

*Review article***Primary Teeth ‘Tribulations’: Worth ATTENTION or an IGNORANT NOTION ?**

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**Abstract:** Babies are pampered all the time and everywhere in most of the castes, tribes and creeds. Different communities carry out diverse practices for the infant oral health care. In the past various infant oral mutilation practices were conceded. Today, the present scenario reflects that, infantile oral health care holds extreme importance in order to lay down a strong foundation for the generation next.

Keywords: Ebinyo; Natal teeth; Infant oral mutilation; Pacifiers; Modern; Health.

**Introduction:**

From the *yestern years until the mid-twentieth century* it has been a belief that knowledge of the past has been an essential component of the modern citizen’s cultural portfolio. Dentistry has advanced from 7000 B.C. – ‘*era of bow drills*’, 5000 B.C. – ‘*The era of myth of tooth worm*’ to leading present practices of invisible fillings, lasers, *air abrasion* and molecular art of *Stem cells* and *Nanodentistry* and much more.

Parents, the world over are interested in the well-being of their children. With regards to *oral health care of infants*, it was a past story and an ignorant notion that ‘*Baby tooth doesn’t deserve care, you lose them anyway*’ has largely disappeared. In 1950s most often, the board outside the dental clinic depicted that ‘*Children below thirteen years of age are not treated in the clinic*’ is too now a tale of past.

**Past practices:** Babies are pampered every time and everywhere in most of the castes, tribes and creeds. Different communities carry out diverse practices for the infant oral health care. In around 5000 B.C., arose the myth of tooth worm. The first and most enduring explanation for what causes tooth decay was the tooth worm; this was first

noted by the *Sumerians*, tribals of Mesopotamian civilization.

Glancing at the history of tribal’s civilization; it was found that *Somalis* associated teething with diarrhea, fever, nausea, and vomiting. *Oil* was sometimes placed on the gums to calm teething children, but *pacifiers* were not used. To alleviate these children symptoms, some *Somalis* may have had their *cuspidis removed*, or have had the *gums burned* before the teeth came in. Since anesthesia was not usually available, a leaf was chewed to provide local pain relief.<sup>1</sup>

One must be amazed to know that initially it was thought that one of the eruption anomalies which is *natal teeth*, (teeth present at the time of birth) this was associated with superstition and folklore, being related to as good or *bad omen*.<sup>2</sup>

Another oral practice called ‘*Ebinyo*’ was a form of *Infant oral mutilation* (IOM), widely practiced in rural areas of eastern Africa, in which traditional healers and other village elders extirpate the primary canine tooth follicles of infants by using crude, often unsterilized, instruments or utensils, for alleviating pain.<sup>3</sup> (Fig 1). In 1575 Ambriose Pare, a French army surgeon, began to advocate a new solution

to the age old problem of “breeding teeth” cutting the gums with a lancet. By the 1850’s, the belief in lancing the gums was widely and firmly held by the medical profession and the public, and persisted until, with increasing understanding of medicine and diseases, in the 1900’s came a gradual change in the belief and practice of the dental care.<sup>4</sup>



Figure 1: Infant oral mutilation

**Present perspective:** To protect children against this type of violence (IOM), parents and guardians should take infants with diarrhea/fevers to pediatricians. Likewise, kids with suspected swelling of the gums which are mistakenly thought to indicate the presence of “tooth worms” should immediately be taken to a pediatric dentist for management. Together we can and we should eradicate the malpractice of prejudice to the health of the child.

Today, the present scenario reflects that infantile oral health care holds an extreme importance in order to lay down a strong foundation for the next generation.

- *American academy of pediatrics* states that child should first visit the dental clinic by 1 to 3 years of

age with addendum that a few children may require earlier dental examination.<sup>5</sup> (Fig 2)

- According to *Australian Academy of Pediatric Dentistry (AAP 2002)* first oral examination should follow the eruption of first primary teeth and no later than 12 months of age.
- *American Academy of Pediatric Dentistry (2001)* and American dental association (2002) recommends that the child should first visit the dentist ‘within six months of eruption of primary tooth and no later than 12 months of age’.
- *American Academy of Pediatrics (2003)* recommends oral risk assessment by 6 months establishment of dental home by 12 months.

Figure 2: Infant oral examination:



“knee to knee position.”

The timing of this visit not only allows an opportunity for screening for dental caries, but also for preventive counseling and anticipatory guidance with regard to oral hygiene techniques, diet, fluoride exposure, non-nutritive sucking habits and injury prevention.<sup>6</sup> This lays a strong foundation

to healthy oral health henceforth, leading to general health and wellness as a whole.

**Conclusion:** By establishing an infant oral care program in our practices, pediatric dentists and other dentists as well can provide a much needed service to their existing patients. In addition, adopting a preventive approach to dental care not only decrease the need for costly restorative procedures, but also gives an individual chance of being a healthy citizen for tomorrow. It is a "*win-win*" situation for all involved by making healthy babies healthier.<sup>7</sup>

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