

Letter to the Editor

Debunking myths around tooth eruption

¹Dora Kashimbi Miyato, ²Edah Monjeza, ³Emmanuel Mukambo,

¹University of Zambia, School of Medicine

²Levy Mwanawasa Medical University, School of Medicine and medical sciences

³University Teaching Hospital

Dear Editor,

We read with great interest a paper published in Vol. 50, Issue 2 of your journal by Karpal Singh Sohal and Reema Mukesh Ruparellia on “Systemic symptoms associated with tooth eruption in children: A narrative review”.¹ The paper highlighted the symptoms commonly associated with tooth eruption in babies aged 4 to 10 months, clarified the physiological mechanism behind each of these symptoms, emphasized that health professionals should investigate other organic causes behind these symptoms to prevent misdiagnosis of teething and explained the physiology of tooth eruption in detail.

Since the early centuries, tooth eruption has been associated with different myths and systemic symptoms some of which include fever, Diarrhea, irritability, coughing, sleep disturbances, loss of appetite and convulsions in many regions of the world.^{2,3} While fever and diarrhea are the most common symptoms associated with teething, they are not directly related to the physiology of tooth eruption.⁴ Infants build their humoral immunity during the age of tooth eruption⁵ and are susceptible to minor infections such as respiratory tract infections.^{5, 4, 6} there is also an increase in the production of Interleukins (IL) and Tumor Necrotic

Factor (TNF) due to inflammation⁶; these reasons may explain the presence of fever and diarrhea.⁴ However, people in certain parts of the world still believe that primary teething is influenced by evil spirits and is a sign that a child is cursed, while others owe it to a prolonged gestational period.⁷ These beliefs have resulted in the use of herbal medications, practicing illegal surgical procedures such as tooth extraction and using unprescribed drugs including paracetamol and antibiotics.^{2,8, 9} Furthermore, they have led to misdiagnosis and mismanagement of certain illnesses as teething acts as a scapegoat to such.^{2,8,10}

This paper will help parents understand the physiology of tooth eruption better and debunk the myths around the process of teething. As a result, effects of using herbal medications, unprescribed medicines and illegal surgical practices will be prevented. The paper also clearly explains in detail which symptoms are directly related to the teething process and which ones are not. This distinction will help health practitioners to easily distinguish teething from other diseases with similar systemic symptoms in infants. We appreciate the Authors' contribution to this essential field and look forward to future studies of this sort.

This article is available online at: <http://www.mjz.co.zm>, <http://ajol.info/index.php/mjz>, doi: <https://doi.org/10.55320/mjz.52.2.652>

The Medical Journal of Zambia, ISSN 0047-651X, is published by the Zambia Medical Association

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