

## Introduction

Normally the body's natural defenses and good oral health care, like daily brushing and flossing, keep bacteria in check. However, without proper oral hygiene, bacteria can reach levels which may cause oral infections, like cavity and gum disease.

Also, certain medications — like decongestants, antihistamines, painkillers, diuretics and antidepressants — can reduce saliva flow. Saliva washes away food and neutralizes acids produced by bacteria within the mouth, helping to guard you from microbes that multiply and cause disease.

Studies suggest that oral bacteria and therefore the inflammation related to a severe sort of gum disease (periodontitis) might play a task in some diseases. And certain diseases, like diabetes and HIV/AIDS, can lower the body's resistance to infection, making oral health problems more severe.

Your oral health might contribute to varied diseases and conditions, including: Endocarditis. This infection of the inner lining of your heart chambers or valves (endocardium) typically occurs when bacteria or other germs from another part of your body, like your mouth, spread through your bloodstream and fasten to certain areas in your heart.

Cardiovascular disease: Although the connection is not fully understood, some research suggests that heart disease, clogged arteries and stroke might be linked to the inflammation and infections that oral bacteria can cause.

Pregnancy and birth complications: Periodontitis has been linked to premature birth and low birth weight.

Pneumonia: Certain bacteria in your mouth are often pulled into your lungs, causing pneumonia and other respiratory diseases.

Certain conditions also might affect your oral health, including: Diabetes. By reducing the body's resistance to infection, diabetes puts your gums in danger. Gum disease appears to be more frequent and severe among people that have diabetes. Research shows that folks who have gum disease have a harder time controlling their blood glucose levels. Regular periodontal care can improve diabetes control.

HIV/AIDS. Oral problems, like painful mucosal lesions, are common in people that have HIV/AIDS.

Osteoporosis. This bone-weakening disease is linked with periodontal bone loss and tooth loss. Certain drugs used to treat osteoporosis carry a small risk of damage to the bones of the jaw.

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses. Other conditions which may be linked to oral health include eating disorders, atrophic arthritis, certain cancers and an system disorder that causes xerostomia (Sjogren's syndrome). Tell your dentist about the medications you take and about changes in your overall health, especially if you've recently been ill or you have a chronic condition, such as diabetes.

How can I protect my oral health?

To protect your oral health, practice good oral hygiene daily.

Brush your teeth a minimum of twice each day for 2 minutes whenever. Use a soft-bristled brush and fluoride toothpaste.

Floss daily: Use mouthwash to remove food particles between brushing and flossing. Eat a healthy diet and limit sugary food and drinks. Replace your toothbrush every three to four months or sooner if bristles are splayed or worn.

Schedule regular dental checkups and cleanings: Avoid tobacco use: Also, contact your dentist as soon as an oral ill health arises. Taking care of your oral health is an investment in your overall health. Oral diseases, while largely preventable, pose a serious health burden for several countries and affect people throughout their lifetime, causing pain, discomfort, disfigurement and even death. It is estimated that oral diseases affect nearly 3.5 billion people. Untreated cavity (tooth decay) in permanent teeth is that the commonest health condition consistent with the worldwide Burden of Disease 2019.

Treatment for oral health conditions is dear and typically not a part of universal health coverage (UHC). Most low- and middle-income countries are unable to supply services to stop and treat oral health conditions. Oral diseases are caused by a variety of modifiable risk factors, including sugar consumption, tobacco use, alcohol use and poor hygiene, and their underlying social and commercial determinants.

Most oral health conditions are largely preventable and can be treated in their early stages. The majority of cases are cavity (tooth decay), periodontal diseases, oral cancers, oro-dental trauma, harelip and palate, and noma (severe gangrenous disease starting within the mouth mostly affecting children).

The Global Burden of Disease Study 2019 estimated that oral diseases affect close to 3.5 billion people worldwide, with caries of permanent teeth being the most common condition<sup>1</sup>. Globally, it is estimated that 2 billion people suffer from caries of permanent teeth<sup>1</sup> and 520 million children suffer from caries of primary teeth.

In most low- and middle-income countries, the prevalence of oral diseases continues to extend with growing urbanization and changes in living conditions. This is primarily in low- and middle-income countries.

to a growing consumption of products that contribute to oral health conditions and other non-communicable diseases.

The burden of oral diseases and other non-communicable diseases are often reduced through public health interventions by addressing common risk factors.

These include: Promoting a well-balanced diet low in free sugars and high in fruit and vegetables, and favoring water because the main drink; Stopping use of all sorts of tobacco, including chewing of areca nuts; Reducing alcohol consumption; and Encouraging use of protective equipment when doing sports and travelling on bicycles and motorcycles (to reduce the risk of facial injuries).

Adequate exposure to fluoride is an important thing to think about the prevention of cavity.

An optimal level of fluoride is often obtained from different sources like fluoridated beverage, salt, milk and toothpaste. Twice-daily tooth brushing with fluoride-containing toothpaste (1000 to 1500 ppm) should be encouraged.

#### **Acknowledgement**

None

#### **Conflict of Interest**

None

#### **References**

1. Pablo P De, Chapple IL, Buckley CD, Dietrich T (2009)