

Teething and other Dental Problems of Early Childhood -A Discussion on Prevention and Homeopathic Management

There are homeopathic remedies which are useful for complaints due to and related to Teething and can be used based on clinical presentation of case.

Teething A beautiful awaited milestone

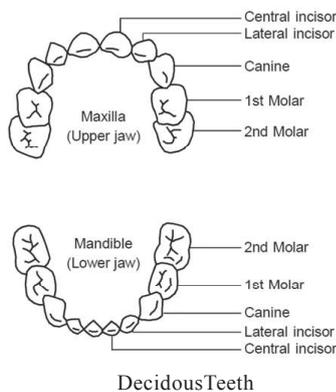
Even before the child is born the milk teeth develop, and they will start to erupt by 6 months. By the time the child is through his/her second year all of the 20 milk teeth erupt.¹

The first set will stay with us till we turn 13 years of age.¹

During this time till we are 6 years of age, the milk teeth or deciduous teeth stay with us; and gradually they are replaced by permanent teeth, the ones which are going to serve us for the rest of our lives.¹

The primary teeth, or deciduous teeth or milk teeth in a child are usually 20 in number. The dental formula for the primary teeth is:¹

$$I \frac{2}{2} \quad C \frac{1}{1} \quad M \frac{2}{2} = 10$$



Here,

I denotes Incisor

C denotes Canine

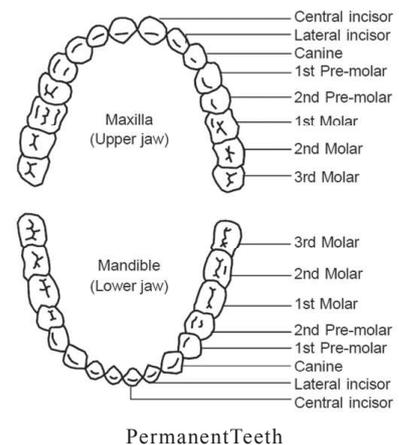
M denotes Molar

Thus, the formula reads as 2 Incisors in the upper jaw or maxilla and 2 incisors in the lower jaw or mandible; 1 canine in the maxilla and 1 canine in mandible; 2 molars in maxilla & 2 molars in mandible, totaling to 10 on each side and a grand total of 20 when taken for both sides.¹

The permanent teeth usually erupt at the age of 6 years as the first permanent molars. The deciduous incisors fall out and the emergence and eruption of the permanent incisors is seen. After the deciduous canines and molars fall out, emergence and eruption of permanent canines and premolars take place; and after that the emergence and eruption of the final permanent molars take place. Finally, the whole of the permanent dentition is completed with the eruption of the third molar. This whole process takes around 20 years to complete. The permanent dentition consists of 32 teeth.¹

The Dental formula for permanent teeth is:¹

$$I \frac{2}{2} \quad C \frac{1}{1} \quad P \frac{2}{2} \quad M \frac{3}{3} = 16$$



The above formula reads as 2 incisors in the upper jaw and 2 incisors in the lower jaw or mandible, 1 canine in the maxilla and 1 canine in the mandible. In permanent dentition premolars are added (they are between the canine and first molar) There are 2 premolars in the maxilla and 2 in the mandible. With the addition of third molar or wisdom teeth the formula would read as 3 molars in the maxilla and 3 in the mandible. This would add up to be 16 on each side and the overall total would be 32.¹

We get only 2 sets of teeth during our entire life time. The first set, also known as the milk teeth or deciduous teeth are smaller in size as compared to the permanent teeth. This tooth

helps in chewing of food and also improves the looks and smile of a child. They also assist in the growth of the jaw, which is important because the chewing of food stimulates bone growth. It also helps in the development of speech of the child and the correct pronunciation of letters.¹

The preservation of milk teeth is very important because it helps in proper positioning and guidance for the permanent teeth to erupt later in life.¹

The common perception among dentists is that teething in babies and children may be accompanied by increased drooling, a slight rise in temperature, and perhaps increased irritability, but these symptoms are relatively minor. Teething and diarrhea are not usually associated.²

The fact that some women believe that their child's diarrhea is due to tooth eruption is of concern to primary care professionals. In studies conducted in Florida³ and in western Africa,⁴ parents tended to view the diarrhea as less serious when they thought it was due to teething. But children with "teething diarrhea" are just as likely to develop dehydration as children with non-teething diarrhea. Primary care providers should be aware of these various beliefs regarding the relationship between infant diarrhea and teething. They should educate parents to recognize early signs of dehydration and should discourage the belief that teething causes diarrhea.

The usual cause of mild diarrhea or start of diarrhea are not related to Dentition physiologically but happens due to a simple reason that due to irritability in gums child puts hand and other articles in mouth and this catches infection. Its important to attend to this as if not treated, infection can cause dehydration.

There are homeopathic remedies which are useful for complaints due

to and related to Teething and can be used based on clinical presentation of case.

Some useful Therapeutics is shared here.

Dentition problems: Teething delayed: *Calcera Phos, Kreoste, Silicea, Chamomilla*

Diarrhoea during dentition: *Podophyllum:* Diarrhoea during dentition, painless, fetid, profuse and gushing.

- *Aloes:* Involuntary stools with jelly like mucous.
- *Chamomilla:* Stools hot green watery like chopped spinach.
- *Mag carb:* Green, watery, frothy, like a frog-pond's scum.

Irritability during dentition:

- *Chamomilla:* Swelling in gums, pain and pressure which make the infant very peevish.
- *Cina:* Infant is whining and complaining, cries piteously all the time.

Other common problems of Infants:

Coming of a new member in a family is matter of concern for everybody and if it's a newborn, every little thing has to be taken care of. As infants cannot ask for their needs they are entirely dependent for all their needs on their parents. It's a totally new world for the infant who is the attention point of everybody but is himself ignorant about his identity.

It is the responsibility of the parents especially the mother to make her child feel at ease and secure in this new world. Newborns up to the age of one year are included in the category of an infant.

First introduction of the child to the new world is through the mother and that contact starts with breastfeeding just few minutes after the baby is born .So it is of concern

to know about this aspect of mother child relationship.

Nursing Bottle caries: Nursing caries, or tooth decay, can be caused by children sleeping with bottles in their mouth. This is also called baby bottle tooth decay. It is caused when



a child goes to bed with a bottle filled with milk or juice or anything except water. It usually affects children between the ages of 1 and 2 years. Breast fed infants who fall asleep while breast feeding are also at risk.

Steps to Prevent Nursing Bottle Caries:

1. Children should not be given a bottle filled with sugary liquids or milk when they are crying. Instead, give plain water or substitute with a pacifier. Anything to eat or drink should be given only when the child is really hungry.
2. The pacifier should never be dipped in sugar, honey or any sugary liquid.
3. At bedtime, a child shouldn't be given bottle filled with sugary liquids (watered-down fruit juice or milk also increases the risk of decay). Give plain water.
4. Avoid nursing continuously throughout the night while sleeping since human breast milk can cause decay. Use a pacifier or give a bottle filled with plain water instead.
5. Don't add sugar to a child's food.
6. Use a wet cloth or gauze to wipe

child's teeth and gums after each feeding. This helps remove any bacteria-forming plaque and excess sugar that have built up on the teeth and gums.

7. The fluoride needs of the child should be checked with the dentist which will be decided on the area one lives in. If drinking water of that area is not fluoridated, fluoride supplements or fluoride treatments may be needed.
8. Child should be introduced to drinking milk from a cup from his/her first birthday. Moving to a 'sippy cup' reduces the teeth's exposure to sugars. However, constant sipping from the cup can still result in decay unless it is filled with water.

Teeth Grinding

One of the common complaints parents come up with for their children is grinding of teeth while sleeping. But the fact is that it is very normal for children under the age of about 13 to grind their teeth at night. It appears to serve two purposes. 1. Grinding places pressure on the roots of the baby teeth over the developing adult teeth which stimulates resorption (natural destruction) of the roots of the baby teeth. This resorption is ultimately responsible for the shedding of the baby teeth when the adult teeth are ready to erupt. 2. Grinding also helps the adult teeth to erupt in their most stable positions in the dental arches.

In some cases, a baby tooth may



remain in place even though the adult tooth is erupting beside it. In this case, the baby tooth must come out or it will interfere with the positioning of the adult tooth. If the child cannot or will not remove it himself or herself by wiggling it, then the tooth has to be extracted.

Thumb sucking

Thumb sucking is perfectly normal for infants. Most children stop sucking their thumb by the age of two. If he or she does not, parents should try to discourage the habit by the age of four. Thumb sucking actually places forces on the bone that supports the teeth and causes it to grow outward and upward causing an anterior 'open bite' and sometimes



a narrow upper arch form. These deformities are easily diagnosed by a dentist. As a rule, the bony abnormalities will correct themselves when the habit is stopped; as long as it is stopped by about the age of six. If the habit persists after the age of six, most of the time the only correction is by means of orthodontics (braces).

Dentists deal with this problem by building a simple habit-breaking device. But these devices only work if the child truly wants to stop sucking his or her thumb. By the time children begin to interact with others of their own age, the thumb habit becomes a social liability and the child really does want to stop, but may need a bit of help.

Tongue thrusting

Tongue thrusting is the habit of sealing the mouth for swallowing by thrusting the top of the tongue



forward against the lips. Just like thumb sucking, tongue thrusting exerts pressure against the front teeth, pushing them out of alignment which causes them to protrude, creating an overbite and possibly interfering with proper speech development.

Lip sucking

Lip sucking involves repeatedly holding the lower lip beneath the upper front teeth. Sucking of the lower lip may occur by itself or in combination with thumb sucking. This practice results in an overbite and the same kind of problems as discussed with thumb sucking and tongue thrusting.

This is a stage of dental development preceding the eruption



of the permanent canines in which the lateral incisors may be tipped laterally because of crowding by the unerupted canine crowns. This tipping may cause spacing of the incisor crowns despite the crowding

of the roots. The condition may be transitory in an otherwise normal dentition. This is the norm between ages 7 to 12



Fig.: Ugly duckling

7 Years 9 Years 14 Years

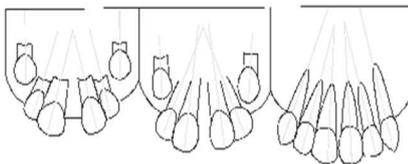


Fig. Positions of teeth progressing towards ugly duckling stage years of age and usually is not connected with a permanent space between the teeth.

Cavities in children

For years, it was never really made clear that ‘the cavity prone years’ as we called them in the years before the health benefits of fluoridation began to kick in, are really just the years when kids discover the wonders of sweet foods and drinks. High sugar intake throughout the day means lots of tooth decay. The end of the cavity prone years always coincides with the time when the child begins to mature and lose his taste for sugar. It’s as simple as that. The less sugar, the less decay. Oral hygiene is certainly important because the germs in plaque are responsible for transforming sugar into the acid that is ultimately responsible for the decay, but without the sugar, the germs have no raw materials to create the acid in the first place.

NOTE: Remedies mentioned to be taken with doctor’s advice.

Reference

1. Arora, Sachin Dr, *Defeat Dental Problems*, B.Jain Publishers, 1st edition.
2. Pamela Den Besten I, *Is teething associated with diarrhea? West J Med* 2000 Aug; 173(2): 137.
3. Coreil J, Price L, Barkey N. *Recognition and management of teething diarrhea among Florida pediatricians. Clin Pediatr (Phila)* 1995; 34: 591-598. [PubMed] [Google Scholar]
4. Sodemann M, Jakobsen MS, Molbak K, Martins C, Aaby P. *Maternal perception of cause, signs and severity of diarrhoea in a suburban west African community. Acta Paediatr* 1996; 85: 1062-1069.
5. *Peace Health – Health Information Library*
6. Rani, Geeta Dr, *Taking Care of Little Angels, Homeopathy for All*, June 2005

Authors:
Dr Geeta Rani Arora,
 BHMS, MD (Hom) and
Dr Sachin Arora,
 BDS

**HFY GROUP
 PUBLICATIONS**

Homoeopathy for All
 - A Monthly Magazine

www.homoeopathyforall.com
 email: info@homoeopathyforall.com

**Advancements in
 Homeopathic Research**
 - A Peer Reviewed Quarterly
 Research Journal

www.homoejournal.com
 email: info@homoejournal.com

Customer Care no.:
 07217767362

207, Essel House,
 10, Asaf Ali Road,
 New Delhi – 110002