

Dentistry and Oral Health

Begoña Moreno^{1,2}, Javier Cuéllar¹, Maximiliano Muñoz¹, Daniel Veloso² and Julio Villanueva^{1,2*}

¹Oral and Maxillofacial Surgery Unit, San Borja Arriaràn Hospital, Santiago, Chile ²Faculty of Dentistry, University of Chile, Chile

*Corresponding Author: Julio Villanueva, Oral and Maxillofacial Surgery Unit, San Borja Arriaràn Hospital, Santiago, Chile.

Received: July 18, 2018; Published: August 16, 2018

The world health organization (WHO) describes health as a complete physical, mental and social well-being and not merely the absence of disease and or infirmity [1]. The physical aspect of this definition corresponds to the well-being of the anatomical structures of the individual allowing their correct functioning; mental aspect refers to the psychological aspects such as self-perception of abilities, personality development, facing adverse situations in life, etc.; and the social aspect refers to the correct development of people in relation to their environment, according to their living conditions and inserted in a medium, contributing to itself and constituting an active entity.

To this, we must add one last concept: quality of life. This concept was coined during the XX century, initially related to a state of happiness and economical wealth allowing to satisfy all needs. However, as time passed, this concept changed, being used in health investigations [2] until the WHO defined it as the individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns [3]. Despite it seems that quality of life is rather a personal and social dimension, it has been proved that the experience of pain, discomfort or functional limitations have a negative impact in the quality of life [4].

Given the breadth of these definitions, as health professionals, we must consider the multidimensionality that our relationship with the patients should encompass. Hence, the oral-maxillofacial component is vital since its well-being, harmony and correct functioning directly contributes to the development of the three mentioned aspects of health and, consequently, on the quality of life of people.

In this context, dentistry since its inception has aimed to give treatment and relief to oral and maxillofacial abnormalities and pathologies: ranging from dental caries and periodontal disease up to dentofacial deformities and cleft lip and palate, directly contributing to the fulfillment on the first and third aspects of the previously established definition of health.

It has been described that the first interventions in dentistry were in the area of maxillofacial surgery through dental extractions and reimplantation during the Paleolithic period and, later on, in the Egyptian culture where healers performed interventions on decayed teeth whose description would correspond to dental caries. From then on, the greatest advances came from 1700 onwards with detection and description of multiple pathologies as well as the development of technologies enhancing the precision of diagnoses such as the invention of X-rays at the end of the 1800s. In this period, Pierre Fauchard published his book "El cirujano dentista" with contributions on anatomy, pathology and oral therapy [5], being the first book on its kind, which earned him the title of "father of modern dentistry" [6].

The tendency during the last years has been oriented not only to treatment but rather to the prevention of the mentioned pathologies. This is how, since the 1970s, the incorporation of fluoride in water has allowed reducing the incidence rate of dental caries; the awareness and education of the population regarding the wide existence of oral cancer has allowed an earlier diagnosis and prompt treatment; and the development of interceptive orthodontics allowing the early prevention and correction of oral and maxillofacial anomalies. These types of interventions are focused on education and awareness of patients from pathologies, empowering them for their care and responsibility for their own health. These last interventions, with a preventive approach, allow us to contribute to the state of complete well-being: by educating the patient, we are not only preventing the development of pathologies, but we also make them aware of their vulnerability and their capacities to face the medium, becoming responsible for themselves. In that sense, as health professionals, we must be able to educate the patient about their health, deliver preventive tools and therapeutic solutions. This approach has allowed us to prevent the development of diseases in addition to reducing the costs of treatments.

Although the journey through dentistry has been long, the goal has always remained the same: the preservation and recovery of the oral and maxillofacial health status and it is along this path that we must continue.

Bibliography

- 1. World health organization. Constitution of WHO: principles (1948).
- Cardona D and Byron H. "Construcción cultural del concepto calidad de vida". Revista Facultad Nacional de Salud Pública 23.1 (2005): 79-90.
- 3. World health organization. WHOQOL: Measuring Quality of Life (2018).
- 4. Bulgareli JV., *et al.* "Factors influencing the impact of oral health on the daily activities of adolescents, adults and older adults". *Revista de Saúde Pública* 52 (2018): 44.
- 5. García-Roco Pérez Oscar and Méndez María Josefina. "Breve historia de la cirugía bucal y maxillofacial". *Humanidades Médicas* 2.1 (2002).
- 6. Ramírez Skinner H. "And what was there before Fauchard? Dentistry in caverns, temples, hospitals and universities". *Revista Clínica de Periodoncia, Implantología y Rehabilitación Oral* 5.1 (2012): 29-39.

Volume 17 Issue 9 September 2018 ©All rights reserved by Julio Villanueva., et al. 1518