

AWARENESS ON ORAL HEALTH AMONG AYURVEDHA AND SIDDHA PRACTITIONERS IN CHENNAI, TAMIL NADU – A QUESTIONNAIRE STUDY

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SUMMARY: The aim of this study is to find out the awareness on oral health among Ayurvedha and Siddha practitioners in Chennai, Tamil Nadu.

A cross-sectional survey was performed among a sample of 102 Ayurvedha and Siddha practitioners in Chennai, and data regarding their awareness of oral health were obtained using a closed-ended questionnaire. The SPSS software version 17 was employed to find the frequency distribution among the variables.

Among the 102 Ayurvedha and Siddha practitioners approached, 94.1% of the respondents knew the reason for the occurrence of dental caries. Around 76.5% responded that fluoride in toothpaste can prevent dental caries, but only 58.8% of them had advised their patients to use fluoride-containing toothpastes. A total of 89.2% knew that oral health was related to systemic diseases. About 92.2% responded that they informed the patients about the importance of oral hygiene and also about smoking and tobacco-related oral diseases.

Majority of them (99%) thought that Ayurvedha/Siddha medicine could cure oral diseases, with halitosis (40.2%) as the most common dental finding. Many of them (94.1%) responded that they had oral health as a part of their syllabus. Around 89.2% referred their patients to the dentists and also most of them (98%) thought that they need further information about prevention of oral diseases.

Ayurvedha and Siddha practitioners already have substantial amount of oral health knowledge, and they are keen to expand their knowledge. Patients regularly ask for their advice on both general and oral health care issues, and there is a definitive need for interdisciplinary symposia/lectures/conferences and providing them with access to information on available dental services.

Key words: Awareness, Ayurvedha and Siddha practitioners, Chennai, Tamil Nadu, oral health.

INTRODUCTION

Oral health is an integral part of general health. Poor oral health reflects social inequalities; hence the

prevention of oral diseases should be a priority in developed and underdeveloped countries around the world. India is a large country with a mixture of various cultures and traditions. With a population of 1.23 billion and a huge amount of disease burden including dental caries and periodontal disease, oral health care delivery cannot be limited to dentists alone. Though majority of popula-

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tion prefer allopathy, certain population follows Indian forms of medicine. All the indigenous medicine practitioners can play a vital part in oral health care delivery. Proper knowledge of oral diseases is crucial in their practice due to the following reasons: (a) Periodontal disease is associated with multiple systemic conditions of medical interest, (b) a large number of systemic diseases have oral manifestations, and (c) many drugs are associated with oral adverse drug reactions.

Indigenous systems of medicine that are truly Indian in origin are the Ayurvedha and the Siddha systems. Ayurvedha is practiced throughout India, but the Siddha system is practiced in the Tamil-speaking areas of South India. Of significance in Ayurvedha is the "Tri-dosha theory of disease." The doshas or humors are: vata (wind), pitta (gall), and kapha (mucus). Disease is explained as a disturbance in the equilibrium of the three humors; when these are in perfect balance and harmony, a person is said to be healthy. Like Ayurvedha, Siddha is also a traditional medical system of India. It is of Dravidian origin and has its entire literature in Tamil language. The basic concepts of the Siddha medicine are the same as those of Ayurvedha. Siddha origin is also traced to mythological sources belonging to the Shaiva tradition (6). The word Siddha denotes one who has achieved some extraordinary powers (*siddhi*). The basic concepts of the Siddha medicine are almost similar to those of Ayurvedha. The only difference appears to be that the Siddha medicine recognizes predominance of *vatham*, *pitham*, and *kapam* in childhood, adulthood, and old age, respectively, whereas in Ayurvedha it is totally reversed: *kapam* is dominant in childhood, *vatham* in old age, and *pitham* in adults (7).

The role that Ayurvedha and Siddha practitioners can play in improving oral health of the population depends on their own knowledge about oral disease and their effect on general health, their attitude toward dentistry, and their routine practice to maintain oral health. Till date, there is no study available to find the awareness level of Ayurvedha and Siddha practitioners on oral health. Hence the present study was undertaken as a preliminary study to find the awareness of oral health among Ayurvedha and Siddha practitioners in Chennai, Tamil Nadu.

MATERIALS

The present study was a cross-sectional survey among a sample of Ayurvedha and Siddha practitioners in Chennai, Tamil Nadu. The study was conducted in Chennai where Ayurvedha and Siddha practitioners were present in large numbers. Practitioners were selected based on the convenience sampling method. House surgeons, postgraduates, and faculty members of Ayurvedha and Siddha medicine were included, and those who did not complete their degree were excluded.

The closed-ended questionnaire consisting of 20 questions included the knowledge, attitude, and practice of Ayurvedha/Siddha practitioner. Each participant took 15 minutes to complete the questionnaire.

The questionnaire was divided into four sections: Section 1 dealt with the age, sex, discipline specialized, and number of years since graduation. Section 2 dealt with the knowledge of practitioner regarding oral health. Section 3 dealt with the advice given by the practitioner to his patients on oral health, while Section 4 dealt with the practice and source of information to the practitioner regarding oral health.

Data were collected by a single investigator who personally met the practitioners and explained to them the purpose of the study. The completed questionnaire was collected by the same investigator.

Statistical Analysis

All the filled questionnaires were coded and data were entered into the Microsoft Excel sheet of Microsoft Windows 2007. Results were expressed as a number and percentage of respondents for each question and were analyzed using statistical package for social sciences (SPSS) version 17 software.

RESULTS

Of the 102 respondents, 59.8% (n = 61) were males and 40.2% (n = 41) were females. A total of 30.3% had completed undergraduation, while 69.6% were postgraduates (Table 1). Around 94.1% of the respondents knew the reason for the occurrence of dental caries. While 76.5% responded that fluoride in toothpaste can prevent dental caries, only 58.8% of them had advised their patients to use fluoride-containing toothpastes. Many of them (89.2%) knew that oral health was related to systemic diseases (Table 2). Around 89.2% of the respondents knew the reason for bleeding gums. A total of 27.5% of them changed their toothbrush once in 2 months, 55.9%

Table 1: Gender of Ayurvedha and Siddha practioners.

Gender	Siddha		Ayurvedha	
	UG	PG	UG	PG
Male	11	27	9	14
Female	4	13	7	17
Total	55		47	

Table 2: Knowledge and attitude of Ayurvedha and Siddha practioners.

Questions	Answer	
	Yes (%)	No (%)
Do you know why dental caries occur?	94.1	5.9
Do you know fluoride in toothpastes can prevent dental caries?	76.5	23.5
Dou you know oral health is related to systemic illness?	89.2	10.8
Do you inform patients about oral hygiene and tobacco-related oral diseases?	92.2	7.8
Do you advise your patients to use fluoride-containing toothpastes?	89.2	10.8

Table 3: Do you know that toothbrush to be cleanced once in a while? If Yes

	Percentage
2 months	27.5
3 months	55.9
4 months	11.8
Once it flares	4.9

Table 4: Your source of knowledge regarding oral health?

	Percentage
Academic books	50
Peer dentists	26.5
Journals	23.5

changed their brush in 3 months, 11.8% changed their brush once in 4 months, 4.9% of them changed their tooth-brush once it flares (Table 3).

Many of them (92.2%) responded that they had informed the patients about the importance of oral hygiene and also about smoking and tobacco-related oral dis-eases. Majority of them (99%) thought that Ayurvedha/ Siddha medicine could cure oral diseases. The most common dental finding they found in their patients was hal- itosis (40.2%) followed by dental caries (32.4%) and gin- givitis (27.5%) (Figure 1).

While 31.4% performed oral health examination for all patients, 24.5% of them performed oral examination only if the patient presented with the problem (Figure 2). A total of 50% of them responded that they acquired know- ledge regarding oral health from academic books, 26.5% from peer dentists, and 23.5% from journals (Table 4) and 94.1% responded that they had oral health as a part of their syllabus. Most of them (89.2%) referred their patients to the dentists, and also 98% thought that they needed further information about prevention of oral diseases (Figure 3).

DISCUSSION

Ayurvedha and Siddha practitioners could play an active role in dental public health. They have basic dental knowledge as they do come across various oral problems among patients while practicing such as toothache, swelling in oral cavity, bleeding gums, and so on. If they examine the oral cavity regularly, these condi- tions can be identified at the initial stages; otherwise, this infection poses a serious threat to your overall health. Hence if Ayurvedha and Siddha practitioners identify an oral disease at an initial stage it would prove helpful in improving the quality of life of the population.

The present study includes 102 Ayurvedha and Siddha practitioners in Chennai. Most of the respon- dents were males 59.8% (n = 61), and most of them were either doing postgraduation or finished postgradu- ation 69.6% (n = 71).

In identifying oral diseases, Ayurvedha and Siddha practitioners had good knowledge about the etiology of dental caries and periodontal diseases. These results were comparable with the results of nursing students by Senthil *et al* (4).

With respect to oral hygiene practice, 76.5% (n = 78) of the Ayurvedha and Siddha practitioners said fluoride in toothpastes could prevent dental caries. A total of 55.9% (n = 57) stated that the toothbrush should be changed every 3 months. Senthil et al. from India reported that 77.5% changed their toothbrush after 3 months. Comparing these results, the knowledge on oral health practice is to be improved.

The knowledge on Ayurvedha and Siddha practitioners about the relationship between oral health and systemic disease is 89.2% (n = 91). This is comparable with the study on medical practitioners by Ashok *et al* (1).

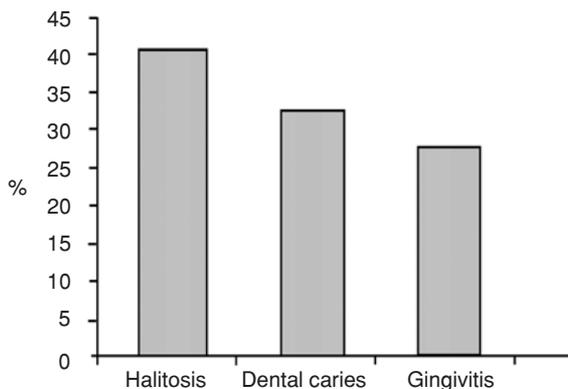


Figure 1: Most common oral disorder.

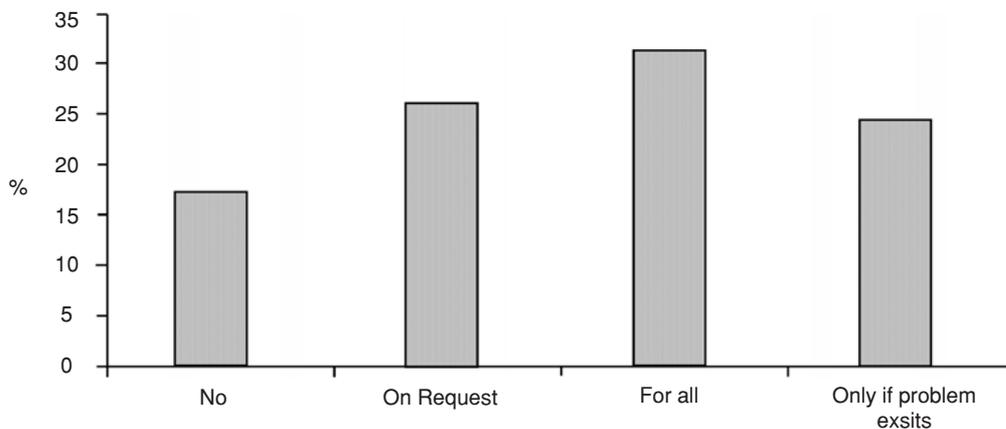


Figure 2: Oral examination of patients.

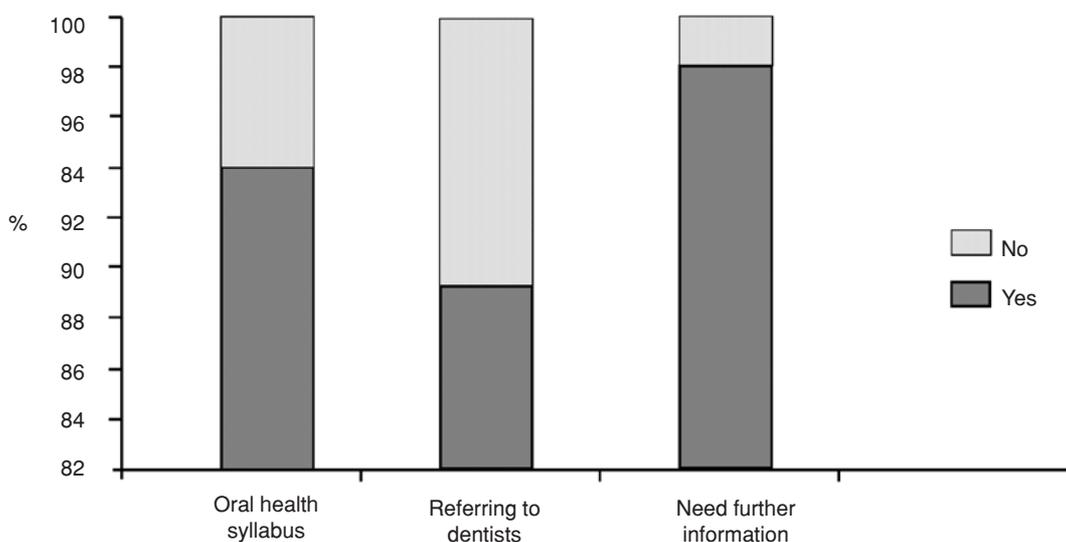


Figure 3: Need for further information and referral to dentists.

With respect to practice, almost all 99% (n = 101) Ayurvedha/Siddha practitioners stated that oral diseases can be cured by their medicines, and most of them mentioned Triphala chooranam for treating oral diseases. Halitosis was the most common dental finding they found in their practice 40.2% (n = 41) followed by dental caries 32.4% (n = 33). Around 31.4% (n = 32) performed oral health examination for all their patients followed by only on request by the patient 26.5% (n = 27). Most of the Ayurvedha/Siddha practitioners 89.2% (n=91) referred their patients to the dentists for further opinion.

In respect to the source of knowledge about oral health, majority of Ayurvedha/Siddha practitioners 50% (n = 51) had mentioned as academic books, followed by peer dentists 26.5% (n = 27).

Almost all the Ayurvedha/Siddha practitioners had stated that they needed further information regarding prevention and treatment of oral disease. This is comparable with the study done on pharmacists by Priya *et al* (2).

CONCLUSION

From the present study, we came to know that Ayurvedha and Siddha practitioners already have some amount of oral health knowledge, and they are keen to expand their knowledge. They still have confusion about the specialized treatments in dentistry and usage of flu-

orides. Patients regularly ask for their advice on both general and oral health care issues, and there is a definitive need for training of Ayurvedha and Siddha practitioners and providing them with access to information on available dental services.

RECOMMENDATIONS

Ayurvedha and Siddha practitioners had been part of health care team for a long time, and due to their knowledge and accessibility they are frequently approached by the general public. In this context, the recommendations could be considered for improving the oral health care provision by Ayurvedha and Siddha practitioners; these recommendations are:

1. Various interdisciplinary symposia/lectures/conferences highlighting the issues.
2. Incorporate basic knowledge about dentistry in Ayurvedha/Siddha syllabus.
3. Initial/Basic management of dental emergencies in medical practice.
4. Special study modules or electives in oral health and disease by involving the dental faculty in teaching should be created.
5. As dental/Periodontal disease is more and more related with various systemic problems, the awareness about the same, managing cases by all faculties, and referrals should be undertaken.

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