dental Health Myths and Misconceptions among Yanadi Tribe of Gonepalli Village, Nellore District, India: A Cross-Sectional Study. *International Journal of Humanities and Social Science Invention*. [December. 5 ( 12 ) :09-15.
- Saamyendra V Singh, Zafar Akbar, Arvind Tripathi, Suresh Chandra, Anurag Tripathi. Dental myths, oral hygiene methods and nicotine habits in an ageing rural population: An Indian study. *Indian Journal of Dental Research*. 2013; 24( 2 ) : 242-244.
- Sugandha Agarwal, Charu Tandon, Tanu Tewari, Pratik Chandra, Aftab Azam. 2017. Taboos and myths omnipresent in dentistry: A review. *International journal of scientific research*. August. 6 ( 8 ) :406-408.
- Vignesh, R., Indra Priyadarshni. 2012. Assessment of the prevalence of myths regarding oral health among general population in Maduravoyal, Chennai. 2 ( 2 ) : 85-91.
- Vivek S., Jithesh Jain, 2012. Sequeira Peter Simon, Hemanth Batur, Shreyas Tikare, Amit Mahuli. Understanding oral health beliefs and behavior among Paniyan tribal in Kerala India. *J Int Oral Health*, 4(2):22-27.

\*\*\*\*\*