Short Communication

Childhood Teething: Essential Facts and Home Remedies

Intisar Ahmad Siddiqui*, Faraz Mohammed, Arishiya Thapasum Fairoze Khan

Department of Dentistry, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia

ABSTRACT

Introduction: Teething is usually painful and uncomfortable for both the child and the parents, but parental awareness and prompt consultation with oral health professionals can make it easier. This study was aimed at reviewing parental awareness, attitude, and practice towards a smooth process, less painful, and healthy childhood teeth

Data source: Articles from the last 15 years are available.

Selection of study material: Relevant material to parental awareness, attitude, and practice during the teething period, literature guidelines, and various corrective actions were chosen.

Infant teething is apparent and evidence-based, and may be easily noticed by parents and professionals so that they can make safe decisions about symptoms and treatment.

Keywords: Teething; Eruption disorder; Non-pharmacological; Orajel

INTRODUCTION

An infant's teething is a sign of physiological growth, revealing a healthy developmental process. Craniofacial development creates structural strength and a step ahead for rapid growth using solid food intake [1]. The tooth eruption process starts at 4 to 10 months, with an average age of 6 months in most infants around the globe. Besides the normal tooth eruption age, there may be either premature or delayed tooth eruption. However, delayed tooth eruption is more common as compared to premature tooth eruption [2].

Tooth eruption age varies according to general characteristics of the population based on gender, nutritional status, and genetics or inheritance, breast feeding, top feeding, and general health of the infant since birth. There is a less significant effect of nutrition on calcification and eruption, except that it is only at the extremes of nutritive deficiency that there may be an effect on tooth eruption. But deficiency of essential nutrients may be the cause of delayed teething [3,4].

DESCRIPTION

The tooth eruption phase for an infant is usually observed to be painful as well as its contributory illnesses like diarrhea, nausea, vomiting, fever, and influenza [5], despite maintaining proper hygiene and dietary intake. Gum irritation is the most common non-clinical symptom when an infant in the teething process tries to chew or bite things around them, even their own hands or clothes. Gum inflammation or swelling, sleep disturbances, and painful facial expressions. In a recent study, gum irritation was the most common symptom found, followed by drooling, usually in the 6-12 months age group, and loss of appetite, more in the 18-24 months age group.

The mechanism of the associated illnesses during teething is the weakness of the body's immune system due to symptoms of teething. Recent recommendations during teething are multidimensional initiations to improve childhood diet, mothers' empowerment for better control of childhood behavior towards dietary intake likely to benefit, breast feeding, and overall comfort [6,7].

The dental pediatric nurse practitioner plays a pivotal role in addressing the needs of teething infants and their parents, who may be searching for ways to relieve their infant's crying or irritability. Certain non-pharmacological remedies may be beneficial in the teething process by reducing pain, gum irritation, and the occurrence of associated illnesses, thereby accelerating comfortable and painless teething. A periodic gentle

Correspondence to: Intisar Ahmad Siddiqui, Department of Dentistry, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia, Tel: 966541592067; E-mail: iasiddiq@iau.edu.sa

Received: 08-Mar-2022, Manuscript No. JCTR-22-16195; Editor assigned: 10-Mar-2022, PreQC No. JCTR-22-16195 (QC); Reviewed: 24-Apr-2022, QC No. JCTR-22-16195; Revised: 09-May-2022, Manuscript No. JCTR-22-16195 (R); Published: 16-May-2022, DOI: 10.35248/2167-0870.12.12.502.

Citation: Siddiqui IA, Mohammed F, Khan ATF (2022) Childhood Teething: Essential Facts and Home Remedies. J Clin Trials.12:502

Copyright: © 2022 Siddiqui IA, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

J Clin Trials, Vol.12 Iss.3 No:1000502

massage on the child's gums with a fingertip or cloth is a very effective exercise. Further, there are a few unsurpassed home remedies that support the baby through the teething process. The very basic remedy is to gently massage the gums of the baby with the caretaker's fingers and then smear virgin coconut oil on the gums to ease the tingling sensation and discomfort. Giving the baby hard finger foods to bite on, like a piece of carrot or cucumber, applying clove oil: In 2 table spoons of water, dilute 2 drops of clove oil and take the mixture in your forefinger and massage the baby's gums gently. This will help in relieving the pain and irritation. Bananas are friendly and soothing for babies. Biting into the banana soothes the gums. For older babies, put a banana in the freezer for a tasty snack that's also one of the best natural teething remedies [8]. Applying the rosehip jam on the gums will have a soothing effect. Rose hips are packed with vitamin C and antioxidants, so they have antiinflammatory and immune-boosting properties. Place the herbs in a small saucepan and cover with olive oil. This rose-hip herbal infusion can be rubbed directly onto the gums. Simmer on a low flame for 4-6 hours. Strain and store it in the refrigerator. And apply it 2 to 3 times daily on the gums [9].

Use of topical analgesic like Benzocain 7.5% baby orajel to a very limited extent using finger-tips or sticks is also an effective procedure if advised by an oral health professional because baby orajel causes some side effects like seizures, difficulty breathing, eye-itching, and sedation. Use of vitamin D supplements before and after teething can expedite the process of teething.

CONCLUSION

Thus, infant teething is apparent and evidence-based so that it may be easily noticed by parents and professionals so that they can make safe decisions about symptoms and treatment. Parental education and awareness of oral health professionals

may help to handle the situation in order to make the child comfortable, painless, and healthy during the teething process.

REFERENCES

- Kozuch M, Peacock E. D'Auria JP. Infant Teething Information on the World Wide Web: Taking a Bite Out of the Search. J Ped Healthcare 2015;29(1):38-45.
- Suri L, Gagari, Eleni G, Vastardis H. Delayed tooth eruption: Pathogenesis, diagnosis and treatment. A literature review. Am J Orthodont Dentofacial Orthopedics. 2004;126:432-45.
- Frazier-Bowers SA, Puranik CP, Mahaney MC. The Etiology of Eruption Disorders Further Evidence of a "Genetic Paradigm". Seminars in Orthodontics 2010;16(3):180-185.
- Rhoads SG, Hendricks HM, Frazier-Bowersb SA. Establishing the diagnostic criteria for eruption disorders based on genetic and clinical data. Am J Orthodont Dentofacial Orthopedics 2013;144(2): 194-202.
- Memarpour M, Soltanimehr E, Eskandarian T. Signs and symptoms associated with primary tooth eruption: a clinical trial of nonpharmacological remedies. BMC Oral Health 2015;15(88):1-8.
- Erdogana F, Eliacikb BK, Pacalc Y, Kartald V, Ceylane N, Ipeka I. Tooth eruption and symptomatology: Are the symptoms assumed to be related to the tooth eruption really associated with teeth?. Eastern J Med 2015;20:136-40.
- Jarman M, Inskip H, Ntani G, Cooper C, Baird J, Robinson S, et al. Influences on the diet quality of pre-school children: Importance of maternal psychological characteristics. Public Health Nutr 2015;18(11):2001-2010.
- 10. Bong CL, Hilliard J, Seefelder C. Severe Methemoglobinemia From Topical Benzocaine 7.5% (Baby Orajel) Use for Teething Pain in a Toddler. Clinical Pediatrics. 2009;48(2):209-11.
- 11. Ozcan A, Kendirci M, Kondolot M, Kardas F, Akın L. Evaluation of vitamin D prophylaxis in 3-36-month-old infants and children. J Pediatr Endocrinol Meta. 2017;30(5):543-49.