

## Teething Problems and its Management through Unani Medicine

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### Abstract

Teething is the emergence of teeth sequentially through the gums in infants. In this period, infants are become irritable due to gingival swelling and sensitivity. The management of this phase through Unani Medicine has been documented in Unani Classics. The Unani drugs used in this period are completely safe and effective. This article aims to describe the clinical signs and symptoms and role of Unani medicine in teething problems.

**Keywords:** *Unani Medicine; Teething Problem; Infant*

### Introduction

The relationship between the eruption of the deciduous teeth and the general health of infants has been documented for over 5000 years. Various physical disturbances, anything from minor upsets to potentially fatal illnesses have been historically been applied to teething. It is now accepted that the localized symptoms of teething vary between individuals. It is a typical short word which has been created to specify the point in a normal child's development when their teeth usually start to fully rise up. Teething is the emergence of teeth through the gums of the mouth in infants and young children.

Most infants have their first teeth erupt at 6 - 8 month and may have associated mild symptoms of gingival swelling and sensitivity, increased salivation and irritability related to gum discomfort [1].

### Time of teething

In paediatric age group, maximum number of primary (temporary, deciduous or milk) teeth are 20 and permanent teeth are 28 in number. All these have appeared by the age of 14 years except 3<sup>rd</sup> molars (four in number) which erupt between 17 - 25 years of age. Thus, in adult there are 32 teeth (all permanent). Both primary and secondary teeth erupt in a fairly predictable pattern. Teeth appear a few months earlier in girls. Teething usually begins between the 6<sup>th</sup> and 8<sup>th</sup> month of life [2]. Further tooth eruption occurs periodically until all the 20 teeth of infancy and childhood or deciduous teeth are in place. All the deciduous teeth are normally in place by the 30<sup>th</sup> month of life. These teeth include four incisors, two canines and four molars in each jaw for the total of 20. The two lower incisors usually erupt first followed by the two lower incisors. Upper lateral incisors, lower molar, upper molar, lower canine, upper ca-

nine, lower lateral molar and finally the upper lateral molar. Some children do not show any teeth until much later than 8 months and this is perfectly normal. If after twelve months no teeth have appeared then it is known as delayed eruption. This can be due to malnutrition, rickets, congenital syphilis, Down's syndrome, cleidocranial dysostosis, ectodermal dysplasia and hypopituitarism. It may also be seen in obese children or may be familial [3].

This review is organised as introduction, manifestation of clinical problems, sign and symptoms, Suggestions to relieve aches associated with teething, Management mentioned in Unani System of medicine, conclusion with future prospects.

### Signs and symptoms of teething

Teething can lead to intermittent localised discomfort in the area of erupting primary teeth, irritability, low grade fevers and excessive salivation; many children have no apparent difficulties. Similar manifestations can also arise when the first permanent molars erupt at about age 6 yrs [1,4-7]:

- **Drooling:** Drooling is likely to become heavier when teeth are coming through, which may cause the stools to become looser. The excess saliva may cause a rash around the mouth and chin and produce coughing [8,9].
- **Irritability:** Teething (or cutting teeth) often causes discomfort, restlessness and irritability. As the roots of the teeth grow they push the edges of the teeth through the gums. The effects are usually most dramatic with the first teeth, because the sensation is new to the baby and with molars due to their large size [7].
- **Gum swelling and sensitivity:** The discomfort that results from teething is due to the pressure exerted on the tissue in the mouth called the periodontal membrane as the teeth erupt.
- **Sleeping problems:** Teething child may be more irritable particularly at night [7].
- **Refusing food:** Sucking can be painful for some babies who may find nursing uncomfortable at the height of teething. This is the reason for the refusal of food. The areas where teeth are coming through may appear swollen and red. Occasionally a small dark blue area will form on the gums where a tooth is about to emerge. This is the result of a small amount of bleeding beneath the surface of the gums and is

not a cause of concern. It will generally resolve without any special treatment.

- **Biting on hard objects:** Teething babies show signs of chewing on fingers or other hard object in order to relieve the discomfort. This may also include biting during nursing [7].
- **Low grade fevers:** Teething has not been shown to cause a high grade fever. Some children will run a low grade fever [8].

Teething does not cause high temp, convulsion or bad diarrhoea. Many symptoms of teething are non-specific and can occur for weeks or even months before the teeth actually appear.

It is important to distinguish between normal teething discomfort and the aches and pains of an illness. Fever, diarrhoea and vomiting are almost always illness-related. Irritability, ear tugging and sleeplessness are most difficult. They could just be teething related or a symptom of something more serious.

### Suggestions to relieve aches associated with teething

1. The discomfort may be eased by a cool object such as firm rubber teething ring or a cold apple.
2. Gently rubbing the gums with a cool, wet wash cloth may also provide comfort.
3. The gums should not be cut to facilitate the eruption of teeth since infection can result.
4. When dribbling is excessive, give baby plenty of water or diluted juice to replenish fluids.
5. For babies, older than four months baby teething gel is spread across the gums.
6. Change of scenery, plenty of hugs or something to play can also divert the attention of the baby towards pain.
7. Teething powders and aspirin should be avoided.
8. Medications containing topical anaesthetic can be used.

### Management in unani treatment

- Brain of rabbit is made in the form of liniment or Tila and applied on the gums to relieve discomfort and pain associated with teething [10].
- Pearl of Yaafuhalyaas is kept in a leather piece and tied on the arm of child. It will make the teething process easier and less painful [10].

- Massage of honey on gums also helps in easier teething. Honey actually act as a mild sedative and anaesthetic [10].
- As soon as the teething process starts child should not be given any hard object to chew. In fact nursing mother should put her finger into the mouth of baby and rub on his gums to relieve that excessive fluid causes pain. After wards fat of hen and brain of rabbit should be massaged or rubbed on the gums. If the pain is severe then lukewarm Roghan-e-gul mixed with extract of Inabus Salab (*Solanum nigrum* Linn.) is rubbed on the gums. In diet gravy of lablab (*Dolichos lablab* Linn.) is given with the help of dropper [10].
- Brain of rabbit is rubbed on the gums to relieve the pain and discomfort. It also helps in increasing the appetite of the child [11].
- Asalassoos (*Glycyrrhiza glabra* Linn.) Muqashar is kept in the mouth of child for chewing. It helps in easier teething [12].
- If the child develops constipation during teething period, then Roghan-e-Bedanjeer (*Ricinus communis* Linn.) 2 - 4 grams is given [12].
- Suhaaga (Ore-borax/Sodium biborate) mixed with honey is rubbed with fingers on the gums of child. This also helps in easier teething. Some unani physicians recommend salt with honey for this purpose. This also helps in preventing stomatitis [12].
- Use of butter and honey mixed in equal part is also beneficial in the teething process [13].
- In case of severe pain discomfort juice of leaves of *Mako* (*Solanum nigrum* Linn.) mixed with Roghan-e-gul is applied on gums [12,13].
- Massage of gums with honey and salt is also good for relieving pain [12].
- Formulation of a baby syrup:
  - All these drugs are cleaned and soaked in 7680 Gms water for 24 hrs. Thereafter distillate is distilled with the help of Qaraa Anbiq (distillation apparatus). About 6 bottles of distillate is extracted with the help of this method. In this distillate sugar is added to make syrup [14].
  - For drooling or excessive salivation, Aqaqia (*Acacia arabica/nilotica* Willd.) is boiled in the water of Sudab (*Ruta graveo-*

lens Linn.) till it dissolves then it is applied on the gums of child few times a day [15].

- For easier and quick teething in children, apply fat and bone marrow of cow on the gums of child [16].
- There are several preparations or syrups for babies which are available in the market for treating teething troubles. Most of these preparations contain Zeera Safaid (*Carum carvi* Linn.), *Badiyaan* (*Foeniculum vulgare* Mill.), Pudina Khushk (*Mentha arvensis* Linn.), Tukhm-e-Shibbat (*Anethum sowa* Roxb. ex Flem.), and Ajwain Desi (*Trachyspermum ammi* (Linn.) Spragne), Zanjbeel (*Zingiber officinale* Roscoe) etc. These drugs help in combating various manifestations associated with teething.

| Barg-e-Adusa  | <i>Adhatoda zeylanica</i> Medic | 960 gms |
|---------------|---------------------------------|---------|
| Gaozaban      | <i>Onosma bracteatum</i>        | 240 gms |
| Khub kalan    | <i>Sisymbrium altissimum</i> L. | 120 gms |
| Asalassoos    | <i>Glycyrrhiza glabra</i> Linn  | 120 gms |
| Sartaan Nehri | Crab                            | 36 gms  |

Table

## Conclusion

In a nut shell, teething is a real special instance for both the new parents and child. It is important to keep baby's gums clean and healthy. For this cleaning of child's gums with a warm cloth-- even before a tooth appears is recommended. This should be done after feedings and at bedtime. As soon as the first tooth appears, then brush it with a small, soft toothbrush while cleaning the gums. It is important to understand that the health of baby teeth (or primary teeth) is just as important to maintain as permanent teeth. Baby teeth help to make way for permanent teeth, and they also help muscles and the jawbone to develop properly.

## Bibliography

1. RE Behrman., *et al.* "Nelson textbook of paediatrics". 16<sup>th</sup> edition, W.B. Saunders Company, Philadelphia (2000): 1116.
2. A Leung. "Teething". *American Family Physician* 39.2 (1989): 131-134.
3. DN Chatterjee. "Clinical Paediatrics". Academic Publishers. Calcutta (1986): 70-71.

4. S Hulland., *et al.* "Eruption of the primary dentition in human infants: a prospective descriptive study". *Pediatric Dentistry* 22 (2000): 415-421.
5. RF Cunha., *et al.* "Systemic and local teething disturbances: prevalence in a clinic for infants". *Journal of Dentistry for Children* 71 (2004): 24-26.
6. M Jones. "Teething in children and the alleviation of symptoms". *The Journal of Family Health Care* 12 (2002): 12-13.
7. Z Meer and A Meer. "Teething trouble and its management in children". *International Journal of Dental clinics* 3 (2011): 75-77.
8. G McIntyre. "Teething troubles?" *British Dental Journal* 192.5 (2002): 251-255.
9. L Markman. "Teething: facts and fiction". *Pediatrics in Review* 30.8 (2009): 59-64.
10. Z Razi. "Al-Hawi-Fit Tibb". Volume III. (Urdu translation), Central Council for Research in Unani Medicine Publication, New Delhi (1998): 87-93.
11. Ibn-e-Baitar. "Al Jamiul Mufradaat al Adviya Wal Aghziya". (Urdu translation), Central Council for Research in Unani Medicine publication, New Delhi 1 (1985): 46.
12. KAS. Azmi. "Amraz-e-Atfal". Taraqqi Urdu Bureau. New Delhi (1989): 32-34.
13. N Ghani. "Khazainul Advia". Usman Publication. Lahore, Pakistan (1911): 1255, 1256.
14. MR Hajazi. "Kunzul Ilaj". Sheikh Mohd Bashir and Sons. Lahore (1980): 523-524.
15. N.H. Qamari. "Ghina Muna". Central Council for Research in Unani Medicine Publication, New Delhi (2008): 113.
16. R Tabri. "Firdaus ul Hikmat". (Urdu translation) Sheikh Mohd Bashir and Sons. Lahore, Pakistan (1996): 182.

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