

Date: 03<sup>rd</sup> January, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Screening Camp - Tillor Khurd

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 Tillor Khurd on 03<sup>rd</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Archi Gour, Astha Tripathi, Avani Agrawal, Ayushi Sharma, Ayushri Jhamnani, Aakash Yadav, Afsha Khan, Aishwarya Parmar 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 09:00 am and reached the above mentioned venue at 9:45 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 9:55 am.

A total of 127 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.

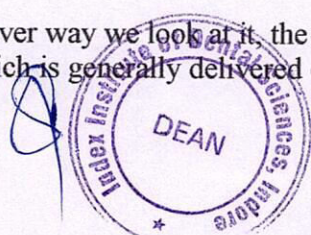
Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth, recession of gingiva,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

*Dr. Ranjan Mani Tripathi*



*[Signature]*  
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.

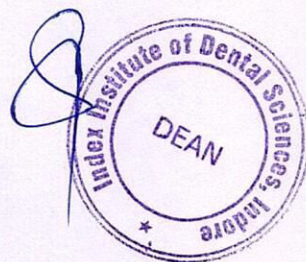
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been 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 127 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 |
|-------------------------|-----------------------------------|-------------------|----------------------|-------------------|-------------------------------|
| 127                     | 59                                | 10                | 14                   | 29                | 6                             |

  
Camp Coordinator





Registrar  
Malwanchal University  
Indore (M P.)

Date: 5<sup>th</sup> January, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Screening Camp - Mundal Jetkaran

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 Mundal Jetkaran on 5<sup>th</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students - Afsha Khan, Aishwarya Parmar, Akansha Barman, Akhilesh Sharma, Anjali Singhal, Anjali Verma, Yukta Choudhari, Deeksha Rani Patel, Dolly Diwakar 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 09:05 am and reached the above mentioned venue at 10:00 am.

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

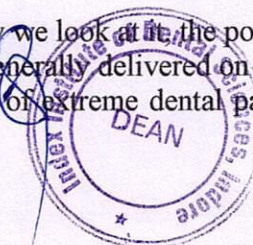
A total of 178 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, 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.

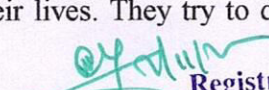
Oral health education was given to the patients regarding inhibition of deleterious habits like chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. Patients were made aware about the harmful effects caused by this deleterious habits like attrition of teeth, recession of gingiva,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

Dr. Ranjan Mani Tripathi  
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.

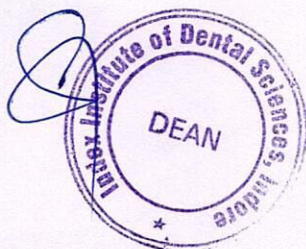
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been 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 178 screened patients 84 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 |
|-------------------------|-----------------------------------|-------------------|----------------------|-------------------|-------------------------------|
| 178                     | 84                                | 12                | 21                   | 38                | 13                            |

Camp  Coordinator





Registrar  
Malwanchal University  
Indore (M.P.)

Date: 06<sup>th</sup> January, 2022

**Index Institute of Dental Sciences**

**Report of the Rural Oral Health Camp - Bihadia**

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 Bihadia on 06<sup>th</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Poonam Tomar Rana, Interns/Students- Anjali Verma, Avani Agarwal, Ayushi Sharma, Ayushri Jhamnani, Aakash Yadav, Afsha Khan, Aishwarya Parmar, Akansha Barman, Anjali Singhal and MRD- Mr. Rajendra Thakur actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:05 am and reached the above mentioned venue at 09:55 am.

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

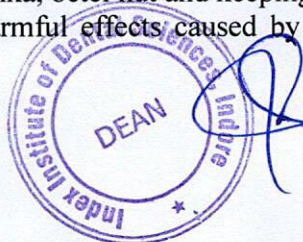
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

MRD Mr. 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 74 patients were screened and 35 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 35 patients out of 74 screened patients required dental treatment. Out of 35 treated patients, 9 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 15 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 4 patient underwent extraction due to retained root stumps in the oral cavity. Total 11 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

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



  
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Malwanchal University  
Indore (M.P.)

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

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

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

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

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

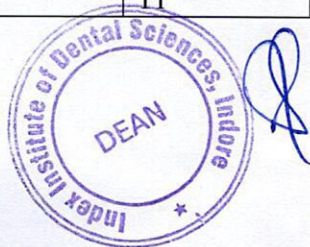
Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example,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

Out of 74 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 scalings | Referred patients |
|-------------------------|------------------------|--------------------|-------------------|----------------|-------------------|
| 74                      | 35                     | 11                 | 15                | 9              | 24                |

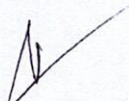
*Dr. Rajan Mavi  
Tripathi*


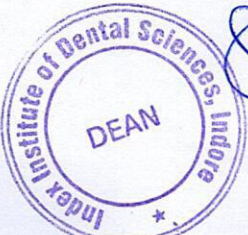



*[Signature]*  
Registrar  
Malwanchal University  
Indore (M.P.)



**Oral Screening and Examination**

  
Camp Coordinator

  
Registrar  
Malwanchal University  
Indore (M.P.)

Date: 07<sup>th</sup> January, 2022

## Index Institute of Dental Sciences

### Report of Rural Oral Health Camp - Semalya Raymal

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 Semalya Raymal on 07<sup>th</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Harsh Dehariya, Ankit Chourasiya, Anukriti Jain, Archi Gour, Astha Tripathi, Avani Agrawal, Ayushi Sharma, Ayushri Jhamnani, Aakash 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. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:00 am and reached the above mentioned venue at 09:50 am.

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

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

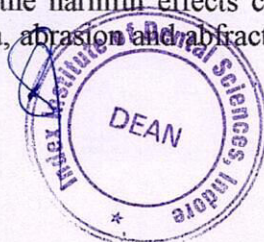
MRD Mr. Rajendra Thakur managed the flow of dental instruments and supplies. MRD Mr. Rajendra Thakur also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

A total of 156 patients were screened and 51 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 51 patients out of 156 screened patients required dental treatment. Out of 51 treated patients, 28 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 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 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

Dr Ranjan  
Mani Tripathi



Dr. Jotain

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.


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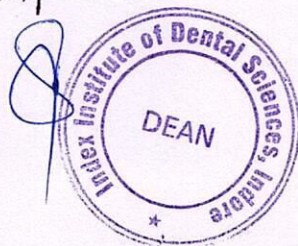
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Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth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

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

Out of 146 screened patients 46 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:15 pm.

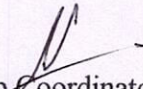
  
Dr Ranjan Mani Tripathi



  
Registrar  
Malwanchal University  
Indore (M.P.)

**Number of patients screened and treatment provided**

| <b>Total patients screened</b> | <b>Total patients treated</b> | <b>Total restorations</b> | <b>Total extractions</b> | <b>Total scalings</b> | <b>Referred patients</b> |
|--------------------------------|-------------------------------|---------------------------|--------------------------|-----------------------|--------------------------|
| 156                            | 51                            | 10                        | 13                       | 28                    | 46                       |

  
Camp Coordinator





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

Date: 08<sup>th</sup> January, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp - Ramu Khedi

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 Ramu Khedi, on 08<sup>th</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Aakash Yadav, Afsha Khan, Aishwarya Parmar, Akansha Barman, Akhilesh Sharma, Anjali Singhal, Anjali Verma, Yukta Choudhari, Deeksha Rani Patel and MRD- Mr. Rajendra Thakur actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:05 am and reached the above mentioned venue at 09:40 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.

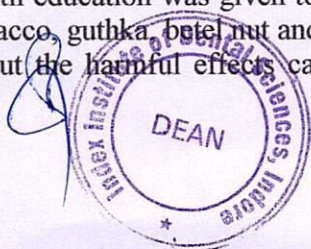
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MRD Mr. Rajendra Thakur managed the flow of dental instruments and supplies. MRD Mr. Rajendra Thakur also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

A total of 89 patients were screened and 46 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 46 patients out of 89 screened patients required dental treatment. Out of 46 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 3 patients underwent extraction due to loosening of their teeth, 6 patients underwent extraction due to grossly decayed teeth which can't be restored and 2 patient underwent extraction due to retained root stumps in the oral cavity. Total 07 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

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



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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.

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

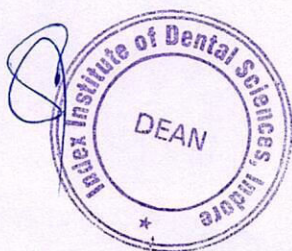
Out of 146 screened patients 23 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments 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 scalings | Referred patients |
|-------------------------|------------------------|--------------------|-------------------|----------------|-------------------|
| 89                      | 46                     | 07                 | 11                | 28             | 23                |

*Dr Ranjan Mani Tripathy*

Camp Coordinator



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

Date: 10<sup>th</sup> January, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp - Khandel

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 Khandel on 10<sup>th</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Poonam Tomar Rana Interns/Students-Deepak Verma, Dolly Diwakar, Garima Jain, Golu Patidar, Harsh Dehriya, Ankit Chourasiya, Anukriti Jain, Archi Gour, Astha Tripathi 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 09:40 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 name for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 09:50 am.

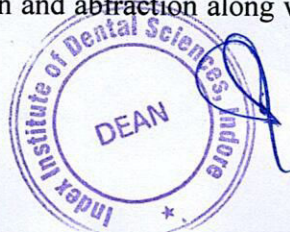
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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, 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 **163** 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 163 screened patients required dental treatment. Out of 53 treated patients, 34 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 24 patients required extraction of their teeth. Where a sum of 5 patients underwent extraction due to loosening of their teeth, 9 patients underwent extraction due to grossly decayed teeth which can't be restored and 8 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



  
Registrar  
Malwanchal University  
Indore (M.P.)

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

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

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

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

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

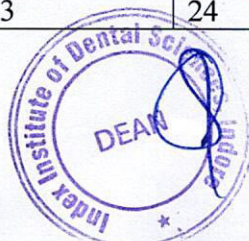
Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example,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

Out of 146 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 2:45 pm.

**Number of patients screened and treatment provided**

| Total patients screened | Total patients treated | Total restorations | Total extractions | Total scalings | Referred patients |
|-------------------------|------------------------|--------------------|-------------------|----------------|-------------------|
| 163                     | 71                     | 13                 | 24                | 34             | 47                |

*Dr. Rajan Mani  
Tripurahi*

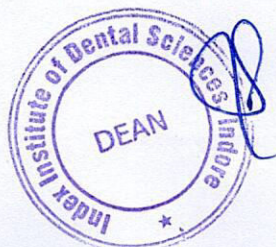


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Registrar  
Malwanchal University  
Indore (M.P.)



**Registration and Oral Examination of Villagers**

Camp Coordinator



Registrar  
Malwanchal University  
Indore (M.P.)

Date: 15<sup>th</sup> January, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp - Patada

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 Patada on 15<sup>th</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Poonam Tomar Rana, Interns/Students- Astha Tripathi, Archi Gour, Avani Agarwal, Ayushi Sharma, Ayushri Jhamnani, Akash Yadav, Afsha Khan, Aishwarya Parmar, Akansha Barman 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 09:45 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration/ screening area, which was managed by two intern dentists who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD Mr. 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.

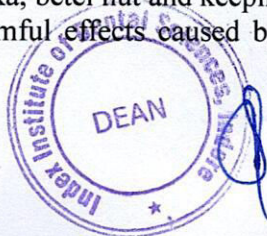
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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 92 patients were screened and 46 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 46 patients out of 92 screened patients required dental treatment. Out of 46 treated patients, 15 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 17 patients required extraction of their teeth. Where a sum of 9 patients underwent extraction due to loosening of their teeth, 6 patients underwent extraction due to grossly decayed teeth which can't be restored and 2 patient underwent extraction due to retained root stumps in the oral cavity. Total 14 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.

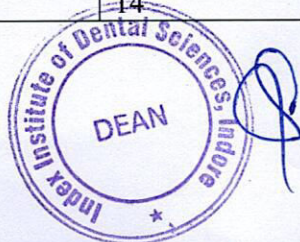
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been 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 3<sup>rd</sup> molars, pulpectomy/Pulpotomy for children, and pathology referrals were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. There were also treatment refusals - crying children, and some adults who refused extraction of teeth which were beyond saving.

Out of 92 screened patients 26 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:15 pm.

**Number of patients screened and treatment provided**

| Total patients screened | Total patients treated | Total restorations | Total extractions | Total scalings | Referred patients |
|-------------------------|------------------------|--------------------|-------------------|----------------|-------------------|
| 92                      | 46                     | 14                 | 17                | 15             | 26                |




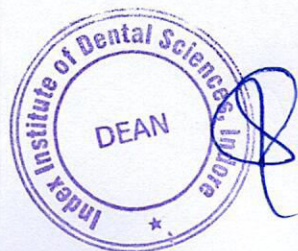
Registrar  
Malwanchal University  
Indore (M.P.)


*Dr. Ranjan Mani  
Tripathi*



**Oral Examination**

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)

Date: 18<sup>th</sup> January, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp - Dungaria

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 Dungaria on 18<sup>th</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Akhilesh Sharma, Anjali Singhal, Anjali Verma, Yukta Choudhari, Deeksha Rani Patel, Deepak Verma, Dolly Diwakar, Garima Jain, Golu Patidar and MRD- Mr. Rajendra Thakur actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:10 am and reached the above mentioned venue at 09:50 am.

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

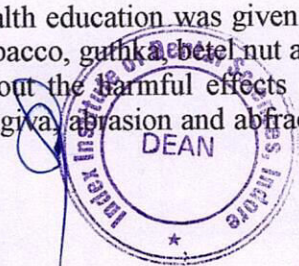
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

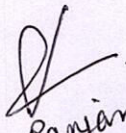
A total of 103 patients were screened and 56 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with 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 103 screened patients required dental treatment. Out of 53 treated patients, 15 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 28 patients required extraction of their teeth. Where a sum of 12 patients underwent extraction due to loosening of their teeth, 7 patients underwent extraction due to grossly decayed teeth which can't be restored and 9 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



  
Registrar  
Malwanchal University  
Indore (M.P.)

  
Dr. Ranjan  
Mani Tripathi

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

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

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

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

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


Out of 103 screened patients 32 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:30 pm.

#### Number of patients screened and treatment provided

| Total patients screened | Total patients treated | Total restorations | Total extractions | Total scalings | Referred patients |
|-------------------------|------------------------|--------------------|-------------------|----------------|-------------------|
| 103                     | 56                     | 13                 | 28                | 15             | 32                |



Camp Coordinator



Registrar  
Malwanchal University  
Indore (M.P.)

Date: 19<sup>th</sup> January, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp - Tinoniya

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 Tinoniya on 31<sup>st</sup> January 2017. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Yukta Choudhari, Deeksha Rani Patel, Deepak Verma, Dolly Diwakar, Garima Jain, Golu Patidar, Harsh Dehariya, Ankit Chourasiya, Anukriti Jain 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. ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:10 am and reached the above mentioned venue at 09:50 am.

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

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

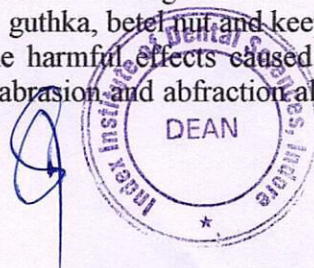
MRD Mr. Rajendra Thakur managed the flow of dental instruments and supplies. MRD Mr. Rajendra Thakur also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

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

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

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

*Dr. Ranjan Mani Tripathi*



*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.

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

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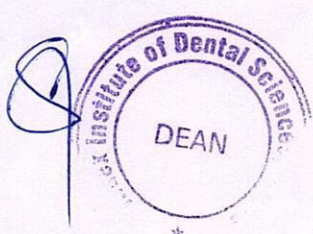
Out of 146 screened patients 36 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments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

**Number of patients screened and treatment provided**

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

*Dr Ranjan Mani Tripathi*

Camp Coordinator



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

Date: 20<sup>th</sup> January, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp at Dakhna Khedi

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 Dakhna Khedi on 20<sup>th</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Archi Gour, Astha Tripathi, Avani Agrawal, Ayushi Sharma, Ayushri Jhamnani, Aakash Yadav, Afsha Khan, Aishwarya Parmar 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 09:40 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, restotation of the decayed teeth.

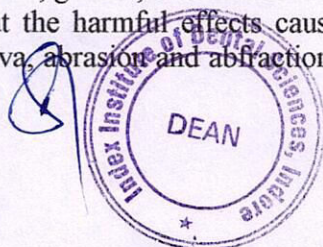
MRD Mr. Rajendra Thakur managed the flow of dental instruments and supplies. MRD Mr. Rajendra Thakur also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

A total of 126 patients were screened and 63 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 63 patients out of 126 screened patients required dental treatment. Out of 63 treated patients, 19 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 38 patients required extraction of their teeth. Where a sum of 15 patients underwent extraction due to loosening of their teeth, 11 patients underwent extraction due to grossly decayed teeth which can't be restored and 12 patient underwent extraction due to retained root stumps in the oral cavity. Total 6 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

Dr. Ranjan Mani Tripathi



Registrar  
Malwanchar 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.

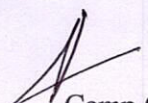
Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with this by using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

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


Out of 126 screened patients 34 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 screened | Total patients | Total patients treated | Total restorations | Total extractions | Total scalings | Referred patients |
|----------------|----------------|------------------------|--------------------|-------------------|----------------|-------------------|
| 126            |                | 63                     | 6                  | 38                | 19             | 34                |

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)



Date: 22<sup>nd</sup> January, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp - Vyas Khedi

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 Vyas Khedi on 22<sup>nd</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Dr. Poonam Tomar Rana Interns/Students- Akansha Barman, Akhilesh Sharma, Anjali Singhal, Anjali Verma, Yukta Choudhari, Deeksha Rani Patel, Deepak Verma, Dolly Diwakar, Garima Jain, Golu Patidar 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 09:08 am and reached the above mentioned venue at 09:52 am.

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

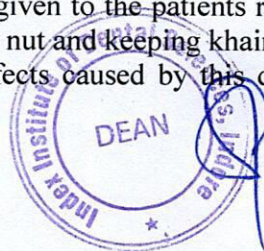
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

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

A total of 74 patients were screened and 46 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 46 patients out of 74 screened patients required dental treatment. Out of 46 treated patients, 19 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 16 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 4 patient underwent extraction due to retained root stumps in the oral cavity. Total 11 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

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

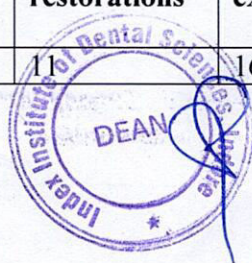
Dental decay is "rampant" in many children, especially in the primary ("milk") teeth. The introduction of the Silver Fluoride technique will help to manage the decay in kids, as it avoids the conventional approach of using a drill to prepare a tooth for a filling. This "atraumatic" approach has been 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 3<sup>rd</sup> molars, pulpectomy/pulpotomy for children, and pathology referrals were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. There were also treatment refusals - crying children, and some adults who refused extraction of teeth which were beyond saving.

Out of 74 screened patients 27 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:15 pm.

**Number of patients screened and treatment provided**

| Total patients screened | Total patients treated | Total restorations | Total extractions | Total scalings | Referred patients |
|-------------------------|------------------------|--------------------|-------------------|----------------|-------------------|
| 74                      | 46                     | 11                 | 16                | 19             | 27                |



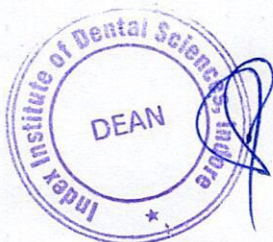
Registrar  
Malwanchal University  
Indore (M.P.)

*Dr. Rajan Mani  
Tropathi*



**Oral Examination**

Camp Coordinator



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

Date: 25<sup>th</sup> January, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health 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 25<sup>th</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Harsh Dehariya, Ankit Chourasiya, Anukriti Jain, Archi Gour, Astha Tripathi, Avani Agrawal, Ayushi Sharma, Ayushri Jhamnani, Aakash 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. Mr. Rajendra Thakur ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:07 am and reached the above mentioned venue at 09:45 am.

At camp site patients were coordinated by local volunteers and support staff (MRD and Interns) to attend the registration/ screening area, which was managed by two intern dentists who recorded the relevant patient information and noted dental treatment they might need. Tables, chairs, appropriate armamentarium and other necessary arrangements were set by the MRD Mr. 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.

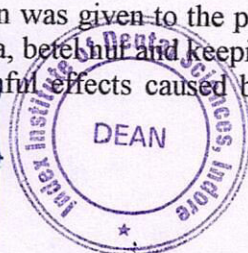
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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 130 patients were screened and 41 patients were treated for various findings in the camp. Among the screened patients at the camp site, majorly were the patients with the habit of chewing tobacco, guthka, betel nut and keeping khaini in the cheek/lip mucosa. On oral examination patients with poor oral hygiene, improper brushing habits, presence of dental plaque and dental calculus, bad breath, bleeding gums, teeth with mobility, tooth decay and improper cleaning of the tongue were observed.

A total of 41 patients out of 130 screened patients required dental treatment. Out of 53 treated patients, 18 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 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.

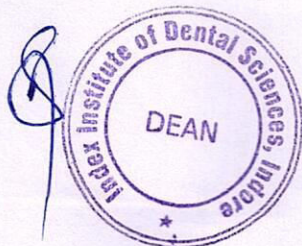
Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example,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

Out of 130 screened patients 39 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:15 pm.

#### Number of patients screened and treatment provided

| Total screened | patients | Total treated | patients | Total restorations | Total extractions | Total scalings | Referred patients |
|----------------|----------|---------------|----------|--------------------|-------------------|----------------|-------------------|
| 130            |          | 41            |          | 12                 | 11                | 18             | 39                |

Camp Coordinator



Registrar  
Malwanchal University  
Indore (M.P.)

Date: 27<sup>th</sup> January, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp- Mundla

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 Mundla on 27<sup>th</sup> January, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Afsha Khan, Aishwarya Parmar, Akansha Barman, Akhilesh Sharma, Anjali Singhal, Anjali Verma, Yukta Choudhari, Deeksha Rani Patel, Dolly Diwakar 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 09:40 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 name for the smooth functioning of the dental treatment camp. Screening and treatment of the patients at the camp site started at 09:55 am.

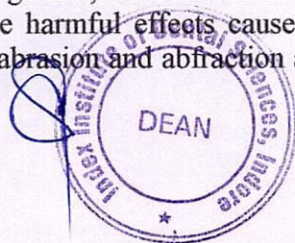
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

MRD Mr. 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 108 patients were screened and 66 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 66 patients out of 108 screened patients required dental treatment. Out of 53 treated patients, 24 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 27 patients required extraction of their teeth. Where a sum of 10 patients underwent extraction due to loosening of their teeth, 9 patients underwent extraction due to grossly decayed teeth which can't be restored and 8 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, recession of gingiva, abrasion and abfraction along with erosion of teeth, halitosis, accumulation



Registrar  
Maulana Azad University  
Indore (M.P.)

Dr. Ranjan Mani Tripathi

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

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

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

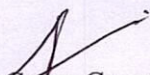
Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with this by using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

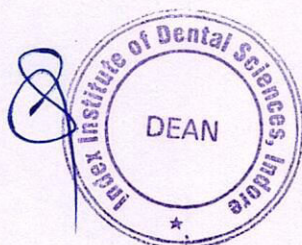
Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example,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


Out of 146 screened patients 36 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:20 pm.

**Number of patients screened and treatment provided**

| Total screened | patients | Total treated | patients | Total restorations | Total extractions | Total scalings | Referred patients |
|----------------|----------|---------------|----------|--------------------|-------------------|----------------|-------------------|
| 108            |          | 66            |          | 15                 | 27                | 24             | 36                |

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M P)

Date: 2<sup>nd</sup> Febuary, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health 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 Chainpura on 2<sup>nd</sup> Febuary, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Megha soni, Mohit Soni, Mukund Ranjan, Neha Mandre, Neil Gupta, Nidhi Dhakad, Lokendra Singh Sisodiya, Mahima lilani, Mahima Mathur and MRD- Mr. Rajendra Thakur actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:10 am and reached the above mentioned venue at 09:50 am.

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

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

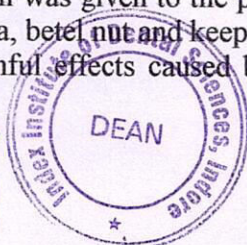
MRD Mr. Rajendra Thakur managed the flow of dental instruments and supplies. MRD Mr. Rajendra Thakur also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

A total of 74 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 74 screened patients required dental treatment. Out of 53 treated patients, 13 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 16 patients required extraction of their teeth. Where a sum of 4 patients underwent extraction due to loosening of their teeth, 5 patients underwent extraction due to grossly decayed teeth which can't be restored and 7 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,

Dr Ranjan Mani Tripathi



Malwan University  
Indore



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.

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 3<sup>rd</sup> molars, pulpectomy/pulpotomy for children, and pathology referrals were referred to the Index Institute of Dental Sciences, Indore for the needful treatment. There were also treatment refusals - crying children, and some adults who refused extraction of teeth which were beyond saving.

Out of 146 screened patients 27 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 1:00 pm.

#### Number of patients screened and treatment provided

| Total patients screened | Total patients treated | Total restorations | Total extractions | Total scalings | Referred patients |
|-------------------------|------------------------|--------------------|-------------------|----------------|-------------------|
| 74                      | 39                     | 10                 | 16                | 13             | 27                |

Camp Coordinator



Registrar  
Malwanchal University  
Indore (M.P.)

Date: 09<sup>th</sup> February, 2022

## Index Institute of Dental Sciences

### Report of the Dental Screening 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 09<sup>th</sup> February, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Mansi Gupta, Mahima Mathur, Mansi Sungandhi, Mayank Rao, Megha Gupta, Hemlata Soni, Himanshi Rai, Ishita Rathore, Mayuri Jadhav 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 09:55 am.

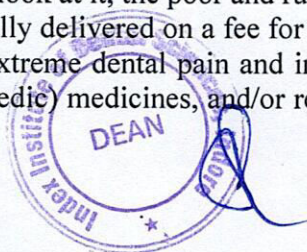
A total of 183 patients were screened in the camp. On oral examination poor oral hygiene, improper brushing habits, bad breath, bleeding gums, inflamed gums, teeth with mobility, presence of dental plaque and dental calculus, dental caries, generalised attrition, gingival recession, furcation involvement, 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 this by using natural (ayurvedic) medicines, and/or repeated doses of antibiotics and analgesics if



  
Registrar  
Mawanchal University  
Indore (M.P.)

*Dr. Ranjan Mani Tripathi*

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 183 screened patients 135 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 |
|-------------------------|-----------------------------------|-------------------|----------------------|-------------------|-------------------------------|
| 183                     | 79                                | 34                | 41                   | 47                | 13                            |

*Dr. Ranjan Mani Tripathi*



Oral Examination of Pediatric Patient



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

Registrar  
Malwanchal University  
Indore (M.P.)



Camp Coordinator

**Oral Examination**



Date: 15<sup>th</sup> February, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Screening 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 15<sup>th</sup> February, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Mansi Gupta, Mahima Mathur, Mansi Sungandhi, Mayank Rao, Megha Gupta, Hemlata Soni, Himanshi Rai, Ishita Rathore, Mayuri Jadhav and MRD- Mr. Rajendra Thakur actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:05 am and reached the above mentioned venue at 09:40 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 09:50 am.

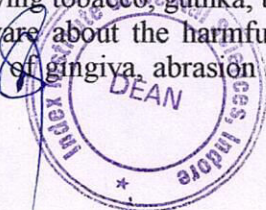
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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, 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 93 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 146 screened patients required dental treatment. Out of 53 treated patients, 13 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 36 patients required extraction of their teeth. Where a sum of 11 patients underwent extraction due to loosening of their teeth, 16 patients underwent extraction due to grossly decayed teeth which can't be restored and 9 patient 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.)

Dr. Ranjan Mani Tripathi

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

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

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

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

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

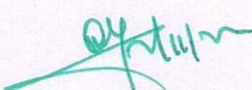
Out of 146 screened patients 37 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:15 pm.

**Number of patients screened and treatment provided**

| Total screened | patients | Total treated | patients | Total restorations | Total extractions | Total scalings | Referred patients |
|----------------|----------|---------------|----------|--------------------|-------------------|----------------|-------------------|
| 146            |          | 56            |          | 9                  | 36                | 13             | 37                |

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M P)

Date: 03<sup>rd</sup> March, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp - Pipalda

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 Pipalda on 03<sup>rd</sup> March, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Megha Soni, Mohit Soni, Mukund Ranjan, Neha Mandre, Neil Gupta, Nidhi Dhakad, Lokendra Singh Sisodiya, Mahima Lilani, Mahima Mathur 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. ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:20 am and reached the above mentioned venue at 09:50 am.

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

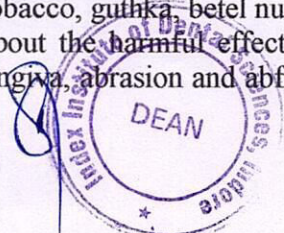
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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

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

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

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

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



*Dr. Mani Tripathi*  
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.

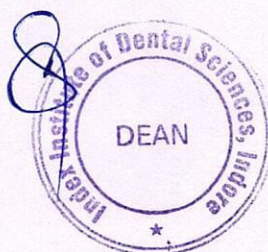
Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example,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


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

#### Number of patients screened and treatment provided

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

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)



Date: 04<sup>th</sup> March, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp - Akbarpur

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 Akbarpur on 04<sup>th</sup> March, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Jayesh Bhawsar, Kamini Patel, Kurrul An Qureshi, Megha Soni, Mohit Soni, Mukund Ranjan, Nandini Sinha, Neha Mandre, Neil Gupta and MRD- Mr. Rajendra Thakur actively participated in the camp. College bus was used for transporting team to the dental camp location. The driver Mr. Anandi ensured team arrived safely and kept an eye out for photogenic rest stops. The team left dental college premises at 09:10 am and reached the above mentioned venue at 09:50 am.

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

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

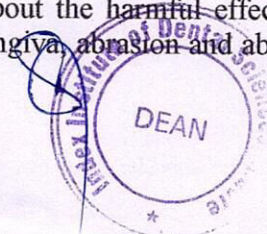
MRD Mr. Rajendra Thakur managed the flow of dental instruments and supplies. MRD Mr. Rajendra Thakur also worked diligently on cleaning and sterilising the used dental instruments and helped to ensure the dental teams had everything they required.

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

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

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

Dr. Ranjan Mani Tripathi



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.

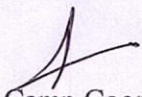
Whichever way we look at it, the poor and rural people are the ones who are not receiving dental care, which is generally delivered on a fee for service basis by private dental clinics. Many people suffer episodes of extreme dental pain and infection in their lives. They try to deal with this by using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

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

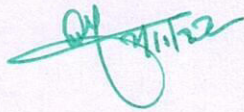
Out of 146 screened patients 36 patients were referred for the treatment which was not possible at the camp site to Index Institute of Dental Sciences, Indore. After a somewhat shaky start, the dental camp progressed to becoming well run event. Techniques such as cleaning and sterilising instruments were brought up to safe and acceptable standards. Team returned to the college premises at 2:30 pm.

**Number of patients screened and treatment provided**

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

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M.P.)

Date: 05<sup>th</sup> March 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp – Tillor Khurd

A free dental treatment camp was organized by the Department of Public Health Dentistry of Index Institute of Dental Sciences, Indore, Madhya Pradesh at village Tillor Khurd on 05<sup>th</sup> March 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Megha Soni, Mohit Soni, Mukund Ranjan, Neha Mandre, Neil Gupta, Nidhi Dhakad, Lokendra Singh Sisodiya, Mahima Lilani, Mahima Mathur 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 09:40 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.

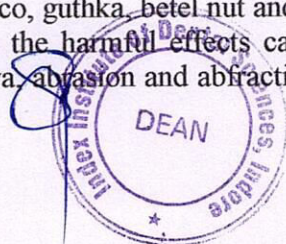
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian. 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 102 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 102 screened patients required dental treatment. Out of 47 treated patients, 24 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 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 abstraction along with erosion of teeth, halitosis, accumulation



Registrar  
Malwanchal University  
Indore (M P)

Dr. Ranjan Mani Tripathi

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

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

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


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

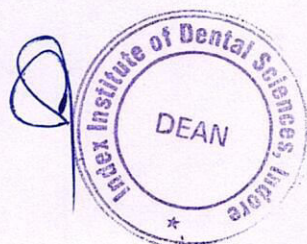
Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example,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

Out of 102 screened patients 34 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 screened | patients | Total treated | patients | Total restorations | Total extractions | Total scalings | Referred patients |
|----------------|----------|---------------|----------|--------------------|-------------------|----------------|-------------------|
| 102            |          | 47            |          | 10                 | 13                | 24             | 34                |

  
Camp Coordinator



  
Registrar  
Malwanchal University  
Indore (M P)

Date: 07<sup>th</sup> March, 2022

## Index Institute of Dental Sciences

### Report of the Rural Oral Health Camp – Umariya 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 Umariya Khurd on 07<sup>th</sup> March, 2022. A team from Department of Public Health Dentistry, Index Institute of Dental Sciences, Indore comprising of Dr. Ranjan Mani Tripathi, Interns/Students- Jayesh Bhawsar, Kurrul An Qureshi, Mohit Soni, Mukund Ranjan, Nandini Sinha, Neha Mandre, Neil Gupta 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 09:15 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 10:10 am.

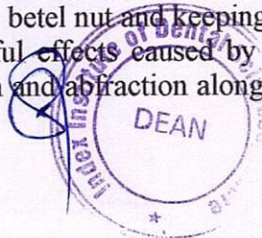
If the patient agreed to the proposed dental treatment they moved to the dental treatment van for necessary dental care. Verbal consent was obtained from adults for their dental care. If a child under the age of 18 years required a tooth extraction then consent was obtained from their parent or guardian.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


MRD Mr. 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 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 79 screened patients required dental treatment. Out of 53 treated patients, 28 patients were treated for removal of dental plaque and dental calculus for which oral prophylaxis treatment was done. Total 13 patients required extraction of their teeth. Where a sum of 5 patients underwent extraction due to loosening of their teeth, 6 patients underwent extraction due to grossly decayed teeth which can't be restored and 1 patient underwent extraction due to retained root stumps in the oral cavity. Total 12 patients required restoration of their decayed teeth. All the treatments were provided free of cost by Index Institute of Dental Sciences, Indore (M.P.).

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



  
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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.

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

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

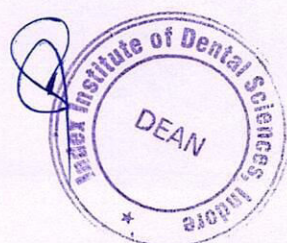
Those people not receiving treatment generally had good oral health, but most required and received oral hygiene advice which was not recorded in these camps but will be noted in future camps. There were some cases where the treatment required was beyond the capacity of the dental camp, for example,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

Out of 146 screened patients 13 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 screened | patients | Total treated | patients | Total restorations | Total extractions | Total scalings | Referred patients |
|----------------|----------|---------------|----------|--------------------|-------------------|----------------|-------------------|
| 79             |          | 53            |          | 12                 | 13                | 28             | 13                |

Camp Coordinator



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