

The “Nylon teeth myth”

Myths are traditional stories accepted as a history, serves to explain the world’s view of people handed down from old times. A myth is thought to be a lesson in story form which has explanatory resonance for a certain culture. For example ideas or beliefs about early history of natural events. Those stories might be imaginary or invented but they become very famous.

There are several myths in the Tanzanian community. Two strong traditional stories (myths) are about “MUMIANI” and “POPOBAWA” where communities believe on existence of blood suckers and a night invader respectively. Similar to “MUMIANI” and “POPOBAWA”, Tanzanians believe on the existence of “NYLON TEETH”.

What is this “nylon teeth” myth? Evidence show since three decades ago, in rural populations of the Horn and Eastern Africa people strongly believed that the unerupted primary canine tooth bud is the cause of vomiting, diarrhoea and fevers in children. It was further thought that worms infest the tooth bud and that if not treated it will burst and cause death. Therefore, incision or enucleation of the tooth bud was deemed necessary to cure the child of his/her ailments but was often done to prevent the diseases. The extracted tooth buds are not fully mineralized, they appear jelly-like and hence the term “nylon teeth”. For anatomical reasons, the canine tooth buds are prominently seen as shiny elevated spots over the baby’s gingiva. Thus they are the most vulnerable sites for tooth bud removal. The practice of tooth bud enucleation is usually done around the age of 6 to 24 months but sometimes as soon as the child is born.

Nylon teeth myth is still and long held myth in our communities. The belief is so strong that it takes quite an amount of effort and skills to explain and convince someone that “nylon teeth” is a mistaken belief. Unfortunately, even some dental professionals and dental students believe on the existence of “nylon teeth”. To those dental professionals who believe on the myth, they think that “nylon teeth” is synonymous to natal or neonatal teeth.

Evidence has shown that traditional healers extract the tooth bud for economic reasons. They induce fear and panic among communities that if the nylon teeth are not removed the baby will die. Certainly, some children will die of childhood diseases like malaria, gastrointestinal diseases or respiratory tract infections following which, the death is linked with failure or delay to remove the killer nylon teeth. Thus out of panic some parents subject their new born babies to tooth bud extractions as a preventive measure to the killer nylon teeth.

The tooth buds are extracted using sharp and often un-sterile instruments like knives, bicycle spokes and sometimes finger nails. Besides, no local anaesthesia is administered. In general, the extractions are performed brutally .The consequences of tooth bud extraction include extensive bleeding at times resulting into death, absence of deciduous canines and occasionally permanent canines or premolars. Abnormalities associated with tooth bud extraction include hypoplasia of the permanent successors and adjacent primary and permanent teeth, displacement of permanent teeth, midline shift to the extraction side, missing primary lateral incisors (probably accidentally extracted) and distal eruption of permanent lateral incisors, leaving their primary predecessors retained.

There are four reports on the nylon teeth so far published in Tanzania. In one of the studies published in 1992, Hiza & Kikwilu reported more than one third of the children they examined to have had their tooth buds extracted. Furthermore, they reported that the majority of the extractions (60.5%) were from the lower jaw and almost all (99.4%) were canines. Information provided by Kikwilu & Hiza in another report published in 1997 revealed that the prevalence of tooth bud extraction in villages in which tooth bud extraction was practiced since early 1980s was 0.5%, while it was 60% in villages in which the extraction practice was new. This implies that the practice may gradually be abandoned. Nonetheless, communities still believe on the existence of nylon teeth. Fourth year semester 8 Doctor of Dental Surgery (DDS IV) students (2006/07) were inspired to take action after learning the facts of the myth. They recommended that the community must be educated constantly through different fora so that ultimately the myth could be eradicated. The DDS students further recommended that the dental school at Muhimbili could start the ball rolling by resolving to;

- i. See to it that information on “nylon teeth” myth to patients at dental outpatient department (OPD) is provided regularly by graduate Dentists or dental students
- ii. Make education against the “nylon teeth” myth a permanent agenda in the DDS elective study programme
- iii. Educate the dental nurses at the dental school on “nylon teeth” myth
- iv. Educate nurses at Muhimbili National Hospital Paediatrics and antenatal clinics on “nylon teeth” myth
- v. Network with the MoH and join forces on addressing the gaps pertaining efforts for solving the “nylon teeth” myth problem.

While reflecting the DDS IV students' recommendations, I realize that no recent information is available in the country about the tooth bud extraction practice. Hence, we do not know whether people have abandoned the practice or not. What we are sure of, is that people believe on the existence of "nylon teeth". Then, a question comes to my mind; what could be the outcome if all dental professionals wherever they are could simultaneously take action? Undoubtedly the impact will be enduring. Therefore, I am calling upon all of us to join forces and work together to find out the current situation and work out strategies to eradicate this problem. Absolutely, health education and information may make a difference.

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