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A Review of Tobacco User and Non-user

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ARTICLEINFO	ABSTRACT
Article History: Accepted: 25 March 2024 Published: 13 April 2024	The tobacco epidemic continues to grow due to the increasingly irregular and inadequate access to health care in the population and particularly affects LMICs. The occurrence and mobility of different elements in oral smokeless tobacco products STPs were determined because the effects on human health must take into account their ability. We used data from the
Publication Issue : Volume 11, Issue 2 March-April-2024 Page Number : 273-275	 2009-2010 national adult tobacco survey a national landline and cell phone survey of adults aged 18 years and older to estimate current use of any tobacco, Cigarettes, cigars, cigarillos, or small cigars or chewing tobacco, snuff or dip water pipes. We stratified estimates by gender, age, education, income, sexual orientation, and US state. Perceptions of tobacco are a relatively unexplored issue in disadvantaged populations in India and France. Keywords : Tobacco, Saliva, Cotinine, Cancer, Liver, Kidney, Nicotine Test

I. INTRODUCTION

Present study revealed that the mean salivary pH was 6.30 +0.36 in smokers and 7.10+0.24 in nonsmokers which is in accordance to the study conducted by Fenoll-Palomers et al. in which the mean salivary pH was lower in smokers that is 6.7+ 0.27 as compared to nonsmokers that is 6.8+ 0.29. Saliva is 99% water and 1% protein and salts. The normal daily production of saliva varies between 0.5 to 1.5liters. The whole unstimulated saliva flow rate approximately 0.3-0.4 ml\min. Saliva contains amylase which breaks down starch into monosaccharides or disaccharides. The best can be carried out in a starch-containing agarose gel with samples wells. The test can be carried out in a starch-containing agarose gel with sample wells.

The questioned sample is then loaded into the sample well. The gel is incubated and then stained with an iodine solution. The comparative study of the tobacco user and nonuser which we studied about the saliva, saliva is a watery secretion in the mouth Knowledge of the epidemiology of tobacco use dependence can be used to guide research unitive intervention programs and policy decisions. Saliva has many functions in the oral cavity it is responsible for the digestion of food, serves to protect and lubricate mucous membrane and facilitates ingestion of food and speech production. Tobacco consumption has a direct correlation with deoxyribonucleic and acidacid damage. When a cell with DNA damage divides metabolism and duplication of cells become deranged and mutations can arise

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which is an important factor in carcinogenesis's associated with smokeless tobacco use in Europe and North America that were identified for The use of STP has gained increasing popularity in the recent decades with a rise in the number of young users .The chemical composition of STPs has become a subject of interest since these products are associated with leukoplakia, precancerous lesions that may convert to oral cancer global youth tobacco survey indicates that 15.5% students are likely to take up tobacco in India annually 24' but there is limited information on how today's youth perceive smoking and using other tobacco products. .Measurement of salivary cotinine is commonly used in population studies.

The study was conducted during the baseline household survey of community based tobacco prevention and cessation intervention trial for youth 10-19 years old residing in slum communities in Delhi, India in 2009. [11]We conducted a systematic review of studies of circulatory disease risks. America that were identified from electronic data bases and reference lists. Smokeless tobacco use can cause gum disease, tooth decay, tooth loss and the formation of patches inside the mouth called white or gray leukoplakia that can lead to cancer. In female smokeless the tobacco use during pregnancy increases the risk for early delivery and stillbirth. Smokeless tobacco products night expose people lower levels of harmful chemicals than tobacco smoke. But that dosen't mean these products might these products are a safe substitute for smoking. Smokeless tobacco has nicotine. Which can lead to addiction. It also contains dozens of chemicals that can cause cancer. Smokeless Tobacco also damages genetic material in the live, kidney and lungs. The study was conducted during the baseline household survey of community based tobacco prevention and cessation intervention trial for youth 10-19 years old residing in slum communities in Delhi, India in 2009. [11]We conducted a systematic review of studies of circulatory disease rim electronic data bases and reference lists .Unstimulated saliva of 60

volunteers 30smokers and no smokers was collected. The activity of salivary SOD was measured in each group and compare

II. METHODS AND MATERIAL

The difference between tobacco user and non user techniques are mainly chemicals methods; baharvad n.d.

B] Chemical Methods.

Unstimulated saliva of 60 volunteers 30smokers and no smokers was collected. The activity of salivary SOD was measured in each group and compared. Smokeless tobacco is a tobacco product that is used by means other than is used by means other smoking. Their use involves chewing, sniffing, or placing the product between gum and the cheek or lip. Smokeless tobacco products are produced in various forms, such as chewing tobacco snuff, snus, and dissolvable tobacco produce.

III. CONCLUSION

The evidence suggestive but not sufficient to conclude that smoking by adolescents and young adults is not associated with significant weight loss. Tobacco is the biochemical validation when discussing quitting smoking or tobacco use, many patients will say that they have to die from something, so why bother to quite. Unfortunately some of the repercussions for this addiction are miserable chronic diseases that do not end quickly or pleasantly. Take 2 different tobacco user and non user saliva name them as positive and negative. Take 2ml non user saliva in one test tube and second test tube take 2ml tobacco user saliva. Add 2ml sample of saliva swab and add rice in second test tube or put rice in first test tube. Shake both samples for 5min. Then add 1ml starch solution & include incubate both test tube at 37c for 15min.After incubation add 2-3 drops of iodine reagent in both the test tube Shake test tube & observe for coloration.



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