

KETOGENIC DIET IN DENTISTRY

¹Vaishnavi Vinod, ²Sumaiya Ayub Shaikh, ³Farheen Hashim Sidat, ⁴ Renuka Nagarale

¹Undergraduate, Department of Public health Dentistry, M.A. Rangoonwala College of Dental Science and Research Centre, Pune, Maharashtra, India.

²Undergraduate, Department of Public health Dentistry, M.A. Rangoonwala College of Dental Science and Research Centre, Pune, Maharashtra, India,

³Undergraduate, Department of Public health Dentistry, M.A. Rangoonwala College of Dental Science and Research Centre, Pune, Maharashtra, India

⁴Professor, Department of Public health Dentistry, M.A. Rangoonwala College of Dental Science and Research Centre, Pune, Maharashtra, India

¹Undergraduate, Department of Public health Dentistry, M.A. Rangoonwala College of Dental Science and Research Centre, Pune, Maharashtra, India.

Abstract: Many people go on lifestyle diets typically to lose weight or to improve their systemic health, but often neglect the effect of these diets on oral health. One of such diet is Ketogenic diets. Ketogenic diets (KDs) are a very low-carbohydrate intake diet, which induces a state of physiological ketosis with increased use of ketone bodies as an energy source. Ketogenic diets (KDs) may be a helpful complement in the prevention of and therapy for several diseases. KD is a popular approach for achieving weight loss and its anti-cariogenic properties, but there is a lack of data with regard to clinical oral parameters. This seems surprising since caries are a process that is fundamentally dependent on digested fermentable carbohydrates. This review is meant to elaborate the effect of keto diet in dentistry and oral health of an individual.

KEYWORDS: Carbohydrates, Dentistry, Ketogenic diet, Oral health

IndexTerms - Component,formatting,style,styling,insert.

INTRODUCTION

Academic interest in the potential of Ketogenic Diets (KD) has grown dramatically in the last few years, with increasing evidence regarding the therapeutical role of KD in a broad range of diseases. Keto diet is short for ketogenic, involves eating a high amount of fat, a moderate amount of protein and very few carbs. While its safety and efficiency were investigated with respect to various anthropomorphic outcomes like body weight, body mass index (BMI), waist circumference; serological outcomes (cholesterol, markers of blood sugar and insulin resistance, etc.), body functions (blood pressure, peak oxygen uptake (VO2peak) and peak power, handgrip strength, etc.) [1,2,3], there is a lack of data with regard to clinical oral parameters. Many people go on lifestyle diets typically to lose weight or to improve their systemic health. However, very few consider the effect of the keto diet on their oral health. Consuming foods that contain high sugar or starch content put teeth at risk for the development of tooth decay. When left untreated, dental caries can cause pain and infection, and ultimately lead to tooth loss. Keto diets are known for its anticariogenicproperties due to decrease in carbohydrate consumption. On the other side, there are aspects of KDs which may have a negative impact on periodontal parameters, such as a possible higher intake of saturated fatty acids or an increase in LDL values [4,5]. Keto diet has proven to be an effective alternative and a dietary boon to patients with epilepsy significantly reducing the occurrence of epileptic incidence in patients. Thus the aim of the present article is to discuss the effects of the ketogenic diet on the oral health and its significance in dentistry.

EFFECT CARBOHYDRATE ON ORAL HEALTH

There are two basic mechanisms suggested as to how processed carbohydrates can lead to an alteration of gingival inflammation by a local and a systemic pro-inflammatory effect. Kashket et al. were able to demonstrate that the supragingival plaque can metabolize processed carbohydrates to short-chain fatty acids, which, in turn, promotes an inflammatory reaction of the gingiva [6]. The systemic effect is thought to be mediated by high blood sugar peaks with an associated oxidative stress increase and the formation of advanced glycation end products [7,8]. However, there is also evidence that carbohydrate consumption significantly alters the plaque formation on both teeth and dental implants [9,10], which also has an impact on gingival inflammation [11]. Since caries and periodontitis are the most common diseases in mankind [12], there is a fundamental need for research in therapeutics.

KETO DIET MECHANISM

In the keto diets, the intake of carbohydrates is reduced so that the body is forced to switch to fatty acid oxidation. This results in ketogenesis thus leading to the formation of keto bodies which are best energy fuel alternates for the body. The ketogenic-diet based on a ketogenic cycle also includes low starch, milk and protein. Ketosis is a biochemical cycle wherein proteins are depleted of carbohydrate intake which is the body's primary supply of sugar. As a consequence, deposits of accumulated fat are decomposed to compounds named ketones [13]. When there is a limit on carbs throughout the system, the fat is decomposed. The liver utilizes 2 pathways to feed the bodies, namely ketogenesis as well as gluconeogenesis. For ketogenic degradation the human diet consists about 70 percent carbohydrate, 25 percent protein and 5 percent carbohydrate [14]. After a human achieves ketosis the cells then use the ketone systems to create energy before the person continues to consume carbohydrates.

BENEFITS OF KETO DIET ON ORAL HEALTH

• PLAQUE REDUCTION

Dental plaque is a complex biofilm that accumulates on the hard tissues (teeth) in the oral cavity. It is generally considered that the foodstuff containing higher degree of fermentable carbohydrates is considered highly cariogenic in nature and therefore can lead to increased plaque build up. In the study performed by Woelber et.al (15) The results showed a trend towards lower plaque values, but with no significant changes from baseline to the end of the study with regard to the clinical periodontal parameters.

• CARIES REDUCTION

Dental caries, widely known as tooth decay, is the most common non-communicable disease worldwide [16, 17]. Dental caries results from carbohydrate fermentation by acid-producing bacteria within the dental biofilm. Bacteria present in the plaque ferment dietary carbohydrates, particularly sucrose, into acids that then cause a decrease in plaque pH adjacent to the tooth surface leading to demineralization of the tooth hard substances, e.g., enamel, dentine and cementum [18]. The elimination of sugar and carbohydrate, may also ameliorate carbohydrate-related problems such as dental caries and periodontal disease.

• EPILEPSY

Epilepsy is one of the most common neurological disorders diagnosed in children (19). It is in the catastrophic epilepsies where the response to AEDs is inconsistent that the ketogenic diet has proven to be an effective treatment strategy. There is accumulating evidence to suggest that this diet has antiepileptogenicproperties that extend beyond its disease-modifying activity. (20). Theketogenic diet mimics biochemical effects of fasting, and thus, it is deficient in most vitamins, minerals, and probably trace elements. (21) A review of the pertinent literature on the complications associated with this dietary intervention that has largely been reported in the form of case reports indicates that most oral and systemic complications are related to a certain deficiency state. (22) Once the condition was investigated and corrective measures instituted, the condition in most of the cases was successfully reversed.

ILL EFFECTS OF KETO DIETS

• DRY MOUTH

Mouth maintains a balanced pH depending on the dietary consumption of a person. When carbohydrates iseliminated from a daily diet, the pH balance in the mouth is naturally thrown off with a steep decreases in phof the mouth. As a result, increased acids in the mouth could cause the mouth to dry out more. A dry mouth can cause a lot of discomfort and eventual increases in dental caries as the dryness prevents bacteria from being washed away with saliva and eventual enamel break down.

• BAD BREATH

Keto breath may include a metallic taste in the mouth that remains for several days. It may also a taste or smell similar to nail polish remover. The process occurs when ketones break down in stomach and rise up toyour mouth. Keto breath does not necessarily cause harm to the teeth but may have an impact on day to day activities especially in social gatherings.

• EFFECT ON ORTHODONTIC TOOTH MOVEMENT

A study showed (23) that after 14 days of orthodontic tooth movement, the amount of tooth movement in the ketogenic group was lesser by approximately half the distance compared to that of the control group. Moreover, the expression of IL-1 β and TNF- α was also lower. Consuming ketogenic diet reduces the expected amount of tooth movement which was evidently shown by a significant lower cytokine expression of IL-1 β and TNF- α than the group under regular diet. This may suggests that ketogenic diet is a contributing factor in delaying the tooth movement during orthodontic treatment.

• OTHER COMPLICATIONS

Complications that might occur are wide ranging, including scurvy leading to persistent bleeding from the gums, (24) changes in platelet function with excessive bruising (25) to more serious conditions such as severe hypoproteinemia, lipemia, renal tubular acidosis, and marked elevation of all liver function tests.(26) It has also been reported that patients on a ketogenic diet exhibit a decrease in bone mass due to disordered mineral metabolism with features of vitamin D deficiency osteomalacia (27) and a definite susceptibility to fractures. (28) The ketogenic diet also causes cardiac complications by different mechanisms that include selenium deficiency (29) and low serum bicarbonate and high beta hydroxybutyrate. These can lead to changes ranging from electrocardiographic abnormalities including QT prolongation to gross pathologically significant anatomical changes such as severe dilatation cardiomyopathy. (30)

RECOMMENDATIONS

- Reduction of carbs and sugars reduce incidence of caries, keto diet can be advised to patients to reduce the risk of caries.
- Keto diet can be recommended to patients with gingivitis to help reduce inflammation and bleeding of the gingiva.
- Erythritol should be recommended as a sugar substitute to patients on keto diet due to its ability to reduce acid and plaque levels in the oral cavity.
- Keto breath can be masked by chewing gum to stimulate salivation.

CONCLUSION

The ketogenic diet is a unique therapeutic modality which has decidedly salutary effects in refractory forms of epilepsy, especially in children. This intervention has profound multiple effects at the biochemical level that are not completely understood and may affect different body systems. This may not only pose a risk in imparting dental care but may inherently affect the manifestation of dental caries and periodontal disease.

REFERENCES

1. Tragni, E.; Vigna, L.; Ruscica, M.; Macchi, C.; Casula, M.; Santelia, A.; Catapano, A.L.; Magni, P. Reduction of Cardio-Metabolic Risk and Body Weight through a Multiphasic Very-Low Calorie Ketogenic Diet Program in Women with Overweight/Obesity: A Study in a Real-World Setting. Nutrients 2021, 13, 1804.

2. Urbain, P.; Strom, L.; Morawski, L.; Wehrle, A.; Deibert, P.; Bertz, H. Impact of a 6-Week Non-EnergyRestricted Ketogenic Diet on Physical Fitness, Body Composition and Biochemical Parameters in Healthy Adults. Nutr.Metab.2017, 14, 17.

3. Burén, J.; Ericsson, M.; Damasceno, N.R.T.; Sjödin, A. A Ketogenic Low-Carbohydrate High-Fat Diet Increases LDL Cholesterol in Healthy, Young, Normal-Weight Women: A Randomized Controlled Feeding Trial. Nutrients 2021, 13, 814.

4. Woelber, J.P.; Tennert, C. Chapter 13: Diet and Periodontal Diseases. Monogr. Oral Sci. 2020, 28, 125–133.

5. O'Neill, B.; Raggi, P. The Ketogenic Diet: Pros and Cons. Atherosclerosis 2020, 292, 119–126.

6. Kashket, S.; Van Houte, J.; Lopez, L.R.; Stocks, S. Lack of Correlation between Food Retention on the Human Dentition and Consumer Perception of Food Stickiness. J. Dent. Res. 1991, 70, 1314–1319.

7. Nyvad, B.; Takahashi, N. Integrated Hypothesis of Dental Caries and Periodontal Diseases. J. Oral Microbiol. 2020, 12, 1710953.

8. Woelber, J.P.; Tennert, C. Chapter 13: Diet and Periodontal Diseases. Monogr. Oral Sci. 2020, 28, 125–133.

9. Harjola, U.; Liesmaa, H. Effects of Polyol and Sucrose Candies on Plaque, Gingivitis and Lactobacillus Index Scores. Observations on Helsinki School Children. ActaOdontol. Scand. 1978, 36, 237–242.

10. Vilarrasa, J.; Peña, M.; Gumbau, L.; Monje, A.; Nart, J. Exploring the Relationship among Dental Caries, Nutritional Habits and Peri-Implantitis. J. Periodontol. 2021, 92, 1306–1316.

11. Löe, H.; Theilade, E.; Jensen, S.B. Experimental Gingivitis in Man. J. Periodontol. 1965, 36, 177-187.

12. Kassebaum, N.J.; Smith, A.G.C.; Bernabé, E.; Fleming, T.D.; Reynolds, A.E.; Vos, T.; Murray, C.J.L.; Marcenes, W.; GBD 2015 Oral Health Collaborators; Abyu, G.Y.; et al. Global, Regional, and National Prevalence, Incidence, and Disability-Adjusted Life Years for Oral Conditions for 195 Countries, 1990–2015: A Systematic Analysis for the Global Burden of Diseases, Injuries, and Risk Factors. J. Dent. Res. 2017, 96, 380–387.

13. Enam, F. and Mansell, T.J.(2019) Prebiotics: Tools to Manipulate Gut Microbiome and Metabolome. Journal of Industrial Microbiology & Biotechnology, 46, 1445-1459.

14. Fan, Y., Hui-Min, M., Hu, G. and Fu-Li, L. (2018) Biosynthesis of Nervonic Acid and Perspectives for Its Production by Microalgae and Other Microorganisms. Applied Microbiology and Biotechnology, 102, 3027-3035.

15. Woelber, J.P.; Tennert, C.; Ernst, S.F.; Vach, K.; Ratka-Krüger, P.; Bertz, H.; Urbain, P. Effects of a NonEnergy-Restricted Ketogenic Diet on Clinical Oral Parameters. An Exploratory Pilot Trial. Nutrients 2021, 13, 4229

16. Arantes R., Welch J.R., Tavares F.G., Ferreira A.A., Vettore M.V., Coimbra C.E.A., Jr. Human ecological and social determinants of dental caries among the Xavante Indigenous people in Central Brazil. PLoSONE. 2018;13:e0208312.

17. World Health Organization .Sugar and Dental Caries. 2017. Contract No.: WHO/NMH/NHD/17.12. World Health Organization; Geneva, Switzerland: 2017.

18. Shokouhi E.B., Razani M., Gupta A., Tabatabaei N. Comparative study on the detection of early dental caries using thermo-photonic lock-in imaging and optical coherence tomography. Biomed. Opt. Express. 2018;9:3983–3997.

19. Cantlebury MH, Velišek L, Moshé SL. Catastrophic epilepsies of infancy: From bedside to the bench and back. Neurology Asia 2007;12(Suppl 1):7-9

20. Gasior M, Rogawski MA, HartmaN AL. Neuroprotective and disease-modifying effects of the ketogenic diet. BehavPharmacol 2006;17:431-9

21. Bergqvist AG, Chee CM, Lutchka L, Rychik J, Stallings VA. Selenium deficiency associated with cardiomyopathy: A complication of the ketogenic diet. Epilepsia 2003;44:618-20

22. Schwartz RH, Eaton J, Bower BD, Ynsley-Green A. Ketogenic diets in the treatment of epilepsy: Shorttermclinical effects. Dev Med Child Neurol 1989;31:145-51

23. Talebi E, Silvosa-Antes JM, Alsadig MA, Chen HM, Estomaguio GA. Inhibitory effect of short-term ketogenic diet on cytokine expression during orthodontic movement in a rat model. Orthodontic Waves. 2021 Apr 3;80(2):71-9.

24. Willmott NS, Brayan RA. Case report: Scurvy in an epileptic child on a ketogenic diet with oral complications. Eur Arch Paediatr Dent 2008;9:148-52

25. Berry-Kravis E, Booth G, Taylor A, Valentino LA. Bruising and the ketogenic diet: Evidence for dietinduced changes in platelet function. Ann Neurol 2001;49:98-103.

26. Ballaban-Gil K, Callahan C, O'Dell C, Pappo M, Moshé S, Shinnar S. Complications of the ketogenic diet. Epilepsia 1998;39:744-8

27. Hahn TJ, Halstead LR, DeVivo DC. Disordered mineral metabolism produced by ketogenic diet therapy. Calcif Tissue Int 1979;28:17-22

28. Groesbeck DK, Bluml RM, Kossoff EH.Long-term use of the ketogenic diet in the treatment of epilepsy.Dev Med Child Neurol 2006;48:978-81.

29. Bergqvist AG, Chee CM, Lutchka L, Rychik J, Stallings VA. Selenium deficiency associated with cardiomyopathy: A complication of the ketogenic diet. Epilepsia 2003;44:618-20

30. Best TH, Franz DN, Gilbert DL, Nelson DP, Epstein MR. Cardiac complications in pediatric patients on the ketogenic diet. Neurology 2000;54:2328-30