

The Journal of the Michigan Dental Association

Volume 104 | Number 6

Article 3

6-1-2022

The Teacher, Yoga, and the Third Eye

Christopher J. Smiley DDS

Journal of the Michigan Dental Association, csmiley@michigandental.org

Follow this and additional works at: <https://commons.ada.org/journalmichigandentalassociation>



Part of the [Alternative and Complementary Medicine Commons](#), [Community Health and Preventive Medicine Commons](#), [Dental Public Health and Education Commons](#), [Health Communication Commons](#), [Health Law and Policy Commons](#), [Human Resources Management Commons](#), [Interpersonal and Small Group Communication Commons](#), [Leadership Commons](#), and the [Public Health Education and Promotion Commons](#)

Recommended Citation

Smiley, Christopher J. DDS (2022) "The Teacher, Yoga, and the Third Eye," *The Journal of the Michigan Dental Association*: Vol. 104: No. 6, Article 3.

Available at: <https://commons.ada.org/journalmichigandentalassociation/vol104/iss6/3>

This Editorial and News is brought to you for free and open access by the State & Local Dental Publications at ADACommons. It has been accepted for inclusion in The Journal of the Michigan Dental Association by an authorized editor of ADACommons. For more information, please contact commons@ada.org.



By Christopher J. Smiley, DDS
Editor-in-Chief

The Teacher, Yoga, and the Third Eye

Heather, a dental assistant on my team, asked for advice. Parents at her son's elementary school were concerned that a teacher had told the students that fluoride is harmful because it "clogs their third eye." Children were now refusing to drink fluoridated water or use products containing fluoride.

Heather wanted to know if there was an evidence-based approach she could take to resolve the alarm the teacher had created for her son and his classmates. Before I considered her question, I needed to know if her son's concern was about the safety of fluoride or the suggestion that he has a third eye!

What was meant by a third eye and where did the teacher get her information? A quick Google search produced a document from an Australian yoga festival asserting that our brain's pineal gland functions as a third eye that governs extrasensory abilities, intuition, discernment, psychic awareness, and expanded mind capacity. It went on to contend that community water fluoridation clogs these abilities and alters sleep cycles!

I discussed with Heather my critical appraisal of this "yoga article," the bias it showed, and identified its unsupported claims, adding that I wasn't confident how a study could show that individuals from a fluoridated community have decreased psychic awareness. I then referenced literature on the safe and effective use of fluoride that I found on health care database search engines, including PubMed and Epistemonikos.

Presenting the nuances of evidence supporting health care choices can be fraught with challenges, particularly in this instance where the teacher, a trusted, authoritative individual, promotes dubious claims to the students. The reality is that patients of all ages regularly present with challenging beliefs that shape their care choices with "alternative facts," often amplified by social media, and they have difficulty recognizing pseudo-science.

It is equally frustrating to overcome the misinterpretation of personal experiences that seemingly confirm a

patient's wrong conclusions. For example, when Grand Rapids became the first city to adjust fluoride levels in the community water supply, the city water department received calls from anxious citizens complaining that their teeth were falling out because of community water fluoridation. Callers claimed that they had gum sores and that the enamel was peeling off their teeth. These citizens demanded the city quit treating their water with fluoride, convinced that whatever they were experiencing, real or imagined, was related to fluoridation. This happened in 1945 before searchable databases with reliable evidence. Fortunately, city officials quickly assured callers voicing concerns, letting them know that the fluoridation initiative had not yet begun! Local newspapers reported the delay in the fluoridation initiative and related the premature calls the water department had received. Callers and their reported conditions immediately disappeared.

Promoting the best evidence isn't always this clear-cut. An evidence-based approach is needed to inform our patients by blending the best scientific evidence with the clinician's expertise and the patient's needs and preferences. Evidence presented must be valid and reliable and include a discussion of aspects of critical appraisal to explain why one study is more valid or reliable than another. It is best to present this information in plain language to allow our patients to make the best choices informed by the best evidence. We are obligated to provide care supported by the evidence, and the courts are looking for the best evidence to guide the standard of care.

Often, all we can do is place the options on the table to inform the patient's decision. A patient-centered approach presents the findings, recommendations, options, and supporting evidence to inform care choices. Patient satisfaction and desired outcomes are achieved by partnering with the patient in an evidence-based approach. Don't rely on intuition and a third eye to develop a treatment plan. ●