

Date: 23rd January, 2018

Index Institute of Dental Sciences

Report of the Oral Health Camp - Dewas

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 Dewas on 23rd January, 2018. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Poonam Tomar Rana, Dr. Rashmi Rai, Interns/Students- Abhilasha Kumari, Abhishek Kumar, Aditi Jain, Aishwarya Mukati, Akilabanu, Anam Khan, Anchal Rai, Angelica Moses 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.

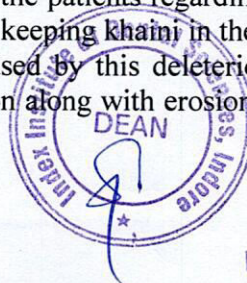
Dr. Ranjan Mani Tripathi If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from 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. 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 126 patients were screened and 43 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 43 patients out of 126 screened patients required dental treatment. Out of 43 treated patients, 21 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, 5 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 11 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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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 3rd 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 126 screened patients 27 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.

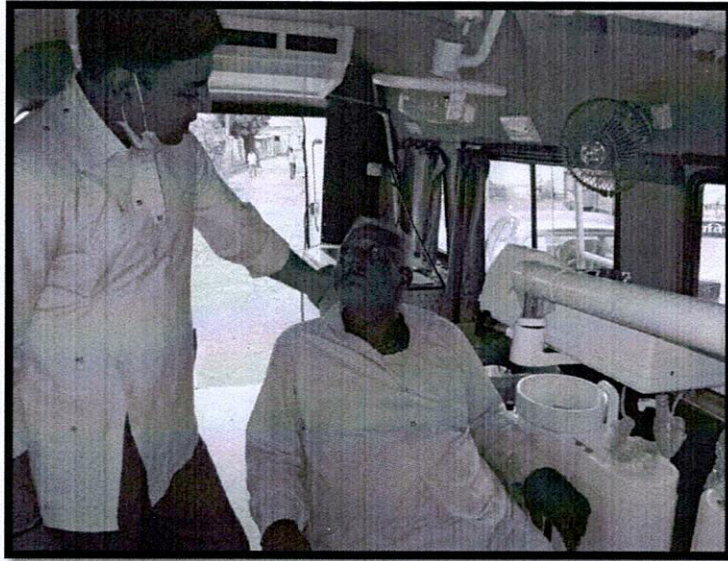
Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
126	43	11	11	21	27



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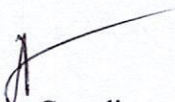
Dr. Ranjan Mani
Tripatti

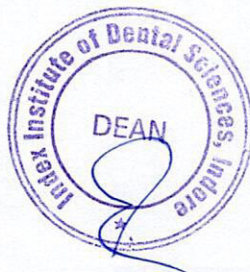


Counselling of Patient Before Providing Dental Treatment



Oral Examination of the Patients at Camp Site


Camp Coordinator




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Date: 22nd February, 2018

Index Institute of Dental Sciences

Report of the Oral Health Screening Camp - Khudel

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 Khudel on 22nd February, 2018. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Poonam Tomar Rana, Interns/Students: Anjali Bhandari, Ankit Gupta, Ankit Nagar, Ankita, Ann Jeslin, Arya Mitra Loka, Ashaji Chedalla, Asma Sheikh 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 09:15 am and reached the above mentioned venue at 10:05 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 10:15 am.

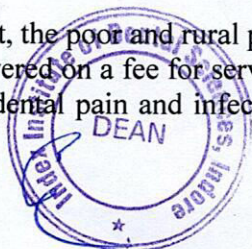
A total of 135 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, 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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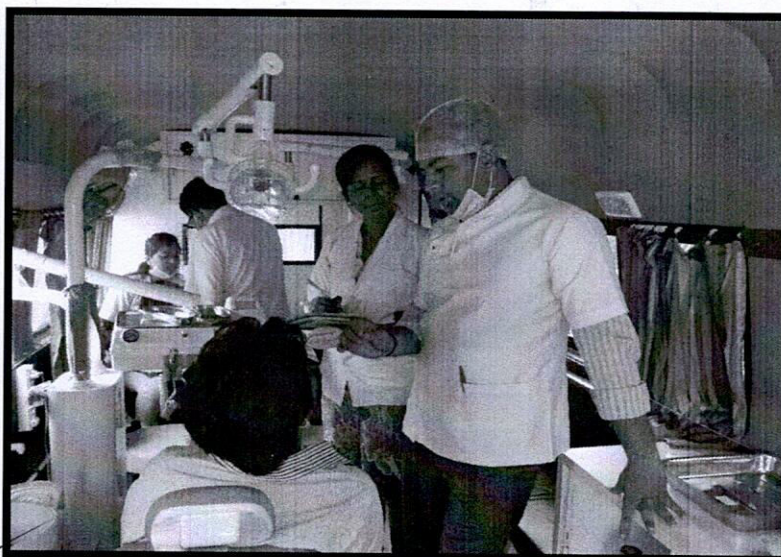
this by using natural (ayurvedic) medicines, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", i.e. untrained people providing "dental care" is almost 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 135 screened patients 76 patients were referred for the above mentioned extensive treatment at Index Institute of Dental Sciences, Indore. Team returned to the college premises at 2:05 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
135	76	21	12	38	5



Patient Receiving Dental Treatment in Mobile Dental Van

Camp Coordinator



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Date: 16th March, 2018

Index Institute of Dental Sciences

Report of the Oral Health Screening Camp - Ambamoliya

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 Ambamoliya on 16th March, 2018. 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: Anam Khan, Anchal Rai, Angelica Moses, Anjali Bhandari, Ankit Gupta, Ankit Nagar, Ankita 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 09:00 am and reached the above mentioned venue at 9:55 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.

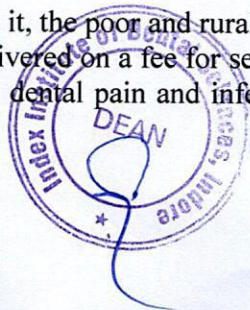
A total of 152 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, 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.

Dr. Ranjan Mani Tripathi 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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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.

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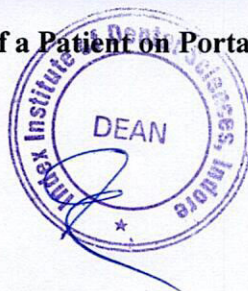
Number of patients screened and required various treatment

Total patients screened	Total patient requiring treatment	Requiring filling	Requiring extraction	Requiring scaling	Requiring any other treatment
152	81	27	7	44	3

*Dr. Ranjan Mani
Tejpatil*



Oral Examination of a Patient on Portable Dental Chair



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Indore (M.P.)



Demonstration of Proper Brushing Technique on Dental Model



Group Photograph of the Team

Camp Coordinator



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Malwanchal University
Indore (M.P.)

Date: 22nd March, 2018

Index Institute of Dental Sciences

Report of the Oral Health Camp - Bawaliya 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 Bawaliya Khurd on 22nd March, 2018. 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: Chakravartula Sri Harsha, Chandradeep Kumar, Charishma Bidudari, Shivani Chouhan, Deeksha Sharma, Deepak Pal, Devshree Shende 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 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. Anil Chouhan for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 9.55 am.

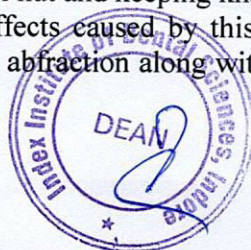
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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.

Dr. Ranjan Mani Tripathi
A total of 139 patients were screened and 48 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 48 patients out of 139 screened patients required dental treatment. Out of 48 treated patients, 26 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 4 patients underwent extraction due to loosening of their teeth, 4 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 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



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Indore (M.P.)

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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.

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 3rd 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 139 screened patients 40 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.

Number of patients screened and treatment provided

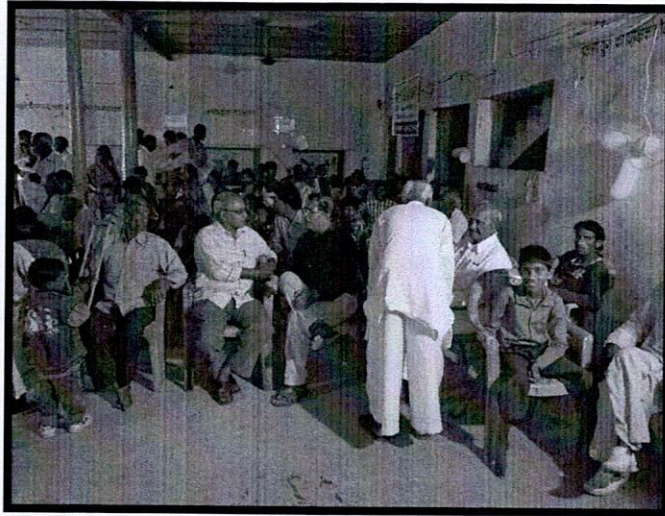
Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
139	48	12	10	26	40



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*Dr. Ranjan Mani
Tupani*



Patients Gathered for Oral Health Checkup

Camp Coordinator 




Registrar
Malwanchal University
Indore (M.P.)

Date: 18th April, 2018

Index Institute of Dental Sciences

Report of the Oral Health Camp - Patadi

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 Patadi on 18th April, 2018. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Bhuvnesh Airen, Dr. Dheeraj Sharma, Interns/Students- Deeksha Sharma, Deepak Pal, Devshree Shende, Divyani Meena, F.Lahmangaihsangi, Godwin V. Thomas, Gummadivally Amulya, Jayanti Thakur 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 09:15 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.

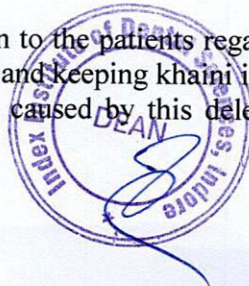
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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, restoration of the decayed teeth.

Dr. Ranjan Mani Tripathi 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 51 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 51 patients out of 155 screened patients required dental treatment. Out of 51 treated patients, 28 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 12 patients required extraction of their teeth. Where a sum of 4 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 11 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

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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.

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 3rd 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 39 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 2:05 pm.

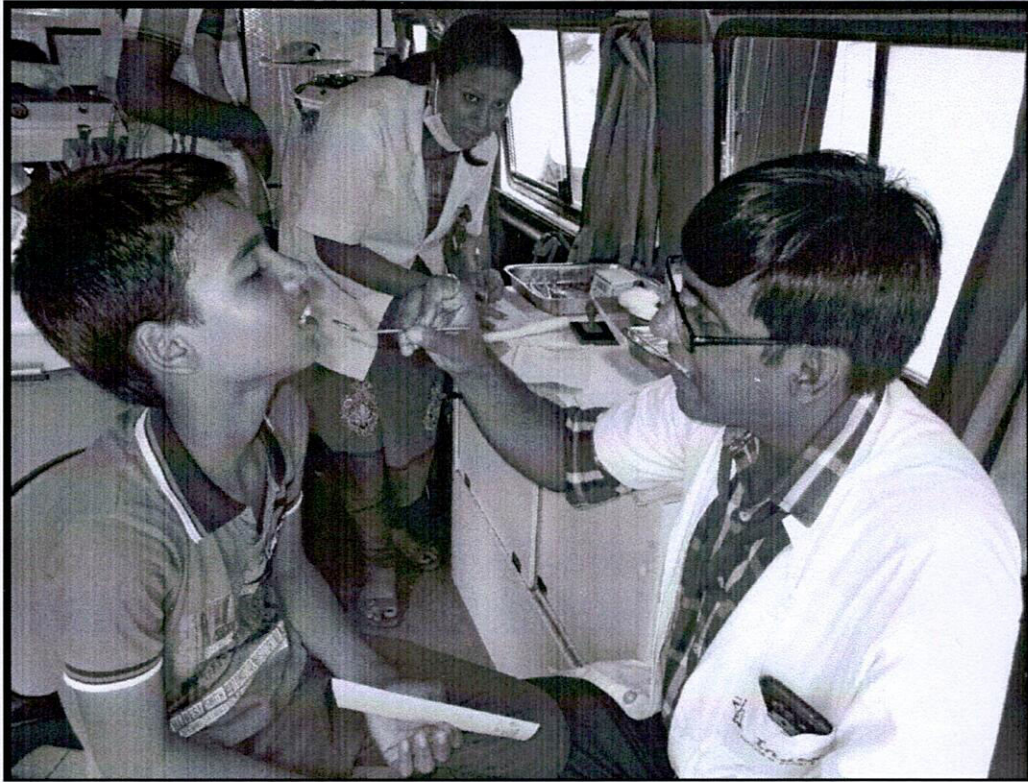
Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
155	51	11	12	28	39

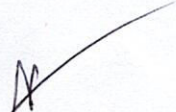


Registrar
Malwanchal University
Indore (M.P.)


Dr. Ranjan mani
Tejpathi



Oral Examination of a Pediatric Patient


Camp Coordinator




Registrar
Malwanchal University
Indore (M.P.)

Date: 12th May, 2018

Index Institute of Dental Sciences

Report of the Oral Health Camp - Sanawadiya

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 Sanawadiya on 12th May, 2018. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Dheeraj Sharma, Interns/Students: Godwin V. Thomas, Gummadivally Amulya, Jayanti Thakur, Kapil Prasad Panda, Keerti Rawat, Tanha Khan, Kiran Patanker, Kommu Jyoshna 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.

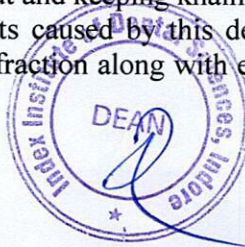
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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, restoration 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 141 patients were screened and 45 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 45 patients out of 141 screened patients required dental treatment. Out of 45 treated patients, 23 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 9 patients required extraction of their teeth. Where a sum of 4 patients underwent extraction due to loosening of their teeth, 4 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 13 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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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.

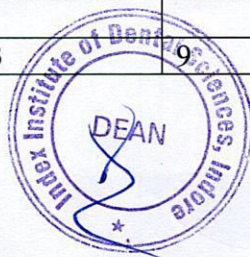
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been 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 3rd 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 141 screened patients 42 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 2:05 pm.

Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
141	45	13	9	23	42



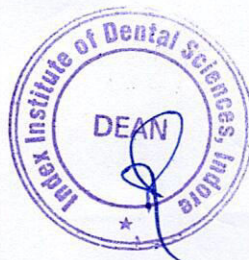
Registrar
Malwanchal University
Indore (M.P.)

Dr. Ranjan Mani
Tripathi



Dentist doing Oral Prophylaxis

Camp Coordinator



Registrar
Malwanchal University
Indore (M.P.)

Date: 15th June, 2018

Index Institute of Dental Sciences

Report of the Oral Health Camp - Tigariya

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 Tigariya on 15th June, 2018. 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: Keerti Rawat., Tanha Khan, Kiran Patanker, Kommu Jyoshna, Kratika Panchal, Krupa Shroff, Lalita Rajput, M. Sudha 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 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 10:00 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, restoration 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 138 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 138 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 12 patients required extraction of their teeth. Where a sum of 6 patients underwent extraction due to loosening of their teeth, 5 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 5 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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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.

*Dr. Ranjani Mani
Tejpatni* 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 3rd 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 138 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 2:05 pm.

Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
138	46	05	12	29	46



[Signature]
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Malwanchal University
Indore (M.P.)

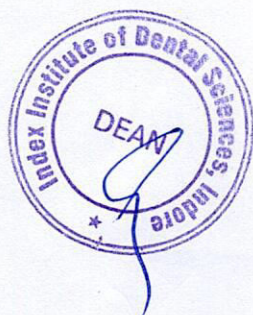


Patient counselling regarding Dental Treatment



Patient Receiving Dental Treatment in Mobile Dental Van

Camp Coordinator



Registrar
Malwanchal University
Indore (M.P.)

Date: 14th July, 2018

Index Institute of Dental Sciences

Report of the Oral Health Screening Camp - Dungariya

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 Dungariya on 14th July, 2018. 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: Krupa Shroff, Lalita Rajput, M. Sudha, Madhubala Jat, Manisha Choudhury, Manisha Jha, Mohammed Furquan, Mohd. Khaja Mubeenuddin, Monica Roy Chandel 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.

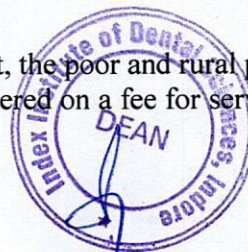
A total of 163 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, 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.

Dr. Ranjan Tripathi Mani 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



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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 163 screened patients 78 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.

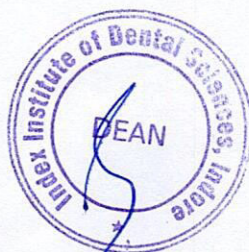
Number of patients screened and required various treatment

Total patients screened	Total patient requiring treatment	Requiring filling	Requiring extraction	Requiring scaling	Requiring any other treatment
163	78	21	11	41	5

Dr Ranjan Mani Tewari



Oral Screening of Patients



QY
 Registrar
 Malwanchal University
 Indore (M.P.)



Oral Screening of Patients

Camp Coordinator



Registrar
Malwanchal University
Indore (M.P.)

Date: 22nd August, 2018

Index Institute of Dental Sciences

Report of the Oral Health Camp - Ashapura

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 Ashapura on 22nd August, 2018. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Rahul Ganavadiya, Dr. Bhuvnesh Airen, Interns/Students: Mousumi Mukherjee, Namrata Nagar, Neha Mishra, Nimisha Pawar, Varis Safi, Riddhiben Parmar, Suragiben Patel, Namrata Pathak 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 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. Anil Chouhan for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 9:55 am.

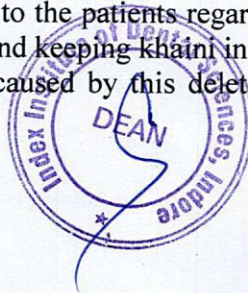
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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. 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 146 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 50 patients out of 125 screened patients required dental treatment. Out of 50 treated patients, 38 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 4 patients underwent extraction due to loosening of their teeth, 4 patients underwent extraction due to grossly decayed teeth which can't be restored and 2 patients underwent extraction due to retained root stumps in the oral cavity. Total 2 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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Indore (M.P.)

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 3rd 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 125 screened patients 32 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 2:05 pm

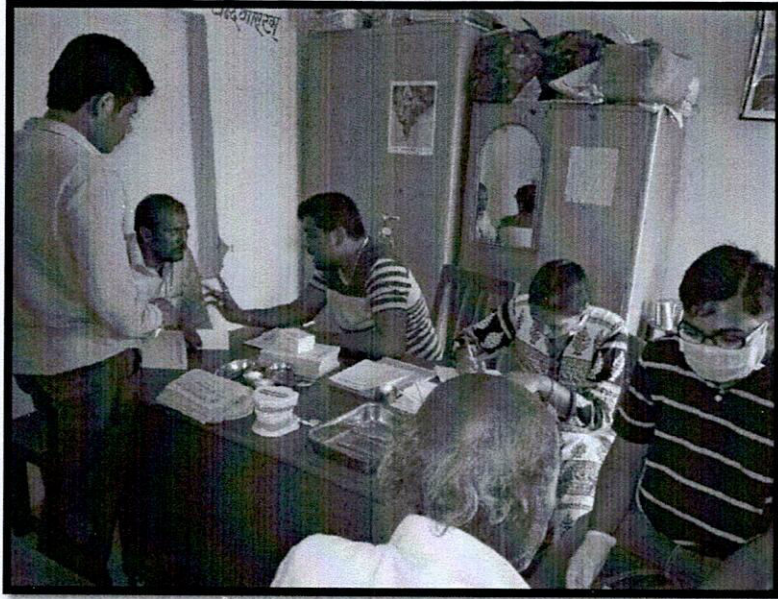
Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
125	50	2	10	3	32




Registrar
Malwanchal University
Indore (M.P.)

*Dr. Ranjan Mani
Tupakati*



Oral Examination of Patients


Camp Coordinator




Registrar
Malwanchal University
Indore (M.P.)

Date: 14th September, 2018

Index Institute of Dental Sciences

Report of the Oral Health Camp - Songuradiya

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 Songuradiya on 14th September, 2018. 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: Suragiben Patel, Namrata Pathak, Mujjafarkhan Nadirkha, Pooja Vishwakarma, Prajna Sangita Mohanta, Priya Jadhav, Priya Yadav, Priyanka Jaiswal 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 09:45 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. Anil Chouhan for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 9:55 am.

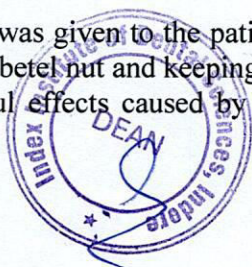
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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. 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 153 patients were screened and 49 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 49 patients out of 153 screened patients required dental treatment. Out of 49 treated patients, 31 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 5 patients underwent extraction due to loosening of their teeth, 2 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 10 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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Indore (M.P.)

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 3rd 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 153 screened patients 41 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.

Number of patients screened and treatment provided

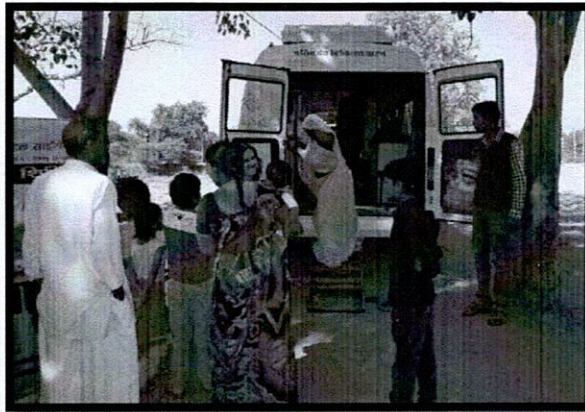
Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
153	49	10	8	31	41



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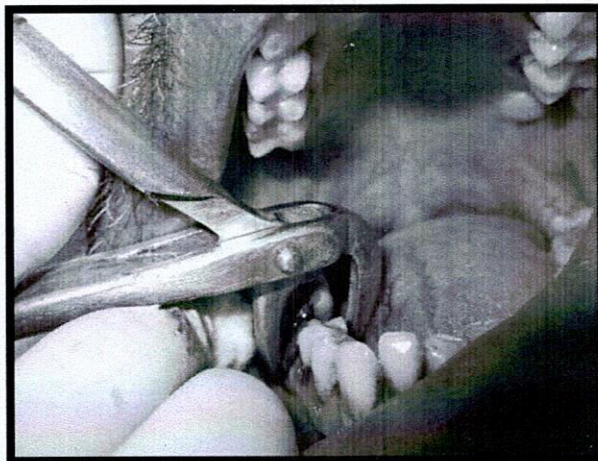
*Dr. Ranjita Mani
Tejpatra*



Patients Waiting for Their Turn for Oral Examination



Tooth Extraction with Elevator



Tooth extraction with Forceps

A handwritten signature in black ink, consisting of a stylized 'A' followed by a long horizontal stroke.

Camp Coordinator



A handwritten signature in green ink, consisting of a stylized 'M' followed by a long horizontal stroke.

Registrar
Malwanchal University
Indore (M.P.)

Date: 26th October, 2018

Index Institute of Dental Sciences

Report of the Oral Health Camp - Asrawad Bujurg

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 Asrawad Bujurg on 26th October, 2018. 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: Priyanka Kumari, Purva Jaiswal, R. Lalrinzuali, Charan Rachakonda, Radha Yadav, Rahul Sharma, Rajeev Kumar, Dhananjay Kumar Ray, Sagar Thani 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 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, restoration 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 134 patients were screened and 45 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 45 patients out of 134 screened patients required dental treatment. Out of 45 treated patients, 23 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 7 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 2 patients underwent extraction due to retained root stumps in the oral cavity. Total 5 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 3rd 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 134 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 2:00 pm.

Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
134	45	5	7	23	46

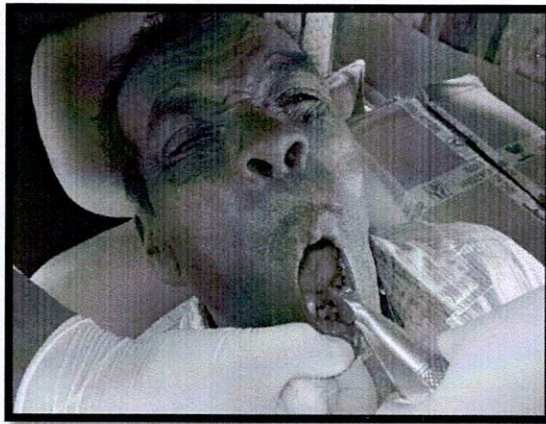


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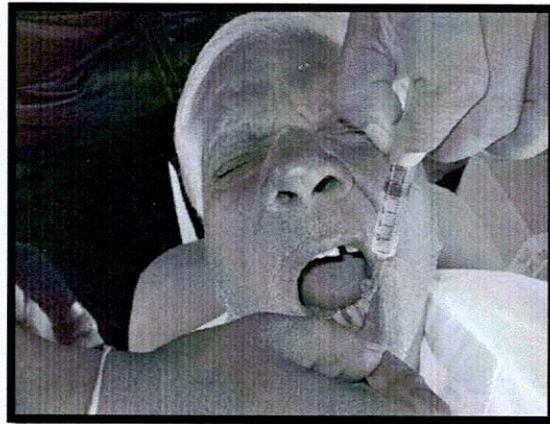
*Dr. Ranjan Mani
Teerpatkhi*



Registration and Oral Examination of Patients

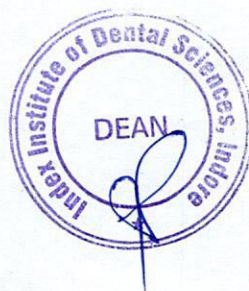


Extraction of Anterior Teeth



Local Anesthesia being Administered before extraction

Camp Coordinator



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Indore (M.P.)

Date: 15th November, 2018

Index Institute of Dental Sciences

Report of the Oral Health Camp - Jigar Kheda

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 Jigar Kheda on 15th November, 2018. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Rahul Ganavadiya, Dr. Tanvee Paranjpe, Interns/Students: Sagar Thani, Samir Hayat Khan, Santanu Parasar, Sarenba Imchen, Shagufta Shaikh, Shakti Prasad Mangaraj, Jaiky Sharma, Pooja Kumari Sharma 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 09:00 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.

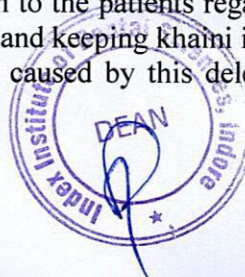
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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 146 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 55 patients out of 151 screened patients required dental treatment. Out of 55 treated patients, 34 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, 4 patients underwent extraction due to grossly decayed teeth which can't be restored and 2 patients underwent extraction due to retained root stumps in the oral cavity. Total 10 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.

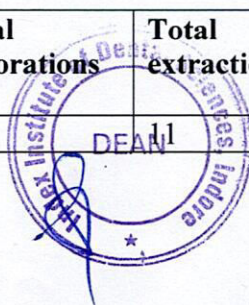
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been 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 3rd 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 2:10 pm

Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
151	55	10		34	46

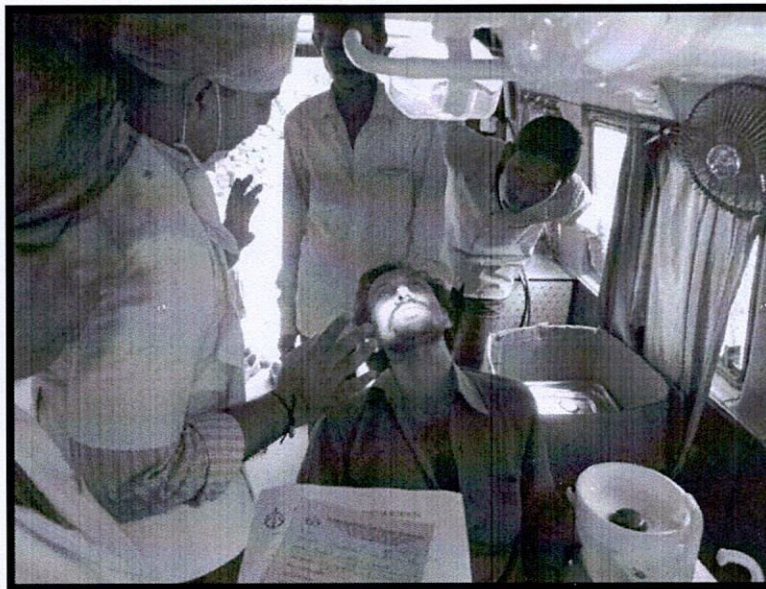


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Indore (M.P.)


Dr. Rajan Mani
Tejipatti




Oral Examination of Patient in Mobile Dental Van



Dentist Giving Post- operative Instruction after Tooth Extraction


Camp Coordinator





Registrar
Malwanchal University
Indore (M.P.)

Date: 22nd December, 2018

Index Institute of Dental Sciences

Report of the Oral Health Camp - Tillor 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 Tillor Khurd on 22nd December, 2018. 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: Swati Agrawal, Shoib Ahmed Ali, Tasveeda Amin, Vijay Patel, Vikram Yadav, Vishal Dhakad, Vivek Jaiswal, Yashee Tiwari, Yogendra Singh, Yogita Solanki and MRD- Mr. Anil Chouhan, 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 09:15 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 10:10 am.

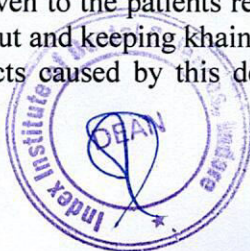
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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, restoration 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.

Dr. Ranjan Mani Tripathi A total of 147 patients were screened and 51 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 51 patients out of 147 screened patients required dental treatment. Out of 51 treated patients, 26 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 12 patients required extraction of their teeth. Where a sum of 6 patients underwent extraction due to loosening of their teeth, 5 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 13 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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Malwanchal University
Indore (M.P.)

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.

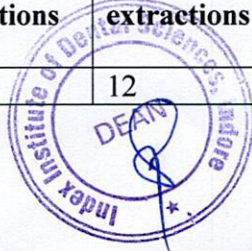
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been 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 3rd 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 147 screened patients 38 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 scaling	Referred patients
147	51	13	12	26	38



Registrar
Malwanchal University
Indore (M.P.)

Dr. Ranjan Mani
Tejpatil



Team Conducting Oral Health Camp

Camp Coordinator



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