

Review of Oil Pulling as a Dental Hygiene Practise

Abolfazl Heydari*

Department of Oral Medicine and Radiology, India

Abstract

Ancient Indians used oil pulling as a popular folk treatment. When used frequently and according to instructions, it is said to be able to cure more than thirty systemic disorders. People are becoming more drawn to complementary and traditional methods as a result of negative effects from contemporary medications and oral hygiene products. Oil-pulling has positive impacts on general health in addition to its many advantages for dental health. The current paper makes an effort to examine and discuss this traditional practise [1].

Keywords: Oil pulling; Systemic disorders; Traditional methods; Oral hygiene

Introduction

The human mouth is seen as a reflection of the body's overall health. The oral cavity is home to billions of bacteria, some of which play a role in the onset or progression of systemic disorders like heart disease, type 2 diabetes, etc. There is a link between general health and oral health. So, it is crucial to keep your mouth healthy. Scientists are studying natural goods as a result of antibiotic resistance, negative side effects, and the toxicity of contemporary medications. Oral health is said to be improved by oil pulling. Thanks to Dr. F. Karach, it gained notoriety and popularity. The role of oil pulling in maintaining oral hygiene is discussed in the current article.

A traditional Ayurvedic practise for maintaining oral hygiene is oil pulling. Oils for oil pulling are conveniently found in most homes. Oil pulling is referred to as "Kavala Graha" or "Kavala Gandoosha" in the ayurvedic texts Charak Samhita and Sushruta Samhita. Gargling is not feasible in Gandoosha since the mouth is entirely filled with oil, but it is possible in Kavala Graha because less oil is used there because it is more comfortable [2-6].

Procedure of oil pulling

A tablespoon of oil is swished around the mouth for around 20 minutes when empty in the early morning before breakfast. A teaspoon of oil is used for youngsters older than five years old. By swishing the oil around the mouth, the oil is "pulled" and shoved in between each and every tooth. If everything is done correctly, the thick oil will turn milky white and get thinner after this activity. Next it is spit out, followed by a thorough mouth washing with warm, clean saline water or tap water, teeth cleaning with fingers, or regular dental brushing. If your jaw hurts, you can shorten the process to 5-10 minutes. Spitting oil into the sink is not a good idea since it might clog the pipes. Instead, spit the oil onto a paper towel or into the garbage.

Before brushing your teeth in the morning, oil pulling should ideally be done on an empty stomach. Oil should never be consumed. The oil used in oil pulling should not be swallowed since it includes poisons and microorganisms. The ideal position for oil pulling is a seated position with the chin up. To hasten the healing process, it can be done three times per day on an empty stomach before meals. Children under the age of five should not use it because of the possibility of ambition. In performing vigorous oil pulling, the practitioner should be careful not to aspirate the oil. Oil pulling is an effective method for maintaining oral hygiene in situations when brushing is challenging or even dangerous, such as those involving mouth ulcers, fever, a

propensity for vomiting, asthma, and other medical disorders [7].

Mechanism and benefits of oil pulling

According to Ayurveda, the tongue has connections to the kidneys, heart, lungs, small intestine, spine, and other organs. Salivatic excretion of harmful heavy metals is thought to be aided by oil pulling. Oil pulling stimulates salivary enzymes that draw toxins from the circulation and eliminate them from the body through the tongue, including chemical, bacterial, and environmental toxins. Oil pulling hence cleanses and detoxifies the entire human body. It is countered that because the oral mucosa is not a semipermeable membrane, blood-borne poisons cannot flow through it.

Refined oil also aids in "drawing" germs, viruses, and protozoa from the oral cavity, but organic oils like sunflower, sesame, and coconut oil are beneficial, especially if they are cold-pressed. Oil pulling is best done using cold pressed oils because they don't contain Trans fats compared to commercial oils that are extracted through potent petroleum-based solvents. Sesame oil has long been known to be the preferred oil for those who practise oil pulling. It has also been documented to use milk, gooseberry, mango, and olive oil for oil pulling. It has been discovered that sunflower and sesame oils can lessen plaque-induced gingivitis. The antifungal compound chlorosesamone is found in sesame root. Moreover, sesame oil's polyunsaturated fatty acids lessen oral cavity free radical damage.

Antioxidants produced by oil pulling break down the cell walls of bacteria, killing them. The lipid layer of bacterial cell membranes will be drawn to and attach to these oils as a result of their attraction. The oil is emulsified and its surface area is enhanced during oil pulling. After 5 minutes of oil pulling, the oil starts to emulsify. This oil coats the teeth and gingiva and prevents plaque development by preventing bacterial co-aggregation. Therefore, the oral cavity is cleansed of the plaque-building bacteria that cause tooth cavities, gingivitis, periodontitis, and foul breath. Gums get pink, get healthier, and the bleeding gums issue

*Corresponding author: Abolfazl Heydari, Department of Oral Medicine and Radiology, India, E-mail: heydari.abolfazl@gmail.com

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is fixed. Chapped lips and symptoms of a dry mouth and throat can be treated with oil pulling. Also, with proper dental hygiene, teeth grow whiter, breath becomes fresher, oral cavity muscles and jaws become stronger. Oil pulling helps to relieve tooth discomfort, fix mobile teeth, and accomplish robust oral cleanliness in addition to preventing dental caries, gingivitis, oral candidiasis, and periodontitis. When done regularly, oil pulling is thought to improve the senses and refresh and excite the mind. Furthermore helpful for anorexia, dry skin, eyesight problems, taste loss, and sore throats [8-10].

High saponification index coconut oil. It contains lauric acid, which can combine with salivary alkalis such sodium hydroxide and bicarbonates to create sodium laureate-like material, which has cleaning and adhesion-reducing properties. Lauric acid reduces dental cavities, has antibacterial and anti-inflammatory properties, and is good for oral health. It also has a good taste in addition to all of this. In an in vitro biofilm model, coconut oil possesses antibacterial action and is efficient against *Streptococcus mutans* and *Candida albicans*. Moreover, coconut oil contains antiseptic qualities and is safe to use as an emollient and moisturiser. The negative effects of Chlorhexidine, such as brown stains and impaired taste perception, are not present in coconut oil.

Oleic acid is the main component of the 70% monounsaturated fatty acids in olive oil. Moreover, it contains phytosterols, squalen, plant phenolic compounds, and vitamins A, E, and K. These ingredients have an antibacterial, immunomodulatory, and antioxidant action. Olive oil pulling is thought to prevent bad breath. Olive oil-based mouth rinses are thought to decrease plaque production and inhibition, whereas mouth rinses containing almond oil are thought to result in low gingival scores. Sesame oil has detoxifying, antioxidant, and antibacterial properties and contains sesamin, sesamol, and sesaminol. Moreover, it stops lipid peroxidation. Sesame oil is also 5–6 times less expensive than Chlorhexidine in price.

Mouthwashes with phenol and stannous fluoride discolour when used frequently. Furthermore, zinc and stannous salts have an organoleptic issue. With regard to bacteria like *Staphylococcus aureus*, *Candida* spp., *Helicobacter pylori*, *Escherichia vulneris*, and *Enterobacter* spp., monolaurin in coconut oil is efficient. It is believed that monolaurin kills bacteria by changing their cell walls, penetrating and rupturing their membranes, and blocking the enzymes responsible for transferring nutrients and producing energy. Moreover, monolaurin contains virucidal properties that cause the viral envelope's phospholipids and lipids to dissolve, causing the virus to disintegrate. Coconuts contain lauric acid, which helps treat mouth sores. Due to *S. mutans*' reduction in glycolysis and sucrose oxidation, coconut sucrose monolaurate possesses anti-caries characteristics and reduces the growth of dental plaque. However, it should be remembered

that oil pulling does not stop dental cavities from already occurring, necessitating on-going dental appointments.

It has been asserted that it can improve systemic health and treat systemic disorders in addition to preserving oral cleanliness. Moreover, oil pulling is said to prolong human longevity, boost metabolism, and heal the body's cells, tissues, and organs. After two weeks of using the proper oil pulling technique, there is a noticeable improvement in oral hygiene. After utilising sunflower oil for oil pulling for 45 days, it has been seen to reduce plaque and gingival indices.

Conclusion

When done appropriately and frequently, oil pulling has been shown to improve dental hygiene. A small amount of study on the impact of oil pulling on oral hygiene has shown encouraging results for the oral cavity. However, oil pulling does not substitute dental care, and the American Dental Association does not officially endorse it. Without bias, extensive study on the function of this conventional, affordable therapy should be supported. Based on the information now available, it can be concluded that oil pulling, when practised as advised, can be used safely as a supplement to regular teeth cleaning and flossing in order to maintain good oral health.

References

1. Armijo-Olivo S, Rappoport K, Fuentes J, Gadotti IC, Major PW, et al. (2011) Head and cervical posture in patients with temporomandibular disorders. *J Orofac Pain* 25: 199–209.
2. Alexander SR, Moore RN, DuBois LM (1993) Mandibular condyle position: Comparison of articulator mountings and magnetic resonance imaging. *Am J Orthod Dentofac Orthop* 104: 230–239.
3. Lobbezoo F, van der Zaag J, Naeije M (2006) Bruxism: its multiple causes and its effects on dental implants - an updated review. *J Oral Rehabil* 33: 293–300.
4. Cuccia A, Caradonna C (2009) The relationship between the stomatognathic system and body posture. *Clinics* 64: 61–66.
5. Crawford SD (1999) Condylar axis position, as determined by the occlusion and measured by the CPI instrument, and signs and symptoms of temporomandibular dysfunction. *Angle Orthod* 69: 103–115.
6. Johansson A, Omar R, Carlsson GE (2011) Bruxism and prosthetic treatment: a critical review. *J Prosthodont Res* 55: 127–136.
7. Hilgenberg PB, Saldanha AD, Cunha CO, Rubo JH, Conti PC (2012) Temporomandibular disorders, otologic symptoms and depression levels in tinnitus patients. *J Oral Rehabil* 39: 239–244.
8. Magdaleno F, Ginestal E (2010) Side effects of stabilization occlusal splints: A report of three cases and literature review. *CRANIO* 28: 128–135.
9. Forssell H, Kalso E, Koskela P, Vehmanen R, Puukka P, et al. (1999) Occlusal treatments in temporomandibular disorders: a qualitative systematic review of randomized controlled trials. *Pain* 83: 549–560.
10. Mason M, Spolaor F, Guiotto A, De Stefani A, Gracco A, et al. (2018) Gait and posture analysis in patients with maxillary transverse discrepancy, before and after RPE. *Int Orthod* 16: 158–173.