

# International Journal of Medical Science and Advanced Clinical Research (IJMACR)

Available Online at:www.ijmacr.com

Volume -8, Issue -1, January - 2025, Page No. : 40 - 45

# From Mouth to Body: Understanding the Oral-Systemic Health Connection

<sup>1</sup>Lt Col (Dr) Karam Jeet Singh Jaswal, MO (Dental) / Periodontist, PHC J/Beri HP Health Department.

<sup>2</sup>Dr. Shifa Qureshi, PG (2<sup>nd</sup> Year) Department of Periodontology, CSMSS Dental College and Hospital, Aurangabad, Maharashtra.

<sup>3</sup>Dr. Gita Krishna Puvvada, Fellowship in General Dentistry, Saveetha Dental College and Hospital, Chennai.

<sup>4</sup>Dr. Bhagyashree Ramteke, BDS, Yogita Dental College and Hospital.

<sup>5</sup>Dr. Vaibhav Jagannathrao Salunke, MDS Oral Medicine and Radiology, Dentist (nohp) Latur Deshmukh Dental Clinic, Latur.

<sup>6</sup>Dr. Priya Singh, BDS, MBA, PGD CRPV, Shree Datta Dental Clinic, Navi Mumbai.

**Corresponding Author:** Lt Col (Dr) Karam Jeet Singh Jaswal, MO (Dental) / Periodontist, PHC J/Beri HP Health Department.

**How to citation this article:** Lt Col (Dr) Karam Jeet Singh Jaswal, Dr. Shifa Qureshi, Dr. Gita Krishna Puvvada, Dr. Bhagyashree Ramteke, Dr. Vaibhav Jagannathrao Salunke, Dr. Priya Singh, "From Mouth to Body: Understanding the Oral-Systemic Health Connection", IJMACR- January - 2025, Volume – 8, Issue - 1, P. No. 40 – 45.

**Open Access Article:** © 2025 Lt Col (Dr) Karam Jeet Singh Jaswal, et al. This is an open access journal and article distributed under the terms of the creative common's attribution license (http://creativecommons.org/licenses/by/4.0). Which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

**Type of Publication:** Original Research Article

**Conflicts of Interest: Nil** 

### **Abstract**

Oral health is an essential but often overlooked component of general health. Emerging evidence reveals a profound bidirectional relationship between oral health and systemic diseases, such as cardiovascular disease, diabetes, adverse pregnancy outcomes, respiratory infections, and rheumatoid arthritis. This review delves into the underlying mechanisms connecting oral and systemic health, emphasizing the roles of chronic inflammation, microbial translocation, and immune dysregulation. Preventive strategies, including oral hygiene practices, professional care, and lifestyle modifications, are pivotal in mitigating systemic risks.

Additionally, advancements in salivary diagnostics, microbiome research, and integrated healthcare models promise to revolutionize the management of oral-systemic health. Recognizing the mouth as a gateway to systemic well-being underscores the importance of holistic healthcare approaches to enhance both oral and overall health outcomes.

**Keywords:** Oral Health, Systemic Health, Periodontal Disease, Cardiovascular Disease, Diabetes, Oral Hygiene.

#### Introduction

Oral health is an essential component of general health, yet it often exists in the shadow of broader health

initiatives. Historically, dentistry and medicine have been treated as separate disciplines, resulting in fragmented care. However, mounting evidence demonstrates that oral health is deeply intertwined with systemic health, necessitating a more integrated approach to healthcare.<sup>1-2</sup>

The oral cavity is a dynamic environment, home to a diverse and complex microbiome that includes bacteria, fungi, and viruses. It serves as both a mirror and a mediator of systemic health. Changes in the oral microbiome or the development of oral diseases can not only indicate underlying systemic conditions but also contribute to their progression. inflammatory processes and microbial translocation associated with diseases oral have repercussions, linking the health of the mouth to that of the entire body.<sup>3-4</sup>

This review explores the multifaceted relationship between oral and systemic health. It delves into the bidirectional nature of this connection, examines key systemic diseases linked to oral health, and discusses underlying mechanisms. The article also highlights preventive strategies and emerging research that pave the way for holistic and integrated healthcare approaches.

The Bidirectional Relationship Between Oral and Systemic Health<sup>5-9</sup>

Oral health and systemic health are intimately connected. This bidirectional relationship means that poor oral health can exacerbate systemic conditions, while systemic illnesses can manifest in the oral cavity. For example, diabetes worsens periodontal disease, and periodontal disease can, in turn, impair glycemic control. Understanding this interplay is critical for developing holistic healthcare strategies.

Key Systemic Diseases Associated with Oral Health

## 1. Cardiovascular Disease (CVD)

Mechanisms: The bacteria responsible for periodontal infections, such as Porphyromonas gingivalis, can enter the bloodstream through inflamed gums. This translocation contributes to arterial plaque formation, inflammation, and endothelial dysfunction, increasing the risk of heart disease and stroke.

Evidence: Studies indicate that individuals with severe periodontal disease have a higher likelihood of developing CVD compared to those with healthy gums.

### 2. Diabetes Mellitus

Mechanisms: Diabetes and periodontal disease share a cyclical relationship. Elevated blood glucose levels in diabetes impair immune function and healing, making individuals more susceptible to gum disease. Conversely, chronic inflammation from periodontal disease can worsen insulin resistance.

Clinical Implications: Effective periodontal treatment has been shown to improve glycemic control, emphasizing the need for integrated care.

### 3. Adverse Pregnancy Outcomes

Mechanisms: Oral pathogens and their inflammatory byproducts, such as prostaglandins and cytokines, can cross the placental barrier, potentially triggering preterm labor and low birth weight.

Evidence: Pregnant individuals with periodontal disease have been found to be at higher risk for preterm birth and other complications.

## 4. Respiratory Diseases

Mechanisms: Aspiration of oral bacteria into the lungs can lead to respiratory infections such as pneumonia. This risk is particularly pronounced in elderly or immunocompromised individuals. Clinical Significance: Maintaining good oral hygiene in nursing homes and hospitals has been linked to reduced rates of respiratory infections.

# 5. Rheumatoid Arthritis (RA)

Mechanisms: Inflammatory pathways in periodontal disease may exacerbate autoimmune responses in RA. Certain oral pathogens, like *P. gingivalis*, have been implicated in protein citrullination, a key process in RA development.

Research Insights: Patients with RA are more likely to have severe periodontal disease, and periodontal treatment can alleviate RA symptoms.

Mechanisms Underpinning the Connection (10-13)

Inflammation: Chronic inflammation is a central theme linking oral and systemic health. Inflammatory mediators, such as interleukin-6 (IL-6) and tumor necrosis factor-alpha (TNF- $\alpha$ ), are released during periodontal disease and can exacerbate systemic inflammatory conditions.

Microbial Translocation: Pathogenic oral bacteria can enter the systemic circulation through periodontal pockets, spreading to distant tissues. For instance, Fusobacterium nucleatum has been detected in colorectal tumors and placental tissues, highlighting its role in systemic disease.

Immune Dysregulation: The persistent immune activation caused by periodontal disease can lead to immune system imbalances, contributing to autoimmune and inflammatory disorders.

#### **Discussion**

The recognition of the oral-systemic health connection has significant implications for both clinical practice and public health policy. Interdisciplinary collaboration between dental and medical professionals is essential to address this complex relationship effectively. By working together, healthcare providers can: (14-17)

Promote Awareness: Educate patients about the critical role of oral health in systemic well-being.

Integrate Care: Include oral health assessments as part of routine medical check-ups, especially for patients with chronic diseases like diabetes and cardiovascular conditions.

Develop Preventive Strategies: Emphasize the importance of daily oral hygiene, regular dental visits, and lifestyle modifications to reduce systemic risks.

Enhance Research: Support studies that explore the molecular and clinical aspects of oral-systemic connections, leading to more targeted and effective interventions.

Public health campaigns can also play a pivotal role in highlighting the oral-systemic health connection. By increasing awareness and accessibility to preventive dental care, these initiatives can improve health outcomes across diverse populations.

Preventive Strategies for Oral-Systemic Health (18,19) Given the profound impact of oral health on overall well-being, prevention is paramount. Simple, consistent oral hygiene practices and regular dental visits can significantly reduce the risk of systemic complications.

## **Daily Oral Care**

- Brush teeth twice daily with fluoride toothpaste to remove plaque and prevent cavities.
- Floss daily to clean interdental spaces.
- Use antimicrobial mouthwash to reduce bacterial load.
- Limit sugar intake to minimize the risk of cavities and bacterial overgrowth.

#### **Professional Care**

- Schedule biannual dental check-ups to identify and treat oral health issues early.
- Undergo professional cleanings to remove tartar and plaque.
- Seek treatment for gum disease promptly to prevent progression to systemic impacts.

# **Lifestyle Modifications**

- Avoid tobacco use, which increases the risk of gum disease and oral cancer.
- Maintain a balanced diet rich in nutrients that support oral and systemic health, such as calcium and vitamin D.

Emerging Research and Future Directions (20-23)

The field of oral-systemic health is rapidly evolving, with promising advancements on the horizon.

- Salivary Diagnostics: Saliva contains biomarkers
  that can be used for early detection of systemic
  conditions, including diabetes, cardiovascular
  disease, and cancer. This non-invasive diagnostic
  tool is gaining traction as a cost-effective and
  accessible option.
- Microbiome Studies: Advances in sequencing technologies have revealed the complexity of the oral microbiome. Research into how microbial dysbiosis contributes to systemic diseases is paving the way for targeted therapies.
- 3. Integrated Healthcare Models: Collaboration between dentists, physicians, and other healthcare professionals is essential for addressing the oral-systemic connection. Integrated care models, where oral health assessments are part of routine medical check-ups, can improve outcomes.

#### Conclusion

Understanding the oral-systemic health connection underscores the critical role of oral care in maintaining overall health. The mouth is not an isolated system but a gateway that reflects and influences the body's internal state. By prioritizing oral health through prevention, early intervention, and interdisciplinary collaboration, we can enhance both oral and systemic well-being. This holistic approach represents a significant step forward in achieving comprehensive health for all.

### References

- Löe H, Anerud A, Boysen H, Morrison E. Natural history of periodontal disease in man. Rapid, moderate and no loss of attachment in Sri Lankan laborers 14 to 46 years of age. J Clin Periodontol. 1986;13: 431-445. [DOI] [PubMed] [Google Scholar]
- Kuraji R, Kapila YL. High expression of ACE2 receptor of 2019-nCoV on the epithelial cells of oral mucosa. Practice Update. https://www.practiceupdate. 2020. [DOI] [PMC free article] [PubMed]
- Michalowicz BS. Genetic and heritable risk factors in periodontal disease. J Periodontol. 1994;65: 479-488. [DOI] [PubMed] [Google Scholar]
- Xu H, Zhong L, Deng J, et al. High expression of ACE2 receptor of 2019-nCoV on the epithelial cells of oral mucosa. Intl J Oral Sci. 2020;12:8. [DOI] [PMC free article] [PubMed] [Google Scholar]
- Disser NP, De Micheli AJ, Schonk MM, et al. Musculoskeletal consequences of COVID-19. J Bone Joint Surg. 2020; 102:1197-1204. [DOI] [PMC free article] [PubMed] [Google Scholar]
- 6. de Oliveira Toledo SL, Sousa Nogueira L, das Graças Carvalho M, Alves Rios DR, de Barros

- Pinheiro M. COVID-19: review and hematologic impact. Clin Chim Acta. 2020; 19:170-176. [DOI] [PMC free article] [PubMed] [Google Scholar]
- Tao H, Ge G, Li W, et al. Dysimmunity and inflammatory storm: watch out for bone lesions in COVID-19 infection. Med Hypotheses. 2020; 145:110332. [DOI] [PMC free article] [PubMed] [Google Scholar]
- de Candia P, Prattichizzo F, Garavelli S, Matarese G. T cells: warriors of SARS-CoV-2 infection. Trends Immunol. 2021;42:18-30.S1471–4906(20)30260-X [DOI] [PMC free article] [PubMed] [Google Scholar]
- Tang Y, Liu J, Zhang D, Xu Z, Ji J, Wen C. Cytokine storm in COVID-19: the current evidence and treatment strategies. Front Immunol. 2020; 11:1708. [DOI] [PMC free article] [PubMed] [Google Scholar]
- Yan W. Their teeth fell out. Was it another Covid-19 consequence? The New York Times https://www.nytimes.com/2020/11/26/health/covid-teeth-falling-out.html. Accessed November 28, 2020.
- 11. McEwen BS. Protection and damage from acute and chronic stress: allostasis and allostatic overload and relevance to the pathophysiology of psychiatric disorders. Ann N Y Acad Sci. 2004; 1032:1–7. [DOI] [PubMed] [Google Scholar]
- 12. Zinko C. Bay Area dentists spot 2020 stress in clenched jaws and cracked teeth. https:// www. sfchronicle.com/culture/article/Bay-Area-dentists-sp ot- 2020-stress-in-clenched- 15764993.php. December 2, 2020. San Francisco Chronicle.
- 13. McEwen BS. Neurobiological and systemic effects of chronic stress. Chronic Stress. 2017;

- 1:2470547017692328. [DOI] [PMC free article] [PubMed] [Google Scholar]
- 14. Decker AM, Kapila Y, Wang H-L. The psychobiological links between chronic stress—related diseases, periodontal/peri-implant diseases, and wound healing. Periodontol 2000. 2021. [DOI] [PMC free article] [PubMed] [Google Scholar]
- 15. González-Febles J, Sanz M. Periodontitis and rheumatoid arthritis: what have we learned about their connection and their treatment. Periodontol 2000. 2021. [DOI] [PubMed] [Google Scholar]
- 16. Rangé H, Colon P, Godart N, Kapila Y, Bouchard P. Eating disorders through the periodontal lens. Periodontol 2000. 2021. [DOI] [PMC free article] [PubMed] [Google Scholar]
- 17. Radaic A, Ganther S, Kamarajan P, Yom SS, Grandis JR, Kapila Y. Paradigm shift in the pathogenesis and treatment of oral cancer focused on the oralome and antimicrobial-based therapeutics. Periodontol 2000. 2021. [DOI] [PMC free article] [PubMed] [Google Scholar]
- 18. Ryder MI, Xenoudi P. Alzheimer disease and the periodontal patient: new insights, connections, and therapies. Periodontol 2000. 2021. [DOI] [PubMed] [Google Scholar]
- Villar CC, Dongari-Bagtzoglou A. Fungal diseases: oral dysbiosis in susceptible hosts. Periodontol 2000.
   2021. [DOI] [PubMed] [Google Scholar]
- 20. Sedghi L, DiMassa V, Harrington A, Lynch S, Kapila Y. The oral microbiome: the role of key organisms and complex networks in oral health and disease. Periodontol 2000. 2021. [DOI] [PMC free article] [PubMed] [Google Scholar]
- 21. Kuraji R, Sekino S, Kapila Y, Numabe Y. Periodontal disease–related nonalcoholic fatty liver

- disease and nonalcoholic steatohepatitis: an emerging concept of oral-liver axis. Periodontol 2000. 2021. [DOI] [PMC free article] [PubMed] [Google Scholar]
- 22. Chaffee BW, Couch ET, Vora MV, Holliday RS. Oral and periodontal implications of tobacco and nicotine products. Periodontol 2000. 2021. [DOI] [PMC free article] [PubMed] [Google Scholar]
- 23. Curtis DA, Lin G-H, Rajendran Y, Tsegazeab G, Suryadevara J, Kapila Y. Treatment planning considerations in the older adult with periodontal disease. Periodontol 2000. 2021. [DOI] [PubMed] [Google Scholar]