



TABOOS AND MYTHS OMNIPRESENT IN DENTISTRY: A REVIEW

Dental Science

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ABSTRACT

Oral health is much more essential than healthy teeth. Health cannot be isolated from its social environment. The social and economic factors have as considerable influence on health similar to medical interventions. In ancient times health and illness were treated by magical and religious beliefs instead of medicine. This is because of lack of knowledge in the ancient civilization. Literacy level of people plays a very important role in development of health sector of a country. Proper education makes an individual more realistic and practical. As majority of the Indian population lives in the rural area, traditional Indian philosophies and taboos were found to correlate inversely with preventive dental health behaviour. Thus the purpose of this review was to define the current prevalence of these cultural taboos and myths regarding dentistry prevailing among the Indian population. The intent is that this assessment will be helpful in shaping the future health programs and creating dental awareness

KEYWORDS:

Oral Health, Taboos, Myths, Health Education

Introduction:

Oral health is much more essential than healthy teeth. Health cannot be isolated from its social environment. Good oral health is a major source for social, economic and personal development of individuals.¹

The social and economic factors have as considerable influence on health similar to medical interventions. In ancient times health and illness were treated by magical and religious beliefs instead of medicine. This is because of lack of knowledge in the ancient civilization.²

A taboo is a strong social prohibition (urban) relating to any area of human activity or social custom that is sacred and forbidden based on moral judgment and religious beliefs³. Since ages, cultural taboos or beliefs have influenced the majority of population⁴. These negative customs and conducts are harmful to social wellbeing^{2,5}.

Myths are defined as stories shared by a group of people which are a part of their cultural identity. They have a strong influence in the life of individuals and their way of living including seeking treatment during illness. Understanding the myths and misconceptions about oral diseases is important in providing excellent care and health education to both patients and healthy individuals.^{6,7}

As majority of the Indian population lives in the rural area, traditional Indian philosophies and taboos were found to correlate inversely with preventive dental health behaviour⁸. Thus the purpose of this review was to define the current prevalence of these cultural taboos and myths regarding dentistry prevailing among the Indian population. The intent is that this assessment will be helpful in shaping the future health programs and creating dental awareness.²

The database was collected from online search from PubMed and Medline. A comprehensive search was designed and the articles were independently screened for eligibility. The various taboos and cultural myths are as follows:

1. Loosening of teeth after extraction:

Most of the people think that after oral prophylaxis teeth will loosen, this may be ascribed to the fact that rural population in India have little knowledge about dental treatment. They have a habit of visiting the

dentist at advanced stages of disease, and at that time, if a dentist removes calculus by scaling it may be likely that the tooth will become more mobile. This loosening could lead the patient to consider the dentist as the offender.^{9,10}

2 Maxillary teeth extraction affects the eyesight:

Around half of the respondents believe that extraction of upper teeth deleteriously affects eye sight. For example, extractions performed on older patients, leading to weakening of eye sight due to its vicinity in maxilla, are mere coincidental, but still remain a taboo, hence people relate to this. It was found that still most of study subjects believe that there is no need to go to dentist until all the permanent teeth of child erupts. They think that these teeth are going to shed, so treating them as wastes money and time. This conclusion was determined by comparing the response to the questions number three and four. It was further observed that cultural factors are also deeply involved in matters of personal hygiene, nutrition, immunization and seeking medical care etc¹¹.

More than 30% of participants think that there is no need of a regular dental check-up because dental diseases are not life threatening and can be taken care of with routine medicines available through local pharmacy without consultation of dental surgeon. Some people are quite poor who cannot afford high cost dental treatments¹².

3. Interproximal spacing indicates good fortune:

In India, people consider that spacing between teeth is an indication for good destiny. It is one of the cultural beliefs that are transmitted from one generation to another through learning processes, formal and informal¹³.

4. Neem twigs for brushing:

In the present study, 50% of the subjects still do not have appropriate brushing habits, which may be due to poor education. Many people in the countryside use twigs of neem tree as a tooth brush; some use ashes; and some charcoal. The educated and those who have come in contact with urban life use tooth brushes¹⁴.

5. Use of clove, charcoal, cola, khat:

In the 21st century more than 50% the participants still depend on the cultural beliefs and taboos in curing their dental health problems. It

may be attributed to the fact that the products like clove are easily available and relieve pain quickly and cleaning materials like charcoal are cost effective that are mostly used in developing countries like India. However, in some countries habits of cola and Khat chewing are widely prevalent. The cola has tannin and caffeine that facilitates healing of oral mucosal lesions but both of them causes dry mouth, thirst, pain, and clicking in the TMJ region¹⁵.

6. Extracting the teeth rather than saving them:

Most of the subjects think it is better to have artificial set of teeth than to repair the original ones. It may be because of multiple visits for dental treatments and also there is no appointment of dentist at primary health centre level in India. Nearly 46% assume that taking medicine during fasting is correct as in our country it is one of the important taboo and is equally acceptable both in urban as well as rural areas e.g. fasting which may have deleterious impact on health and oral health. When it was asked regarding diseases of oral cavity like cancer, still some people believe that these are due to wrath of gods and goddesses and administration of drugs is still considered harmful for treatment²,¹⁶.

7. Deciduous teeth are not cared as will be replaced by permanent teeth:

The most widely believed myth was that milk teeth need not be cared for because they last only for a few years, and these teeth will anyway be replaced by permanent teeth. This is not entirely true as early loss of milk teeth will interfere with chewing and affect the child's nutrition, leads to drifting of the adjacent teeth and closure of some of the space that is required for the succeeding permanent teeth to erupt into. Such a loss of space will cause the permanent teeth to erupt in irregular position and result in crowding. Therefore milk teeth need to be cared for as much as permanent teeth. So it is advisable to start the habit of cleaning the infant's teeth soon after they appear in the mouth. In fact it is advised to clean baby's gum pads everyday by gentle massage even before the teeth erupt.⁶,¹⁷

8. Self care home remedies:

Uneducated population preferred trying self-care or home remedies. This may be due to the fact that they consider dental diseases as non-life threatening.¹⁸ The specialists in home remedies are elderly people who do not consider themselves as healers but in case of any kind of ailments related to the tooth such as toothache, they suggest plant remedies such as application of clove oil. Traditional methods and techniques of dental care among rural population comprises of the use of local materials for cleaning teeth such as neem twigs and hot fermentation method for reducing the swelling. These health behaviours include all activities undertaken individually or collectively for the purpose of prevention of diseases.¹⁹

9. Worm causes dental caries:

A belief that worms, that cause dental caries can be removed from the ears, was found in majority of the uneducated females. A set of practitioners are ritual cure practitioners known as Bhopas and Devalas most commonly found in the villages of Rajasthan. When a person approaches these Bhopas for their tooth ache, with some amount of spiritual authority he shows them that he had removed the worm from their ear, which is responsible for tooth ache, which is often more reflective and convincing to the patient.²⁰

10. Deciduous tooth when shed should be placed under stone or rock:

A myth that when the tooth is shed out if placed under a stone/ rock would result in the eruption of stronger tooth was found among elderly uneducated females. This kind of behaviour can be attributed from the family members, especially grandparents, who exerted a considerable influence on the family especially the younger generation.^{10,19}

11. Natal teeth correlated with supernatural power:

The presence of natal teeth was related with supernatural powers, ill-luck and most of them believed that the child would bring misfortune to the family and would become a witch. These kinds of beliefs are considered to be carried out from the ancestors, most often to the females of the family. Babies born with teeth have been recorded since the Roman and Ancient Greece as and the phenomenon is steeped in superstition, folklore and hearsay.

Misconceptions surrounding natal and neonatal teeth vary from beliefs of them being very positive, heralding exceptional favour, and at the

other extreme, evil and bearing grave misfortune. These are descriptions of Ural-Altaic tribes stating that children born with teeth would become witches and sorcerers.²⁰

12. Teething causes fever:

Teething causes fever was found in most of the uneducated females, which shows a common lack of knowledge about teething. Results were similar to a study, where majority of the parents had false beliefs or myths regarding the signs and symptoms of teething such as fever.²¹

13. Unawareness of two type of dentition:

Majority of the uneducated females were unaware that there are two types of dentition, deciduous and permanent teeth. This may be due to lack of awareness and low educational levels among most of the females. Most of the uneducated females thought that carious deciduous teeth would shed on its own, as they believed that primary teeth would remain in the mouth for only a short period of time and would be replaced ultimately.²²

14. Caries transfer from primary to permanent dentition:

The presence of caries in the primary teeth and subsequent caries in the permanent teeth. A quantitative survey of Vietnamese carers of preschool children in Canada suggested a lack of parental belief in the importance of primary teeth. In a study of carers in Saipan, it was reported that the low value attributed to baby teeth was an obstacle to developing effective prevention programs.²³

15. Early Colonization and infection by bacteria associated with sharing food and utensil:

The practice of kissing their child and sharing foods and utensils by adults has been associated with early colonization and infection with *Streptococcus mutans* in infants. In the present study it was surprising to find, that majority of the both uneducated and educated females thought that microorganisms could not spread from mother to the child and the fact that it could increase the risk and severity of caries among very young children. The findings of the present study were similar to a study conducted on the parents/ care takers knowledge and attitudes towards transmissibility of caries disease.²⁴

16. Brinjals causes staining:

As cut brinjals will change their colour to black, some people believe that staining of the teeth is because of eating brinjal by the same principle which is entirely incorrect.⁶

17. Fear of root canal treatment:

Even though, many subjects believe that root canal treatment as an alternative to extraction, they have fear that it is always painful. But, root canal treatment doesn't cause pain, it relieves it. The perception of root canals being painful began decades ago when root canal treatment was painful.

But with the latest technologies and anesthetics, root canal treatment today is no more uncomfortable than having a filling placed. In fact, a recent survey showed that patients who have experienced root canal treatment are six times more likely to describe it as "painless" than patients who have not had root canal treatment.^{6,24}

18. Myth that extraction of one tooth deteriorates the whole dentition:

Literacy level of people plays a very important role in development of health sector of a country. Proper education makes an individual more realistic and practical. 24% of the respondents believe that it is true while 67.6% went against it.¹⁰

Whatever may be the reasons for these cultural beliefs and taboos, they definitely have harmful effects on the oral tissues and hence have to be discouraged. So, dental professionals along with primary health workers and school teachers can play a vital role in creating the awareness and to remove the misconceptions that hinder an individual from seeking dental services.

CONCLUSION:

The review revealed poor knowledge, attitude and practices regarding dentistry in India, and the deficit is greater in rural areas in all aspects. Therefore, area of residence, especially in countries like India where the majority of the population resides in rural regions, should be considered in tailoring communicative strategies and designing future interventions.

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