



THE ROLE OF ANCIENT HEALERS AND EARLY DENTISTS IN ORAL HEALTH

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ABSTRACT

The history of dentistry is closely linked to the practices of ancient healers and early practitioners who addressed oral diseases using the knowledge, materials, and cultural beliefs of their time. From herbal remedies and ritualistic interventions to primitive extractions, these practitioners laid the foundation for professional dentistry. This study examines the role of ancient healers and early dentists in maintaining oral health, drawing on archaeological evidence, historical texts, and bioarchaeological data. Findings reveal that while treatments were often rudimentary, they were guided by empirical observation, cultural norms, and available technologies. Understanding these early practices provides insight into the evolution of dentistry and the enduring human concern for oral care.

Keywords: Ancient Dentistry, Healers, Oral Health, Archaeology, Early Medical Practice

INTRODUCTION

Oral health has long been a concern for humans, and ancient societies relied on healers and early dental practitioners to address toothache, decay, and other oral ailments. These practitioners included shamans, physicians, barber-surgeons, and specialized “tooth-drawers” whose methods combined empirical observation, herbal medicine, and ritual.

Understanding the role of these early practitioners is essential to tracing the development of dentistry as a medical profession. Their practices reflect both the biological challenges of oral disease and the cultural frameworks that shaped treatment approaches.

This study investigates the contributions of ancient healers and early dentists, assessing their interventions, methods, and impact on oral health outcomes.

LITERATURE REVIEW

Historical and archaeological studies have documented the activities of ancient dental practitioners:

Egypt: Healers used gold wire to stabilize teeth, applied herbal pastes, and performed rudimentary extractions (Nunn, 1996).

Mesopotamia: Clay tablets describe remedies for toothache, including herbal pastes, oils, and ritual incantations.

Greece and Rome: Hippocrates and Galen discuss tooth extraction, abscess treatment, and dietary interventions. Roman barber-surgeons also performed extractions using specialized tools.

Medieval Europe: Barber-surgeons and itinerant dentists performed extractions, tooth restorations, and hygiene procedures, often combining empirical techniques with religious or magical rituals.

Bioarchaeological evidence, such as antemortem tooth loss and dental modifications, confirms the prevalence of interventions by these practitioners (Hillson, 2005; Whittaker, 1993).

METHODOLOGY

This study employs a qualitative, interdisciplinary approach:



1. **Textual analysis:** Examination of historical sources describing treatments for oral disease in Egypt, Mesopotamia, Greece, Rome, and medieval Europe.
2. **Archaeological evaluation:** Review of skeletal evidence indicating dental interventions, such as extractions, fillings, and modifications.
3. **Comparative assessment:** Correlating practices across civilizations to identify common strategies, techniques, and underlying principles.

This methodology allows for reconstruction of the role and impact of ancient dental practitioners in different cultural contexts.

RESULTS

Types of Practitioners

Shamans and herbalists: Provided remedies combining herbal medicine and ritual for toothache and gum disease.

Physicians (e.g., Greek and Roman): Prescribed dietary modifications, topical applications, and manual interventions.

Barber-surgeons and itinerant tooth-drawers: Specialized in extractions, prosthetics, and hygiene practices, particularly in medieval Europe.

Methods and Treatments

Herbal remedies: Use of myrrh, cloves, honey, and other plant-based compounds to reduce pain and infection.

Extractions: Conducted using primitive forceps, pelicans, or improvised tools; often the main intervention for severe decay.

Stabilization and prosthetics: Gold wire and early dentures were sometimes used to maintain occlusion and replace lost teeth.

Rituals and incantations: Belief in spiritual causes of dental pain guided some interventions, particularly in Mesopotamia and Egypt.

Efficacy and Limitations. Empirical observation allowed practitioners to identify effective remedies, particularly herbal analgesics and antiseptics.

Lack of anesthesia and aseptic technique limited treatment safety and patient comfort.

Diet and environmental factors often counteracted preventive measures, resulting in recurring dental problems.

Socio-Cultural Influence. Oral health was closely tied to social status; elites often accessed better-trained practitioners and materials.

Cultural beliefs influenced both treatment choice and patient compliance.

The professionalization of dentistry began with systematic documentation and formal apprenticeships in later historical periods.

DISCUSSION

Ancient healers and early dentists were central to the management of oral disease, balancing empirical knowledge with cultural and ritualistic frameworks.

Their work laid the groundwork for later developments in dental education, instrument design, and therapeutic techniques.

Despite technological and scientific limitations, many interventions were effective for pain relief, infection management, and oral hygiene.

Cross-cultural analysis highlights both shared strategies (extraction, herbal treatments) and unique adaptations based on local resources and beliefs.



CONCLUSION

Ancient healers and early dentists played a pivotal role in maintaining oral health across civilizations. Their methods, while rudimentary by modern standards, reflect an understanding of anatomy, pathology, and patient care.

Recognizing their contributions provides historical context for the evolution of dentistry, illustrating how human ingenuity and cultural knowledge have shaped oral health practices over millennia.

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