

Bad Breath (Halitosis): A Large Taboo in Our Society

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Abstract

Background: Bad breath is better than not having any breath. "George Orwell" said the road to Wigan pier". You may have affection for a murderer, but you may not have affection for a man/woman whose breath reeks.

Prevalence: Halitosis is very common among the general population and nearly 50% of the general population suffers from it. In a Swedish study of 840 men, only approximately 2% of the population were assessed for halitosis. 1% of patients have halitosis caused by diet or medication.

Prevention: Proper oral hygiene is important for prevention of bad breath.

Keywords: Halitosis, Etiology, Xerostomia, Oral Malodour.

Introduction

The human breath is composed of very complex substances with numerous variable odours which can generate unpleasant situations such as halitosis. Halitosis is a Latin word which derived from “halitus” (breathed air) and “osis” (pathologic alteration). Foetor oris, oral malodour, moth odor, bad breath, and bad mouth odor are the other terms for halitosis.¹ Halitosis or oral malodour is a foul smell from the oral cavity that causes anxiety and psycho-social embarrassment. It has received greater attention in popular, humerus literature than in the scientific as witnessed by phrases such as “Please don’t breathe until you have reached the desert.”²

Halitosis is composed of volatile molecules that are caused by pathological or non-pathological reasons and originates from an oral or non-oral source. These volatile

compounds are sulphur compounds, aromatic compounds, nitrogenous compounds, amino acids, short-chain fatty acids, alcohols or phenyl compounds, aliphatic compounds and ketones.¹

It's normal to have bad breath on your awakening. It generally disappears after you have something to drink and cleanse your teeth. This undesired state is a common complaint for both genders and all age groups. The origin of bad breath can be related to systemic and oral problems, but the large percentage of cases (around 85%/) are related to oral factors such as poor oral hygiene, periodontal disease, tongue coat, food impaction, unclean dentures, faulty restorations, oral carcinomas, and throat infections.³

Prevalence

Halitosis is very common among the general population and nearly 50% of the general population suffers from it. In a Swedish study of 840 men, only approximately 2% of the population were assessed for halitosis. However, the prevalence of halitosis in a study in China that involved over 2500 participants was estimated to exceed 27.5%. Also in the literature, the prevalence of halitosis ranges between 5% and 75% of children tested. In 90% of patients, halitosis comes from the oral cavity; in 9% of patients, halitosis is caused by non-oral causes, such as the respiratory tract, gastrointestinal tract or urinary tract. 1% of patients have halitosis caused by diet or medication.¹

Etiology

The most frequent reason for halitosis is poor oral hygiene. Without adequate oral hygiene—such as brushing, flossing, and routine dental cleanings—harmful, bacteria invade your mouth and multiply uncontrollably. This may lead to several oral health problems such as halitosis, caries and gum disease.

What else is responsible for halitosis?⁴

Although poor oral hygiene is the most common cause of halitosis, it is not the only cause. There are various other conditions that may cause bad breath, including:

Dry Mouth (Xerostomia): Saliva helps wash your mouth, so if your body is not producing enough saliva, it can cause halitosis. Smoking can result in dry mouth, and it also increases your risk of gum disease. Additionally, certain medications like anti-hypertensive drugs (calcium channel blockers, diuretics, beta blockers), Analgesics, Muscle relaxants, Anti-Parkinson drugs, Anti-emetics and Anxiolytics can cause dry mouth (xerostomia).

Head and Neck Cancers: Symptoms of oral or oropharyngeal cancer include sores that do not heal, oral pain, difficulty swallowing, swelling in the neck, and unexplained weight loss.

Gastroesophageal Reflux Disease (GERD): This is a digestive disorder where acid or gastric fluid leaks into your esophagus, the tube that transports food from your mouth to your stomach.

Tonsil Stones: When food gets stuck in your tonsils (located in the back of your throat), it sometimes hardens into calcium deposits called tonsil stones or tonsillitis.

Gum Diseases: Gingivitis is an inflammation of the gums, which may cause redness, swelling and bleeding. It is caused by plaque, a sticky film that accumulates on your teeth and can be pulled off by brushing and flossing. Untreated gingivitis can lead to periodontitis, which damages gingival tissue and can lead to the loss of teeth and bones around your teeth. Trench mouth is an advanced form of gum disease that may cause intense pain, bleeding, fever and fatigue. (It is called "trench mouth" because it was a common disease for soldiers in trenches during The First World War).

Infections of the Nose, Throat or Lungs: People with pneumonia, for example, cough up liquid that smells bad.

Diabetes: People with diabetes are at increased risk of gum disease - and gum disease can make it more difficult to control diabetes because it can increase blood sugar.

Liver Disease or Kidney Disease: When your liver and kidneys function correctly, they filter toxins out of your body. But in people with liver and renal diseases, these toxic substances are not eliminated. This can result in halitosis.

Sjögren's Syndrome: This autoimmune disease can lead to muscle pain, dry eyes, dry skin and dry mouth (often linked to halitosis).

Certain Foods: Diet is an important factor that contributes to general breathing and dental health. The food you eat, ingest in your blood, and some may leave a bad smell in your mouth. Onions and garlic, for example, can lead to bad breath.

Odor-Causing Bacteria: Tongue-odoring bacteria can react with amino acids to produce volatile sulphuric compounds. These sulphur compounds may be particularly foul-smelling, causing bad breath.

Treatment

There are different ways to treat halitosis depending on the cause. If bacteria in your mouth are the cause, the dentist will examine your mouth to find trapped food pockets or infections. They can recommend dental treatments or the treatment of all dental infections. They can also recommend that you clean your teeth professionally.

The dentist may also advise you on good oral hygiene, which may help prevent halitosis in the future. Brushing your teeth carefully and regularly can prevent food and bacteria from building up. Cleaning your tongue with a

tongue scraper or tongue cleaner on the back of your toothbrush does not treat halitosis, but can relieve you for around 30 minutes. Mouthwashes containing peppermint, zinc or chlorhexidine (an antiseptic) can also be useful in keeping your mouth free of bacteria and reducing halitosis.

If you have a dry mouth (xerostomia), drinking more water or using a saliva substitute can help. Certain medications can dry your mouth - talk to your doctor or pharmacist if you are concerned.

If your halitosis is due to a health problem, not in your mouth, your doctor may recommend other treatments based on the specific cause.

Prevention

Halitosis cannot always be avoided, but proper oral hygiene can help prevent it. It is important to clean your teeth, floss, drink lots of water and have regular visits to your dentist. If you wear dentures, you should make sure that they fit you well, you clean them regularly, and that you take them out before you go to sleep.

Complications

Halitosis can affect how you feel on your personal appearance or make you feel anxious that other people find your breath unpleasant. This may sometimes lead to anxiety when you are around other people, or an over-emphasis on your breathing. If you think halitosis has an impact on your mental health or social well-being, talk with your doctor about your symptoms and feelings. They may recommend that you seek advice from a mental health specialist such as a psychologist about your halitosis.⁵

Conclusion

Halitosis is an extremely unattractive feature of socio-cultural interactions and may have long-term adverse effects on psychosocial relationships. With proper diagnosis, etiology identification and timely referral as

required, steps can be taken to create an individualized and effective therapeutic approach for every patient who requests assistance.

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