



MES DENTAL COLLEGE
PERINTHALMANNA

ORAL HEALTH TRAINING GUIDE FOR MES SCHOOL TEACHERS



“പുഞ്ചിരി”

ചിരിക്കാം... കുടുംബത്തോടൊപ്പം...

**"School Dental Care Project"
FOR MES SCHOOLS**

DEPARTMENT OF PUBLIC HEALTH DENTISTRY



എം.ഇ.എസ് ഡെന്റൽ കോളേജ് & ഹോസ്പിറ്റൽ, പെരിന്തൽമണ്ണ



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ചിരിക്കാം... കുടുംബത്തോടൊപ്പം...

“ദന്താരോഗ്യ ചികിത്സാ പദ്ധതി”

എം.ഇ.എസ് മെമ്പർമാർ / വിദ്യാർത്ഥികൾ / സ്റ്റാഫുകൾ അവരുടെ കുടുംബാംഗങ്ങൾ എന്നിവർക്കായി എം.ഇ.എസ് ഡെന്റൽ കോളേജ് & ഹോസ്പിറ്റലിൽ ലഭ്യമാകുന്ന ചികിത്സാ പദ്ധതിയാണ് “പുഞ്ചിരി”

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പബ്ലിക് റിലേഷൻസ് ഡിപ്പാർട്ട്മെന്റ്
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MES DENTAL COLLEGE & HOSPITAL
PERINTHALMANNA

WORKING HOURS : 09.00 AM TO 04.00 PM (MONDAY to FRIDAY)
09.00 AM TO 02.00 PM (SATURDAY)

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BACKGROUND

Oral health is crucial to overall well-being, influencing quality of life, self esteem, and social interactions. Despite improvements in dental care, oral diseases like dental caries, gingivitis, and periodontal diseases are still common, especially among children and adolescents. If untreated, these conditions can lead to pain, discomfort, and long-term health issues, affecting physical health, academic performance, and psychosocial development. School-based oral health programs offer an effective way to address these challenges, reaching large groups of children during formative years. Schools are ideal for promoting lifelong healthy habits, and fostering awareness of dental care in this setting can encourage healthy practices in communities, creating a ripple effect that benefits public health in the long term.

Teachers play a key role in the School Oral Health Programme by educating students, identifying dental issues early, guiding them to care, and collaborating with parents and healthcare professionals for comprehensive support.

The **"PUNCHIRI"** program, at MES Dental College, Perinthalmanna, is a flagship school-based initiative introduced as part of the 60th anniversary celebrations of MES organisation. This comprehensive program focuses on enhancing the oral health of students in MES Schools across Malappuram district through a blend of oral health education, dental screenings, interactive activities, and the introduction of *Oral Health Training Guide for MES School Teachers*. By targeting individual habits and creating a supportive environment, **"PUNCHIRI"** aims to promote lasting improvements in children's oral health, leading to healthier smiles and brighter futures.

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SCHOOL: A PERFECT PLATFORM TO PROMOTE ORAL HEALTH

- Every day, a significant number of children are unable to fully participate in their education, losing valuable learning hours due to the discomfort and distraction caused by dental pain from untreated tooth decay. This persistent issue not only impacts their academic performance but also affects their overall well-being, highlighting the urgent need for preventive measures and timely intervention.
- Dental diseases are a significant health challenge among school-aged children, and schools provide an excellent opportunity to address this issue.
- Teachers, positioned across diverse regions, play a critical role in raising awareness about oral health among students and their parents, helping to prevent most dental problems.
- As educators, you hold the responsibility of teaching children about oral hygiene and contributing to preventive efforts.
- This manual equips you with the skills to educate and identify common dental issues at their earliest stages.



THE ROLE OF TEACHERS

Teachers play a pivotal role in the success of the School Oral Health Programme by utilizing their influence as role models and educators to:

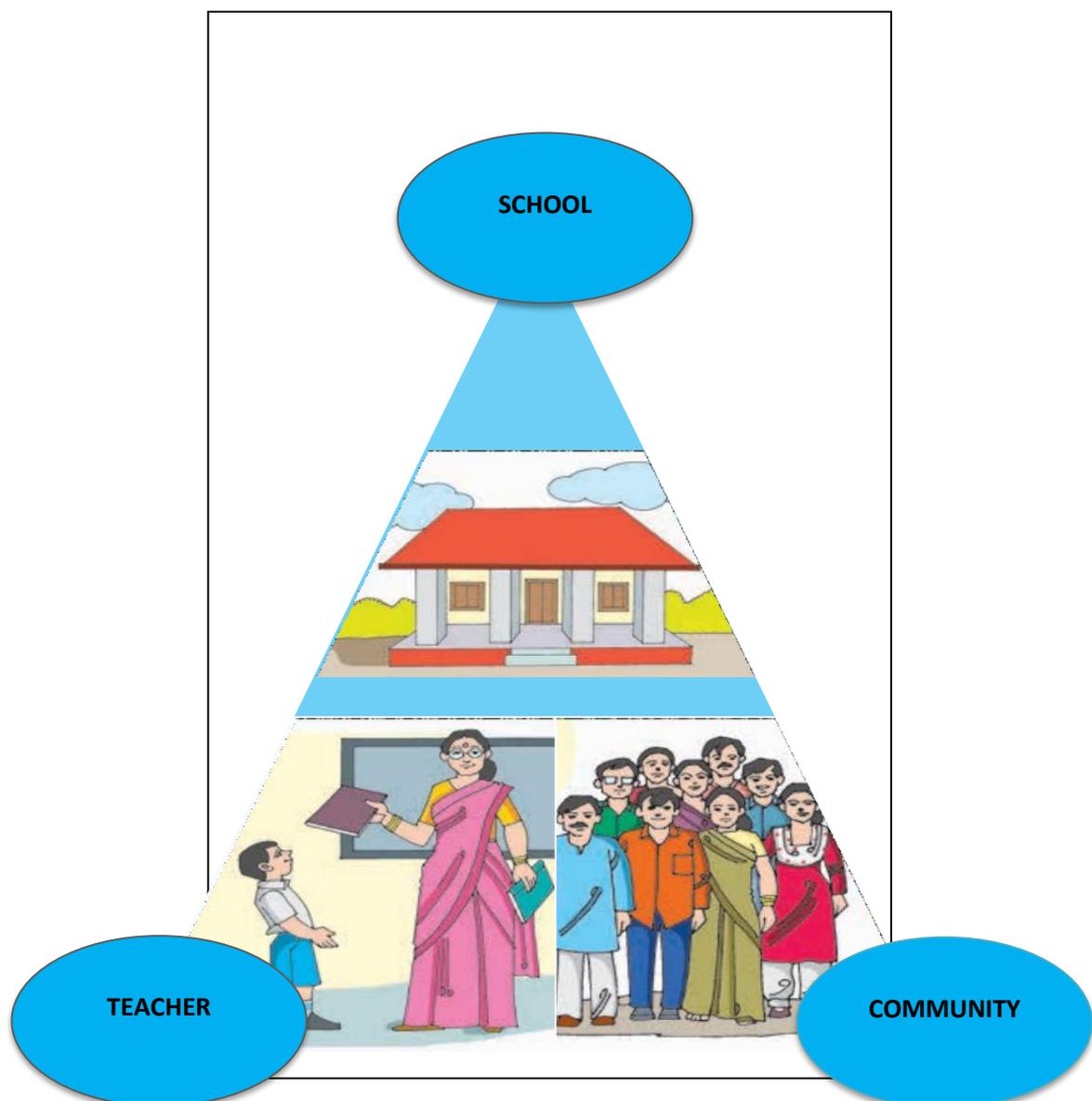
- Educate students the significance of oral hygiene and healthy habits.
- Recognize early signs of dental problems and direct students to appropriate care.
- Integrate oral health education into daily classroom routines.
- Lead initiatives like brushing demonstrations and awareness campaigns to promote oral health.
- Work alongside parents and healthcare professionals to address and support students' oral health needs.

WHAT YOU WILL ACHIEVE AFTER READING THIS GUIDE?

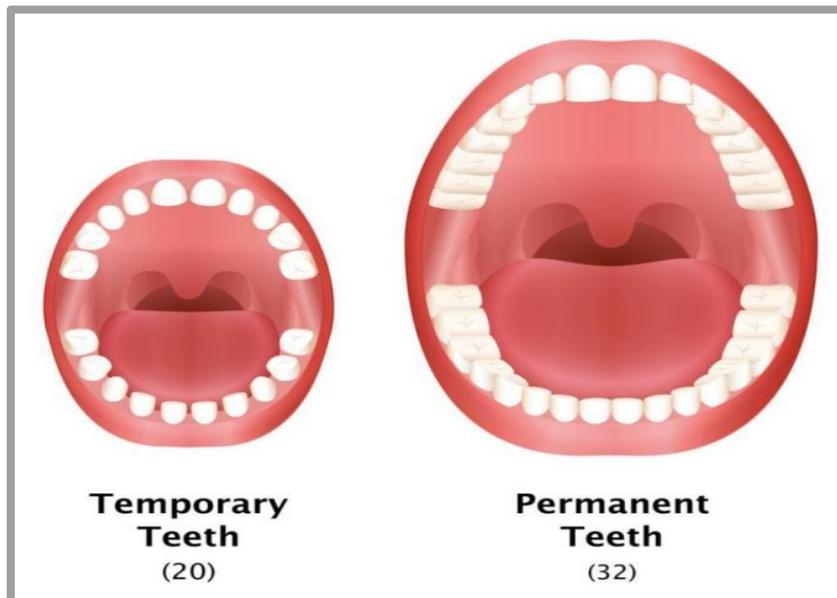
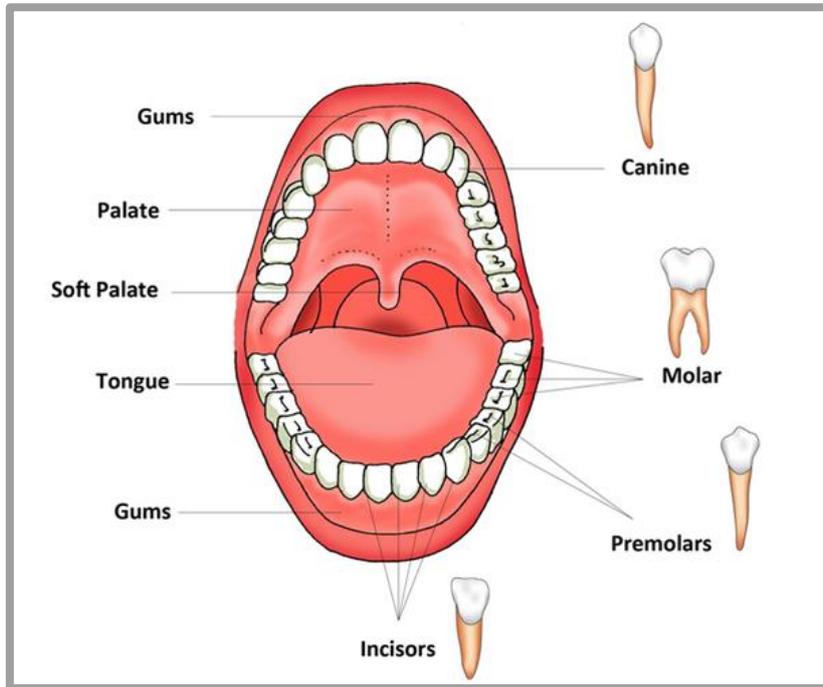
- Gain a fundamental understanding of oral health.
- Develop the ability to recognize common oral health problems.
- Promote the adoption of good oral hygiene practices among students.
- Encourage students to actively participate in maintaining their oral health.
- Learn to identify situations requiring referral for further oral care.

INTEGRATED SCHOOL COMMUNITY

As teachers, you play a pivotal role not only within the school but also in the surrounding community. By promoting healthy habits among the children in your care, you serve as catalysts for change that extends beyond the classroom. The knowledge and practices instilled in students often ripple out to their families, fostering healthier behaviours at home and ultimately contributing to meaningful transformation within the broader community.



HEALTHY MOUTH



UNDERSTANDING ORAL CAVITY

ORAL CAVITY AND ITS COMPONENTS

The mouth leads into the oral cavity, which contains vital structures such as the teeth, gums, tongue, palate, and cheeks. Each part plays a crucial role in oral and overall health.

TONGUE

The tongue is a highly movable muscular organ located within the oral cavity. It plays essential roles in taste, speech, chewing, and swallowing. The upper surface of the tongue is covered with projections called papillae, which bear taste buds.

PALATE

The palate forms the roof of the mouth and is divided into two parts: the hard palate (the bony front portion) and the soft palate, which lies behind it.

CHEEKS

The oral cavity is enclosed by the upper and lower lips and the inner walls formed by the cheeks. The inner lining of the oral cavity consists of a specialized skin layer known as the mucosa.

TEETH

Teeth are vital structures with their own blood and nerve supply. Humans have two sets of teeth during their lifetime:

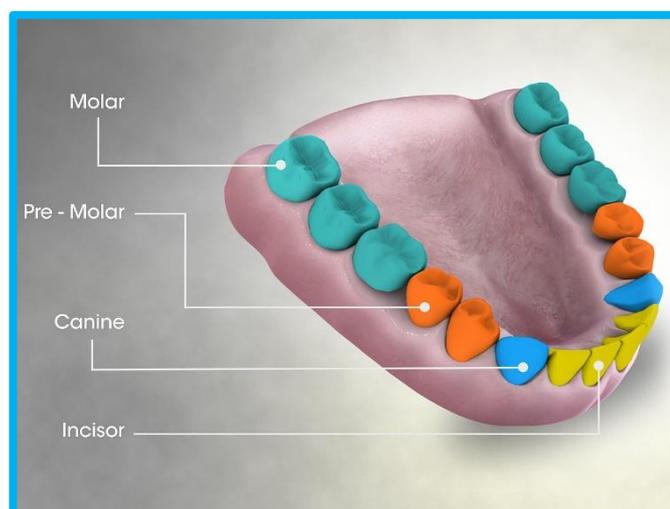
- **Milk Teeth/Baby Teeth/Primary Teeth:** These are the first set of teeth to appear. They are crucial not only for chewing but also for guiding the development of the jaw and permanent teeth.
- **Adult Teeth/Permanent Teeth:** These replace the milk teeth and serve long-term functions.

Types of Teeth in Humans:

Humans have four types of teeth, each with distinct shapes and functions:

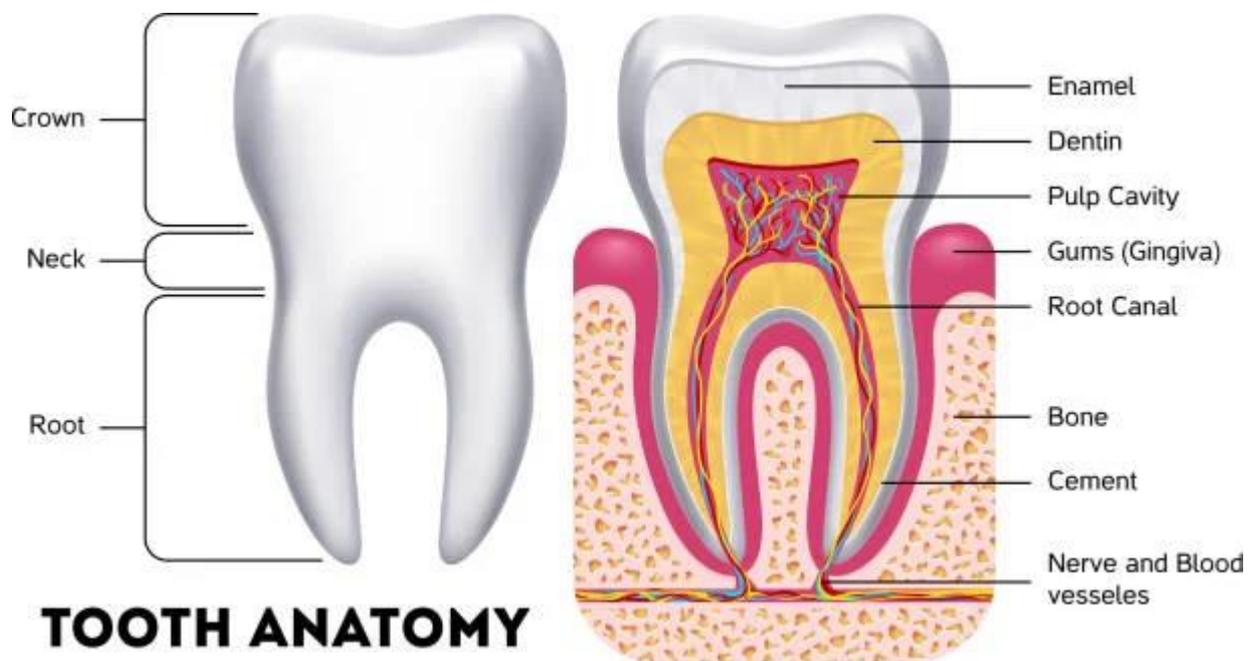
1. **Incisors:** The front teeth, with four in the upper arch and four in the lower arch, are designed to bite and cut food into small pieces.
2. **Canines:** Positioned at the corners of the mouth, these conical teeth are used for tearing and shredding food.
3. **Premolars:** Found behind the canines, with two on each side of both jaws, these teeth hold and crush food. Premolars are present only in adult dentition.
4. **Molars:** Located at the back of the jaws, with three on each side, molars have broad surfaces for grinding food into smaller particles.

In permanent dentition, there are two incisors, one canine, two premolars, and three molars on each half of the jaw, making a total of 32 teeth.

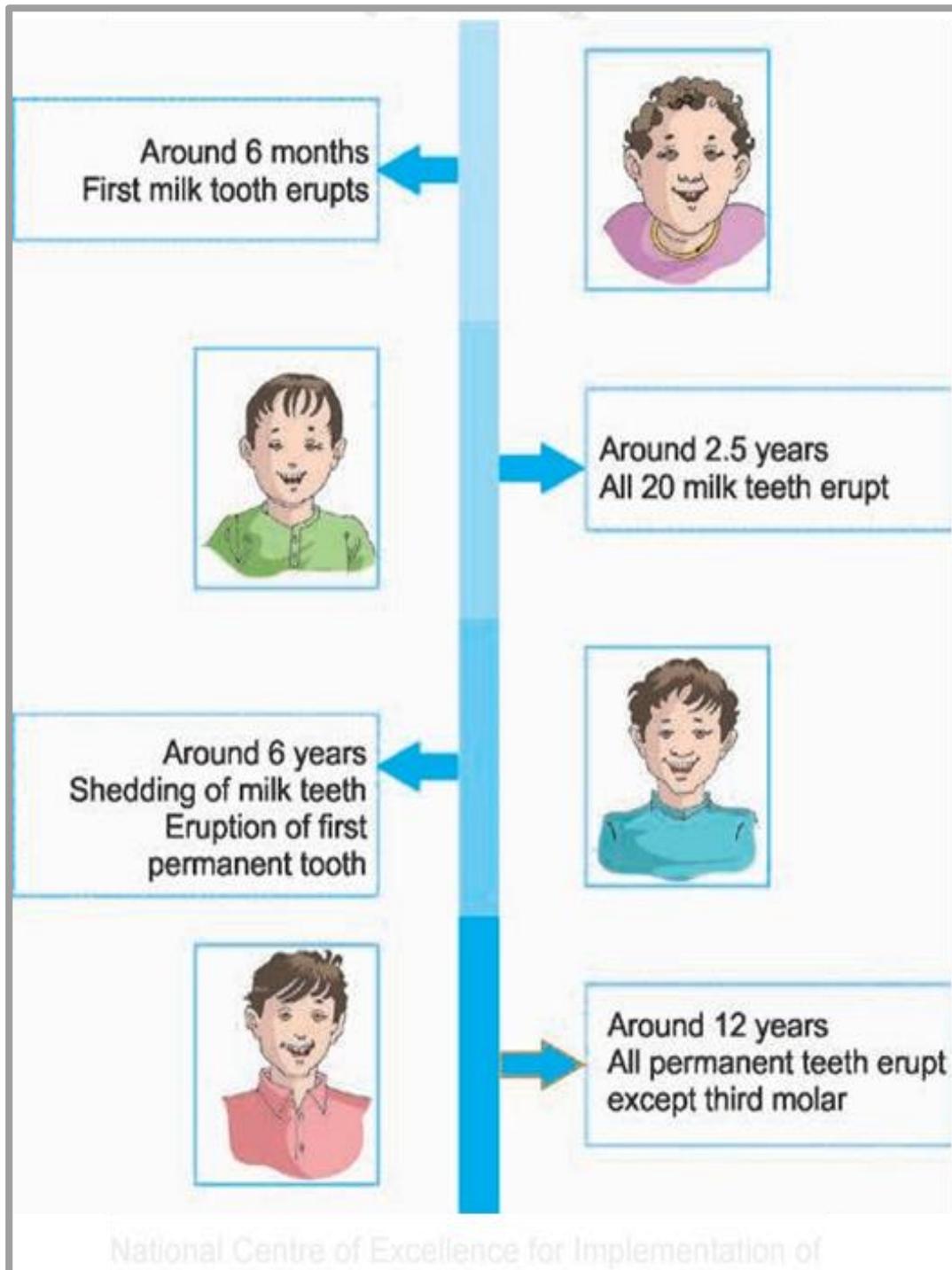


Parts of Teeth:

- The pearly white visible part of the tooth is the **crown** and the longer portion anchored inside the gum and the bone is the **root**.
- The outermost hardest white cover is known as the **enamel**. The inner relatively less hard part is the **dentin**. It surrounds the **pulp** containing blood vessels and nerves of the tooth.



SEQUENCE OF TOOTH ERUPTION



HEALTHY GUMS

- Teeth are securely embedded in the jawbone, which is externally covered by a specialized layer of tissue called the gums (gingiva).
- Healthy gums typically appear pink in colour.
- They are firmly attached to the underlying bone, providing stability and protection.



Do You Remember

- **What are the various parts of a tooth?**
- **Name the four types of teeth found in humans.**
- **How many sets of teeth do humans develop, and what are they called?**
- **What is the total number of permanent teeth in humans?**
- **At what age does a child's first tooth typically emerge?**

COMMON ORAL DISEASES IN CHILDREN

DENTAL DECAY

- Dental caries, commonly known as tooth decay or cavities, is a preventable bacterial infection that damages the hard tissues of the teeth. It develops when acids produced by bacteria in the mouth dissolve the enamel and dentin layers of a tooth.
- It appears as brown or black discoloration on the tooth, which can progress to form a cavity.
- Dental caries is primarily caused by bacteria like *Streptococcus mutans* and *Lactobacillus* that metabolize sugars from food and beverages into acid. Acidic by-products lead to the demineralization of tooth enamel and dentin over time.

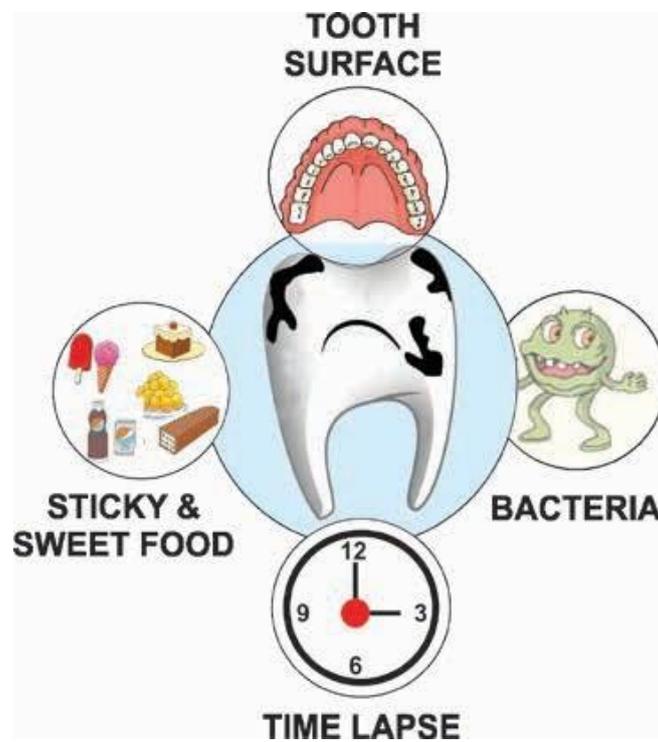
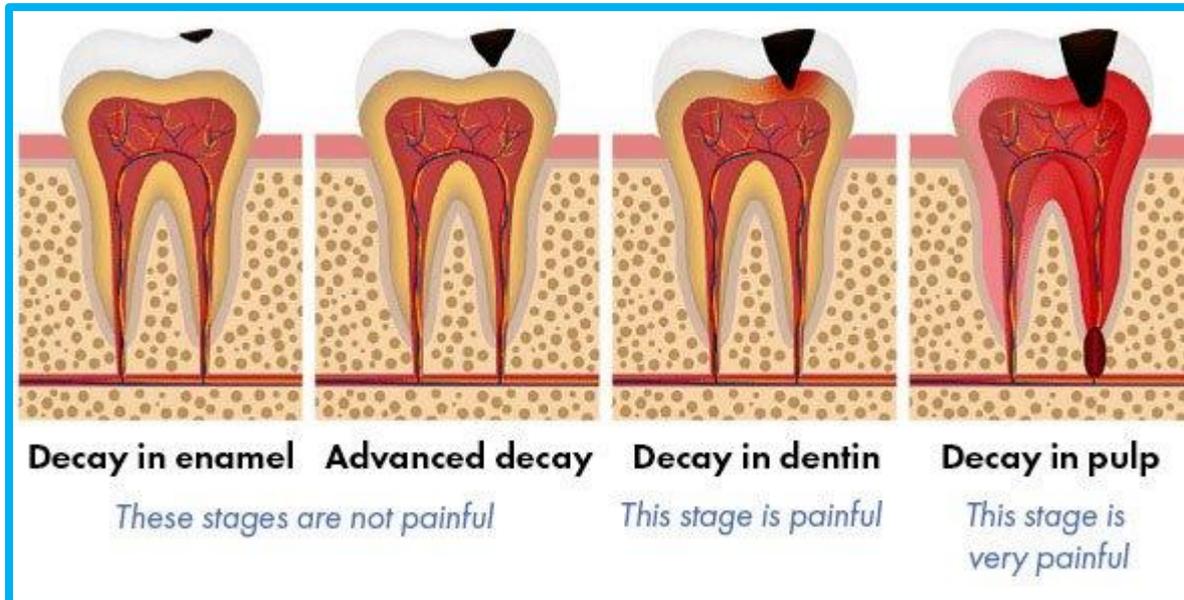
SIGNS

- Brownish/black discoloration.
- Hole / cavity on the tooth or in between two teeth.
- Broken tooth.
- Tooth pain on touch.
- If left unnoticed, complications such as pus discharge and swelling may arise.



HOLE/CAVITY IN THE TOOTH

PROGRESSION OF DENTAL DECAY



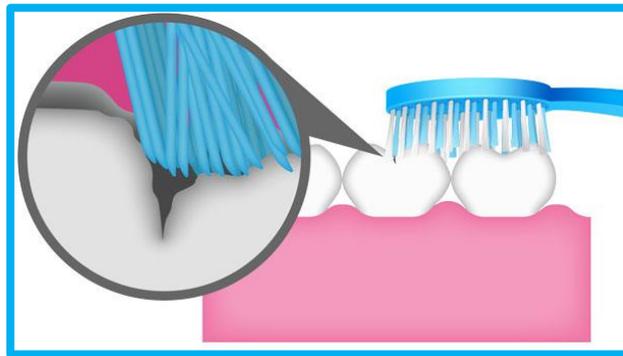
CAUSES

➤ Bacteria

Bacteria are very small organisms not visible to naked eye. Normally present in the oral cavity of every individual. These bacteria live in a slimy, transparent layer on tooth as Dental Plaque. Plaque is normally not visible on tooth surface.

➤ Tooth surface

The grooves, pits and fissures naturally present on chewing surfaces of teeth are difficult to clean. Bacteria tend to accumulate here leading to tooth decay. Decay may also occur if food is left between two teeth for a long time.



The grooves and pits naturally present on chewing surfaces of teeth are difficult to clean during brushing. Thus bacteria tend to accumulate here leading to tooth decay.

➤ Time lapse

If food is left in the mouth for a long time, bacteria tend to accumulate, release acids and thus lead to decay.

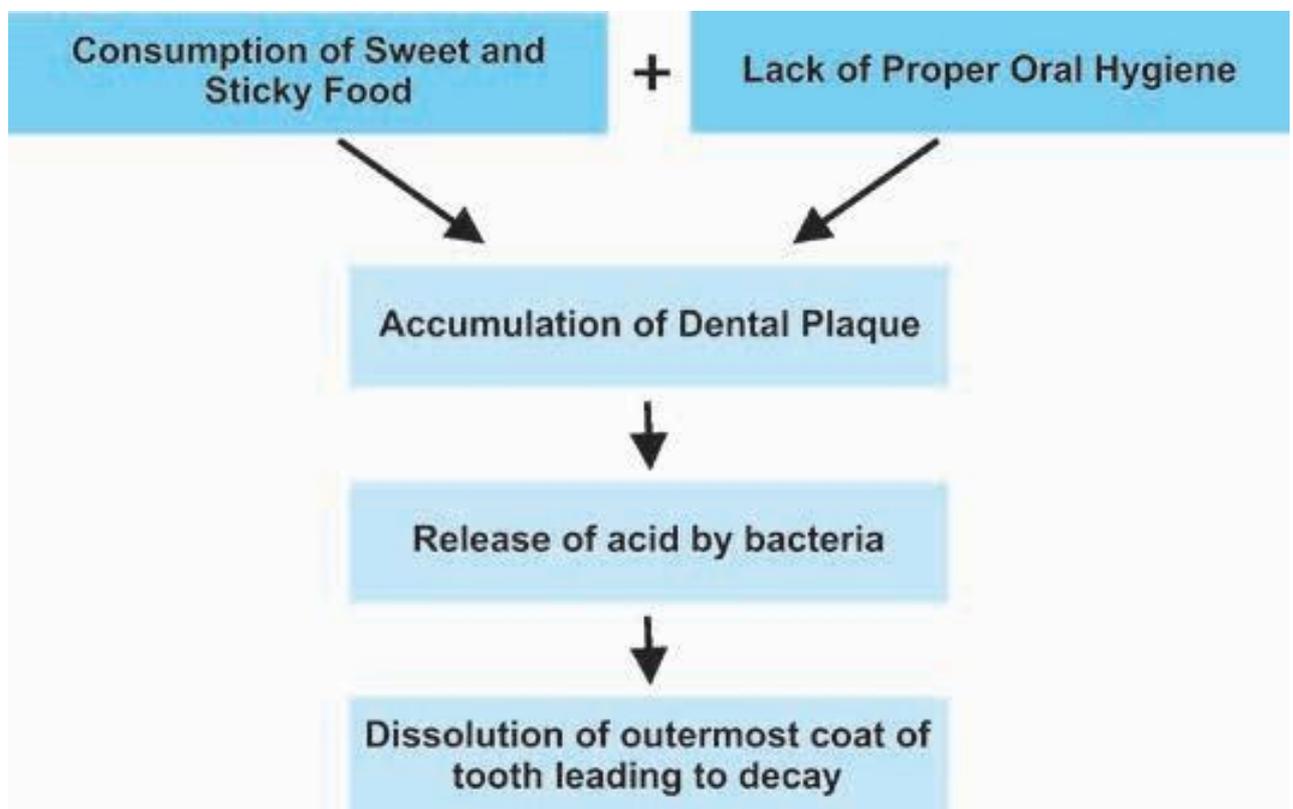
➤ Sweet and sticky food

Consumption of sweet and sticky food like toffees, chocolates, cakes, biscuits frequently and in-between meals leads to decay.

SYMPTOMS

- Pain on chewing on that particular side.
- Food lodgement on or in between the teeth.
- Sensitivity on consuming hot/cold food.
- Swelling, referred pain, severe discomfort and associated fever on leaving the decay untreated for a long time.

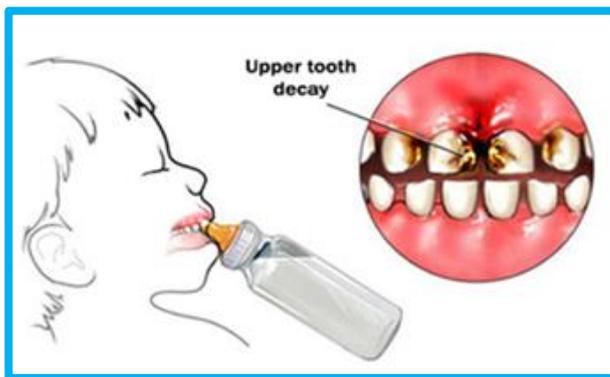
PROCESS OF DENTAL DECAY



NURSING BOTTLE CARIES /EARLY CHILDHOOD CARIES (ECC)

- It is seen in babies on bottle feed.
- Involves rapid destruction of multiple teeth.
- Most commonly affects upper front and lower back teeth. Lower front teeth are spared as they are covered by the tongue during feeding.

ECC is defined as the presence of one or more decayed (non-cavitated or cavitated), missing (as a result of caries), or filled tooth surfaces in any primary tooth in a child 71 months of age or younger.



NURSING BOTTLE CARIES

SIGNS

- Brownish black discoloration
- Broken upper front teeth
- Continuous presence of sweetened milk / sticky/ sweet food in the mouth

SYMPTOMS

- Early loss of milk teeth
- Difficulty in eating
- Pain and dental abscess
- Unpleasant appearance

TEACHER'S ROLE		
TO DO	ADVISE TO CHILDREN	ADVICE TO PARENTS
<ul style="list-style-type: none"> ■ Observe any black spots, discoloration, pain, or pus discharge. ■ Document the findings in the child's record and notify the parents. 	<ul style="list-style-type: none"> ■ Rinse the mouth thoroughly with water after each meal or snack. ■ Brush your teeth twice daily. ■ Limit the consumption of sticky foods and sugary drinks. ■ Refrain from using objects to pick your teeth 	<ul style="list-style-type: none"> ■ Administer medication to the child only as prescribed by a dentist. ■ Refrain from applying camphor, tobacco, petroleum-based products, pain balm, or salt to the painful area in the child's mouth. ■ Avoid using heat or pain relief creams on or near the painful area, whether externally or inside the child's mouth.

GUM DISEASES

Early stage of gum disease is called **Gingivitis**

SIGNS AND SYMPTOMS

- Foul odour from the mouth/bad breath
- Deposits on teeth
- Bleeding gums
- Swollen gums

Progression

If Gingivitis is not treated, it may progress to a severe stage of the disease known as **Periodontitis**.

SIGNS AND SYMPTOMS OF PERIODONTITIS

- Dull constant ache
- Bleeding from gums
- Food lodgement
- Loose teeth
- Foul odour/bad breath(Halitosis)
- Gaps between teeth

CAUSES

Periodontal disease, commonly known as gum disease, is caused by a combination of factors, primarily involving the build-up of plaque and bacteria on the teeth and gums. Over time, this can lead to inflammation, infection, and damage to the supporting structures of the teeth. Here are the key causes:

1. Plaque Build-up

Primary Cause: Plaque is a sticky film of bacteria that forms on teeth. If not removed by regular brushing and flossing, it hardens into tartar, which can only be removed by a dental professional. Tartar and plaque irritate the gums, leading to inflammation and eventually gum disease.

2. Poor Oral Hygiene

Irregular or improper brushing and flossing allow plaque to accumulate, increasing the risk of periodontal disease.

3. Smoking and Tobacco Use

Smoking weakens the immune system, making it harder for the body to fight off gum infections. Tobacco use also reduces blood flow to the gums, impairing healing.

4. Genetics

Some people may have a genetic predisposition to gum disease, making them more susceptible despite good oral hygiene.

5. Hormonal Changes

Hormonal fluctuations during pregnancy, puberty, menstruation, or menopause can make gums more sensitive, increasing the risk of inflammation and gum disease.

6. Chronic Conditions

Diseases such as diabetes, which affect the immune system and circulation, can increase the risk of periodontal disease. Other conditions, like rheumatoid arthritis and cardiovascular disease, are linked to higher rates of gum disease.

7. Medications

Certain drugs, such as antihypertensive, anticonvulsants, and immunosuppressant, can affect oral health by reducing saliva flow or causing gum overgrowth.

8. Nutritional Deficiencies

A diet lacking in essential nutrients, especially vitamin C, can weaken the immune system and contribute to gum disease.

9. Stress

Stress can weaken the immune response, making it harder for the body to combat gum infections.

10. Bruxism (Teeth Grinding)

Grinding or clenching teeth can put excessive pressure on the gums and supporting structures, increasing the likelihood of periodontal damage.

11. Ill-Fitting Dental Restorations

Poorly fitting crowns, bridges, or dentures can trap food and bacteria, contributing to gum irritation and infection. Maintaining good oral hygiene, regular dental visits, and addressing underlying health conditions can significantly reduce the risk of developing periodontal disease.

TEACHER'S ROLE		
TO DO	ADVISE TO CHILDREN	ADVISE TO PARENTS
<ul style="list-style-type: none"> ■ Detect signs of bleeding gums, unpleasant odor, or food deposits. ■ Record these findings in the child's health file and notify the parent. 	<ul style="list-style-type: none"> ■ Brush teeth twice a day. ■ Rinse the mouth thoroughly with water. ■ Refrain from using objects to pick at teeth. 	<ul style="list-style-type: none"> ■ Take the child to the dentist.

IRREGULAR ALIGNMENT OF TEETH / JAW (MALOCCLUSION)

Malocclusion refers to any deviation from the normal alignment of teeth or the upper and lower jaws. It can affect both the appearance and the function of the mouth, such as speech and chewing.

SIGNS OF MALOCCLUSION

- Abnormally forward or backward teeth or jaw
- Gaps between the teeth.
- Uneven or crowded teeth.
- Cross bite/reverse bite.
- Asymmetry of the face.
- Pain in the joint between the upper and lower jaw.



SYMPTOMS

- Difficulty in pursing lips.
- Unpleasant appearance.

CAUSES

- Early loss of baby teeth due to dental decay.
- Oral habits causing abnormal pressure on teeth and surrounding structures, such as thumb or finger sucking, tongue thrusting, mouth breathing, or nail biting.

EFFECTS OF MALOCCLUSION

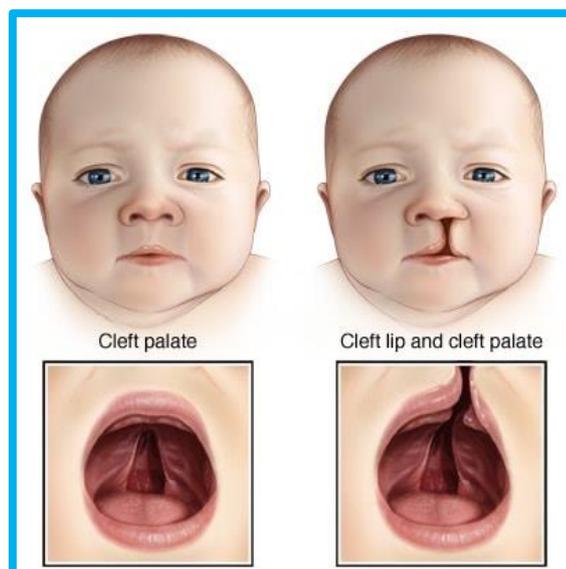
- Appearance.
- Low on confidence and self-esteem.
- Increased chances of dental decay and gum problems.
- Teeth that are abnormally forward may get injured easily.

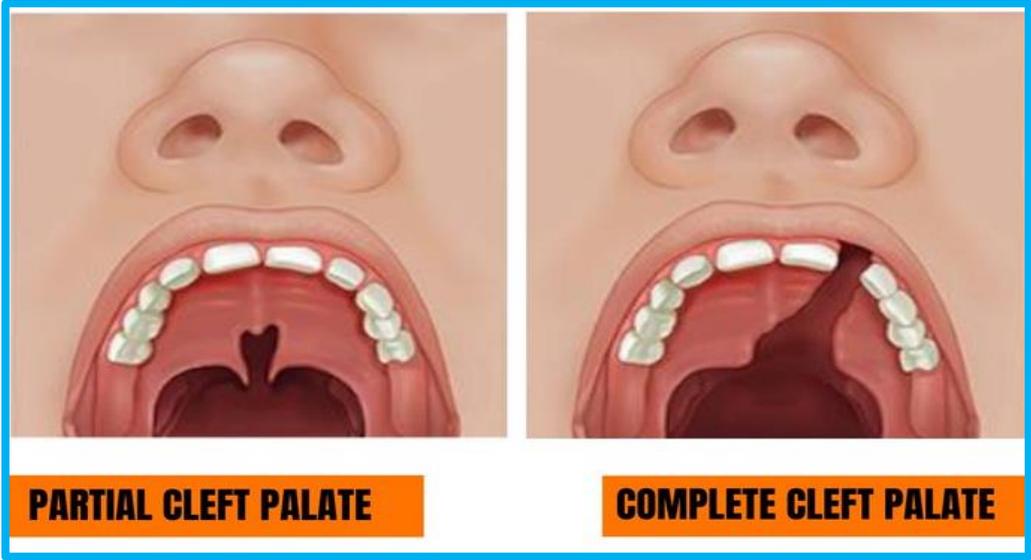
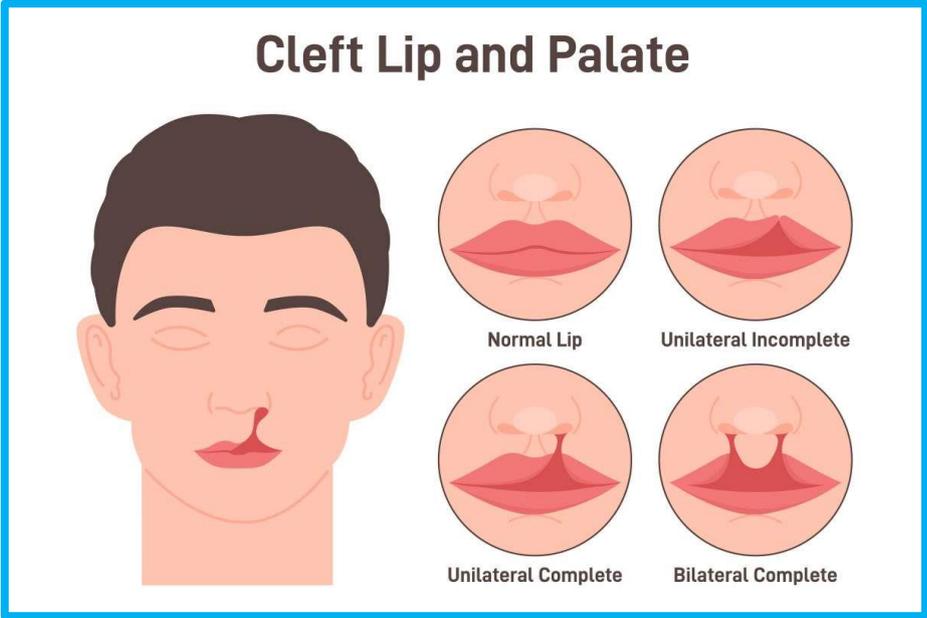
CLEFT LIP/ PALATE

A split in the lip or the roof of the mouth seen at birth is called cleft.

SIGNS AND SYMPTOMS

- Split lip/ palate or both.
- Feeding, swallowing and speech difficulty.
- Unpleasant appearance of the face.





TEACHER'S ROLE	
TO DO	ADVISE TO CHILDREN
<ul style="list-style-type: none"> ■ Identify habits 	<ul style="list-style-type: none"> ■ Encourage the children to stop deleterious oral habits.

TRAUMA TO THE TEETH AND FACE

Teeth and face may get injured easily in childhood during

- Playing/cycling/running
- Physical violence
- Sports injuries
- Falls- It may occur at home/schools/ playgrounds or anywhere else



SIGNS

- Broken tooth/ knocked out tooth
- Bleeding
- Wounded and swollen lips
- Back teeth not meeting

SYMPTOMS

- Pain
- Bleeding
- Numbness
- Progressive reduction in mouth opening after trauma



BROKEN UPPER FRONT TOOTH



AVULSED TOOTH

TEACHER'S ROLE		
TO DO	DONT'S	ADVISE
<ul style="list-style-type: none"> ■ Stop bleeding by applying pressure or using a cold pack. ■ Preserve a knocked-out tooth or broken tooth fragment in milk, water, or tender coconut water. ■ Visit the nearest dentist within one hour. ■ For injuries involving the face or head, seek immediate care at the nearest health facility. 	<ul style="list-style-type: none"> ■ Avoid rubbing or scrubbing the tooth. ■ Do not wrap the tooth in a soiled cloth. ■ Ensure the tooth is not left dry. ■ Do not discard the tooth or its broken fragment. 	<ul style="list-style-type: none"> ■ Encourage the creation of safe environments to reduce the risk of trauma.

DENTAL FLUOROSIS

- Presence of brownish yellow spots or roughened surface on the teeth due to high amount of fluoride in drinking water supply is called dental fluorosis.
- In severe form, fluoride may get deposited in the bones. This is known as skeletal fluorosis.



SIGNS

- Chalky white teeth
- Brownish yellow stains
- Pitting

TEACHER'S ROLE
TO DO
➤ Identify the condition and write in child's record

Do You Remember

1. **What is dental caries?**
2. **What is dental plaque?**
3. **What is early childhood caries?**
4. **What is periodontitis?**
5. **What will happen if gum diseases are not treated in time?**
6. **What is cleft lip and cleft palate?**
7. **When should a patient with dental trauma report to a dentist?**

PREVENTION IS KEY

AT SCHOOL LEVEL:

- School teachers should ensure these practices are followed by the parents and this can be done during the Parent Teacher Meetings.
- Parents play a crucial role in maintaining the oral health of children. Parents need to advocate tooth brushing and mouth rinsing habits in school children. This begins when the first tooth erupts. Parents also need to reinforce about regular dental check-up. This makes the child get used to visiting the dentist.

In addition, Teachers may:

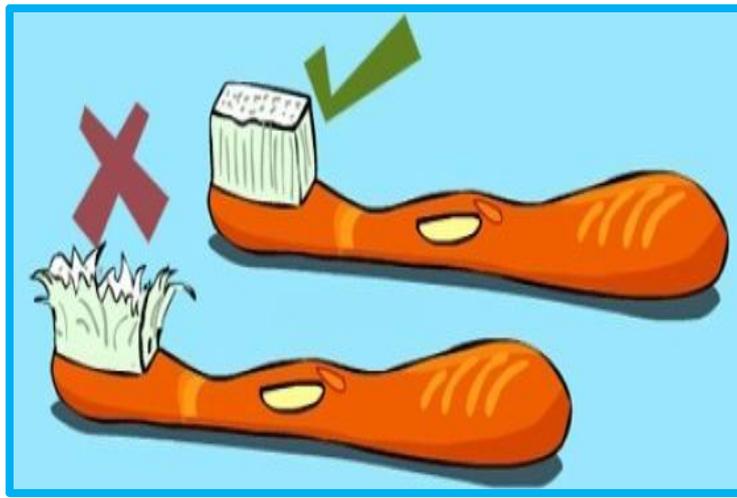
- Organize a monthly class on oral health.
- Discuss child's oral health in parent teacher meeting.
- Integrate mid-day meal, hand washing and mouth rinsing every day.
- Integrate annual deworming day with mass tooth brushing at school.
- Organize discussions on maintaining safe school environments.
- Facilitate annual oral health check up by a dental team.

AT HOME CARE:

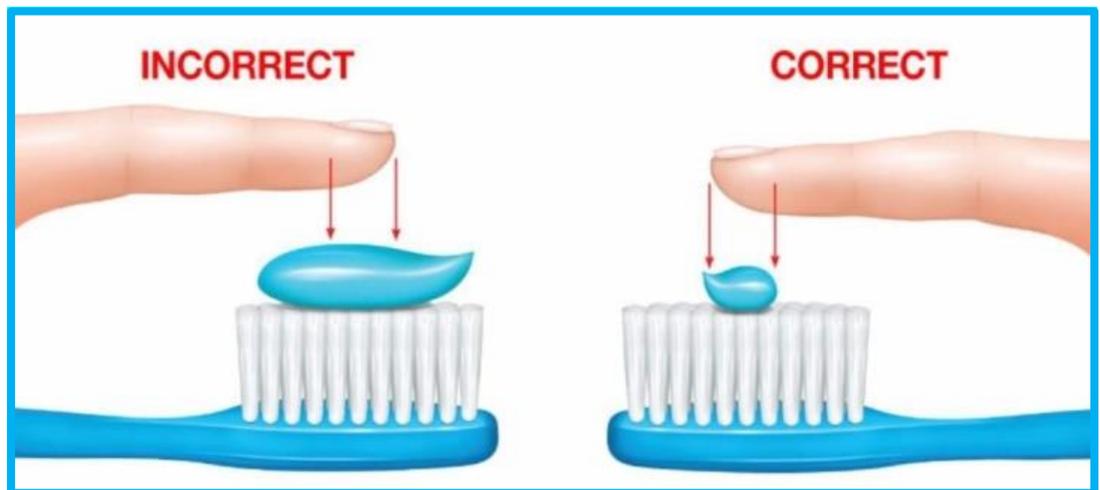
The common dental diseases listed so far are easily preventable following simple measures at home. Some of these include

- Tooth brushing and tongue cleaning
- Mouth rinsing
- Regular self-examination of the mouth

- Avoid smokeless/ smoking tobacco and betel nut in all forms
- Breaking bad oral habits
- Consumption of healthy non-cariogenic diet
- Trauma management
- Visiting a dentist regularly



DO NOT USE FRAYED TOOTH BRUSH



PEA SIZE TOOTHPASTE IS RECOMMENDED FOR DAILY USE

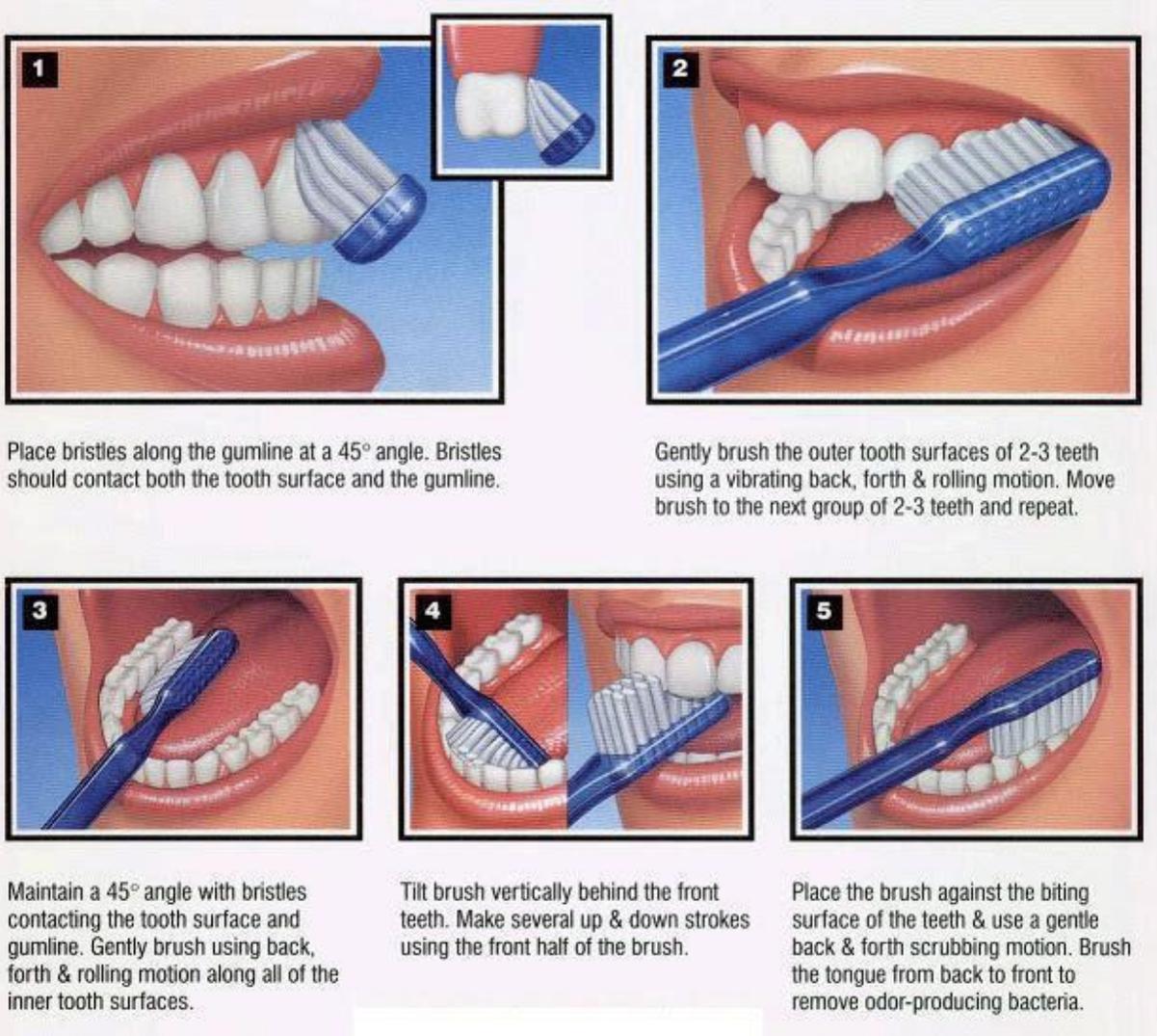
Tooth Brushing:

- This is an important part of effective plaque control.
- Tooth brushing has to be done with toothpaste.
- A pea size amount of tooth paste and a soft bristled brush must be used
- Two types of tooth brushes – baby/ adult brush may be used according to the age.
- Milk teeth also need to be brushed and maintained in good health since this prevents premature shedding.
- The tooth brush has to be changed once in three months or when it begins to fray.
- Brushing must be done twice a day.
- Massaging the gums with finger should also be advised after tooth brushing.

RECOMMENDED TOOTH BRUSHING TECHNIQUE

- Place the brush along the gumline at 45° angle. Gently brush the surface of each tooth using a short, gentle vibrating action.
- Brush the outer surfaces of 2-3 teeth using a vibrating motion back, forth & rolling motion. Move the brush to the next group of 2-3 teeth & repeat. Repeat the same on the inner surfaces as well.
- To clean the inside surfaces of the front teeth, tilt the brush vertically & make several gentle up-down strokes using the front of the brush.
- Scrub the chewing surfaces of the teeth using a short back & forth movement.
- Brushing the tongue will remove bacteria and freshen your breath.





Tongue Cleaning:

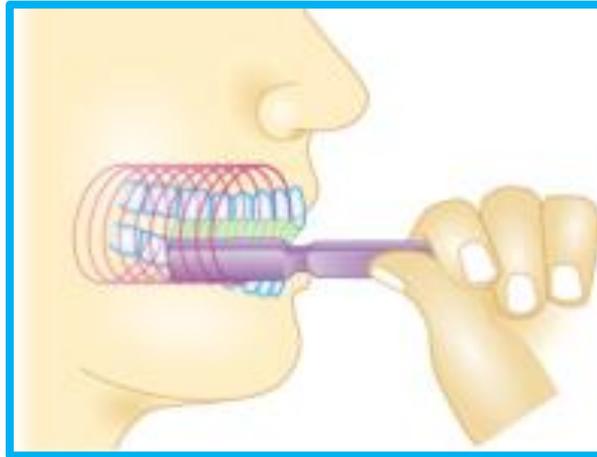
- Advise on cleaning the tongue after tooth brushing.
- This has to be done with the bristles of the brush by applying gentle back and forth strokes.
- Advise on rinsing the mouth thoroughly after brushing.

Mouth Rinsing:

- Should be a advocated as a part of routine oral hygiene.

- It must be advised that consumption of sweetened beverages/ snacks and meals has to end with a thorough mouth rinse with water.
- Mouthwash can be used after consultation with dentist.

RECOMMENDED TOOTH BRUSHING TECHNIQUE IN CHILDREN



- Bring together upper and lower teeth.
- Place brush on the line where the teeth meet.
- Make large circular motion over teeth.
- For the inside, same may be repeated with smaller circular motions.
- Brush the biting surfaces of the teeth.

Regular Mouth Self Examination:

- Educate about and encourage self-examination of mouth.
- It is recognised as a simple way to also detect the warning signs of oral cancer.
- It is described in the following picture in 7 simple steps:

MOUTH SELF EXAMINATION

BUCCAL MUCOSA



RIGHT CHEEK



LEFT CHEEK

TONGUE: LATERAL BORDER



RIGHT BORDER



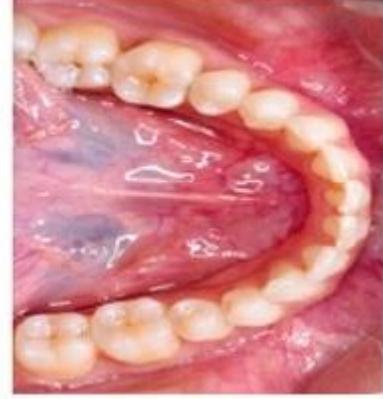
LEFT BORDER



UPPER & LOWER LABIAL VESTIBULE



PALATE



FLOOR OF THE MOUTH

The table below outlines key early indicators for mouth examination

LOOK FOR:

Condition	Early Signs
Tooth Decay	<ul style="list-style-type: none"> - Black spots or discoloration on teeth - Cavities or holes in teeth - Sensitivity to hot, cold, sweet, or sour - Food lodgement in cavities or between teeth - Pain, swelling, or pus discharge
Gum Diseases	<ul style="list-style-type: none"> - Foul smell from the mouth - Swollen gums - Bleeding gums - Deposits or discoloration on teeth - Loose teeth - Widening gaps between teeth
Irregular Arrangement of Teeth and Jaws	<ul style="list-style-type: none"> - Crowding of teeth or reverse bite - Protruding or backwardly placed teeth - Inability to close lips comfortably
Abnormal Growth, Patches, or Ulcers	<ul style="list-style-type: none"> - White or red patches in the mouth - Non-healing ulcer lasting more than two weeks - Reduced mouth opening - Changes in voice - Lump in the neck - Burning sensations - Inability to eat spicy food
Cleft Lip/Palate	<ul style="list-style-type: none"> - Split lip or gap in the palate - Difficulty in feeding the baby
Dental Fluorosis	<ul style="list-style-type: none"> - White, yellow, or brown discoloured patches on teeth

Quitting consumption of all forms of tobacco:

Encourage all school children to avoid starting the use of tobacco in any form, whether smoking or smokeless, as well as betel nut or similar chewing habits.

- Urge those who already engage in these practices to quit immediately.
- Inform parents about these concerns and recommend consulting a dentist or doctor without delay.

Guidelines for promoting a brief intervention:

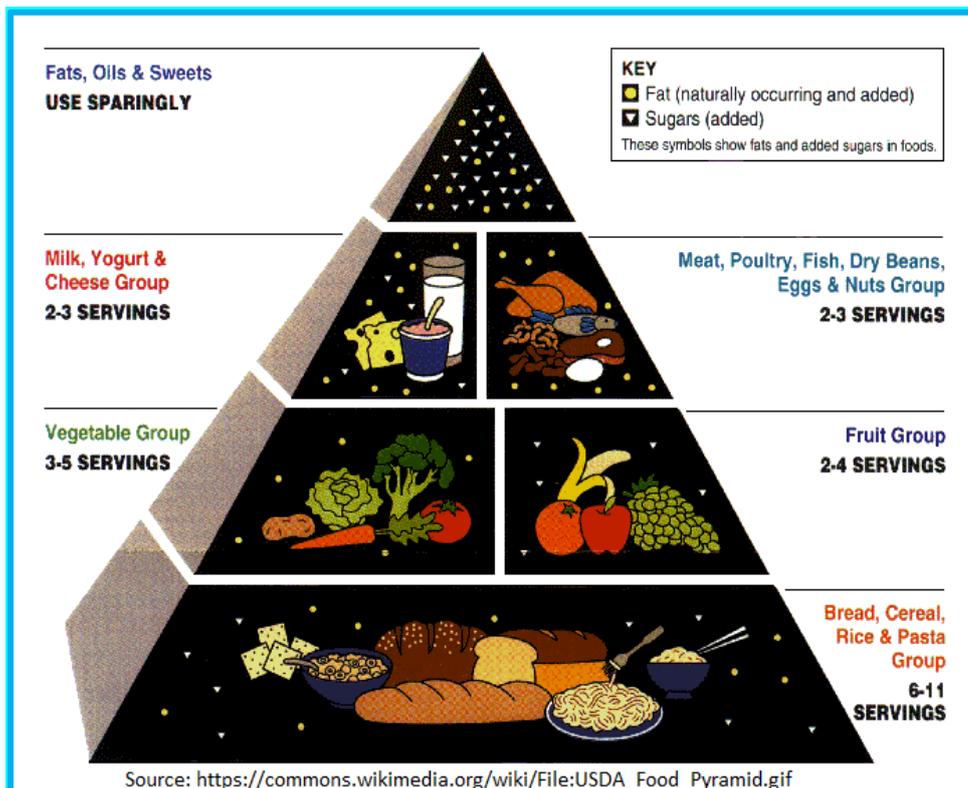
DELAY	<ul style="list-style-type: none">• Postpone the use of tobacco or betel nut during urges or cravings
DISTRACT/ DIVERT	<ul style="list-style-type: none">• Redirect attention from tobacco cravings by engaging in activities such as listening to music, reading, meditating, talking with family or friends, or eating nutritious foods.• Consider chewing clove or cardamom as an alternative
DRINK WATER	<ul style="list-style-type: none">• Stay hydrated by drinking water frequently to help reduce cravings for tobacco or betel nut. Practice relaxation techniques such as yoga and breathing exercises.• Engage in physical activities like walking, jogging, running, cycling, or swimming.
DEEP BREATHE AND DO EXERCISE	<ul style="list-style-type: none">• Practice relaxation techniques such as yoga and breathing exercises.• Engage in physical activities like walking, jogging, running, cycling, or swimming.

Breaking bad oral habits like thumb or digit sucking - If these habits persist beyond 4 years, advise parents to take action:

- Ensure the child receives enough attention, love, and care.
- Suggest showing the child their own reflection in the mirror when they are thumb or digit sucking.
- Recommend applying a substance with a bad taste or odour on the nails to discourage thumb or finger sucking.
- Suggest dressing the child in long-sleeved clothes to prevent thumb sucking during sleep.

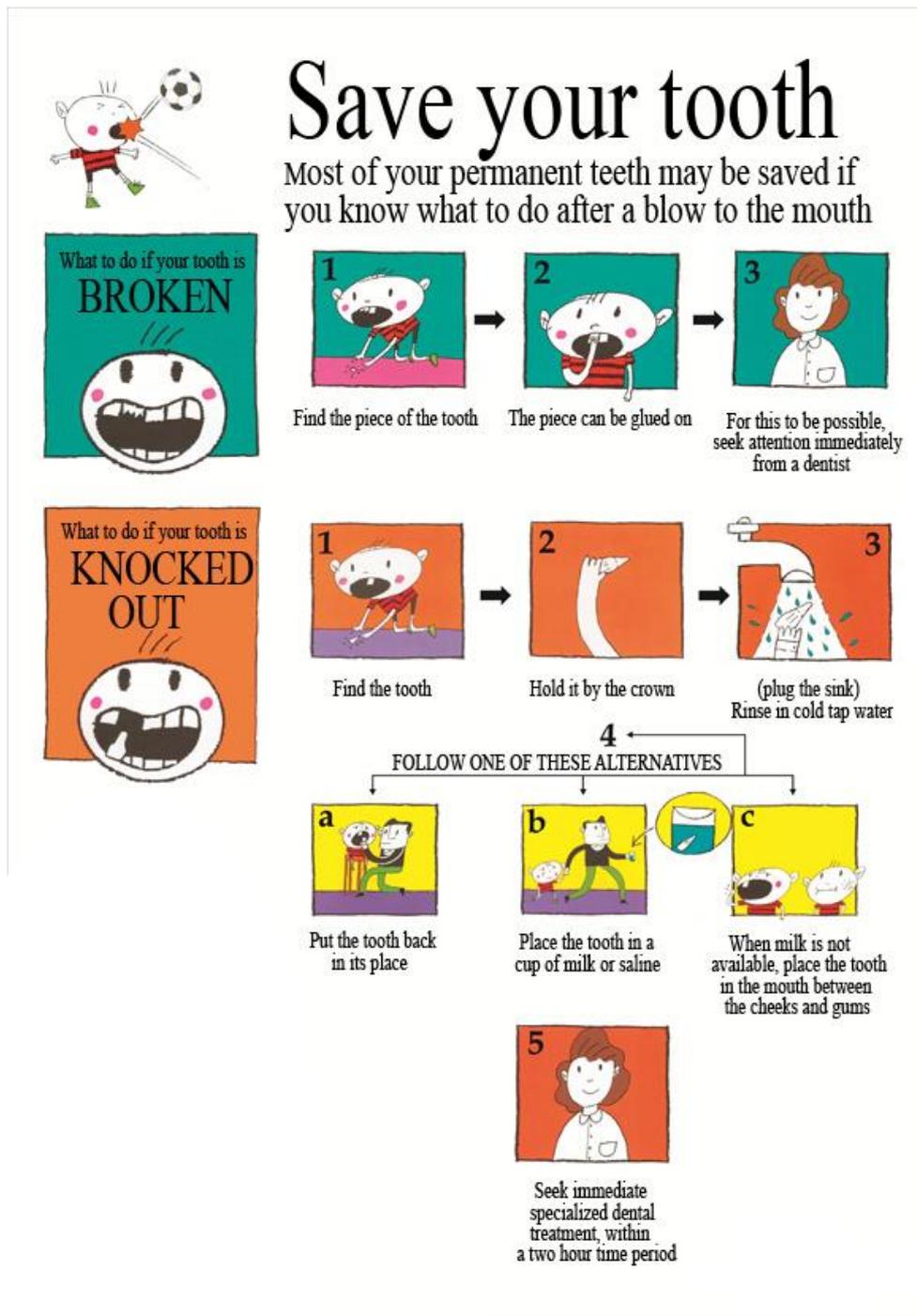
Consumption of healthy non-cariogenic diet:

- A balanced diet should be recommended at all ages
- Advise on consumption of raw and fibre rich fruits and vegetables.
- Advise on avoiding sweetened beverages, soft drinks, sticky and sweet food.
- Advise on avoiding frequent snacking between major meals.



DENTAL TRAUMA MANAGEMENT

- First-aid for dental trauma, such as saving a broken or knocked-out tooth, can be provided at home or school by following these steps outlined in the figure.

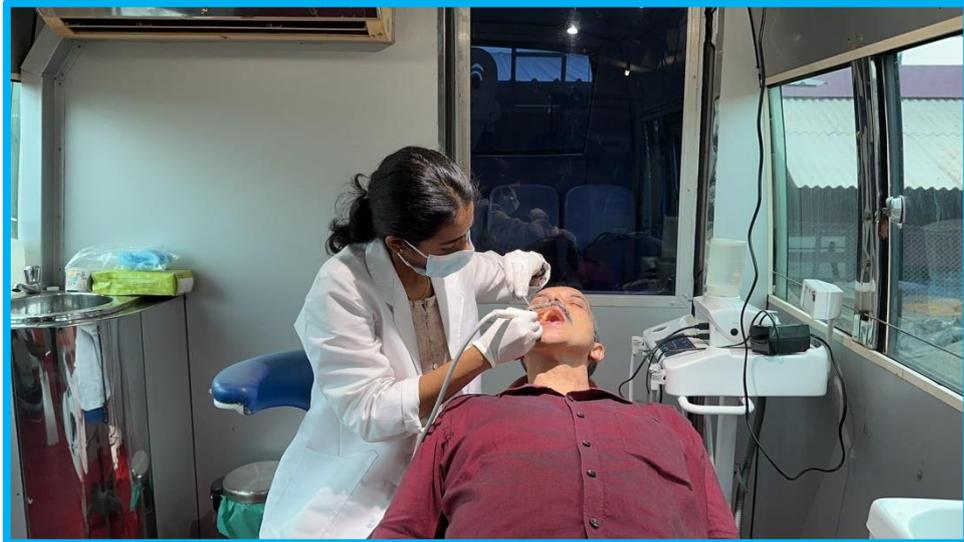


**A QUICK REFERENCE FOR TEACHERS TO HANDLE COMMON
DENTAL EMERGENCIES**

DENTAL EMERGENCY	MANAGEMENT STEPS
Knocked-Out Tooth	<ul style="list-style-type: none"> - Find the tooth and handle it by the crown (avoid touching the root). Rinse gently with water (do not scrub). Place the tooth back in its socket, if possible, or store in milk or the child's saliva. - Seek immediate dental care.
Broken Tooth	<ul style="list-style-type: none"> - Rinse the mouth with warm water. - Collect any broken fragments. - Apply a cold compress to reduce swelling. - Visit the dentist promptly.
Toothache	<ul style="list-style-type: none"> - Rinse the mouth with warm salt water. - Use dental floss to remove food stuck between teeth. - Consult a dentist as soon as possible.
Soft Tissue Injury (Lips, Tongue, Cheeks)	<ul style="list-style-type: none"> - Clean the injured area gently with water. - Apply pressure using a clean cloth to stop bleeding. - Use a cold compress to reduce swelling. - Visit a dentist or physician if bleeding doesn't stop or the injury is severe.
Object Stuck Between Teeth	<ul style="list-style-type: none"> - Use dental floss to gently remove the object. - Avoid using sharp or pointed tools. - Seek dental advice if the object cannot be removed.
Dental Abscess (Swelling or Infection)	<ul style="list-style-type: none"> - Rinse the mouth with warm salt water. - Avoid pressing or attempting to drain the abscess. - Seek immediate dental care.

Visiting a dentist:

- It is important to advise parents to ensure that they take their child to a dentist at least once a year for a routine dental check-up, early diagnosis and prompt treatment.



PROFESSIONAL MEASURES:

- In addition to home care, below are a few procedures performed by the dentist to prevent and stop progression of common dental diseases.

PREVENTION OF DENTAL DECAY

- Pit & fissure sealant placement
- Fluoride application
- Fillings
- Root Canal Treatment

Pit & fissure sealant placement:

- Sealant placement is a procedure that seals the fissures on chewing surfaces of teeth and prevents decay.



PIT AND FISSURE SEALANT APPLICATION

Fluoride Application:

Fluoride varnish application is a procedure that prevents decay on smooth surface



FLUORIDE APPLICATION

Fillings:

- Filling is a procedure where decay is removed and the tooth is filled with a filling material.



Root canal treatment:

- When the decay progresses to involve pulp, root canal treatment is done.
- It is a procedure where infected pulp, nerves and vessels of the tooth are removed and a filling material is placed. Later, a cap is placed on the tooth.



ROOT CANAL TREATMENT AND CAP PLACEMENT

PREVENTION OF GUM DISEASES

- Dentist will advise and demonstrate proper brushing technique.
- Dentists may suggest rinsing mouth with warm salt water / chemical based mouth wash whenever applicable.
- Dentist cleans the deposits on the teeth, including calculus by using instrument called scalers. This is called scaling.

- The dentist may also suggest oral hygiene measures in specific target groups.



PREVENTION OF IRREGULARLY ALIGNED TEETH

- Care for milk teeth
- Braces
- Appliances for restricting bad oral habits
- Cleft lip and / or palate management

Care for milk teeth

- Apart from reinforcing good oral hygiene for maintaining healthy milk teeth at home, the dentist may place fluoride varnish or fluoride releasing fillings to safeguard the decayed milk teeth.
- In case of premature shedding of milk teeth, the dentist may also place an appliance that maintains the space for the successor tooth.

Braces

- The dentist can also plan for placement of orthodontic braces and wires to achieve the proper alignment of teeth.
- Appliances for restricting bad oral habits.
- The dentist may also provide appliances and suggest exercises that restrict oral habits.

- The dentist may also provide appliances and suggest exercises that restrict oral habits.



Cleft lip and / or palate management

- The dentist may reinforce on feeding techniques, speech therapy and initiate comprehensive management.

MANAGEMENT OF FLUOROSIS

- The dentist will diagnose and perform appropriate treatment.

MANAGEMENT OF DENTAL TRAUMA

- The dentist will grade the severity of dental trauma and manage appropriately.

BEST PRACTICES FOR HEALTHY TEETH

You should follow these golden rules yourself and make the child understand that it is important to

1. Brush teeth properly twice daily, after waking up and before going to sleep.
2. Always rinse mouth properly after eating.
3. Avoid eating sweet and sticky food.
4. Eat raw and fibre rich foods like fruits and vegetables.
5. Get the routine dental check-up done.



CHECKLIST

- Involve parents, local leaders and teachers in meetings.
- Make oral health a definitive component of the meetings.
- Discuss how parents contribute to the maintenance of oral health in parent teacher meeting. Discuss provision of oral health aids like toothbrushes and encouraging mouth rinsing after every meal.
- Conduct monthly interactive classes on oral health.
- Ensure the children get their teeth checked in school camps.
- Ensure appropriate referral mechanism for children with oral health needs with nearest dental team.
- Organize mass tooth brushing activities once in a year.
- Make 100 yards around the school, tobacco free.



FREQUENTLY ASKED QUESTIONS

1. Can tooth decay occur early in childhood? What should be done if it is noticed?

Yes, tooth decay can occur early in childhood. Prolonged bottle feeding of sweetened milk, especially at night, can cause widespread decay of the teeth, except for the lower front teeth. Parents should consult a dentist as soon as the first tooth erupts to receive guidance on the importance of establishing good oral hygiene practices from an early age.

2. How can tooth staining be prevented?

Regular tooth brushing and rinsing after meals can help prevent tooth staining. If stains persist, it is important to visit a dentist for professional advice and cleaning.

3. How often should teeth be professionally cleaned by a dentist?

With good oral hygiene, a dental check-up once a year is usually sufficient. Professional cleaning is necessary only when plaque hardens into calculus that adheres firmly to the gums.

4. Can salt be used instead of toothpaste for cleaning teeth?

Using salt, tooth powder, or similar abrasive materials can damage the tooth enamel over time. Therefore, they are not recommended for regular use.

5. What is the best way to clean teeth?

It is advisable to use a soft-bristled toothbrush with a pea-sized amount of toothpaste to brush teeth twice daily. This practice helps prevent plaque build-up, tooth decay, and gum disease.

6. How can teeth be kept healthy?

Brushing once in the morning and before bed, along with rinsing the mouth with water after every meal, is key to maintaining healthy teeth. Rinsing is especially important after consuming sweet or sticky foods like cakes, biscuits, chocolates, candies, rice, and bread.

7. What causes whitish stains on teeth?

Whitish stains on teeth, often following a specific pattern on the upper and lower front teeth, are a sign of Dental Fluorosis. This condition is caused by excessive fluoride in the groundwater of the region. A dentist should evaluate the severity to determine the appropriate action. If high fluoride levels are confirmed, it is important to notify the relevant authorities for water quality monitoring.

8. What are clefts, and why do they occur? Can they be treated?

A cleft is a split or opening in the lip or roof of the mouth. It can result from genetic factors, certain medications taken during early pregnancy, or malnutrition during pregnancy. Immediate consultation with a doctor after birth is crucial to establish feeding practices and outline the treatment plan.

9. What should be done if teeth have not erupted by the age of 1 year?

If teeth have not started erupting by the age of 1, it is essential to consult a dentist to evaluate the situation and consider necessary options.

10. How can someone quit smoking or chewing tobacco?

To help someone quit tobacco use, encourage them to delay usage, distract their mind from cravings, drink 4-5 litres of water daily, exercise regularly, and set a quit date to stop completely. Additionally, referring them to a nearby health facility for personalized counselling can be highly beneficial.

11. Why is it important to fill milk teeth?

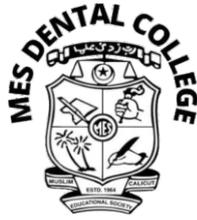
Milk teeth serve as guides for the eruption of permanent teeth and act as natural space maintainers. They are also essential for chewing and speaking functions. Keeping milk teeth healthy and filling cavities in decayed teeth is critical for overall dental health.

12. Why should children rinse their mouths after using medicated syrups?

Medicated syrups for children often contain sweeteners to make them more palatable. If not cleaned, the syrup residue on teeth can lead to tooth decay. Rinsing the mouth after taking syrups helps prevent this issue.

REFERENCES

1. Nikhil Marwah. Textbook of pediatric dentistry. New Delhi, India: Jaypee Brothers Medical Publishers (P) Ltd; 2023
2. Garg N, Garg A. Textbook of Preclinical Conservative Dentistry. JP Medical Ltd; 2022.
3. Nelson SJ, Wheeler RC. Wheeler's dental anatomy, physiology and occlusion. St. Louis, Missouri: Elsevier; 2020.
4. Training Manual on Oral Health Promotion for School Teachers. http://edantseva.gov.in/sites/default/files/dental_health_document_pdf/school_teacher_manual.pdf.
5. B Sivapathasundharam. Shafer's Textbook of Oral Pathology. S.L.: Elsevier India; 2020.



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