ORIGINAL ARTICLE

Awareness on oral hygiene among Ayurveda practitioners

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ABSTRACT

Background: Oral health is an integral part of individual health. Maintenance of oral health can be advised by practitioners of different specialties. Ayurveda practitioners can play a pivotal role in this aspect. Aims and objectives: The aim of the present study is to find out about the awareness on oral hygiene among Ayurveda practitioners. Methods: A cross-sectional observational questionnaire was distributed to 100 Ayurveda practitioners. Ayurveda practitioners having at least an undergraduate degree and voluntary participation were the inclusion criteria to be a part of this convenience sampling. Results and conclusion: Among the practitioners approached, 80% agreed that brushing of teeth should be prescribed twice a day. Maximum participants stated that herbal mouthwashes show anti-inflammatory, antibacterial and immunomodulatory effects. Majority of respondents stated that they prescribed brushing, tongue scraping and oil pulling. These methods have been an integral part of daily regimen in Ayurveda. The study shows that Ayurvedic practitioners have substantial amount of knowledge regarding oral hygiene and advised the patients regularly about their oral health. The study can prove as a helpful tool in future works and shows that an integrated approach might be a better method in minimizing oral healthcare problems.

Keywords: Awareness, Ayurveda practitioners, oral health, chew stick, Danta Dhavana, tongue scraping

INTRODUCTION

Periodontitis is a chronic multifactorial inflammatory disease associated with dysbiotic plaque biofilms and characterized by progressive destruction of the tooth-supporting apparatus.¹ It is the sixth most prevalent disease worldwide which affects nearly 800 million individuals.² The accumulation of dental plaque on teeth leads to gingivitis,³ which may lead to periodontitis.⁴The removal of plaque by mechanical and chemical methods can

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Submitted: 10.06.2021 Revised: 20.06.2021
Received: 12.06.2021 Accepted: 25.06.2021

Quick Responde Code
www.thehealerjournal.org
DOI: 10.51649/ healer.65
prevent gingivitis, thus, ultimately preventing periodontitis. Proper brushing of teeth and interdental cleaning can reliably control plaque. These measures all combined may help in enhancing oral hygiene. Oral health can improve overall health of the individual and quality of life as well.

Ayurveda practitioners play a significant role in the delivery of oral hygiene instructions to the general public. Dentistry was widely practiced and developed in Ayurveda in the ancient times. The practice of Danta Dhavana (Brushing of teeth), Jihva Lekhana (Tongue scraping), Gandoosha (Gargling) or oil pulling had been prevalent in Ayurveda to maintain oral health, increase salivation, bring freshness in mouth, improve digestion, prevent halitosis, strengthen oral muscles and improve circulation. Improper Dantadhavana, not practicing Gandoosha and Kavala are mentioned as causative factor of oral diseases (MukhaRoga). Details on anatomy and clinical aspect of dentistry had been explained by Acharya Kashyapa which includes dentition, types of teeth, structure of teeth, their significance and non-occurrence of teeth. Dental medicine, oral health come under the umbrella term of Shalakya Tantra in Ayurveda. The therapies such as twig chewing, oral cleansing, extractions, flap surgeries, excision, auroplasty, rhinoplasty etc have been described in Ayurveda, Ayurveda practitioners encounter various oral problems in their patients during their practice. They can help in the initial diagnosis and treatment of various conditions that help in decreasing the patient overload and halt the process of further deterioration of oral health. Proper knowledge and proper referral can help to increase the quality of life of the patients. This study has been conducted to assess the awareness on oral hygiene among Ayurveda practitioners. There were three sections of the questionnaire. The first section contained questions about sociodemographic details which include the age group, gender and years of service. Age was distributed as <30, 30-39, 40-49, 50-59 and ≥60 years. Years of service was grouped as <5 years, 5-10 years and ≥10 years. The second section included the informed consent. The participants who agreed to give consent were directed to the third section and those who disagreed were programmed to exit the study. The third section contained questions on oral hygiene. The questionnaire was distributed through online platform. Data was collected by a single investigator.

Data was entered into the Microsoft Excel sheet 2007. Results were expressed as frequency and percentage of participants for each question.

**OBSERVATIONS AND RESULTS**

Out of the 100 participants, 52% were males and 48% were females. Most of the participants (52%) were between 30-39 years of age. 42% of the participants were under 30 and 6% were above 40. In terms of work experience, 86% had worked for less than 5 years, 10% had worked for 5-10 years and 4% had worked for more than 10 years.

Among the participants, 80% agreed that brushing of teeth should be prescribed twice a day. 18% of the participants said that brushing should be done once a day and 2% said that it should be done thrice a day. In the context of duration, 52% said that brushing should be prescribed for 3 minutes, 44% said that it should be prescribed for 2 minutes and 4% opted the duration to be 1 minute. Among the participants, 50% agreed that brushing should be done after meals and 50% said that it should be done after waking up. None of them said that it should be advised before meals. With regard to the replacement of toothbrush, 58% stated that the toothbrush should be changed every 3-4 months. 42% stated that the toothbrush should be changed every 1-2 months. None stated that it should be replaced 1-2 year. In context of the prescription for the type of toothbrush, maximum participants (60%) opted for soft toothbrush and 40% opted for medium toothbrush. None of the practitioners agreed on the use of a hard toothbrush. Maximum number of practitioners (72%) agreed that criss-cross toothbrush showed better plaque removal.
26% recommended multilevel toothbrush and 2% recommended flat toothbrush for plaque removal.

With regards to the most effective interdental cleaning aid, 48% opted for dental floss, 40% opted for interproximal brush and 12% opted for toothpick. In respect to the advice on the methods of oral hygiene, where multiple choice of answers had been accepted, 94 stated that they prescribed brushing teeth, tongue scraping and oil pulling (Figure 1). In respect to the effects of herbal mouthwash, maximum participants stated that they show anti-inflammatory, antibacterial and immunomodulatory effects (Figure 2). In response to the question on mouthwash showing more effect on plaque removal, 46% stated that herbal mouthwash shows more plaque removal, 26% relied on chemical mouthwash and 28% said that there was no difference between the two. Among the 100 respondents, 90% stated that chemical mouthwash has more side effects. 6% said that herbal mouthwash has more side effects and 4% said that there was no difference between the two.

92 participants informed the patients about oral hygiene and tobacco related oral diseases. Maximum percentage of participants (90%) stated that they would refer patients to a dentist or a specialist if they have a gum problem.

**DISCUSSION**

The present study showed that the Ayurveda practitioners had adequate knowledge on oral hygiene. This could be due to the inclusion of basic oral health and dental hygiene in the concept of Ayurveda. Among the participants, 80% agreed that brushing of teeth should be prescribed twice a day. Maximum number of the practitioners stated that the toothbrush should be changed every 3-4 months. Maximum participants (60%) prescribed soft toothbrushes. Brushing twice daily for two minutes with a fluoride containing toothpaste should be recommended. According to the ADA consensus, toothbrushes should be replaced 3-4 months or more often if the bristles are visibly matted or frayed. The soft toothbrushes should be recommended. In the present study, 44% participants said that brushing should be prescribed for 2 minutes. Generally, it is recommended to brush twice daily for the removal of dental plaque. Brushing for 1 minute is less effective than brushing for two minutes and brushing for 3 minutes does not improve plaque reduction. However, there is no fixed time for brushing and individual difference exists to accommodate the anatomical variations. Among the participants, 50% agreed that brushing should be done after meals. Brushing should be done after 30 minutes of acidic intake.

Maximum number of practitioners (72%) agreed that criss-cross toothbrush showed better plaque removal. Manual toothbrushes reduce plaque score by 42% in average. Flat toothbrushes have a blocking effect during plaque removal, multilevel tuft designs show plaque reduction by 7-9% and criss-cross designs show plaque reduction by 12-15%.

With regards to the most effective interdental cleaning aid, 48% opted for dental floss and 40% opted for interproximal brush. The most effective interdental cleaning aid is interdental brush to remove interdental plaque and appreciated best by patients.

94 respondents stated that they prescribed brushing, tongue scraping and oil pulling. The brushing of teeth has been documented in Ayurveda since ancient times. The use of chewstick removes plaque and maintains oral hygiene. Chewing on the stems of certain plants is believed to cause attrition and leveling of biting surfaces, facilitate salivary secretion and possibly, help in plaque control while some stems have an antibacterial action. Sticks from *Salvadora persica* and *Azadirachta indica* are widely used. Oil pulling has been used extensively as a traditional Indian folk remedy for many years to prevent decay, oral malodor, bleeding gums, dryness of throat, cracked lips and for strengthening teeth, gums and jaw.

Tongue scraping or *Jivha Lekhana* is used for halitosis. A reduction in plaque formation on teeth when cleaning the tongue has been noted and tongue brushing, when supplemented with the most advocated regime of tooth brushing, reduced the initial rate of plaque formation and total plaque accumulation. Oil pulling is another naural practice in Ayurveda. It has been described as *Kavalagraha* or *Gandoosha* in Charaka Samhita and Sushruta Samhitá. In the oil pulling method, a comfortable quantity of oil is either held in the mouth or swished for 10-20 min and then spilt without swallowing. The microbes are drawn out of the mouth and the toxins are detoxified by this method.
In respect to the effects of herbal mouthwash, maximum percentage of participants stated that they show anti-inflammatory, antibacterial and immunomodulatory effects. Herbal mouthwashes show all of the properties. In a study done by Aspalli et al., the efficacy of herbal plant mouthwash containing Pilu (S. persica), Bibhitaka (T. bellerica), Nagavalli(P. betle), Gandhapuratala (Wintergreen oil), Ela(E. cardamomum), Peppermint (M. piperita) Satva, and Yavani (T. ammi) Satva was used in treatment of gingivitis as an adjunct to scaling.\(^27\)

The use of herbal mouthwashes has shown a significant reduction in plaque index scores, gingival index scores, and gingival bleeding index scores compared to chlorhexidine.\(^28\,29\,30\) The herbal mouthwashes and chemical mouthwashes have been proved to be equally effective in reducing plaque and gingivitis.\(^31\,32\)

In a systematic review done by Jangid et al. in 2014, among 17 articles, 14 showed similar efficacy of the mouthwashes, one study showed better result with Triphala mouthwash and two studies showed better result with chlorhexidine. Chlorhexidine is the gold standard mouthwash used in dentistry. On long term use, it causes staining of teeth and restorations. Alteration in taste also occurs.\(^33\) This demands the use of alternative products with no side effects. Thus herbal formulations could be the best option for safe and long-term use\(^34\) but, Ayurveda medicine are not devoid of adverse reactions. They may cause adverse reactions if they are of inferior quality, taken inappropriately, taken without appropriate consultation and taken with other incompatible drugs.

The study clearly showed that Ayurvedic practitioners are well aware about the methods of maintaining and flourishing oral hygiene. The Ayurvedic practitioners also seemed to be well updated with the results of current researches. Most of the participants informed the patients about oral hygiene and tobacco related oral diseases and stated that that they would refer patients to a dentist or a specialist if they have a gum problem.

**Perspectives and future directions**

Ayurveda literature has shown different practices aiding in oral health that are included as an integral part of daily regimen. Besides, numerous Ayurvedic drugs used as a single material or their combinations can be used in the prevention and treatment of oral diseases. Recent researches have shown that these herbs possess anti-inflammatory, antimicrobial, anti-ulcer genic and analgesic effects. The Ayurvedic practitioners have been providing an impeccable service in preventing and curing oral diseases. The ancient knowledge and modern dentistry could be integrated to cater better services to the patients at a much more affordable and accessible rate and improve the quality of life of the patients as a whole which is the supreme goal of both the health systems.

**CONCLUSION**

The present study showed that Ayurveda practitioners have adequate awareness on oral hygiene. The Ayurvedic practitioners have been lending their shoulders in maintaining, promoting, restoring and flourishing oral health. The study can also be used as a tool for further studies in assessing the role of Ayurvedic practitioners in the field of oral and dental health. Also, oral health promotion should be acknowledged at all levels and sector of health services for the upliftment of oral health and overall health.

![Figure 1](image1.png) Number of responses (accepting multiple answers) showing the methods of oral hygiene advised

![Figure 2](image2.png) Number of responses (accepting multiple answers) showing the effect of mouthwash
ACKNOWLEDGEMENTS: Not Applicable

CONFLICT OF INTEREST: Author declares that there is no conflict of interest.

SOURCE OF SUPPORT: None

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How to cite this article: