

Taboos in Dentistry: A Review

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ABSTRACT

Lack of knowledge and awareness of people on oral health gave rise to innumerable social misbeliefs in certain communities. In today's world, it is important for every dentist to have knowledge of the trending myths and taboos in dentistry to provide quality dental care to the patients. This short review of literature discusses the various social misconceptions and commonly encountered taboos in dentistry and the reasons for such misbeliefs.

Keywords: Dental myths, Taboos, Misconception

The word Taboo comes from a Tongan word “tabu”, means set apart or forbidden. A taboo is a strong social prohibition relating to any area of human activity or social custom that is sacred and forbidden based on moral judgement and religious beliefs [1]. Cultural taboos or beliefs have influenced the population since long. These negative traditions and behaviours are harmful to social welfare. Gradually with the development of education, these taboos and misconceptions are disappearing but still they persist, and are commonly encountered. The field of dentistry is not exceptional to these cultural beliefs. Traditional Indian beliefs, taboos and misconceptions were found to correlate inversely with preventive dental health behaviour in the population [2].

Here, we present a review on different types of taboos present in dentistry.

Different types of misconceptions in dentistry [3,4]

A lot of misconceptions are present in dentistry that needs to be removed. A few of them are mentioned below

- Extraction of upper teeth causes loss of eyesight.
- Scaling causes loosening of teeth
- Dental procedures are always painful.
- Females don't go to male dentist for treatment.

- Laal Dant Manjan powder is better than toothpaste for brushing of teeth.
- Improper brushing is the only cause for bad breath.
- Not to visit a dentist during fasting.
- No need of visiting a dentist if there is no significant problem with the teeth.
- Upper caste people don't go to lower caste dentists for treatment, with the fear of their religion getting spoiled
- Tooth pain subsides on keeping tobacco beside the painful tooth.
- Prosthetic teeth consists of natural teeth of other persons.
- Pregnant female should avoid dental procedures completely.
- Brushing once daily is sufficient for maintaining good oral hygiene.
- Spacing between front teeth is considered lucky.
- Blowing of worms will prevent caries.
- Teeth are blackened to prevent caries.
- Cloves and supari is used to reduce tooth pain.
- Forwardly placed teeth are considered lucky.

Different types of taboos are [5]

(1) **Tooth mutilation:** Mutilation is the damage or disfigurement of tooth. It includes: (a) tooth evulsion, (b) breaking of tooth crowns, (c) alteration in shape of tooth crown, (d) dental inlay work, (e) lacquering and staining of teeth, (f) placement of gold crowns for adornment purposes.

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Reasons for Tooth Mutilations: The reasons for tooth mutilation can be (a) Tribal identification, (b) Sign of manhood, (c) Differentiation of sexes, (d) Sign of marriageable age in females, (e) Sign of ceremonial rebirth, (f) To ensure a life after death, (g) Aesthetics and fashion, (h) Therapeutic purposes, (i) Form of punishment, (j) Cultural mimicry

1) Tooth evulsion: It describes the deliberate removal of a tooth for ritual or traditional purposes.

Number and Type of Teeth Involved: The number of teeth extracted for ritual or custom is usually one to four. The Atayal people of Taiwan reported to extract 'back teeth' for aesthetic purpose. Procedures involving deciduous teeth are carried out on persons in their infancy or childhood. Tooth evulsion can be done at any age but mostly in their childhood-teenage years.

Methods of Tooth Evulsion: Teeth are knocked out by placing a piece of wood or metal against the labial aspect of the tooth crown and then striking the end of this object, from the appropriate direction, with some form of mallet.

Complications Following Tooth Evulsion: The major complications of tooth evulsion includes (a) alveolar bone fracture, (b) mucosal tissue damage, (c) fracture of tooth crown leaving tooth root in situ, (d) gross wound sepsis, (e) periapical granuloma, (f) abscess formation; (g) pulp necrosis and bacterial infestation of the root canal

Fate of Evulsed Teeth: The fate of evulsed tooth is shown in (Figure 1)

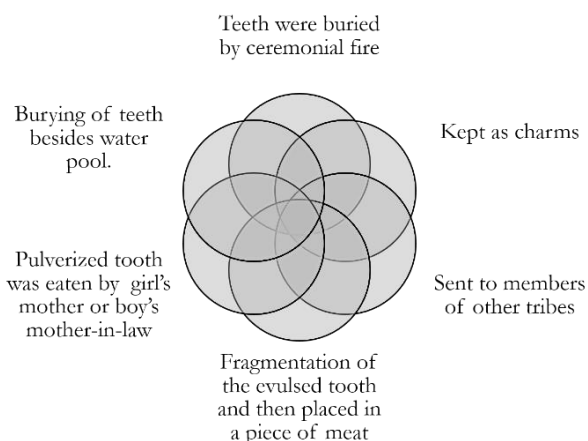


Figure 1: Fate of evulsed tooth

(b) Altering the Shape of Teeth: Two to twelve anterior teeth are the most commonly involved. Teeth most affected are: central, lateral incisors and canines of each jaw. Late childhood and teenage years are mostly involved.

(c) Chipping and Tooth Filing: It involves mutilation of incisal edge, mesial or distal incisal angle, mesial or distal surface, labial surface or whole tooth crown.

Methods of Chipping and Filing: It involves chipping away enamel and dentine with some form of chisel and mallet until the desired shape is achieved. Prior to chipping of the teeth, a piece of wood is placed between the molar teeth to act as a form of retractor. Teeth are then chiselled to the desired shape by a chisel and mallet, after which it is filed to make the surface smooth.

Complications of Tooth Chipping and Filing: Failing to have chipped teeth repaired often leads to more serious complications like severe pain or sensitivity, unintended tooth fracture, pulp exposure, laceration of oral soft tissues, etc.

(d) Lacquering and Dyeing of Teeth: Blackening of teeth using an iron containing mixture applied to the tooth surface was custom practised in ancient Japan. It was primarily used to signify marriage and fidelity in marriage and for aesthetic reasons. The custom of lacquering teeth involves a process of preconditioning or etching of the enamel surface, followed by the application of appropriate staining lacquering agent. Usually involves etching of the enamel surface for two days using lemon juice followed by the application of black paints, ginger and mango. It is performed in several countries of the world including Thailand, Indonesia and the Philippines

Reason: To prevent dental caries among the jivaro Indian people of Northern Peru [6].

(e) Decorative Dental Inlays and Crowns [7]: It is a form of non-therapeutic tooth mutilation, usually carried for the purpose of beautification, to signify wealth or to signify some event. Nature of inlay materials used are Gold, pyrite, jade, haematite. It was also carried in India during the time of Maharajahs, the teeth were inlaid with glass or pearls. The dykas of Borneo are reported to drill small holes into the labial surface of the maxillary teeth and places pieces of copper in it. Among Muslims, the presence of gold crowns on a front tooth is used to signify that the wearer has visited "Mecca"

(2) Tattooing: Tattooing of soft tissues is a practice which remains relatively popular in many non-tropical and tropical areas of the world [8]. Tattooing of skin is a common practice, while of lip and gingiva is occasionally seen. A blue black colouration is the usual hue achieved with gingival tattoos.

Reasons

Females: when they reach puberty, become betrothed or when they become married. (Tattooed lower lip in Sudanese woman signifies that woman is married)

Males: to relieve the pain associated with 'diseased gums'. It is believed that gingival tattooing has therapeutic benefit.

Facial tattoos may incorporate a triangular shaped tattoo on the skin surface at the angle of mouth. It has its basis in ritual warding off of the "evil eye"

Technique for Tattooing: It involves painting the gingiva with a layer of pigmented material usually carbon, which is then impregnated into the gingival mucosa by means of sharp thorns or needles which pierce the mucosa. The material used to tattoo the gingiva may be obtained from calcified peanuts, burned wood or from the lamp black.

Other Forms of Soft Tissue Mutilation [9]: The best known example of temporary mutilation of soft and perioral soft tissues is that practiced by Hindu men in India. During the ceremony of the thapasayam, men in a state of apparently self-induced trance pierce the skin of the body with a variety of sharp weight bearing hoops and lances.

DISCUSSION

India, a developing country, faces many challenges in rendering health needs to its countrymen. The influence of culture is seen in every discipline of health and medical practices, and dentistry is no exception. Dentists usually face many myths and other untested beliefs which are passed from one generation to another [2,7]. Some of these myths had a significant impact on the oral health of the population. Understanding the myths and misconceptions about oral diseases is of prime importance in providing excellent care and health education to both patients and healthy individuals. It is a fact that cultural beliefs are still affecting the oral health of the population [10].

They may reflect a combination of limited knowledge regarding the care are rising dramatically, understanding the myths and misconceptions about oral diseases is important in providing excellent care and health education to both patients and healthy individuals. Despite the progress in the field of health, there are still isolated communities where people strictly follows their own cultural traditions, values & customs, and keep their myths intact. They usually pass this misconceptions and beliefs

from one generation to the next. Dentistry is not an exception when it comes to myths and taboos. Day in, day out dentists face myths and imaginary beliefs which has no relevance with the oral disease of the concerned patient. Such taboos had a remarkable influence on the oral health of people and prevent such population from getting genuine dental care regardless of making it available for them [5,11,12].

If community is educated about proper prevention and cure, the myths relating dental concepts will vanish from the society and over all dental health status of the community will improve [13,14]. These myths can be prevalent in a population due to a variety of reasons like poor education, cultural beliefs and social misconceptions. It is difficult to break this chain as it is deep seated in the society and understanding them becomes essential to provide a good care. Hence, importance should be given for public health awareness regarding myths about oral health at the individual as well as community level.

CONCLUSION

The developed and underdeveloped regions of the tropics comprised a vast repository of beliefs and knowledge concerning health, disease and treatment. Those involved in providing dental care and professional dental education should identify the cultural practices involving the teeth and oral soft tissues

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