

RESEARCH REPORT

Dental Danger

Home Remedies to Avoid When Awaiting Care

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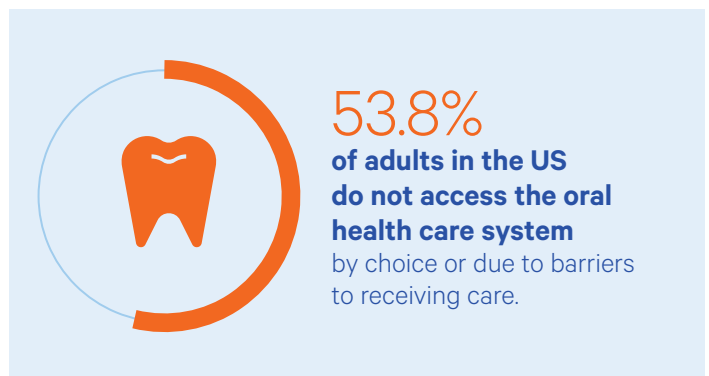


Access to dental care can be a struggle for many Americans, even when they are experiencing dental pain or discomfort.

The [Healthy People 2023](#) report recognizes that access to oral health care is important to achieve optimum health and recommends working toward continued improvement of access. The reality is, approximately 53.8% of [adults in the US do not access the oral health care](#) system, either by choice or due to [barriers](#) to receiving care. Americans who do not have routine access to dental care commonly report experiencing toothaches, cracked or broken teeth, swollen or bleeding gums, and chronic [dry mouth](#).

Those who do not have access to dental care or need to delay their care may resort to home remedies, otherwise referred to as “do it yourself” dental care. A home remedy is a treatment that is self-prescribed to alleviate pain or discomfort and may

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or may not have proven effectiveness. These remedies can include a range of treatments — from natural substances, chemical substances, or physical treatments — that may be derived from long-standing cultural and familial beliefs or more recent social influences. A home remedy [can be safely recommended by an oral health provider](#) for temporary relief of oral pain and discomfort. Having a relationship with an oral health provider might make the difference between choosing safe and effective pain management strategies, such as over-the-counter analgesics and saltwater rinses, and choosing riskier pain management strategies, such as liquor/alcohol consumption or pain medication prescribed for other purposes.

State of Oral Health Equity in America

In CareQuest Institute for Oral Health's 2022 State of Oral Health Equity in America (SOHEA) survey, individuals were asked questions about their oral health and whether they had used any type of home remedy to help alleviate oral health symptoms in the past 12 months. More than half of survey respondents affirmed that they experienced one or more oral health symptoms in the last year (n=3,116, 55.4%). Of those who experienced an oral health symptom in the last year, half responded "yes" when asked if they used one or more home remedies to manage pain, infection, or other oral health issues (n=1562, 50.2%). Respondents were presented with the following response options for the type of home remedy used:

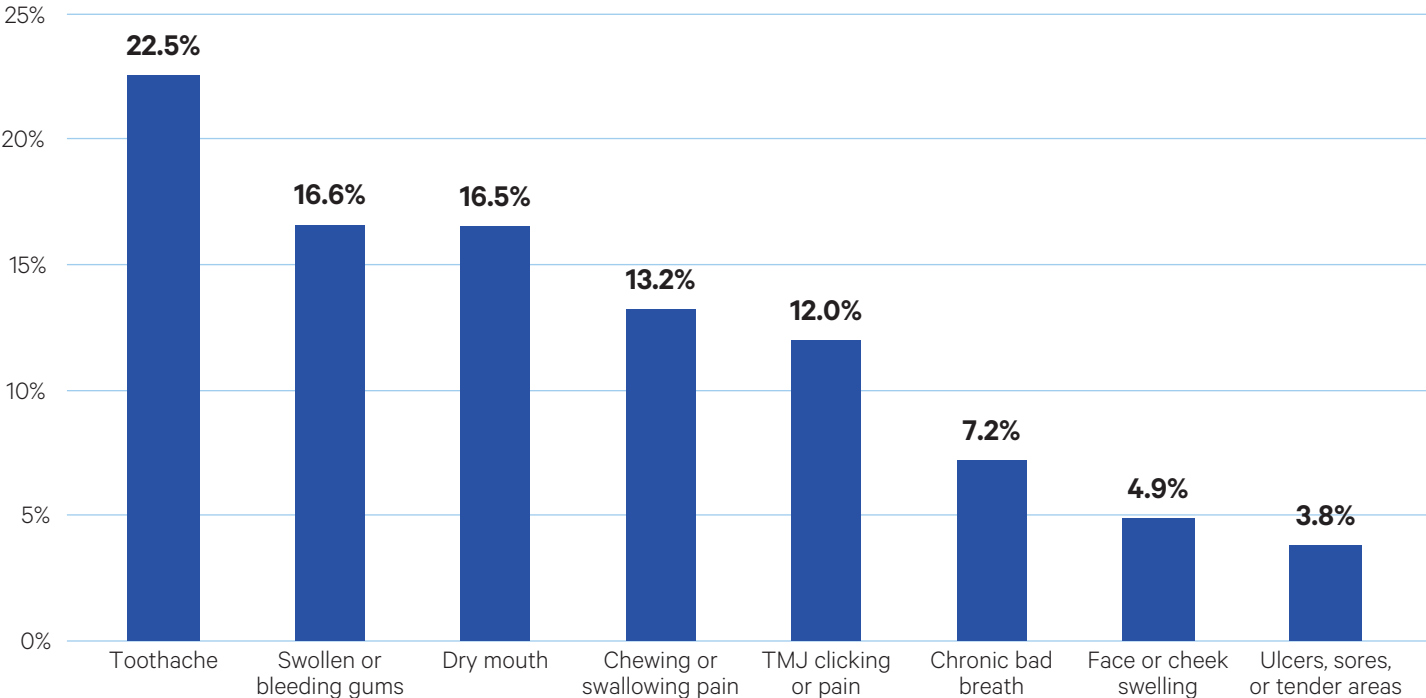
saltwater gargle, hydrogen peroxide rinse, clove oil, temporary filling paste, garlic poultice, tobacco poultice, aspirin powder, over-the-counter pain medication, over-the-counter numbing agents, pain medication prescribed for another purpose, liquor/alcohol, illegal narcotics, a needle to lance a gum abscess, heat compress, or cold compress. Findings derived from this survey confirm that patient demographics, social determinants of health, overall health, and oral hygiene home care are linked to experiencing oral health symptoms and the need for home remedies to relieve dental pain or discomfort. Having a dental home where safe and effective home care guidance is offered may prevent individuals from using unsafe home remedies.

Oral Health Symptoms

When participants were asked, "In the last twelve months, have you ever had any of the following symptoms: swollen or bleeding gums; pain when you chew or swallow; chronic bad breath; a toothache; cracked or broken teeth; swelling of the face or cheek; clicking of the jaw or temporomandibular joint

(TMJ); frequent dry mouth; and ulcers, sores, or tender areas in the mouth that don't heal on their own; none; and don't know," more than half (54.8%) reported that they had experienced one or more oral health symptoms.

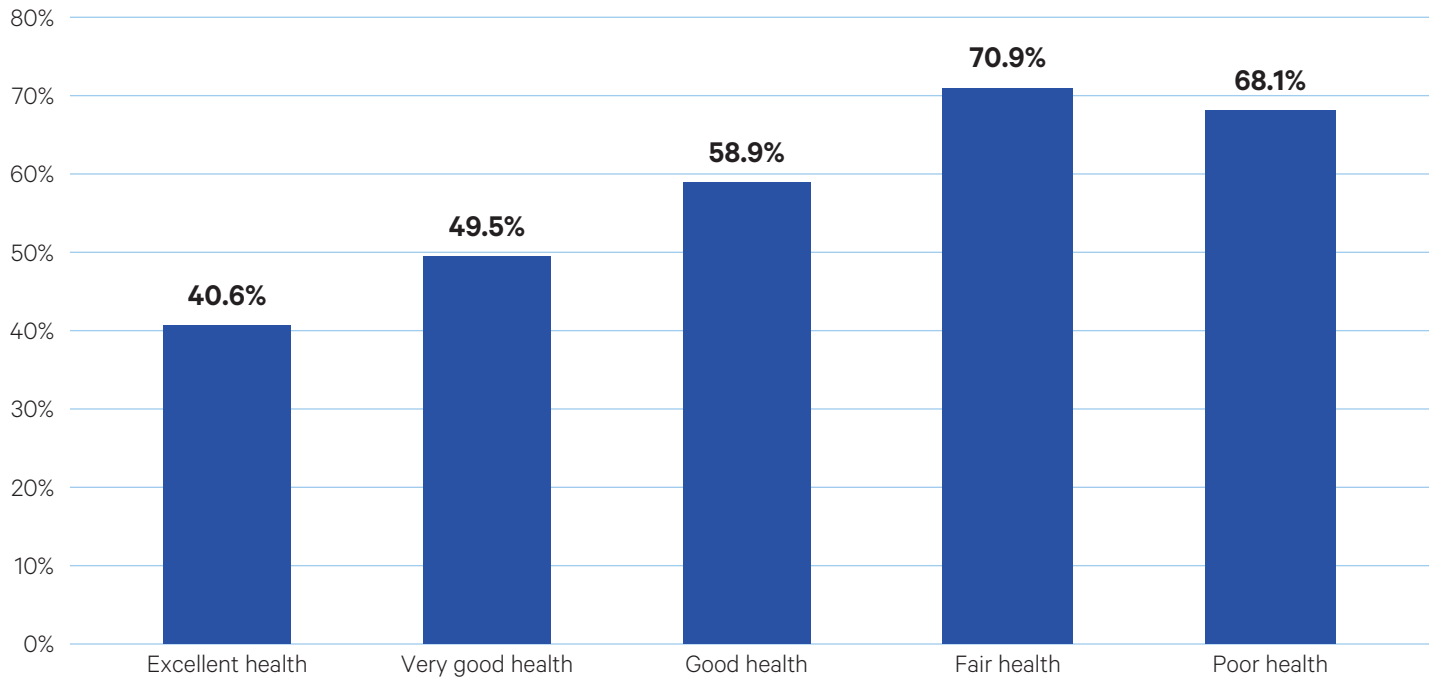
Oral Health Symptom(s) in Last Year



The frequency of experiencing oral health symptoms decreased with age, with 63.2% of 18–29-year-olds saying they had experienced at least one oral symptom in the last year,

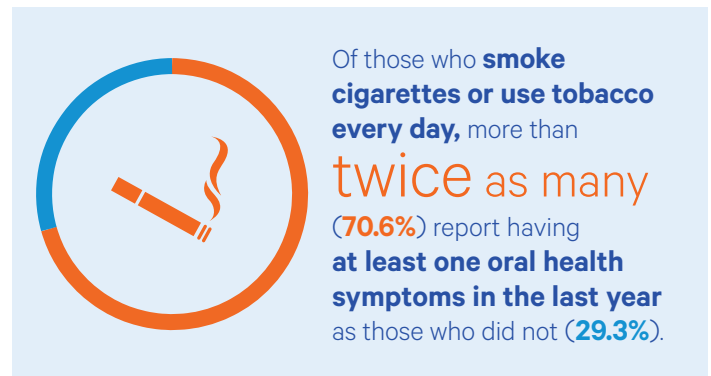
compared with 57.6% of 30–44-year-olds; 53.9% of 45–59-year-olds; and 47.6% of 60+-year-olds.

Overall Health Compared with Oral Health Symptoms



Study participants' overall health strongly correlated with oral health symptoms. Those with poor (68.1%) or fair (70.9%) overall health had the highest proportion of oral health symptoms, compared with those who reported overall health that was excellent (40.6%), very good (49.5%), or good (58.9%).

Of those who smoke cigarettes or use tobacco every day, more than twice as many (70.6%) reported having at least one oral health symptom in the last year as those who did not (29.3%).



Overall Home Remedy Use

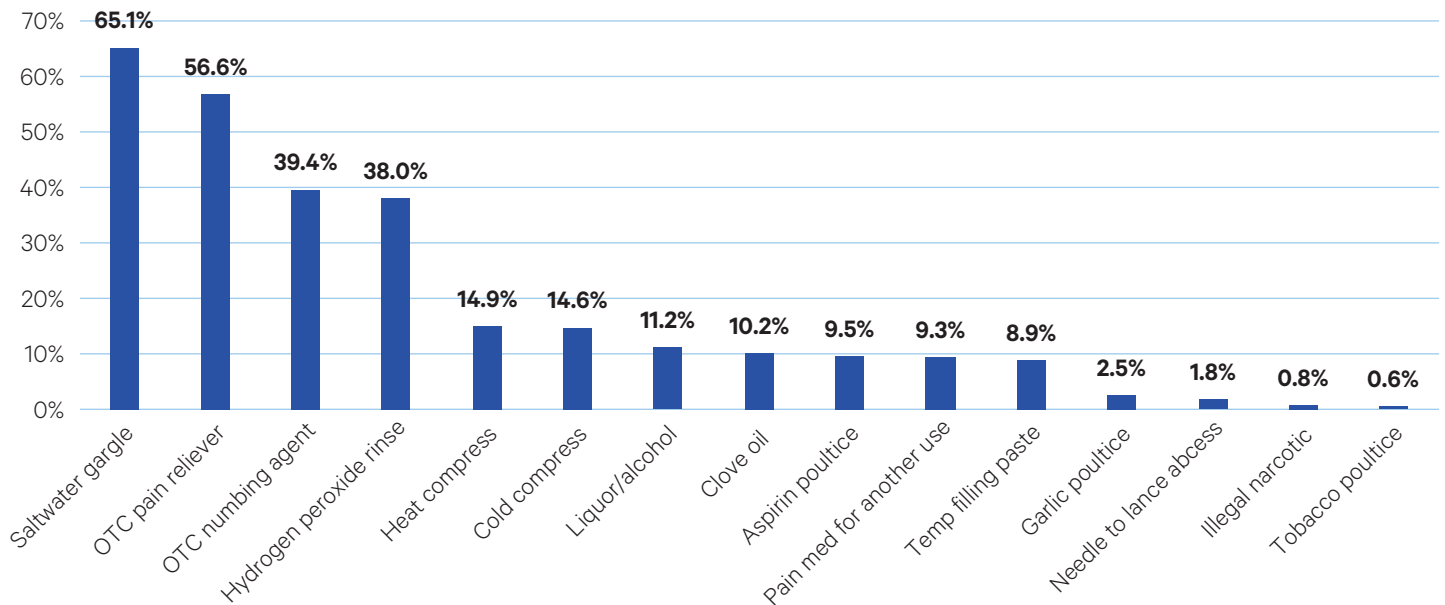
When a person experiences oral health pain, their first line of action may be to try a home remedy to ease the discomfort. This report found half of adults who experienced an oral health problem in the last 12 months used a home remedy for this problem (50.2%). Differences in the use of home remedies that were noted across different sociodemographic groups may suggest difficulties in accessing optimal health care for many individuals.

Home remedies that were most often used included saltwater

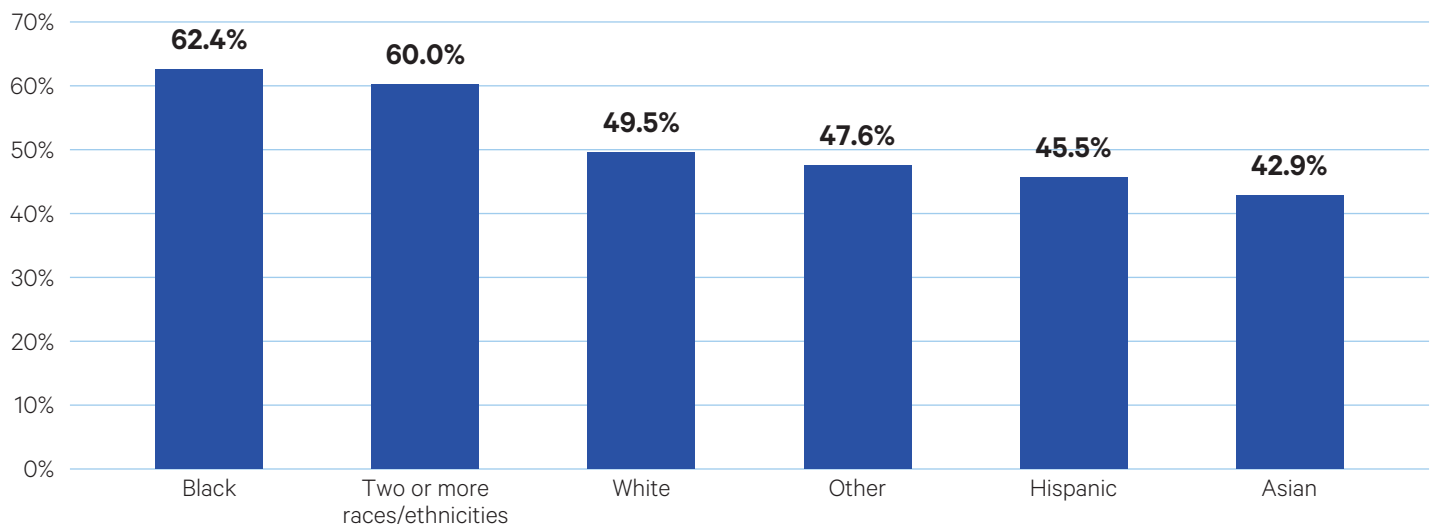
gargle (65.1%), over-the-counter pain reliever (56.6%), over-the-counter numbing agent (39.4%), and hydrogen peroxide rinse (38%), while the least common remedies used included garlic poultice (2.5%), using a needle to lance a gum abscess (1.8%), illegal narcotic (0.8%), and tobacco poultice (0.6%).

Individuals who identified as Black (62.4%) and as two or more races/ethnicities (60.0%) reported they used a home remedy for oral health symptoms more often than individuals identifying as white (49.5%), Hispanic (45.5%), Asian (42.9%), or “other” (47.6%).

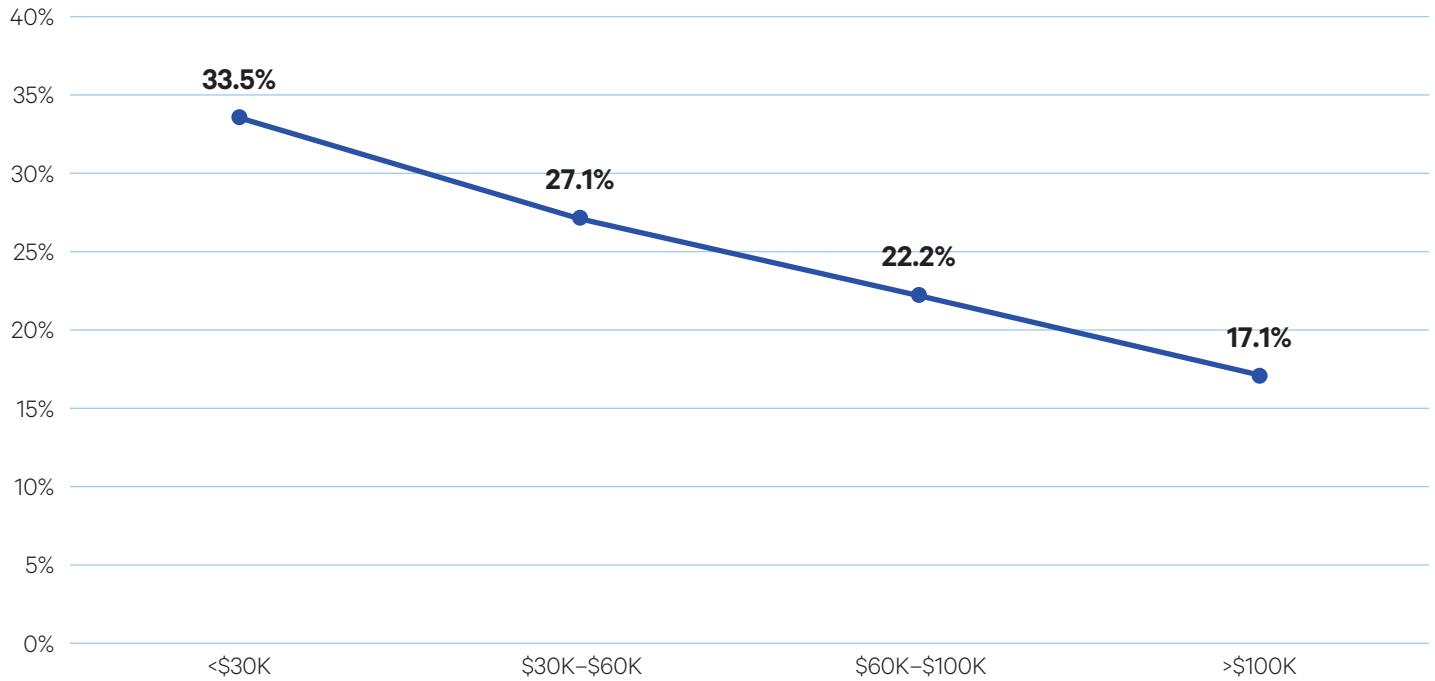
Home Remedies Used



Home Remedy Use by Race/Ethnicity



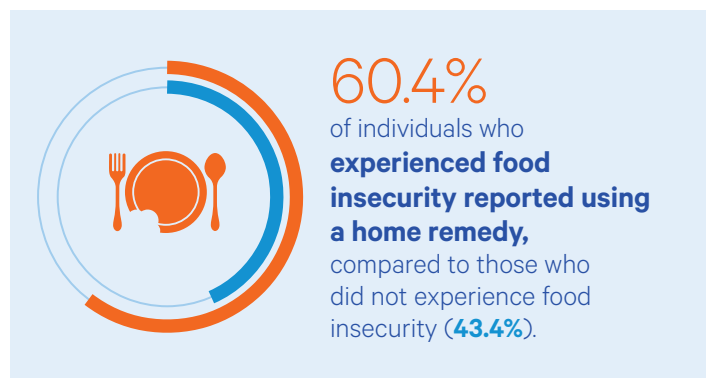
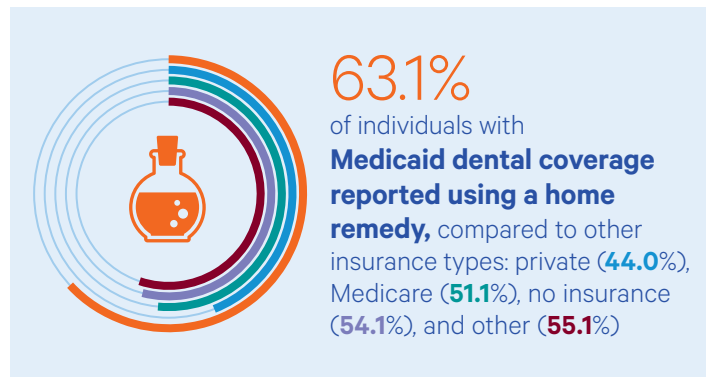
Home Remedy Use Compared with Annual Income



An inverse relationship can be seen between oral health symptoms and annual income. Those with an income of less than \$30,000 (33.5%) had the highest proportion of using home remedies for oral health symptoms, followed by those with an income of \$30,000–\$60,000 (27.1%), then those with an income of \$60,000–\$100,000 (22.2%), and, finally, those with an income of more than \$100,000 (17.1%).

Individuals with Medicaid dental coverage reported using a home remedy (63.1%) more often than those with other insurance types: private (44.0%), Medicare (51.1%), no insurance (54.1%), and other (55.1%).

Individuals who experienced food insecurity reported using a home remedy (60.4%) more often than those who did not experience food insecurity (43.4%).



Types of Home Remedies: Safe Versus Dangerous

Not all home remedies are equally safe or effective. For analysis of home remedy utilization, responses were categorized as either safe or dangerous. A “safe” home remedy is defined as temporarily effective for providing pain relief without exacerbating the oral condition or causing additional pain or infection and might be recommended by an oral health professional as a temporary solution to an oral health symptom. A “dangerous” home remedy is defined as a home remedy that is not proven effective, has the potential to have adverse systemic or oral health effects, and would not be recommended by an oral health provider. The “safe” category includes saltwater rinse, hydrogen peroxide rinse, clove oil, temporary filling paste, over-the-counter analgesics, garlic poultice, heat compress, cold compress, and over-the-counter numbing agents (e.g., Orajel). The “dangerous” category includes tobacco poultice, pain medication prescribed for another purpose, illegal narcotics, a needle to lance a gum abscess, aspirin powder applied to the gums, and alcohol/spirits.

Three-quarters of the home remedies used by survey respondents to relieve an oral health symptom are considered safe for short-term use (75%), while one-quarter of home remedies used to relieve an oral health symptom are considered dangerous (25%).

Compared with other age groups, those in the 30–44 age category were 13% more likely to use dangerous home remedies.

Those who had not had a dental visit in the last two years were 10% more likely to use dangerous home remedies than those who had a dental visit within the last year.

Those who smoke daily (41.9%) or on some days (43.9%) reported having used one or more dangerous home remedies twice as often as those who do not smoke at all (21.6%).

Americans who do not routinely seek care from an oral health provider may be more likely to turn to home remedies that may or may not be effective for managing pain and discomfort related to toothaches, cracked or broken teeth, swollen or bleeding gums, or other oral health issues. A dental home can be an important resource when needing guidance on how to best manage dental pain or discomfort until further evaluation and follow-up care from a dental provider is possible.



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Methodology

The study was designed by CareQuest Institute for Oral Health. Results were collected by NORC at the University of Chicago in January–February 2022 from adults 18 and older on the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the United States (US) household population. Randomly selected US households were sampled using area probability and address-based sampling, with a known, nonzero probability of selection from NORC National Sample Frame. Sampled households were contacted by US mail, telephone, and field interviewers. A sampling unit of 17,603 was used, with a final sample size of 5,682 and a final weighted cumulative response rate of 4.0%. All data presented account for appropriate sample weights. The margin of error for the survey is 1.75%. All results presented are statistically significant at the $p < 0.05$ level.

Respondents to the 2022 round of the survey were included in the analysis if they answered “yes” to the question, “In the last twelve months, have you ever had any of the following symptoms: swollen or bleeding gums; pain when you chew or swallow; chronic bad breath; a toothache; cracked or broken

teeth; swelling of the face or cheek; clicking of the jaw or temporomandibular joint (TMJ); frequent dry mouth; ulcers, sores, or tender areas in the mouth that don’t heal on their own; none; and don’t know.” An affirmative response prompted the next question: “Did you use any at home remedies to manage pain, infection, or other issues in your mouth?” Response options included saltwater gargle; hydrogen peroxide rinse; clove oil; temporary filling paste; garlic poultice; tobacco poultice; aspirin powder; over-the-counter pain medication that you swallow (e.g., Advil or Tylenol); over-the-counter numbing agent like Orajel; pain medication that was prescribed for another purpose; liquor/alcohol; cannabis/marijuana; heroin, cocaine, fentanyl, or other illicit substance; a needle to lance a gum boil/abscess; activated charcoal/carbon; heat compress; cold compress; other; don’t know; skipped; and refused.

While the cross-sectional nature of these data does not allow for causal conclusions to be drawn, future research should focus on examining underlying factors (e.g., insurance coverage, demographic factors, and other socioeconomic factors) that may help further explain these findings.

CareQuest Institute for Oral Health

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