



Prevalent Dental Myths and Practices in Indian Population- A Systematic Review

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OBJECTIVES: The present systematic review was conducted to assess knowledge and awareness on prevalent dental myths related to infant teething, pregnancy and cleft lip and palate and various oral health habits in Indian population.

MATERIALS AND METHOD: Electronic and manual database was searched vigorously between period of January 1994 to January 2017 using PUBMED and GOOGLE SCHOLAR search engines to include relevant studies from peer-reviewed journals which have been conducted in India.

RESULTS: A total of 24 scientific questionnaire studies conducted in various states of India were included. 16 out of 24 studies (66.67%) dealt with various dental myths and practices prevalent among rural Indian population whereas only 1 study included both urban and rural populations. Region wise maximum studies were conducted in Southern region [8 studies (33.3%)] followed by 7 studies (29.16%) in Northern, 6 studies (25%) in Western and 1-1 study (4.16% each) in Eastern and Central India respectively.

CONCLUSION: The results indicate that the knowledge and awareness levels about dental myths and oral practices in both rural and urban population in various regions of India is inadequate. It is necessary for dental practitioners to educate masses for better dental health.

KEYWORDS: Pregnancy, Cleft Lip, Cleft Palate, Teething

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INTRODUCTION

With a total of 645 district tribes present throughout its 29 states and 7 union territories, India has a wide religious and cultural diversity. This religious and cultural diversity plays an integral role in shaping individual's belief system. In epistemology, philosophers use the term "belief" to refer to personal attitudes associated with true or false ideas and concepts.¹ The interaction between socio-cultural system and individual helps in defining their social and cultural beliefs. The religious beliefs are derived from the ideas that are exclusive to religion. They are mostly practised on the basis of the teachings of a spiritual leader or group.

Culture is depicted by the values, beliefs and practices shared by the people and it has its own impact on individual's general and oral health.^{2,3}

Factors that lead to the development of myths and false perceptions include lack of education along with sociocultural factors and traditional beliefs. Myths mostly arise as either truthful depiction or over-elaborated account of historical events or as an explanation of a ritual. Dental myths usually emerge from false traditional beliefs and non-scientific

knowledge.⁴ These myths are further embedded into the psyche of future generations over a period of time and thus, creates interference in the acknowledgement of scientific and contemporary dental treatment.⁵ The present systematic review was conducted on available literature on various dental myths and practices which are prevalent in various regions of India.

The aim of this systematic review were:

- To assess the various dental myths related to infant teething, cleft lip and palate, pregnancy and oral dental practices prevalent in the specific regions of India.
- To assess the knowledge and awareness of population in a specific region on dental myths and habits prevalent in that region.

MATERIALS AND METHODS

The present systematic review was conducted to determine the awareness and knowledge of population about various dental myths and oral health habits in India.

Inclusion criteria for the studies: (1) Studies conducted in India; (2) published in English language; (3) studies evaluating knowledge and awareness about teething



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myths; (4) studies evaluating knowledge and awareness about cleft lip and palate myths; (5) studies evaluating knowledge and awareness about pregnancy related dental myths; (6) studies evaluating oral practices i.e. oral mutilation and oral health practices. Studies published from January 1994 to January 2017 were considered in the search strategy.

The present review excluded the studies that are: (1) Not conducted in India; (2) review articles.

The initial search was accomplished using PUBMED and Google Scholar search engines on dental myths in India which yielded a result of 13,113 results, and only 24 relevant scientific questionnaire studies were retained. Full texts of all 24 studies were extracted electronically and manually.

Identification of relevant studies

The present systematic review was carried out both electronically and manually. The search strategy is depicted in Figure 1. This protocol and guidelines were used for the preparation of the review.⁶ The relevant literature search was carried out through searches of the digitized literature on PubMed databases, Google scholar and manual search irrespective of the date of publication using Medical Subject Headings (MeSH) terms- “dental myths,” and “India”. 13,113 papers were identified with this method. Various key words utilized in the search strategy included- dental myths, knowledge, attitude, teething myths, pregnancy dental myths, cleft lip and palate myths, oral mutilations, India. Various combinations of key words were made using “and” and “or” as Boolean operators.

Selection Graphof studies

Initially, titles and abstracts of the studies retrieved by the search were assessed in order to exclude the inappropriate studies. Reviews were not included, though their reference lists were searched in turn for any studies not retrieved by the electronic search. For the remaining studies, full-text articles were recovered that met the inclusion criteria. Selected studies were screened using the STROBE checklist for observational studies.⁷

Collection and extraction of data

Prespecified data is extracted from each of the studies including the study design, sample size, the age group included, involved myths/traditional practices, and

other study characteristics. Any kind of disagreement regarding data collection and extraction is sorted out by the other author.

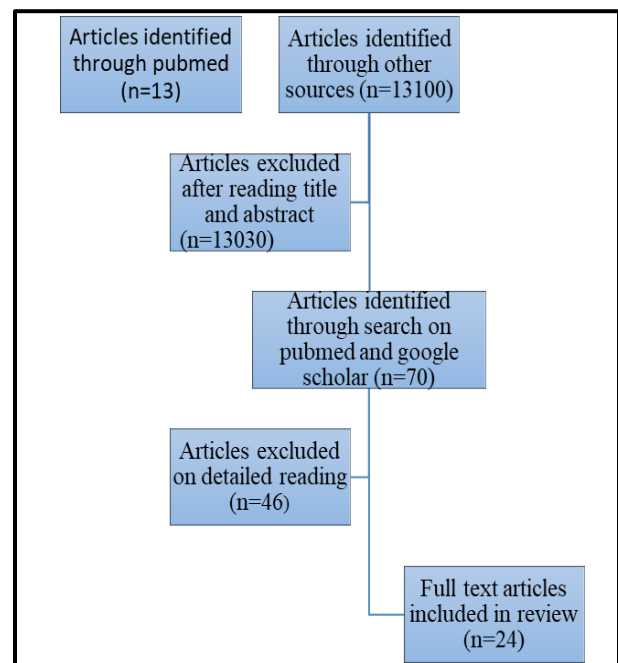


Figure 1. Flow diagram of Studies for Inclusion

RESULTS

Description of selected studies: The original search identified 13,113 studies but only 24 studies (Table 1) are included for the present systematic review after performing the necessary exclusions. A total of 12 studies dealt with oral habits and myths related to dentistry, 4 studies assessed knowledge and awareness about teething myths, 3 studies assessed knowledge and awareness about myths associated cleft lip and palate, 3 studies reported incidences of oral mutilation and 2 studies assessed knowledge and awareness about dental myths associated with pregnancy (Figure 2). The study population in 16 studies are rural population and in 7 studies are urban population and only 1 out of 24 studies included both urban and rural population. Region wise (Figure 3) 9 studies (37.5%), 7 studies (29.16%), 6 studies (25%), 1 and 1 study (4.16% each) are conducted in South, North, West, East and Central India respectively.

DISCUSSION

The focus of the present systematic review was to assess

knowledge and awareness among the population on various dental myths and oral practices which were prevalent in various states of India. The assessment was done on basis of various questionnaires inquiring about prevalent oral practices and myths among the population in various states.

The review results displayed the significant variation among the different population groups in different parts in India. It also highlighted the inadequate knowledge and awareness status among the population. Studies by Gauri Kakatkar et al (2012)¹⁵, Devesh Tewari

et al (2014)⁴ and Roshan Noor-Mohammed et al (2012)¹⁶ highlighted the teething myths among the parents and observed that majority of parents has false beliefs about the signs and symptoms of teething which included fever, diarrhoea, runny nose, vomiting, and ear problems. Whereas in studies by Chakraborty et al (1994)⁸ and Kiran K et al (2011)¹⁴ the most common complication observed was the gingival irritation.

Kumar S et al (2016)³³ associated teething with habit to bite followed by fever, diarrhoea, increased salivation, loss of appetite and gum irritation in Saudi Arabian

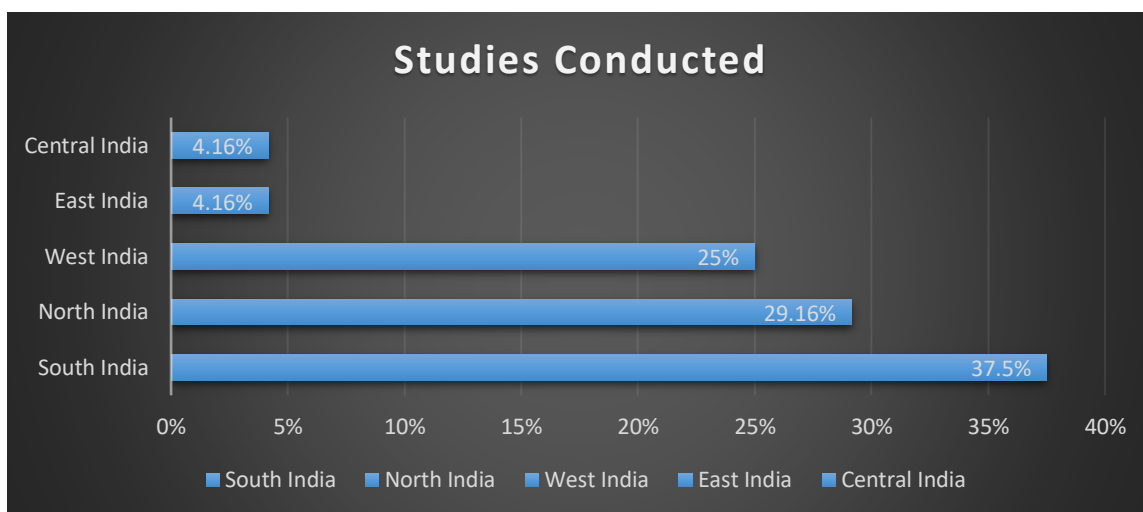


Figure 2. Region Wise Distribution of Studies Conducted in India

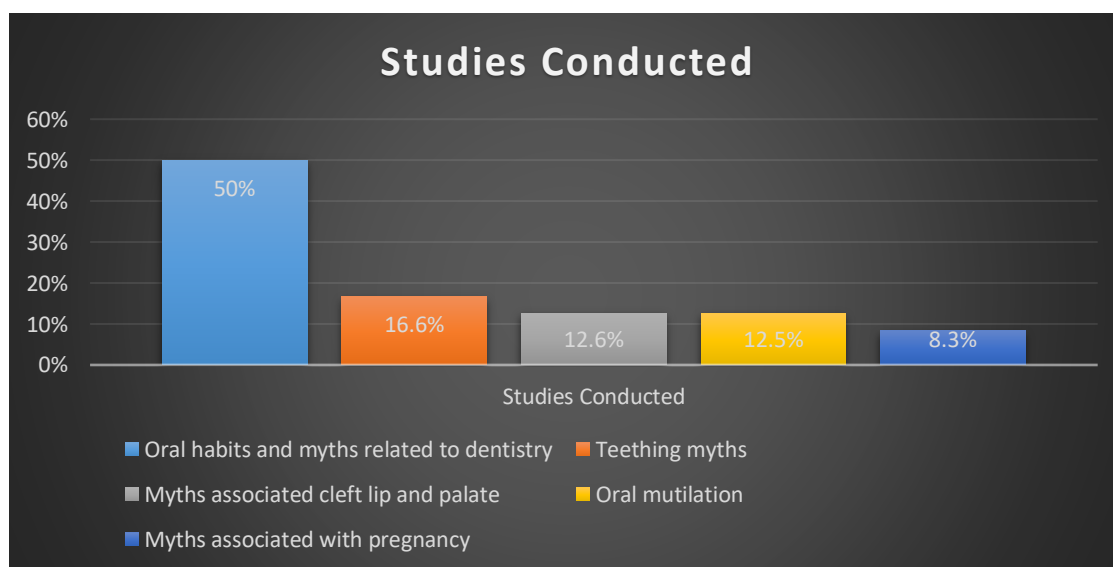


Figure 3. Distribution of Studies on Various Myths Prevalent

| S. NO | STUDY | SOURCE | INVOLVED MYTH / TRADITIONAL PRACTICE | STUDY POPULATION | AGE OF POPULATION INVOLVED | TYPE OF STUDY | REGION | ZONE | POPULATION | FINDING |
|-------|--|----------------|--------------------------------------|--------------------|----------------------------------|------------------------|---------------|------------|------------|--|
| 1. | Chakraborty et al. (1994) ⁸ | Pubmed indexed | Teething | 201 parents | Infants aged between 6-12 months | Prospective study | Kolkata | East India | Urban | The most common complication observed was inflammation of the gums. |
| 2. | Weatherley-White RC et al. (2005) ⁹ | Pubmed | Cleft lip and palate | Fifty-two families | - | A pilot study | Deesa | West | Rural | Majority of the population believed that CLP is due to the "act of fate". |
| 3. | Kumar TS et al. (2009) ¹⁰ | Pubmed | Oral practices | 1590 male | 15-54 years | Cross sectional study | Rajasthan | West | Rural | The population was characterised by a lack of previous dental care. |
| 4. | el-Shazly M et al. (2010) ¹¹ | Pubmed | Cleft lip and palate | 50 families | - | Cohort study | Gujarat | West | Rural | Majority of parents believed CLP was a curse or an act of evil spirits and similarly, retribution for past sins. |
| 5. | Ganesh A. et al. (2011) ¹² | Google scholar | Pregnancy | 208 pregnant women | - | Cross sectional survey | Chennai | South | Urban | 201 women felt that brushing their teeth was essential. 91 had the habit of mouth rinsing after every meal |
| 6. | Hans MK et al. (2011) ¹³ | Pubmed | Oral mutilations | Female | - | Case report | Uttar Pradesh | North | Rural | Oral Mutilation practice is higher in women folk |

| S. NO | STUDY | SOURCE | INVOLVED MYTH / TRADITIONAL PRACTICE | STUDY POPULATION | AGE OF POPULATION INVOLVED | TYPE OF STUDY | REGION | ZONE | POPULATION | FINDING |
|-------|--|----------------|--------------------------------------|---|---|------------------------|----------------------|-------|------------|---|
| 7. | Kiran K et al. (2011) ¹⁴ | Pubmed indexed | Teething | Study group -894 infants and control group -550 infants | Infants between 6 months to 3 years of age | Cross sectional | Belgaum, Karnataka | South | Urban | The most common finding was gingival irritation. |
| 8. | Gauri Kakatkar et al. (2012) ¹⁵ | Pubmed indexed | Teething | 550 parents | Children aged 6 months to 3 years | Cross-sectional survey | Udaipur | West | Urban | Majority of parents had false beliefs about the signs and symptoms of teething - fever, diarrhoea, runny nose, vomiting, and ear problems. |
| 9. | Roshan Noor-Mohammed et al. (2012) ¹⁶ | Pubmed indexed | Teething | Parents of 1100 children | Children age between four months to 36 months | Cross sectional survey | Davangere, Karnataka | South | Urban | Most frequent clinical manifestations were: Fever, drooling, diarrhoea, fever-drooling, fever-diarrhoea and drooling-diarrhoea. |
| 10. | Saamyendra V Singh et al. (2010) ¹⁷ | Pubmed | Oral practices | 681 people | 50 years or above | Cross sectional study | Uttar Pradesh | North | Rural | Mouth rinsing and finger brushing were adopted by 61% of subjects as a method of oral hygiene followed by datum or twig chewing by 21%. |
| 11. | Vignesh R et al. (2012) ¹⁸ | Google scholar | Oral practices | 250 135 were males and 115 were females | 30 -60 years | Cross-sectional study | Maduravoyal Chennai. | South | Rural | Majority of population believed in myths related to caries, oral hygiene and oral cancer. The difference for all the questions are statistically significant [P = 0.00] |
| 12. | Vivek S et al. (2012) ¹⁹ | Google scholar | Oral beliefs | 180 individuals 104 male and 76 female | 40 - 49 years | Cross sectional study | Kerala | South | Rural | 55% of subjects used finger for cleaning their teeth |
| 13. | Naram A et al. (2013) ²⁰ | Pubmed | Cleft lip and palate | 23 families | | Pilot Study | Hyderabad | South | Rural | Majority of mothers believed the cleft was caused by an eclipse. |

| S. NO | STUDY | SOURCE | INVOLVED MYTH / TRADITIONAL PRACTICE | STUDY POPULATION | AGE OF POPULATION INVOLVED | TYPE OF STUDY | REGION | ZONE | POPULATION | FINDING |
|-------|---|----------------|--------------------------------------|--|----------------------------|------------------------|-------------------------|-------|------------|--|
| 14. | Bhatia A et al (2013) ²¹ | Google scholar | Oral practices | 245 patients comprising of 125 males and 120 females | 15years to above 60 years | Cross-sectional survey | Faridkot Punjab | North | Rural | Female participants were more fearful about the periodontal therapy |
| 15. | Devesh Tewari et al. (2014) ⁴ | Google scholar | Oral practices | 540 individuals | Above 15 years | Cross-Sectional Survey | Bareilly | North | Rural | Majority of the population had the opinion that home remedies are better for dental treatment. High percentage believed that keeping tobacco in a decayed tooth relieves its pain. |
| 16. | Anup Nagaraj et al. (2014) ²² | Google scholar | Oral practices | 600 females | 18 – 60 years | Cross-sectional study | Rajasthan | West | Rural | Majority of the population believed that removal of the upper teeth affects vision and professional cleaning of teeth causes loosening of the teeth. |
| 17. | Sumit Kochhar et al. (2014) ²³ | Google Scholar | Oral practices | 1664 subjects | 18 years and above | Cross Sectional survey | Sunam, Punjab | North | Rural | Majority of population believed that there was no need to visit a dentist until all the permanent teeth of children erupt. More than half of the population believed that spacing between upper anterior teeth was an indication for good fortune. |
| 18. | Sharma R et al. (2015) ²⁴ | Google scholar | Oral practices | 150 individual Male – 76 Female - 74 | 20-60 years | Cross-sectional study | Bangalore | South | Urban | Almost all the participant believed in one or more dental myth. |
| 19. | Gupta R et al. (2016) ²⁵ | Google scholar | Pregnancy | 300 Pregnant women | 18–26 years | Cross-Sectional Study. | Raichur District, India | South | Rural | Nearly one-third of women used finger and charcoal for cleaning teeth |

| S. NO | STUDY | SOURCE | INVOLVED MYTH / TRADITIONAL PRACTICE | STUDY POPULATION | AGE OF POPULATION INVOLVED | TYPE OF STUDY | REGION | ZONE | POPULATION | FINDING |
|-------|---|----------------|--------------------------------------|------------------------|-----------------------------|--------------------------------------|-----------------------------------|---------|-----------------|--|
| 20. | Poonam Pandya et al. (2016) ²⁶ | Google scholar | Oral practices | 150 | 18 years to 60 years above | Cross-Sectional Study. | Bhopal | Central | Urban | 42% believe that removal of upper teeth affects vision. 38% people thought that keeping tobacco beside a painful tooth reduces tooth pain. |
| 21. | Rai A et al. (2016) ²⁷ | Google scholar | Oral practices | 350 adults | 20 years or above | Cross-Sectional Study | Ghaziabad | North | Urban and Rural | More percentage of males believed in the myths that extraction of upper teeth affects eyesight and that oral cancer is a God's punishment/ past sins |
| 22. | Kiran GB et al. (2016) ³⁸ | Google scholar | Oral practices | 305 | 18 years and above | Cross-sectional questionnaire survey | Guntur district in Andhra Pradesh | South | Rural | Most prevalent myth was that deciduous teeth do not need any treatment procedures (n = 179). Followed by myth that cleaning with salt makes teeth white and shiny (n = 160). |
| 23. | Yadav R et al. (2016) ²⁸ | Pubmed | Oral mutilations | Two females | 39-year-old and 51-year-old | Case report | Rajasthan, India. | West | Rural | Purpose of tattooing was to beautify their teeth and custom of getting gold tattoos on front teeth runs in their family. |
| 24. | Sargam D. Kotecha et al. (2016) ²⁹ | Google Scholar | Oral mutilations | 11-year-old male child | 11 year old | Case report | Uttar Pradesh | North | Rural | Purpose of tattooing was to beautify their teeth and could be used as an identification trait. |

Table 1. Study Characteristics on Dental Myths Included in the Review

population.

Baykan Z et al. (2004)³⁴ reported symptom such as increase in biting, followed by irritability and fever to be associated teething in Turkish population.

Pacey L (2014)⁴⁰ highlighted a folklore prevalent in Europe about dabbing whisky on to a baby's gums to reduce the pain of teething.

A close look at folk-tales about deciduous teeth that exfoliates gives an idea about how myths vary around the globe. In modern Western culture, character named 'tooth fairy' is said to give children a small gift in exchange for a deciduous tooth when it exfoliates. In Europe, eons ago, children used to throw exfoliated teeth in mouse holes, hoping that permanent successor would be sharp. In northern Europe, tradition of a "tooth fee," paid by parents when a child lost his/her first tooth was prevalent.^{35,36}

In Asian countries (India, China, Japan, Korea, and Vietnam), children bury their upper teeth in the ground, believing that the successor teeth would be straight.^{35,37}

In Middle Eastern countries such as Iraq, Jordan, Palestine, Egypt, and Sudan, there is a tradition of throwing a deciduous tooth up into the sky toward the sun or to Allah.^{35,37}

Weatherley-White RC et al. (2005)⁹ and Naram A et al. (2013)²⁰ observed that majority of the population believe that the cleft is caused by exposure of pregnant woman to the eclipse. Another belief which is prominent is that cleft occurrence is sign of punishment due to a previous sinful act. Some families also believed that cleft is a sign of bad luck. As per el-Shazly M et al (2010)¹¹ another prevalent myth is that cleft lip and palate is caused by the mother looking at certain animals or consuming the wrong food during pregnancy.

Cheng LR (1990)³⁰ observed that in Chinese population, pregnant mothers avoid rabbit meat for fear of giving birth to a baby with a 'hare lip'. Also, they are restricted from using a scissor during pregnancy, especially when sitting on the bed as it might result in cleft in the baby.

In Africa, Dagher D et al. (2004)³¹ highlighted the population belief that cleft lip and palate occurs

pregnant women laughs at a patient with CLP and pregnant women going out during an eclipse. Olosoji HO et al (2007)³² believed that cleft lip and palate is caused due to Thus, there appears to be a tendency to attribute the cause of CLP to a sense of vengeance from higher orders of astrological and spiritual origins.

Pacey L (2014)⁴⁰ highlighted the old wives' tale prevalent in Europe, related to pregnancy and tooth lose. 'Gain a child, lose a tooth' represented the thought that women lose a tooth for every child they bear may be valid as during pregnancy gingivitis and periodontitis can occur, which if severe and left untreated, it can lead to periodontal bone loss and subsequent tooth loss.

Saumyendra V Singh et al. (2010)¹⁷ and Vivek S et al. (2012)¹⁹ highlighted the prevalent practice of finger brushing in the majority of the rural population followed by datum or twig chewing Gupta R et al (2016)²⁵ observed a similar method of brushing in rural pregnant women. Ganesh A et al (2011)¹² reported that majority of women didn't have habit of mouth rinsing after every meal. Study by Bhatia A et al (2013)²¹ highlighted that female were more fearful about the periodontal therapy.

Studies by Poonam Pandya et al. (2016)²⁶, Sumit Kochhar et al. (2014)²³ and R Vignesh et al. (2012)¹⁸ observed that majority of the population believe that there is no need to visit a dentist until all the permanent teeth of children erupt. Also, more than half of the population believe that spacing between upper anterior teeth is an indicator for good fortune. All these studies highlighted the belief in Indian population that as deciduous teeth are going to shed, so treating them is wastage of money and time.

R Vignesh et al. (2012)¹⁸ observed that majority of population believed that using hard bristles for brushing (70%) and brushing with salt (56.8%), whitens the teeth. Anup Nagaraj et al. (2014)²², Sumit Kochhar et al (2014)²³ and Saumyendra V Singh et al (2010)¹⁷ highlighted the myth about the removal of the upper teeth and its effect on vision. Devesh Tewari et al. (2014)⁴ showed that majority of the population has the opinion that home remedies are better for dental treatment and high percentage believe that keeping tobacco in a decayed tooth relieves its pain.

Pacey L (2014)⁴⁰ reported prevalence of folk-lore in

Germany during middle age that kissing a donkey takes away the toothache.

Kiran GB et al. (2016)³⁸ reported that myths such as drinking alcohol reduces tooth pain, use of twigs instead of toothbrushes is more effective, burying exfoliated teeth in cow dung for good permanent successor and use of tobacco or tobacco products as a remedy for tooth pain were significantly significant (p-value > 0.05) in those who had never visited a dentist.

According to survey conducted by FDI World Dental Federation (2017)³⁹ majority of countries such as Brazil (77%), South Africa(75%), Mexico (73%), India (67%) and Canada (67%), incorrectly believed that it is important to rinse the mouth out with water after brushing. However, it is actually recommended not to rinse with water straight after brushing in order to allow maximum exposure to fluoride, which will optimize the preventive effects.

CONCLUSION

The results of the present review showed that the knowledge and awareness level of the subjects was inadequate and myths related to dentistry were more prevalent in rural regions of India. However, more studies are required to accumulate valuable data related to the oral practices and myths in the country. Also, decoding of the myths is required by the dentist in order to provide successful dental treatment and in order to prevent many dental problems.

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