

Date: 18th January, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Treatment Camp - Chainpura

A free dental treatment camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at village Chainpura on 18th January, 2019. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Rahul Ganavadiya, Dr. Sagar Thani, Interns/Students: Alicia Lalropuii, Amit Patel, Aneesha Angel M, Ankit Garg, Annu, Anshuman Vyas, Arif Khan, Attri Dixit, Biswajit Kundu 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 09:40 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 9:50 am.

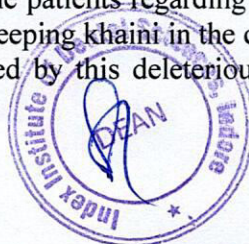
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

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

A total of 124 patients were screened and 47 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 47 patients out of 124 screened patients required dental treatment. Out of 47 treated patients, 25 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 13 patients required extraction of their teeth. Where a sum of 5 patients underwent extraction due to loosening of their teeth, 5 patients underwent extraction due to grossly decayed teeth which can't be restored and 3 patients underwent extraction due to retained root stumps in the oral cavity. Total 9 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,



Registrar
Malwanchal University
Indore (M.P.)

Dr. Ranjan Mani Tripathi

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.

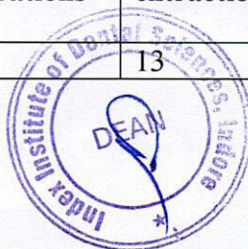
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been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

Mani 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 124 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 2:00 pm.

Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
124	47	9	13	25	42




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 Indore (M P)

Dr. Ranjan Tripathi



Screening and Treatment of Pediatric Patients and Villagers.

Camp Coordinator



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Date: 12th February, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Treatment Camp - Sannod

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 Sannod on 112th February, 2019. 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-Adamyia Kanoje, Afreen Khan, Anshuman Vyas, Arif Khan, Attri Dixit, Biswajit Kundu, Charitha Byreddy 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.

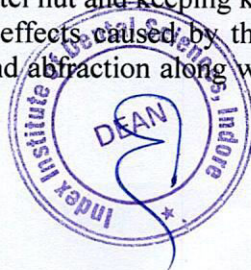
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

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

Dr. Ranjan Mani Tripathi A total of 139 patients were screened and 50 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 139 screened patients required dental treatment. Out of 50 treated patients, 28 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 5 patients underwent extraction due to loosening of their teeth, 1 patient underwent extraction due to grossly decayed teeth which can't be restored and 3 patients 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



[Signature]
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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.

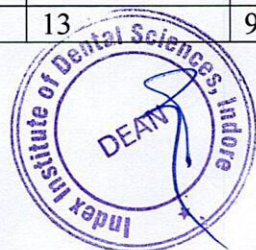
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been 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 139 screened patients 43 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
139	50	13	9	28	43



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Malwanchal University
Indore (M.P.)

*Dr. Ranjan Mani
Tejpatil*



Screening and Oral Examination



Pediatric Patients Receiving Dental Treatment

Camp Coordinator



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Indore (M.P.)

Date: 11th March, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Screening Camp - Dhamnay

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 Dhamnay on 11th March, 2019. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr Rahul Ganavadiya, Dr. Nitin Das, Interns/Students: Alicia Lalropuii, Amit Patel, Aneesha Angel M, Ankit Garg, Annu, Anshuman Vyas, Arif Khan, Attri Dixit and MRD- Mr Rajendra Thakur 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 10:00 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. Rajendra Thakur for the smooth functioning of the dental camp. Screening of the patients at the camp site started at 10:10 am.

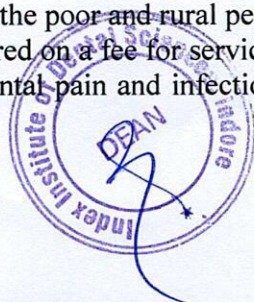
A total of 161 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, 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.

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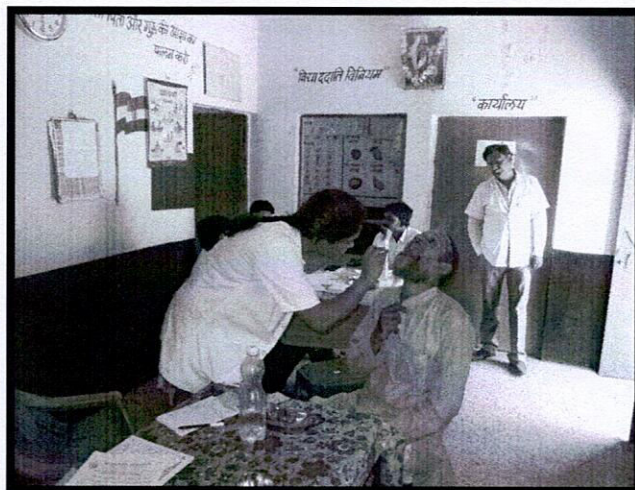
this by using natural (ayurvedic) medicines, and/or repeated doses of antibiotics and analgesics if available. However these do not solve the problem as the affected tooth or teeth must receive professional treatment. The reliance on dental "quacks", ie untrained people providing "dental care" is almost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

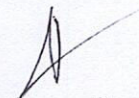
Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste two times daily and also to clean tongue by the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively. Patients who required extensive 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 161 screened patients 82 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.

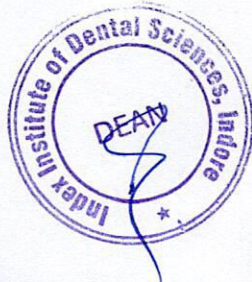
Number of patients screened and required various treatment


Total patients screened	Total patient requiring treatment	Requiring filling	Requiring extraction	Requiring scaling	Requiring any other treatment
161	82	20	13	41	8



Oral Examination


Camp Coordinator




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Indore (M.P.)

Date: 24th April, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Treatment Camp - Rupeta

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 Rupeta on 24th April, 2019. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Tanvee Paranjape, Interns/Students: C. Lalmuanpuia, Chhaya Bhatiya, Debasruti Mitra., Deepa Yadav, Deepansha Pokhriyal, Deepti Takhelmayum, Dinesh Salitra 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 09:40 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 9:55 am.

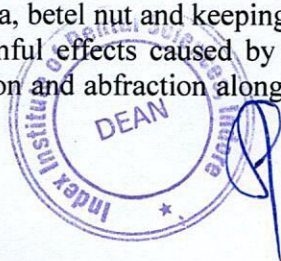
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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. 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 128 patients were screened and 52 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 52 patients out of 128 screened patients required dental treatment. Out of 52 treated patients, 33 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 6 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, 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 128 screened patients 44 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
128	52	10	9	33	44



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Registrar
Malwanchal University
Indore (M.P.)

*Dr. Ranjan Mani
Tejpathi*



Screening and Oral Examination

Camp Coordinator



Registrar
Malwanchal University
Indore (M.P.)

Date: 24th May, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Treatment Camp - Gari Pipalya

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 Gari Pipalya on 24th May, 2019. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Rahul Ganavadiya, Dr. Nitin Das, Interns/Students- Chhaya Bhatiya, Debasruti Mitra, Deepa Yadav, Deepansha Pokhriyal, Deepti Takhelmayum, Dinesh Salitra, F. Lalruatpuii and MRD- Mr. Rajendra Thakur actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:10 am and reached the above mentioned venue at 09:50 am.

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

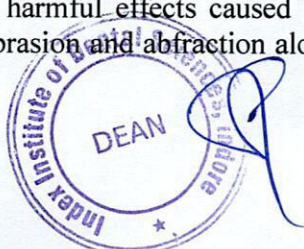
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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. 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 148 patients were screened and 56 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 56 patients out of 148 screened patients required dental treatment. Out of 56 treated patients, 38 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 7 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

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




Registrar
Malwanchal University,
Indore (M.P.)

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

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

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

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

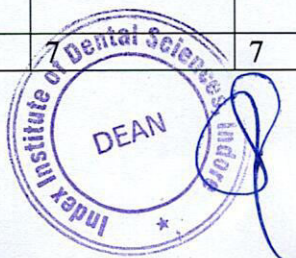
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been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

Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example, people requesting root canal treatments, people requiring gingival flap surgery, orthodontic cases, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, extraction of impacted 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 148 screened patients 33 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.

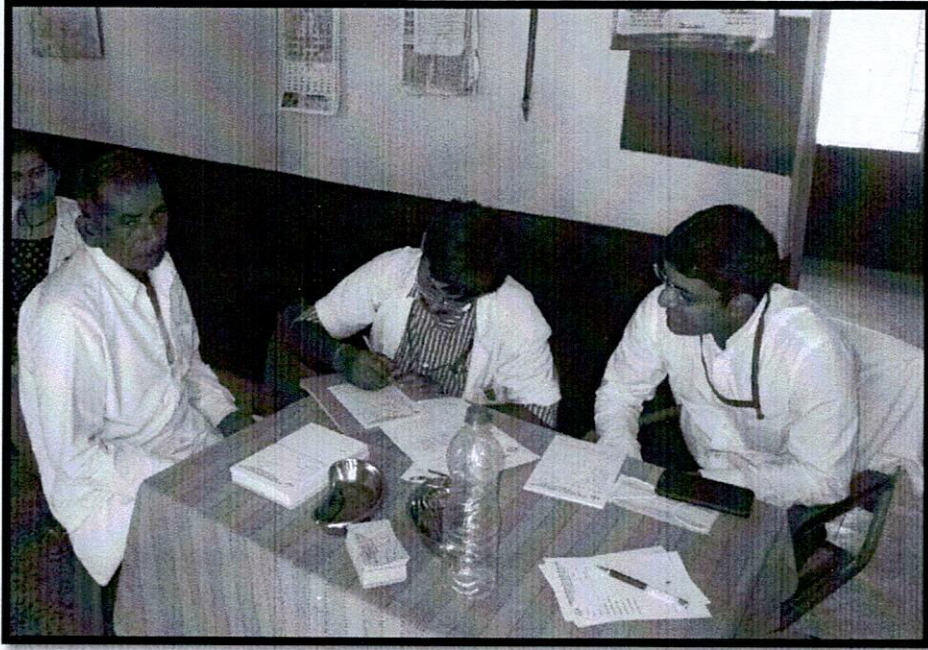
Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
148	56	7	7	38	33



Registrar
Malwanchal University
Indore (M.P.)

*Dr. Ranjan Mani
Tejpatil*



Counselling of Patient for Dental Treatment



Oral Examination

Camp Coordinator



Registrar
Malwanchal University
Indore (M.P.)

Date: 10th June, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and 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 10th June, 2019. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Rahul Ganavadiya, Dr. Nitin Das, Interns/Students: Deepshikha Pokhriyal, Deepti Takhelmayum, Dinesh Salitra, F. Lalruatpuii, Farooqui Mohammad, Gangavarapu Aasweeja, Harshita Choudhary 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 9:50 am.

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

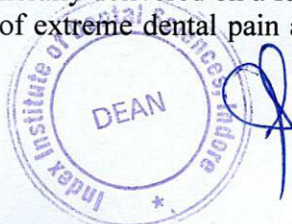
A total of 159 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, malaligned teeth, missing teeth, grossly decayed teeth, teeth with pit and fissure caries, children with rampant caries in their milk teeth and improper cleaning of the tongue were observed.

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

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

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

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




Registrar
Malwanchal University
Indore (M.P.)

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

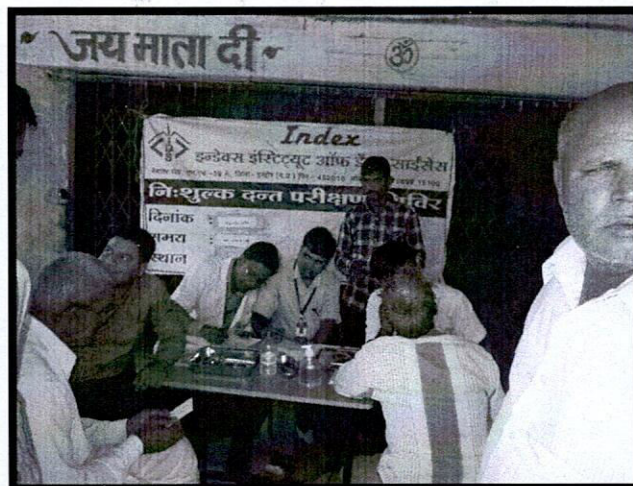
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been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

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste two times daily and also to clean tongue by the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively. Patients who required extensive treatment like extraction of teeth, root canal treatment, gingival flap surgery, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, dental implant treatment and pulpectomy were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. Out of 159 screened patients 68 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.

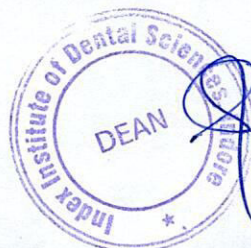
Number of patients screened and required various treatment

Total patients screened	Total patient requiring treatment	Requiring filling	Requiring extraction	Requiring scaling	Requiring any other treatment
159	68	18	11	35	4

Dr. Ranjan Nani Tejpalni

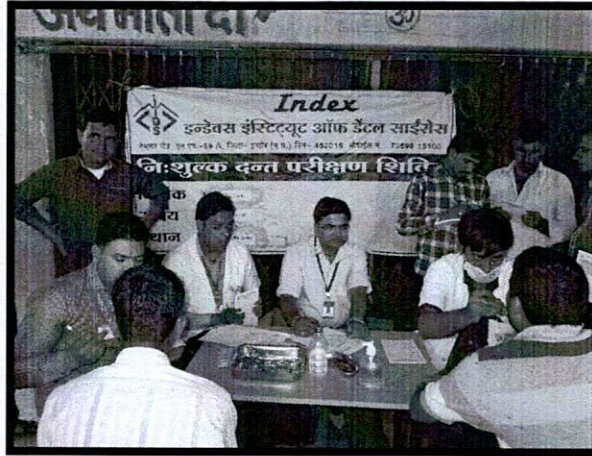


Screening and Oral Examination




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Registrar
Malwanchal University
Indore (M.P.)



Oral Examination


Camp Coordinator





Registrar
Malwanchal University
Indore (M.P.)

Date: 20th July, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Treatment Camp - Kelod

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 Kelod on 20th July, 2019. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Rahul Ganavadiya, Dr. Nitin Das, Interns/Students: Himanshu Sharma, Josna Johnson, Juli Yadav, K. Lalngaihzuai, Kairavi Bhagat, Kajal Jain, Khushbu Gupta, Khushbu Kumari, Khushi 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 10:15 am.

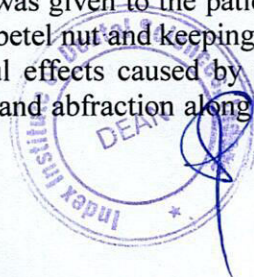
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

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

*Dr. Ranjan Mani
Tejpathi*
A total of 154 patients were screened and 53 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 53 patients out of 154 screened patients required dental treatment. Out of 53 treated patients, 28 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 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, recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation



[Signature]
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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.

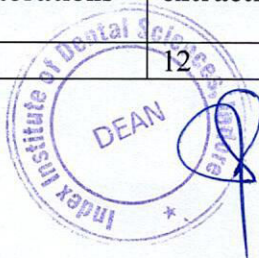
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been 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 154 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 2:10 pm.

Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
154	53	13	12	28	42



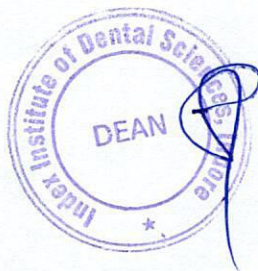
Registrar
Malwanchal University
Indore (M.P.)

Dr. Ranjan Mahto
Tripalika



Patient Receiving Dental Treatment

Camp Coordinator



Registrar
Malwanchal University
Indore (M.P.)

Date: 27th August, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Treatment Camp - Janakpur

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 Janakpur on 27th August, 2019. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Rahul Ganavadiya, Dr. Nitin Das, Interns/Students: Kairavi Bhagat, Kajal Jain, Khushbu Gupta, Khushbu Kumari, Khushi Sharma, Kirti Singh, Lalhriatpuii, Lalrinkimi, Lalromawia 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.

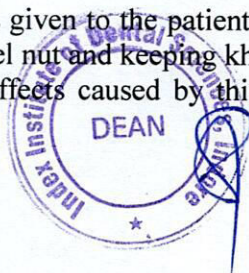
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

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

A total of 140 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 140 screened patients required dental treatment. Out of 49 treated patients, 27 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 2 patients underwent extraction due to loosening of their teeth, 4 patients underwent extraction due to grossly decayed teeth which can't be restored and 3 patients 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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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.

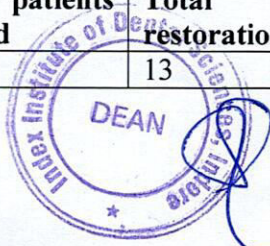
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been 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 140 screened patients 47 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
140	49	13	9	27	47



Registrar
Malwanchal University
Indore (M.P.)

*Dr. Ranjan Mani
Tropicku*



Padiatric Patient Receiving Dental Treatment

Camp Coordinator



Registrar
Malwanchal University
Indore (M.P.)

Date: 10th September, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Treatment Camp - Chouba Pipaliya

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 Chouba Pipaliya on 10th September, 2019. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Rahul Ganavadiya, Dr. Nitin Das, Interns/Students- Himanshu Sharma, Josna Johnson, Juli Yadav, K. Lalngaihuali, Kairavi Bhagat, Kajal Jain, Khushbu Gupta, Khushbu Kumari, Himanshu 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. Suresh 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 09:30 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 09:45 am.

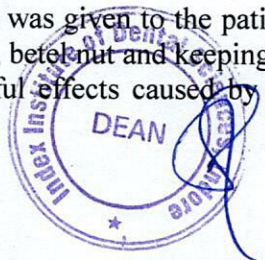
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

MRD- Mr. 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 97 patients were screened and 47 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 47 patients out of 97 screened patients required dental treatment. Out of 47 treated patients, 28 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 4 patients underwent extraction due to loosening of their teeth, 3 patients underwent extraction due to grossly decayed teeth which can't be restored and 4 patient underwent extraction due to retained root stumps in the oral cavity. Total 8 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.)

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

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

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

Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
97	47	8	11	28	26

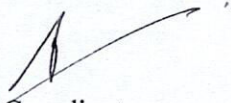



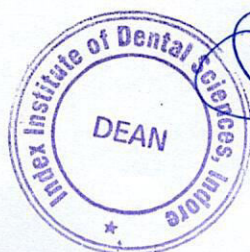
(Signature)
 Registrar
 Malwanchal University
 Indore (M.P.)


A
 Dr. Ranjan
 Tripathi
 Mani



Dental Screening and Treatment of Pediatric Patient


Camp Coordinator


Registrar
Malwanchal University
Indore (M.P.)

Date: 12th October, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Screening Camp - Mirjapur

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 Mirjapur on 12th October, 2019. 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- Lalthansiamma Ralte, Madhumita D Parwani, Madhvi Heer, Maria Khan, Narra Harshita, Neha Singh, Tanishq Nihalani, Shyam Kumar, Nikhil Raj and MRD- Mr. Rajendra Thakur actively participated. College bus was used for transporting team to the dental camp location. The driver Mr. Suresh ensured we arrived safely and kept an eye out for photogenic rest stops. The team left Dental College premises at 09:05 am and reached the above mentioned venue at 09:45 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. Rajendra Thakur for the smooth functioning of the dental camp. Screening of the patients at the camp site started at 10:00 am.

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

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

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

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

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



Registrar
Malwanchal University
Indore (M.P.)

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

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

Oral hygiene instructions were given to the patients for the cleanliness of teeth by advising them to brush with toothpaste two times daily and also to clean tongue by the tongue scraper. These instructions were given and demonstrated by the faculty and interns respectively. Patients who required extensive treatment like extraction of teeth, root canal treatment, gingival flap surgery, complete denture fabrication, partial denture fabrication, fixed partial denture fabrication, dental implant treatment and pulpectomy were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. Out of 110 screened patients 59 patients were referred for the above mentioned extensive treatment at Index Institute of Dental Sciences, Indore. Team returned to the college premises at 1:30 pm.

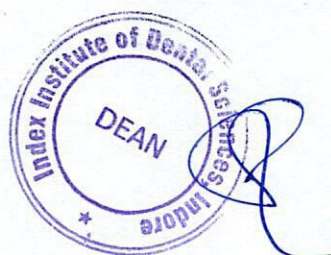
Number of patients screened and required various treatment

Total patients screened	Total patient requiring treatment	Requiring filling	Requiring extraction	Requiring scaling	Requiring any other treatment
110	59	19	14	17	09



Oral Examination of Villagers


Camp Coordinator





Registrar
Malwanchal University
Indore (M P.)

Date: 24th October, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Treatment 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 24th October, 2019. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Rahul Ganavadiya, Dr. Nitin Das, Interns/Students- Harshita Narra, Neha Singh, Tanishq Nihalani, Nikhil Raj, Nitesh Kumar, Ayushi Pillay, Pooja Rathore, Pratigya Yadav 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. Suresh ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:05 am and reached the above mentioned venue at 09:40 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 10:00 am.

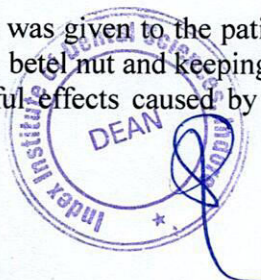
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

MRD- Mr. 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 124 patients were screened and 71 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 71 patients out of 124 screened patients required dental treatment. Out of 71 treated patients, 38 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 18 patients required extraction of their teeth. Where a sum of 7 patients underwent extraction due to loosening of their teeth, 5 patients underwent extraction due to grossly decayed teeth which can't be restored and 6 patient underwent extraction due to retained root stumps in the oral cavity. Total 15 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,




Registrar
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 124 screened patients 36 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. 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 2:50 pm.

Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
124	71	15	18	38	36




 Registrar
 Malwanchal University
 Indore (M.P.)

*Dr. Ranjan Mani
 Tejpal*



Dental Treatment in Mobile Dental Van

Camp Coordinator



Registrar
Malwanchal University
Indore (M.P.)

Date: 16th November, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Treatment Camp - Kampel

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 Kampel on 16th November, 2019. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Rahul Ganavadiya, Dr. Nitin Das, Interns/Students- Nitesh Kumar, Ayushi Pillay, Pooja Rathore, Pratigya Yadav, Priya Katiyar, Priya Jha, Priyanka Jain, Rajwardhan Singh Bais 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. Suresh 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 09:40 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 10:00 am.

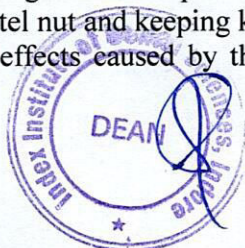
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

MRD- Mr. 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 79 patients were screened and 39 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 39 patients out of 79 screened patients required dental treatment. Out of 39 treated patients, 16 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 3 patients underwent extraction due to loosening of their teeth, 4 patients underwent extraction due to grossly decayed teeth which can't be restored and 4 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,



Registrar
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.

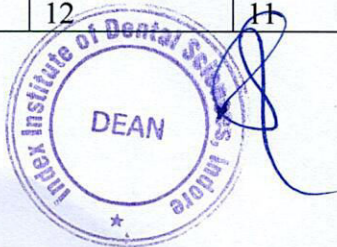
Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example, 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 79 screened patients 24 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 1:30 pm.

Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
79	39	12	11	16	24

*Dr. Ranjini Mani
Inspector*



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Registrar
Malwanchal University
Indore (M.P.)

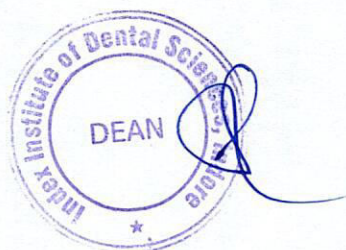


Oral Screening



Oral Examination

Camp Coordinator



Registrar
Malwanchal University
Indore (M.P.)

Date: 23rd November, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Screening Camp - Bawaliya

A free dental check up camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at village Bawaliya Madhya Pradesh on 23rd November, 2019. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr Rahul Ganavadiya, Dr. Nitin Das, Interns/Students- Priya Katiyar, Priya Jha, Priyanka Jain, Rajwardhan Singh Bais, Rebecca T. Buangpuii, Saloni Modi, Senthoorlexmi R N, Shambhavi, Shrankhala Mishra and MRD- Mr. Rajendra Thakur actively participated. College bus was used for transporting team to the dental camp location. The driver Mr. Suresh ensured we arrived safely and kept an eye out for photogenic rest stops. The team left Dental College premises at 09:05 am and reached the above mentioned venue at 09:35 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration area, which was managed by two intern dentists. After registration patients were sent to the screening area where two intern dentist along with senior dentist Dr. Ranjan Mani Tripathi, who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD- Mr. Rajendra Thakur for the smooth functioning of the dental camp. Screening of the patients at the camp site started at 09:50 am.

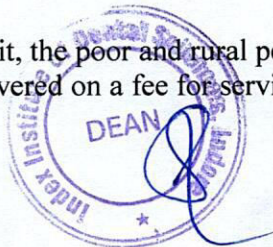
A total of 116 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, 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



04
Registrar
Malwanchal University
Indore (M.P.)

Dr. Ranjan Mani Tripathi

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 116 screened patients 74 patients were referred for the above mentioned extensive treatment at Index Institute of Dental Sciences, Indore. Team returned to the college premises at 2:00 pm.

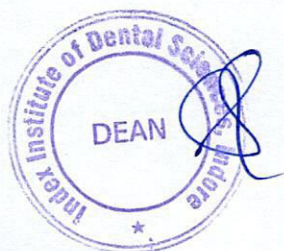
Number of patients screened and required various treatment

Total patients screened	Total patient requiring treatment	Requiring filling	Requiring extraction	Requiring scaling	Requiring any other treatment
116	74	16	34	20	4



Oral Examination and Lecture Being Delivered on Oral Hygiene Maintenance


Camp Coordinator




Registrar
Malwanchal University
Indore (M.P.)

Date: 10th December, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Treatment Camp - Khudel

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 Khudel on 10th December, 2019. 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- Shubham Kumar Singh, Shweta Jha, Smita Bharti, Smita Malviya, Smruti Nayak, Sneha Jha, Sonali Jain, Sonam, Sweta Singh 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. Suresh 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 09:30 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 09:45 am.

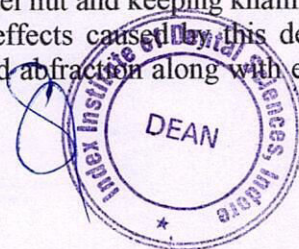
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

MRD Mr. 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 86 patients were screened and 42 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 42 patients out of 86 screened patients required dental treatment. Out of 42 treated patients, 20 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 13 patients required extraction of their teeth. Where a sum of 5 patients underwent extraction due to loosening of their teeth, 6 patients underwent extraction due to grossly decayed teeth which can't be restored and 1 patient underwent extraction due to retained root stumps in the oral cavity. Total 9 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

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



Registrar
Maitav Chahal
University
Indore (M.P.)

Dr. Ranjan Mani Tripathi

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

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

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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.

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 86 screened patients 37 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 1:00 pm.

Number of patients screened and treatment provided

Total patients screened	Total patients treated	Total restorations	Total extractions	Total scaling	Referred patients
86	42	09	13	20	37


Camp Coordinator




Registrar
Malwanchal University
Indore (M.P.)

Date: 14th December, 2019

Index Institute of Dental Sciences

Report of the Disease Awareness and Treatment Camp - Chapda

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 Chapda on 14th December, 2019. 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- Smruti Nayak, Sneha Jha, Sonali Jain, Sonam, Sweta Singh, Vaibhav Thakur, Yashmin Parveen, Karishma, Yojana 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. Suresh 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 10:05 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 10:15 am.

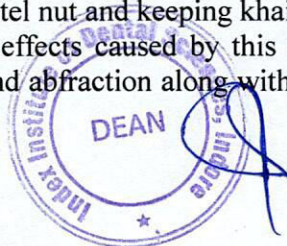
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

Dr. Ranjan Mani Tripathi
A total of 87 patients were screened and 47 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 47 patients out of 87 screened patients required dental treatment. Out of 47 treated patients, 28 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 13 patients required extraction of their teeth. Where a sum of 5 patients underwent extraction due to loosening of their teeth, 6 patients underwent extraction due to grossly decayed teeth which can't be restored and 1 patient underwent extraction due to retained root stumps in the oral cavity. Total 06 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

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




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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 87 screened patients 24 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
87	47	06	13	28	24

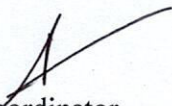
*Dr Ranjan Mani
Tarpalli*

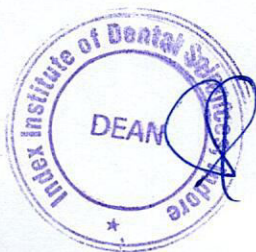


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Oral Screening


Camp Coordinator



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