Impacts of Vitamin D and Calcium Deficiency on Teeth Health and On Bones Growth: Systematic Review

¹Feras Jamal H Alwaznah, ²Salem Ahmed Alghamdi, ³Nabil Abdallah Alqarni, ⁴Ra'ad Omar Alhelfawi, ⁵Moatasem Mohammed Modhish, ⁶Fares jamal H alwaznah

Abstract: Calcium is a crucial nutrient that is associated with many metabolic processes and also the phosphate salts which give mechanical rigidity to the teeth and bones. Calcium deficiency is an international trouble, especially in the aging population. Among numerous nutrients, calcium is one of minority that is still lacking in developed nations such as Japan and also lots of Western nations. Propose of current systematic review that we performed was to evaluate the impact of mainly Calcium deficiency on Oral (teeth) health and on bones growth, and since calcium always connected to vitamin D, we also discuss the impact of Vitamin D, in both manners. we conducted a systematic review study through online databases; PubMed/Medline, Lilacs, Scielo and Cochrane were used crossing the headings; "bone", "teeth, "calcium" Vitamin D"AND" "absorption, deficiency". Previous evidence that correction of Calcium and Vitamin D benefits the growth of the developing fetus bones, although further trials isolating the effects of calcium on fetal growth still need to be conducted. In aged population with calcium deficiency, sufficient calcium intake is necessary to maintain bone and teeth mass. It showed that Calcium and Vitamin D deficiency are statically significant associated with teeth loss and periodontal diseases. Evidence suggested that calcium supplement intake and sun exposure to activate vitamin D are very beneficial for the health of oral bones and to avoid any bone disease.

Keywords: Calcium deficiency, Oral (teeth) health, "calcium", Vitamin D, systematic review.

1. INTRODUCTION

Calcium is a crucial nutrient that is associated with many metabolic processes and also the phosphate salts which give mechanical rigidity to the teeth and bones, where 99% of the body's calcium lives ⁽¹⁾. Calcium deficiency is an international trouble, especially in the aging population. Among numerous nutrients, calcium is one of minority that is still lacking in developed nations such as Japan and also lots of Western nations ⁽²⁾. The calcium in the skeleton has the added function of acting as a book supply of calcium to fulfill the body's metabolic requirements in states of calcium deficiency ⁽³⁾. Calcium shortage is quickly caused due to the required losses of calcium through the bowel, kidneys, and skin. In expanding animals, it could hinder development, hold-up loan consolidation of the skeleton, and in particular circumstances generate rickets however the latter is more frequently as a result of shortage of vitamin D. In adult animals, calcium deficiency triggers mobilization of bone as well as leads eventually to osteoporosis, i.e., a decrease in the "quantity of bone in the bone" or noticeable bone density ^(1,2,3).

High focus of calcium and also phosphate in plaque or saliva might minimize bacterial adhesion to enamel as well as prevent microbial biofilm development ⁽⁴⁾. Greater calcium consumption could also enhance enamel remineralisation, lower demineralization ⁽⁵⁾ and also avoid alveolar bone loss ⁽⁶⁾. Furthermore, casein may protect against caries by decreasing microbial adherence to teeth ⁽⁷⁾. Dairy products item intakes are especially pertinent as these foods are high in calcium, phosphate, as well as casein ⁽⁸⁾. Nonetheless, most populaces eat significantly much less dairy-foods compared to

Vol. 4, Issue 2, pp: (567-571), Month: October 2016 - March 2017, Available at: www.researchpublish.com

are advised for arrangement of sufficient consumption of calcium ⁽⁹⁾. Vitamin D is crucial for calcium absorption ⁽¹⁰⁾, as well as promotes oral health through its effects on bone metabolic rate and also natural immunity ⁽¹¹⁾, regular proof recommends that higher consumption of calcium, dairy-foods and vitamin D are inversely connected with caries and also periodontitis ^(8,11,12), however earlier researches on dairy-foods and also oral health and wellness have not stratified analyses by vitamin D consumption. Nutritional calcium absorption is important for calcium availability for bone mineralization ⁽¹³⁾ and also vitamin D standing is an essential element affecting intestinal calcium absorption ⁽¹⁴⁾.

Objectives:

Propose of current systematic review that we performed was to evaluate the impact of mainly Calcium deficiency on Oral (teeth) health and on bones growth, and since calcium always connected to vitamin D, we also discuss the impact of Vitamin D, in both manners.

2. METHODS

We conducted a systematic review study according to (PRSMA) guideline Screening strategy:

PubMed/Medline, Lilacs, Scielo and Cochrane were used crossing the headings; "bone", "teeth, "calcium" Vitamin D"AND" "absorption, deficiency". After the search, analysis of the title, reading the abstract and finally the complete reading of the articles has been made. We restricted our search for English language studies only, and to human and animals trails.

Authors reviewers made the primary research for titles and abstracts. Afterwards, the same reviewers assessed the full manuscript observing compliance with the inclusion/exclusion criteria or those with insufficient data in the title and abstract. Any disagreement was resolved by discussion between the Authors and an independent reviewer conducted a manual search.

3. RESULTS & DISCUSSION

Impact of Calcium and Vitamin D on dental health:

We identified several studies that were included in our systematic review, and also some research studies showed that the tooth loss has actually been associated with reduced bone mineral thickness in several ^(15,16,17,18). Longitudinal researches of bone mineral status in the jaw (¹⁹⁾ or alveolar bone ⁽²⁰⁾ have actually reported favorable relationships of oral bone loss with bone loss at non-oral skeletal sites. In a 7-year potential research study, rates of bone loss from the hip as well as overall body were more quick in postmenopausal ladies who shed teeth than in females who maintained teeth ⁽²¹⁾. These searchings for suggest that osteoporosis and osteopenia can influence oral bone and dentition status. Randomized, regulated trials have shown that raised consumption of calcium or vitamin D reduces the price of bone mineral loss at such sites as the hip as well as forearm, as well as the complete body ^(22,23,24,25). Osteoporosis-like adjustments in the oral bone of animals have actually been shown to be stopped by a diet plan consisting of a sufficient quantity of calcium or a high calcium to phosphorus ratio ^(26,27,28). Three researches in human beings have analyzed associations between calcium supplements as well as oral bone standing ^(29,30,31). Nonetheless, these research studies were temporary, previously owned little example dimensions, and also likely had poor power to review the impact of supplements on the threat of tooth loss. As a result, the advantages of boosted intakes of calcium and vitamin D on tooth retention are unidentified.

We consisted of one Randomized Controlled Trial ⁽³²⁾ that was performed to identify if the danger of missing teeth differed amongst senior subjects who were randomly designated supplements of calcium and vitamin D compared with subjects offered a sugar pill, adjusting for aspects that relate to missing teeth, and also their results sustain a relationship between calcium as well as vitamin D intake and the risk of tooth loss. During the randomized test and also follow-up duration, ordinary calcium and vitamin D levels in the greater consumption groups estimated the dietary referral consumption values for adults in the United States, which are 1000 to 1200 mg of calcium and also 400 to 600 IU of vitamin D ⁽³²⁾.

After readjusting for age as well as smoking cigarettes condition, there was an inverted association between calcium intake degree (from diet plan only) as well as the odds of having periodontal disease (specified as mean gum accessory loss 1.5 mm or greater) among more youthful adults. The chances virtually increased in both women and males whose calcium intake was below 800 mg per day family member to a higher consumption.

Vol. 4, Issue 2, pp: (567-571), Month: October 2016 - March 2017, Available at: www.researchpublish.com

Impact of Calcium on Bone development:

In the few research studies that have been performed to figure out the impact of mother's calcium nutritional standing on fetal development, results have typically reported bigger birthweights connected with supplementation ^(34,35,36,37,38,39). In the Cochrane testimonial of hypertensive disorders of pregnancy published in 2000, six of 9 randomized professional trials showed neonates with bigger birthweights in calcium-supplemented mothers compared to mommies who did not obtain supplementation, with distinctions in birthweight reaching statistical importance in 2 of these tests ^(34,39). Surprisingly, both research studies reporting considerable differences were performed in populaces anticipated to profit more from calcium supplementation either due to extremely reduced common consumption (India) or due to the raised calcium needs in teenagers (US). Much more recent proof has highlighted the benefits of calcium supplements on fetal development in women with low calcium consumption in tests exploring its protective impacts against problems of severe pre-eclampsia ⁽⁴⁰⁾. Nonetheless, extra recent data have recommended that these results may be additional to extending gestation rather than the straight effects of calcium on the development of the creating unborn child ⁽⁴¹⁾.

Troubles in separating the results of calcium were highlighted in trials conducted in Asian ladies with low nutritional calcium consumption and apparel practices that limited exposure to the sunlight ⁽⁴²⁾. This constraint of sun exposure, and as a result of Vitamin D leads to a negative result of calcium absorption from the intestinal tract. In spite of the associated enhancement in fetal growth, ⁽⁴²⁾ bone density ⁽⁴³⁾ and also calcium homeostasis ^(44,45,46) seen in non-randomized researches entailing calcium and/or Vitamin D supplements, proof remained scant until a 10-year retrospective study conducted in 1120 expectant African American adolescents in 2003 located a significant organization between mother's dairy products consumption and fetal thigh growth ⁽⁴⁷⁾.

4. CONCLUSION

Previous evidence that correction of Calcium and Vitamin D benefits the growth of the developing fetus bones, although further trials isolating the effects of calcium on fetal growth still need to be conducted. In aged population with calcium deficiency, sufficient calcium intake is necessary to maintain bone and teeth mass. It showed that Calcium and Vitamin D deficiency are statically significant associated with teeth loss and periodontal diseases. Evidence suggested that calcium supplement intake and sun exposure to activate vitamin D are very beneficial for the health of oral bones and to avoid any bone disease.

REFERENCES

- [1] Emkey RD1, Emkey GR. Calcium metabolism and correcting calcium deficiencies. Endocrinol Metab Clin North Am. 2012 Sep;41(3):527-56.
- [2] Nordin BE. Calcium and osteoporosis. Nutrition. 1997 Jul-Aug;13(7-8):664-86.
- [3] Fujita T. Calcium paradox: consequences of calcium deficiency manifested by a wide variety of diseases. J Bone Miner Metab. 2000;18(4):234-6.
- [4] Danielsson NL, Hernell O, Johansson I. Human milk compounds inhibiting adhesion of mutans streptococci to host ligand-coated hydroxyapatite in vitro. Caries Res. 2009;43:171–178. doi: 10.1159/000213888.
- [5] Ferrazzano GF, Cantile T, Quarto M, Ingenito A, Chianese L, Addeo F. Protective effect of yogurt extract on dental enamel demineralization in vitro. Aust Dent J. 2008;53:314–319. doi: 10.1111/j.1834-7819.2008.00072.x.
- [6] Krall EA, Wehler C, Garcia RI, Harris SS. wson-Hughes B. Calcium and vitamin D supplements reduce tooth loss in the elderly. Am J Med. 2001;111:452–456. doi: 10.1016/S0002-9343(01)00899-3.
- [7] Llena C, Forner L, Baca P. Anticariogenicity of casein phosphopeptide-amorphous calcium phosphate: a review of the literature. J Contemp Dent Pract. 2009;10:1–9.
- [8] Merritt J, Qi F, Shi W. Milk helps build strong teeth and promotes oral health. J Calif Dent Assoc. 2006;34:361–366.
- [9] Fulgoni VL III, Huth PJ, DiRienzo DB, Miller GD. Determination of the optimal number of dairy servings to ensure a low prevalence of inadequate calcium intake in Americans. J Am Coll Nutr. 2004;23:651–659. doi: 10.1080/07315724.2004.10719407.

Vol. 4, Issue 2, pp: (567-571), Month: October 2016 - March 2017, Available at: www.researchpublish.com

- [10] Christakos S, Dhawan P, Porta A, Mady LJ, Seth T. Vitamin D and intestinal calcium absorption. Mol Cell Endocrinol. 2011;347:25–29. doi: 10.1016/j.mce.2011.05.038.
- [11] Dixon D, Hildebolt CF, Miley DD, Garcia MN, Pilgram TK, Couture R, Anderson SC, Civitelli R. Calcium and vitamin D use among adults in periodontal disease maintenance programmes. Br Dent J. 2009;206:627–631. doi: 10.1038/sj.bdj.2009.519.
- [12] Grant WB, Boucher BJ. Are Hill's criteria for causality satisfied for vitamin D and periodontal disease? Dermatoendocrinol. 2010;2:30–36. doi: 10.4161/derm.2.1.12488.
- [13] Ross CA, Taylor CL, Yaktine AL, Del Vale HB. Dietary Reference Intakes for Calcium and Vitamin D. Washington D.C: Institute of Medicine; The National Academies Press; 2011.
- [14] Gueguen L, Pointillart A. The bioavailability of dietary calcium. J Am Coll Nutr. 2000;19:119S–136S. doi: 10.1080/07315724.2000.10718083.
- [15] Mohammad AR, Bauer RL, Yeh CK. Spinal bone density and tooth loss in a cohort of postmenopausal women. Int J Prosthodont. 1997;10:381–385.
- [16] May H, Reader R, Murphy S, Khaw KT. Self-reported tooth loss and bone mineral density in older men and women. Age Ageing. 1995; 24:217–221.
- [17] Krall EA, Dawson-Hughes B, Papas A, Garcia RI. Tooth loss and skeletal bone density in healthy postmenopausal women. Osteoporos Int. 1994;4:104–109.
- [18] Daniell HW. Postmenopausal tooth loss. Contributions to edentulism by osteoporosis and cigarette smoking. Arch Intern Med. 1983;143:1678–1682.
- [19] von Wowern N. Bone mineral content of mandibles: normal reference values—rate of age-related bone loss. Calcif Tissue Int. 1988; 43:193–198.
- [20] Payne JB, Reinhardt RA, Nummikoski PV, Patil KD. Longitudinal alveolar bone loss in postmenopausal osteoporotic/osteopenic women. Osteoporos Int. 1999;10:34–40.
- [21] Krall EA, Garcia R, Dawson-Hughes B. Increased risk of tooth loss is related to bone loss at the whole body, hip and spine. Calcif Tissue Int. 1996;59:433–437.
- [22] Dawson-Hughes B, Harris SS, Krall EA, Dallal GE. Effect of calcium and vitamin D supplementation on bone density in men and women 65 years of age or older. N Engl J Med. 1997;337:670–676.
- [23] Chevally T, Rizzoli R, Nydegger V, et al. Effects of calcium supplements on femoral bone mineral density and vertebral fracture rate in vitamin D-replete elderly patients. Osteoporos Int. 1994;4: 245–252.
- [24] Prince R, Devine A, Dick I, et al. The effects of calcium supplementation (milk powder or tablets) and exercise on bone density in postmenopausal women. J Bone Miner Res. 1995;10:1068–1075.
- [25] Dawson-Hughes B, Dallal GE, Krall EA, et al. A controlled trial of the effect of calcium supplementation on bone density in postmenopausal women. N Engl J Med. 1990;323:878–883.
- [26] Bissada NF, DeMarco TJ. The effect of a hypocalcemic diet on the periodontal structures of the adult rat. J Periodontol. 1974;45: 739–745.
- [27] Oliver WM. The effect of deficiencies of calcium, vitamin D or calcium and vitamin D and of variations in the source of dietary protein on the supporting tissues of the rat molar. J Periodontol Res. 1969;4:56–69.
- [28] Ferguson HW, Hartles RL. The effects of diets deficient in calcium or phosphorus in the presence and absence of supplements of vitamin D on the secondary cementum and alveolar bone of young rats. Arch Oral Biol. 1964;9:647– 658.
- [29] Uhrbom E, Jacobson L. Calcium and periodontitis: clinical effect of calcium medication. J Clin Periodontol. 1984;11:230–241.
- [30] Krook L, Lutwak L, Whalen JP, et al. Human periodontal disease. Morphology and response to calcium therapy. Cornell Vet. 1972; 62:32–53.

Vol. 4, Issue 2, pp: (567-571), Month: October 2016 - March 2017, Available at: www.researchpublish.com

- [31] Spiller WF. A clinical evaluation of calcium therapy for periodontal disease. Dent Dig. 1971;77:522–526.
- [32] Krall EA1, Wehler C, Garcia RI, Harris SS, Dawson-Hughes B. Calcium and vitamin D supplements reduce tooth loss in the elderly. Am J Med. 2001 Oct 15;111(6):452-6.
- [33] Nishida M, Grossi SG, Dunford RG, et al. Calcium and the risk for periodontal disease. J Periodontol. 2000;71:1057–1066.
- [34] Villar J, Repke JT. Calcium supplementation during pregnancy may reduce preterm delivery in high-risk populations. American Journal of Obstetrics and Gynecology 1990; 163:1124–1131.
- [35] Lopez-Jaramillo P, Delgado F, Jacome P, Teran E, Ruano C, Rivera J. Calcium supplementation and the risk of preeclampsia in Ecuadorian pregnant teenagers. Obstetrics and Gynecology 1997; 90:162–167.
- [36] Lopez-Jaramillo P, Narvaez M, Felix C, Lopez A. Dietary calcium supplementation and prevention of pregnancy hypertension. Lancet 1990; 335:293.
- [37] Lopez-Jaramillo P, Narvaez M, Weigel RM, Yepez R. Calcium supplementation reduces the risk of pregnancyinduced hypertension in an Andes population. BJOG 1989; 96:648–655.
- [38] Sanchez-Ramos L, Briones DK, Kaunitz AM, DelValle GO, Gaudier FL, Walker CD. Prevention of pregnancyinduced hypertension by calcium supplementation in angiotensin II-sensitive patients. Obstetrics and Gynecology 1994; 84:349–353.
- [39] Purwar M, Kulkarni H, Motghare V, Dhole S. Calcium supplementation and prevention of pregnancy induced hypertension. Journal of Obstetrics and Gynaecology Research 1996; 22:425–430.
- [40] Atallah AN, Hofmeyr GJ, Duley L. Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems. Cochrane Database of Systematic Reviews 2000; Issue 3 CD001059.
- [41] Brooke OG, Brown IR, Bone CD, Carter ND, Cleeve HJ, Maxwell JD, et al. Vitamin D supplements in pregnant Asian women: effects on calcium status and fetal growth. British Medical Journal 1980; 280:751–754.
- [42] Raman S, Teoh T, Nagaraj S. Growth patterns of the humeral and femur length in a multiethnic population. International Journal of Gynaecology and Obstetrics 1996; 54:143–147.
- [43] Marya RK, Rathee S, Lata V, Mudgil S. Effects of vitamin D supplementation in pregnancy. Gynecologic and Obstetric Investigation 1981; 12:155–161.
- [44] Watney PJ, Rudd BT. Calcium metabolism in pregnancy and in the newborn. Journal of Obstetrics and Gynaecology of the British Commonwealth 1974; 81:210–219.
- [45] Cockburn F, Belton NR, Purvis RJ, Giles MM, Brown JK, Turner TL, et al. Maternal vitamin D intake and mineral metabolism in mothers and their newborn infants. British Medical Journal 1980; 281:11–14.
- [46] Chang SC, O'Brien KO, Nathanson MS, Caulfield LE, Mancini J, Witter FR. Fetal femur length is influenced by maternal dairy intake in pregnant African American adolescents. American Journal of Clinical Nutrition 2003; 77:1248–1254.