

Myth or Reality - Superstition in Orthodontic Treatment in Rural area of Katihar-Bihar

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ABSTRACT

Background: Orthodontic practice become most challenging when you are practicing in the rural area of the Country. The most common challenge comes when you plan for the extraction and the patient denied due to fear of extraction. The aim of the study is to analyse the causative factor of fear. **Methods:** The simple random sampling technique were used for the study and a sample size of 110 patient was selected from February 2018 to March 2019, attending the Outpatient Department of Dentistry, Katihar Medical College, Al-Karim University, Katihar, Bihar, India. **Results:** The study was based on the five questionnaires before the start of treatment. **Conclusion:** Lack of education, Misconception, Pain during extraction and myth were some of the causative factor respectively the fear of extraction in orthodontic treatment.

Keywords: Fear of extraction, Class II Malocclusion.

INTRODUCTION

Forwardly placed upper teeth is the cases where extraction of first premolar needed. The patient knows what an Orthodontist is going to do with their teeth. These are the mostly cases of class II malocclusion. The active treatment in orthodontic increases with age.^[1] Active treatment need extraction of premolar and retraction of anterior mass teeth with maximum anchorage.^[2] There might be other option also such as distalization, arch expansion, stripping of teeth to gain space and retract the teeth. But soft tissue profile changes are much possible in premolar extraction and retraction which also resolves the problem of crowding in the dental arch.^[3,4] Prop jordanova N et al,^[5] in his study define “Dental fear usually indicates an unpleasant emotional reaction to specific threatening stimuli occurring in situations associated with dental treatment. He also finds that people from low socioeconomic status groups reported a higher level of dental fear than those individuals from high socioeconomic groups.”

The purpose of this study is to know the reason of fear of extraction in Orthodontic treatment in rural and backward area Katihar, Bihar, India.

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MATERIALS AND METHODS

The sample was collected from the Outpatient department of Dentistry, Katihar Medical College, Al-karim University, Katihar, Bihar, India from February 2018 to March 2019. 110 patients were selected both male and female. The treatment plan for correction of malocclusion was planned and extraction of first premolar was also there in the plan. When the discussion is done with the patient and guardian, they just refuse to do the treatment after hearing of extraction in Orthodontic treatment. We have provided a five-question mode paper Infront of him and asked to just say yes or no in the paper regarding the fear of extraction in Orthodontic. [Table 1]

Table 1: Five-question model paper

S. No	Questionaries	Yes	No
A.	Are you being afraid of extraction	58%	42%
B.	Do Upper arch extraction effects the eye sight	68%	32%
C.	Due to extraction of tooth, you opt to left Orthodontic treatment	55%	45%
D.	Do extraction affect the health Fitness	44%	56%
E.	Do space of tooth remain unclosed after treatment	62%	38%

RESULTS

The result shows 58% are being afraid of orthodontic extraction treatment plan. 68% of the cases agreed that upper arch extraction causes eyesight effect and 32% denies it. It shows the illiteracy and unawareness of Orthodontic

treatment in rural and backward areas. 55% agreed that due to extraction he/she leaved the treatment. But 44% of cases denied that extraction affects the heath of a person. A major percentage 62% agreed that space may remain open after the completion of orthodontic treatment [Figure 1]. This is due to lack of Specialization practice at rural and backward area. At the time of writing of this article there is only one orthodontist at Katihar, Bihar, India which might be the factor of illiteracy among the patient regarding orthodontics treatment.



Figure 1: Level of Percentage of 5 questionnaire among people of Katihar

DISCUSSION

The purpose of the study was to diagnose the fear of extraction in orthodontic treatment. Most of the patient are not well known of the fact that “it need extraction sometime to resolve the crowding problem”. Fear of orthodontic treatment because of extraction depict the low level of un-education or illiteracy in rural and backward area. It also proved that with increase of education level fear of treatment decreases which support the study done by Al-Omari⁶ and other author.^[7-11]

In our study the most refusal of orthodontic treatment 68% is due to loss of eyesight as upper both first premolar is near to eye area. The second most common problem of refusal 62% is due to space remain open after an orthodontist extract the teeth. This show the illiteracy of orthodontic programme in rural and backward area. Education and motivation to the subject regarding orthodontic treatment improves the condition in the rural area. Many studies are their which corelate the dental treatment and fear of dental treatment among subject but very few studies are there to see the fear of extraction in orthodontic treatment before start of a treatment by asking some of the questionaries’ to the subject.^[12-14] This type of study shows the basic fact and real knowledge prevalence among the mind of the person residing in the rural and backward area.

There is limitation of this study not to corelate among male and female because it might create bias among subject. Patient never be defined by their gender. More studies should be done in these

areas for the mental health status and thinking of myth among the people of rural and backward area.

CONCLUSION

Fear of extraction, myth about incomplete closure of spaces after Orthodontic treatment and loss of vision after extraction to Orthodontic treatment were found to be a prevalent reason for refusal of Orthodontic treatment in rural and backward area of Katihar, Bihar, India.

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