



सत्यमेव जयते

Ministry of Health & Family Welfare  
Government of India



# Training Manual on Oral Care for Multipurpose Worker at Ayushman Bharat – Health and Wellness Centres





**Training Manual on Oral Care for Multipurpose Worker**  
at Ayushman Bharat – Health and Wellness Centres

2021



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# 1

## INTRODUCTION

World Health Organization has defined 'Oral Health' as a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing (WHO, 2012).

Oral health is an important part of general health, affecting not only the individual, but also the broader health system and economy. The consequences of widespread poor oral health can be seen on the personal, population and health systems level, as caries and periodontal diseases deteriorate the individual health and wellbeing, decrease economic productivity, and act as significant risk factors for other systemic health ailments. In most developing countries including India, there is limited access to oral health care services at the primary health care level. There is a huge unmet need for primary health care for oral health. Even at the Community Health Centers and District Hospitals, where Dental surgeons are posted, comprehensive oral health services are largely unavailable due to inadequate instruments, equipment and dental materials.

Indians have relatively high incidence/prevalence of dental caries of permanent teeth. About a third of the population suffers from dental caries that require treatment. There is also a difference in oral health status between urban and rural populations, with enormous disparities in access to quality oral health care, predominantly in rural areas. India's 60-65% population is living in rural areas, where there is limited access to oral health care system. 40-45% of population have dental caries, often leading to pain and discomfort. More than 90% of the population has periodontal diseases. 19-32% of population aged more than 65 years is edentulous while 12.6 per one lakh population have oral cancer. The growing incidence of some chronic diseases like diabetes can further have a negative impact on oral health and adds to the burden.

National Oral Health Programme (NOHP), an initiative of the 12th Plan period launched in the year 2014-15, aims to strengthen the public health facilities of the country for an accessible, affordable & quality oral health care delivery. It provides support to states to set up Dental Care Units at District Hospitals or below by equipping them with Manpower, Equipment including Dental Chair, Consumables. It is also responsible for designing IEC material, organizing national, regional nodal officers training program to enhance the program management skills, review the status of the program.

In India, Health and Wellness Centres (Sub Health Center / Primary Health Centre/Urban Primary Health Centre) provide an opportunity to provide basic oral health care, and address the wide gap between the rural and urban population in accessibility and availability of the services to attain the common goal of disease-free oral cavities among all the people of the country irrespective of the ability of the patient to pay for the procedure. Basic oral health care has been introduced as one of the elements of Comprehensive Primary Health Care delivered through Health and Wellness Centers to expand the availability of all aspects of oral health including referral to appropriate health facilities. Two existing programmes that also need to be leveraged are the Screening for oral cancer under Universal Screening of Common Non-Communicable Diseases and the Rashtriya Bal Swasthya Karyakram (RBSK).

This module will elaborate on roles and responsibilities of Multipurpose worker(MPW)/ Auxiliary Nurse Midwife(ANM) in provision of primary oral health care at Health and Wellness Centres.



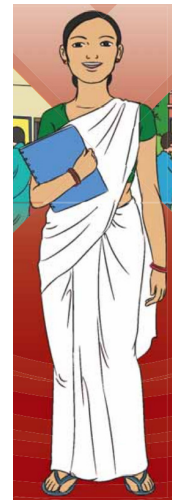
# 2

## SERVICE DELIVERY FRAMEWORK

Let us understand the role of MPW/ANM in oral health care provision through Health and Wellness Centres below.

### ROLE OF MPW/ANM IN ORAL HEALTH CARE

1. Identify personal oral hygiene practices, oral health risk behaviours and raise awareness about common dental diseases including the role of oral hygiene, diet counselling, tobacco cessation, promotion of regular dental visits especially among pregnant women, infants, children, elderly, medically compromised and the populations with special health care needs.
2. Co-ordinate with Anganwadis/school teachers for ensuring daily tooth brushing among school children. Habit of brushing twice daily with correct technique can be developed through incorporating jingles/ rhymes in pre-school teaching at Anganwadi centres.
3. Coordinate with RBSK to ensure oral health check-up for all children.
4. Educate and motivate pre-school children for hand wash and mouth rinse before and after every meal.
5. Ensure Universal Screening for Oral Cancers and ensure completion of CBAC, with a particular focus on tobacco users and provide tobacco cessation advice.
6. Co-ordinate and participate in the outreach activities of PHC/CHC/ District Mobile dental clinic. Mobilization of community members to attend dental screening camps or use of Village Days to raise awareness and provide screening services.
7. Guide patients to nearest Dental health facilities/Referral centre and reinforcement to attend all the follow up visits.
8. Guide the community to undertake immediate measures of pain relief like:
  - ♦ Saline rinses
  - ♦ Using clove/clove oil
  - ♦ Dispense single dose of Paracetamol when required.
9. Provide appropriate guidance and timely referral in cases of dental as well as maxillofacial trauma.
10. Maintain stocks and records at the HWC and assist the CHO for all oral health plans and programs.
11. Mentor and guide ASHA in identification of oral conditions and facilitate referrals to HWC-SHC / nearest facility providing appropriate dental treatment.



### Core Competencies required for MPW/ANM

In order to effectively undertake the activities under this programme, the MPW/ANM will need the following sets of skills.

- Effective communication to undertake health promotion activities at different settings (school, workplace and community).
- Know how to recognize and refer seven common conditions like tooth decay, gum diseases, dental emergencies including the abscesses of dental origin, ulcer/growth in the mouth, dental fluorosis, cleft lip/palate and irregular alignment of teeth.

- Know basic preventive methods for oral health and advocate it at different settings.
- Ability to carry out examination of mouth
- Guide the community to undertake immediate measures of pain relief like
  - Saline rinses, Using clove/clove oil, Dispense single dose of Paracetamol when required.
- Carry out first aid and perform appropriate referral in case of oro maxillofacial & dental trauma or emergency

## Service Delivery Framework

The MPW/ANM will have responsibilities at both the community and Sub centre level-

Care at Community Level	Care at SHC-HWC	Care at PHC-HWC/UPHC-HWC
<p>Awareness generation and Health promotion (<b>ASHAs, MPW and CHO</b>)</p> <ul style="list-style-type: none"> <li>• Through home visits, VHNDs, VHSNC/ MAS meetings etc.</li> <li>• Measures for health promotion with special focus on pregnant women, mothers, children, elderly and medically compromised.</li> <li>• Oral Health Education-addressing oral hygiene practices, habits, myths and taboos.</li> <li>• Prevention of common oral diseases through dietary advice and tobacco cessation.</li> </ul> <p><b>Screening and early detection</b></p> <ul style="list-style-type: none"> <li>• Population based screening for 0-18 years (under RBSK) and completion of Community Based Assessment Checklist (CBAC) for people &gt; 30 years.</li> <li>• Assessment of individuals for oral health conditions using CBAC form by ASHAs.</li> <li>• Early identification of specified common conditions including pain and any potential malignant lesion by ASHAs and MPW and referral to CHO at Health and Wellness Centres.</li> </ul> <p>Follow-up care of identified cases for treatment adherence during home visits and outreach activities</p>	<p><b>Community Health Officer, MPW</b></p> <p><u>Screening and Identification</u></p> <ul style="list-style-type: none"> <li>• Opportunistic dental screening for individuals (18-29 years) who are not covered under CBAC for NCD screening.</li> <li>• Early detection, screening and first level management of common dental diseases</li> <li>• Identification and referral for tooth loss, mal-alignment of teeth/jaws, dental fluorosis, premalignant lesions, and oral manifestations of systemic conditions to facility where dentist is available and dental lab is functional.</li> </ul> <p><b>Management</b></p> <ul style="list-style-type: none"> <li>• First level management of common dental diseases like arresting bleeding, temporary pain relief, antibiotic/anti-inflammatory medication etc.</li> <li>• Maintaining case records and providing follow up care.</li> <li>• Coordinate with RBSK and School health program to ensure oral health check-up for all children.</li> <li>• Mentor ASHA and MPW for imparting preventive and promotive oral health education in coverage area</li> </ul> <p><u>Oral Health Promotion</u></p> <p>Oral health Promotion among out patients through:</p> <ul style="list-style-type: none"> <li>• IEC activities</li> <li>• Oral Health Education – Oral hygiene practices, habits, addressing myths and taboos</li> <li>• Prevention of common oral diseases through dietary advice and tobacco cessation</li> </ul>	<p><u>Screening and identification</u></p> <p><b>(MO/dentist)</b></p> <ul style="list-style-type: none"> <li>• Opportunistic screening for dental conditions</li> <li>• Examination of cases referred by ASHAs, MPW, CHO</li> </ul> <p><b>Management</b></p> <p><b>MBBS MO:</b></p> <ul style="list-style-type: none"> <li>• Emergency management of pain, uncontrolled bleeding, tooth avulsion and first aid management for maxillofacial trauma.</li> <li>• Topical application of fluoride for caries prevention.</li> <li>• Atraumatic Restorative Technique (ART) after adequate training.</li> </ul> <p><b>Additional services if dentist available:</b></p> <ul style="list-style-type: none"> <li>• Restoration of carious teeth using Glass Ionomer Cement (GIC) or Composites.</li> <li>• Sealing deep pits and fissures with sealants when indicated.</li> <li>• Scaling, root planning and polishing of teeth.</li> <li>• Emergency access opening and pulp therapy to address infections of dental origin.</li> <li>• Address fractured restorations and faulty restorations.</li> <li>• Simple extractions and abscess drainage.</li> <li>• Emergency management of dental/ facial trauma.</li> <li>• Referral to CHC/DH for identified cases for tooth loss, mal-alignment of teeth/jaws, cleft lip/palate, dental fluorosis, premalignant lesions, and oral manifestations of systemic conditions</li> <li>• Coordinate with school oral health programs, RBSK, NPPCF, RCH, ICDS, NTCP.</li> <li>• Monitoring of activities undertaken at SHC-HWCs</li> <li>• Capacity building of primary healthcare team at SHC-HWCs.</li> </ul>

# 3

## GENERAL ORAL EXAMINATION AND RISK FACTORS FOR ORAL HEALTH

Now we will learn about the oral cavity and how to conduct an oral examination.

### In this chapter, you will learn:

- Importance of Oral Health
- Parts of a Healthy Mouth
- Who can get Oral diseases

### PARTS OF THE ORAL CAVITY

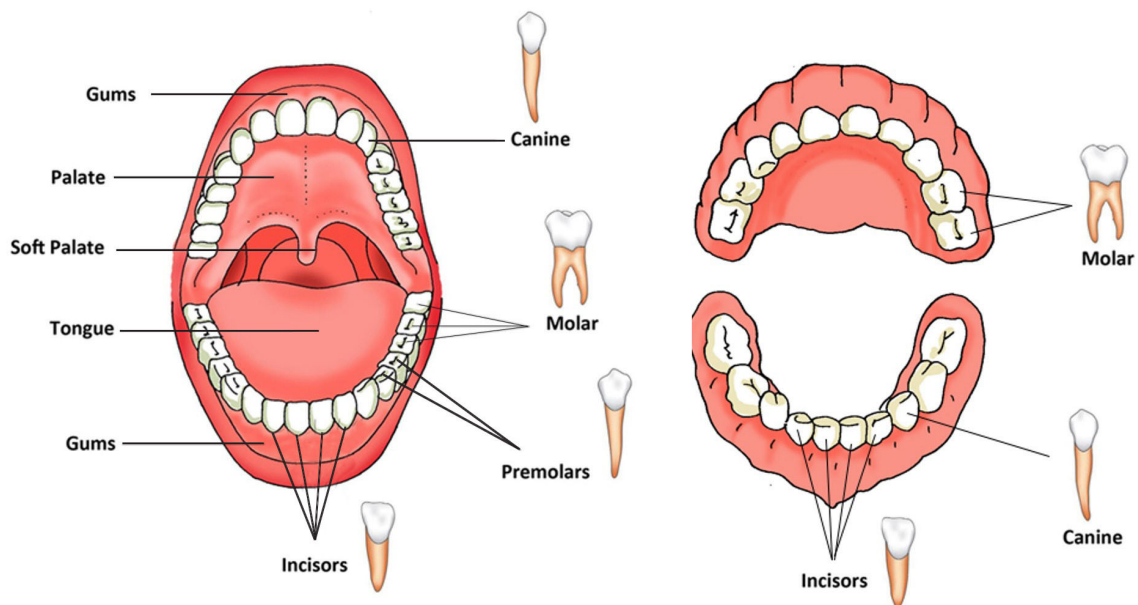


Figure 1 Parts of the Oral cavity of Adults and Children

1. **Lips:** Examine the outer surface and the inner lining of the lips along with borders. The inner part of the lip will be examined by gently turning the lip out. The inner lining should appear wet and shiny in a person with healthy oral cavity. Examine the lips for pigmentation, presence of ulcers, swelling and crusts.
2. **Cheeks:** Examine the inside of the cheeks, . The gloved index finger can also be used. The inner part should be smooth, moist, shiny and pink in color. You should inspect for change in color, presence of any swelling and patches.
3. **Gums:** Inspect the gums for color, consistency, contour and size. Healthy gums is pink, and regular.
4. **Floor of mouth:** Examine by asking the patient to touch the roof of the mouth with tip of his tongue. Check for pooling of saliva in floor of the mouth.

- Tongue:** The top of the tongue will be examined first, followed by the sides of the tongue, which may stretch the tongue slightly. The tip of the tongue will be held with a piece of gauze and the tongue moved from one side to the other. To examine the top of the tongue ask the patient to protrude the tongue forward, keeping the mouth open. To inspect the lower surface, patient is instructed to touch the roof of the palate with tip of his tongue. Check the sides of the tongue, movements of tongue and the floor of the mouth, as cancers develop in these areas more frequently than on the top of the tongue or the palate. Oral cancers may have the appearance of ulcers, masses, red areas, or white areas.
- Palate :** Hard Palate (bony part of palate): Examine the hard palate (A) by using a mouth mirror. It is pink in colour, firm and shows a corrugated pattern in anterior portion (B). Examine for change in color, swelling, ulcer, and cleft.
- Soft Palate** (soft part behind hard palate): Normally, it is reddish pink in color (C). Examine for swelling or ulcers.

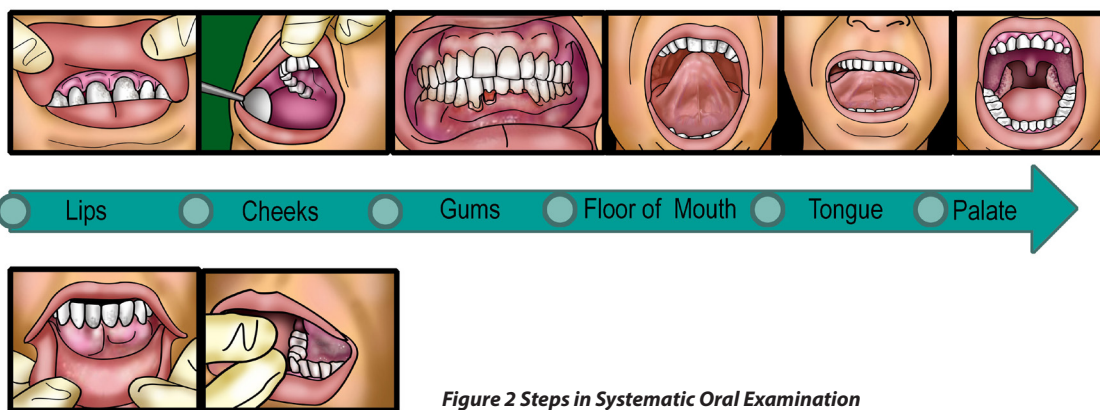


Figure 2 Steps in Systematic Oral Examination

#### 8. Teeth:

Humans have two set of teeth: Milk teeth/baby teeth/primary teeth and adult teeth / permanent teeth. There are total thirty two permanent teeth in adults, eight incisors, four canines, eight premolars and twelve molars in both upper and lower arches.

#### Different Types of Teeth:

- Incisors:** They are front teeth, four in upper arch and four in the lower arch. They are shaped to bite and cut food into small pieces.
- Canines:** They are conical teeth at the corner of the mouth. Their function is to tear or shred food.
- Premolars:** These are two on each side of both the jaws just behind the canine. The functions of these teeth is to hold and crush food. Premolars are present only in adults.
- Molars:** They are three in number on each side of the jaws and have bigger chewing surface for cutting food into smaller parts.

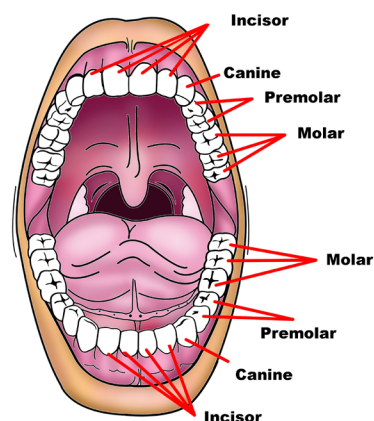


Figure 3 Different types of Teeth

## Parts of teeth

The white visible part of the tooth is the crown and the long portion inside the gums and bone is the root.

The outermost hardest white cover is called as Enamel. The inner layer is less hard and slight yellow in colour called as Dentine. It surrounds the Pulp containing blood vessels and nerves of the tooth

Examine the surfaces of all teeth. Look for the following- tooth decay, missing teeth, brown/black discoloration on teeth, small pits and fissures, cavities on the tooth/between teeth.

Important points to keep in mind:

- Wash your hands before starting oral examination and use disposable gloves
- Briefly explain to the patient what the examination involves
- Instruments need to be sterilized after each time they are used

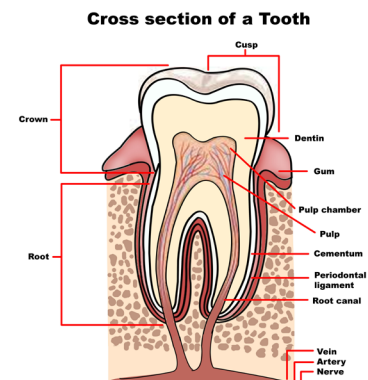


Figure 4 Parts of Tooth

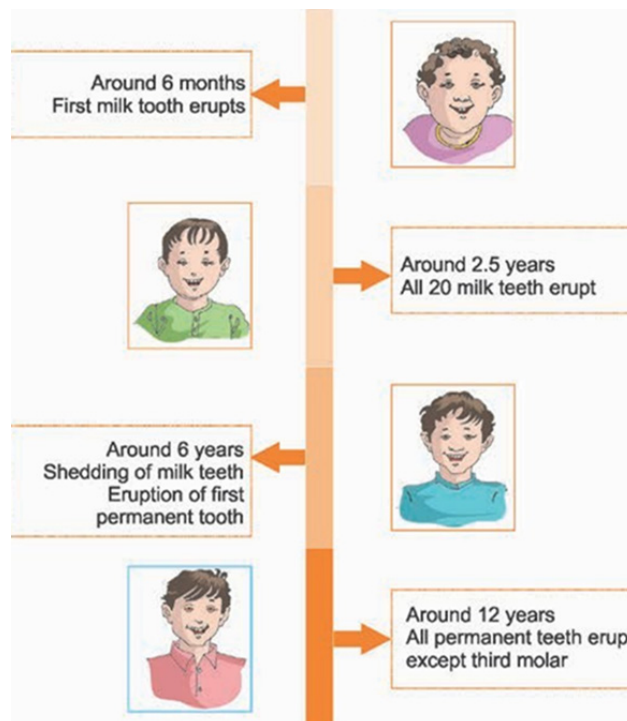


Figure 5 Sequence of tooth eruption

## Risk Factors for Oral Diseases

Oral health has risk factors which are also risk factors for general health. The modifiable risk factors of oral diseases include an unhealthy diet, particularly one high in sugar, tobacco and alcohol consumption. These key risk factors are also shared with most of the other major non-communicable diseases like diabetes, cardio vascular diseases, cancers etc.

The common risk factors are listed below:

- **Diet-** Diet high in sugar and fat, and low in fibre and essential vitamins, are associated with conditions such as heart attacks, stroke, obesity, diabetes, cancers and dental decay.





- **Tobacco smoking/chewing**- Tobacco use is the leading cause of death and diseases including oral conditions. Any form of tobacco consumption like smoking (cigarettes, bidis, pipes, hukka etc) and smokeless (chewing tobacco, snuff, paan, masherri (tobacco applied on gums etc) tobacco leads to periodontal (gum) diseases, heart & lung diseases, diabetes, oral and other cancers.



- **Poor Dental Hygiene**- Poor dental hygiene is the main cause of bad breath, gum diseases, and other inflammatory conditions.
- **Injuries**- Injuries like road traffic accidents, violence etc. can lead to dental or maxillofacial trauma

- **Alcohol consumption**- Intake of alcohol in large quantities increases the risk of general conditions such as high blood pressure, liver disease, heart disease and oral cancer. In addition, alcohol is a factor in many social problems, and violence, often results in fractures of the jaws and teeth
- **Stress**- Excessive stress can lead to health problems and lifestyle behavioural changes (e.g., excessive smoking, increasing alcohol intake, changing dietary habits, becoming physically inactive, and neglecting oral & personal hygiene) which further leads to oral and general health problems.



- **Non-communicable diseases**- All major NCDs, including most oral diseases, share the same social determinants and some common modifiable risk factors, namely: poor diet, in particular one high in sugars, which is one of the main causes of tooth decay; tobacco use, which is implicated in the causation of gum disease; and the harmful use of alcohol. Excessive tobacco and alcohol use causes oral cancer.

# 4

## PREVENTION AND TREATMENT PROTOCOL FOR COMMON DENTAL CONDITIONS/ DISEASES

### Common Oral Diseases

#### I. Tooth Decay/Dental Caries

##### What is Dental Caries?

Tooth decay is an infectious microbial disease of the calcified tissue of teeth. It affects both baby and adult teeth.

Brown discoloration, Hole between teeth

##### Symptoms and Signs:

- Tooth pain on touch
- Sensitivity to hot & cold, sweet & sour
- Look for black/ brown discoloration on tooth
- Cavity/hole on the tooth or in between two teeth
- Broken tooth
- Food lodgement in the cavity between the teeth
- If left unnoticed, complications like
  - ♦ Swelling
  - ♦ Pus discharge

##### Causes:

- **Bacteria**- Bacteria are very small organisms, not visible to naked eye. When you eat certain foods, the bacteria on your teeth breaks them down and produces acids that have the ability to seriously damage the hard tissues of your tooth. The result is the formation of cavities in the tooth.
- Pits, groove and fissures present on chewing surfaces of teeth are difficult to clean. Bacteria tend to accumulate on it and cause tooth decay
- If food is left in the mouth for longer duration , bacteria tends to accumulate, release acid and thus lead to tooth decay
- Sweet and sticky food like toffees, chocolates, biscuits, cold drinks, artificial juice causes tooth decay

#### In this chapter, you will learn:

1. Different types of common dental problems
2. Your role pertaining to each dental problems



Figure 6 Brown or black discoloration or hole is Dental Caries



**Your Role:**

Do	Advise
<ul style="list-style-type: none"> <li>• Identify the black/brown spot/discoloration or cavity</li> <li>• Identify any pain/pus discharge</li> <li>• Give one dose of paracetamol tablet for tooth pain</li> <li>• Refer to SHC-HWC in case you see following:               <ul style="list-style-type: none"> <li>♦ Increased sensitivity to hot and cold for more than 2 weeks</li> <li>♦ Pain and swelling for more than week</li> <li>♦ Pus discharge</li> <li>♦ Black spot /discoloration on tooth</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Rinsing mouth thoroughly with water after every meal and snacks</li> <li>• Brushing of teeth twice a day with pea-sized tooth paste</li> <li>• Avoid self-medication or pain killers</li> <li>• Avoid intake of extreme hot and cold food &amp; drinks</li> <li>• Reduce frequent consumption of sugary and sticky diet</li> <li>• Avoid placing camphor/tobacco/petroleum products/salt at the site of pain</li> <li>• Avoid picking teeth using any objects</li> </ul>

## II. Early Childhood Caries/Nursing Bottle caries

Early childhood caries (ECC) has also been called nursing caries, nursing bottle caries, and baby bottle tooth decay. The cavities are mostly seen on upper front teeth but can affect other teeth also.

ECC leads to early loss of milk teeth, delayed eruption of permanent teeth, difficulty in eating, pain, abscess and malnourishment.

**Causes:**

It occurs in children whose teeth are exposed to sugary liquids for long periods of time.

Children who fall asleep with a bottle in their mouth or who carry a bottle and drink sweetened liquids throughout the day.

**Signs:**

- White spots on teeth initially along the gum line
- Brownish/black discoloration
- Continuous presence of sweetened milk/sticky/sweet food in the mouth



**Figure 7 Early childhood caries due to prolonged bottle feeding**

**Your Role:**

Do	Advise
<ul style="list-style-type: none"> <li>• Identify white/ brown spots/ discoloration /pain/pus discharge</li> <li>• Refer to SHC-MWC in case you see above signs and symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid letting baby sleep with sweet nipple or bottle in the mouth</li> <li>• Cleaning of gums with soft moist clean cotton cloth after each feeding. Residual milk should not be left in the mouth</li> <li>• Advise on moderating the consumption of sugary snacks like gur, sweets, sugary juices</li> <li>• Brushing of teeth twice a day with soft bristle baby tooth brush once first tooth erupts in oral cavity or Mothers must be instructed to start cleaning teeth using a baby tooth brush with drinking water once the first tooth begin to erupt</li> <li>• Advise the parent on assisting the child's tooth brushing till 3 years of age</li> <li>• Advise on supervising the child's tooth brushing between 3-7 years of age</li> </ul>





Figure 8 Ways to prevent tooth decay

### III. Gum Diseases/Gingivitis

Gum diseases happens when naturally occurring sticky film containing bacteria, builds up on the teeth and causes inflammation of the gums.

#### Causes:

- Bacteria
- Poor oral hygiene
- Chewing Tobacco /smoking
- Stress
- Hormonal changes including puberty, pregnancy, menopause, monthly cycle causes sensitivity and inflammation in gums
- Poor nutrition
- Chronic diseases such as diabetes, cancer, and HIV-AIDS impair the body's ability to fight infection, including gum disease.



Figure 9 Healthy Mouth

#### Sign and Symptoms:

- Red, puffy/swollen gums along tooth margin
- Bleeding gums
- Tooth pain or sensitivity
- Bad breath
- Loose teeth
- Widening of gap between teeth
- Swollen gums
- Deposits and discoloration of tooth



Figure 10 Gingivitis

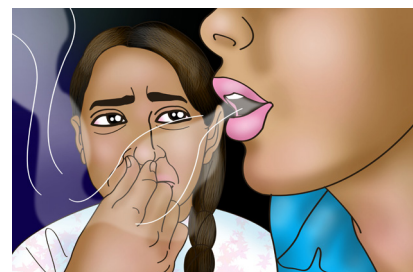


Figure 11 Halitosis/Bad Breath

#### Your Role:

Do	Advise
<ul style="list-style-type: none"> <li>• Check gums for bleeding and change in colour from normal</li> <li>• Patient having diabetes, heart diseases or any regular medication will require extra care and precautions</li> <li>• Refer to nearest SAI-HWC in case you see above symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Rinse mouth with water</li> <li>• Brushing of teeth twice a day</li> <li>• Avoid picking teeth using any objects</li> </ul>

## IV. Gums Abnormal Growth / Enlargement

This is a condition where there is an abnormal increase in size of the gums

### Causes:

- Gum diseases
- History of taking medicines like anticonvulsants for epilepsy, immunosuppressant and calcium channel blockers
- Pregnancy induced
- Vitamin C deficiency



Figure 12 Drug Induced Gingival enlargement

### Signs:

- Red swelling with smooth and shiny surface
- Balloon shaped swelling of gum margins
- Increase in size of gums with redness

### Your Role:

Advise the patient to rinse mouth with water after meal

- Brushing gently with soft bristle tooth brush
- After consulting CHO, Refer to MO/dentist in nearest health facility in case you find any of the above symptoms

## V. Oral Ulcers

Oral Ulcers include any ulcerations in the oral mucosa/inner lining of mouth/lip/cheek or tongue

### Causes:

- Trauma or tissue damage- Damage from vigorous brushing, ill-fitting dentures, Biting any part of oral cavity
- Stress- Mostly common in teenagers
- Allergic reactions and hormonal changes
- Nutritional deficiency- Deficiency of vitamin B-12, iron, folate & zinc causes oral ulcers
- Infections- Bacterial, viral or fungal infection causes oral ulcers
- Foods & drinks- Some foods and drinks release acid causing ulcers
- Harmful Habits of tobacco and excessive alcohol consumption.



Figure 13: Oral Ulcers affecting lower part of the tongue

### Sign and symptoms:

- Mostly occur on inner lining of lips/cheeks/tongue and palate
- Tingling or burning sensation for 1-2 days before ulcer occurs
- Pain and redness around ulcer
- Round or oval in shape
- Single or multiple ulcers
- Difficulty in eating, talking, brushing and drinking

**Your Role:**

- Advise on rinsing the mouth with salt water
- Cooling mouth rinses with cold water or applying ice on ulcer
- Maintenance of oral hygiene by brushing twice a day
- Bland and healthy diet rich in vitamin B,C and zinc
- Avoid very hot food and drinks
- Immediate referral to SHC-HWC in case you identify any of these symptoms



Figure 14 Rinsing of Mouth with salt water

## VI. White Patch (Leukoplakia)

This is a White Patch formed on tongue and lining of mouth. Most serious cases linked to oral cancer

**Causes:**

- Tobacco chewing or smoking
- Areca nut chewing
- Injury to the inside of the cheek, such as from biting
- Rough, uneven sharp teeth
- Dentures, especially if improperly fitted
- Long-term alcohol use



Figure 15 White Patch or Leukoplakia

**Signs:**

- Patch of white/ grey color
- Site- tongue, gums, inside cheeks
- Thick, hard and raised surface
- Red spots

**Your Role:**

- Identify white or red patches on tongue, inner lining of lip and cheeks
- Advise to stop smoking or chewing tobacco and alcohol
- Advise on intake of food rich in antioxidants such as spinach and carrots.
- Maintain good oral hygiene by brushing and mouth rinsing
- Redness may be a sign of cancer. After consulting CHO, refer immediately to MO/dentist if you see any patches or patches with red spots.

## VII. Fungal Infection of the Mouth (Oral Thrush)

Most common fungal infection of the mouth is called as Candidiasis or Oral thrush.

**Causes:**

- Low body immunity
- Poorly fitting dentures
- Continuous use of antibiotics/steroids/inhalers
- Dry mouth
- Treatment of cancers- Chemotherapy / Radiotherapy
- Neglect of oral hygiene

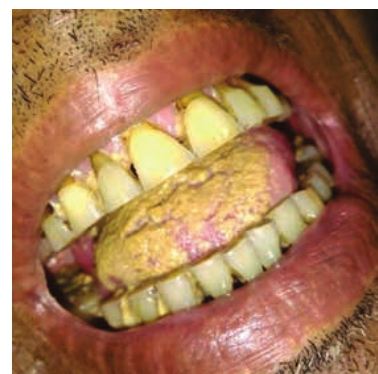


Figure 16 Oral Thrush or Candidiasis

### Sign & Symptoms:

- Whitish curd like patch which can be removed by brushing
- Burning sensation and pain
- Altered taste
- Difficulty in chewing or swallowing
- Foul odour

### Your Role:

- Identify the white patches in the oral cavity
- Ask for history of any systemic health problems
- Advise regular oral hygiene practices.
- Advise on discontinuing the use of ill-fitting/faulty dentures
- Advise on repairing of ill-fitting dentures
- Advise on rinsing with salt water
- Advise on consumption of more water and keeping mouth wet

## VIII. Structural Deformities

Any deviation from the normal alignment of teeth and /or upper/lower jaw. It may compromise the appearance or other functions like speech and chewing. The following conditions occurs due to irregular arrangement of teeth / Jaws:

### (a) Restricted Mouth Opening

Inability to open the mouth fully or restriction of normal opening of mouth or lock jaw.

#### Causes:

- Muscle spasm
- Infections of oral cavity
- Oral cancer
- Oral ulcers
- Oral cysts with un-erupted/ partially erupted
- Fracture of jaw
- Tetanus

#### Sign & Symptoms:

- Pain in the jaw, even without movement
- Difficulty in eating and swallowing of foods
- Difficulty in brushing the teeth



Figure 17 Trismus or Restricted Mouth Opening

**Your Role:**

- Ask the person to insert three fingers together (index, middle and ring fingers) in the mouth and assess the extent of mouth opening.
- After consulting CHO, Refer to nearby health facility where dentist is available if you see any individual with restricted mouth opening

**(b) Jaw Dislocation**

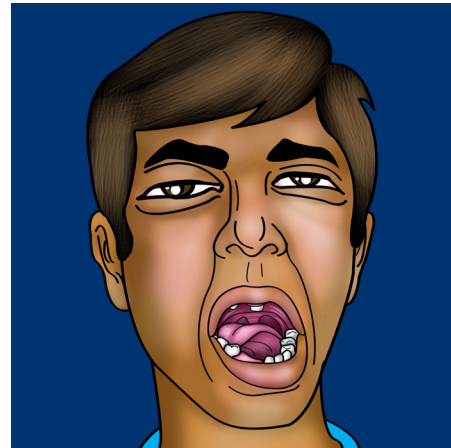
When lower part of your jaw moves out from normal location

**Causes:**

- Previous injury to jaw
- Excessive mouth opening during yawning
- Vomiting
- Opening mouth too wide for eating

**Sign & Symptoms:**

- Difficulty in eating and swallowing
- Difficulty in speaking
- Drooling of saliva
- Deviation of chin towards opposite side



*Figure 18 Jaw Dislocation*

**Your Role:**

- Advise-Do not open the mouth wide during eating and yawning
- Refer to nearest health facility where dentist is available in case you see any person with jaw dislocation

**(c) Irregular arrangement of teeth**

Irregular arrangement of teeth leads to serious oral health problems. Different types of malalignment are:

- Crowded teeth
- Forwardly/Backwardly
- Reverse bite
- Space between teeth (adults)



**Crowding (Crooked teeth)**

*Figure 19 Irregular arrangement of Tooth*



### Causes:

- Cleft lip and palate
- Prolonged use of bottle feeding in early childhood
- Oral habits causing abnormal pressure on teeth and surrounding structures such as thumb and finger sucking, tongue thrusting, mouth breathing, nail biting etc.
- Abnormally shaped or impacted teeth
- Early loss of milk teeth due to dental decay

### Sign & Symptoms:

- Abnormally forward or backward teeth
- Gaps between the teeth
- Uneven, crowded teeth
- Cross bite/reverse bite
- Face asymmetry
- Frequent biting of the inner cheeks or tongue
- Difficulty in pursing lips
- Difficulty in keeping teeth clean because they are crowded

### Your Role:

- Identify oral habits
- Advise parents on stopping bad oral habits
- Advise parents to stop bottle feeding children
- Advice on maintaining good oral hygiene to prevent tooth decay
- Refer to SHC-HWC in case you see any of above signs and symptoms

## IX. Cleft lip or Palate

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

Cleft lip- Congenital split in the upper lip.

Cleft palate- Midline split in the roof of the mouth that results from failure of two sides to fuse.

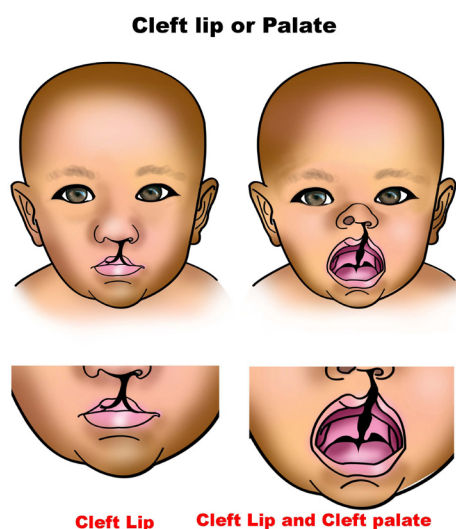


Figure 20 Cleft lip or Palate

### Causes:

- Genetic reasons
- Deficiency of folic acid during pregnancy
- Smoking and drinking alcohol during pregnancy

### Sign & Symptoms:

- Spilt lip/palate or both
- Difficulty in feeding, swallowing and speaking

### Your Role:

- In case of cleft, refer to CHO/SHC-HWC
- In consultation with CHO and MO, Coordinate with RBSK team for referral to DEIC
- Advise on stopping intake of alcohol/smoking during pregnancy
- Educate parents on feeding practices for children with cleft lip/ Palate
- Advise pregnant women to take full course of Iron Folic Acid tablets during pregnancy

## X. Missing Tooth/Teeth

### Loss of tooth or teeth

- The jaws without teeth are called “edentulous”
- Partially edentulous- when a few teeth are missing either from upper or lower jaw

### Causes:

- Neglected, long standing decay which progresses to broken tooth or complete loss of tooth
- Untreated gum diseases, mobile teeth leading to complete loss of tooth/teeth
- Trauma or road traffic accidents which lead to loss of front teeth
- Systemic diseases and bone disorders which weaken support and lead to tooth loss

### Sign & Symptoms:

- Missing teeth
- Inability to chew
- Difficulty in speech in case of missing front teeth
- Compromised smile



Missing anterior tooth  
(Partial Edentulous)



Completely Edentulous



Missing Posterior Teeth  
(Partial Edentulous)

**Figure 21 Missing Tooth or Teeth**

### Your Role:

Identify and refer to the nearest dentist for replacement of missing teeth by coordinating with CHO.

## XI. Trauma to the teeth and face

Teeth and face may get injured easily. Injury can occur in the following cases:

- Playing/cycling/running
- Sport injuries
- Road accidents
- Physical violence
- Falls

### Signs & Symptoms:

- Broken tooth/ knocked out tooth
- Bleeding
- Loss of front tooth
- Wounded and swollen lips
- Back teeth not meeting
- Pain & bleeding
- Numbness
- Reduction in mouth opening

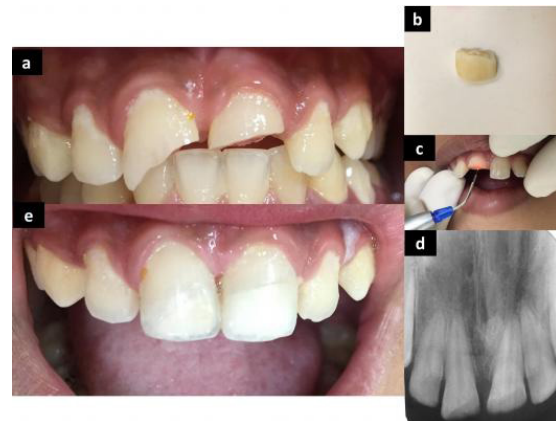


Figure 22 Teeth fracture and restoring the broken tooth

### Your Role:

Do	Dont's	Advise
<ul style="list-style-type: none"> <li>• Arrest the bleeding with pressure / cold pack</li> <li>• Save the knocked out tooth / broken tooth fragment and place it in milk /tender coconut water</li> <li>• Refer the patient to nearest dentist as soon as possible</li> <li>• If injury involves face/head , refer to the nearest health facility immediately</li> </ul>	<ul style="list-style-type: none"> <li>• Do not rub or scrub the tooth</li> <li>• Do not wrap the tooth in soiled cloth</li> <li>• Do not let the tooth dry</li> <li>• Do not throw the tooth or broken fragment</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting safe environment for preventing trauma</li> </ul>

## XII. Discoloration of Teeth due to Fluoride/Dental Fluorosis

Fluorosis is caused by excess intake of fluoride through drinking water /food over a long period. It affects both teeth and bones. It is more in areas where water level of fluoride is more than 2 parts per million.

In severe form, fluoride may get deposited in the bones known as Skeletal fluorosis.

### Causes:

- Intake of excess fluoride through drinking water and food
- Excessive use of fluoridated toothpastes

### Signs:

- Chalky white teeth
- Brownish yellow stains
- Pitting on tooth surface



**Your Role:**

- Advise on use of pea size amount of toothpaste for brushing
- Advise on use of alternative source of water for drinking in fluoride endemic areas
- Identify the condition and refer to SHC-HWC



*Figure 23 Generalized Dental Fluorosis*

**XIII. Oral Cancer**

This is one of the most common cancers in India. It can occur in the oral cavity including lips, cheeks, teeth, gums, tongue, floor of the mouth below tongue, bony roof of mouth,

**Causes or Risk factors:**

- Tobacco/smoking and alcohol consumption
- Chewing betel quid (paan), which is made up of areca nut (supari) and lime (chunna)
- Weak immune system
- Poor oral hygiene
- Sharp teeth and ill-fitting dentures

**Sign & Symptoms:**

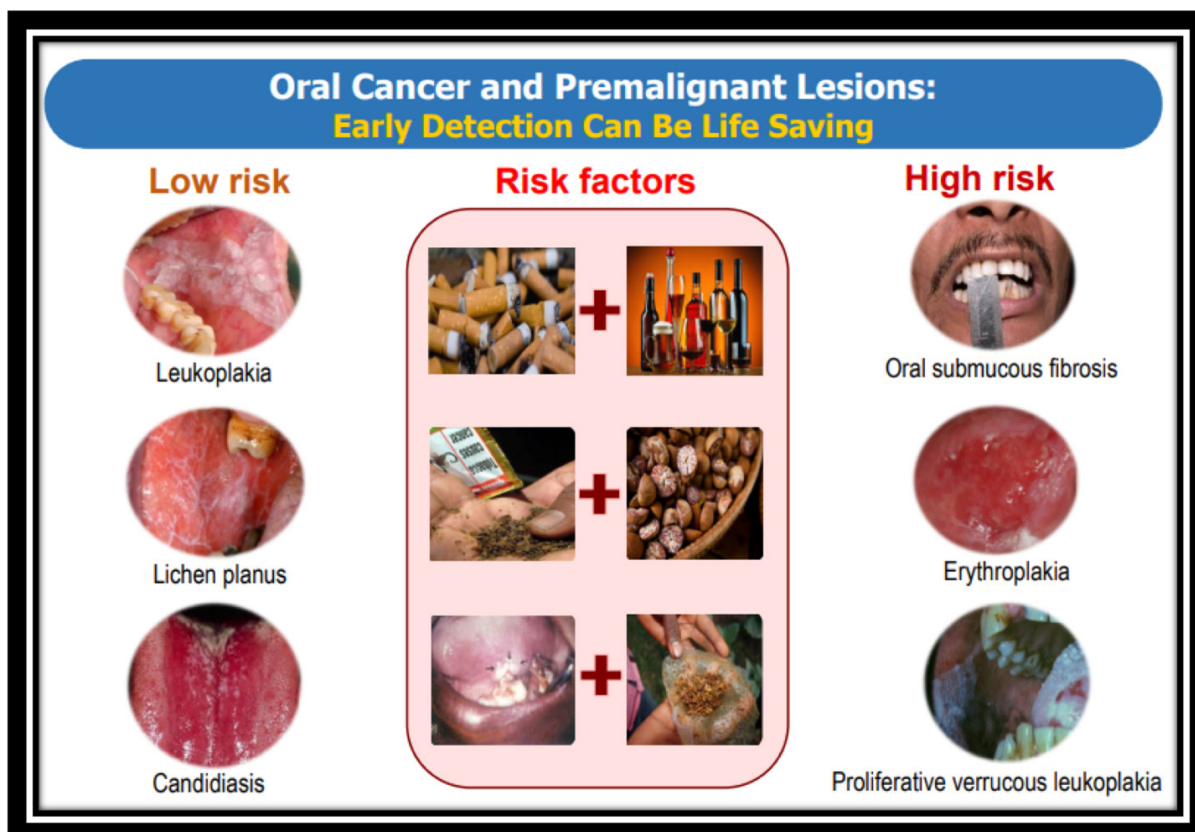
- A white or red patch in the oral cavity
- Ulcerated or rough areas in oral cavity especially those does not heal for more than a month
- Difficulty in tolerating spicy food
- Difficulty in opening mouth
- Difficulty in protruding the tongue
- Change in voice (nasal voice)
- Excessive salivation
- Difficulty in chewing/swallowing/speaking
- By screening of oral cancer



*Figure 24 Oral Cancer*

**Your Role:**

- Identify the risk factors
- Examine the mouth
- Follow the population based screening protocol for oral cancer and refer to SHC-HWC
- Advise brief interventions for quitting tobacco/betel or such products:
  - ♦ Delay the consumption of tobacco
  - ♦ Distract or divert the mind from tobacco towards any other activity like music/reading/ conversing with friends
  - ♦ Drink water frequently and keep mouth wet to reduce craving for tobacco
  - ♦ Deep breathe/Do exercise regularly



### Care for Special Target Groups

#### Special attention to be given to:

- Pregnant mothers
- Infants and children
- Old age people
- Medically compromised/Hospitalized individuals

#### A. Pregnant Mothers

##### Why?

- Hormonal changes in the body and its effects on gums leading to inflammation, swelling and bleeding from gums
- If gum diseases are neglected, it may also affect the baby, leading to low birth weight and preterm baby
- Tobacco and alcohol consumption during pregnancy leads to cleft lip and palate

## Your Role

Do	Advice
<ul style="list-style-type: none"><li>• Instruct pregnant women about the possible oral health problems during pregnancy</li><li>• Identify the oral health problems and refer to nearest dentist</li></ul>	<ul style="list-style-type: none"><li>• Brushing with soft tooth brush with pea size amount of tooth paste twice daily</li><li>• Rinsing mouth thoroughly with water after every meal</li><li>• Rinsing of mouth with warm salt water in case of bleeding gums</li><li>• Avoid self-medication for tooth pain/swelling in pregnancy</li><li>• Eat a variety of healthy foods, such as fruits; vegetables, cereals, milk, unsweetened yogurt, Meat, fish, chicken, eggs, beans, and nuts etc.</li><li>• Do not eat foods high in sugar like candy, cookies, cake, and dried fruit, and cold drink &amp; artificial juices.</li><li>• Visit to the dentist for general check-up in first and third trimester of pregnancy</li></ul>

## B. Infants and Children

### Why?

- Continuous presence of milk /sweetened milk or food in the mouth.
- Attempt to introduce oral hygiene in early life
- Irritability and problems when teeth begin to erupt

**Educate about gum pad cleaning-** Gum pads are seen in the mouth of infants/babies

**Steps for gum pad cleaning-**The mother must be instructed as follows:

- Wash hands with soap and water
- Prepare a clean, moist, soft cotton cloth
- Wrap the cloth around the forefinger and damp it in drinking water
- Gently put your finger inside your baby's mouth
- Wipe the upper and then lower gum pad once
- The gum pad cleaning has to be done after the last feed
  - ♦ Residual milk should not be left in the mouth.
  - ♦ Mothers must be instructed to start cleaning teeth using baby tooth brush with drinking water once the first tooth begins to erupt

### Teething

- Mothers must also be advised on teething
- This is a normal phenomenon seen during eruption of teeth
- The baby tends to get irritable, begins biting on hard objects
- Pacifiers to be avoided.
- Gastric disturbances and diarrhoea are common during this phase
- The mothers must be instructed to give raw carrot/apple for the baby to bite on
- A soft toothbrush may also be given to the baby to make them get used to the feel of a brush while the teeth begins to erupt

### Your Role:

Do	Advise
<ul style="list-style-type: none"><li>Educate on gum pad cleaning</li></ul>	<ul style="list-style-type: none"><li>Counselling of parents on teething</li><li>Advice on tooth brushing when the first tooth erupts</li><li>Advise on moderating the consumption of sugary snacks like Indian sweets, jaggery(gur) etc</li><li>Advise the parents on assisting the child's tooth brushing till 3 years of age</li><li>Advise on supervising the child's tooth brushing between 3-7 years of age</li></ul>

### C. Old People

#### Why?

- Impact of systemic diseases
- Intake of medicines
- Changes in bone, teeth and gums during ageing
- Loss of teeth due to weakening of the bone and receding of gum margins

### Your Role

Do	Advise
Identify problems like: <ul style="list-style-type: none"><li>Missing teeth, broken teeth, only roots remaining/ sharp teeth</li><li>Denture related issues</li><li>Pain and swelling of gums</li><li>Sensitivity to hot/cold food chewing problems</li></ul>	<ul style="list-style-type: none"><li>Advise on consulting dentist</li><li>Advise replacement of missing teeth</li><li>Advise consulting the medical officer for systemic diseases</li><li>Advise correction of faulty dentures</li><li>Advise care for dentures:<ul style="list-style-type: none"><li>Clean dentures</li><li>Leave dentures in water when not in use</li><li>Always remove dentures at night and place it in clean water in a container</li><li>Change the water daily</li></ul></li></ul>

### D. Medically compromised/ hospitalised Individuals

#### Why?

- Impact of hospitalization
- Lack of oral hygiene during the period of hospitalization
- Change in diet and feeding patterns
- Impact on underlying systemic diseases
- Inability to maintain oral hygiene as seen in disabled /special children

### Your Role:

Do	Advise
<ul style="list-style-type: none"><li>Identify and educate on the common dental problems that may occur</li><li>Educate on tooth brushing</li><li>Educate the caregiver on the importance of oral hygiene</li></ul>	<ul style="list-style-type: none"><li>Advise on massaging gums and rinsing mouth thoroughly if tooth brushing is not possible</li><li>Advise the care giver on giving healthy diet</li><li>Advise regular check up by dentist</li><li>Advise on consulting the doctor to understand the impact of medications on oral health</li></ul>

# 5

## HEALTH PROMOTION AND PREVENTION OF ORAL DISEASES

### What is Oral Health promotion?

#### Oral Health promotion focuses on

- Keeping oral health status of people healthy. Helping people to adopt healthy lifestyle to make changes in their ill habits to prevent oral diseases.
- Motivating behaviour changes to avoid complications among those with poor oral health.

#### Importance of Oral Health Promotion

- The purpose of Oral health promotion is to improve the health behaviour of individuals and communities and make positive changes in the habits that affect their oral health.
- Oral Health promotion improves the oral health status of individuals, families and communities.
- Oral Health promotion reduces the costs (both financial and human) that individuals and communities would spend on dental treatment.
- Oral Health Promotion has a lifelong effect.
- The earlier Oral health promotion begins, the better are its effects.

### MAINTENANCE OF ORAL HYGIENE

Maintenance of good oral hygiene is by far the most important step of oral health care which helps to remove plaque. Plaque the main reason of common dental diseases is a colourless biofilm, which sticks to teeth at the gum line and constantly forms on teeth. By daily tooth brushing plaque is removed. This further helps in prevention of cavities, gum diseases etc.

Ensuring proper oral hygiene helps to retain teeth. Maintenance of oral hygiene is vital for all age groups for preventing oral diseases. The maintenance of good oral hygiene should be emphasized from infants till elderly and special emphasis should be on pregnant females, vulnerable groups, immuno-compromised patients.

#### Oral Hygiene can be maintained by:

- Brushing teeth twice a day
- Using the correct brushing technique
- Tongue Cleaning
- Rinsing of mouth after every meal.
- Use of Mouthwashes /warm saline rinses

#### Proper tooth brushing

- Brush your teeth twice daily
- Avoid aerated drinks, sticky/ sweet food snacking between meals, consumption of raw food rich in fibre, Vitamin A
- Brushing and rinsing mouth with water and massage over gums
- Do not quit brushing during pregnancy

### Brushing technique:

- For the outer portion of tooth surfaces, place the toothbrush at a 45-degree angle towards the gum margin and move the brush from up to down for the upper jaw and from down to up for the lower jaw.
- To clean the outer front tooth surfaces, hold the brush upright and use gentle up and down strokes with the tip of the toothbrush.
- For the chewing surface, use gentle, short back and forth strokes. After brushing the teeth make sure to clean the tongue also. You can use the same toothbrush and apply gentle strokes. Kindly avoid using stainless steel tongue cleaners as they get rusted in time and may cause infection.
- After brushing do not forget to massage gums with finger and rinsing thoroughly.

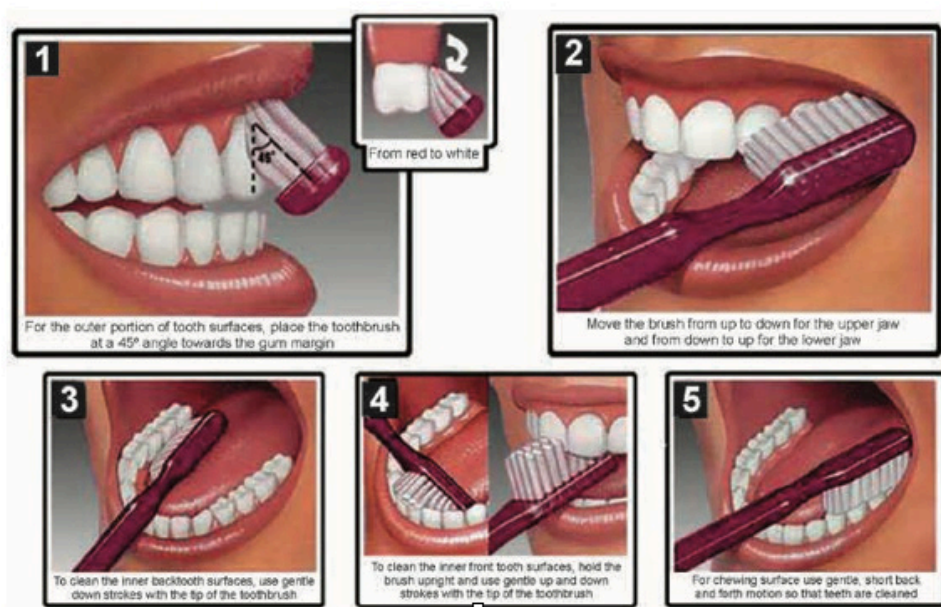


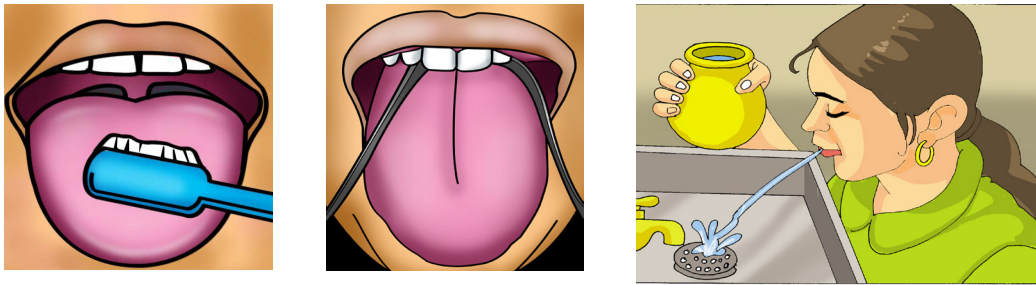
Figure 25 Brushing Technique

### Tongue Cleaning:

1. Stick out your tongue as far as possible.
2. Inspect your tongue in mirror. Most debris can be easily observed as a white colouration on the tongue, which can vary between a subtle discoloration to a thick and fluffy consistency. Aim to identify the area most affected so you know where to direct your attention.
3. Place your toothbrush/tongue cleaner /scraper onto the tongue, being sure to target the area most-affected.
4. Press down gently with the scraper to ensure proper contact is made – but do not press too hard or you may risk causing damage to your tongue.
5. Firmly pull the cleaner towards the tip of the tongue and remove from the mouth.
6. Rinse the scraper clean under a running tap to remove removed debris.
7. Repeat steps 3-6 until no more debris can be removed.



### Tongue Cleaning Pictorial Representation:



### Mouth Rinsing

- Rinsing after meals is very essential. Mouth should be rinsed with plain water after every meal, especially after eating sugary and sticky foods.
- For small babies give water as last feed.
- Warm saline rinses should be done for relief from common oro-dental problems like pain and swelling in gums, swelling in mouth till the time care at the nearest facility is accessed.
- Medicated mouthwashes can be used as prescribed by the dentist.

### Nutrition

It plays a major role in your dental health. Having a balanced diet helps to boost your body's immune system, leaving you less vulnerable to oral disease. Avoiding sugar consumption between meals and maintaining a well-balanced nutritional intake helps to prevent tooth decay and maintain healthy gums.

- Eating starchy foods such as Indian Sweets (Mithais), biscuits, rock sugar(mishri), chips, bread, cookies and toffees causes the bacteria in your mouth to feed on it, they then produce acids, which attack your teeth for up to 20 minutes or more. Also foods that stick to your teeth or are slow to dissolve give the acids more time to work on destroying your teeth and cause cavities.

### Starchy foods:

- Indian Sweets(Mithais)
- Mishri/ Gur
- Breads
- Biscuits
- Toffees/ Chocolates
- Potato chips



Figure 26 Cariogenic food

Sticky and starchy foods create less acid when eaten as part of a meal. Saliva production increases at mealtime, rinsing away food particles and neutralizing harmful acids.



Figure 27 Nutrition Advise



## Anticariogenic diet

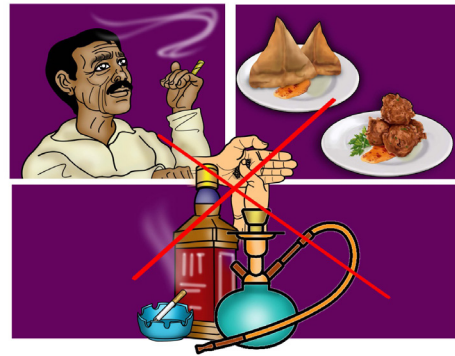
Foods such as nuts, cheese, onions have been shown to slow growth of decay-causing bacteria in the mouth.

Consume fresh fruits and vegetables

Avoid processed foods, sweetened beverages.

Avoid snacking in between meals

Stop all type of smoking and smokeless forms of tobacco, areca nut 'gutka', 'Khaini' use and alcohol consumption to reduce the risk of oral cancers, periodontal disease and tooth loss.



## Regular checkups

Regular check up at the nearest facility should be advised. Professional cleaning every six months if suggested by the dentist will remove calculus and plaque. This will restore healthy gums and teeth. The condition of bones supporting the teeth will also remain healthy.

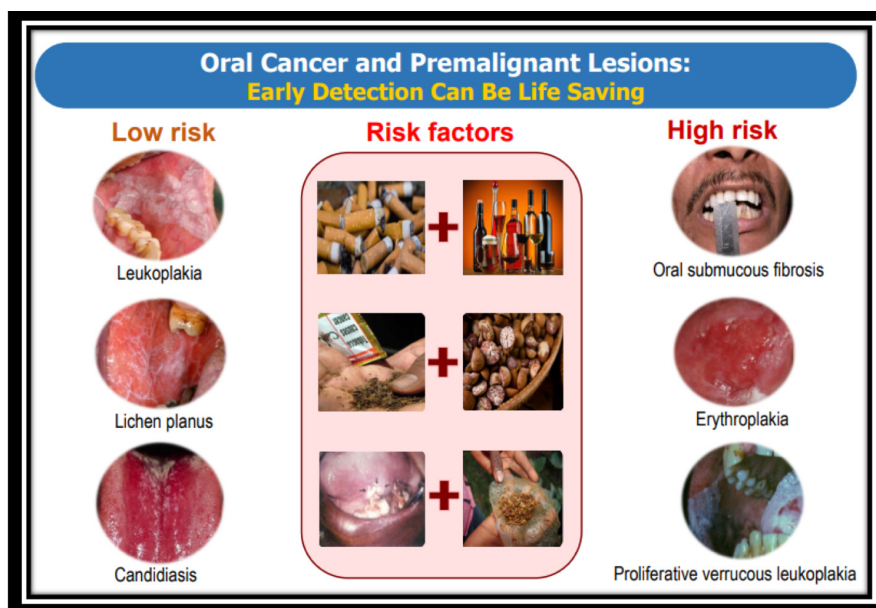
Professional cleaning is recommended every six months as suggested by the dentist. Some patients might need to come in every three or four months, due to the advanced level of gum disease.

## Oral cancer prevention and screening

Oral cancer is usually detected late and has a 50% mortality rate. However, when it's found early, it can have almost a 90% survival rate. It is mainly associated with heavy smokers or drinkers but today there has been a frightening increase in oral cancer in non-smokers and non-drinkers, as well.

- A healthy anticariogenic diet as mentioned above is very essential to prevent Oral Cancer.
- Stop all forms of smoking and smokes forms of tobacco:
  - ♦ Khaini
  - ♦ Zarda
  - ♦ Gutaka
  - ♦ Beedi
  - ♦ Cigarette
  - ♦ Hukkah

## Oral Self Examination



**Oral self-examination** is stressed so that you become aware of any unusual changes at an early stage. Self-examination of the mouth alerts one for the changes that occur there.

### **When to examine mouth?**

Every 2-3 months, after you have brushed your teeth and rinsed your mouth thoroughly.

### **What might we expect to see in the mouth?**

Our lifestyle makes us prone to dental diseases, but we come to know about them at later stage, when they are costly, painful and sometimes difficult to treat.

- Mouth includes Teeth, Gums, Palate, Tongue, Cheek Mucosa, Lip Mucosa as evident from the figure below.
- Teeth are at risk of tooth decay or dental erosions and abrasions or we may injure them.
- Gums are at risk of gum disease.
- Other parts of the mouth are called the soft tissues. This includes the inside of the cheeks, on the lips, on or under the tongue, and soft palate. Together with the gums next to the teeth, these can also be affected by ulcers, sore spots, lumps and swellings, white or red patches for more than 3 months. It is important to be aware of the early signs of mouth cancer/oral cancer, which mainly affects these areas.

#### **Do I need to check my mouth if I have no teeth remaining?**

Yes, you are still at risk of some problems, including mouth cancer/oral cancer.

### **Steps Of Checking Mouth**

1. Wash your hands
2. Remove dentures.
3. Stand in front of the mirror in good light.
4. First take a look at your face and neck, to check for any lumps, bumps or swellings. Examine the skin of the face and lips for sores, moles or growths. Press along the sides & front of the neck feeling for any tenderness or lumps.
5. Pull your lower lip down and look inside for any sores or colour change (e.g. redness or white patches).
6. Next, using your thumb and forefinger feel the lip for bumps, lumps or texture change or ulcers that are taking a long time to heal.
7. Repeat this for your upper lip and then along the inside of your cheeks.
8. You may find it easier to half open the mouth (i.e. not too wide) to do this.
9. Look directly at the gums that surround all the teeth as viewed from the front. Then use a small mirror to see the view from the tongue side. Look for any signs of bleeding, of swelling or of shrinkage away for the teeth. Again, notice any colour changes or ulcers
10. Repeat the process, looking at the teeth as viewed from the front. The small mirror can help to reflect the tongue side of the teeth. Notice any deposits on the teeth, broken and sharp areas, dark spots and obvious food traps.
11. Stick out your tongue. Take a gauze or tissue and grasp your tongue. View all surfaces, top, sides and underneath to check for any colour change or if there is any ulcer present which is taking too long to heal.
12. Finally, tilt your head back, with the mouth open wide to see the roof of the mouth and if there are any lumps or if the colour is any different than usual.
13. Run the tongue or a finger over the surface to feel for bumps.
14. Looking at the mouth regularly will help to notice any change and dental advice can be sought at an early stage.

# MOUTH SELF EXAMINATION

## BUCCAL MUCOSA



RIGHT CHEEK



LEFT CHEEK

## TONGUE: LATERAL BORDER



RIGHT BORDER



LEFT BORDER



UPPER & LOWER LABIAL VESTIBULE



PALATE



FLOOR OF THE MOUTH

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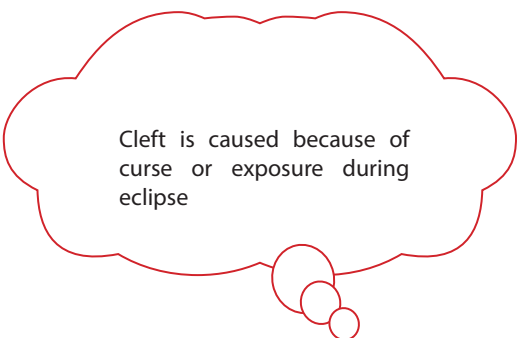
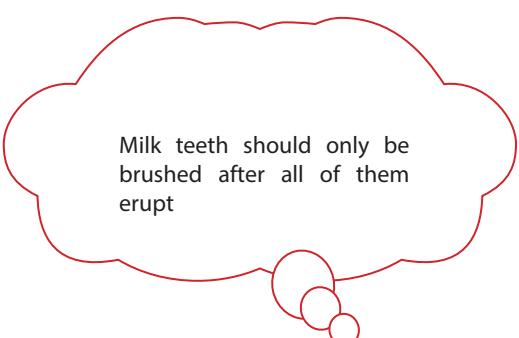
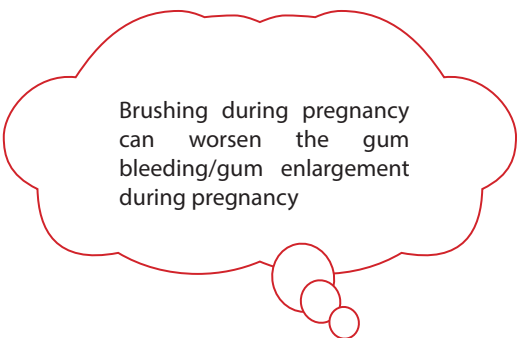
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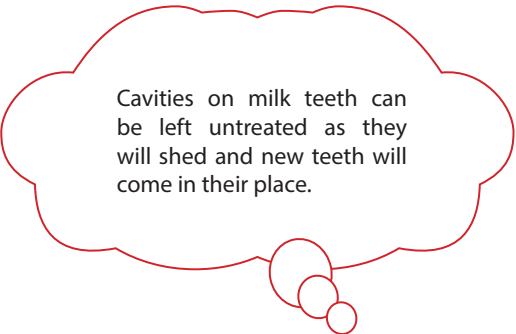
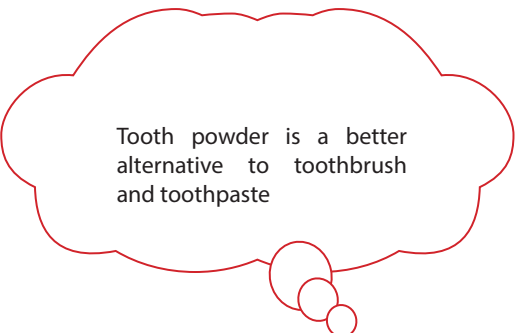
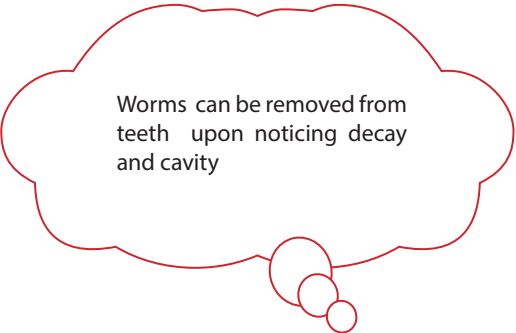
### Training Modules:

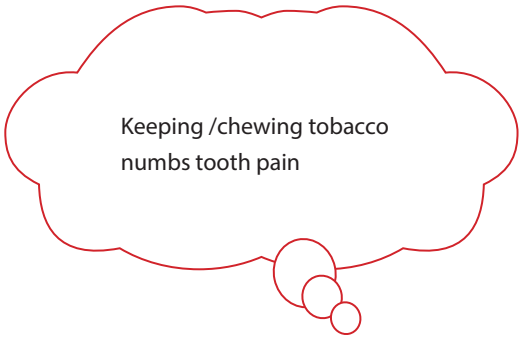

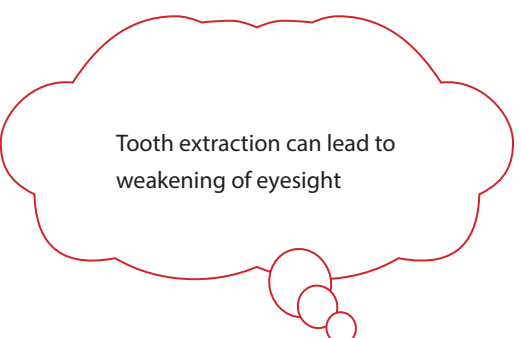
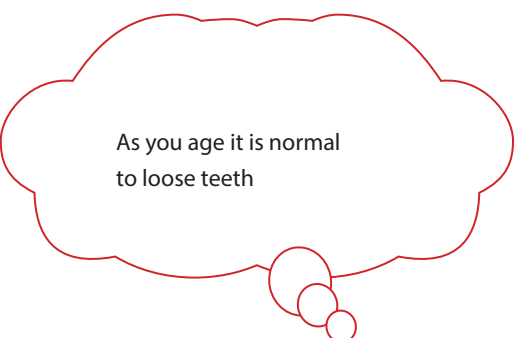
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# ANNEXURE I

## MYTHS AND FACTS ABOUT ORAL HEALTH

MYTH	FACT:
 <p>Oral health has no impact on General Health</p>	<p>Oral cavity is the mirror of your body. It is very important to maintain good oral health and go for timely dental check-ups. Poor oral health can lead to serious problems in the body</p> <ul style="list-style-type: none"><li>a) Pre term birth or low birth weight of child in pregnant women who do not maintain their oral health</li><li>b) Research suggests that heart disease, clogged arteries and stroke might be linked to the inflammation and infections that oral bacteria can cause.</li><li>c) Germs from your mouth may travel to damaged parts of your heart through the bloodstream leading to a disease called endocarditis</li></ul>
 <p>Cleft is caused because of curse or exposure during eclipse</p>	<p>Cleft of the lip or palate in a child can occur due to some reasons like lack of vitamin C/B in the mother during pregnancy, consumption of alcohol/ tobacco products during pregnancy, in certain genetic diseases or syndromes etc. Management and feeding of a child born with a cleft of the lip or palate is possible and these children can also lead a normal and active life. Talk to your doctor and dentist about this condition</p>
 <p>Milk teeth should only be brushed after all of them erupt</p>	<p>As soon as the first tooth erupts in the mouth, one must start brushing the tooth/teeth using a baby tooth brush</p>
 <p>Brushing during pregnancy can worsen the gum bleeding/gum enlargement during pregnancy</p>	<p>Enlarged gums during pregnancy is due to hormonal changes in the body and must not be considered as an excuse to stop brushing altogether, seek consultation from your dentist if the problem persists</p>

MYTH	FACT:
 <p>Cavities on milk teeth can be left untreated as they will shed and new teeth will come in their place.</p>	<p>Cavities on teeth should be given immediate attention . They can progress to severe problems if left untreated, premature loss of deciduous teeth can lead to loss of space in the jaw, malaligned teeth etc. on the long run.</p>
 <p>Tooth powder is a better alternative to toothbrush and toothpaste</p>	<p>Tooth powder /Dantmanjan have abrasives in high quantities that can wear off and damage teeth over a period of time. Hence, it is recommended to clean your teeth using toothbrush and toothpaste everyday.</p>
 <p>Using gul manjan, coal, brick powder, ash, charcoal powder is beneficial to the tooth.</p>	<p>These substances have abrasives that wear out the tooth structure at a fast rate and are not recommended to clean your teeth. Gul manjan has nicotine as one of its components and can get one addicted to the use of tobacco therefore, it must be avoided altogether.</p>
 <p>Worms can be removed from teeth upon noticing decay and cavity</p>	<p>Small microscopic organisms called bacteria can damage the tooth structure and lead to cavities when given the apt condition to grow. However, these organisms are too small to be appreciated without microscopes. Your dentist can remove the damaged tooth structure and place a filling to prevent deepening of existent cavities or perform a root canal treatment if the cavities are too deep .</p>

MYTH	FACT:
 <p>Keeping /chewing tobacco numbs tooth pain</p>	<p>Tobacco should not be considered as a remedy for tooth pain, one can start warm saline gargles or take medicines as prescribed by a qualified doctor and visit the dentist at the earliest to identify the cause of dental pain and seek apt dental treatment.</p>
 <p>Scaling weakens the teeth and loosens them, therefore tooth-brushing with toothpaste is recommended</p>	<p>Scaling is done with special instruments to facilitate the removal of tartar and calculus only, They do not have detrimental effects on the teeth or the gums. Unless suggested by your Dentist, scaling is recommended at timely intervals to maintain good gum health</p>
 <p>Tooth extraction can lead to weakening of eyesight</p>	<p>Improper technique of tooth removal such as techniques practised by quacks can be detrimental to the health of the tooth and adjacent structures. Consult a qualified Dentist for tooth extraction if the need arises to avoid such undue complications</p>
 <p>As you age it is normal to loose teeth</p>	<p>Fact: The life of your teeth depend on how well you keep them. Factors like diet, correct oral hygiene practices, regular dental check up are very vital for healthy tee</p>





# ANNEXURE II

## FREQUENTLY ASKED QUESTIONS

**1. Can decay occur early in childhood, what should be done when decay is noticed early in childhood?**

Yes. Continuous bottle feeding of sweetened milk to infants after weaning, particularly at night can lead to rampant decay of all teeth, sparing the lower front teeth. Immediately after the first tooth erupts, it is important that the mother consults a dentist and gets advised on importance of oral hygiene early in life.

**2. What has to be done to avoid staining of teeth?**

Regular tooth brushing and mouth rinsing habits can help avoid staining on teeth. In case stains persist, a dentist has to be consulted.

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

If maintained well, a regular check-up once a year would suffice. Cleaning is essential only when plaque deposits harden to form calculus tenaciously attached to the gum.

**4. Can salt / manjan be used for cleaning teeth instead of tooth paste?**

Gul manjan / manjan / tooth powder or any other such material is found to contain abrasive compounds that can lead to wearing off the tooth enamel. Also, it is found that Gul manjan contains tobacco and thus can be addictive leading to oral ulcers / cancer.

**5. What can be used to clean teeth?**

It is advisable to use a soft bristle brush and pea size of tooth paste to clean teeth twice a day. This avoids plaque accumulation and prevents decay and gum diseases.

**6. How to keep teeth healthy?**

Brushing once in the morning and always before sleeping along with a practice of rinsing mouth with water after every meal is the best way to keep teeth healthy. Mouth rinsing should also be practised after eating sweet / sticky food like cake, bread, biscuits, chocolates, candies, rice etc.

**7. What is the reason for whitish stains on teeth?**

Presence of whitish stains on teeth following a specific pattern covering multiple upper and lower front teeth is indicative of Dental Fluorosis. It occurs due to excessive fluoride in the ground water supplies of that region. It needs to be evaluated by a dentist for severity assessment and necessary action. Also, if found in excess, the authorities concerned need to be alerted about fluoride in water.



**8. What are clefts and why do clefts occur? Can this be treated?**

A split or opening in the roof of the mouth or the lip is called a cleft. The cause could be genetic or certain drugs during early pregnancy or also undernourishment during pregnancy. It is important to report to a doctor immediately after birth to understand treatment protocol and feeding practices.

**9. What to do when teeth do not begin to erupt even after the age of 1 year?**

Consult a dentist before any further options are considered.

**10. Can irregularly aligned teeth be corrected, if yes when?**

Yes. Consult your dentist. Some children need correction of crooked teeth and bite as early as 3 years while some may need treatment around 12 years.

**11. What is the best way to help a person quit smoking / chewing tobacco?**

Advising them to delay tobacco use, divert the mind from the thought of tobacco, drink about 4-5 litres of water a day, do exercise and identify a quit date to completely forgo tobacco is something any person can do. In addition, referral to the nearest health facility for personalised counselling can help.

**12. How important is it to fill milk teeth?**

Milk teeth guide the eruption of permanent teeth and act as natural space maintainers for the permanent set of teeth. Also, they are important for functional aspects like chewing and speaking. It is thus important to keep milk teeth healthy and get decayed milk teeth filled.

**13. Why should a child rinse mouth after using medicated syrups?**

Most medicated syrups for children are made palatable by adding sweetener. If left uncleaned, the retention of syrup on teeth can lead to decay.

# ANNEXURE III

## PREVENTION AND MANAGEMENT OF COMMON AILMENTS

DENTAL DECAY				
GENERAL PREVENTION	<ul style="list-style-type: none"> <li>Brush your teeth twice daily for at least two minutes each time</li> <li>Avoid aerated drinks sticky/ sweet food snacking between meals</li> <li>Consumption of raw food rich in fiber and vitamins like carrots</li> <li>Have your mouth checked by dentist regularly</li> </ul>			
LEVELS	FAMILY	COMMUNITY	SHC-HWC	PHC/CHC
MANAGEMENT	<ul style="list-style-type: none"> <li>Brushing and rinsing mouth with water</li> <li>Rinse using warm salt water</li> <li>Place a clove or apply clove oil at site (in case of pain)</li> <li>Visit nearest Health &amp; Wellness Centre</li> </ul>		<ul style="list-style-type: none"> <li>Examine and check for decay</li> <li>Record the decay</li> <li>Apply clove oil at the site of decay for temporary pain relief</li> <li>Differentiate between the swelling due to decay and other swellings</li> <li>Refer to a Dental Surgeon for appropriate treatment</li> </ul>	<p><b>If Medical Officer available:</b></p> <ul style="list-style-type: none"> <li>Provide symptomatic relief if decay associated with pain/swelling.</li> <li>Refer to nearest dentist at CHC/DH.</li> </ul> <p><b>If Dentist available:</b></p> <ul style="list-style-type: none"> <li>Final diagnosis</li> <li>Preventive procedures                             <ul style="list-style-type: none"> <li>Sealant placement</li> <li>Fluoride Application</li> <li>ART</li> <li>Oral prophylaxis</li> </ul> </li> <li>Filling of decayed teeth.</li> <li>Prescribe antibiotics (if needed)</li> <li>Plan for endodontic / extraction procedures.</li> </ul>
NOTE				
<ul style="list-style-type: none"> <li>Avoid self-medication</li> <li>Avoid picking teeth / in between teeth</li> <li>Avoid placing camphor/ tobacco/ petroleum products/ salt/ pain balm at site of pain</li> <li>Avoid application of heat or any pain relief cream on the cheek</li> <li>Avoid application of heat or any pain relief balm at the site of swelling</li> <li>Avoid continuous medication</li> </ul>				

GUM DISEASES				
GENERAL PREVENTION	<ul style="list-style-type: none"> <li>• Brush your teeth twice daily for at least two minutes</li> <li>• Avoid aerated drinks sticky/ sweet food Snacking between meals</li> <li>• Consumption of raw food rich in fiber and vitamins like carrots</li> <li>• Brushing and rinsing mouth with water</li> <li>• Do not quit brushing during pregnancy</li> <li>• Have your mouth checked by dentist regularly</li> </ul>			
LEVELS	FAMILY	COMMUNITY	SHC/HWC	PHC/CHC
MANAGEMENT	<ul style="list-style-type: none"> <li>• Brushing and rinsing mouth with water</li> <li>• Rinse using warm salt water</li> <li>• Visit nearest Health and Wellness centre.</li> </ul>		<ul style="list-style-type: none"> <li>• Examine and check for gum diseases</li> <li>• Ask for the above symptoms</li> <li>• Look for deposits on teeth</li> <li>• loose teeth widening gap between teeth</li> <li>• Check for change in color of gums and swollen gums</li> <li>• Instruct on brushing, rinsing and interdental hygiene</li> <li>• refer to dentist</li> </ul>	<ul style="list-style-type: none"> <li>• Review the diagnosis</li> <li>• Oral prophylaxis</li> <li>• Advise use of Chlorhexidine (0.2% Chlorhexidine Gluconate) Mouth Wash (if needed, in case of severe gingivitis and periodontitis)</li> <li>• Advise application of Tannic Acid astringent gum paint in case of swollen and bleeding gums</li> <li>• Prescribe antibiotics (if needed)</li> <li>• Refer to District Hospital for gum surgeries if needed.</li> </ul>
NOTE				
<ul style="list-style-type: none"> <li>• Avoid self-medication</li> <li>• Avoid application of heat or any pain relief cream on the cheek</li> <li>• Avoid application of heat or any pain relief balm at the site of swelling</li> <li>• Avoid continuous medication</li> </ul>				

DENTAL EMERGENCIES				
GENERAL PREVENTION	<ul style="list-style-type: none"> <li>• Brush your teeth twice daily</li> <li>• Avoid frequent sugar consumption</li> <li>• Keep your healthy eating plan</li> <li>• Have your mouth checked by dentist regularly</li> </ul>			
LEVELS	FAMILY	COMMUNITY	SHC/HWC	PHC/CHC
1. PAIN	<ul style="list-style-type: none"> <li>• Remove food lodged at the site of pain using a tooth brush or by rinsing with water.</li> <li>• Rinse using warm salt water</li> <li>• Place a clove or apply clove oil at site for temporary relief.</li> </ul>		<ul style="list-style-type: none"> <li>• Identify the reason for pain</li> <li>• Give One Dose Paracetamol STAT</li> <li>• Place clove / Clove oil at site</li> <li>• Refer to the nearest Dentist</li> </ul>	<ul style="list-style-type: none"> <li>• Review the treatment</li> <li>• Take necessary corrective action</li> </ul>
2. ABSCESS/SWELLING	<ul style="list-style-type: none"> <li>• Visit nearest Health &amp; Wellness Center/ PHC</li> </ul>		<ul style="list-style-type: none"> <li>• Give first line of antibiotics if necessary (after consultation with dentist)</li> <li>• Refer to the nearest Dentist</li> </ul>	<ul style="list-style-type: none"> <li>• Review the treatment</li> <li>• Take necessary corrective action like drainage of abscess</li> </ul>
3. TOOTH INJURY	<ul style="list-style-type: none"> <li>• Arrest bleeding by applying a cold pack or press with a clean cloth and hold</li> <li>• Save the avulsed tooth / broken tooth fragment and try placing the tooth in milk/ tender coconut water</li> <li>• Try to reach the nearest dentist within one hour</li> </ul> <p><b>DON'T:</b></p> <ul style="list-style-type: none"> <li>♦ Do not throw the tooth away.</li> <li>♦ Do not wrap it in any soiled cloth.</li> <li>♦ Do not rub/ scrub clean the tooth.</li> <li>♦ Do not let the tooth dry up.</li> </ul>		<ul style="list-style-type: none"> <li>• Arrest bleeding</li> <li>• Refer to the nearest Dentist within one hour</li> </ul>	<ul style="list-style-type: none"> <li>• Plan the treatment based on radio graphical examination.</li> <li>• Plan for endodontic / extraction procedures.</li> </ul>

4. NON HEALING ULCER	<ul style="list-style-type: none"> <li>• Self-examine the mouth</li> <li>• Identify ulcer and / or red or white patch that does not disappear even after 2 weeks</li> <li>• Visit the Health and Wellness Centre/ PHC</li> </ul> <p><b>DON'T:</b></p> <ul style="list-style-type: none"> <li>• Placement of tobacco or any other external agent at the site</li> <li>• Delay in reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Follow the guidelines in the Population Based Screening</li> <li>• Offer brief behavioral advice for the entire community on quitting tobacco use</li> </ul>	<ul style="list-style-type: none"> <li>• Identify the cause of ulcer</li> <li>• Advise and provide appropriate referral</li> </ul>
5. UNCONTROLLED BLEEDING	<ul style="list-style-type: none"> <li>• Arrest bleeding using a cold pack</li> <li>• Visit the Health and Wellness Centre / PHC</li> </ul>	<ul style="list-style-type: none"> <li>• First aid</li> <li>• Arrest bleeding</li> <li>• Report to higher centre</li> </ul>	<ul style="list-style-type: none"> <li>• Arrest bleeding</li> <li>• Remove the cause</li> <li>• Advise and provide appropriate referral</li> </ul>
NOTE			
<ul style="list-style-type: none"> <li>• Avoid self-medication</li> <li>• Avoid picking teeth / in between teeth</li> <li>• Avoid placing camphor/ tobacco/ petroleum products/ salt/ pain balm at site of pain</li> <li>• Avoid application of heat or any pain relief cream on the cheek</li> <li>• Avoid application of heat or any pain relief balm at the site of swelling</li> <li>• Avoid continuous medication</li> </ul>			



IRREGULAR ARRANGEMENT OF TEETH AND JAWS				
GENERAL PREVENTION	<ul style="list-style-type: none"> <li>• Have your mouth checked by dentist regularly between the age group of 6-12 years.</li> <li>• Check for habits like thumb sucking and mouth breathing, Crowding of teeth and reverse bite, Night grinding, Protruding / Forwardly placed teeth, Spacing between teeth (adults)</li> </ul>			
LEVELS	FAMILY	COMMUNITY	SHC-HWC	PHC/CHC
MANAGEMENT	<ul style="list-style-type: none"> <li>• Cessation of habits like thumb sucking and mouth breathing, Crowding of teeth and reverse bite, Night grinding, Protruding / Forwardly placed teeth, Spacing between teeth (adults)</li> </ul>		<ul style="list-style-type: none"> <li>• Difficulty in opening mouth after trauma to face.</li> <li>• Redirect all trauma cases to the nearest CHC / DH</li> </ul>	<ul style="list-style-type: none"> <li>• Plan for orthodontic treatment</li> </ul>
NOTE				
<ul style="list-style-type: none"> <li>• Avoid oral habits such as thumb sucking, Night grinding and mouth breathing.</li> </ul>				



## List of Contributors

### Contributors from MoHFW :

1. Sh. Vishal Chauhan, Joint Secretary (Policy), MoHFW
2. Smt. Preeti Pant, Joint Secretary, MoHFW
3. Dr Sudhir Gupta, Senior CMO(SAG), Dte. GHS, MoHFW
4. Dr L. Swasticharan, Addl. DDG, Dte. GHS, MoHFW
5. Dr Pradeep Khasnobis, Addl. DDG, Dte. GHS, MoHFW
6. Dr Gursimarjit Singh Chhatwal, Staff Surgeon, Dr. RML Hospital, New Delhi
7. Dr Ankita Piplani, Consultant, National Oral Health Program, MoHFW
8. Dr Abhishek Khanna, CVH Consultant, WHO-India

### Contribution from specialists:

1. Dr Ritu Duggal, Chief, CDER
2. Dr Vijay Mathur, Professor and Head, Pediatric and Preventive Dentistry, CDER, AIIMS
3. Dr OP Kharbanda, Ex Chief, CDER
4. Dr Rakesh Sharma, Professor, Dept. of Oral and Maxillofacial Surgery, LHMC
5. Dr Harsh Priya, Associate Professor, Dept. of Public Health Dentistry, CDER
6. Dr Arpit Gupta, Associate Professor, Dept. of Community Dentistry, PGIMER, Chandigarh
7. Dr Utkal Mohanty, Associate Professor, Dept. of Community Dentistry

### Contributors from NHSRC:

1. Maj Gen (Prof) Atul Kotwal, Executive Director
2. Dr (Flt Lt) M A Balasubramanya, Advisor, CP-CPHC Division
3. Dr Neha Dumka, Lead Consultant, Knowledge Management Division
4. Dr Neha Singhal, Senior Consultant, CP-CPHC Division
5. Dr Suman Bhardwaj, Senior Consultant, CP-CPHC Division
6. Dr Anwar Mirza, Consultant, CP-CPHC Division
7. Dr Rupinder Sahota, Ex-Senior Consultant
8. Dr Maya Mascarenhas, External Consultant, CP-CPHC Division
9. Dr Vijaya Salkar, Junior Consultant, CP-CPHC Division









## **Namaste!**

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.

To reach out to community members about the services at AB- HWCs, do connect to the following social media handles-



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