



NON CONVENTIONAL METHODS FOR PAIN RELIEF AND ORAL REHABILITATION

Maria Cecília Freire de Melo^{1*}, Milena Déborah Silva Andere², Isabela Vicência Menezes Castelo Branco³, Elaine Carla Valentim Mendes Carvalho², Hingrid Wandille Barros da Silva Sá², Jade de Souza Cavalcante², Aurora Karla de Lacerda Vidal⁴

¹Master student in Dentistry: Integrated Clinic - UFPE; ²Resident of Program Multiprofessional integrated of Family Health in Faculty of Medical Sciences of the University of Pernambuco - FCM / UPE; ³Resident of the Residency Program in Hospital Dentistry with a focus on Oncology at the University of Pernambuco-ICB/HUOC/UPE; ⁴University professor Assistant Adjunct, Professor of the General Pathological Processes Division of the Institute of Biological Sciences of the University of Pernambuco - ICB / UPE, Coordinator of the Residency Program in Hospital Dentistry with focus on Oncology at the University of Pernambuco-ICB/ HUOC / UPE; Tutor of the Dentistry Nucleus of the Integrated Multiprofessional Residency Program in Family Health of the Faculty of Medical Sciences of the University of Pernambuco - FCM/UPE

ABSTRACT

Introduction: Cultural factors, beliefs, and educational practices are in conflict with medical and dental practices. There are places where there is substitution of follow-up of the health team for several efficient treatments in clinical practice. The health professional, when taking cognizance of such practices should seek to prevent possible related complications, as well as to devise strategies to guide the individuals about their risks. Objective: To report cases of users of the Unified Health System (SUH) who used non-conventional methods not prescribed by dental surgeons for oral care and prosthetic oral rehabilitation. Results: The cases report behaviors, evidence habits, beliefs and customs of the population of Pernambuco that, although it is a user of SUH, has revealed to use own methods to solve oral needs. Cases 1 and 2 report adornment placement on dental prostheses, using artifacts such as orthodontic bracket and metal studs incorporated into artificial teeth. Case 3 reports the influence of popular beliefs on health care. Conclusion: The population makes use of alternative methods for oral care, especially for the control of dental pain and oral rehabilitation. It is important to consider beyond the difficulty of obtaining public assistance and resolution of the cases, also the contest involved of the population being necessary measures that correct or direct such actions.

Keywords: Community dentistry, Toothache, Dental prosthesis.

*Correspondence to Author:

Maria Cecília Freire de Melo
Integrated Clinic - UFPE

How to cite this article:

Maria Cecília Freire de Melo, Milena Déborah Silva Andere, Isabela Vicência Menezes Castelo Branco, Elaine Carla Valentim Mendes Carvalho, Hingrid Wandille Barros da Silva Sá, Jade de Souza Cavalcante, Aurora Karla de Lacerda Vidal. NON CONVENTIONAL METHODS FOR PAIN RELIEF AND ORAL REHABILITATION. International Journal of Dental Research and Reviews, 2020, 3:39

 eSciPub
eSciPub LLC, Houston, TX USA.
Website: <https://escipub.com/>

INTRODUCTION

In 1994, the Family Health Program was proposed by the Ministry of Health (MS) and regulated by the Basic Operational Standard of the Unified Health System of 1996 - NOB / SUS-96, and is understood as a reorientation strategy of the care model. In 2000, the MS regulates Ordinance no. 1,444 / GM, dated December 28, 2000, approving the norms and guidelines for inclusion of oral health in the Family Health Strategy Program (FHS)^{1,2,3}

The FHS Program as a strategy for the organization of Primary Health Care (PHC) and structuring SUH uses interdisciplinary practices developed by teams that are responsible for the health of the population assigned to it and with a view to comprehensive humanized care. PHC is the gateway for users to the SUH and, by this means, individual and collective health actions are offered and the work process of multiprofessional teams is organized in the perspective of an integral approach, under the principles of universality, equity, completeness and accessibility. However, the relationship between oral and integral health is a challenge to be articulated with a multidisciplinary approach^{1,2,3,4}

Health professionals as caregivers can carry out activities that aim to stimulate reflection for greater sanitary awareness and appropriation of information necessary for self-care and, from the actions of health promotion, favor the practice of body and mouth hygiene, collaborating to demystify dental treatment¹

However, the limitation of actions in oral health for adults and the elderly, groups historically not prioritized by the care models, causes their treatment needs to accumulate, leading to premature dental losses and great demand for specialized treatments, particularly prosthetics. In this group of patients, they sometimes seek non conventional methods for converting these needs.⁵

The autonomy over adherence or non adherence to treatments recommended in

health is an important aspect in the perspectives of patient care. No individual can be forced to perform any health treatment that does not agree, including being able to choose among the various options available, if they agree. In addition, the difficulty of access to health services, coupled with the existence of cheap and affordable alternatives, corroborates the growth of unconventional, sometimes dangerous practices. It is the responsibility of the health professional to learn about these practices, to understand them and to understand their interaction with the environment, and to seek to prevent possible related complications, as well as to devise strategies to guide individuals about their risks^{6,7}

Pain is an experience experienced by almost everyone. It is through it that most affections manifest themselves and can be expressed in different ways and in different populations. Cognitive factors, expectations, beliefs, social, psychological, and cultural factors can affect your perception. Among the pains, toothache has a substantial importance in public health, because depending on its intensity, it can have an impact on the daily life of individuals affected and in society.⁸

Like users who needed medical and dental treatment, and when treated at a USF in Recife, they stated that they used natural or industrialized remedies as alternative solutions to ameliorate dental pain. Among the products used were 'perfume', 'vinegar with salt', 'liquid' medicines, 'powder', applied directly on the tooth or in the form of mouthwashes for the purpose of hemostasis and control of dental pain respectively. In addition to "hazelnut milk", "car battery solution", "kerosene", "coconut quenga oil" and "criolin" all with the same purpose of "breaking the tooth to decrease pain" at the "moment the despair of pain."⁷

Religion and medical-dental practices are in conflict in many communities, as there are places where faith "replaces" the need for health team follow-up and many patients disbelieve many effective treatments in clinical practice.^{9,10}

Thus, it is necessary to expand and qualify oral health actions in the SUH, seeking the problem solving of users, in order to minimize the use of unusual methods adopted by the population, which were not prescribed by dentists for the care of pain relief and oral rehabilitation, considering the risks of using these methods, as can be observed in the study of Andere (2018) and, in the cases that follow described in this article.

DESCRIPTION OF CASES

In the cases reported below, the participants signed the Free and Informed Consent Term (TCLE), consenting to the dissemination of information, statements and images in the disclosure of their cases for academic purposes.

CASE 1 - Artifacts in dental prosthesis

A 58-year-old MCD female patient, illiterate and married, was admitted to the Oswaldo Cruz University Hospital (HUOC-UPE) in 2007, complaining of submandibular volume increase (+ -4cm) on the right side, with evolution time of approximately six months. The patient was followed up by the head and neck surgeon who

requested the complementary exams to perform the biopsy, and it was conclusive for Cystic Adenoid Carcinoma (AP 04107914). Therefore, surgical excision and local radiotherapy were recommended. Since then it has been in clinical follow-up with clinical oncology without signs of tumor recurrence. In 2018, she was referred to the dental service of the CEON-HUOC-UPE to evaluate the oral-dental condition. At the clinical examination, total edentulous (upper and lower) is presented, making use of total removable prosthesis only in the upper arch. In view of the characteristics of the prosthesis clinically, it was observed poorly maintained condition, poorly hygienic prosthesis, maladjusted and having orthodontic bracket adhered to the artificial tooth of the prosthesis in question. The patient was then guided on the hygiene protocol, oral and prosthetic care and also informed about the malfunctions of the use of an inadequate prosthesis for the oral tissues, requiring a new prosthetic rehabilitation and sent to a specialized service for making prosthetics teeth. MCD is followed up by the CEON-HUOC-UPE team.



Figure 1A- Vision of the total superior prosthesis with orthodontic bracket. **Figure 1B** – Clinical aspect of dental prosthesis in the oral cavity.

CASE 2 - Dental prosthesis adaptation

MLS patient, female, 60 years old, married, was admitted to the Oswaldo Cruz University Hospital (HUOC-UPE) in 2018, hospitalized for diagnostic tests and treatment definition. In the routine visit of the hospital odontology team to assess the oral-buccal condition, total edentulism (upper and lower) was observed,

making use of upper and lower total prostheses with "adaptations" performed by the patient, according to his report "tacks to leave the prosthesis always new. " The patient was then guided on the hygiene protocol, oral and prosthetic care and also informed about the malfunctions of the use of an inadequate prosthesis for the oral tissues, requiring a new prosthetic rehabilitation and sent to a specialized

service for making prosthetics teeth. MLS is followed up by the CEON-HUOC-UPE team.

CASE 3 – Influence of popular beliefs

Patient MFLP, 78 years old, from Vicência - PE, male and diagnosed with low grade Papillary Urothelial Carcinoma, in 2017. During medical consultation, a need for dental treatment was detected. The same was rejected by the patient, claiming, "If I go to the dentist and tear my teeth, it's coffin and black candle, I'm going to die." The patient reported that as a child he was instructed by a rezadeira never to attend a dental visit, and that the latter affirmed that in case there was a visit to the dentist, the patient would die. He also reported that all his teeth would fall alone and for such information, he never attended the dentist. Even so, the doctor directed him to look for the dental surgeon of the CEON / HUOC / UPE. Still quite fearful, MFLP attended the Dentistry Service and, after clinical and image evaluation,

keeping respect for the patient's beliefs and values, the necessary clarification was provided. MFLP consented to perform dental care, as there was a need for oral adaptation through surgical removal of root residues and subsequent oral prosthetic rehabilitation, as well as oral and general health education. With the agreement of MFLP, the oral surgical treatment was scheduled and performed without interurrences 15 days after the first dental appointment. In return for removal of sutures MFLP had excellent oral healing and reported contentment for the treatment performed, saying "if I knew it was good I would have done it before, I would not have suffered with such toothache, but I did not think I could do it, because I would die." Currently, MFLP presents a satisfactory oral condition, it is still under follow-up by the CEON-HUOC-UPE team and says they are no longer afraid of dental care.



Figure 2A- Vision of patient-adapted dental prostheses. **Figure 2B-** Clinical aspect of dental prostheses in the oral cavity. **Figure 2C –** Vision of the internal structures of the upper total prosthesis..

DISCUSSION

The adaptation of removable dental prostheses is an important factor for their use by patients, since the indication of those that were not well adapted to the condition of the collar should be corrected or replaced. Periodic assessment of the prosthesis base and its modification to remove sources of trauma are important to minimize any potential damage.¹¹ As observed in cases 1 and 2, in which maladaptive and artifact prostheses can trigger lesions in the

structures of the buccal cavity, with indication then, of the replacement.

The poor hygiene of the prosthesis associated with trauma acts as a predisposing factor for oral candidiasis, whose development depends on the health conditions of the host. Local changes in the microbiota may trigger an imbalance between bacterial species and fungi.^{11,12} In this regard, we observed in cases 1 and 2, inadequate prostheses in poor conservation status and poor sanitation, which leads to a

greater chance of changes in the microbiota and development of oral candidiasis.

In the study by Andere (2018), the use of 'perfume' was emphasized in order to cure toothache, although the interviewees stated that 'the pain was happening at the moment, then it hurt again.' It was not found in the scientific literature a correlation between perfume and its analgesic properties, however, the perfume contains ethyl alcohol which in turn presents analgesic properties, which depending on the dose, are comparable to opioids such as morphine.^{6,13}

The use of alcohol in its various forms of presentation by the needy population interconnects the past with the present, as there are reports of the use of this product for analgesic and analgesic purposes performed by doctors for complex surgeries or to placate daily pains.¹⁴ This demonstrates the tenacious ability of human behavior to cross time when it comes to seeking ways to relieve pain or other types of physical suffering.

The adoption of the aforementioned practices does not find support in any professional orientation, instruction of use of product or bulário, excepting some products acquired in pharmacies. In this way the use of such methods can bring potential health risks to users, which vary in installation time and intensity.

In the literature we can find studies that discuss the understanding of popular knowledge and its relationships with major oral diseases, oral health, quality of care and procedures performed by curative and preventive dentistry, understanding of the initial perception and strategies used to reduce pain. These studies favor the discussion of the socioeconomic and cultural aspects involved in the health-disease process, as related in these clinical cases represented by SUH users and using unconventional methods for health.¹⁵

Care is needed because the population is unaware of the risks and inadvertently exposed to the most diverse products that can generate

inflammatory, infectious or even proliferative cellular processes. On many occasions, popular / religious beliefs impair the treatment and follow-up of the patient through the dental team. The patient is unaccustomed, often feels pain and does not seek care because his belief, lack of information and contact with the team makes him believe that such help can be harmful, as evidenced in the case report 3. The professional should be responsible, clarify the patient and seek to carry out the appropriate treatment in the best possible way.^{6,7,15}

CONCLUSION

It is concluded that the population makes use of alternative methods for oral care, especially for the control of dental pain and aspects of oral rehabilitation. It is important to consider beyond the difficulty of obtaining public assistance and resolution of cases, as well as the cultural and educational aspects of the population, and measures are needed to correct or guide these actions, based on the active search of people in oral disease risks, continuing education and information for health professionals. The importance of popular belief in society is undeniable, but we must ally knowledge, maintaining the patient's physical and psychic well-being, intervening biologically, without disregarding his beliefs.

ACKNOWLEDGEMENT: Patients and relatives who agreed to the documentation and publication of clinical cases.

FINANCING: MS, SES/PE

REFERENCES

1. Brasil, Ministério da Saúde. Diretrizes da Política Nacional de Saúde Bucal. Brasília: Ministério da Saúde, 2004.
2. Brasil. Ministério da Saúde. Portaria GM n. 648. Brasília: Ministério da Saúde, 2006.
3. Brasil. Ministério da Saúde. Programa Saúde da Família: ampliando a cobertura para consolidar a mudança do modelo de Atenção Básica. Rev Bras Sau Matern Infant 2003; 3(1): 113-25.
4. Lavras C. Atenção Primária à Saúde e a Organização de Redes Regionais de Atenção à Saúde no Brasil- Primary Health Care and the Organization of Regional Health Care Networks in

Brazil. Saúde Soc. São Paulo, 2011;20(4):867-874.

5. Allegretti ACV, Santos ZFDG. A vida familiar adulta. In: Moysér ST, Kriger L, Moysés SJ. Saúde bucal das famílias: trabalhando com evidências. São Paulo: Artes Médicas; 2008: 230-5.
6. Andere MDS. Uso de Métodos Não Convencionais por uma determinada população no âmbito da odontologia. Trabalho de conclusão de Residência apresentado ao Programa de Residência Multiprofissional Integrado em Saúde da Família da Faculdade de Ciências Médicas da Universidade de Pernambuco– FCM/UPE. Orientação: Profa. Dra. Aurora Karla de Lacerda Vidal. Ano: 2018, 33p.
7. Moreira TP et al. Confrontação cultural entre cirurgiões-dentistas e a experiência de usuários de baixa renda em Fortaleza, Ceará, Saúde em Debate, Rio de Janeiro,2004;28(66): 58-67.
8. Borges CM et al. Dor nos dentes e gengivas e fatores associados em adolescentes brasileiros: análise do inquérito nacional de saúde bucal SB Brasil 2002-2003. Cad Saúde Pública. 2008; 24(8):1825-1834.
9. Helman CG. Cultura, Saúde e Doença. Porto Alegre: ART MÉD Editora, 2009.
10. Inocencio D. Medicina e Religião: A visão do médico. Revista Pandora, n. 4, Dez 2010.
11. Medeiros FCD et al. Uso de prótese dentária e sua relação com lesões bucais. Rev Salud Pública. 2015; 17(4):603-611.
12. Leite DP et al. Identificação das espécies de Candida em portadores de estomatite protética e avaliação da suscetibilidade do miconazol e à terapia fotodinâmica. Rev Odontol UNESP. 2015; 44(1):12-17.
13. Woodrow KM.; Eltherington LG. Feeling no pain: alcohol as an analgesic. Pain. 1988 Feb; v. 32, v.2, p.159-63. Erratum in: Pain 1991; 46(3):343.
14. Adiala CJ.; Drogas, Medicina e Civilização na Primeira República. 2011. 194f. Tese (Doutorado em História das Ciências e da Saúde) -Fundação Oswaldo Cruz. Casa de Oswaldo Cruz, 2011.
15. Ferreira GSS et al. A interface entre educação popular e saúde bucal: Análise da produção científica. Pesq Bras Odontoped Clin Integr, João Pessoa, 2010; 10(3):457-463.

