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Cosmic Correlation Between Planetary Positions, Astrology, and Oral-Dental Health: An Exploratory Systematic Review

Running title: *Astrology and Oral–Dental Health*

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Abstract: ***Background: Medical astrology and astrological attributions of body parts to planets and zodiac signs are embedded in many cultures, yet their relationship with oral and dental health has rarely been scrutinized with scientific methods.[1–3] Objective: To systematically identify, summarise, and critically appraise published literature examining associations between planetary positions or astrological constructs and oral–dental health outcomes. Methods: An exploratory systematic search of PubMed and Google Scholar, supplemented by hand-searching of grey literature, identified empirical and conceptual works linking astrology, planetary positions, or numerology with oral conditions, including dental morphology, malocclusion, oral cancer, and spiritual dimensions of oral health.[4–7] Observational studies and case series were eligible; purely theoretical astrological mappings were extracted narratively.[4–7] No meta-analysis was attempted because of heterogeneity and high risk of bias.[4–7] Results: Very few empirical studies directly addressed astrological correlates of oral health. One correlative study suggested "few definite attributable" traits linking tooth morphology and dental health to zodiac sun signs and numerology but suffered from small sample size, unclear statistical methods, and lack of biological plausibility.[4] A small case series proposed specific planetary combinations in the birth charts of oral cancer patients yet lacked controls and did not adjust for established risk factors.[5] A separate study on malocclusion patterns described variation across zodiac signs but did not demonstrate robust statistical associations.[7] Conceptual and narrative papers highlighted spiritual and cultural beliefs, including astrology, as influencers of oral health behaviours rather than direct cosmic causation.[6,8,9] Conclusion: Current evidence does not support a causal or clinically meaningful cosmic correlation between planetary positions or zodiac signs and oral–dental health outcomes.[4–7] Astrology may shape beliefs and behaviours relevant to oral hygiene and care-seeking, but evidence-based determinants such as biofilm, diet, tobacco, alcohol, and socio-behavioural factors remain primary drivers of oral disease.[6,8–11] Future research should treat astrological constructs as cultural or psychosocial variables rather than biological causes and must employ rigorous epidemiologic methods.[4–7,11]***

Keywords: medical astrology; zodiac; planetary positions; oral health; dental morphology; oral cancer; spirituality.

1. Introduction

Astrology and medical astrology propose that planetary positions at birth and the zodiac signs influence organs and disease susceptibility, including structures of the head and neck. [1–3] Traditional mappings commonly associate teeth and bones with Saturn and Capricorn, or with signs such as Aries, while popular and Vedic sources assign different oral regions to different zodiac segments. [1–3]

In contrast, mainstream dental science recognises microbial biofilm, dietary sugars, tobacco and alcohol use, socio-economic status, systemic diseases and genetics as principal determinants of oral disease. [6], [8–11] Claims of a direct cosmic correlation between planetary positions and dental or oral health remain controversial and largely unexamined using rigorous epidemiologic frameworks. [4–7]

This exploratory systematic review aims to identify and critically appraise existing studies correlating planetary positions, zodiac signs, or numerological constructs with oral and dental health outcomes, and to situate these within broader spiritual and cultural determinants of oral health. [4–9]

2. Materials and Methods

Study design and registration

This review was designed as an exploratory systematic review of unconventional literature on medical astrology and oral–dental health, integrating empirical and conceptual sources. [4–9] Given the speculative nature of the topic and anticipated paucity of robust studies, the protocol followed PRISMA principles but was not registered in PROSPERO. [4–7]

Eligibility criteria (PICOS)

- **Participants (P):** Human subjects of any age or sex, including general populations or patients with documented oral or dental conditions. [4–7]
- **Exposure (I):** Astrological constructs such as planetary positions at birth, zodiac sun or moon signs, houses, ascendants, numerology, or Lagna Kundali patterns claimed to relate to oral or dental outcomes. [1–5], [7]
- **Comparators (C):** Other astrological categories (e.g., different sun signs) or absence of explicit comparison; conceptual works without comparators were described narratively. [4–7]
- **Outcomes (O):** Any oral or dental outcome, including caries experience, periodontal status, dental morphology, malocclusion, tooth loss, oral cancer, oral habits, or self-reported oral health. [4–7]

- **Study designs (S):** Observational studies (cross-sectional, case–control, cohort), case series, and case reports were eligible; narrative and conceptual papers on spiritual/astrological determinants of oral health were included in a separate synthesis. [4–9]

Exclusion criteria were animal studies, purely theoretical astrological essays without any oral health focus, and opinion pieces without discernible methodology. [4–7]

Information sources and search strategy

Electronic searches in PubMed and Google Scholar were supplemented by targeted searches of grey literature and journals publishing alternative or integrative health topics. [4–7] Keywords combined *astrology*, *medical astrology*, *planetary positions*, *zodiac*, *numerology*, *cosmic* with *teeth*, *dental*, *oral health*, *oral cancer*, *malocclusion*, and *spirituality*. [1–7]

Reference lists of key articles such as the teeth-numerology study and the oral-cancer celestial bodies paper were hand-searched. [4, 5] No lower time limit was imposed; only English-language articles were included. [4–7]

Study selection

Two reviewers independently screened titles and abstracts for relevance to astrology (or related constructs) and oral or dental outcomes. [4–7] Full texts of potentially eligible articles were reviewed against inclusion criteria, and discrepancies were resolved by consensus. [4–7] Conceptual and narrative works were selected when they explicitly addressed spirituality or astrological beliefs in relation to oral health attitudes or behaviors.[6,8,9]

Data extraction

For empirical studies, extracted variables included author, year, country, design, sample size, population characteristics, astrological framework (e.g., sun sign, numerology, Lagna Kundali), method of astrological assignment, outcome measures (e.g., DMF index, tooth morphology classifications, cancer diagnosis), analytic methods, main findings, and authors' conclusions. [4–7, 10, 12]

For conceptual and narrative works, major themes relating spirituality, astrology, cultural beliefs, and their influence on oral health behaviour were captured. [6,8,9]

Risk of bias assessment

Because of heterogeneity and unconventional exposures, a modified Newcastle–Ottawa Scale was applied to observational studies, focusing on selection, comparability, and outcome domains. [4–7] Additional conceptual issues such as biological plausibility, potential data dredging, and failure to control for established oral risk factors (tobacco, alcohol, HPV, socio-economic status) were emphasized.[5,8,11]

Narrative and conceptual papers were not formally scored but were appraised for clarity, internal consistency, and concordance with established determinants of oral disease. [6, 8, 9, 11]

Data synthesis

Meta-analysis was not planned due to methodological weakness and heterogeneity in exposures and outcomes. [4–7] Instead, a qualitative synthesis grouped studies into:

1) Direct empirical correlations between astrology and dental outcomes;
2) Astrological analysis of oral cancer;
3) Malocclusion or morphology–astrology correlations; and
4) Spiritual and cultural dimensions of oral health where astrology is part of belief systems. [4–9]

3. Results

Study selection and characteristics

The search identified a very small number of empirical studies directly linking astrological constructs with oral–dental parameters, and a larger body of spiritual or conceptual literature. [4–9] Key empirical contributions included a correlative study on teeth and zodiac signs, a case series on celestial bodies and oral cancer, and an orthodontic study examining malocclusion prevalence across sun signs. [4,5,7]

Conceptual literature consisted mainly of narrative reviews describing spirituality as an added dimension of health influencing oral behaviours, with occasional reference to astrological or religious beliefs in shaping myths and practices. [6,8,9]

Direct dental–astrology correlations

Kudva and Bhat conducted a correlative study titled "Teeth and numerology from zodiac signs," relating dental morphology and oral health to zodiac sun signs and numerology in an Indian population. [4] Using odontometric measurements and caries indices, they reported "few definite attributable" morphological traits and dental health patterns linked to specific signs and numbers, suggesting possible predictive value. [4]

However, the sample size was modest, statistical methods were incompletely described, and multiple comparisons without appropriate adjustment increased the likelihood of type I error.[4] No plausible biological mechanism was described through which planetary positions at birth could determine dental morphology independently of genetic and developmental influences, and the findings have not been replicated in mainstream dental literature. [4,10]

Astrological analysis of oral cancer

A small case-series report from Nepal titled "Incidence of Oral Cancer with Association of Celestial Bodies" analysed the Lagna Kundali charts of ten patients with oral cancer to identify patterns of "sinful planets" affecting the causal planets for oral cavity regions.[5] The authors interpreted certain afflictions of Taurus-related or oral-cavity–related planets as increasing susceptibility to oral cancer in the presence of tobacco, alcohol, poor hygiene or HPV exposure.[5,8,11]

Although the paper acknowledges established risk factors, it proposes that planetary positions further modulate vulnerability and advocates including medical astrology in preventive strategies. [5] Methodological limitations are profound: sample size is extremely small, there is no control group, no comparison with astrological patterns in the general population, and no adjustment for behavioural or socio-economic confounders. [5, 8, 11]

Malocclusion and zodiac signs

An orthodontic study reported variations in Angle's malocclusion classes across zodiac sun signs, noting apparently higher prevalence of Class II malocclusion among Aries and Taurus and distinctive patterns in Capricorn. [7] the authors suggested that this might support a subtle influence of zodiac signs on craniofacial development. [7]

However, the study did not convincingly control for genetic, familial and environmental influences on malocclusion, and statistical robustness appears limited. Dental morphology and occlusion are well known to be shaped by genetic factors, craniofacial growth, function and environmental habits, leaving little room for an independent astrological effect. [10], [12][2]

A separate study evaluating associations between personality types and tooth morphology found no meaningful correlation, indirectly challenging attempts to map dental traits to non-biological classifications. [12]

Spiritual and cultural dimensions of oral health

A narrative review on the "Spiritual Dimension in Oral Health" proposed spirituality as a fourth dimension of health, influencing meaning, purpose and inner fulfilment, and discussed how religious and spiritual beliefs shape oral hygiene practices, diet and dental service utilization.[6],[8],[9] The authors highlighted that dental myths and traditional beliefs—often rooted in non-scientific spiritual or cultural frameworks—strongly influence oral health behaviours and care-seeking patterns.[6],[9]

Empirical work cited in this context has shown that religious involvement and positive spiritual coping can correlate with healthier behaviours and better general and oral health, while psychosocial stress is associated with worse oral outcomes and increased dental fear and aggression.[9],[13] These findings support spirituality as a mediator of behavioural and psychosocial pathways rather than any direct cosmic influence, offering a plausible framework into which astrological beliefs may be integrated as part of cultural context.[6],[8],[9],[13]

Summary of key empirical studies

Study	Country	Design	Astrological exposure	Oral outcome	Main findings	Key limitations
Kudva & Bhat (Teeth and numerology from zodiac signs) [4]	India	Comparative cross-sectional	Zodiac sun signs; numerology	Dental morphology; caries indices	Reported "few definite attributable" dental traits and health patterns linked to specific signs and numbers. [4]	Small sample; unclear statistical methods; no biological mechanism; not replicated. [4], [10]
Subedi et al. (Incidence of Oral Cancer with Association of Celestial Bodies) [5]	Nepal	Case series	Lagna Kundali planetary positions	Oral/head-neck cancer	Described "sinful planet" afflictions of causal planets for oral cavity regions, suggesting increased oral cancer susceptibility. [5]	n=10; no controls; no statistical comparison; ignores confounders. [5],[8],[11]
Orthodontic malocclusion–zodiac study[7]	India	Cross-sectional	Zodiac sun signs	Angle's malocclusion classes	Reported higher Class II prevalence in Aries and Taurus and notable patterns in Capricorn. [7]	Limited sample; possible chance findings; no adjustment for genetic and environmental factors. [7],[10],[12]
Spiritual Dimension in Oral Health[6],[8],[9]	India	Narrative review	Spirituality, religious/spiritual beliefs (including traditional beliefs and myths)	Oral health behaviours; perceived determinants	Argues that spirituality influences lifestyle, hygiene, diet, motivation, and myths, thereby affecting oral behaviours.[6],[8],[9]	Conceptual; not designed to measure astrology; no quantitative causal estimates. [6],[8],[9]

4. Discussion

Evidence appraisal

The very limited empirical evidence directly linking planetary positions or zodiac signs to oral–dental health outcomes is characterised by small samples, weak designs and high risk of bias. [4],[5],[7] Observed associations can plausibly be explained by chance, uncontrolled confounding or selective reporting rather than genuine cosmic influence. [4],[5],[7]

By contrast, extensive research consistently implicates oral biofilm, frequent fermentable carbohydrate intake, tobacco and alcohol consumption, socio-economic factors, systemic illness and genetic predisposition as the principal determinants of caries, periodontal disease and oral cancer.[8],[10],[11] When speculative studies superimpose astrological interpretations onto these established models without robust analytic support, they do not provide evidence sufficient to modify current understanding.[5],[8],[11]

Biological plausibility

There is no established biologic mechanism whereby the relative positions of planets at birth could directly programme tooth morphology, caries susceptibility, periodontal tissue response, or carcinogenesis at the molecular level. [10],[11] Dental morphology and occlusion are known to depend on genetic factors, craniofacial growth, muscle function, and environmental habits, while cancer development is driven by accumulated genetic and epigenetic changes modulated by carcinogenic exposures. [10],[11]

Astrological frameworks originate from symbolic and cultural traditions rather than experimentally validated biophysical interactions, and attempts to attribute dental traits or diseases to planetary configurations conflict with the current understanding of oral biology and pathophysiology. [1–3,10]

Behavioural and cultural pathways

Astrology may intersect more plausibly with oral health through its role within broader spiritual and cultural belief systems that shape behaviour, perception and health-seeking. [6,8,9] The spiritual oral-health literature shows that religious and spiritual involvement can influence stress, coping, motivation and adherence to preventive regimens, thereby affecting oral health outcomes.[6,8,9,13]

Astrological beliefs could similarly affect dietary choices, tobacco and alcohol use, timing of dental visits or acceptance of treatment, although such pathways remain largely unstudied in dental research.[6,9] Recognising and respectfully engaging with these beliefs can support culturally sensitive counselling while maintaining evidence-based explanations of disease.[6,8,9,11]

Strengths and limitations of this review

This review synthesises scattered, unconventional literature across empirical and conceptual domains into a structured critical appraisal of medical astrology in oral health.[4–9] However, the evidence base is extremely limited, heterogeneous and often of low quality, precluding quantitative synthesis and constraining inference strength.[4–7]

Publication and selection biases are likely, as studies with null or negative findings may be under-represented in alternative or astrological outlets.[4,7,12] Language restriction to English may also have excluded regional or traditional texts that discuss astrological aspects of oral health predominantly in non-biomedical frameworks.[6,7,12]

5. Conclusion

The current scientific literature does not substantiate a causal or clinically useful cosmic correlation between planetary positions, zodiac signs or numerological constructs and dental or oral health outcomes.[4–7,12] Available empirical studies are few, methodologically weak and inconsistent with well-established biological mechanisms of oral disease.[4–7,10,11]

Astrology and spiritual frameworks nonetheless remain important cultural contexts that shape beliefs, myths and behaviours, indirectly influencing oral health through psychosocial and behavioural pathways.[6,8,9,13] Dental professionals should be aware of these belief systems to communicate effectively and provide culturally sensitive care while basing risk assessment, prevention and treatment firmly on robust evidence.[6,8–11]

Future research, if undertaken, should conceptualise astrological constructs as cultural or psychosocial variables, employ rigorous observational designs with adequate sample sizes and controls, and adjust for known determinants of oral health rather than presuming planetary causation.[4–7,11,12]

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