



## **Spiritual Dimension in Oral Health**

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### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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### **ABSTRACT**

Spirituality is a living and vital component of mankind in which people are looking for ultimate meaning, purpose, and mastery while engaging in connections with themselves, their family members, others, their communities, society, nature, and the divine or spiritual. Health, illness, beliefs, knowledge, and medical practices are all influenced by culture, and dentistry is no exception. Everyone, whether rural or urban, has its own health and illness beliefs and practices. The only way to provide culturally sensitive health care is to be aware of, listen to, and be attentive to each patient, as well as to inquire about personal needs and wishes when appropriate. Spiritual well-being is regarded as the fourth dimension of health. It helps people realize their greatest potential, find meaning and purpose in life, and find fulfillment from within. The individual's lifestyle may have a significant impact on his or her oral health behaviour. Caries and plaque-induced periodontal illnesses are linked to personal hygiene, food intake frequency, motivation to preserve oral health, and in certain circumstances, religious commitment. Dental myths are widespread and unquestioned misleading ideas that often arise as a result of a lack of education, spiritual beliefs, and traditional factors based on non-scientific information. Despite global advances in diagnosis, treatment, and prevention, some people continue to hold on to their traditional values, practices, beliefs, and myths. If these myths are exposed in a timely manner, it may be possible to reduce the costs and time required for dental treatment, thereby converting an operative treatment into conservative dental management and improve patient satisfaction.

**Keywords:** Spirituality; oral health; traditional beliefs; dental myths; religious misbeliefs.

## 1. INTRODUCTION

This study gives a brief thorough evaluation of studies upon Religion and spirituality with physical and emotional health. Spirituality stems from an endeavour to understand the meaning of life and, in some cases, how a relation with a greater impacts. Religion is an established citizen set of beliefs; therefore, whereas spirituality is located inside the individual and what oneself feel, religion is an organised society set of beliefs [1]. Common daily routine and dietary conditions can have an influence on the dental welfare of individuals in organised groups and professional communities. Beliefs, values, traditions, and practices all contribute to spirituality. Cultural ideas, attitudes, and practises are frequently blamed for oral health inequities, despite the fact that little is known about the scope or quality of studies on racial problems that may support this statement [2]. The value of dental hygiene to entire health and quality of life cannot be overstated. Dental decay, missing tooth, also some illnesses and ailments which impair an individual's capacity to eat are all examples of eating disorders. Patient's confidence in spiritual treatment and alternative forms of medicine are variables that impact the prevalence of health myths in Indian society [3]. Alternative medicine is not just focused on our body but also on our mind, it is a natural and healthy approach. The influence of culture can be found in every discipline of health and medical procedures, including dentistry.

## 2. SOCIAL SUPPORT AND HEALTH BEHAVIOUR

All emotions, from a psychological standpoint, play a fundamental regulatory role in human behaviour because they intervene in difficult situations, such as when a loved one is ill. Positive or negative thoughts regarding health problems can lead to varied outcomes, implying that health and emotions are inextricably linked [4]. Whatever happens in your life has the potential to affect your emotional well-being. These can cause a great deal of anxiety and stress. Our bodies respond to how we think and act.

Spirituality is strong, and there is a lot of social support, and a strong sense of community mediated oral health behaviour that are beneficial. Individuals' health may be influenced

by religious devotion to a social media platform and participant assistance, which could improve health related behaviour through more fast dissemination of health information and higher participation [5]. Individuals' health may be influenced by religious devotion to a social media platform and participant assistance, which could improve health-related behaviour through more fast dissemination of health information and higher participation coping with anxiety [6].

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## 3. CONCEPT OF DENTAL HEALTH

The idea of dental health, like the concept of overall health, has evolved considerably over the previous several decades. For a long time, physical elements of the mouth, such as the absence of disease, have dominated public perceptions of oral health. Considering the mouth solely as a biological structure, on the other hand, ignores the role of mental and social aspects. The emphasis has moved away through a medically specified illness theme and toward a comprehensive holistic perspective of oral health that involves human, emotional, and social elements. There has also been a long tradition of isolating the mouth from the rest of the body, but in 2003 it was found that dental health is inextricably linked to overall health and well-being. As a result, it's important to connect the mouth to the rest of the body as well as the body to which it belongs. Oral health is a functional aspect that deals with a person's ability to attain a goal by having "a pleasant and functioning dentition." It enables people to remain in their preferred occupations. A definition of oral health which explains to be "free of chronic oro-facial pain, oral and pharyngeal (throat) cancer, oral tissue lesions, birth defects, such as cleft lip and palate, and other diseases and disorders that affect the oral, dental and craniofacial tissues, collectively known as the craniofacial complex". Dental health is a part of our general health it contributes to physical, emotional, and social well-being with experienced and absolute oral functions in relation to persons conditions and lack of disease. The negative repercussions of oral illness are at the root of many

explanations for the idea of dental health. Oral health is depicted as a dynamic concept in this manner, sensitive enough to illustrate how excellent features may aid.

#### **4. INSIGHT INTO SPIRITUAL HEALTH**

Spiritual health is the newest component of health, affecting an individual's coping skills and potentially assisting dentistry students, who will be the future carers, in overcoming crisis situations throughout time [7].

Spiritual well-being is regarded as one of the four dimensions of health. First is Spiritual Wellbeing, Spiritual strength is the force that motivates us to make sacrifices for others, and the greater good. Second is Emotional well-being refers to becoming conscious of and tolerant of one's feelings and moods third is Physical Wellness and fourth is Social Wellness It helps people realize their greatest potential, find meaning and purpose in life, and find fulfillment from within. Self-actualization, transcendence, and self-evolution are all ways to achieve this condition of being [2]. The fourth component of health is spiritual well-being. It aids in the realization of one's full potential, as well as the meaning and application of one's life and personal fulfillment. Paths to this condition of existence include ego, consciousness, and transcendence. the most human of experiences, attempting to overcome self and discover meaningfulness via human connection, nature, and a Divine Power, that might or might not require religious organisations or customs. It helps to attain the fullest positive health. Dental education is thorough, and developing abilities to treat patients necessitates competitive training [7]. As a result, dental students face a variety of stresses, including admission to dental school, clinical training, dealing with the emotions that come with. The doctor-patient interaction, as well as increasing workload, can all contribute to ill health, burnout, and the development of hazardous behaviours [8]. There is strong evidence that people's religious beliefs are associated with beneficial mental outcomes such as soul, clarity of self-concept, and well-being.

#### **5. THE INCORPORATION OF ORAL HEALTH INTO PATIENT HEALTHCARE IN A CREATIVE POPULATION**

Native people have worse oral health outcomes and less exposure to dental treatment than the

overall population. Inclusion of dental health treatment by palliative care have demonstrated to help reduce oral health inequalities [9]. Palliative care is an integrated medical caregiving strategy that improves quality of life by decreasing the pain in patients suffering from serious illness. Biomedical techniques for integrated primary oral health care included teamwork and cooperation, administration and finance, capacity building, equipment and services, collaboration,

and assessment practice [5]. A strategy for promoting care, suited for the culture treatment, group participation, sharing accountability, as well as health beliefs were among the traditional methods. The physical, psychological, and behavioral aspects of dental health were recognised as programme outcomes; however, the spiritual dimension was not measured. A multifaceted primary oral health care strategy centred on Indigenous culture is beneficial and relevant in ensuring Improved oral health [2]. Exposure to and provision of dental services, dental professional shortages and convenience, geographical remoteness, low socio - economic status, transport difficulties, connectivity deficits, and insufficient dental health insurance are all barriers to people living in distant regions who require dental care. In addition, the division of healthcare services and the separation of dentistry and medical care has worsened Indigenous people's unacceptable high incidence of oral illness and lack of access to services [10]. As a result, it has been shown that combining dental care with primary health care is beneficial in addressing dental health inequalities among native groups.

#### **6. THE PSYCHOLOGY OF CHILDREN'S ORAL HEALTH AND THE CORRELATION WITH TEETH AND EMOTIONS**

All emotions, from a psychological viewpoint, play a vital regulatory function in human behaviour because they interfere in stressful situations such as illness treatment. Depending on whether you have positive or negative feelings about your health issues, you may get different results from a relationship between health and emotions [11]. Because they are accountable for their patients' psychological, spiritual, and emotional well-being, psychologists and dentists are both interested in the function of emotions in dental health. Whether or not Concerning dental hygiene behaviour, spirituality,

and impact on service are common reasons for link between religion and dental caries. Higher degrees of religiosity were distally associated to improved dental health outcomes, mediated by high spiritual, and good social connection, and favourable oral health behaviour, according to a conceptual logistic regression model [12]. The individual's lifestyle may have a significant impact on his or her oral health behaviours, according to a conceptual logistic regression model. Caries and plaque-induced periodontal illnesses are linked to personal hygiene, food intake frequency, motivation to preserve oral health, and, in certain circumstances, religious commitment. In order to ensure the child's cooperation in delivering oral health care, the paediatric dentist must create a trusting connection with the child patient. The main goal of spiritual care is to establish a relationship with the patient that allows them to share their innermost concerns [6]. The doctor assists the patient in giving voice to their pain by practising deep, nonjudgmental listening. The establishment of such a link requires the construction of effective communication. The psychology literature, especially the parenting literature, describes communication techniques that are beneficial to the paediatric dentist in effectively speaking with children in the dental environment.

## **7. ORAL CANCER IN INDIAN RELATION WITH RELIGION?**

Religion and spirituality have a disease-fighting impact. Religion may be important element of the healing process for cancer and chronic disease sufferers. Primary prevention, health education, early detection, and access to the most modern clinical applications are all essential components of an effective oral cancer prevention programme [1]. It should consider the diverse social and economic and cultural factors origins, cultures, behaviour, and way of life present among Indian states. As a result, long-term monitoring and evaluation are essential. Oral cancer is a multifaceted disease that impacts people, families, health care providers, and society as a whole [13]. All medical staff involved in the treatment of cancer patients should be trained to accommodate their patients' spiritual needs. As all the religion practice oral hygiene and which means that every religion has importance of oral health. Religion does not affect our oral health. Our oral health depends on how we perform oral health practices. Due to illness cancer patients have a A diagonal treatment and preventive plan

can be adopted, with primary care and current activities fully integrated. There are several important medical, religious, and social organization [9]. Except in the world's most sophisticated high-volume centre, survival rates in recent decades have remained largely stable, particularly in patients with advanced oral cancer a diagnosis. Spiritual health is now widely acknowledged as a vital component of the treatment of those suffering from serious illnesses such as cancer. Spiritual dissatisfaction can harm one's wellbeing [3]. Spiritual needs should be addressed in the professional context, according to the Other organisations include the American Institute of Clinical Oncology. This study will look at the research that has been done to better understand the role of spirituality and spiritual-base treatments in cancer care, and ways in spiritual care may be incorporated into cancer therapy, and suggestions for spiritual care integration in cancer [1]. CA culturally relevant health promotion and awareness campaign addressing cancer myths and misunderstandings, as well as the associated stigma, should be conducted on a wide scale across the country, with a specific focus on vulnerable populations such as youth and women [3]. A person with cancer would have the most severe symptoms as a result of the disease as well as the toxicity of anticancer therapies, resulting in a terrible life satisfaction. The spiritual and economic assistance provided by a variety of sources such as home health agents, nursing home staff, hospice providers, and palliative care experts is one of the specific difficulties of chemotherapy and end-of-life care. Patients and their primary caregivers frequently experience emotional, social, and spiritual suffering [4]. Spiritual sorrow in cancer patients may come from the feeling that their illness is God's punishment, and as a result, some people lose trust in spirituality. In order to achieve success, both cancer patients receiving cancer therapy and their families must have a spiritual and general feeling of well-being [11].

## **8. TOBACCO CONTROL ETHICS, AND RELIGION**

Tobacco is the most frequent etiological agent in India, causing visible lesions, the most common of which is Leukoplakia. Oral cancer is the most common cancer in India, and its causes include tobacco use, especially smokeless tobacco, areca [betel] nut use, and alcohol addiction, all of which are frequently connected with poor nutrition and dental health [2]. Oral cancer is

more common in low-income individuals all over the world, partially because tobacco use in any form is more prevalent in these populations, and these patients do badly because they have less access to healthcare. There is currently a scarcity of information on the specific socioeconomic factors of oral cancer. Positive adjustments in the social determinants of health would lead to improvements in health equity. Religion is also an organised system of beliefs, rituals, and symbols designed to (a) increase one's proximity to the transcendent and (b) promote an awareness of one's relationship and duty to others in community living [9].

Spiritual components were examined in a brief psychoeducation course, indicating that treating spiritual issues within the context of group therapy might be beneficial [5]. The spiritual components of health and the ethical ideals that support tobacco control public health initiatives were emphasized. Furthermore, religion played an important part in education in many countries, providing extra opportunity for greater health education [12]. Participants from various faiths spoke about the role of their religious precepts in relation to tobacco, as well as several opportunities for enhanced engagement with public health and tobacco control programme. Buddhists believe that we live in a world that is both interrelated and interdependent [10]. As a result, smokers should respect individuals who choose to quit smoking and live a better lifestyle. Furthermore, shifting the image of the smoker from "cool" to "uncool" would be a way to sidestep the difficulty that prohibition can only accomplish so much after a habit has been formed. Individuals must take ownership of their habits. This can be aided by positive non-smoking encouragement [6]. Buddhists believe that humans are lucky to be born in human form because it allows them to get a true understanding of life. As a result, everything that is harmful to the body or mind should be avoided. It is critical to do everything possible to care for one's body and mind.

## 9. RELIGIOUS BELIEFS RELATED TO PERIODONTAL HEALTH

Periodontal health refers as a state of no pathological inflammation. Good oral hygiene has always been considered a backbone of periodontal health. Medical experts and sociologists are interested in the role of cultural variables in health and disease. Every culture has its unique traditions that can have a big

impact on one's health and dental hygiene [11]. The majority (39.6%) were Christians, 28.3% were Muslims, and the rest were from other religions. As a result, their oral hygiene routines differ in terms of religious regulations. Hindu, Brahmin and priests, particularly in the Varanasi region of Uttar Pradesh, India, brush their teeth for an hour with cherry wood while facing the morning sun. Orthodox Jain brush their teeth with their fingers rather than a brush. This could be harmful to their periodontal health. Five times a day, Muslims offer Salat, which is a kind of prayer [2]. They use a miswak stick, tooth picks, and gum massaging during each Salat as part of the ceremony. This could be beneficial to periodontal health. Through nutrition, care seeking behaviour, or the use of home remedies, myths and misbeliefs have a significant impact on the teeth and mouth. Myths about periodontal diseases and dental health habits are particularly widespread among Indians [8]. It is difficult to change human behaviour in regards to these myths since they are deeply ingrained in society, and recognizing them is necessary for providing appropriate treatment. As a result, public health awareness through scientific approaches should be prioritized in order to change behaviour about oral health myths at both the individual and community levels [2]. By using proper brushing techniques and use of different oral hygiene aids with routine dental checkups people can change their behaviour toward dental health. By organizing dental camps and awareness programs in rural areas we can inculcate dental awareness and change people's behaviour and myths. In the current study, 59 percent of participants thought that having a dentist clean their teeth causes tooth mobility. It was also discovered to be the most common among all socioeconomic classes (SES) with the exception of the upper class, and to be equally distributed among all religious groups [11]. Jainism, also known as the Jain Dharma, is one of the world's oldest faiths. It is a philosophy and religion that originated in ancient India.

The emphasis on the immediate consequence of one's acts is one of the primary characteristics of Jain belief. The Jain community is India's most literate religious organisation, having established India's first Jain library [11]. Periodontal disease patterns have changed dramatically across the world. Periodontal disease is one of the two primary dental issues that affects a substantial number of individuals worldwide.

It has been identified as the leading cause of tooth loss in individuals over the age of 35. Many Jain individuals forego cleaning their teeth as part of their devotion, especially during fasting, to avoid harming the bacteria in their mouth. Jain a nonviolent philosophy, monks and nuns take even stricter vows, requiring great caution in all acts [7]. Because many Jain individuals forego brushing their teeth, especially during fasting, in order to avoid harming the microorganisms in their mouth, the results showed that Jain monks have poor oral hygiene and a greater prevalence of periodontal disease than the rest of the population of the same age [8].

## 10. CONCLUSION

The cultures, religion and faith views, health beliefs and practices from a traditional perspective as seen in the home country due to the huge range of cultures, religious and faith beliefs, and health beliefs and practices.

The only way to provide culturally sensitive health care is to be aware of, dental hygiene practices and knowledge, as well as to inquire about personal care. Cultural, religious, and healthcare perspectives are more diverse, which can help to attain fullest positive health. Depending on factors such as age, events, and circumstances, patients levels of commitment and adherence to a cultural or religious practise will change and may become more advanced. Everyone, whether rural or urban, has its own health and illness beliefs and practices, which requires a proper awareness and knowledge. Some traditions and ideas are based on decades of trial and have excellent value, some of these cultural characteristics, passed down through generations, have impeded programme implementation.

## CONSENT

It is not applicable.

## ETHICAL APPROVAL

It is not applicable.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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