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A SURVEY BASED ON AWARENESS ABOUT OIL PULLING AMONG STUDENTS

Ms.Rakeshwari.M,Mrs.P.Kanneshwari

Assistant Professor, Assistant Professor

Department of Food science and Nutrition

Dr.N.G.P Arts and Science College ,Coimbatore ,Tamil Nadu ,India

ABSTRACT

Mouth is considered as the mirror of general health in human body. Oral cavity harbors billions of microorganisms, and some of these contribute to the development of Oral problems and other systemic diseases like Cardiovascular diseases, diabetes mellitus ,etc .Oral health and general health is interrelated so its important to maintain oral health of an individual. In order to improve oral hygiene and general health oil pulling is used as ayurvedic therapy. The main purpose of the study is to evaluate the knowledge about oil pulling among the students and to educate them. The study was conducted at Dr.N.G.P Arts and science college, Coimbatore .About 200 Subjects were evaluated, out of this 58.5% are boys and 41.5% are girls. A pre-tested self-structured questionnaire was used for pre and post assessment. Only 6% of the subjects are aware about the oil pulling .So the study has been initiated and the subjects were educated using various educational tools to improve the knowledge of the subjects .The study has been concluded that 83.1% significant increases in knowledge of Oil pulling and its benefits among the subjects .The education program helps to improve the oral hygienic practices and the quality of life.

INDEX TERMS: Oil pulling ,Oral problems ,General health ,Education program.

INTRODUCTION

Oil pulling is an ancient ayurvedic therapy for maintaining oral hygiene. Oils for oil pulling are easily available in household. Oil pulling is mentioned in the ayurvedic text **Charak samhita** and **Sushruta samhita** as '**Kavala graham**' or '**KavalaGandoosha**'. In Gandoosha mouth is completely filled with oil such that gargling is impossible whereas in **Kavala Graha** comfortable lesser quantities of oil is used such that gargling is impossible whereas in kavala graha comfortable lesser quantities of oil is used such that gargling is possible. (Vagish kumar L. Shanbhag,2016)

The benefits of oil pulling are not limited to the oral cavity. In fact, according to ancient Indian Ayurveda text, oil pulling can be used for the prevention and treatment of more than 30 different diseases, which vary from headaches, migraines, thrombosis, and eczema; to fatal diseases such as diabetes and asthma. exhibits systemic effects of oil pulling. (Mustafa Naseem.,*et al*,-sept 2017)

Oil pulling is performed preferably in the morning on an empty stomach. One tablespoon (approximately 10 ml), of sesame oil, being the recommended dose for adults is sipped, and swished between

the teeth for a duration of approximately 15-20 min and spat out. Swishing the oil for the recommended duration in the oral cavity changes the viscosity of the oil, which turns milky white with a thin consistency. Swallowing the oil should be avoided as it may have toxins and bacteria, which are harmful to general health. This should be followed by rinsing, conventional tooth brushing and flossing. The practice should preferably be performed 3 times daily for acute diseases. While there are no suggested contraindications, it is not advisable for children below the age of 5 years to perform oil pulling. (Mustafa Naseem., *et al*, -sept 2017)

OBJECTIVE

- To examine the knowledge about oil pulling among students.
- To conduct the education program about oil pulling.
- To evaluate the knowledge after the awareness program.

RESEARCH APPROACH

This is based on quantitative research approach .The quantitative research approach means which emphasis objective measurement and statistical mathematical or analysis of data collecting through survey questionnaires or by manipulating pre-existing statistical data using computational techniques .Quantitative research focuses on gathering numerical data and generalizing it across group of people or to explain a particular phenomenon.

SETTING OF THE STUDY

Setting is the physical location and condition in which data collection takes place .The students from Dr.N.G.P Arts and Science College at Coimbatore were selected.

SELECTION OF SAMPLE AND SAMPLING TECHNIQUES

Sampling means selecting the group that researches will actually collect data from in research.The subjects were selected based on convenient sampling method. The convenient sampling is a type of non-probability sampling that involves the sample being drawn from the part of population that is close to hand .Since the adolescent group are more to prone oral cavity problems. The permission was taken from the Dean and Heads of the Departments in the college and the total sample size of 200 analyzing both boys and girls within the age group of 19-21 years and questionnaire was distributed.

DATA COLLECTION METHOD

For the present study the data was collected by using questionnaire which consists of background information and other questions related to oil pulling such as term, method of doing, time of performing oil pulling and benefits of it were included.

PRE ASSESSMENT AND POST ASSESSMENT

The validated questions were administered to the participating subjects and the willingness of the participants were enquired before proceeding. A total of 10-15 minutes was given to each subjects to record their response. The participants marked their responses and returned their filled questionnaire. After conducting the education programme the post assessment was conducted to assess the levels of knowledge gained. The post assessment questionnaire is distributed to the participants .A total of 10-15 minutes was given to each subjects to record their response and the marked responses were collected.

The data was analyzed by using descriptive and inferential statistics with the help of software (SPSS version 2.0)

RESULTS AND DISCUSSION

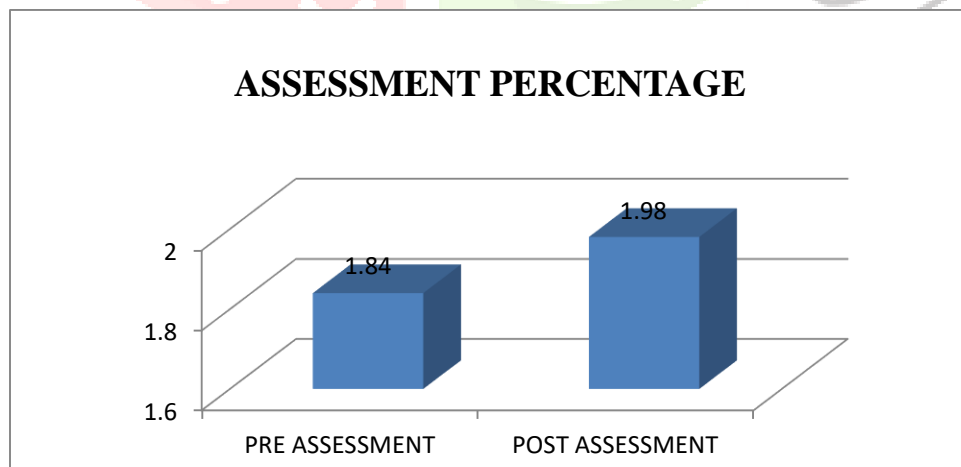
In this present study it is inferred the college going adolescent group from Dr.N.G.P Arts and Science College at Coimbatore, where 117 are boys and 83 are girls. Among 200 subjects, 113 were 19 years, 52 are 20 years and 35 of them are 21 years. Majority of the subjects not known the term oil pulling in pre assessment only 6% knows in pre assessment and 88.5% are aware in post assessment after the education program. Only 2.5% of the subjects knows the method of doing oil pulling and after education program 85.5% of them knows the method. About 82.5% subjects are interested to perform oil pulling after the education program. The study was consolidated based on the pre assessment and post assessment by means of “t” test .The mean and standard deviation values are calculated for pre and post assessment .The value seems to be 1.84 ± 3.05 for pre assessment and 1.98 ± 13.19 for post assessment.

OVERALL ASSESSMENT RESULT

Knowledge criteria	Mean \pm S.D	‘t’ value	Percentage difference
Pre assessment	1.84 ± 3.05	0.88	82.5%
Post assessment	1.98 ± 13.19		

Table-1

The table-1 reports the overall result obtained due to the survey study done among 200 adolescents. The study was consolidated based on the pre test and post test knowledge assessment by means of paired ‘t’ test. The mean and standard deviation values are calculated for pre and post assessment .The value seems to be 1.84 ± 3.05 for pre assessment and 1.98 ± 13.19 for post assessment. The percentage difference is about 82.5% ,this shows the significant increases in knowledge at post assessment.



CONCLUSION

The findings led to the conclusion that the students have deficient knowledge in oral hygiene therapy-oil pulling. The positive result of this study demonstrate the feasibility of implementing a health education programme on oil pulling among adolescents 19 -21 years .The intervention produced significant positive changes in knowledge about oral hygiene practices among adolescents .This concludes the education intervention can bring about many changes.

REFERENCE

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