## MALWANCHAL UNIVERSITY, INDORE (MP)

SYLLABUS FOR

FIRST YEAR EXAMINATION

## BACHELOR OF DENTAL SCIENCE (BDS)

## Syllabus of Study

## 1. HUMAN ANATOMY, EMBRYOLOGY, HISTOLOGY & MEDICAL GENETICS

#### A. GOAL:

The students should gain the knowledge and insight into, the functional anatomy of the normal human head and neck, functional histology and an appreciation of the genetic basis of inheritance and disease, and the embryological development of clinically important structures. So that relevant anatomical & scientific foundations are laid down for the clinical years of the BDS course.

#### **B.** OBJECTIVES:

#### a) KNOWLEDGE & UNDERSTANDING:

At the end of the  $1_{\text{st}}$  year BDS course in Anatomical Sciences the undergraduate student is Expected to:

- 1. Know the normal disposition of the structures in the body while clinically examining a
- 2. Patient and while conducting clinical procedures.
- 3. Know the anatomical basis of disease and injury.
- 4. Know the microscopic structure of the various tissues, a pre-requisite for understanding of
- 5. The disease processes.
- 6. Know the nervous system to locate the site of lesions according to the sensory and or motor
- 7. Deficits encountered.
- 8. 5. Have an idea about the basis of abnormal development, critical stages of development, effects
- 9. of teratogens, genetic mutations and environmental hazards.
- 10. 6. Know the sectional anatomy of head neck and brain to read the features in radiographs and
- 11. Pictures taken by modern imaging techniques.
- 12. 7. Know the anatomy of cardio-pulmonary resuscitation.

#### b) SKILLS

- 1. To locate various structures of the body and to mark the topography of the living anatomy.
- 2. To identify various tissues under microscope.
- 3. To identify the features in radiographs and modern imaging techniques.
- 4. To detect various congenital abnormalities.

#### c) INTEGRATION

By emphasising on the relevant information and avoiding unwanted details, the anatomy taught

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BDS – 1<sup>st</sup> Year Human Anatomy Syllabus

integrally with other basic sciences & clinical subjects not only keeps the curiosity alive in the learner

but also lays down the scientific foundation for making a better doctor, a benefit to the society. This insight is gained in a variety of ways:

- 1. Lectures & small group teaching
- 2. Demonstrations
- 3. Dissection of the human cadaver
- 4. Study of dissected specimens
- 5. Osteology
- 6. Surface anatomy on living individual
- 7. Study of radiographs & other modern imaging techniques.
- 8. Study of Histology slides.
- 9. Study of embryology models
- 10. Audio-visual aids

Throughout the course, particular emphasis is placed on the functional correlation, clinical application & on integration with teaching in other bio dental disciplines.

#### d) AN OUTLINE OF THE COURSE CONTENT:

- 1. General anatomy: Introduction of anatomical terms and brief outline of various systems of the body.
- 2. Regional anatomy of head & neck with osteology of bones of head & neck, with emphasis on topics of dental importance.
- 3. General disposition of thoracic, abdominal & pelvic organs.
- 4. The regional anatomy of the sites of intramuscular & intra vascular injections, & lumbar Puncture.
- 5. General embryology & systemic embryology with respect to development of head & neck.
- 6. Histology of basic tissues and of the organs of gastrointestinal, respiratory, Endocrine, Excretory systems & gonads.
- 7. Medical genetics.

## e) FURTHER DETAILS OF THE COURSE.

#### I. INTRODUCTION TO:

- 1. Anatomical terms.
- 2. Skin, superficial fascia & deep fascia
- 3. Cardiovascular system, portal system collateral circulation and arteries.
- 4. Lymphatic system, regional lymph nodes
- 5. Osteology Including ossification & growth of bones
- 6. Myology Including types of muscle tissue & innervation.
- 7. Syndesmology Including classification of Joints.
- 8. Nervous system

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#### II. **HEAD & NECK:**

- 1. Scalp, face & temple, lacrimal apparatus
- 2. Neck Deep fascia of neck, posterior triangle, suboccipital triangle, anterior triangle, anterior median region of the neck, deep structures in the neck.
- 3. Cranial cavity Meninges, parts of brain, ventricles of brain, dural venous sinuses, cranial nerves attached to the brain, pituitary gland.
- 4. Cranial nerves III, IV, V, VI, VII, IX,XII in detail.
- 5. Orbital cavity Muscles of the eye ball, supports of the eye ball, nerves and vessels in the orbit.
- 6. Parotid gland.
- 7. Temporo mandibular joint, muscles of mastication, infratemporal fossa, pterygo palatine fossa.
- 8. Submandibular region
- 9. Walls of the nasal cavity, paranasal air sinuses
- 10. Palate
- 11. Oral cavity, Tongue
- 12. Pharynx (palatine tonsil and the auditory tube) Larynx, OSTEOLOGY Foetal skull, adult skull, individual bones of the skull, hyoid bone and Cervical vertebrae

#### III. THORAX: Demonstration on a dissected specimen of

- 1. Thoracic wall
- 2. Heart chambers
- 3. Coronary arteries
- 4. Pericardium
- 5. Lungs surfaces; pleural cavity
- 6. Diaphragm

#### ABDOMEN: Demonstration on a dissected specimen of IV.

- 1. Peritoneal cavity
- 2. Organs in the abdominal & pelvic cavity.

#### **CLINICAL PROCEDURES:**

- a). Intramuscular injections: Demonstration on a dissected specimen and on a living person of the following sites of injection.
  - 1. Deltoid muscle and its relation to the axillary nerve and radial nerve.
  - 2. Gluteal region and the relation of the sciatic nerve.
  - 3. Vastus lateralis muscle.
- b). Intravenous injections & venesection: Demonstration of veins in the dissected specimen and on a living person.
  - 1. Median cubital vein
  - 2. Cephalic vein
  - 3. Basilic vein
  - 4. Long saphenous vein

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- c). Arterial pulsations: Demonstration of arteries on a dissected specimen and feeling of pulsation of the following arteries on a living person.
  - 1. Superficial temporal
  - 2. Facial
  - 3. Carotid
  - 4. Axillary
  - 5. Brachial
  - 6. Radial
  - 7. Ulnar
  - 8. Femoral
  - 9. Popliteal
  - 10. Dorsalispedis
- d) Lumbar puncture: Demonstration on a dissected specimen of the spinal cord, cauda equine & epidural space and the inter vertebral space between L4 & L5 .

#### VI. EMBRYOLOGY:

Oogenesis, Spermatogenesis, Fertilisation, Placenta, Primitive streak, Neural crest, Bilaminar and trilaminar embryonic disc, Intra embryonic mesoderm - formation and fate, notochord formation & fate, Pharyngeal arches, pouches & clefts, Development of face, tongue, palate, thyroid gland, pituitary gland, salivary glands, and anomalies in their development, Tooth development in brief.

#### VII. HISTOLOGY:

The Cell:

Basic tissues - Epithelium, Connective tissue including cartilage and bone, Muscle Tissue, Nervous tissue: Peripheral nerve, optic nerve, sensory ganglion, motor ganglion, Skin Classification of Glands Salivary glands (serous, mucous and mixed gland), Blood vessels, Lymphoid tissue Tooth, lip, tongue, hard palate, oesphagus, stomach, ,duodenum, ileum, colon, vermiform appendix Liver, Pancreas, Lung, Trachea, Epiglottis, Thyroid gland, para thyroid gland, supra renal gland and pituitary gland, Kidney, Ureter, Urninary bladder, Ovary and testis.

#### VIII. MEDICAL GENETICS:

Mitosis, meiosis, Chromosomes, gene structure, Mendelism, modes of inheritance

#### IX. NEUROANATOMY:

- 1. Classification of CNS
- 2. Brief account of Cerebrum
- 3. Brief account of Brian stem
- 4. Brief account of Cerebellum
- 5. Brief account of spinal cord Cross section & blood supply of spinal cord
- 6. Brief account of Ventricles of brain
- 7. Blood supply of brain

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## MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 1<sup>st</sup> Year

Adapted from

[Part III- SEC.4]

THE GAZETE OF INDIA: EXTRAORDINARY

#### **Physiology**

#### Chapter

- 1. General Physiology
- 2. Blood
- 3. Muscle & Nerve
- 4. Gastro Intestinal Track
- 5. Cardio Vascular System
- 6. Respiration System
- 7. Renal System
- 8. Skin and Body Temperature
- 9. Endocrine
- 10. Reproductive System
- 11. Central Nervous System
- 12. Special Senses

#### **Biochemistry**

#### Chapter

- 1. Cell structure and function, sub cellular organeiles, cell membranes, transport across the membranes
- 2. Chemistry, digestion, absorption and metabolism of Carbohydrates .
- 3. Chemistry, digestion, absorption and metabolism of lipids
- 4. Amino acids and protein chemistry, general reactions of amino acids, digestion and absorption, urea cycle and metabolism of amino acids.
- 5. Chemistry and metabolism of nucleic acids
- 6. Vitamins
- 7. Minerals
- 8. Enzymes

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9. Nutrition and dieteties.

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## MALWANCHAL UNIVERSITY, INDORE (M.P.) <u>REVISED Syllabus for</u>

## Subject: DENTAL ANATOMY, EMBRYOLOGY AND ORAL HISTOLOGY

Adapted from

BDS Course Regulations 2007 (Modified:25.07.2007) by Dental council of India

#### **Teaching Hours:**

| Γ | Lecture Hours | Practical Hours | Total Teaching Hours |
|---|---------------|-----------------|----------------------|
|   | 105           | 250             | 355                  |

#### INTRODUCTION

Dental Anatomy including Embryology and Oral Histology – a composite of basic Dental Sciences & their clinical applications.

#### **SKILLS**

The student should acquire basic skills in:

- 1. Carving of crowns of permanent teeth in wax.
- 2. Microscopic study of Oral tissues.
- 3. Identification of Deciduous & Permanent teeth.
- 4. Age estimation by patterns of teeth eruption from plaster casts of different age groups.

#### **OBJECTIVES**

After a course on Dental Anatomy including Embryology and Oral Histology,

- 1. The student is expected to appreciate the normal development, morphology, structure & functions of oral tissues & variations in different pathological / non-pathological states.
- 2. The student should understand the histological basis of various dental treatment procedures and physiologic ageing process in the dental tissues.
- 3. The students must know the basic knowledge of various research methodologies.

#### I. TOOTH MORPHOLOGY

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1. Introduction to tooth morphology:

☐ Human dentition, types of teeth, & functions, Palmer's & Binomial notation systems, tooth surfaces, their junctions - line angles & point angles, definition of terms used in dental morphology, geometric concepts in tooth morphology, contact areas & embrasures - Clinical significance.

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| 2.               | Morphology of permanent teeth:  |
|------------------|---|
| ~ . []           | Description of individual teeth, along with their endodontic anatomy &                    |
|                  | including a note on their chronology of development, differences                          |
|                  | between similar class of teeth & identification of individual teeth.                      |
|                  | Variations & Anomalies commonly seen in individual teeth.                                 |
| 3.               | Morphology of Deciduous teeth:  |
|                  | Generalized differences between Deciduous & Permanent teeth.                              |
|                  | Description of individual deciduous teeth, including their chronology                     |
|                  | of development, endodontic anatomy, differences between similar class                     |
|                  | of teeth & identification of individual teeth.  |
| 4.               | Occlusion:  |
|                  | Definition, factors influencing occlusion - basal bone, arch, individual                  |
| -,               | teeth, external & internal forces & sequence of eruption.                                 |
|                  | Inclination of individual teeth - compensatory curves.                                    |
|                  | Centric relation & Centric occlusion - protrusive, retrusive & lateral                    |
| oc               | clusion.  |
|                  | Clinical significance of normal occlusion.  |
| , 🗆              | Introduction to & Classification of Malocclusion.   |
| 5.               | Pulp Chambers and Canals  |
| TT               | ORAL EMPRYOLOGY   |
| 11.              | ORAL EMBRYOLOGY  Priof review of development of feet invalid and the feet with a reliable |
|                  | Brief review of development of face, jaws, lip, palate & tongue, with applied pects.      |
| - <sup>2</sup> . | . [18] 이 보고 있는 12: 12: 14: 14: 15: 15: 15: 15: 15: 15: 15: 15: 15: 15                     |
| ъ.               | Epithelial mesenchymal interaction, detailed study of different stages of                 |
|                  | velopment of crown, root &  |
| uc               | supporting tissues of tooth & detailed study of formation of calcified                    |
|                  | tissues.  |
|                  | Applied aspects of disorders in development of teeth.                                     |
| 3.               | Eruption of deciduous & Permanent teeth:  |
|                  | Mechanisms in tooth eruption, different theories & histology of eruption,                 |
|                  | formation of dentogingival junction, role of gubernacular cord in eruption                |
|                  | of permanent teeth.   |
|                  | Clinical or Applied aspects of disorders of eruption.                                     |
| - 4.             | Shedding of teeth:  |
|                  | Factors & mechanisms of shedding of deciduous teeth.                                      |
|                  | Complications of shedding.  |
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#### III. ORAL HISTOLOGY

- Detailed microscopic study of Enamel, Dentine, Cementum & Pulp changes & Applied aspects Age (Clinical and forensic significance) of histological considerations - Fluoride applications, transparent dentine, dentine hypersensitivity, reaction of pulp tissue to exposed dentine; Pulp calcifications varying insults to Hypercementosis.
- 2. Detailed microscopic study of Periodontal ligament & alveolar bone, age changes, histological changes in periodontal ligament & bone in normal & orthodontic tooth movement, applied aspects of alveolar bone resorption.
- .. ,3. Detailed microscopic study of Oral Mucosa, variation in structure relation functional requirements, to keratinization, clinical parts of gingiva, Dentogingival Mucocutaneous junctions & lingual papillae. Age changes & clinical considerations.
  - Salivary Glands: 4. Detailed microscopic study of acini & ductal system.
  - Age changes& clinical considerations.
  - 5. TM Joint:
  - Review of basic anatomical aspects & microscopic study & clinical considerations.
  - .6. Maxillary Sinus:
  - Microscopic study, anatomical variations, functions & clinical relevance of maxillary sinus in dental practice.
  - 7. Processing of Hard & soft tissues for microscopic study:
  - Ground sections, decalcified sections & routine staining procedures.
  - 8. Basic histochemical staining patterns of oral tissues.

#### IV. ORAL PHYSIOLOGY .

- Saliva:
- Composition of saliva variations, formation of saliva & mechanisms of secretion, salivary reflexes, brief review of secretomotor pathway, functions, role of saliva in dental caries & applied aspects of hyper & hypo salivation.
- 2. Mastication:
- Masticatory force & its measurement - need for mastication, peculiarities of masticatory muscles, masticatory cycle, masticatory reflexes & neural control of mastication.

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| 3. Deglutition:  |
|--|
| Review of the steps in deglutition, swallowing in infants, neural control of |
| deglutition & dysphagia, effect of GIT disturbances on oral tissues.         |
| 4. Calcium, Phosphorous & fluoride metabolism:                               |
| Source, requirements, absorption, distribution, functions & excretion,       |
| clinical considerations, hypo & hypercalcemia & hyper & hypo phosphatemia    |
| & fluorosis.   |
| 5. Theories of Mineralization:   |
| Definition, mechanisms, theories & their drawbacks.                          |
| ☐ Applied aspects of physiology of mineralization, pathological              |
| considerations - calculus formation.   |
| 6. Physiology of Taste:  |
| ☐ Innervation of taste buds & taste pathway, physiologic basis of taste      |
| sensation, age changes & applied aspects - taste disorders.                  |
| 7. Physiology of Speech:   |
| ☐ Review of basic anatomy of larynx & vocal cords.                           |
| Voice production, resonators, production of vowels & different               |
| consonants - Role of palate, teeth & tongue.                                 |
| ☐ Effects of dental prosthesis & appliances on speech & basic speech         |
| disorders.   |
|  |

## RECOMMENDED TEXT BOOKS

- 1. Orban's Oral Histology & Embryology S.N.Bhaskar
- 2. Oral Development & Histology James & Avery
- 3. Wheeler's Dental Anatomy, Physiology & Occlusion Major.M.Ash
- 4. Dental Anatomy its relevance to dentistry Woelfel & Scheid
- 5. Applied Physiology of the mouth Lavelle
- 6. Physiology & Biochemistry of the mouth Jenkins

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## MALWANCHAL UNIVERSITY, INDORE (M.P.)

## Syllabus for BDS 2nd Year

Adapted from

[Part III- SEC.4]

THE GAZETE OF INDIA: EXTRAORDINARY

#### **GENERAL PATHOLOGY**

Total Teaching Hours: 110 Lecture Hours: 55

**Practical Hours: 55** 

#### **SYLLABUS**

#### 1. GENERAL PATHOLOGY:

- 1. Introduction to Pathology: Terminologies, cell in health, normal cell structure, cellular functions.
- 2. Etiology and Pathogenesis of Disease: Cell Injury; Types congenital, Acquired; Mainly acquired causes of disease ((Hypoxic injury, chemical injury, physical injury, immunological injury).
- 3. Degenerations: Amyloidosis, Fatty change, Cloudy swelling, Hyaline change, mucoid degeneration.
- 4. Cell death & Necrosis: Apoptosis, Definition, causes, features and types of necrosis, Gangrene (Dry, wet, gas), Pathological calcifications (Dystrophic and metastatic).
- 5. Inflammation: Definition, causes, types, and features; Acute inflammation vascular response, cellular response, chemical mediators, inflammatory cells, fate; Chronic inflammation-Granulomations inflammation.
- 6. Healing: Regeneration; Repair- Mechanisms, Healing by primary intention, Healing by secondary intention, Fracture healing, Factors influencing healing process, Complications.
- 7. Tuberculosis: Epidemiology, Pathogenesis (Formation of tubercle), Pathological features of Primary and secondary TB, Complications and Fate
- 8. Syphilis: Epidemiology, Types and stages of syphilis, Pathological features, Diagnostic criteria, Oral lesions.
- 9. Typhoid: Epidemiology, Pathogenesis, Pathological features, Diagnostic criteria.
- 10. Thrombosis: Definition, Pathophysiology, Formation, complications & fate of a thrombus.
- 11. Embolism: Definition, types, effects.
- 12. Ischaemia and Infraction: Definition, etiology, types, Infraction of various organs.
- 13. erangements of body fluids: Oedema pathogenesis, different types.
- 14. Disorders of circulation: Hyperaemia, shock.
- 2. Nutritional disorders: Common vitamin deficiencies.

3. Immunological mechanisms in disease: Humoral & cellular immunity, hypothetianchal University automorunity Indore (M.P.)

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- 4. AIDS and Hepatitis.
- Hypertension: Definition, classification, Pathophysiology, Effects in various organs.
- Diabetes Mellitus: Definition, Classification, Pathogenesis, Pathology in different organs.
- Adaptive disorders of growth: Atrophy & Hypertrophy, Hyperplasia, Metaplasia and Dysplasia.
- General Aspects of neoplesia: Definition, terminology, classification, Differences between benign and malignant neoplasms, neoplastic cell, Metastasis, Etiology and pathogenesis of neoplasia, Carcinogenesis, Tumour biology, Oncogenes and anti-oncogenes, Diagnosis, Precancerous lesions, Common specific tumours, Sq papilloma & Ca, Basal cell Ca, Adenoma & Adenoca, Fibroma & Fibrosarcoma, Lipoma and liposarcoma. 5.

## 2. SYSTEMIC PATHOLOGY:

- 6. Anaemias: Iron deficiency anaemia, Megaloblastic anaemia.
- 7. Leukaemias: Acute and chronic leukaemias, diagnosis and clinical features.
- 8. Diseases of Lymph nodes: Hodgkin's disease, Non-Hodgkins lymphoma, Metastatic carcinoma.
- 9. Diseases of oral cavity: Lichen planus, Stomatitis, Leukoplakia, Sq cell Ca, Dental caries, Dentigerious cyst, Ameloblastoma.
- 10. Diseases of salivary glands: Normal structure, Sialadenitis, Tumours.
- 11. Common diseases of bones: Osteomyelitis, Metabolic bone diseases, Bone tumours, Osteosarcoma, Osteocalstoma, Giant cell tumour, Ewing's sarcoma, Fibrous dysplasia, Aneurysmal bone cyst. La
- 12. Diseases of cardiovascular system: Cardiac failure, Congenital heart diseases (ASD, VSD, PDA), Fallot's Tetrology, Infective endocarditis, Atherosclerosis, Ischaemic heart disease.
- 13. Haemorrhagic disorders: Coagulation cascade, Coagulation disorders, Platelet function, Platelet disorders.

#### 3. PRACTICALS:

- 14. Urine: Abnormal constituents (sugar, albumin, ketone bodies).
- 15. Urine: Abnormal constituents (Blood, bile salts, bile pigments).
- 5. Hemoglobin (Hb) estimation.
- Total WBC count.
- Differential WBC Count.
- 8. Packed cell volume (PCV,) ErythrocyteSedimentation Rate (ESR).
- 9. Bleeding time & clotting time.
- 10. Histopathology Tissue Processing Staining.

11. Histopathology slides: Acute appendicitis, Granulation, tissue, fatty liver.

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- 12. Histopathology slides: CVC lung, CVC liver, Kidney amyloidosis.
- 1. Histopathology slides: Tuberculosis, Actinomycosis, Rhinosporidiosis.
- 2. Histopathology slides: Papilloma, Basal cell Ca, Sq cell Ca.
- 3. Histopathology slides: Osteosarcoma, osteoclastoma, fibrosarcoma.
- 4. Histopathology slides: Malignant melanoma, Ameloblastoma, Adenoma.
- 5. Histopathology slides: Mixed parotid tumour, metastatic carcinoma in lymph node.

## **Books Recommended:**

- 1. Robbins and Croton. Pathologic Basis of Disease. Latest ed.
- 2. Chesterman, Penington anf Rush. Degruchy's Clinical Haemotology in Medical Practice. Latest ed.
- 3. Linder, James and Ivan Damjanov. Anderson's Pathology. Latest ed.
  - See more at: http://www.sgtuniversity.ac.in/faculty-of-dental-sciences/pages/general-pathology#sthash.feQgzOSb.dpuf

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#### MALWANCHAL UNIVERSITY, INDORE (M.P.)

#### Syllabus for BDS 2nd Year

Adapted from

[Part III- SEC.4]

THE GAZETE OF INDIA: EXTRAORDINARY

#### **MICROBIOLOGY**

**Total Teaching Hours: 115** 

Lecture Hours: 65

Practical Hours: 50

#### 1. **OBJECTIVES**

#### At the end of the Microbiology course the student is expected to:

- 1. understand the basics of various branches of microbiology and able to apply the knowledge relevantly;
- 1. apply the knowledge gained in related medical subjects like General Medicine and General Surgery and Dental subjects like oral Pathology, Community Dentistry, Periodontics, Oral Surgery, Pedodontics, Conservative Dentistry and Oral Medicine in higher classes;
- 2. understand and practise various methods of sterilisation and disinfection in dental clinics:
- 3. have a sound understanding of various infectious diseases and lesions in the oral cavity.

#### II. SYLLABUS

#### 1. GENERAL MICROBIOLOGY:

- 2. History, introduction, scope, aims and objectives.
- 3. Morphology and Physiology of bacteria.
- 4. Detail account of sterilization and disinfection.
- 5. Brief account of culture media and culture techniques.
- 6. Basic knowledge of selection, collection, transport, processing of clinical specimens and identification of bacteria.
- 7. Bacterial genetics and drug resistance in bacteria.

#### 2. IMMUNOLOGY:

- 8. Infection Definition, classification, source, mode of transmission and types of Infectious disease.
- 9. Immunity.
- 10. Structure and functions of Immune system.
- 11. Complement system.
- 12. Antigen.
- 1. Immunoglobulins: Antibodies, General structure and the role played in defense mechanism of the body.

2. Immune response.

Antigen: Antibody reactions- with reference to clinical utility.

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- 4. Immunodeficiency disorders: A brief knowledge of various types of immunodeficiency disorders, sound knowledge of immunodeficiency disorders relevant to dentistry.
- 5. Hypersensitivity reactions.
- 6. Autoimmune disorders: Basic knowledge of various types, sound knowledge of autoimmune disorders of oral cavity and related structures.
- 7. Immunology of transplantation and malignancy.
- 8. Immunehaematology.

#### **SYSTEMIC BACTERIOLOGY:**

- 9. Pyogenic cocci: Staphylococcus, Streptococcus, Pneumococcus, Gonococcus; Meningococcus: Brief account of each coccus, detailed account of mode of spread, laboratory diagnosis, chemotherapy and prevention, detailed account of Cariogenic Streptococci.
- 10. Corynebacterium diphtheria: Mode of spread, important clinical feature, laboratory diagnosis, chemotherapy and active immunization.
- 11. Mycobacteria: Tuberculosis and Leprosy.
- 12. Clostridium: Gas gangrene, food poisoning and tetanus.
- 13. Non-sporing Anaerobes: Brief about classification and morphology, details about dental pathogens - mechanism of disease production and prevention.
- 14. Spirochaetes: Treponema pallidum, detailed account of oral lesions of syphilis, Borrelia vincentii.
- 15. Actinomycetes.

#### 4 VIROLOGY:

- a. Introduction.
- b. General properties, cultivation, host-virus interaction with special reference to
- c. Brief account of laboratory diagnosis, chemotherapy and immunoprophylaxis in general.
- 5 A few viruses of relevance to dentistry (Herpes virus, Hepatitis B virus brief about other types, Human immunodeficiency virus (HIV), Mumps virus, brief about Measles and Rubella virus).
- Bacteriophage: Structure and significance.

#### **MYCOLOGY**

8 Brief introduction.

Candidosis (in detail).

10 Briefly on oral lesions of systemic mycoses.

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> Professor and Head Department of Microbiology Index Medical College,

Research Centre



#### 5 PARASITOLOGY:

- a. Brief introduction: Protozoans and helminthes.
- b. Brief knowledge about the mode of transmission and prevention of commonly seen parasitic infection in the region.

#### **Books Recommended:**

- 1. Ananthanarayan, R. and C.K. Jayaram Paniker. Text Book of Microbiology. Latest ed.
- 2. Greenwood, David et al. Medical Microbiology.

- See more at: http://www.sgtuniversity.ac.in/faculty-of-dental-sciences/pages/general-microbiology#sthash.AjMwB0xo.dpuf

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## MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 2<sup>nd</sup> Year

Adapted from

[Part III- SEC.4]

THE GAZETE OF INDIA: EXTRAORDINARY

## General and Dental Pharmacology& Thrapeutics

#### Part A:

- 1. General principles of pharmacology: Sources and nature of drugs dosage forms; prescription writing; pharmacokinetics (absorption, distribution, metabolism and excretion of drugs), Pharmacodynamics, factors modifying drug response, adverse drug reactions; drug interactions, implications of general principles in clinical dentistry.
- 2. Drugs acting on Autonomic Nervous System: Sympathomimetics, antiadrenergic drugs parasympothomimetics and parasympatholytics, implications of autonomic drugs in clinical dentistry.
- 3. Drugs Acting on Peripheral Nervous System: Local anaesthetic agents, skeletal relaxants, implications of these drugs in clinical dentistry.
- 4. <u>Autocoids and Respiratory System:</u> Histamine, antihistamines, prostaglandins, leukotrienes, NSAIDS, treatment of migraine and bronchial asthma, implication of autocoids in clinical dentistry.
- 5. Renal Pharmacology: Diuretics.
- 6. Drugs acting on Cardiovascular System: Cardiac stimulants; antihypertensive drugs, vasopressor agents, drugs used in the treatment of shock, antianginal agents and primary aid in M.I., implications of these drugs in clinical dentistry.
- 7. Drugs Acting on Blood and Blood-Forming Organs: coagulants and anticoagulants, hematinics, antiplatelets, thermobolytics, implications of these drugs in clinical dentistry.

#### Part B:

 Endocrine Pharmacology: Emphasis on treatment of diabetes and glucocorticoids, thyroid and antithyroid drugs, drugs affecting calcium balance, anabolic steroids, implications of these drugs in clinical dentistry.

2. <u>Chemotherapy:</u> Antimicrobial agents (against bacteria, anaerobic infections, fungi, virus and broad spectrum), infection management in dentistry, phamacotherapy of Malaria, tuberculosis, leprosy and chemotherapy of malignancy in general, implications of chemotherapy in clinical dentistry.

Pharmacology.

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#### MALWANCHAL UNIVERSITY, INDORE (M.P.)

## Syllabus for BDS 2nd Year

Adapted from

[Part III- SEC.4]

THE GAZETE OF INDIA: EXTRAORDINARY

#### **DENTAL MATERIALS**

**Total Teaching Hours: 320** 

Lecture Hours: 80

**Practical Hours: 240** 

#### **OBJECTIVES:**

- 1. To understand the evolution and development of science of dental materials.
- 2. To explain purpose of course in dental materials to personnels concerned with the profession of the dentistry.
- 3. To acquire knowledge of physical and chemical properties.
- 4. To acquire knowledge of biomechanical requirements of particular restorative procedure.
- 5. An intelligent compromise of the conflicting as well as co-coordinating factors into the desired ernest.
- 6. Laying down standards or specifications of various materials to guide the manufacturers as well as to help professionals.
- 7. Search for newer and better materials which may answer our requirements with greater satisfaction.
- 8. To understand and evaluate the claims made by manufactures of dental Materials.

#### **NEED FOR THE COURSE:**

The profession has to rise from an art to a science, , the need for the dentist to possess adequate knowledge of materials to exercises his best through knowledge of properties of different types of materials. The growing concern of health hazards due to mercury toxicity, inhalation of certain vapour or dust materials, irritations and allergic reaction to skin due to contact of materials. Materials causing irritation of oral tissues, pH of restorative materials causing inflammation and necrosis of pulp which is a cause for the dentist to posses wider knowledge of physical, chemical and biological properties of materials being used. For the protection for the patient and his own protection certain criteria of selection are provided that will enable the dentist to discriminate between facts and propaganda, which will make a material biologically accept.

#### **SCOPE:**

The dental materials is employed in mechanical procedures including restorative dentistry such as Prosthodontics, endodontics, periodontal, orthodontics and restorative materials. There is scarcely a dental procedure that does not make use of dental materials in one form or another—and therefore the application of dental material is not limited to any one branch of dentistry. Branches such as minor surgery and periodontics require less use of materials but

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the physical and chemical characters of materials are important in these fields. The toxic and tissue reaction of dental materials and their durability in the oral cavity where the temperature is between 32 & 37 degree centigrade, and the ingestion of hot or cold food ranges from 0-70 degree centigrade. The acid an alkalinity of fluids shown pH varies from 4 to 8.5. The load on 1 sq. mm of tooth or restorative materials can reach to a level as high as many kilograms. Thus the biological properties of dental materials cannot be separated from their physical and chemical properties.

#### **SYLLABUS:**

#### 1. Structure of Matter and Principles of Adhesion:

Change of state, inter -atomic primary bonds, inter-atomic secondary bonds, inter- atomic bond distance and bonding energy, thermal energy, crystalline structure, non-crystalline structures, diffusion, adhesion and bonding and adhesion to tooth structures.

Materials: Physical Properties Applicable Dental Physical properties are based on laws of mechanics, acoustics, optics, thermodynamics, electricity, magnetism, radiation, atomic structure or nuclear phenomena. Hue, value, chroma and translucency, physical properties based on laws of optics, dealing with phenomena of light, vision and sight. Thermal conductivity & coefficient of thermal expansion are physical properties based on laws of thermodynamics. Stress, strain, proportional limit, elastic limit, yield strength, modulus of elasticity, flexibility, resilience, impact, impact strength, permanent deformation, strength, flexure strength fatigue, static fatigue, toughness, brittleness, ductility & malleability, hardness, abrasion resistance, relaxation, rheology, thixotropic, creep, static creep, dynamic creep, flow, colour, three dimensional colour- hue, values, chroma, Munsell system, metamersim, fluorescence, physical properties of tooth, stress during mastication.

#### 3. Biological Considerations in Use of Dental Materials:

Materials used are with the knowledge of appreciation of certain biological considerations for use in oral cavity. Requirement of materials with biological compatibility. Classification of materials from the perspective of biological compatibility e..g. contact with soft tissues, affecting vitality of pulp, used for root canal fillings, affecting hard tissues of teeth, laboratory materials that could be accidentally inhaled or ingested during handling. Hazards associated with materials: pH-effecting pulp, polymers causing chemical irritation, mercury toxicity, etc. Microleakage, thermal changes, galvanism, toxic effect of materials. Biological evaluation for systemic toxicity, skin irritation, mutagenecity and carcinogenicity. Disinfection of dental materials for infection control.

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#### 4. Gypsum & Gypsum Products:

Gypsum: Its origin, chemical formula, products manufactured from gypsum. Dental plaster, Dental stone, Die stone, high strength, high expansion stone. Application and manufacturing procedure of each, macroscopic and microscopic structure of each. Supplied as and commercial names. Chemistry of setting, setting reaction, theories of setting, gauging water, microscopic structure of set material. Setting time: working time and setting time, measurement of setting time and factors controlling setting time. Setting expansion, Hygroscopic setting expansion – factors affecting each. Strength: wet strength, dry strength, factors affecting strength, tensile strength. Slurry – need and use. Care of cast. ADA classification of gypsum products. Description of impression plaster and dental investment. Manipulation including recent methods or advanced methods. Disinfection: infection control, liquids, sprays, radiation. Method of use of disinfectants. Storage of material – shelf life.

#### 5. Impression materials used in Dentistry:

Impression plaster, Impression compound, Zinc oxide eugenol impression paste & bite registration paste including non-eugenol paste, Hydrocolloids, reversible and irreversible, Elastomeric impression materials. Polysulphide, condensation silicones, addition silicones, Polyether, Visible light cure polyether urethane dimethacrylate, Historical background & development of each impression material, Definition of impression, Purpose of making impression, Ideal properties required and application of material, Classification as per ADA specification, general & individual impression material. Application and their uses in different disciplines, Marketed as and their commercial names, Mode of supply & mode of application, bulk/wash impression. Composition, chemistry of setting, Control of setting time, Type of impression trays required, Adhesion to tray, manipulation, instruments & equipments required. Techniques of impression, storage of impression (Compatibility with cast and die material). Any recent advancements in material and mixing devices. Study of properties: Working time, setting time, flow, accuracy, strength, flexibility, tear strength, dimensional stability, compatibility with cast & die materials including electroplating. Biological properties: tissue reaction, Shelf life & storage of material. Infection control - disinfection, advantages & disadvantages of each material.

#### 6. Synthetic Resins Used in Dentistry:

Historical background and development of material, Denture base materials and their classification and requirement. Classification of resins: Dental resins – requirements of dental resins, applications, polymerisation, polymerisation mechanism stages in addition to polymerization, inhibition of polymerization, co-polymerization, molecular weight, crosslinking, plastixizers, Physical properties of polymers, polymer structures, types of resins.

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BDS 2<sup>nd</sup> year syllabus

Acrylic resins: Mode of polymerization- Heat activated, Chemically activated, Light activated. Mode of supply, application, composition, polymerisation reaction of each.

Technical considerations: Methods of manipulation for each type of resin. Physical properties of denture base resin. Miscellaneous resins & techniques: Repair resins, Relining and rebasing. Short term and long term soft-liners, temporary crown and bridge resins, Resin impression trays, Tray materials, Resin teeth, materials in maxillofacial prosthesis, Denture cleansers, Infection control in detail, Biological properties and allergic reactions. Restorative resins: Historical background, Resin-based restorative materials, Unfilled & filled, composite restorative materials, Mode of supply, composition. Polymerization mechanisms: Chemically activated, light activated. Dual cure: Degree of conversion, Polymerization shrinkage. Classification of composites: Application, composition and properties of each, composites of posterior teeth, Prosthodontics resins for veneering. Biocompatibility- microleakage, pulpal reaction, pulpal protection. Manipulation of composites: Techniques of insertion of chemically activated, light activated, dual cure polymerization, Finishing and polishing of restoration, Repair of composites. Direct bonding Bonding: Need for bonding, Acid-etch technique, Enamel bonding, Dentin bonding agents. Mode of bonding, bond strength, sandwich technique- its indication and procedure. Extended application for composites: Resins for restoring eroded teeth, Pit and fissure sealing, Resin inlays system - Indirect & direct, Core build up, Orthodontic applications.

#### 7. Metal and Alloys:

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Structure and behaviour of metals, Solidification of metals, mechanism of crystallization amorphous & crystalline. Classification of alloys, solid solutions, constitutes or equilibrium phase diagrams: Electric alloys, physical properties, peritectic alloys, solid state reaction other binary systems: Metallography & heat treatment. Tarnish and corrosion. Definition: causes of corrosion, protection against corrosion, Corrosion of dental restorations, clinical significance of galvanic current. Dental amalgam.

History: Definition of dental amalgam, application, alloy classification, manufacture of alloy powder composition - available as. Amalgamation: setting reaction & resulting structure, properties, Microleakage, dimensional stability, strength, creep, clinical performance. Manipulation: Selection of alloy, proportioning, mechanism of trituration, condensation, carving & finishing. Effect of dimensional changes, marginal deterioration, Repair of amalgam, mercury toxicity, mercury hygiene. Direct filling gold: Properties of pure gold, mode of adhesion of gold for restoration forms of direct filling gold for using as restorative material. Classification: Gold foil, Electrolytic precipitate, powdered gold. Manipulation Removal of surface impurities and compaction of direct filling gold. Physical properties of compacted gold, clinical performance.

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Dental Casting Alloys: Historical background, desirable properties of casting alloys. Alternatives to cast metal technology: direct filling gold, amalgam, mercury free condensable intermetallic compound - an alternative to metal casting process. CAD-CAM process for metal & ceramic inlays - without need of impression of teeth or casting procedure, pure titanium, most biocompatible metal which are difficult to cast can be made into crowns with the aid of CAD-CAM technology. Another method of making copings - by copy milling (without casting procedures). Classification of casting alloys: By function & description. Recent classification, High noble (HN), Noble (N) and predominantly base metal (PB).

Alloys for crown & bridge, metal ceramic & removable partial denture. Composition, function, constituents and application of each alloy, both noble and base metal. Properties of alloys: Melting range, mechanical properties, hardness, elongation, modulus of elasticity, tarnish and corrosion. Casting shrinkage and compensation of casting shrinkage. Biocompatability- Handling hazards & precautions of base metal alloys, casting investments used. Heat treatment: Softening & hardening heat treatment. Recycling of metals. Titanium alloys & their application, properties & advantages. Technical considerations In casting . Heat source, furnaces.

#### 8. Dental Waxes including Inlay Casting Wax:

Introduction and importance of waxes. Sources of natural waxes and their chemical nature. Classification of waxes. Properties: melting range, thermal expansion, mechanical properties, flow & residual stresses, ductility. Dental Wax: Inlay wax: Mode of supply: Classification & composition, Ideal requirements: Properties of inlay wax: Flow, thermal properties. Wax distortion & its causes. Manipulation of inlay wax, Instruments & equipment required including electrically heated instruments, metal tips and thermostatically controlled Wax baths. Other waxes: Applications, mode of supply & properties. Casting wax, Base plate wax, Processing wax, Boxing wax, Utility wax, Sticky wax, Impression wax for corrective impressions, Bite registration wax.

#### 9. Dental Casting Investments:

Definition, requirements, classification, Gypsum bonded - classification. Phosphate bonded, Silica bonded. Mode of Supply: Composition, application, setting mechanism, setting time & factors controlling. Expansions: Setting expansion, Hygroscopic setting expansion & thermal expansion: factors affecting. Properties: Strength, porosity, and fineness & storage. Technical considerations for casting procedure, Preparation of die, Wax pattern, spruing, investing, control of shrinkage compensation, wax burnout, and heating the invested ring, casting.

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#### 10. Brazing, soldering and Welding

Need of joining dental appliances, terms & definition. Solders: Definition, ideal requirement, types of solders – Soft & hard and their fusion temperature, application. Mode of supply of solders, composition and selection, Properties. Tarnish & corrosion resistance, mechanical properties, microstructure of soldered joint. Fluxes & Anti fluxes: Definition, function, types, commonly used fluxes & their selection. Technique of Soldering & Brazing: free hand soldering and investment, steps and procedure. Welding,: Definition, application, requirements, procedure, weld decay - causes and how to avoid it. Laser welding.

Wrought Base Metal Alloys: Applications and different alloys used mainly for orthodontics purpose (Stainless steel, Cobalt chromium nickel, Nickel titanium & Beta titanium).

Properties required for orthodontic wires, working range, springiness, stiffness, resilience, Formability, ductility, ease of joining, corrosion resistance, stability in oral environment, biocompatibility. Stainless steels: Description, type, composition & properties of each type. Sensitization & stabilization, Mechanical properties – strength, tensile, yield strength, KHN. Braided & twisted wires their need, Solders for stainless steel, Fluxes, Welding

- Wrought cobalt chromium nickel alloys, composition, allocation, properties, heat treatment, physical properties.
- 2. Nickel Titanium alloys, shape, memory & super elastic.
- 3. Titanium alloys, application, composition, properties, welding, Corrosion resistance.

#### 11. Dental Cements:

Definition & Ideal requirements: Cements: Silicate, Glass ionomer, metal modified glass ionomer, resin modified glass ionomer, zinc oxide eugenol, modified zinc oxide eugenol, zinc phosphate, zinc silico phosphate, zinc poly carboxylate, Cavity liners and cement bases, Varnishes Calcium hydroxide, Gutta percha

Application, classification (general and individual), setting mechanism, mode of supply, Properties, factors affecting setting, special emphasis on critical procedures of manipulation and protection of cement, mode of adhesion, biomechansim of caries inhibition.

Agents for pulpal protection., Modifications and recent advances, Principles of cementation. Special emphasis on cavity liners and cement bases and luting agents.

#### 12. Dental Ceramics:

Historical background & General applications. Dental ceramics: definition, classification, application, mode of supply, manufacturing procedure, methods of strengthening. Properties of fused ceramic: Strength and factors affecting, modulus of elasticity, surface hardness, wear resistance, thermal properties, specific gravity, chemical stability, esthetic properties, biocompatability, technical considerations.

Metal Ceramics (PFM): Alloys - Types and composition of alloys. Ceramic - Type and Composition. Metal Ceramic Bond- Nature of bond. Bonding using electro deposition, foil copings, bonded platinum foil, swaged gold alloy foil coping.

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Technical considerations for porcelain and porcelain fused metal restorations. Recent advances - all porcelain restorations, Manganese core, injection moulded, castable ceramics, glass infiltrated alumina core ceramic (In ceram), ceramic veners, inlays and onlays, and CAD - CAM ceramic. Chemical attack of ceramic by fluoride. Porcelain furnaces.

13. Abrasion & Polishing Agents:

Definition of abrasion and polishing. Need of abrasion and polishing. Types of abrasives: Finishing, polishing & cleaning. Types of abrasives: Diamond, Emery, aluminium oxides garnet, pumice, Kieselgurh, tripoli, rouge, tin oxide, chalk, chromic oxide, sand, carbides, diamond, zirconium silicate Zinc oxide Abrasive Action: Desirable characteristics of an abrasive, Rate of abrasion, Size of particle, pressure and speed. Grading of abrasive & polishing agents. Binder, Polishing materials & procedures used. Technical consideration - Material and procedure used for abrasion and polishin Electrolytic polishing and burnishing.

14. Die And Counter Die Materials Including Electroforming & Electropolishing. Types- Gypsum products, Electroforming, Epoxy resin, Amalgam.

15.Dental Implants: Evolution of dental implants, types and materials.

16. Mechanics of Cutting:

Burs and points. At the end of the course the student should have the knowledge about the composition, properties, manipulative techniques and their various commercial names. The student should also acquire skills to select and use the materials appropriately for laboratory and clinical use.

17. Recent advances in Composites

Flowable composites, Packable composites, Ceromers, Anti bacterial composites, Compomers, Giomers, Ormocers, Smart composites, Fiber Reinforced composites, Indirect ceromers.

18. Biomimetic Materials

MTA, Biodentin, GIC, Composite.

#### Recommended Books:

- 1. Anusavice, Kenneth J. Philips' Science of Dental Materials. 10th ed.
- 2. Craig, Robert G. Restorative Dental Materials. 10 ed.
- 3. Combe, E.C. Notes on Dental Materials.
  - See more at: http://www.sgtuniversity.ac.in/faculty-of-dental-sciences/pages/dental-materials-second-year#sthash.4Zakgt24.dpuf

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BDS 2<sup>nd</sup> year Syllabus

#### MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 2nd Year

Adapted from

[Part III- SEC.4]

THE GAZETE OF INDIA: EXTRAORDINARY

#### PRECLINICAL PROSTHODONTICS AND CROWN AND BRIDGE (PRACTICALS)

**Practical Hours: 300** 

#### 1. <u>INTRODUCTION</u>:

The department of Prosthodontics is imparting teaching and training to its undergraduate students for preclinical Prosthodontic exercises. It helps them to master the laboratory techniques related to Prosthodontic treatments. The trained dental graduates should have desired competencies in dentistry in general and Prosthodontics as a speciality.

Training programme in Prosthodontics includes: Fabrication Of Complete Denture Prosthesis Using Edentulous Models (Cast), fabrication of removable partial denture, fixed partial denture and special prostheses.

#### **CORE VALUE:**

To prepare the health care professionals who is confident, competent, concerned & companionate towards the health related care in general and dental in particular.

#### 3. GOALS:

- To provide training in the subject to Undergraduate.
- · To help them to master the laboratory techniques related to different field in the subject of prosthodontics.
- · To guide them for communication with the laboratory technician and to write laboratory prescription for effective and perfect results.
- · To help render quality treatment to patients visiting the Department by working efficiently in the laboratory.
- · To provide manpower and technical expertise for outreach and extension activities as per the requirement of Department of Community Dentistry

· Laying down standards or specifications of various materials to guide the manufacturers as

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well as to help professionals.

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- Search for newer and better techniques which may answer our requirements with greater satisfaction. To understand and evaluate the claims made by manufactures of dental materials
- To achieve excellence in academics and providing the State-of-Art services to the community.

#### 4. CORE COMPETENCIES:

As per the Vision & Mission of the institute to prepare health care professional who is competent enough to serve as a dental surgeon, should be able to teach, be able to work as researcher, and also as a community oriented worker.

#### 5. PROGRAMME OBJECTIVES

#### A. Knowledge & understanding:

- The graduate should acquire the adequate knowledge of sound principles of various laboratory exercises related to removable and fixed partial denture prosthodontics.
- Also should understand various dental materials in terms of its properties and manipulation.
- Should be able to guide the technician in his work.

#### B. Skills:

A graduate should able to demonstrate the following skills necessary for preclinical prosthodontics.

- Able to perform the laboratory exercises efficiently.
- Able to manipulate the materials efficiently.
- Able to select appropriate materials required.

#### C. Attitude:

A graduate should develop during the training period the following attitude,

- Willing to apply the acquired knowledge in the best interests of the patients and community.
- Maintain a high standards professional ethics and conduct and apply these in all aspect of professional life.
- Should participate in CDE programme to updates the knowledge and professional skill from time to time.

#### 6. COURSE CONTENT -

#### **Learning Objectives of the course:**

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After the completion of syllabus the learner should be able to:

- Perform the laboratory exercises related to different field in the subject of prosthodontics.
- Communicate with the laboratory technician and guide him for effective and accurate results.
- To render quality treatment to patients by working efficiently in the laboratory.
- Take part as a technical expertise for outreach and extension activities for Community services.
- Search for newer and better techniques which may answer our requirements with greater satisfaction.( Research orientation )
- To achieve excellence in academics and providing the State-of-Art services to the community The following topics will be taught to achieve the above objectives,
- PRACTICAL -

#### A) Fabrication Of Complete Denture Prosthesis Using Edentulous Models (Cast)

- 1. Introduction, Aims, Objectives And Scope
- 2. Masticatory Apparatus, Applied Anatomy Of Its Component
- 3. Anatomical Landmarks And Physiological Considerations Of The Edentulous Maxillary And Mandibular Arches.
- 4. Preliminary Impression, (Demonstration Only) And Cast Preparation
- 5. Construction Of Special Trays In Shellac And Self Cured Acrylic Resin
- 6. Final Impression And Master Cast Preparation By Box In Technique(Only Demonstration
- 7. Preparation Of Record Bases.
- a) Temporary denture bases (Shellac/ Self-cured acrylic resin)
- b) Occlusion Rims of standard dimensions
- 8. Brief Introduction And Demonstration Of Jaw Relation Records
- 9. Transfer Of Jaw Relation Record On Articulator
- 10. Brief Information About The Selection Of Teeth
- 11. Arrangement Of Teeth anteriors and posteriors
- 12. Reproducing Gingival Tissue Morphology (Waxing And Carving)
- 13. Laboratory Procedures -
- I. Flasking Various techniques in brief
- II. Wax elimination to obtain mould (Dewaxing)
- III. Preparation of mould for packing with Heat Cured resin.
- IV. Acrylization Brief introduction about curing cycles
- V. Deflasking Denture recovery from flask along with casts
- VI. Laboratory Remount and Selective grinding procedure
- VII. Face bow preservation Record (Demonstration only)
- VIII. Finishing and Polishing of Dentures
  - i.) Making Remount cast for Clinical Remount procedure (Demonstration)

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- 14. Teeth Arrangement In Prognathic and Retrognathic Ridge Relations (Only Up To Waxing & Carving Stage)
  - 15. Arrangement Of Teeth Using Non Anatomic Posteriors & Dentogenic Arrangement
  - 16. Repair To A Broken Complete Denture

#### B) Removable Partial Dentures

- 1. Brief introduction to partial Dentures
- 2. Comparison between Removable and Fixed partial dentures
- 3. Classification (introduction) and Rules governing the classification
- 4. Making One tooth (Anterior) partial denture (in acrylic resin).
- 5. Making Removable partial denture with 'C' clasp replacing Posteriors
- 6. Surveying procedure (Demonstration only)
- 7. Brief introduction of various components of partial Denture
- 8. Designing partial denture framework on partially edentulous cast (Drawing on Diagnostic cast and writing laboratory prescription)
- 9. Brief introduction to various laboratory steps in fabrication of cast partial denture framework by using audio visual aids and model

#### C) Fixed Partial Denture Prosthesis:

- 1. Brief introduction to Crown and Bridge prosthesis
- 2. Principles of tooth reduction (Preparing abutment) -
- a) Full crown for anterior and posterior teeth
- b) Partial veneer crown for anterior and posterior teeth (demonstration only)
- c) Dowel crown/Post and Core crown (Demonstration only)
- 3. Casting procedure to fabricate 3 unit Bridge (Demonstration only) with special consideration to making of Dies and working models)
- 4. Brief introduction of pontic designs

#### D) Special Prosthesis: (20 Hrs.)

- 1. Making of Cap splints & Gunning splint (only Demonstrations.)
- 2. Fabrication of Obturators (only demonstration)

3. Introduction (with models/charts/photographs) of various Maxillofacial prosthesis &

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Dental Implant.

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# MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 2<sup>nd</sup> Year

Adapted from

[Part III- SEC.4]

THE GAZETTE OF INDIA: EXTRAORDINARY

## PRECLINICAL CONSERVATIVE DENTISTRY

Lecture - 25 hrs.

Practical - 200 hrs.

Total 225 Hrs

## **SYLLABUS:-**

- 1. Identification and study of hand cutting instruments- chisles, gingival margin trimmers, excavators and hatchet.
- 2. Identification and use of rotary cutting instruments in contra angle, hand pieces, burs (Micromotor).
- 3. Exercises to improve the dexterity: i) Preparation of plaster models of teeth ii) Finishing and polishing of plaster models iii) Marking of cavity as per Black's classification on these plaster models for Dental Amalgam fillings. iv) Preparation of cavities for Amalgam fillings on plaster model v) Restoration of the prepared cavities with modelling wax.
- 4. Preparation: class I and extended class I and class II and MOD's and class V amounting to 10 exercises in plaster models.

5. Exercises in mounted extracted teeth including cavity preparation base application matrix and wedge placement restoration with amalgam.:

| Class | 1                | 4 |
|-------|------------------|---|
| Class | 1 with extension | 2 |
| Class | 2                | 4 |
| Class | 5                | 2 |

5. Exercises on phantom head models which includes cavity preparation base and varnish application matrix and wedge placement followed by amalgam restoration.

| Class | 1                | 5  |
|-------|------------------|----|
| Class | 1 with Extension | 2  |
| Class | 2                | 10 |

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| Class | 2 MOD                      | 2 |
|-------|----------------------------|---|
| Class | 5 and 3 for glass ionomers | 4 |
| Class | 5 for amalgam              | 2 |

- 6. Polishing of the above restorations.
- 7. Demonstration of Class III and Class V cavity preparation for composites on extracted tooth completing the restoration.
- 8. Polishing and finishing of the restoration of composites.
- 9. Identification and manipulation of varnish and bases like Zinc Phosphate, Polycarboxylate, Glass Ionomers, Zinc Oxide Eugenol cements.
- 10. Identification and manipulation of various matrices, tooth separators and materials like composites and modified glassionomer cements.

#### 11. Cast Restoration:

- 1. Preparation of Class II inlay cavity.
- 2. Fabrication of wax pattern
- 3. Sprue for inner attachment investing
- 4. Investing of wax pattern
- 5. Finishing and cementing of class II inlay in extracted tooth.

#### 12. Endodontics:

- 1. Identification of basic endodontic instruments.
- 2. Coronal access cavity preparation on extracted. Upper central incisors.
- 3. Determination of working length.
- 4. Biomechanical preparation of root canal space of central incisor.
- 5. Obturation of root canal spaces.
- 6. Closure of access cavity.

#### Recommended books:

- 1. Sturdevant. Art & science of operative dentistry.
- 2. Charbaneu. Operative Dentistry.
- 3. Sikri, Vimal. Textbook of Operative Dentistry,

4. Gopi Krishna. Atlas of Pre-Clinical Conservative.

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Department of Conservative Dentistry

And Endodontics

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BDS 3<sup>rd</sup> year Syllabus

## MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 3<sup>rd</sup> Year

Adapted from

[Part III- SEC.4]

THE GAZETE OF INDIA: EXTRAORDINARY

## **GENERAL MEDICINE**

Teaching Hours: 150

Theory Hours: 60

Clinical Hours: 90

#### **GUIDELINES:**

Special emphasis should be given throughout on the importance of various diseases as applicable to dentistry.

- Special precautions/contraindication of anaesthesia and various dental procedures in different systemic diseases.
- 2. Oral manifestations of systemic diseases.
- 3. Medical emergencies in dental practice.

A dental student should be taught in such a manner that he/she is able to record the arterial pulse, blood pressure and be capable of suspecting by sight and superficial examination of the body-diseases of the heart, lungs, kidneys, blood etc. He should be capable of handling medical emergencies encountered in dental practice.

THEORY SYLLABUS:-

| S.<br>No.                               | Core Topics  | Collateral Topics   |
|---|--|---|
| *************************************** | Must Know ·  | Desirable to Know   |
| 1                                       | Aims of medicine, Definitions of signs, symptoms, diagnosis, differential diagnosis.   |   |
| 2                                       | Infections: Enteric fever, AIDS, herpes simplex, herpes zoster, syphilis diphtheria.   | Infectious mononucleosis, mumps measles, rubella, malaria.                    |
| 3                                       | G.I.T.:  Stomatitis, gingival hyperplasia, dysphagia, acid peptic disease, jaundice, acute and chronic hepatitis, cirrhosis of liver ascites.  | Diarrhea, Dysentery Amoebiasis,<br>Malabsorhtion                              |
| 4                                       | CVS: Acute rheumatic fever rheumatic valvular heart disease, hypertension, ischemic heart disease, infective endocarditis, common arrhythmias, congenital heart disease, congestive cardiac failure. |   |
| 5                                       | Respiratory System: Pneumonia, COPD, Pulmonary TB, Bronehial asthma.   | Lung Abscess Pleural effusion<br>Pneumothorax Bronchiectasis<br>Lung cancers. |

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| 6  | Haematology: Anemias, bleeding & clotting disorders, leukemias. lymphomas, agranulocytosis, splenomegaly, oral manifestations of hematologic disorders, generalized Lymphadenopathy. |   |
|----|--|---|
| 7  | Renal System: Acute nephritis Nephrotic syndrome   | Renal failure   |
| 8  | Nutrition: Avitaminosis  | Balanced diet ,PEM, Avitaminosis  |
| 9  | CNS: Facial palsy, facial pain including trigeminal neuralgia, epilepsy, headache including migraine.  | Meningitis, Examination of comatose patient, Examination of cranial nerves. |
| 10 | Endocrines: Diabetes Mellitus Acromegaly, Hypothyroidism, Thyrotoxicosis, Calcium metabolism and parathyroids.   | Addison's disease, Cushing's syndrome.                                      |
| 11 | Critical care: Syncope, cardiac arrest, CPR, shock.  | Ac LVF<br>ARDS  |

## **CLINICAL TRAINING:**

The student must be able to take history, do general physical examination (including build, nourishment, pulse, BP, respiration, clubbing, cyanosis, jaundice, lymphadenopathy, oral cavity) and be able to examine CVS, RS and abdomen and facial nerve.

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# MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 3<sup>rd</sup> Year - GENERAL SURGERY

Adapted from

[Part III- SEC.4] THE GAZETE OF INDIA: EXTRAORDINARY

## **GENERAL SURGERY**

Teaching Hours: 150

Theory Hours: 60

Practical Hours: 90

#### 1. HISTORY OF SURGERY:

The development of surgery as a speciality over the years, will give the students an opportunity to know the contributions made by various scientists, teachers and investigators. It will also enable the student to understand the relations of various specialities in the practice of modern surgery.

## 2. GENERAL PRINCIPLES OF SURGERY:

Introduction to various aspects of surgical principles as related to orodental diseases. Classification of diseases in general. This will help the student to understand the various diseases, their relevance to routine dental practice.

#### 3. WOUNDS:

Their classification, wound healing, repair, treatment of wounds, medico-legal aspects of accidental wounds and complications of wounds.

#### 4. INFLAMMATION:

Of soft and hard tissues. Causes of inflammation, varieties, treatment and sequelae.

#### 5. INFECTIONS:

Acute and chronic abscess skin infections, cellulitis, carbuncle, and erysepelas. Specific infections such as tetanus, gangrene, syphilis, gonorrhoea, tuberculosis, Actinomycosis, Vincents angina, cancrum oris. Pyaemia, toxaemia and septicaemia.

#### • 6. TRNSMISSABLE VIRAL INFECTIONS:

HIV and Hepatitis B with special reference to their prevention and precautions to be taken in treating patients in a carrier state.

#### 7. SHOCK AND HAEMORRHAGE:

Classification, causes, clinical features and management of various types of shock. Syncope, Circulatory collapse.

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& Rosearch Center, INDORE

Haemorrhage – different types, causes, clinical features and management.Blood groups, blood transfusion, precautions and complications of blood and their products.

Hemophilias, their transmission, clinical features and management especially in relation to minor dental procedures.

## 8. TUMOURS, ULCERS, CYSTS, SINUS AND FISTULAE:

Classification, clinical examination and treatment principles in various types of benign and malignant tumours, ulcers, cysts, sinus and fistulae.

## 9. DISEASES OF LYMPHATIC SYSTEM:

Especially those occurring in head and neck region. Special emphasis on identifying diseases such as tubercular infection, lymphomas, leukaemias, metastatic lymph node diseases.

## 10. DISEASES OF THE ORAL CAVITY:

Infective and malignant diseases of the oral cavity and oropharynx including salivary glands with special emphasis on preventive aspects of premalignant and malignant diseases of the oral cavity.

## 11. DISEASES OF LARYNX, NASOPHARYNX:

Infections and tumours affecting these sites. Indications, procedure and complications of tracheostmy.

#### 12. NERVOUS SYSTEM:

Surgical problems associated with nervous system with special reference to the principles of peripheral nerve injuries, their regeneration and principles of treatment. Detailed description of afflictions of facial nerve and its management. Trigeminal neuralgia, its presentation and treatment.

#### 13. FRACTURES:

General principles of fractures, clinical presentation and treatment with additional reference to newer methods of fracture treatment. Special emphasis on fracture healing and rehabilitation.

## 14. PRINCIPLES OF OPERATIVE SURGERY:

Principles as applicable to minor surgical procedures including detailed description of asepsis, antiseptics, sterilisation, principles of anaesthesia and principles of tissue replacement. Knowledge of sutures, drains, diathermy, cryosurgery and use of Laser in surgery.

#### 15. ANOMOLIES OF DEVELOPMENT OF FACE:

Surgical anatomy and development of face. Cleft lip and cleft palate—principles of management.

16. DISEASES OF THYROID AND PARATHYROID:

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Prof. & Head of Department-Surgery Index Medical College Hospital & Research Center, INDORE Surgical anatomy, pathogenesis, clinical features and management of dysfunction of thyroid and parathyroid glands. Malignant diseases of the thyroid—classification, clinical features and management.

#### 17. SWELLINGS OF THE JAW:

Differential diagnosis and management of different types of swellings of the jaw.

#### 18. BIOPSY:

Different types of biopsies routinely used in surgical practice.

Skills to be developed by the end of teaching is to examine a routine swelling, ulcer and other related diseases and to perform minor surgical procedures such as draining an abscess, taking a biopsy etc.

#### PRESCRIBED BOOK:

Baily & Love's Short practice of Surgery

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# MALWANCHAL UNIVERSITY, INDORE (M.P.) REVISED Syllabus for Subject: ORAL PATHOLOGY & ORAL MICRIBIOLOGY

Adapted from

BDS Course Regulations 2007 (Modified: 25.07.2007)

By Dental Council of India

#### Teaching Hours:

| Lecture Hours | Practical Hours | Total Teaching Hours |
|---------------|-----------------|----------------------|
| 145           | 130             | 275                  |

#### **OBJECTIVES:**

At the end of Oral Pathology & Oral Microbiology course, the student should be able to comprehend -

- 1. The different types of pathological processes, that involve the oral cavity.
- 2. The manifestations of common diseases, their diagnosis & correlation with clinical pathological processes.
- 3. An understanding of the oral manifestations of systemic diseases should help in correlating with the systemic physical signs & laboratory findings.
- 4. The student should understand the underlying biological principles governing treatment of oral diseases.
- 5. The principles of certain basic aspects of Forensic Odontology.

#### SKILLS:

- i) Microscopic study of common lesions affecting oral tissues through microscopic slides & projection slides.
- ii) Study of the disease process by surgical specimens.
- iii) Study of teeth anomalies/polymorphisms through tooth specimens & plaster casts.
- iv) Microscopic study of plaque pathogens.
- v) Study of haematological preparations (blood films) of anaemias & leukemias.
- vi) Basic exercises in Forensic Odontology such as histological methods of age estimation and appearance of teeth in injuries.

1. Introduction:

A bird's eye view of the different pathological processes involving the oral cavity & oral cavity involvement in systemic diseases to be brought out. Interrelationship between General Medicine & General Surgery & Oral pathology to be emphasized.

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| 2. Developmental disturbances of teeth, jaws and soft tissues of oral &  |
|--|
| paraoral region:   |
| ☐ Introduction to developmental disturbances - Hereditary, Familial  |
| mutation, Hormonal etc. causes to be highlighted.  |
| Developmental disturbances of teeth - Etiopathogenesis, clinical   |
| features, radiological features &  |
| histopathological features as appropriate:-  |
| The size, shape, number, structure & eruption of teeth & clinical  |
| significance of the anomalies to be emphasized.  |
| ☐ Forensic Odontology.   |
| Developmental disturbances of jaws - size & shape of the jaws.   |
| Developmental disturbances of oral & paraoral soft tissues - lip &   |
| palate - clefts, tongue, gingiva, mouth, salivary glands & face.   |
| 3. Dental Caries:  |
| Etiopathogenesis, microbiology, clinical features, diagnosis,  |
| histopathology, immunology, prevention of dental caries & its sequelae.  |
| 4. Pulp & Periapical Pathology & Osteomyelitis.  |
| Etiopathogenesis & interrelationship, clinical features, microbiology,   |
| histopathology & radiological features (as appropriate) of pulp & periapical   |
| lesions & osteomyelitis.   |
| Sequelae of periapical abscess - summary of space infections, systemic   |
| complications & significance.  |
| 5. Periodontal Diseases:   |
| Etiopathogenesis, microbiology, clinical features, histopathology  |
| & radiological features (as appropriate) of gingivitis, gingival   |
| enlargements & periodontitis. Basic immunological mechanisms of  |
| periodontal disease to be highlighted.   |
| 6. Microbial infections of oral soft tissues:  |
| ☐ Microbiology, defence mechanisms including immunological   |
| aspects, oral manifestations, histopathogy and laboratory diagnosis of   |
| common bacterial, viral & fungal infections namely :- Bacterial :  |
| Tuberculosis, Syphilis, ANUG & its complications - Cancrum Oris.   |
| Viral: Herpes Simplex, Varicella zoster, Measles, Mumps, HIV infection,  |
| Corona virus infection.  |
| Fungal: Candidal infection. Apthous Ulcers.  |
| 7. Common non- inflammatory diseases involving the jaws:   |
| Etiopathogenesis, clinical features, radiological & laboratory values in   |
| diagnosis of:  |
|  |
|  |
| Page <b>2</b> of <b>5</b>  |
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| HEAD OF THE DEPARTMENT  Dept. of Oral Pathology and Microbiology  Dept. of Oral Pathology and Microbiology |
| Dept. of Oral Pathology and Mic Oblines Index Institute of Dental Sciences, Indore (M.P.)  |
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Fibrous dysplasia, Cherubism, Osteogenesis Imperfecta, Paget's disease, Cleidocranial dysplasia, Rickets, Achondroplasia, Marfan's syndrome & Down's syndrome.

- 8. Diseases of TM Joint:
- Ankylosis, summary of different types of arthritis & other developmental malformations, traumatic injuries & myofascial pain dysfunction syndrome.
- 9. Cysts of the Oral & Paraoral region:
- ☐ Classification, etiopathogenesis, clinical features, histopathology, laboratory & radiological features (as appropriate) of Odontogenic cysts, Non-Odontogenic cysts, Pseudocysts of jaws & soft tissue cysts of oral & paraoral region.
- 10. Tumours of the Oral Cavity:
- Classification of Odontogenic, Non-Odontogenic & Salivary Gland Tumours. Etiopathogenesis, clinical features, histopathology, radiological features & laboratory diagnosis (as appropriate) of the following common tumours:
- a) Odontogenic all lesions. b) Non-odontogenic
- Benign Epithelial Papilloma, Keratoacanthoma & Naevi.
- Benign Mesenchymal Fibroma, Aggressive fibrous lesions, Lipoma, Haemangioma, Lymphangioma, Neurofibroma, Schwannoma, Chondroma, Osteoma & Tori.
- Malignant Epithelial Basal Cell Carcinoma, Verrucous Carcinoma, Squamous Cell carcinoma &
- Malignant Melanoma.
- Malignant Mesenchymal Fibrosarcoma, Osteosarcoma, Giant cell tumour, Chondrosarcoma, Angiosarcoma,

Kaposi's sarcoma, Lymphomas, Ewing's sarcoma & Other Reticuloendothelial tumours.

- c) Salivary Gland
- Benign Epithelial neoplasms Pleomorphic Adenoma, Warthin's tumour & Oncocytoma.
- Malignant Epithelial neoplasms Adenoid Cystic Carcinoma, Mucoepidermoid Carcinoma,

Acinic Cell Carcinoma & Adenocarcinomas.

- d) Tumours of Disputed Origin Congenital Epulis & Granular Cell Myoblastoma. e) Metastatic tumours Tumors metastasizing to & from oral cavity & the routes of metastasis.
- 11. Traumatic, Reactive & Regressive lesions of Oral Cavity:

HEAD OF THE DEPARTMENT Dept. of Oral Pathology and Microbiology Index Institute of Dental Sciences, Indore (M.P.) Page 3 of 5

| Pyogenic & Giant cell granuloma, exostoses Fibrous Hyperplasia,  |
|--|
| Traumatic Ulcer & Traumatic Neuroma.  Attrition, Abrasion, Erosion, Bruxism, Hypercementosis, Dentinal |
| changes, Pulp calcifications & Resorption of teeth.  |
| Radiation effects of oral cavity, summary of Physical & Chemical                                       |
| injuries including allergic reactions of the oral cavity.  |
| Healing of Oral wounds & complications - Dry socket.   |
| 12. Non neoplastic Salivary Gland Diseases:  |
| Sialolithiasis, Sialosis, Sialadenitis, Xerostomia & Ptyalism.   |
| 13. Systemic Diseases involving Oral cavity:   |
| Brief review & oral manifestations, diagnosis & significance of common                                 |
| Blood, Nutritional, Hormonal & Metabolic diseases of Oral cavity.                                      |
| 14. Mucocutaneous Lesions:   |
| Etiopathogenesis, clinical features & histopathology of the following                                  |
| common lesions.  |
| Lichen Planus, Lupus Erythematosus, Pemphigus & Pemphigoid   |
| lesions, Erythema Multiforme, Psoriasis, Scleroderma, Ectodermal                                       |
| Dysplasia, Epidermolysis bullosa & White sponge nevus  |
| 15. Diseases of the Nerves:  |
| Facial neuralgias - Trigeminal & Glossopharyngeal. VII nerve paralysis,                                |
| Causalgia.   |
| Psychogenic facial pain & Burning mouth syndrome.  |
| 16. Pigmentation of Oral & Paraoral region & Discolouration of teeth:                                  |
| causes & clinical manifestations.  |
| 17. Diseases of Maxillary Sinus:   |
| Traumatic injuries to sinus, Sinusitis, Cysts & Tumours involving                                      |
| antrum.  |
| 18. a) ORAL PRECANCER – CANCER; Epidemiology, aetiology, clinical                                      |
| and histopatholotgical features, TNM classification. Recent advances in                                |
| diagnosis, management and prevention.  |
| b) Biopsy: Types of biopsy, value of biopsy, cytology, histo chemistry                                 |
| & frozen sections in diagnosis of oral diseases.   |
| 19. Principles of Basic Forensic Odontology (Pre-clinical Forensic Odontology):                        |
| ☐ Introduction, definition, aims & scope.  |
| Sex and ethnic (racial) differences in tooth morphology and  |
| histological age estimation  |
| Determination of sex & blood groups from buccal mucosa / saliva.                                       |
| Dental DNA methods   |
| Bite marks, rugae patterns & lip prints.   |
| Bite marks, rugae patterns & up prints.  |
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| Indore (M.P.)  |

- Dental importance of poisons and corrosives.
- Overview of forensic medicine and toxicology

#### **RECOMMENDED BOOKS:**

- 1) A Text Book of Oral Pathology Shafer, Hine & Levy.
- 2) Oral Pathology Clinical Pathologic correlations Regezi & Sciubba.
- 3) Oral Pathology Soames & Southam.
- 4) Oral Pathology in the Tropics Prabhu, Wilson, Johnson & Daftary



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BDS 4th Year Dept. of Oral Medicine & Radiology Syllabus

## MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 4th Year -Oral Medicine & Radiology

Adapted from

[Part III- SEC.4] THE GAZETE OF INDIA: EXTRAORDINARY

Teaching Hours: 280

Theory Hours: 80

Practical Hours: 200

## ORAL MEDICINE & RADIOLOGY

Oral Medicine and Radiology Oral Medicine is a speciality of dentistry concerned with the basic diagnostic procedures and techniques useful in recognising the diseases of the oral tissues of local and constitutional origin and their medical management.

Radiology is a science dealing with x-rays and their uses in diagnosis and treatment of diseases in relation to orofacial diseases.

### **SYLLABUS**

- 1. Methods of clinical diagnosis of oral and systemic diseases as applicable to oral tissue including modern diagnostictechniques.
- 2. Laboratory investigations including special investigations of oral and Oro-facial diseases. 3. Teeth in local and systemic diseases, congenital and heredity disorders.
- 4. Oral manifestation of systemic diseases.
- 5. Oro-facialpain.
- 6. Psychosomatic aspects of oraldiseases.
- 7. Management of medically compromised patients including medical emergencies in the dental chair.
- 8. Congenital and hereditary disorders involving tissues of oro facialregion
- 9. Systemic diseases due to oral foci ofinfection.
- 10. Hematological, dermatological, metabolic, nutritional and endocrinal conditions with oral manifestations.
- 11. Neuro- muscular diseases affecting oro facial region.
- 12. Salivary glandsdisorders.

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13. Tongue in oral and systemic diseases.

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index Institute of Dental Sciences Department of Oral Medicine &

Radiology

- 14. TMJ dysfunctions and diseases.
- 15. Concept of immunity as related to oro facial lesions including AIDS.
- 16. Cysts, neoplasms, odontomes and fibro-osseouslesions.
- 17. Oral changes in osteodystrophies and chondrodystrophies.
- 18. Premalignant and malignant lesion of or facialregion.
- 19. Allergy and other miscellaneous conditions.
- 20. Therapeutics in oral medicine- clinicalpharmacology.
- 21. Forensic Odontology.
- 22. Computers in oral diagnosis andimaging.
- 23. Evidence based oral care in treatmentplanning

## Oral and Maxillo-facial Radiology: study includes seminars/ lectures/ demonstrations

- 1. History of Radiology, structure of x-ray tube, production of x-rays, property of x-rays.
- 2. Biological effects of radiation.
- 3. Filtration of collimation, grids and units ofradiation.
- 4. Films and recordingmedia.
- 5. Processing of image inradiology.
- 6. Design of x-ray department, dark room and use of automatic processingunits.
- 7. Localization: radiographictechniques.
- 8. Faults of dental radiographs and concept of idealradiograph.
- 9. Quality assurance and audit in dentalradiology.
- 10. Extra oral imagingtechniques.
- 11. O. P. G. and other radiologytechniques.
- 1. Emergency dental care for patients during COVID 19 pandemic
- 2. Oral Fungal infection in relation to COVID 19

## TUTORIALS DURING CLINICAL POSTINGS:

- 1. Infection control
- 2. Diagnostics instruments
- 3. Chair position and principles of diagnostic instrumentation

#### **DEMONSTRATIONS:**

- 1. History taking and Clinical examination of the patients.
- 2. Techniques for taking Intra-oral Periapical radiographs with Bisecting angle and Paralleling angle technique
- 3. Developing and processing of the radiograph
- 4. Demonstrations on taking opg and extra oral radiographs

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Radiology

#### PRESCRIBED BOOKS:

- 1. Burket's Oral Medicine –12<sup>th</sup> edition Michael Glick (Latest)
- 2. White and Pharoah's Oral Radiology 8th Edition Elsevier (latest edition)

#### **REFERENCE BOOKS:**

- 1. Textbook of Oral Medicine, Oral Diagnosis and Oral Radiology Ravikiran ongole, Praveen B.
- 2. Textbook of Dental Radiology Pramod John R
- 3. Essentials of Oral & Maxillofacial Radiology Freny Karjodkar
- 4. Cysts of the Oral and Maxillofacial Regions Marvin Shear, Paul Speight
- 5. Medical Problems in Dentistry Crispian Scully
- 6. Differential Diagnosis of Oral and Maxillofacial Lesions Norman Kenyon Wood, Paul W. Goaz
- 7. Treatment Planning in Dentistry Stephen J. Stefanac, Samuel P. Nesbit

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Descriptions of Oral Medicine &

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# MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 4<sup>th</sup>Year –PAEDIATRIC AND PREVENTIVE DENTISTRY

Adapted from

[Part III- SEC.4] THE GAZETE OF INDIA: EXTRAORDINARY

#### PAEDIATRIC & PREVENTIVE DENTISTRY

#### THEORY

- 1. INTRODUCTION TO PEDODONTICS & PREVENTIVE DENTISTRY. Definition, Scope, Objectives and Importance.
- 2. GROWTH & DEVELOPMENT: Importance of study of growth and development in Pedodontics. Prenatal and Postnatal factors in growth & development. Theories of growth & development. Development of maxilla and mandible and related age changes.
- 3. DEVELOPMENT OF OCCLUSION FROM BIRTH THROUGH ADOLESCENCE. Study of variations and abnormalities.
- 4. DENTAL ANATOMY AND HISTOLOGY: Development of teeth and associated structures. Eruption and shedding of teeth. Teething disorders and their management. Chronology of eruption of teeth. Differences between deciduous and permanent teeth. Development of dentition from birth to adolescence. Importance of first permanent molar.
- 5. DENTAL RADIOLOGY RELATED TO PEDODONTICS.
- 6. ORAL SURGICAL PROCEDURES IN CHILDREN. Indications and contraindications of extractions of primary and permanent teeth in children. Knowledge of Local and General Anesthesia. Minor surgical procedures in children. 7. DENTAL CARIES: Historical background. Definition, aetiology& pathogenesis. Caries pattern in primary, young permanent and permanent teeth in children. Rampant caries, early childhood caries and extensive caries: \* Definition, aetiology, Pathogenesis, Clinical features, Complications & Management Role of diet and nutrition in Dental Caries. Dietary modifications & Diet counseling. Caries activity, tests, caries prediction, caries susceptibility & their clinical application.
- 8. GINGIVAL & PERIODONTAL DISEASES IN CHILDREN. Normal gingiva & periodontium in children. Definition, aetiology & Pathogenesis. Prevention & Management of gingival & Periodontal diseases.
- 9. CHILD PSYCHOLOGY: Definition. Theories of child psychology. Psychological development of children with age. Principles of psychological growth & development while managing child patient. Dental fear and its management. Factors affecting child's reaction to dental treatment.
- 10. BEHAVIOUR MANAGEMENT: Definitions. Types of behaviour encountered in the dental clinic. Non-pharmacological & pharmacological methods of Behaviour Management.
- 11. PEDIATRIC OPERATIVE DENTISTRY: Principles of Pediatric Operative Dentistry. Modifications required for cavity preparation in primary and young permanent teeth. Various Isolation Techniques. Restorations of decayed primary,

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PEDODONTICS & PREVENTIVE PARTY

young permanent and permanent teeth in children using various restorative materials like Glass Ionomer, Composites & Silver Amalgam. Stainless steel, Polycarbonate & Resin Crowns.

- 12. PEDIATRIC ENDODONTICS Principles & Diagnosis. Classification of Pulpal Pathology in primary, young permanent & permanent teeth. Management of Pulpally involved primary, young permanent & permanent teeth. •Pulp capping direct & indirect. •Pulpotomy •Pulpectomy Apexogenesis Apexification Obturation Techniques & material used for primary, young permanent & Permanent teeth in children.
- 13. TRAUMATIC INJURIES IN CHILDREN: Classifications & Importance. Sequelae& reaction of teeth to trauma. Management of Traumatized teeth.
- 14. PREVENTIVE & INTERCEPTIVE ORTHODONTICS: Definitions. Problems encountered during primary and mixed dentition phases & their management. Serial extractions. Space management.
- 15. ORAL HABITS IN CHILDREN: Definition, Aetiology& Classification. Clinical features of digit sucking, tongue thrusting, mouth breathing & various other secondary habits. Management of oral habits in children.
- 16. DENTAL CARE OF CHILDREN WITH SPECIAL NEEDS: Definition, Aetiology, Classification, Behavioural and Clinical features & Management of children with:
- Physically handicapping conditions.
- Mentally compromising conditions.
- •Medically compromising conditions.
- Genetic disorders.
- 17. CONGENITAL ABNORMALITIES IN CHILDREN: Definition, Classification, Clinical features & Management.
- 18. DENTAL EMERGENCIES IN CHILDREN & THEIR MANAGEMENT.
- 19. DENTAL MATERIALS USED IN PEDIATRIC DENTISTRY.
- 20. PREVENTIVE DENTISTRY: Definition. Principles & Scope. Types of prevention. Different preventive measures used in Pediatric Dentistry including pit and fissure sealants and caries vaccine.
- 21. DENTAL HEALTH EDUCATION & SCHOOL DENTAL HEALTH PROGRAMMES.
- 22. FLUORIDES: Historical background. Systemic & Topical fluorides. Mechanism of action. Toxicity & Management. Defluoridation techniques.
- 23. CASE HISTORY RECORDING: Outline of principles of examination, diagnosis & treatment planning.
- 24. CHILD ABUSE AND NEGLECT.

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- 25. SETTING UP OF PEDODONTIC CLINIC.
- 26. ETHICS.

27. RECENT ADVANCES IN PAEDIATRIC DENTISTRY.

#### **PRACTICALS**

Following is the recommended clinical quota for under-graduate students in the subject of pediatric & preventive dentistry.

- 1. Restorations Class I & II only: 45
- 2. Preventive measures e.g. Oral Prophylaxis 20.
- 3. Fluoride applications 10
- 4. Extractions 25
- 5. Case History Recording & Treatment Planning 10
- 6. Education & motivation of the patients using disclosing agents. Educating patients about oral hygiene measures like tooth brushing, flossing etc

#### **BOOKS RECOMMENDED & REFERENCE**

- 1. Pediatric Dentistry (Infancy through Adolescences) Pinkham.
- 2. Kennedy's Pediatric Operative Dentistry Kennedy & Curzon.
- 3. Occlusal guidance in Pediatric Dentistry Stephen H. Wei.
- 4. Clinical Use of Fluorides Stephen H. Wei.
- 5. Pediatric Oral & Maxillofacial Surgery Kaban.
- 6. Pediatric Medical Emergencies P. S. whatt.
- 7. Understanding of Dental Caries NikiForuk.
- 8. An Atlas of Glass Ionomer cements G. J. Mount.
- 9. Clinical Pedodontics Finn.
- 10. Textbook of Pediatric Dentistry Braham Morris.
- 11. Primary Preventive Dentistry Norman O. Harris.
- 12. Handbook of Clinical Pedodontics Kenneth. D.
- 13. Preventive Dentistry Forrester.
- 14. The Metabolism and Toxicity of Fluoride Garry M. whitford.
- 15. Dentistry for the Child and Adolescence Mc. Donald.
- 16. Pediatric Dentistry Damle S. G.
- 17. Behaviour Management Wright
- 18. Pediatric Dentistry Mathewson.
- 19. Traumatic Injuries andreason.
- 20. Occlusal guidance in Pediatric Dentistry Nakata.
- Pediatric Drug Therapy Tomare
- 22. Contemporary Orhtodontics Profitt.
- 23. Preventive Dentistry Depaola.
- 24. Metabolism & Toxicity of Fluoride whitford. G. M.
- 25. Endodontic Practice Grossman.
- 26. Principles of Endodontics Munford.
- 27. Endodontics Ingle.
- 28. Pathways of Pulp Cohen.
- 29. Management of Traumatized anterior Teeth Hargreaves.

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# MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 4<sup>th</sup> Year - ORTHODONTICS

### Adapted from

[Part III- SEC.4] THE GAZETE OF INDIA: EXTRAORDINARY

## ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

- 1. Introduction, Definition, Historical Background, Aims And Objectives Of Orthodontics And Need For Orthodontics Care.
- 2. Growth And Development: In General
  - a. Definition
  - b. Growth spurts and Differential growth
  - c. Factors influencing growth and Development
  - d. Methods of measuring growth
  - e. Growth theories (Genetic, Sicher's, Scott's, Moss's, Petrovics, Multifactorial)
  - f. Genetic and epigenetic factors in growth
  - g. Cephalocaudal gradient in growth.
- 3. Morphologic Development Of Craniofacial Structures
  - a. Methods of bone growth
  - b. Prenatal growth of craniofacial structures
  - c. Postnatal growth and development of: cranial base, maxilla, mandible, dental arches and occlusion.
- 4. Functional Development Of Dental Arches And Occlusioin
  - a. Factors influencing functional development of dental arches and occlusion.
  - b. Forces of occlusion
  - c. Wolfe's law of transformation of bone
  - d. Trajectories of forces
- 5. Clinical Application Of Growth And Development
- 6. Malocclusion In General
  - a. Concept of normal occlusion
  - b. Definition of malocclusion
  - c. Description of different types of dental, skeletal and functional malocclusion.
- 7. Classification of MalocclusionPrinciple, description, advantages and disadvantages of classification of malocclusion by Angle's, Simon's, Lischer's and Ackerman and Proffitt's.
- 8. Normal And Abnormal Function Of Stomatognathic System
- 9. Etiology Of Malocclusion
- a. Definition, importance, classification, local and general etiological factors.
- b. Etiology of following different types of malocclusion:
  - 1) Midline diastema
  - 2) Spacing

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- 3) Crowding
- 4) Cross-Bite: Anterior/Posterior
- 5) Class III Malocclusion

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- 6) Class II Malocclusion
- 7) Deep Bite
- 8) Open bite
- 10. Diagnosis And Diagnostic Aids
  - a. Definition, Importance and classification of diagnostic aids
  - b. Importance of case history and clinical examination in orthodontics
  - c. Study Models: Importance and uses Preparation and preservation of study models
  - d. Importance of intraoral X-rays in orthodontics
  - e. Panoramic radiographs: Principles, Advantages, disad vantages and uses
  - f. Cephalometrics: Its advantages, disadvantages
    - 1. Definition
    - 2. Description and use of cephalostat
    - 3. Description and uses of anatomical landmarks lines and angles used in cephalometric analysis
    - 4. Analysis- Steiner's, Down's, Tweed's, Ricket's-E-line
  - g. Electromyography and its uses in orthodontics
  - h. Wrist X-rays and its importance in othodontics
- 11. General Principles In Orthodontic Treatment Planning Of Dental And Skeletal Malocclusions
- 12. Anchorage In Orthodontics Definition, Classification, Types and Stability Of Anchorage
- 13. Biomechanical Principles In Orthodontic Tooth Movement
  - a. Different types of tooth movements
  - b. Tissue response to orthodontic force application
  - c. Age factor in orthodontic tooth movement
- 14. Preventive Orthodontics
  - a. Definition
  - b. Different procedures undertaken in preventive orthodontics and their limitations.
- 15. Interceptive Orthodontics
  - a. Definition
  - b. Different procedures undertaken in interceptive orthodontics
  - c. Serial extractions: Definition, indications, contra-indication, technique, advantages and disadvantages.
  - d. Role of muscle exercises as an interceptive procedure
- 16. Corrective Orthodontics
  - a. Definition, factors to be considered during treatment planning.
  - b. Model analysis: Pont's, Ashley Howe's, Bolton, Careys, Moyer's Mixed Dentition Analysis
  - c. Methods of gaining space in the arch:- Indications, relative merits and demerits of proximal stripping, arch expansion and extractions
  - d. Extractions in Orthdodontics indications and selection of teeth for extraction.
- 17. Orthodontic Appliances: General
  - a. Requisites for orthodontic appliances
  - b. Classification, indications of Removable and Functional Appliances

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- c. Methods of force application
- d. Materials used in construction of various orthodontic appliances uses of stainless

steel, technical considerations in curing of acrylic, Principles of welding and soldering,

fluxes and antifluxes.

e. Preliminary knowledge of acid etching and direct bonding.

#### REMOVABLE ORTHODONTIC APPLIANCES

- 1) Components of removable appliances
- 2) Different types of clasps and their uses
- 3) Different types of labial bows and their uses
- 4) Different types of springs and their uses
- 5) Expansion appliances in orthodontics:
  - i) Principles
  - ii) Indications for arch expansion
  - iii) Description of expansion appliances and different types of expansion devices and their uses.
  - iv) Rapid maxillary expansion

#### FIXED ORTHODONTIC APPLIANCES

- 1. Definition, Indications & Contraindications
- 2. Component parts and their uses
- 3. Basic principles of different techniques: Edgewise, Begg's, straight wire.

#### EXTRAORAL APPLIANCES

- 1. Headgears
- 2. chincup
- 3. reverse pull headgears

#### MYOFUNCTIONAL APPLIANCES

- 1. Definition and principles
- 2. Muscle exercises and their uses in orthodontics
- 3. Functional appliances:
  - i) Activator, Oral screens, Frankels function regulator, bionator twin blocks, lip bumper
  - ii) Inclined planes upper and lower
- 18. Orthodontic Management Of Cleft Lip And Palate
- 19. Principles Of Surgical Orthodontics.

#### Brief knowledge of correction of:

- a. Mandibular Prognathism and Retrognathism
- b. Maxillary Prognathism and Retrognathism
- c. Anterior open bite and deep bite
- d. Cross bite
- 20. Principle, Differential Diagnosis & Methods Of Treatment Of:
  - 1. Midline diastema

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- 2. Cross bite
- 3. Open bite
- 4. Deep bite
- 5. Spacing

- 6. Crowding
- 7. Class II Division 1, Division 2
- 8. Class III Malocclusion True and Psuedo Class III
- 21. Retention And Relapse, Definition, Need for retention, Causes of relapse, Methods of retention, Different types of retention devices, Duration of retention, Theories of retention.
- 22. Emergencies in orthodontics and their management during covid 19 pandemic.
- 23. Ethics & Practice management

#### CLINICALS AND PRACTICALS IN ORTHODONTICS PRACTICAL TRAINING DURING II YEAR B.D.S.

- I. Basic wire bending exercises Gauge 22 or 0.7mm
  - 1. Straightening of wires (4 Nos.)
  - 2. Bending of a equilateral triangle
  - 3. Bending of a rectangle
  - 4. Bending of a square
  - 5. Bending of a circle
  - 6. Bending of U.V.
- II. Construction of Clasps (Both sides upper/lower) Gauge 22 or 0.7mm
  - 1. 3/4 Clasp (C-Clasp)
  - 2. Full Clasp (Jackson's Crib)
  - 3. Adam's Clasp
  - 4. Triangular Clasp
- III. Construction of Springs (on upper both sides) Gauge 24 or 0.5mm
  - 1. Finger Spring
  - 2. Single Cantelever Spring
  - 3. Double Cantelever Spring (Z-Spring)
  - 4. T-Springs on premolars
- IV. Construction of Canine retractors Gauge 23 or 0.6mm
  - 1. U Loop canine retractor

(Both sides on upper & lower)

2. Helical canine retractor

(Both sides on upper & lower)

- 3. Buccal canine retractor:
- Self supported buccal canine retractor with
- a) Sleeve 5mm wire or 24 gauge
- b) Sleeve 19 gauge needle on any one side.
- 4. Palatal canine retractor on upper both sides

Gauge 23 or 0.6mm

V. Labial Bow

Gauge 22 or 0.7mm

One on both upper and lower

CLINICAL TRAINING DURING III YEAR B.D.S.

- 01. Making upper Alginate impression
- 02. Making lower Alginate impression
- 03. Study Model preparation

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#### 04. Model Analysis

- a. Pont's Analysis
- b. Ashley Howe's Analysis
- c. Carey's Analysis
- d. Bolton's Analysis
- e. Moyer's Mixed Dentition Analysis

#### CLINICAL TRAINING DURING FINAL YEAR B.D.S.

- 01. Case History taking
- 02. Case discussion
- 03. Discussion on the given topic
- 04. Cephalometric tracings
- a. Down's Analysis
- b. Steiner's Analysis
- c. Tweed's Analysis

#### PRACTICAL TRAINING DURING FINAL YEAR B.D.S.

- 1. Adam's Clasp on Anterior teeth Gauge 0.7mm
- 2. Modified Adam's Clasp on upper arch Gauge 0.7mm
- 3. High Labial bow with Apron spring on upper arch (Gauge of Labial bow 0.9mm, Apron spring 0.3mm)
- 4. Coffin spring on upper arch Gauge 1mm

#### Appliance Construction in Acrylic

- 1. Upper & Lower Hawley's Appliance
- 2. Upper Hawley's with Anterior bite plane.
- 3. Upper Habit breaking Appliance
- 4. Upper Hawley's with Posterior bite plane with 'Z' Spring
- 5. Construction of Activator
- 6. Lower inclined plane/Catalan's Appliance
- 7. Upper Expansion plate with Expansion Screw

#### RECOMMENDED AND REFERENCE BOOKS

- 1. CONTEMPORARY ORTHODONTICS- WILLIAM R. PROFFIT
- 2. ORTHODONTICS FOR DENTAL STUDENTS WHITE and GARDINER
- 3. HANDBOOK OF ORTHODONTICS MOYERS
- 4. ORTHODONTICS PRINCIPLES AND PRACTICE GRABER
- 5. DESIGN, CONSTRUCTION AND USE OF REMOVABLE ORTHODONTIC APPLIANCES C. PHILIP ADAMS
- 6. CLINICAL ORTHODONTICS: VOL1 & 2 SALZMANN
- 7. ORTHODONTICS DIAGNOSIS OF AND MANAGEMENT OF MALOCCLUSION AND DENTOFACIAL DEFORMITIES- O. P. KHARBANDA
- 8. TEXTBOOK OF ORTHODONTICS, SAMIR E. BISHARA



# MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 4<sup>th</sup> Year -PERIODONTOLOGY

Adapted from

[Part III- SEC.4] THE GAZETE OF INDIA: EXTRAORDINARY

#### **PERIODONTOLOGY**

Teaching Hours: 280 Theory Hours: 80 Practical Hours: 200

- 1. Introduction: Definition of Periodontology, Periodontics, Periodontia, Brief historical background, Scope of Periodontics
- 2. Development of Periodontal tissues, micro-structural anatomy and biology of periodontal tissues in detail. Gingiva. Junctional epithelium in detail, Epithelial-mesenchymal interaction, Periodontal ligament, Cementum, Alveolar bone.
- 3. Defensive mechanisms in the oral cavity: Role of Epithelium, Gingival fluid, Saliva and other defensive mechanisms in the oral environment.
- 4. Age changes in Periodontium. Age changes in teeth and periodontal structures and Their periodontal structures association with periodontal diseases and their significance in Geriatric dentistry
- Classification of Periodontal Diseases. Need for classification, scientific basis of classification of periodontal diseases, Classification of gingival and periodontal diseases as described in 1989 and 1999 classification.
- 6. Epidemiology of periodontal diseases Definition of index, incidence, Prevalence epidemiology, endemic, epidemic, and pandemic. Classification of indices (Irreversible and reversible), Deficiencies of earlier indices used in Periodontics. Detailed understanding of Silness & Loe Plaque Index ,Loe & Silness Gingival Index, CPITN & CPI. Prevalence of periodontal diseases in India and other countries.
- 7. Defence mechanisms of the Gingiva
- 8. Gingival Inflammation
- 9. Clinical Features of Gingivitis
- 10. Gingival Enlargements
- 11. Acute Gingival Infections
- 12. Gingival Diseases in Childhood
- 13. Desquamative Gingivitis

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14. Host response - Mechanism of initiation and progression of periodontal diseases- Basic concepts about cells, Mast: cells, neutrophils, macrophages, lymphocytes, immunoglobulins, complement system, immune mechanisms & cytokines in brief. Stages in gingivitis-Initial, early, established & advanced. Periodontal disease activity, continuous paradigm, random burst & asynchronous multiple burst hypothesis.

- 15. Periodontal Microbiology: Dental Plaque (Biofilm), Definition, New concept of biofilm Types, composition, bacterial colonization, growth, maturation .& disclosing agents Role of dental plaque in periodontal diseases, Plaque microorganisms in detail and bacteria associated with periodontal diseases, Plaque retentive factors, Materia alba Food debris
- 16. The Role of Dental Calculus and other Local Predisposing factors: Calculus, latrogenic factors, Malocclusion, Periodontal complications associated with orthodontic therapy, Extraction of Impacted third molars, Habits and self inflicted injuries, Smokeless Tobacco, Radiation therapy, Food Impaction-- Definition Types, Aetiology, Hirscfield's classification, Signs & symptoms & sequelae of treatment
- 17. Smoking and Periodontal Disease
- 18. Chronic Periodontitis
- 19. Aggressive Periodontitis
- 20. Bone loss and patterns of Bone destruction in Periodontal Disease
- 21. Influence of Systemic Disorders on the Periodontium
- 22. Oral Malodor
- 23. Clinical Diagnosis
- 24. Radiographic Aids in Diagnosis of Periodontal Diseases
- 25. Determination of Prognosis-Definition, types, purpose and factors to be taken into consideration
- 26. Treatment Plan-Factors to be considered
- 27. Periodontal management of Medically Compromised Patients
- 28. Periodontal therapy in the Female patients
- 29. Phase I Periodontal Therapy: Rationale for Periodontal Treatment.
- 30. Plaque control for Periodontal Patients- Mechanical tooth brushes, interdental cleaning aids, dentifrices.

  Chemical; Classification and mechanism of action of each & pocket irrigation
- 31. Scaling and Root Planing
- 32. Sonic and Ultrasonic Instrumentation and Irrigation
- 33. Anti Infective Therapy
- 34. Host Modulation
- 35. Phase II Periodontal Therapy
- 36. General Principles of Periodontal Surgery
- 37. Gingival Surgical Techniques
- 38. The Periodontal Flap: Different flap techniques for pocket eradication
- 39. Resective Osseous Surgery

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- 40. Reconstructive Periodontal Surgery
- 41. Furcation: Involvement and Treatment
- 42. Periodontal Plastic Surgery and Esthetic Surgery-Definition, Mucogingival problems: Aetiology, classification of gingival recession (RD:Miller Jr. and Sullivan and Atkins), Indications & objectives, Gingival extension procedures: lateral pedicle graft, frenectomy, frenotomy, Crown lengthening procedures.
- 43. Periodontal Restorative Interrelationships
- 44. Diagnosis and Management of Periodontic-Endodontic Lesions

- 45. Periimplant Anatomy, Biology and Function, Implants Definition, types, scope & biomaterials used. Periodontal considerations: such as implant-bone Interlace, implant-gingiva interface, implant failure, peri- Implantitis and its management
- 46. Maintenance Phase (Supportive Periodontal Therapy)- Aims, objectives, and Principles, Importance, Procedures, Maintenance of implants
- 47. Recent Advances In Periodontal Microsurgery
- 48. Infection Control Protocol- Sterilization and various aseptic Procedures
- 49. Dental Ethics
- 50. Periodontal Instruments- Classification and Description of each Instrument. Sharpening of Instrumentation
- 51. Principles of Periodontal Instrumentation
- 52. Impact of Periodontal Infections on systemic health (Periodontal Medicine)
- 53. Pathology and Management of Periodontal Problems in patients with HIV infection.
- 54. Periodontal Response to External Forces
- 55. Periodontal Abscess
- 56. Recent advances in surgical therapy: Lasers in Periodontal Therapy
- 57. Levels of Significance.
- 58. Risk Assessment
- 59. COVID-19 and its implication in periodontology

#### TUTORIALS DURING CLINICAL POSTINGS:

- 1. Infection control
- 2. Periodontal instruments
- 3. Chair position and principles of instrumentation
- 4. Maintenance of instruments (sharpening)
- 5. Ultrasonic, Piezoelectric and sonic scaling Demonstration of technique
- 6. Diagnosis of periodontal disease and determination of prognosis
- 7. Radiographic interpretation and lab investigations
- 8. Motivation of patients- oral hygiene instructions

Students should be able to record a detailed periodontal case history, determine diagnosis, prognosis and plan treatment. Student should perform scaling, root planning, local drug delivery and SPT. Students shall be given demonstration of all periodontal surgical procedures.

#### **DEMONSTRATIONS:**

1. History taking and Clinical examination of the patients

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- 2. Recording different Indices
- 3. Methods of using various scaling and surgical instruments
- 4. Polishing the teeth
- 5. Demonstration to patients about different oral hygiene aids
- 6. Surgical procedures Gingivectorny, Gingivoplasty, and flap operations

7. Follow up procedures, post operative care and supervision

#### REQUIREMENTS:

- 1. Diagnosis, treatment planning and discussion and total periodontal treatment-15 cases
- 2. Dental scaling, oral hygiene instructions 30 complete cases/ Equivalent
- 3. Assistance in periodontal surgery 02 cases
- 4. A work record should be maintained by all the students and should be submitted at the time of examination after due certification from the head of the department. Students should have to complete the work prescribed by the concerned department from time to time and submit a certified record for evaluation.

#### PRESCRIBED BOOK:

Glickman's Clinical Periodontology -Carranza

#### REFERENCE BOOKS:

- 1. Essentials of Periodontology and Periodontics- Torquil MacPhee
- 2. Contemporary Periodontics- Cohen
- 3. Periodontal therapy- Goldman
- 4. Orbans' Periodontics- Orban
- 5. Oral Health Survey- W.H.O.
- 6. Preventive Periodontics- Young and Stiffler
- 7. Public Health Dentistry- Slack
- 8. Advanced Periodontal Disease- John Prichard
- 9. Preventive Dentistry- Forrest
- 10. Clinical Periodontology- Jan Lindhe
- 11. Periodontics- Baer & Morris.

## MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 4<sup>th</sup> Year

Adapted from

[Part III- SEC.4] THE GAZETE OF INDIA: EXTRAORDINARY

#### PROSTHODONTICS AND CROWN AND BRIDGE

**Teaching Hours: 895** 

Theory Hours: 135

Practical Hours: 760

**Complete Dentures** 

#### A. Applied Anatomy and Physiology

- 1. Introduction
- 2. Biomechanics of the edentulous state
- 3. Residual ridge resorption
- B. Communicating with patient
- 1. Understanding the patient's Mental Attitude-
- 2. Instructing the patient
- C. Diagnosis and treatment planning for patients
- 1. With some teeth remaining
- 2. With no teeth remaining
  - a) Systemic status
  - b) Local factor
  - . c) The geriatric patients
  - d) Diagnostic procedures
- D. Articulators discussion
- E. Improving the patient's denture foundation and ridge relation an overview.
- a) Pre-operative examination
- b) Initial hard tissue & soft tissue procedures
- c) Secondary hard and soft tissue procedure

d) Implant procedure

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AND
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- e) Congenital deformities
- f) Postoperative procedure.

#### F. Principles of Retention, Support and Stability

#### G. Impressions - detail

- a) Muscles of facial expression
- b) Biological considerations for maxillary and mandibular impression including anatomy landmark and their interpretation.
- c) Impression objectives
- d) Impression materials
- e) Impression techniques
- f) Maxillary and mandibular impression procedures. i) Preliminary impressions ii) final Impressions
- g) Laboratory procedures involved with impression making (Beading & Boxing, and cast preparation)

#### H. Record bases and occlusion rims - in detail

- a) Materials & techniques
- b) useful guidelines and ideal parameters
- c) recording and transferring bases and occlusal rims
- I. Biological consideration in jaw relation & jaw movements craniomandibular relations.
- a) Mandibular movements
- b) Maxillo mandibular relation including vertical and horizontal jaw relations.
- c) Concept of occlusion discuss in brief

#### J. Relating the patient to the articulator

- a) Face bow types and uses discuss in brief
- b) Face bow transfer procedure discuss in brief

#### K. Recording maxillo mandibular relation

- a) Vertical relations
- b) Centric relation records
- c) Eccentric relation records.

d) Lateral relation records

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#### L Tooth selection and arrangement

- a) Anterior teeth
- b) Posterior teeth
- c) Esthetic and functional harmony

#### M. Relating inclination of teeth to concept of occlusion - in brief

- a) Neutrocentric concept
- b) Balanced occlusal concept

#### N. Trial dentures

#### O. Laboratory procedures

- a) Wax contouring
- b) Investing of dentures
- c) Preparing of mold
- d) Preparing & Packing acrylic resin
- e) Processing of dentures
- f) Recovery of dentures
- g) Lab remount procedures
- h) Recovering the complete denture from the cast
- i) Finishing and polishing the complete denture
- j) Plaster cast for clinical denture remount procedure

#### P. Denture insertion

- a) Insertion procedures
- b) Clinical errors
- c) Correcting occlusal disharmony
- d) Selective grinding procedures.

## R. Treating problems with associated denture use - discuss in brief (tabulation / flow chart form)

S. Treating abused tissues - discuss in brief

T. Relining and rebasing of dentures - discuss in brief

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#### U. Immediate complete dentures construction procedure - discuss in brief

#### V. The single complete denture - discuss in brief

#### W. Overdentures denture - discuss in brief

#### X. Dental implants in complete denture - discuss in brief

<u>Note:</u> It is suggested that the above mentioned topics be dealt with wherever appropriate in the following order so as to cover –

- 1. Definition
- 2. Diagnosis (of the particular situation / patient selection / treatment planning)
- 3. Types / classification
- 4. Materials
- 5. Methodology Lab / Clinical
- 6. Advantages & disadvantages
- 7. Indication, contraindications
- 8. Maintenance phase
- 9. Oral Implantology
- 10. Ethics

#### Removable Flexible (Partial) Dentures

#### 1. Introduction

> Terminologies and scope¬

#### 2. Classification

## 3. Examination, Diagnosis & Treatment planning and evaluation of diagnostic data

#### 4. Components of a removable parital

- > Major connectors -
- > Minor connectors
- > Rest and rest seats

#### 5. Components of a Removable Partial Denture

- Direct retainers
- > Indirect retainers
- > Tooth replacement



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#### 6. Principles of Removable Partial Denture Design

- 7. Survey and design in brief
  - Surveyors
  - Surveying
  - Designing
- 8. Mouth preparation and master cast
- 9. Impression materials and procedures for removable partial dentures
- 10. Preliminary jaw relation and esthetic try in for some anterior replacement teeth
- 11. Laboratory procedures for framework construction in brief.
- 12. Fitting the framework in brief.
- 13. Try in of the partial denture in brief
- 14. Completion of the partial denture in brief
- 15. Inserting the Removable Partial Denture in brief
- 16. Postinsertion observations.
- 17. Temporary Acrylic Partial Dentures.
- 18. Immediate Removable Partial Denture.
- 19. Removable Partial Dentures opposing Complete denture.
- 20. Post COVID mucormycosis and prosthetic rehabilitation

Note: It is suggested that the above mentioned topics be dealt with wherever appropriate in the following order so as to cover –

- 1. Definition
- 2. Diagnosis (of the particular situation / patient selection / treatment planning)
- 3. Types / Classification
- 4. Materials
- 5. Methodology Lab / Clinical
- 6. Advantages & disadvantages
- 7. Indications, contradictions
- 8. Maintenance Phase



#### **Fixed Partial Dentures**

#### To Be Covered In Detail

- 1. Introduction
- 2. Fundamentals of occlusion in brief.
- 3. Articulators in brief
- 4. Treatment planning for single tooth restorations.
- 5. Treatment planning for the replacement of missing teeth including selection and choice of abutment teeth.
- 6. Fixed partial denture configurations.
- 7. Principles of tooth preparations.
- 8. Preparations for full veneer crowns in detail.
- 9. Preparations for partial veneer crowns in brief
- 10. Provisional Restorations
- 11. Fluid Control and Soft Tissue Management
- 12. Impressions
- 13. Working Casts and Dies
- 14. Wax patterns
- 15. Pontics and Edentulous Ridges
- 16. Esthetic Considerations
- 17. Finishing and Cementation

#### Topics To Be Covered In Brief -

- 1. Solder Joints and Other Connectors
- 2. All Ceramic Restorations
- 3. Metal Ceramic Restorations
- 4. Preparations of intracoronal restorations.
- 5. Preparations for extensively damaged teeth.
- 6. Preparations for periodontally weakened teeth

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- 7. The Functionally Generated Path Technique
- 8. Investing and Casting
- 9. Resin Bonded Fixed Partials Denture

Note: It is suggested that the above mentioned topics be dealt with wherever appropriate in the following order so as to cover –

- 1. Definition
- 2. Diagnosis (of the particular situation / patient selection / treatment planning)
- 3. Types / Classification
- 4. Materials
- 5. Methodology Lab / Clinical
- 6. Advantages & disadvantages
- 7. Indications, contradictions
- 8. Maintenance Phase

#### **RECOMMENDED BOOKS:**

- 1. Syllabus of Complete Denture by Charles M. Heartwell Jr. and Arthur O. Rahn.
- 2. Boucher's "Prosthodontic treatment for edentulous patients"
- 3. Essentials of complete denture Prosthodontics by Sheldon Winkler.
- 4. Maxillofacial prosthetics by Willam R. Laney.
- 5. McCraken's Removable partial Prosthodontics
- 6. Removable Partial Prosthodontics by Ernest L. Miller and Joseph E. Grasso.
- 7. Contemporary Fixed Prosthodontics Rosenstiel, Land and Fujimoto

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AND
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# MALWANCHAL UNIVERSITY, INDORE (M.P.) Revised Syllabus for BDS 4<sup>th</sup> Year

Adapted from

[Part III- SEC.4]

THE GAZETTE OF INDIA: EXTRAORDINARY

## CONSERVATIVE DENTISTRY & ENDODONTICS

Theory Hours: 135 Practical Hours: 200 Clinical Hours: 370 Total Hours: 705

| S. No | Topic  | ]   |
|-------|--|---|
| 1.    | Introduction To Operative Dentistry  Definition Of Operative Dentistry History Of Operative Dentistry Factors affecting operative treatment Indications Considerations Factors affecting the future demand of operative dentistry Economic factors Demographic factors |   |
| 2.    | Nomenclature Of Dentition  Introduction And Need Of Nomenclature  Commonly Used Nomenclature Systems  FDI,  -Universal   |   |
|       | - Zygmondy-Palmer System Advantages/Disadvantage Of Each System  |   |
| 3.    | Review Of Dental Anatomy  Development Of Tooth And And Associated Structures  Anatomy Of Tooth Related To Operative Dentistry Importance Of Pits & Fissures And Proximal Contact Areas In Relation To Cavity Preparation   |   |
| 4.    | Gnathological Concepts of Restoration  Physiology of Occlusion  Normal Occlusion  Ideal Occlusion  Mandibular Movements  Occlusal Analysis  Occlusal Rehabilitation & Restoration  |   |
| 5.    | Dental Caries  Definition And Introduction to caries  Etiology of caries  Various Theories  Classification Of Caries  Stages Of Caries In Enamel  Stages Of Caries in Dentin  Clinical Features of caries  Morphological Features of caries                            | 31 0 202<br>valive Dentistry<br>intics: "<br>Sciences, Indore |

Microscopic features of enamel and dentinal caries

|     | Prevention Of Dental Caries  |
|-----|--|
|     | -diet modification   |
|     | - floride application  |
|     | – caries vaccines  |
|     | Caries Activity Tests  |
|     | Treatment of Caries  |
|     | Clinical diagnosis& Sequelae of dental caries  |
| 6.  | Preventive measures in restorative practice:   |
|     | Plaque control, pit and fissure sealants, dietary measures, restorative procedures and   |
|     | periodontal health   |
| 7.  | Applied Dental Materials   |
|     | Amalgam  |
|     | History Of Amalgam   |
|     | • Advantages/Disadvantages   |
|     | Indications & Contra indications Of Amalgam  |
|     | Composition of amalgam   |
|     |  |
|     | Physical & mechanical properties     Amalgam Basetian Of High And I  |
|     | Amalgam Reaction Of High And Low copper Amalgam     Procedure and alinical tacks in a few sections of the section of the |
|     | Procedure and clinical technique for amalgam restoration  Failure of amalgam.  |
|     | • Failure of amalgam   |
|     | Mercury toxicity   |
|     | Recent advances in amalgam   |
|     | Dental Cements   |
|     | Classification Of Dental Cements   |
|     | Detail About Each Cemernt  |
|     | • Zn phosphate cement  |
|     | Zn polycarboxylate cement  |
|     | Zinc oxide eugenol   |
|     | Glass ionomer cement   |
|     | Physical, Mechanical Properties And Manipulation Of Each Cement  |
|     | Composites   |
|     | Introduction To Composite Material   |
|     | History Of Resins  |
|     | Classification Of Composites   |
|     | • Composition  |
|     | Dentin Bonding Agents  |
|     | Curing Methods   |
|     | • Composite Placement Procedures   |
|     | • Cavity preparation for composites  |
|     | Recent advances in composites  |
|     | • Limitations of composites  |
|     | • Limitations of composites  Dental Porcelain  |
|     | Dental Forcelain   |
| 8.  | Treatment Planning For Operative Particture  |
| ٥.  | <ul> <li>Treatment Planning For Operative Dentistry</li> <li>Patient Evaluation</li> <li>Clinical and Radiographic Examination</li> </ul> Registrar Registrar Indoor Indoor Malwanchal University Indoor   |
|     | • Patient Evaluation   |
|     | • Clinical and Radiographic Examination  |
|     | • Tests for diagnosis of caries  |
|     | 지나 보는 사용하는 사용 게임하는 사용하는 수 있었다. 수 있는 사용 보다 보고 있는 사용하는 사용하는 사용하는 사용하는 사용하는 사용하는 사용하는 사용하   |
|     | Treatment Planning HOD   |
|     | Treatment Record     Department of Conservative Denti      DELIMINARY CONSIDERATIONS FOR OPERATIVE DENTISTRY  And Fractional Conservative Denti  |
| 9.  |  |
|     | Preoperative patient and dental team consideration  Index Institute of Dental Sciences, 1  |
|     | Chair and patient position   |
|     | Operating positions  |
|     | Operating stools   |
| a L |  |

|      |   | Syllabus                                |
|------|---|---|
|      | Instrument exchange   |   |
| 10.  | PAIN CONTROL FOR OPERATIVE DENTISTRY  | 7                                       |
|      | • Introduction  |   |
|      | Method to control pain in operative dentistry   |   |
|      | • Local anesthesia  |   |
|      | Patient factor  |   |
|      | • Local anesthetic agents   |   |
|      | Technique of local anesthesia   |   |
|      | Precautions during injection  |   |
|      | Advantages of local anesthesia  |   |
|      | Alternative methods to control pain   |   |
|      | Premedication with sedatives  |   |
|      | • Inhalation sedation   |   |
|      | Hypnosis  |   |
|      | • Electronic dental anesthesia  |   |
| 11.  | CONTROL OF OPERATING FIELD  |   |
| -11. | • Introduction  |   |
|      | Goals of isolation  |   |
|      | Method of isolation   |   |
|      | Cotton rolls and cellulose wafers   |   |
|      | Rubber dam  |   |
|      | Introduction  |   |
|      | • Indication  |   |
|      | • Contraindication  |   |
|      |   |   |
|      | <ul> <li>Rubber dam equipments</li> <li>Rubber dam application technique</li> </ul>   |   |
|      |   |   |
|      |   |   |
|      | <ul> <li>Aids for leaking dams</li> <li>Advantages</li> </ul>   |   |
|      | Disadvantages   |   |
|      | Disauvantages   |   |
|      | Saliva injectors  |   |
|      | High volume evacuators  |   |
|      | • Throat shield   |   |
|      | Anti sialogagues  |   |
| 12.  | MANAGEMENT OF GINGIVAL TISSUE   |   |
| 12.  |   |   |
|      |   |   |
|      | indication for gingival dissue management   |   |
| •    | Methods of gingival tissue management   |   |
|      | Physicomechanical     Chemicomechanical   |   |
|      | 1/ 26/  |   |
|      | • Chemical  |   |
|      | • Recent techniques for gingival retraction   |   |
|      | • Laser   |   |
|      | Retraction by dilatation of gingival sulcus   |   |
| 13.  | Pulp Protection   |   |
|      | • Indications and need for Liners, base and varnish   | 1 1                                     |
|      | <ul> <li>Composition of each</li> <li>Material aspect and application procedure</li> <li>Principles Of Cavity Preparation</li> <li>Definition of Cavity Preparation</li> <li>Nomenclature of Cavity walls, angles and floors</li> </ul>   | 31/09/2020                              |
|      | Material aspect and application procedure  Registratives  | 311                                     |
| 14.  | Principles Of Cavity Preparation  |   |
|      | Definition of Cavity Preparation  | HOD  Conservative Dentist Hododontics   |
|      | Nomenclature of Cavity walls, angles and floors     Department Cavity walls, angles and floors  | d Endodontics                           |
|      | Classification of Cavities  | of Dental Sciences. In                  |
|      | Various Principles of Cavity Preparation  Index Institute  Index Inst | d Endodontics<br>of Dental Sciences. In |
|      | Steps of Initial Cavity Preparation   |   |
|      | Steps of Final Cavity Preparation   |   |

| •   |  | <u>Syllabus</u>                    |
|-----|--|------------------------------------|
| 15. | Armamentarium In Cavity Preparation  |                                    |
|     | History Of Dental Instruments  |                                    |
|     |  |                                    |
|     | Classification Of Hand And Rotary Instruments  |                                    |
|     | Details Of Hand Cutting Instruments  |                                    |
|     | – instrument formula   |                                    |
|     | - instrument design  | (                                  |
|     | • Sharpening of instruments  |                                    |
|     | Grasps And Rests   |                                    |
|     | Rotary Instruments   |                                    |
|     | – Bur Blade Design   |                                    |
|     | - Rake And Clearance Angle   |                                    |
|     | • Sterilisation of instruments   |                                    |
|     | Basic instrument tray set up   |                                    |
| 16. | RESTORING CONTACTS AND CONTOURS  |                                    |
|     | • Introduction   |                                    |
|     | • Matrices   |                                    |
|     | • Definition   |                                    |
|     | • Ideal requirements   |                                    |
|     | • Classification of matrices   |                                    |
|     | • Functions  |                                    |
|     | • Parts of matrices  |                                    |
|     | • Description of various matrices  |                                    |
|     | • Tooth separation and wedges  |                                    |
|     | • Introduction   |                                    |
|     | • Definition   |                                    |
|     | Need for tooth separation  |                                    |
|     | Method of tooth separation   |                                    |
| 15  | • Recent advances  |                                    |
| 17. | Cavity Preparation For Amalgam Restoration   |                                    |
|     | <ul> <li>Implication of Initial &amp;Final Cavity Preparation steps to cavity</li> </ul>   |                                    |
|     | preparation for Dental Amalgam   |                                    |
|     | Recent cavity modifications  |                                    |
| 18. | COMPLEX AMALGAM RESTORATION  | 1                                  |
|     | • Indication   |                                    |
|     | • Contraindication   | 7                                  |
|     | • Advantages   |                                    |
|     | • Disadvantages  |                                    |
|     | Pin retained amalgam restoration   |                                    |
|     | • Introduction   |                                    |
|     | • Types of pins  |                                    |
|     | • Indication   |                                    |
|     | 8 310  |                                    |
|     | • Advantages   | 9.                                 |
|     | • Disadvantages  | 3/10/202                           |
|     | • Pin placement factors and technique  | 31/07/2024 HOD Consequative Dentis |
|     | • Failures of pin retained restoration   | HUU<br>Dentis                      |
|     | active partment of the second partment of the | Conservative Derius                |
| 19. |  | Dental Sciences, I                 |
| 17. | Selection of cases, selection of material, step wise procedure for using   |                                    |
| 5.0 | 나는 사람들은 사람들이 가는 사람들이 살아왔다. 이 사람들이 되는 사람들이 하는 사람들이 되었다면 하게 되었다면 하게 되었다면 하는 사람들이 하는 사람들이 되었다면 하는 것이 되었다면 하는 것이다.   |                                    |
|     |  |                                    |
|     | restorations, silicate (theory only) glass ionomers, composites, sandwich technique and bevels of the same. Indications and Limitations  |                                    |

|     |   | Syllabus             |
|-----|---|----------------------|
|     | • Cast metal alloy –(noble and non-noble)   |                      |
|     | • Indications   |                      |
|     | Contraindications   |                      |
|     | Advantages  | •                    |
|     | • Disadvantages   | ( )                  |
|     | Tooth preparation for class I & class II cast metal inlay   |                      |
|     | Armamentarium   |                      |
|     | • Initial preparation   |                      |
|     | • Final preparation   |                      |
|     | • Fabrication of wax pattern  |                      |
|     | • Spruing& investing  |                      |
|     | 를 하게 되었다. 그 ♣이 이렇게 (♥)이라면 하나를 하면 되었다면 ♥ 하나의 요요를 받아 하나 보다는 하나를 하게 되었다면 하는데 하나를 하는데 하는데 하나를 하는데 |                      |
|     | • Casting procedure   |                      |
|     | • Casting defects   |                      |
|     | Die materials and preparation   |                      |
| 01  | • Impression materials  |                      |
| 21. | Difference between cast and amalgam cavity preparation with note on all   |                      |
|     | three types of bevels used for cast restorations  |                      |
| 22. | INDIRECT TOOTH COLOR RESTORATIONS   |                      |
|     | Class-I and class-II tooth color restoration  |                      |
|     | • Indication  |                      |
|     | • Contraindication  |                      |
|     | • Advantages  |                      |
|     | • Disadvantages   |                      |
|     | Type of ceramic inlay and onlay   |                      |
|     | Clinical procedures   |                      |
|     | Tooth preparation   |                      |
|     | Tooth fabrication and cementation   |                      |
| 23. | MANAGEMENT OF DISCOLORED TEETH  |                      |
|     | Classification of discoloration   |                      |
|     | Bleaching treatment   |                      |
|     | Microabrasion and macroabrasion   |                      |
|     | • Veneers   |                      |
|     | • Laminates   |                      |
|     | Aesthetic dentistry   |                      |
| 24. | Temporization and interim restorations  |                      |
| 25. | DIRECT FILLING GOLD RESTORATIONS  |                      |
| 25. | • Direct gold   |                      |
|     | • Indications   |                      |
|     | Contraindications   |                      |
|     | 11 50 1 4/1/ 1 1/2  |                      |
|     |   |                      |
|     | • Type of the direct gold   |                      |
|     | Principle of manipulation of direct filling gold  |                      |
|     | Cohesion and degassing  |                      |
|     | • Compaction of direct gold   |                      |
| 26. | HYPERSENSITIVE DENTIN AND ITS MANAGEMENT  | 1 20000              |
|     | • Introduction  | 3402/2020            |
|     | Definition     Etiology     Registrar     Registrar     Registrar     Registrar     Malwanchai University     Hodore (MP) HO      |                      |
|     | • Etiology • Direct innervations theory  Malwanchai (MP) HO Indore (MP) HO  | D                    |
|     | • Direct innervations theory  | PLASUAG Delinan      |
|     | Odontoblastic receptor theory     And End   | dontics              |
|     | <ul> <li>Odontoblastic receptor theory</li> <li>Hydrodynamic theory</li> <li>Index Institute of Detail</li> </ul>                 | (Si Sciences, proses |
|     | • Clinical features   |                      |
|     |   | ,                    |

|     | Diagnosis  |
|-----|--|
|     | Clinical management  |
| 27. | Microleakage   |
| 28. | NON CARIOUS DESTRUCTION OF TOOTH STRUCTURE AND THEIR MANAGEMENT      |
|     | • Introduction to non carious defects                                |
|     | Etiology of non-carious lesions                                      |
|     | • Diagnosis  |
|     | Clinical management of non- carious cervical lesion                  |
| 29. | LASERS IN CONSERVATIVE DENTISTRY                                     |
|     | • Introduction   |
|     | • History  |
|     | • Components of laser  |
|     | Basic principle of laser   |
|     | • Laser- tissue intraction   |
|     | • Type of lasers   |
|     | • Laser applications in conservative dentistry.                      |
|     | • Laser safety   |
| 30. | Management of deep carious lesions, direct and indirect pulp capping |
| 31. | Recent advances in Conservative Dentistry                            |
| 32. | Guidelines for managing Epidemics, Pandemics and outbreaks           |

| S .No. | Topic  |
|--------|--|
| 33.    | Introduction to endodontics  |
|        | Introduction, definition, scope & future   |
| 34.    | DIAGNOSIS IN ENDODONTICS   |
|        | History and record symptoms  |
|        | Subjective symptoms  |
|        | Objective symptoms   |
|        | Various diagnostic aids  |
|        | Recent advances in diagnosis in endodontics  |
| 35.    | DENTAL PULP AND PERI-RADICULAR TISSUE  |
|        | • Embryology   |
|        | Normal pulp -functions ,zones ,mineralization, effects of aging on   |
|        | pulp   |
|        | Normal periradicular tissue -cementum, Pdl, alveolar process   |
| 36.    | Endodontic Microbiology, bacteriological examinations, culture methods   |
| 37.    | DISEASES OF PULP   |
|        | Causes of pulpal diseases  |
|        | • Classification • Diseases of pulp Reversible pulpitis  Inverse pulpitis  |
|        | • Diseases of pulp Reversible pulpitis   |
|        | Reversible pulpitis  |
|        | irreversible pulpitis  |
|        | Irreversible pulpitis Chronic hyperplastic pulpitis Internal resorption Pulp degeneration  Registrat  Registrat  Registrat  Indoor  Registrat  Ind |
|        | Internal resorption  |
|        | Pulp degeneration Index Institute of Dantal Sciences, Ind  |
|        | Necrosis of pulp   |
|        | Treatment of pulpal diseases   |
| 38.    | DISEASES OF PERIRADICULAR TISSUES  |
|        | Causes of periradicular diseases   |

Classification

|    |     | Sylid   | <u>bus</u>         |
|----|-----|---|--------------------|
|    |     | • Diseases  | ;<br>•             |
|    |     | Symptomatic apical periodontitis  |                    |
|    |     | Acute alveolar abscess  |                    |
|    |     | Phoenix abscess   |                    |
|    |     | Asymptomatic apical periodontitis   |                    |
|    |     | Chronic alveolar abscess Granuloma  |                    |
|    |     | 그리고 있다면 하면 생물에 가장 없는 것이 되었다. 그는 그 이 없는 사람들에 가장 나를 보는 것이 되었다. 그는 사람들이 얼마나 되었다. 그는 사람들이 없는 것이 없는 것이 없는 것이 없는 것이 얼마나 없다.   |                    |
|    |     | Radicular cyst Condensing osteitis  |                    |
|    |     | External root resorption  |                    |
|    |     | Persistent apical periodontitis   |                    |
|    |     | Diseases of periradicular tissues of nonendodontic origin   |                    |
|    |     |   |                    |
|    |     | RATIONALE OF ENDODONTIC TREATMENT   |                    |
|    |     | 1. Inflammation   |                    |
| -  | 20  | 2. Endodontic implications  |                    |
| 1. | 39. | SELECTION OF CASES FOR TREATMENT  |                    |
|    |     | 1. Common medical findings that may influence endodontic treatment  |                    |
|    |     | planning  |                    |
|    |     | 2. Dental evaluation and development of the endodontic treatment  |                    |
|    |     | plan  |                    |
|    |     | Periodontal considerations  |                    |
|    |     | Surgical considerations   |                    |
|    |     | Restorative considerations  |                    |
|    |     | Endodontic therapy or dental implant  |                    |
|    |     | • Retreatment   |                    |
|    |     | • Immature teeth  |                    |
|    |     | • Other factors   |                    |
|    | 40. | PRINCIPLES OF ROOT CANAL TREATMENT  |                    |
|    |     | o Local anesthesia  |                    |
|    |     | Rubber dam isolation  |                    |
|    |     | o Techniques of rubber dam application  |                    |
|    |     | o Sterilization of instruments  |                    |
|    |     | o Recommended sterilization protocols   |                    |
|    |     | o Biological monitoring   |                    |
|    |     | 210   |                    |
| F  | 41. | Vital pulp therapy  |                    |
|    |     | • Pulpotomy   |                    |
|    |     |   |                    |
|    |     | Introduction to Regenerative endodontics  |                    |
|    | 42. | Apexogenesis and Apexification     Introduction to Regenerative endodontics  ANATOMY OF PULP CAVITY AND ACCESS OPENING     Components of the root canal system  HOD   | 2020               |
|    |     | • Components of the root canal system   |                    |
|    |     | Components of the root canal system     Root canal anatomy     Anatomy of the apical root  Registrat  Registrat  Registrat  And Endodorit  And Endodorit  Registrat  Regist | ive Dentistr       |
|    |     | • Anatomy of the apical root And Endodont   | ics<br>ciences 186 |
|    |     | Anatomy of the apical root     Objectives and guidelines for access cavity preparation Index Institute of Dental Science (M.P.)   | MC( 1003, 2110     |
|    |     | Armamentarium for access cavity preparation   |                    |
|    |     | Morphology and Clinical guidelines for access cavity preparation  |                    |
|    |     | for individual teeth  |                    |
| L  |     | Challenging access preparations   |                    |

|     |   | Syllabus      |
|-----|---|---------------|
|     | Errors in access cavity preparation   |               |
| 43. | WORKING LENGTH DETERMINATION  1. Definition   |               |
|     | <ul><li>2. Anatomical considerations</li><li>3. Methods of determining working length</li></ul>   |               |
|     | Radiographic methods  |               |
|     | Nonradiographic methods   |               |
|     | Electronic methods  |               |
| 44. | ENDODONTIC INSTRUMENTS  |               |
|     | 1. Hand instruments   |               |
|     | 2. Instruments for pulp space preparation   |               |
|     | Classification  |               |
|     | Manually operated instruments   |               |
|     | Low speed rotary instruments Rotary instruments for canal preparation   |               |
|     | Sonic and ultrasonic instruments  |               |
|     | ISO standardization of instruments  |               |
|     | Devices for working length determination  |               |
|     | Instruments for obturation  |               |
| 45. | CLEANING AND SHAPING  |               |
|     | 1. Goals of shaping radicular space   |               |
|     | 2. Guidelines for shaping root canal  |               |
|     | 3. Phases in shaping  |               |
|     | 4. Root canal Shaping Techniques  |               |
| 46. | INTRACANAL IRRIGANTS  |               |
|     | 1. Ideal requirements of irrigants  |               |
|     | 2. Functions of irrigants   |               |
|     | <ul><li>3. Types of endodontic irrigants</li><li>4. Irrigation guidelines</li></ul>   |               |
|     | 5. Irrigation techniques  |               |
| 47. | INTRACANAL MEDICAMENTS  |               |
|     | 1. Types  |               |
|     | 2. Ideal requirements   |               |
|     | 3. Mechanism of action  |               |
|     | 4. Recent advancements  |               |
| 48. | OBTURATION  |               |
|     | 1. Timing of obturation   |               |
|     | 2. Length of obturation   |               |
|     | 3. Requirements of ideal root canal filling material  |               |
|     | 4. Endodontic Sealers   |               |
|     | 5. Core materials   | <b>(T)</b>    |
|     | 6. Techniques of obturation   | 22            |
|     | 7. Coronal seal  8. Recent advances in obturating materials  Registrar version of the second seal university of the seal university | 131 671       |
| 49. | RESTORATION OF ENDODONTICALLY TREATED TEETH (MP)  | 1 1           |
| 72. |   | ءر OC         |
|     | 하는 마른 만든 마르크 하는데 그리고 있는데 그리고 있어요? 아랫동아 어머니는 아내는데 가장 아내는데 하는데 하는데 하는데 하는데 하는데 아내는데 아내는데 아내는데 아내는데 아내는데 아내는데 아내는데 아내  | nservative De |
|     | L. I USI CHUUUUMILE I CSIUI ALIUH IADI ICALIUM  |               |
|     | 2. Post endodontic restoration fabrication 3. Components of post core preparation 4. Classification and description of posts  Operation  And Endoction index institute of posts   | aniai Science |

|       |  | <u>Syllabus</u> |
|-------|--|-----------------|
| 50.   | TRAUMATIC INJURIES OF TEETH  |                 |
|       | 1. Causes  |                 |
|       | 2. Examination of traumatic injuries   |                 |
|       | 3. Classification & management of traumatic injuries   |                 |
|       | 4. Uncomplicated and complicated crown fractures   |                 |
|       | 5. Response of pulp to trauma  |                 |
|       | 6. Effect of trauma on supporting tissues  |                 |
|       | o. Effect of trauma on supporting tissues  |                 |
| 51.   | ENDODONTIC EMERGENCIES AND THEIR MANAGEMENT  |                 |
|       | 1. Diagnosis & treatment planning  |                 |
|       | 2. Pretreatment, Intratreatment&Postobturation emergencies   |                 |
| 52.   | PROCEDURAL ACCIDENTS AND THEIR MANAGEMENT  |                 |
|       | 1. Related to access opening, perforation and its management   |                 |
|       | 2. Related to canal shaping and cleaning, Broken instruments and its   |                 |
|       | management, management of single and double curved root canals   |                 |
|       | 3. Related to obturation   |                 |
| 53.   | ENDO-PERIO RELATIONSHIP  |                 |
|       | 1. Pathways of communication between pulp and periodontium   |                 |
|       | 2. Effect of pulpal & periodontal disease on pulp  |                 |
|       | 3. Classification  |                 |
|       |  |                 |
| 54.   | 4. Diagnosis & treatment planningManagement RESORPTION AND ITS MANAGEMENT  |                 |
| 54.   |  |                 |
|       | 1. Classification  |                 |
|       | 2. Cells involved in tooth resorption  |                 |
|       | 3. Internal, External Cervical root resorption   |                 |
| 55.   | NON SURGICAL ENDODONTIC RETREATMENT  |                 |
|       | 1. Etiology of persistent apical periodontitis   |                 |
|       | 2. Treatment planning  |                 |
|       | 3. Retreatment procedures  |                 |
|       | 4. Prognosis   |                 |
| 56.   | SURGICAL ENDODONTICS   |                 |
|       | 1. Classification  |                 |
|       | 2. Presurgical considerations  |                 |
|       | 3. Indications and contraindications   |                 |
|       | 4. Principles  |                 |
|       | 5. Flap designs  |                 |
|       | 6. Application of surgical techniques  |                 |
|       | 7. Root end filling material   |                 |
| 57.   | Biofilm and smear layer in endodontics   |                 |
| 58.   | SINGLE VISIT ENDODONTICS   |                 |
| - · · | 1. Indications   | 1               |
|       | 우리 입니다 하면 100 100 100 100 100 100 100 100 100 10   | 1 M             |
|       | 2. Single vs multiple visit  | 1               |
| 60    | 3. Clinical considerations   | 31/00/200       |
| 59.   | PHARMACOLOGY IN ENDODONTICS  |                 |
|       | 1. Pain control  | I HI III        |
|       | 1. Pain control 2. Selection of antibiotics  MODERN CONCEPTS IN ENDODONTICS  And Indore (N. Pariment of Indore (N. | Conservative De |
| 60.   | 2. Selection of antibiotics  MODERN CONCEPTS IN ENDODONTICS  1. Lasers  And Indoor (M. Pariment of Indoor (M. Pari | Engoduntics     |
|       | 1. Lasers  | Denial Sciences |
|       | 2. Adhesive endodontics  |                 |
| 61.   | ETHICS IN ENDODONTIC PRACTICE  |                 |
|       | 1. Principles of ethics  |                 |
|       | 2. Informed consent  |                 |
|       | 3 Dantal negligence  |                 |

3. Dental negligence

|     | 4. Malpractice  |
|-----|---|
|     | 5. Dentist Act & its amendment  |
|     | 6. Duties towards government  |
|     | 7. Dental material and basic equipment management                                 |
| 62. | Introduction to Magnification   |
| 63. | 1. Sars - cov - 2 relevance and prevention of aerosol transmission                |
|     | 2. Protective protocols in dentistry against the outbreak of corona virus disease |

## MINIMUM CLINICAL REQUIREMENTS MANDATORY TO APPEAR FOR UNIVERSITY EXAMINATION:

- 1. Diagnosis, treatment planning and case history- 10 cases
- 2. Restoration: Amalgam/GIC/Composite: 90\*
- 3. RCT (Anterior): 10\*
- \*Should have completed 75% of the above clinical work

#### **Recommended Books:**

**Conservative Dentistry and Endodontics** 

- 1) The Art & Science of Operative Dentistry, Sturdevant, Mosby U.S.A
- 2) Principle & Practice of Operative Dentistry, Charbeneu, Varghese Publishing, Mumbai.
- 3) Grossman's Endodontic Practice, B. Suresh Chandra & V. GopiKrishna, Wolters Kluwer
- 4) Phillips' Science of Dental Materials

Anusavice, Chiayi Shen, H. Ralph Rawls

5) Sturdevant's art and Science of Operative Dentistry

A down .



Registrar University Indore (M.P.)

#### MALWANCHAL UNIVERSITY, INDORE (M.P.)

### Syllabus for BDS 4th Year

Adapted from

#### [Part III- SEC.4] THE GAZETE OF INDIA: EXTRAORDINARY

#### ORAL AND MAXILLOFACIAL SURGERY

Teaching Hours: 250 hr

Theory Hours: 50hr

Practical Hours: 200hr

| S.<br>No. | Topic                 | Description  | Hours |
|-----------|-----------------------|--|-------|
| 8.        | Impacted teeth        | i. Incidence, definition, etiology.  |       |
|           |                       | ii. Impacted mandibular third molar  | 4     |
|           |                       | Classification, reasons for removal  |       |
|           |                       | Assessment - both clinical & radiological.   |       |
|           |                       | Armamentarium and surgical procedures for  |       |
|           |                       | removal.   |       |
|           | ,                     | Complications during and after removal, its  |       |
|           |                       | prevention and management.   |       |
|           |                       | iii. Maxillary third molar, Indications for removal,   |       |
|           |                       | classification, Armamentarium and surgical   |       |
|           |                       | procedure for removal, Complications during and  |       |
|           |                       | after removal, its prevention and management.  |       |
|           |                       | iv. Impacted maxillary canine. Reasons for canine  |       |
|           |                       | impaction, indications for removal, Methods of   |       |
|           |                       | management, Localization, labial and palatal   |       |
|           |                       | approaches, Complications during and after   |       |
|           |                       | removal, its prevention and management   |       |
|           |                       | Surgical exposure, Transplantation   |       |
| 9.        | Neurological Diseases | i. Trigeminal neuralgia - definition, etiology, clinical   |       |
| 9.        | Neurological Diseases | 를 받는 것이 하는 것이 있는 것이 되었다. 전에 있는 경우를 가장하게 되었다면 하는 것이 되었다면 하는 것이 되었다면 하는데 함께 <mark>하는데 하다</mark> 면 하는데 되었다면 하는데 없다면 하는데 없다면 하는데 하는데 없다면 하는데 | 3     |
|           |                       | features and methods of management including   |       |
|           |                       | medical and surgical.  |       |
|           | •                     | ii. Facial paralysis - etiology, clinical features.  |       |
|           |                       | iii. Nerve injuries - Classification, clinical features  |       |
|           |                       | and management, Nerve Grafting -Neuropathy etc.  |       |
| 10.       | Implants              | Concept of osseointegration, History of implants   | 2     |
|           |                       | their design &   | 2     |
|           |                       | surface characteristics. Knowledge of various types  |       |
|           |                       | of implants, Bone biology, Morphology,   |       |
|           |                       | Classification of bone and   |       |
|           |                       | its relevance to implant placement. Bone   |       |
|           |                       | augmentation materials. Soft tissue considerations in  |       |
|           |                       | implant dentistry.   |       |
|           | 6                     | Surgical procedure to place implants.  | L .   |
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RAL & MAXILLOFACIAL SURGER H.O.D

| 11. | Diseases of the maxillary sinus | Surgical anatomy and development of the sinus. Sinusitis both acute and chronic Surgical approach of sinus - Cald well-Luc procedure, Knowledge of FESS, Removal of root from the sinus. Oro-antral fistula and communications- etiology, clinical features and surgical methods for closure.   | 2 |
|-----|---------------------------------|---|---|
| 12. | Cysts of the mouth and jaws     | Definition, classification, pathogenesis. Diagnosis - Clinical features, radiological, FNAC, use of contrast media and histopathology. Management - types of surgical procedures. Rationale of the techniques, indications, contraindications, procedures, complications etc.   | 4 |
| 14. | Jaw deformities                 | Basic forms - Prognathism, Retrognathism and open bite. Reasons for correction. Diagnosis and treatment planning Outline of surgical methods carried out on mandible and maxillasubapical, body, sagittal split osteotomy, genioplasty, anterior maxillary Osteotomy, Le fort I osteotomy Role of distraction osteogenesis in correction of jaw deformities | 3 |
| 15. | Cleft Lip and Palate            | Etiology of the clefts, incidence, classification Role of dental surgeon/ maxillofacial surgeon in the cleft team. Outline of the closure procedures,   | 1 |

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| cavity                | superficial and deep fasciae of head and neck Factors responsible for infection, pathogenecity, virulence Dento-alveolar abscess - aetiology, clinical features and | 6   |
|-----------------------|---|---|
|                       | Factors responsible for infection, pathogenecity, virulence Dento-alveolar abscess - aetiology,   |   |
|                       | pathogenecity, virulence Dento-alveolar abscess - aetiology,  |   |
|                       | pathogenecity, virulence Dento-alveolar abscess - aetiology,  |   |
|                       | 지사하다 그 아니라 하는 아니라 아니라 아는 전 작업을 하고 있다. 그 사람들은 아니라 나를 하는 것이 없는 아니라 하는 것이 없다.  |   |
|                       | clinical features and   |   |
|                       | cinical icatules and  |   |
|                       | management.  Spread of odontogenic infections through various facial spaces and its management  |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       | Ludwig's angina - definition, aetiology,  |   |
|                       | clinical features,  |   |
|                       | 경영 하기 수 있다. 아무슨 이 경우 하는 아무리   |   |
|                       | 현하는 지금 내용하는 어디 이번째 회에서 있다면 하겠습니다. 이 이 전에 생각하면 바람이 되었다면 하는데 이번 회사에 되었다면 하고 있다. 그 나도 가  |   |
| Fungal Infections of  | Candidiasis, Actinomycosis,   |   |
| head and neck region  | 그들이 그는 이 경기 위에 맞고 있다면 하면 하면 하면 하는데 되었다면 하면 하면 하는데 하면 하는데 하는데 하는데 하면 하다면 하면 하다.  | 1   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
| Osteomyelitis of the  |   | 1   |
| jaws                  |   | 1   |
|                       | and management.   |   |
|                       |   |   |
| Carcinoma of the oral | Lymphatic Spread.   |   |
| cavity                | 사람들이 나는 사람들이 가지 그리는 아이들이 아니는 사람들이 되었다.  | 2   |
|                       |   |   |
|                       | request form  |   |
|                       |   |   |
|                       | Cell Carcinoma: surgery,  |   |
|                       | radiation and chemotherapy  |   |
|                       | Role of dental surgeons in the prevention   |   |
|                       | and early detection of oral cancer.   |   |
| Osteoradionecrosis -  | Definition, etiology, theories, pre-  |   |
|                       | disposing factors,  | 1   |
|                       | classification, clinical features and   |   |
|                       | classification, cliffical features and  |   |
| •                     | management.   |   |
|                       |   |   |
| j                     | Osteomyelitis of the jaws  Carcinoma of the oral cavity   | and its management Ludwig's angina - definition, aetiology, clinical features, management and complications Course of odontogenic infections  Fungal Infections of head and neck region  Candidiasis, Actinomycosis, Coccidiodmycosis, Rhinosporidosis, Antifungal agents  Definition, etiology, pre-disposing factors, classification, clinical features and management.  Carcinoma of the oral cavity  Lymphatic Spread. TNM classification, Staging . Biopsy-types, filling of Histopathology request form Outline of management of Squamous Cell Carcinoma: surgery, radiation and chemotherapy Role of dental surgeons in the prevention and early detection of oral cancer.  Definition, etiology, theories, pre- |



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| 21. | Maxillofacial .         | Emergency management in maxillofacial      | 7 |
|-----|-------------------------|--|---|
|     | Traumatology            | trauma                                     | 7 |
|     |                         | General considerations, types of           |   |
|     |                         | fractures, aetiology, clinical             |   |
|     |                         | features and general principles of         |   |
|     |                         | management.                                |   |
|     |                         | Mandibular fractures - Applied anatomy,    |   |
|     |                         | classification. Diagnosis -                |   |
|     |                         | Clinical and radiological features,        |   |
|     |                         | Management - Reduction - closed and        |   |
|     |                         | open Fixation and immobilization           |   |
|     |                         | methods outline of rigid and semi-rigid    |   |
|     |                         | internal fixation.                         |   |
|     |                         | Fractures of the condyle - etiology,       |   |
|     |                         | classification, clinical                   |   |
|     |                         | features, principles of management         |   |
|     | •                       | Fractures of the middle third of the face. |   |
|     |                         | Definition of the mid                      |   |
|     |                         | face, applied surgical anatomy,            |   |
|     |                         | classification, clinical features and      |   |
|     |                         | outline of management.                     |   |
|     |                         | Alveolar fractures - methods of            |   |
|     |                         | management                                 |   |
|     |                         | Fractures of the Zygomatic complex and     |   |
|     |                         | orbit. Classification, clinical features,  |   |
|     |                         | indications for treatment, various         |   |
|     |                         | methods of reduction and fixation.         |   |
|     |                         | maxillofacial Injuries in Children         |   |
|     |                         | Complications of fractures - delayed       |   |
|     |                         | union, non-union and                       |   |
|     |                         | malunion.                                  |   |
| 22. | Salivary gland diseases | Surgical Anatomy of Minor and Major        |   |
|     | Sanvary gland diseases  | salivary glands                            | 3 |
|     |                         | Sialography, contrast media, procedure.    |   |
|     |                         | Inflammatory conditions of the salivary    |   |
|     |                         | glands                                     |   |
|     |                         | Sialolithiasis- Sub mandibular duct and    |   |
|     |                         | gland, parotid duct and gland, Clinical    |   |
|     |                         | features, management, Intraoral and        |   |
|     |                         | extra oral Sialolithotomy. Salivary        |   |
|     |                         |  |   |
|     |                         | fistulae, sialocoele                       |   |
|     |                         | Autoimmune diseases of the salivary        |   |
|     |                         | glands, diagnosis                          |   |
|     |                         | managment                                  |   |
|     |                         | Common tumours of salivary glands like     |   |
|     |                         | Pleomorphic adenoma including minor        |   |
|     | . ^                     | salivary glands.                           |   |

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| 23. | Tumors of the Oral cavity | General considerations, surgical principles Non odontogenic benign tumours occurring in oral cavity fibroma, papilloma, lipoma, ossifying fibroma, myxoma etc. Odontogenic tumors: both benign and malignant. Ameloblastoma - Clinical features, radiological appearance and methods of management. Osteogenic tumours of the faciomaxiliary region.  | 4 |
|-----|---------------------------|---|---|
| 24. | Disorders of T.M. Joint   | Applied surgical anatomy of the joint. Development of the TMJ Surgical approaches to TM.J Radiological investigations Hypermobilty of TMJ; Dislocation - Types, aetiology, clinical features and management. Hypomobility of TMJ; Classification, Ankylosis - Definition, aetiology, clinical features and management Myo-facial pain dysfunction syndrome, etiology, clinical features, management- Non surgical and surgical. Internal derangement of the joint. Inflammatory Diseases of T.M. Joint. Arthroscopy | 4 |

1. COVID – 19 Guidelines for triage of emergency patients requiring surgical intervention

2. Orbitomaxillary Mucormycosis



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#### MALWANCHAL UNIVERSITY, INDORE (M.P.) Syllabus for BDS 4th Year

Adapted from

[Part III- SEC.4] THE GAZETE OF INDIA: EXTRAORDINARY

#### PUBLIC HEALTH DENTISTRY

Teaching Hours: 260 h r

Theory Hours: 60 hr

Practical Hours: 200 hr

#### Syllabus:

- 1. Introduction to Dentistry: Definition of Dentistry, History of dentistry, Scope, aims and objectives of Dentistry.
- 2. Public Health:
- i. Health & Disease: Concepts, Philosophy, Definition and Characteristics
- ii. Public Health: Definition & Concepts, History of public health
- iii. General Epidemiology: Definition, objectives, methods
- iv. Environmental Health: Concepts, principles, protection, sources, purification environmental sanitation of water disposal of waste sanitation, then role in mass disorder
- v. Health Education: Definition, concepts, principles, methods, and health education aids
- vi. Public Health Administration: Priority, establishment, manpower, private practice management, hospital management.
- vii. Ethics and Jurisprudence: Professional liabilities, negligence, malpractice, consents, evidence, contracts, and methods of identification in forensic dentistry.
- viii. Nutrition in oral diseases
- ix. Behavioral science: Definition of sociology, anthropology and psychology and their in dental practice and community.
- x. Health care delivery system: Center and state, oral health policy, primary health care, national programmes, health organizations

#### Dental Public Health:

- 1. Definition and difference between community and clinical health.
- 2. Epidemiology of dental diseases-dental caries, periodontal diseases, malocclusion, dental fluorosis and oral cancer.
- 3. Survey procedures: Planning, implementation and evaluation, WHO oral health survey methods 1997, indices for dental diseases.
- 4. Delivery of dental care: Dental auxiliaries, operational and non-operational, incremental and comprehensive health care, school dental health.
- 5. Payments of dental care: Methods of payments and dental insurance, government plans
- 6. Preventive Dentistry- definition, Levels, role of individual, community and profession, fluorides in dentistry, plaque control programmes.

Research Methodology and Dental Statistics

H.O.D. Public Health Dentistry versity ndex Institute of Dental Sciences INDORE (M.P.)

- 1. Health Information: Basic knowledge of Computers, MS Office, Window 2000, Statistical Programmes
- 2. Research Methodology: -Definition, types of research, designing a written protocol
- 3. Bio-Statistics: Introduction, collection of data, presentation of data, Measures of Central tendency, measures of dispersion, Tests of significance, Sampling and sampling techniquestypes, errors, bias, blind trails and calibration.

**Practice Management:** 

- 1. Place and locality
- 2. Premises & layout
- 3. Selection of equipments
- 4. Maintenance of records/accounts/audit.

Dentist Act 1948 with amendment.

**Dental Council of India and State Dental Councils** 

Composition and responsibilities.

Indian Dental Association Head Office, State, local and branches.

- 1. Epidemiology COVID 19 & prevention of its spread
- 2. Update on biomedical waste management during COVID 19

#### PRACTICALS/CLINICALS/FIELD PROGEAMME IN COMMUNITY DENTISTRY:

These exercises designed to help the student in IV year students:

- 1. Understand the community aspects of dentistry
- 2. To take up leadership role in solving community oral health programme

#### Exercises:

- a) Collection of statistical data (demographic) on population in India, birth rates, morbidity and mortality, literacy, per capita income
- b) Incidence and prevalence of common oral diseases like dental caries, periodontal disease, oral cancer, fluorosis at national and international levels
- c) Preparation of oral health education material posters, models, slides, lectures, play acting skits etc.
- d) Oral health status assessment of the community using indices and WHO basic oral health survey methods
- e) Exploring and planning setting of private dental clinics in rural, semi urban and urban locations, availment of finances for dental practices-preparing project report.
- f) Visit to primary health center-to acquaint with activities and primary health care delivery
- g) Visit to water purification plant/public health laboratory/ center for treatment of western and sewage water

h) Visit to schools-to assess the oral health status of school children, emergency treatment and health education including possible preventive care at school (tooth brushing technique demonstration and oral rinse programme etc.)

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- i) Visit to institution for the care of handicapped, physically, mentally, or medically compromised patients
- j) Preventive dentistry: in the department application of pit and fissure sealants, fluoride gel application procedure, A. R. T., Comprehensive health for 5 pts at least 2 patients

The colleges are encouraged to involve in the N.S.S. programme for college students for carrying out social work in rural areas

#### SUGGESTED INTERNSHIP PROGRAMME IN COMMUNITY DENTISTRY:

#### I. AT THE COLLEGE:

Students are posted to the department to get training in dental practice management.

- (a) Total oral health care approach- in order to prepare the new graduates in their approach to diagnosis, treatment planning, cost of treatment, prevention of treatment on schedule, recall maintenance of records etc. at least 10 patients (both children and adults of all types posting for at least one month).
- (b) The practice of chair side preventive dentistry including oral health education
- II. AT THE COMMUNITY ORAL HEALTH CARE CENTRE (ADOPTED BY THE DENTAL COLLEGE IN RURAL AREAS) Graduates posted for at least on month to familiarize in:
- (a) Survey methods, analysis and presentation of oral health assessment of school children and community independently using WHO basic oral health survey methods.
- (b) Participation in rural oral health education programmes
- (c) Stay in the village to understand the problems and life in rural areas
- III. DESIRABLE: Learning use of computers-at least basic programme.

**Examination Pattern** 

- I. Index: Case History
- b) Oral hygiene indices simplified- Green and Vermilion
- c) Silness and Loe index for Plaque
- d) Loe and Silness index for gingival
- e) CPI
- f) DMF: T and S, df:t and s
- g) Deans fluoride index
- II. Health Education

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- 1. Make one Audio visual aid
- 2. Make a health talk
- III. Practical work
- 1. Pit and fissure sealant
- 2. Topical fluoride application

#### **BOOKS RECOMMENDED & REFERENCE:**

- 1. Dentistry Dental Practice and Community by David F. Striffler and Brain A. Burt, Edn. –1983, W. B. Saunders Company
- 2. Principles of Dental Public Health by James Morse Dunning, IVth Edition, 1986, Harward University Press.
- 3. Dental Public Health and Community Dentistry Ed by Anthony Jong Publication by The C. V. Mosby Company 1981
- 4. Community Oral Health-A system approach by Patricia P. Cormier and Joyce I. Levy published by Appleton-Century-Crofts/New York, 1981
- 5. Community Dentistry-A problem oriented approach by P. C. Dental Hand book series Vol.8 by Stephen L. Silverman and Ames F. Tryon, Series editor-Alvin F. Gardner, PSG Publishing company Inc. Littleton Massachuseltts, 1980.
- 6. Dental Public Health- An Introduction to Community Dentistry. Edition by Geoffrey L. Slack and Brain Burt, Published by John Wrigth and sons Bristol, 1980
- 7. Oral Health Surveys- Basic Methods, 4th edition, 1997, published by W. H. O. Geneva available at the regional office New Delhi.
- 8. Preventive Medicine and Hygiene-By Maxcy and Rosenau, published by Appleton Century Crofts, 1986.
- 9. Preventive Dentistry-by J. O. Forrest published by John Wright and sons Bristoli, 1980.
- 10. Preventive Dentistry by Murray, 1997.
- 11. Text Book of Preventive and Social Medicine by Park and park, 14th edition.
- 12. Community Dentistry by Dr. Soben Peter.
- 13. Introduction to Bio-statistics by B. K. Mahajan

14. Introduction to Statistical Methods by Grewal.

Public Health Dentistry
Public Health Dental Sciences

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