The benefits of making gums bleed and finding out you have tooth decay

Neel Kothari discusses the hysteria behind bleeding gums

I t has always bugged me that patients consider bleeding gums to be a bad thing. On the face of it, no one really wants to see their gums bleed, but if one only sees bleeding when they clean their gums is it not actually a good thing? At what point did it become acceptable to allow pharmaceutical companies to advertise that bleeding gums are bad and that their products provide a ‘total’ clean. Is the slogan ‘bleeding gums are bad’ an appropriate message or does it act to implant a suggestion that results in our patients becoming resistant to make their gums bleed and therefore stay away from cleaning?

Television adverts from a well known toothpaste manufacturer (for legal reasons the actual brand name has been replaced with ‘Tooth-gate’ for the purposes of this article) clearly suggest that by using their products patients won’t see blood when they floss. Given that Tooth-gate claims to be used by more dentists than any other brand, I decided to investigate further.

In a poorly carried out scientific study, involving a sample of one (me) without any form of randomised double blinding, I used Tooth-gate and did not floss my teeth for four weeks in strict accordance with the manufacturer’s directions for use. No ethical approval was sought for this study on the grounds that it may infringe upon my human rights, which for the purpose of the experiment I have chosen to waive.

The results were astonishing. Four weeks into the study, I finally succumbed to flossing my teeth and found blood. Emotionally, I was a wreck, having had the faintest glimmer of belief in Tooth-gate crushed out of me on the sight of blood. Thankfully I found strength through my wife Anya, who encouraged me to carry on with the study for the sake of science, however deep down I really don’t think I have fully recovered—I am told it will take time.

The presence of blood on my floss is unarguably a result of an ongoing inflammatory reaction designed to protect me against bacteria. Suggesting that a toothpaste is able to stop gums bleeding when you floss is akin to suggesting that one really does not need to floss at all, after all if there is no bleeding then surely it becomes a bad thing. On the other hand, if there is no bleeding then surely it is not a bad thing to allow blood to be present in our gums.

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there must be no bacteria, so what would be the point of flossing? Is this really evidence based information or potentially dangerous marketing?

The manipulation of facts by pharmaceutical companies was also the subject of a serious warning in 2010 where FDA (US Food and Drugs Agency) issued warning letters to three companies that manufacture and market mouth rinse products with claims that they remove plaque above the gum line or promote healthy gums. These claims suggest that the products are effective in preventing gum disease when no such benefit has been demonstrated. Warning letters were sent to Johnson & Johnson (Listerine Total Care), CVS Corporation, and Walgreen Company. These mouth rinse products contain the active ingredient sodium fluoride. The FDA determined that sodium fluoride is effective in preventing cavities but has not found this ingredient to be effective in removing plaque or preventing gum disease.

Now of course we all know that fluoride is excellent for strengthening teeth, so naturally we can come to the conclusion that adding it to water in generally accepted doses is a good thing. Well perhaps it is for teeth, but what about for type 2 diabetes? Bear with me folks. There is of course no direct causative link between diabetes and fluoride. However, the silver lining of largely preventable diseases such as tooth decay is that individuals within society may change their habits in order to improve their health, which can have far-reaching effects beyond purely the realm of oral health.Whilst fluoride may reduce tooth decay, a knock on effect may be that it also reduces the number of patients who actively decrease their sugar intake and improve their oral hygiene upon being told they have dental caries. I am not suggesting that tooth decay is a good thing, but for many people it can act as a catalyst for change. It is interesting to ponder how strong the sugar industry would be in a world without fluoride; perhaps society would take the issue of added sugar more seriously if we didn’t have the safety net of preventative strategies such as fluoride.

In a 2007 Cochrane review by Nield et al. the authors state that the results suggest that the addition of exercise alongside a reduced energy diet is the best way to promote better glycaemic control in type 2 diabetes patients’. Unarguably diet is linked to both diabetes and tooth decay. Anecdotally, it is interesting to note that type 1 diabetic patients tend to have low caries rates, presumably through a more carefully controlled diet. Similarly, many patients with type 2 diabetes do not present with active caries. It does raise the question, would they have had active caries without fluoride? And conversely if they had active caries at a younger age and consequently had changed their habits, would they have gone on to develop type 2 diabetes?

Hypothetically, if one was to find a cure for lung cancer specifically relating to smoking, would that result in an overall benefit to society as a result of reduced cases of cancer or would that result in more people smoking and accordingly dying of heart disease or other ailments? Sorry, I digress.

Until next time, remain sceptical!

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**About the author**

Neel Kothari qualified as a dentist from Royal United Dental School in 2005, and currently works for Somers. Cambridge as a principal dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL Eastman Dental Institute.