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-
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.

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%
changed their brush in 3 months, 11.8% changed their brush once in 4 months, 4.9% of them changed their toothbrush 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 diseases. Majority of them (99%) thought that Ayurvedha/Siddha medicine could cure oral diseases. The most common dental finding they found in their patients was halitosis (40.2%) followed by dental caries (32.4%) and gingivitis (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 knowledge 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 conditions 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 respondents were males 59.8% (n = 61), and most of them were either doing postgraduation or finished postgraduation 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 Ayurveda 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 Ayurveda 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).
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 fluorides. 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.

REFERENCES


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