

# Applications and Effects of Halitosis in the Mouth

Ethan Frost\*

*Department of Periodontics, Academic Center for Dentistry Amsterdam, LA Amsterdam, The Netherlands*

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## Description

Halitosis is a condition characterized by an overtly offensive breath odour. Those who are impacted may get anxious as a result. Obsessive compulsive disorder symptoms and depression are also linked to it. Real and fake cases of bad breath are both causes for concern [1]. About 85% of people with true bad breath have a source in their mouth. The other cases are thought to be brought on by illnesses of the stomach, oesophagus, lungs, nose, sinuses, or throat. Rarely, underlying medical conditions such as fatty liver or ketoacidosis might cause bad breath. When someone claims to have foul breath but some other people are unable to detect it, these complaints are not real. From 5% points and 72% of total of instances are thought to fall into this category. Early efforts could involve using mouthwash, flossing and tongue cleaners. Use of mouthwash with cetylpyridinium chloride or chlorhexidine is encouraged by circumstantial evidence [2]. There is some shaky evidence that using a tongue cleanser has advantages, but not enough to make any firm judgments. Treatment of underlying conditions such as gastro oesophageal reflux disease, dental decay, tonsil stones and gum disease may be helpful. Counselling may be beneficial for people who mistakenly think they have foul breath. Between 6% and 50% of people are said to have foul breath. After decay in the teeth and gums, concern about halitosis is the third leading reason people are seeking dental care. It is thought that as people age, it becomes more prevalent. Those with bad breath may experience stigmatization because it is considered a societal taboo. In order to treat it, Americans spend more than 1 billion year on mouthwash. When someone is thought to have bad breath, they are supposed to have an odour that is visibly disagreeable. Those who are impacted may get anxious as a result. Obsessive compulsive disorder symptoms and depression are also linked to it. The source of an odour is the mouth itself in around 90% of cases of true halitosis. This is referred to as oral halitosis, intraoral halitosis or oral poor the most frequent causes are biofilms that produce odours on the tongue's back or in other parts of the mouth as a result of poor oral hygiene. High quantities of offensive odours are produced as a result of this biofilm. Proteins break into separate amino acids, which is followed by more amino acid breakdown to create observable foul gases, which is what causes the odours to be produced. Oral malodour levels are correlated with volatile sulphur molecules, which typically decline after a successful therapy. Although they are less frequent than the tongue's backside, other areas of the mouth could also add to the overall odour. Integration and sub-gingival niches, poor dental work, food-impaction sites between the teeth, abscess and dirty dentures are among these locales, listed in descending order

of prevalence. Bad breath may also be a result of oral sores brought on by viral illnesses like herpes virus and HPV. The tiny gaps between teeth and gums are called gingival crevices and they exist in healthy people, though gingivitis can cause them to swell up. Gingival crevices and periodontal pockets differ in depth; the former is less than 3 mm, while the latter is greater than 3 mm [3, 4]. Periodontal diseases is typically accompanied by periodontal pockets. The idea that periodontal disorders are to blame for poor breath is rather debatable. Yet, severe halitosis is frequently brought on by advanced periodontal disease. Several gingival and periodontal abscesses are more common in those with uncontrolled diabetes. Their gums are visible, showing big pockets where pus collects. This infection nidus can be the cause of your bad breath. The tongue is where mouth-related halitosis most frequently occurs. Eighty to ninety percent of all instances of tongue foul breath are caused by tongue bacteria, which also create fatty acids and malodorous chemicals. In the posterior portion of the tongue, where they are largely unaffected by normal activity, significant amounts of naturally occurring bacteria are frequently detected [5]. Anaerobic bacteria thrive in this area of the tongue because it is fairly dry and poorly cleaned and because of the tongue's complex microbial structure. This area of the tongue also constantly forms a tongue coating made of food particles, dead epithelium, postnasal drip and bacteria, both living and dead. A "white tongue" is considered to be a halitosis warning indicator. A white tongue is widely seen as an indication of numerous medical disorders in oral medicine. When compared to healthy people, individuals with periodontal disease had a tongue covering that was six times more common. Also, compared to people without halitosis, halitosis patients had significantly greater bacterial burdens in this area.

## References

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