

Date: 05<sup>th</sup> June, 2017

**Index Institute of Dental Sciences**

**Report of the Dental Treatment Camp - Chainpura**

A free dental treatment camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at village Chainpura, District Mhow, Madhya Pradesh on 05<sup>th</sup> June, 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Aayush Srinivasan, Abhilash Sharma, Jinal Ahir, Aishwarya Patil, Aishwarya Mohan, Akul Raj Verma, Amreen Saba Ansari, Anjali Bhadoriya and MRD- Mr. Rajendra Thakur actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:10 am and reached the above mentioned venue at 09:50 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration/ screening area, which was managed by two intern dentists who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD Mr. Rajendra Thakur for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 10:05 am.

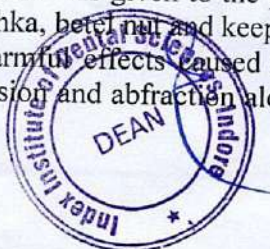
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. Dental treatment van was well equipped with a dental chair and necessary armamentarium required for the primary dental health care treatment like extraction of mobile teeth, scaling, restoration of the decayed teeth.

MRD Mr. Rajendra Thakur managed the flow of dental instruments and supplies. MRD Mr. Rajendra Thakur also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

A total of 146 patients were screened and 53 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 53 patients out of 146 screened patients required dental treatment. Out of 53 treated patients, 28 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 13 patients required extraction of their teeth. Where a sum of 5 patients underwent extraction due to loosening of their teeth, 6 patients underwent extraction due to grossly decayed teeth which can't be restored and 1 patient underwent extraction due to retained root stumps in the oral cavity. Total 12 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth, recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation



Malwa Registrar  
Malwanchal University  
Indore (M.P.)

Dr. Ranjan Mani  
Tripathi

of plaque and calculus on the teeth surfaces, caries, reduced mouth opening and carcinoma of the oral cavity. Demonstration of proper brushing technique with the help of brush and brushing model and to maintain good oral hygiene practices was given to the patients.

Oral health talk was delivered by interns to the villagers stating "A healthy mouth can be a great asset." Our teeth have such an important role to play in our lives. They help us chew and digest food, they help us talk and speak clearly and they also give our face its shape. A smile also has other day-to-day benefits. It can give us greater confidence, as well as influence our social lives, careers and relationships. Because of this, it only makes sense to give our oral health the best care possible.

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste twice daily and also to clean tongue with the help of the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively.

Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with this by using home remedies, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", i.e. untrained people providing "dental care" is a serious problem, as the result of "treatment" by these people could actually worsen any dental problems due to a lack of dental knowledge.

Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been used for decades in high risk communities with great success, and keeps the kids happy during dental treatment.

Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example, people requesting root canal treatments, people requiring gingival flap surgery, orthodontic cases, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, extraction of impacted 3<sup>rd</sup> molars, pulpectomy/pulpotomy for children, and pathology referrals were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. There were also treatment refusals - crying children, and some adults who refused extraction of teeth which were beyond saving.

Out of 146 screened patients 36 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:15 pm.

#### Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scalings	Referred patients
146	53	12	13	28	36



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Malwanchal University  
Indore (M.P)

*Dr. Ranjan Mani  
Tripathi*

Registrar  
Malwanchal University  
Indore (M.P.)



Camp Coordinator

Patient Examination in Mobile Dental Van



Dental Treatment Camp



Date: 15<sup>th</sup> June, 2017

## Index Institute of Dental Sciences

### Report of the Dental Screening Camp - Bawaliya

A free dental check up camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at Bawaliya on 15<sup>th</sup> June, 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Ankit Dewada, Ankush Sahu, Anushka Agrawal, Arunima Raghuvanshi, Asad Ayyub Khan, Atul Kumar Jain, Pratish Bawiskar, Bhavna Jadaun, Bhavya Akotiya and MRD- Mr. Anil Chouhan actively participated. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured we arrived safely and kept an eye out for photogenic rest stops. The team left Dental College premises at 09:05 am and reached the above mentioned venue at 10:00 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration area, which was managed by two intern dentists. After registration patients were sent to the screening area where two intern dentist along with senior dentist Dr. Ranjan Mani Tripathi, who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD Mr. Anil Chouhan for the smooth functioning of the dental camp. Screening of the patients at the camp site started at 10:05 am.

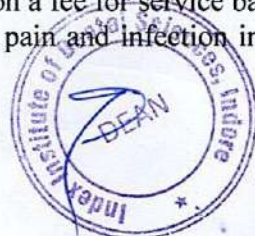
A total of 94 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, malaligned teeth, missing teeth, grossly decayed teeth, teeth with pit and fissure caries, children with rampant caries in their milk teeth and improper cleaning of the tongue were observed.

Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth, recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation of plaque and calculus on the teeth surfaces, caries, reduced mouth opening and carcinoma of the oral cavity. Demonstration of proper brushing technique with the help of brush and brushing model and to maintain good oral hygiene practices was given to the patients.

Oral health talk delivered by interns to the villagers stating "A healthy mouth can be a great asset." Our teeth have such an important role to play in our lives. They help us chew and digest food, they help us talk and speak clearly and they also give our face its shape. A smile also has other day to day benefits. It can give us greater confidence, as well as influence our social lives, careers and relationships. Because of this, it only makes sense to give our oral health the best care possible.

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste twice daily and also to clean tongue with the help of the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively.

Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with



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Indore (M.P.)

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Tripathi

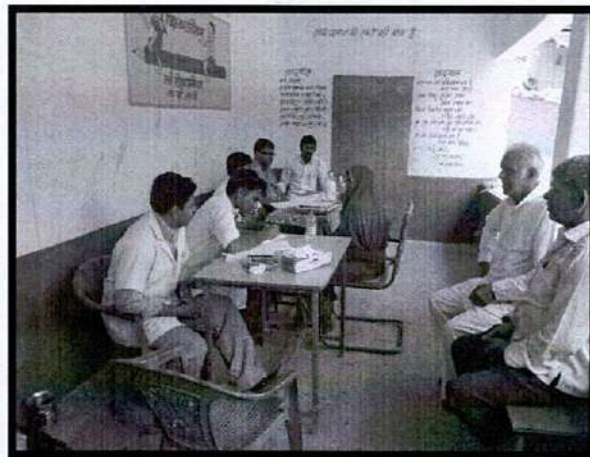
this by using natural (ayurvedic) medicines, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", ie untrained people providing "dental care" is almost as serious a problem, as the result of "treatment" by these people could actually worsen any dental problems due to a lack of dental knowledge.

Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been used for decades in high risk communities with great success, and keeps the kids happy during dental treatment.


Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste two times daily and also to clean tongue by the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively. Patients who required extensive treatment like extraction of teeth, root canal treatment, gingival flap surgery, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, dental implant treatment and pulpectomy were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. Out of 94 screened patients 59 patients were referred for the above mentioned extensive treatment at Index Institute of Dental Sciences, Indore. Team returned to the college premises at 1:20 pm.

**Number of patients screened and required various treatment**

Total patients screened	Total patient requiring treatment	Requiring filling	Requiring extraction	Requiring scaling	Requiring any other treatment
94	59	15	20	19	05



**Oral Screening of the Patients**

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)

Date: 30<sup>th</sup> June, 2017

## Index Institute of Dental Sciences

### Report of the Dental Treatment Camp – Dangi Semlya

A free dental treatment camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at village Dangi Semlya on 30<sup>th</sup> June, 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Rahul Ganawadiya, Dr Rashmi Rai, Interns- Aiswarya Mohan, Akul Raj Verma, Amreen Saba Ansari, Anjali Bhadoriya, Ankit Dewada, Ankush Sahu, Anushka Agrawal, Arunima Raghuvanshi, Asad Ayyub Khan and MRD- Mr. Anil Chouhan actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:10 am and reached the above mentioned venue at 09:50 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration/ screening area, which was managed by two intern dentists who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD- Mr. Anil Chouhan for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 10:05 am.

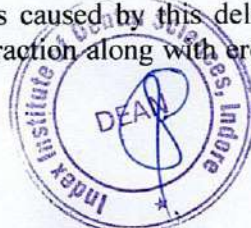
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. Dental treatment van was well equipped with a dental chair and necessary armamentarium required for the primary dental health care treatment like extraction of mobile teeth, scaling, restotation of the decayed teeth.

MRD Mr. Anil Chouhan managed the flow of dental instruments and supplies. MRD- Mr. Anil Chouhan also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

A total of 131 patients were screened and 53 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 53 patients out of 131 screened patients required dental treatment. Out of 53 treated patients, 28 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 13 patients required extraction of their teeth. Where a sum of 5 patients underwent extraction due to loosening of their teeth, 6 patients underwent extraction due to grossly decayed teeth which can't be restored and 1 patient underwent extraction due to retained root stumps in the oral cavity. Total 12 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by these deleterious habits like attrition of teeth, recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation



Registrar  
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Indore (M.P.)

Dr. Ranjan Mani Tripathi

of plaque and calculus on the teeth surfaces, caries, reduced mouth opening and carcinoma of the oral cavity. Demonstration of proper brushing technique with the help of brush and brushing model and to maintain good oral hygiene practices was given to the patients.

Oral health talk was delivered by interns to the villagers stating "A healthy mouth can be a great asset." Our teeth have such an important role to play in our lives. They help us chew and digest food, they help us talk and speak clearly and they also give our face its shape. A smile also has other day-to-day benefits. It can give us greater confidence, as well as influence our social lives, careers and relationships. Because of this, it only makes sense to give our oral health the best care possible.

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste twice daily and also to clean tongue with the help of the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively.

Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with this by using home remedies, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", i.e. untrained people providing "dental care" is a serious problem, as the result of "treatment" by these people could actually worsen any dental problems due to a lack of dental knowledge.

Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been used for decades in high risk communities with great success, and keeps the kids happy during dental treatment.

Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example, people requesting root canal treatments, people requiring gingival flap surgery, orthodontic cases, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, extraction of impacted 3<sup>rd</sup> molars, pulpectomy/pulpotomy for children, and pathology referrals were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. There were also treatment refusals - crying children, and some adults who refused extraction of teeth which were beyond saving.

Out of 146 screened patients 36 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:15 pm.

**Number of patients screened and treatment provided**


Total patients screened	Total patients treated	Total restorations	Total extractions	Total scalings	Referred patients
131	53	12	13	28	36



*Dr. Ranjan Mani  
Tupatu*



Prescribing Medicines to the Patient after Extraction of Tooth

 Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)



Date: 03<sup>rd</sup> July, 2017

## Index Institute of Dental Sciences

### Report of the Dental Screening Camp - Sevani

A free dental check up camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at village Sevani on 03<sup>rd</sup> July, 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Bhuvnesh Airen, Dr. Nitin Das, Interns/Students- Bhavya Pahuja, Sunandaben Bhoya, Arun Date, Deepmala Soni, Devyani Allen, Devyani Punjabi, Divya Gupta, Divya Singh and MRD- Mr. Anil Chouhan actively participated. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured we arrived safely and kept an eye out for photogenic rest stops. The team left Dental College premises at 09:10 am and reached the above mentioned venue at 09:50 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration area, which was managed by two intern dentists. After registration patients were sent to the screening area where two intern dentist along with senior dentist Dr. Bhuvnesh Airen, who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD Mr. Anil Chouhan for the smooth functioning of the dental camp. Screening of the patients at the camp site started at 10:00 am.

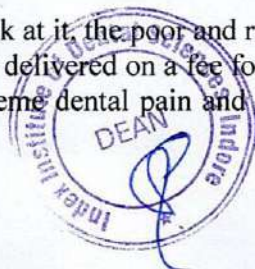
A total of 110 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, malaligned teeth, missing teeth, grossly decayed teeth, teeth with pit and fissure caries, children with rampant caries in their milk teeth and improper cleaning of the tongue were observed.

Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth, recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation of plaque and calculus on the teeth surfaces, caries, reduced mouth opening and carcinoma of the oral cavity. Demonstration of proper brushing technique with the help of brush and brushing model and to maintain good oral hygiene practices was given to the patients.

Oral health talk delivered by interns to the villagers stating "A healthy mouth can be a great asset." Our teeth have such an important role to play in our lives. They help us chew and digest food, they help us talk and speak clearly and they also give our face its shape. A smile also has other day to day benefits. It can give us greater confidence, as well as influence our social lives, careers and relationships. Because of this, it only makes sense to give our oral health the best care possible.

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste twice daily and also to clean tongue with the help of the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively.

Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with



Registrar  
Malwanchal University  
Indore (M.P.)

Dr. Ranjanmani  
Tejapatti

this by using natural (ayurvedic) medicines, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", ie untrained people providing "dental care" is almost as serious a problem, as the result of "treatment" by these people could actually worsen any dental problems due to a lack of dental knowledge.

Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been used for decades in high risk communities with great success, and keeps the kids happy during dental treatment.

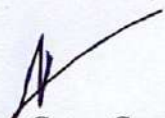
Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste two times daily and also to clean tongue by the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively. Patients who required extensive treatment like extraction of teeth, root canal treatment, gingival flap surgery, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, dental implant treatment and pulpectomy were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. Out of 110 screened patients 67 patients were referred for the above mentioned extensive treatment at Index Institute of Dental Sciences, Indore. Team returned to the college premises at 1:30 pm.

#### Number of patients screened and required various treatment

Total patients screened	Total patient requiring treatment	Requiring filling	Requiring extraction	Requiring scaling	Requiring any other treatment
110	67	16	14	27	10



**Oral Screening of the Patient**

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)

Date: 24<sup>th</sup> July, 2017

## Index Institute of Dental Sciences

### Report of the Dental Treatment Camp - Pedmi

A free dental treatment camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at village Pedmi on 24<sup>th</sup> July, 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Rahul Ganawadiya, Dr. Nitin Das Interns/Students- Farhan Saiyed, Foram Khatsuria, Gulafsha Khanam, Hameer Singh, Harshita Singh, Hussain Yusuf Kandoriwala and MRD- Mr. Anil Chouhan actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anand ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:05 am and reached the above mentioned venue at 09:45 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration/ screening area, which was managed by two intern dentists who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD Mr. Sharukh Khan for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 10:00 am.

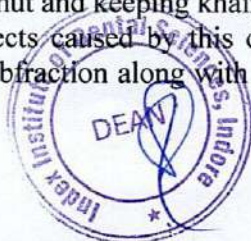
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. Dental treatment van was well equipped with a dental chair and necessary armamentarium required for the primary dental health care treatment like extraction of mobile teeth, scaling, restotation of the decayed teeth.

MRD Mr. Anil Chouhan managed the flow of dental instruments and supplies. MRD Mr. Anil Chouhan also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

A total of 124 patients were screened and 46 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 46 patients out of 124 screened patients required dental treatment. Out of 46 treated patients, 29 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 11 patients required extraction of their teeth. Where a sum of 5 patients underwent extraction due to loosening of their teeth, 6 patients underwent extraction due to grossly decayed teeth which can't be restored and 1 patient underwent extraction due to retained root stumps in the oral cavity. Total 06 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth, recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation



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Dr. Anil Chouhan  
Tripathi

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Oral health talk was delivered by interns to the villagers stating "A healthy mouth can be a great asset." Our teeth have such an important role to play in our lives. They help us chew and digest food, they help us talk and speak clearly and they also give our face its shape. A smile also has other day-to-day benefits. It can give us greater confidence, as well as influence our social lives, careers and relationships. Because of this, it only makes sense to give our oral health the best care possible.

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Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with this by using home remedies, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", i.e. untrained people providing "dental care" is a serious problem, as the result of "treatment" by these people could actually worsen any dental problems due to a lack of dental knowledge.

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Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example, people requesting root canal treatments, people requiring gingival flap surgery, orthodontic cases, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, extraction of impacted 3<sup>rd</sup> molars, pulpectomy/pulpotomy for children, and pathology referrals were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. There were also treatment refusals - crying children, and some adults who refused extraction of teeth which were beyond saving.

Out of 124 screened patients 26 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 1:15 pm.

**Number of patients screened and treatment provided**

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
124	46	6		29	26




Registrar  
Malwanchal University  
Indore (M.P.)

Dr. Ranjan Mann  
Tripathi



**Prescribing Medicines to the Patients after Treatment**

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)

Date: 17<sup>th</sup> August, 2017

## Index Institute of Dental Sciences

### Report of the Dental Treatment Camp - Unhel

A free dental treatment camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at Unhel on 31<sup>st</sup> January 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Rahul Ganawadiya, Dr. Nitin Das, Interns/Students- Hameer Singh, Arun Date, Deepmala Soni, Devyani Allen, Devyani Punjabi, Divya Gupta, Divya Singh, Farhan Saiyed, Foram Khatsuria and MRD- Mr. Anil Chouhan actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:00 am and reached the above mentioned venue at 10:00 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration/ screening area, which was managed by two intern dentists who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD- Mr. Anil Chouhan for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 10:10 am.

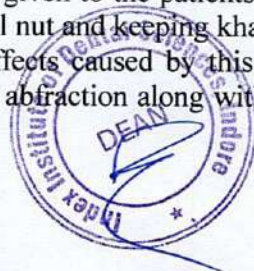
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. Dental treatment van was well equipped with a dental chair and necessary armamentarium required for the primary dental health care treatment like extraction of mobile teeth, scaling, restotation of the decayed teeth.

MRD- Mr. Anil Chouhan managed the flow of dental instruments and supplies. MRD Mr. Anil Chouhan also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

A total of 155 patients were screened and 55 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 55 patients out of 155 screened patients required dental treatment. Out of 55 treated patients, 30 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 13 patients required extraction of their teeth. Where a sum of 5 patients underwent extraction due to loosening of their teeth, 6 patients underwent extraction due to grossly decayed teeth which can't be restored and 1 patient underwent extraction due to retained root stumps in the oral cavity. Total 12 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth, recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation



  
Registrar  
Malwanchal University  
Indore (M.P.)

of plaque and calculus on the teeth surfaces, caries, reduced mouth opening and carcinoma of the oral cavity. Demonstration of proper brushing technique with the help of brush and brushing model and to maintain good oral hygiene practices was given to the patients.

Oral health talk was delivered by interns to the villagers stating "A healthy mouth can be a great asset." Our teeth have such an important role to play in our lives. They help us chew and digest food, they help us talk and speak clearly and they also give our face its shape. A smile also has other day-to-day benefits. It can give us greater confidence, as well as influence our social lives, careers and relationships. Because of this, it only makes sense to give our oral health the best care possible.

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste twice daily and also to clean tongue with the help of the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively.

Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with this by using home remedies, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", i.e. untrained people providing "dental care" is a serious problem, as the result of "treatment" by these people could actually worsen any dental problems due to a lack of dental knowledge.

Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been used for decades in high risk communities with great success, and keeps the kids happy during dental treatment.

Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example, people requesting root canal treatments, people requiring gingival flap surgery, orthodontic cases, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, extraction of impacted 3<sup>rd</sup> molars, pulpectomy/pulpotomy for children, and pathology referrals were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. There were also treatment refusals - crying children, and some adults who refused extraction of teeth which were beyond saving.

Out of 155 screened patients 46 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:30 pm.

**Number of patients screened and treatment provided**

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scalings	Referred patients
155	55	12	13	30	46



Registrar  
Malwanchal University  
Indore (M.P.)

*Dr. Ranjan Mani  
Teeth pasting*



**Oral Screening of the Patients**

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)



Date: 18<sup>th</sup> August, 2017

## Index Institute of Dental Sciences

### Report of the Dental Screening Camp - Palda

A free dental check up camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at Palda, District Indore, Madhya Pradesh on 18<sup>th</sup> August, 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr Bhuvnesh Airen, Interns/Students- Bhavya Pahuja, Sunandaben Bhoya, Farhan Saiyed, Foram Khatsuria, Gulafsha Khanam, Hameer Singh, Harshita Singh, Hussain Yusuf Kandoriwala and MRD- Mr. Anil Chouhan actively participated. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured we arrived safely and kept an eye out for photogenic rest stops. The team left Dental College premises at 09:05 am and reached the above mentioned venue at 09:35 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration area, which was managed by two intern dentists. After registration patients were sent to the screening area where two intern dentist along with senior dentist Dr. Ranjan Mani Tripathi, who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD- Mr. Anil Chouhan for the smooth functioning of the dental camp. Screening of the patients at the camp site started at 09:45 am.

A total of 114 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, malaligned teeth, missing teeth, grossly decayed teeth, teeth with pit and fissure caries, children with rampant caries in their milk teeth and improper cleaning of the tongue were observed.

Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth, recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation of plaque and calculus on the teeth surfaces, caries, reduced mouth opening and carcinoma of the oral cavity. Demonstration of proper brushing technique with the help of brush and brushing model and to maintain good oral hygiene practices was given to the patients.

Oral health talk delivered by interns to the villagers stating "A healthy mouth can be a great asset." Our teeth have such an important role to play in our lives. They help us chew and digest food, they help us talk and speak clearly and they also give our face its shape. A smile also has other day to day benefits. It can give us greater confidence, as well as influence our social lives, careers and relationships. Because of this, it only makes sense to give our oral health the best care possible.

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste twice daily and also to clean tongue with the help of the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively.

Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many



Registrar  
Malwanchal University  
Indore (M.P.)

people suffer episodes of extreme dental pain and infection in their lives. They try to deal with this by using natural (ayurvedic) medicines, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", ie untrained people providing "dental care" is almost as serious a problem, as the result of "treatment" by these people could actually worsen any dental problems due to a lack of dental knowledge.

Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been used for decades in high risk communities with great success, and keeps the kids happy during dental treatment.


Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste two times daily and also to clean tongue by the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively. Patients who required extensive treatment like extraction of teeth, root canal treatment, gingival flap surgery, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, dental implant treatment and pulpectomy were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. Out of 114 screened patients 79 patients were referred for the above mentioned extensive treatment at Index Institute of Dental Sciences, Indore. Team returned to the college premises at 2:15 pm.

#### Number of patients screened and required various treatment

Total patients screened	Total patient requiring treatment	Requiring filling	Requiring extraction	Requiring scaling	Requiring any other treatment
114	79	24	29	20	6



Oral Screening and Treatment Advised by Interns

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)

Date: 15<sup>th</sup> September, 2017

## Index Institute of Dental Sciences

### Report of the Dental Treatment Camp – Umaria Khurd

A free dental treatment camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at Umaria Khurd, District Indore, Madhya Pradesh on 31<sup>st</sup> January 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Rahul Ganavadiya, Interns/Students- Ibrahim Baig, Jay Kumar Yadav, Jaydeep Singh, Kanchan Kumari, Jitendra Verma, Jyoti Shukla, Kapil Mandloi, Krishna Khambalkar, Khushbu Bhavsar and MRD- Mr. Rajendra Thakur actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:05 am and reached the above mentioned venue at 09:55 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration/ screening area, which was managed by two intern dentists who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD- Mr. Rajendra Thakur for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 10:05 am.

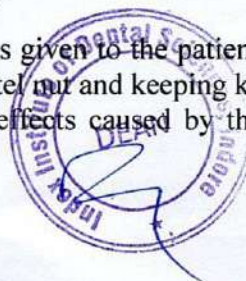
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. Dental treatment van was well equipped with a dental chair and necessary armamentarium required for the primary dental health care treatment like extraction of mobile teeth, scaling, restotation of the decayed teeth.

MRD Mr. Rajendra Thakur managed the flow of dental instruments and supplies. MRD Mr. Rajendra Thakur also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

A total of 157 patients were screened and 52 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 52 patients out of 157 screened patients required dental treatment. Out of 52 treated patients, 32 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 13 patients required extraction of their teeth. Where a sum of 5 patients underwent extraction due to loosening of their teeth, 6 patients underwent extraction due to grossly decayed teeth which can't be restored and 2 patient underwent extraction due to retained root stumps in the oral cavity. Total 07 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth,



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recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation of plaque and calculus on the teeth surfaces, caries, reduced mouth opening and carcinoma of the oral cavity. Demonstration of proper brushing technique with the help of brush and brushing model and to maintain good oral hygiene practices was given to the patients.

Oral health talk was delivered by interns to the villagers stating "A healthy mouth can be a great asset." Our teeth have such an important role to play in our lives. They help us chew and digest food, they help us talk and speak clearly and they also give our face its shape. A smile also has other day-to-day benefits. It can give us greater confidence, as well as influence our social lives, careers and relationships. Because of this, it only makes sense to give our oral health the best care possible.

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste twice daily and also to clean tongue with the help of the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively.

Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with this by using home remedies, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", i.e. untrained people providing "dental care" is a serious problem, as the result of "treatment" by these people could actually worsen any dental problems due to a lack of dental knowledge.

Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been used for decades in high risk communities with great success, and keeps the kids happy during dental treatment.

Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example, people requesting root canal treatments, people requiring gingival flap surgery, orthodontic cases, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, extraction of impacted 3<sup>rd</sup> molars, pulpectomy/Pulpotomy for children, and pathology referrals were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. There were also treatment refusals - crying children, and some adults who refused extraction of teeth which were beyond saving.

Out of 157 screened patients 36 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:00 pm.

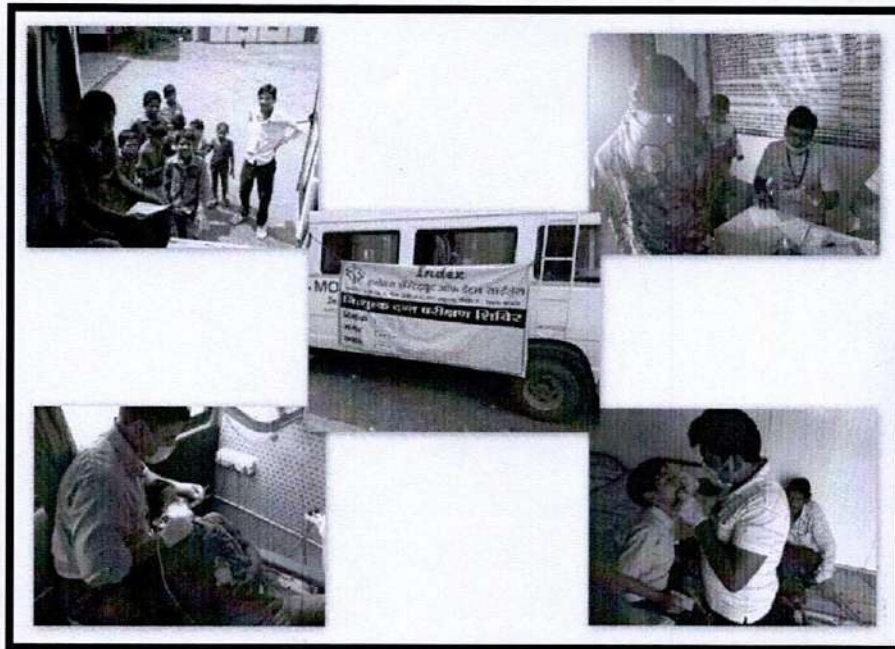
*A. Ranjan Maurya  
Trijpathi*



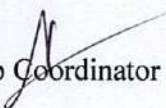
  
Registrar  
Malwanchal University  
Indore (M.P.)

**Number of patients screened and treatment provided**

<b>Total patients screened</b>	<b>Total patients treated</b>	<b>Total restorations</b>	<b>Total extractions</b>	<b>Total scalings</b>	<b>Referred patients</b>
157	52	7	13	32	36



**Treatment of the Padiatric Patients as well as Adult Patient in Mobile Dental Van**

Camp  Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)

Date: 24<sup>th</sup> October, 2017

## Index Institute of Dental Sciences

### Report of the Dental Treatment Camp – Jamnya Khurd

A free dental treatment camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at village Jamnya Khurd, District Indore, Madhya Pradesh on 24<sup>th</sup> October, 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Nitin Das, Interns/Students- Krishna Rijal, Lokendra Lodhi, Pooja Mangale, Janki Matroja, Meghna Chhetri, Priya Mishra, Neha Bhatia and MRD- Mr. Anil Chouhan actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:10 am and reached the above mentioned venue at 09:55 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration/ screening area, which was managed by two intern dentists who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD- Mr. Anil Chouhan for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 10:05 am.

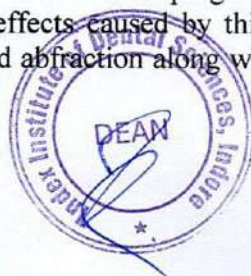
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. Dental treatment van was well equipped with a dental chair and necessary armamentarium required for the primary dental health care treatment like extraction of mobile teeth, scaling, restotation of the decayed teeth.

MRD Mr. Anil Chouhan managed the flow of dental instruments and supplies. MRD- Mr. Anil Chouhan also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

A total of 97 patients were screened and 41 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 41 patients out of 97 screened patients required dental treatment. Out of 41 treated patients, 22 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 10 patients required extraction of their teeth. Where a sum of 3 patients underwent extraction due to loosening of their teeth, 4 patients underwent extraction due to grossly decayed teeth which can't be restored and 3 patient underwent extraction due to retained root stumps in the oral cavity. Total 09 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth, recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation



Registered  
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Indore (M.P.)

of plaque and calculus on the teeth surfaces, caries, reduced mouth opening and carcinoma of the oral cavity. Demonstration of proper brushing technique with the help of brush and brushing model and to maintain good oral hygiene practices was given to the patients.

Oral health talk was delivered by interns to the villagers stating "A healthy mouth can be a great asset." Our teeth have such an important role to play in our lives. They help us chew and digest food, they help us talk and speak clearly and they also give our face its shape. A smile also has other day-to-day benefits. It can give us greater confidence, as well as influence our social lives, careers and relationships. Because of this, it only makes sense to give our oral health the best care possible.

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste twice daily and also to clean tongue with the help of the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively.

Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with this by using home remedies, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", i.e. untrained people providing "dental care" is a serious problem, as the result of "treatment" by these people could actually worsen any dental problems due to a lack of dental knowledge.

Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been used for decades in high risk communities with great success, and keeps the kids happy during dental treatment.

Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example, people requesting root canal treatments, people requiring gingival flap surgery, orthodontic cases, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, extraction of impacted 3<sup>rd</sup> molars, pulpectomy/pulpotomy for children, and pathology referrals were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. There were also treatment refusals - crying children, and some adults who refused extraction of teeth which were beyond saving.

Out of 97 screened patients 26 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:15 pm.

#### Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scalings	Referred patients
97	41	09	10	22	26

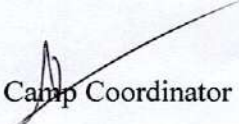


Registrar  
Malwanchal University  
Indore (M.P.)

*Dr. Ranjan Mani  
Tejpathi*



**Oral Screening of Patients followed  
by Dental Treatment in Mobile Dental Van**

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)



Date: 20<sup>th</sup> November, 2017

## Index Institute of Dental Sciences

### Report of the Dental Screening Camp - Rupeta

A free dental check up camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at village Rupeta, District Indore, Madhya Pradesh on 20<sup>th</sup> November, 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr Rahul Ganavadiya, Interns/Students- Neha Kalwani, Nirmala Yadav, Pallavi Yadav, Hosanna Palle Pogu, Pawan Kumar Jangid, Pooja Golia, Pooja Sharma and MRD- Mr. Anil Chouhan actively participated. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured we arrived safely and kept an eye out for photogenic rest stops. The team left Dental College premises at 09:05 am and reached the above mentioned venue at 10:00 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration area, which was managed by two intern dentists. After registration patients were sent to the screening area where two intern dentist along with senior dentist Dr. Ranjan Mani Tripathi, who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD- Mr. Anil Chouhan for the smooth functioning of the dental camp. Screening of the patients at the camp site started at 10:10 am.

A total of 148 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, malaligned teeth, missing teeth, grossly decayed teeth, teeth with pit and fissure caries, children with rampant caries in their milk teeth and improper cleaning of the tongue were observed.

Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth, recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation of plaque and calculus on the teeth surfaces, caries, reduced mouth opening and carcinoma of the oral cavity. Demonstration of proper brushing technique with the help of brush and brushing model and to maintain good oral hygiene practices was given to the patients.

Oral health talk delivered by interns to the villagers stating "A healthy mouth can be a great asset." Our teeth have such an important role to play in our lives. They help us chew and digest food, they help us talk and speak clearly and they also give our face its shape. A smile also has other day to day benefits. It can give us greater confidence, as well as influence our social lives, careers and relationships. Because of this, it only makes sense to give our oral health the best care possible.

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste twice daily and also to clean tongue with the help of the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively.

Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with



Registrar  
Malwanchal University  
Indore (M.P.)

this by using natural (ayurvedic) medicines, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", ie untrained people providing "dental care" is almost as serious a problem, as the result of "treatment" by these people could actually worsen any dental problems due to a lack of dental knowledge.

Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been used for decades in high risk communities with great success, and keeps the kids happy during dental treatment.

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste two times daily and also to clean tongue by the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively. Patients who required extensive treatment like extraction of teeth, root canal treatment, gingival flap surgery, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, dental implant treatment and pulpectomy were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. Out of 148 screened patients 65 patients were referred for the above mentioned extensive treatment at Index Institute of Dental Sciences, Indore. Team returned to the college premises at 2:30 pm.

#### Number of patients screened and required various treatment

Total patients screened	Total patient requiring treatment	Requiring filling	Requiring extraction	Requiring scaling	Requiring any other treatment
148	65	13	18	30	04



Oral Examination of Paediatric Patient

Camp Coordinator



Registrar  
Malwanchal University  
Indore (M.P.)

Date: 20<sup>th</sup> December, 2017

## Index Institute of Dental Sciences

### Report of the Dental Treatment Camp - Palda

A free dental treatment camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at Palda, District Indore, Madhya Pradesh on 20<sup>th</sup> December, 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Rahul Ganavadiya, Interns/Students- Prachi Dubey, Pranoon Jaiswal, Priyanka Choukse, Puja Verma, Rajendra Singh, Rajnandini Hardia, Rashida Motorwala, Reshma Khan, Rohit Nagar and MRD-Mr. Anil Chouhan actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:05 am and reached the above mentioned venue at 09:35 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration/ screening area, which was managed by two intern dentists who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD-Mr. Anil Chouhan for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 10:45 am.

If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. Dental treatment van was well equipped with a dental chair and necessary armamentarium required for the primary dental health care treatment like extraction of mobile teeth, scaling, restotation of the decayed teeth.

MRD- Mr. Anil Chouhan managed the flow of dental instruments and supplies. MRD-Mr. Anil Chouhan. also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

A total of 81 patients were screened and 31 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 31 patients out of 81 screened patients required dental treatment. Out of 31 treated patients, 16 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 8 patients required extraction of their teeth. Where a sum of 3 patients underwent extraction due to loosening of their teeth, 2 patients underwent extraction due to grossly decayed teeth which can't be restored and 3 patient underwent extraction due to retained root stumps in the oral cavity. Total 07 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth,



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recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation of plaque and calculus on the teeth surfaces, caries, reduced mouth opening and carcinoma of the oral cavity. Demonstration of proper brushing technique with the help of brush and brushing model and to maintain good oral hygiene practices was given to the patients.

Oral health talk was delivered by interns to the villagers stating "A healthy mouth can be a great asset." Our teeth have such an important role to play in our lives. They help us chew and digest food, they help us talk and speak clearly and they also give our face its shape. A smile also has other day-to-day benefits. It can give us greater confidence, as well as influence our social lives, careers and relationships. Because of this, it only makes sense to give our oral health the best care possible.

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste twice daily and also to clean tongue with the help of the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively.

Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with this by using home remedies, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", i.e. untrained people providing "dental care" is a serious problem, as the result of "treatment" by these people could actually worsen any dental problems due to a lack of dental knowledge.

Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been used for decades in high risk communities with great success, and keeps the kids happy during dental treatment.

Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example, people requesting root canal treatments, people requiring gingival flap surgery, orthodontic cases, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, extraction of impacted 3<sup>rd</sup> molars, pulpectomy/pulpotomy for children, and pathology referrals were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. There were also treatment refusals - crying children, and some adults who refused extraction of teeth which were beyond saving.

Out of 81 screened patients 22 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 1:00 pm.

Dr Ranjan  
Mani Tripathi




*(Handwritten signature)*


Registrar  
Malwanchal University  
Indore (M.P.)  
Registrar  
Malwanchal University  
Indore (M.P.)

**Number of patients screened and treatment provided**

<b>Total patients screened</b>	<b>Total patients treated</b>	<b>Total restorations</b>	<b>Total extractions</b>	<b>Total scalings</b>	<b>Referred patients</b>
81	21	07	08	16	22

Camp Coordinator  






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Indore (M.P.)