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JUMPING THE GUN

Sir, I was surprised to read in the letter from V. Ballal entitled *Oil therapy* (*BDJ* 2009; **207**: 193) that the literature has reported that swishing sunflower oil around the mouth for 15 minutes a day can 'effectively treat ... meningitis, heart and kidney disorders, women's hormonal disorders, and chronic diseases like cancer, AIDS etc.' However, no references were provided and a cursory search of the literature found only studies examining oil pulling as a means of managing oral bacteria. The claims of effectiveness against a long list of unrelated conditions, as well as the references to toxins, healing 'all organs simultaneously' and an unknown mechanism, are all reminiscent of the language used to promote unproven or disproven alternative remedies.

Oil pulling may or may not prove a useful technique, but for traditional remedies to enter the folds of evidence-based medicine it is important to investigate any real effects they may have without being distracted by illusory effects ascribed to them by their advocates. Without strong evidence that oil pulling has an effect beyond those of placebo and a thorough oral rinse, the suggested research to discover the source of this effect would seem to be jumping the gun.

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By email

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NOT RECOMMENDED

Sir, with reference to the letter *Oil therapy* published in your journal (*BDJ* 2009; **207**: 193) we would like to share our experience on this.

We treated a case of severe inflammatory gingival enlargement in a 48-



Fig. 1 Non-erythematous, non-tender lesion on right lower border of mandible

year-old female. She was suffering from swollen and bleeding gums for which was suggested, as treatment, oil pulling (OP) using refined sunflower oil by a friend who was also practising OP. She had performed OP for three months and had observed that her problem was worsening. When we saw her, we noticed generalised gingival enlargement, multiple false deep periodontal pockets and mild sub-gingival calculus deposits. She was healthy and was not taking any kind of medication. We suggested she stop OP and reviewed her case after three weeks; her gingival inflammation had substantially reduced. Following this she was treated with conventional periodontal therapy and her gingival health became normal. We feel because of the retention of oil particles in her sub-gingival tissues her gingival health had worsened.

OP therapy has been shown to reduce plaque index¹ as well as *Streptococcus mutans* count in plaque and saliva.² We are of the opinion that until the benefits and indications for OP are documented and established scientifically it should not be recommended.

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TUBERCULOSIS DIAGNOSIS

Sir, a 37-year-old woman was referred by her general medical practitioner with

a two-month history of an increasing right-sided facial swelling. She has been resident in the UK for ten years with no history of cough, weight loss or recent travel. On examination, there was a 3 cm raised, fluctuant lesion on the lower border of the mandible (Fig. 1). The orthopantomogram and chest X-ray were unremarkable. Computed tomography showed a cystic collection at level 1b. Fine needle aspiration proved inconclusive. An excisional biopsy showed tuberculous lymphadenitis.¹ Persistent lymphadenopathy of over four weeks' duration in people other than white UK-born should be regarded as tuberculosis until proven otherwise.²

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HELP TO QUIT

Sir, tobacco use is one of the major preventable causes of health damage and death in India. It is estimated that tobacco will kill 6 million people annually from 2010, 80% of which will happen in low and middle income countries like India.¹ The most susceptible age for initiating tobacco use in India is during adolescence and early childhood with most users starting use before the age of 18 years, while some start as young as ten years. Studies show that if people do not begin to use tobacco during adolescence, there is a good chance they never will. Each day about 5,500 children in India start using tobacco and join about 5 million children under the age of 15 years who are already addicted to tobacco. Adolescent tobacco use is characterised by being driven by relationships, activities, positive and negative emotions and social ramifications while adult tobacco use is defined by nicotine dependence.

According to the Global Youth Tobacco Survey (GYTS) (2000-2004) including students from grades 8-10 in India, 17.5% were current users of tobacco in any form, 14.6% were using smokeless