



A Comprehensive Approach for the Management of Teething-A Narrative Review

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Abstract

Teething is when the first teeth emerge through the baby gums. The looks of an infant's first tooth is regarded by most parents as one of a series of significant developmental landmarks. The enigma of teething is, at least, in part historical even though many unexplained teething myths continue to pervade contemporary child health. This article examines the features of teething and contemporary principles of the management of teething.

Keywords: Teething; Eruption; Primary Teeth; Teething Problem; Management

Introduction

Teething is the process where the teeth emerge through the gums. A baby's first set of teeth, known as the milk teeth, are already formed under the gums prior to birth. The main aim of dentist and Pediatric dentist at this stage is to educate and motivate the new parents to maintain good oral hygiene of the infants [1]. Children get their first tooth around the age of 6 months, and their last baby tooth around 30 months. Around the time that they are teething, their immune systems are also changing [2].

Teething can lead to intermittent localized discomfort in the area of erupting primary teeth and excessive salivation, however many children have no apparent difficulties. This article aims to examine the features of teething and the historical and contemporary principles of the management of teething.

Historical teething remedies

The disease teething was hallowed by Hippocratic genius in one of the Aphorisms: At the time of teething there is pruritus of the gum, fever, convulsions, diarrhoea, especially when the canine emerges through the gums and particularly in those who are obese and have an issue of constipated bowels [3].

Although any association between teething and life-threatening illness would be ridiculed today, the perceived link between the two was the nervous system; the stimulation of trigeminal nerve endings in the mucous membrane resulting in reflex stimulation of other cranial and spinal nerves. The dogma of teething and ill health even continued into the 20th century, Schwartzman in 1942, calculated that teething could affect up to 13% of children [4].

Historical management of teething

The historical management of teething could only be described as barbaric by contemporary standards of clinical practice of clinical practice. Remedies that have been described for teething through ages have included blistering, bleeding, placing leeches on the gums, and applying cautery to the back of the head [5].

Signs and symptoms of teething [6]

Several authors stated that numerous minor symptoms are associated with the eruption of deciduous teeth. Some are listed below

- Pain
- General irritability

- Disturbed sleep
- Facial flushing
- Drooling
- Gum rubbing
- Loss of appetite
- Bowel upset.

Does, Teething cause systemic upset?

various study states that certain teething symptoms such as fever irritability and eating disturbances results from an undiagnosed primary herpetic infection. Possible reason of elevated temperature and facial rash could be due to human virus [7], which is ubiquitous among the infants of teething age.

Management of teething [8]

- Teething rings
- Hard sugar free teething rusks/cucumber peeled
- Frozen items
- Anything from ice cubes
- Passifiers frozen
- Analgesics
- Topical anesthetic agents.

Non-pharmacological agents

Temporary pain relief is provided by the pressure produced by chewing the Solid silicone based teething rings are superior to their liquid based teething rings, maximal effects are seen when the rings are chilled. Many infants get relieved of pain after chewing breadsticks frozed bread and fresh and frozen fruits and vegetables. Many parents have strong views on providing infants with pacifier.

Pharmacological management

Parents avoid using Pharmacological preparations during teething. Therefore, various range of effective topical and systemic preparations are available

- **Lignocaine based products:** teething discomforts or pain are relieved temporarily with the application of lignocaine hydrochloride, which gets rapidly absorbed through the mucous membrane.
- **Topical agents:** Local anesthetics and minor analgesics are used for providing relief during teething. But, According to AAPD guidelines use of topical anesthetic to relive discomfort should be avoided due to potential harm of this products in infants. The risk of methemoglobinemia, benzocaine use is contraindicated in children younger than 2 years of age [9].

- **Systematic analgesic:** Elixir (Sugar-free paracetamol) is used to reduce pain and pyrexia. Recommended dosage of paracetamaol for 3-12 months is 60-120 mg and 1 to 5 years is 120-250 mg [10].
- **Choline salicylate-based products:** various authors stated that these products are more advantageous than lignocaine-based products because it produces analgesic, anti-pyretic and anti-inflammatory effects, thus reducing swelling.

Alternative Holistic medicine [11]

- Acupressure provides temporary pain relief during teething by telling the parents to apply pressure to key skin points.
- Aromatherapy such as tea tree oil, clove oil, olive oil massage to neutralize the inflammatory mediators produced during teething.
- Homeopathy management: the main advantage of this treatment is to correct the motion, soothe the child, relieve restlessness during teething.
- A recent method and effective tool for arresting caries in primary teeth is topical placement of silver diamine fluoride [12].

Conclusion

The period associated with eruption of deciduous teeth in infants can be difficult and distressing for both the child and their respective parents. In this review article, symptoms such as increased salivation, irritability, loss of appetite gum irritation were mostly seen. Future studies are also required to understand and investigate the efficacy of treatment methods and approaches among children with teething symptoms.

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