

## About Sight and Smile Centre

Sight and Smile Centre is a state-of-the-art eye and dental care facility established in 2008 in the heart of the Indian capital, New Delhi with the aim of providing world-class healthcare services at affordable costs to all sections of society. Located in Central Delhi, 100 metres from the Patel Nagar Metro station (on the blue line of the Delhi Metro transit system), the facility is also easily approachable by road. Vehicle parking facility is available. Spread over an area of 7200 sq ft, the centre is fully air-conditioned and has an elevator facility for patient convenience. It complies with all fire safety regulations. The comforting ambience, the warm atmosphere and cleanliness make it stand apart. Medical records of patients are maintained for future reference. The facility prides itself in having a fully-equipped ultra-modern eye operation theatre, which is one of the largest in the city. The centre is registered with the Directorate of Health, Govt. of NCT of Delhi and functions from 9 am to 9 pm (Monday - Saturday). Emergency services can be availed round-the-clock. Dr. Pankaj Malik heads the eye department while Dr. Jyoti Malik heads the dental department. It is our constant endeavour to provide such preventive and restorative services to patients that they have the best of sight and smile.



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## PATIENT EDUCATION

A Sight and Smile Centre Initiative



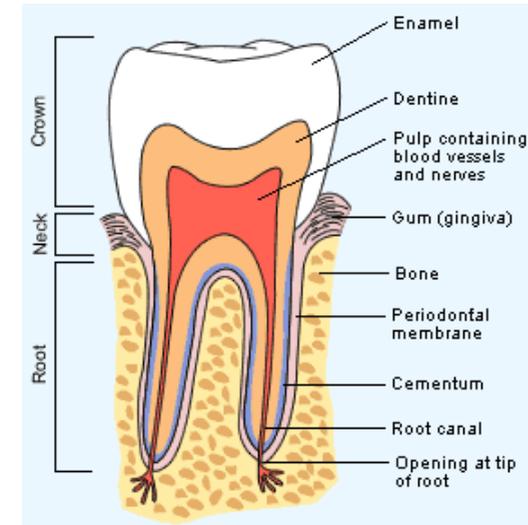
What you need to know  
about your teeth

Patient Information Brochure \*Not valid for legal purposes

## STRUCTURE OF THE TOOTH

The tooth is anatomically divided into the following parts:

- Crown:** The part of the tooth which is covered with enamel. This part is usually visible in the mouth.
- Root:** The part of the tooth which is covered with cementum (a bone-like tissue), lies embedded in its bony socket in the jaw and is therefore normally not visible. A tooth may have multiple roots.
- Neck:** The part of the tooth where the crown meets the root. It is also called the "cementoenamel junction".



- Enamel:** It is the hard outer layer of the crown and is the hardest substance in the body. It protects the sensitive, inner parts of the tooth namely, the dentine and pulp from exposure to various stimuli. It is highly mineralized. **Demineralization of enamel occurs in dental caries. Maintenance and repair of tooth enamel is one of the primary concerns of dentistry.**
- Dentine:** It forms the bulk of the tooth and lies between the enamel and the pulp-chamber at the crown and between the cementum and pulp chamber at the tooth root. It acts as a support for the dental enamel and as a protective layer for the pulp chamber.

- Pulp:** It is the central part of the tooth filled with soft connective tissue containing the blood and nerve supply of the tooth. It lies in the pulp chamber that extends from the crown to the tip of the root. The blood vessels and nerves enter the tooth from a hole at the apex of the root.
- Periodontal ligament:** It anchors the cementum to the jawbone. It acts as a shock absorber for the tooth which is subjected to heavy forces during chewing.
- Gingiva (gums):** It is the soft tissue that surrounds and protects the teeth and jawbone. It hugs the tooth tightly at its neck.
- Jawbone:** It provides a socket to surround and support the roots of the tooth.

## FUNCTIONS OF TEETH

- Teeth help to break down and chew the food before it enters the digestive system. This helps the body to easily absorb nutrients from the food.
- Teeth play a major role in speech development and help to pronounce words accurately.
- Teeth help to maintain the aesthetics of the face.
- Deciduous (milk) teeth act as natural space maintainers for future permanent teeth. Their care is of utmost importance and they should just not be dismissed as "of no use as they are temporary".**

## ORAL HYGIENE IN BABIES AND CHILDREN

Even before the first tooth appears, a soft, clean cloth should be used to wipe the baby's gums and cheeks after feeding. As soon as the first tooth appears, a small, soft bristled tooth brush should be used to clean the tooth. When the child starts to have a full meal, start weaning away the bottle to prevent the occurrence of "baby bottle tooth decay". Bedtime brushing, in addition to brushing in the morning, should be encouraged.

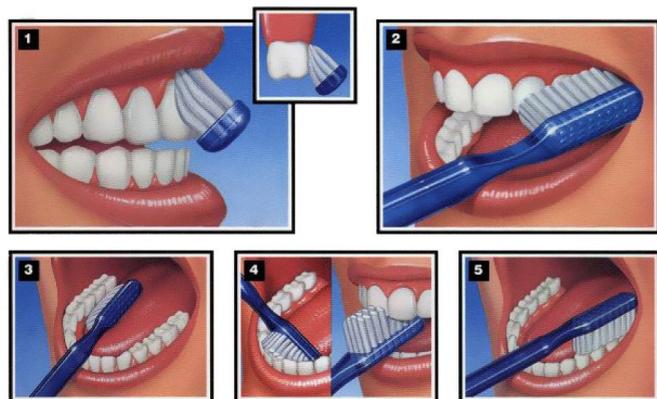
## HOW TO TRAIN CHILDREN TO BRUSH THEIR TEETH

Training children to brush their teeth can be quite challenging. They struggle, scream, cry, run away and many-a-times just do not open their mouth. With perseverance, children as young as 2-3 years can finally start brushing their teeth with toothpaste under parental supervision. Always make sure the child spits the toothpaste out. However, small amounts, even if swallowed, do not harm the body.

The child may be made to sit on the lap keeping the head steady. If the child is standing, keep his / her back to you with the head resting against your body. The child may be asked to hold a mirror while brushing is being done.

## HOW TO BRUSH THE TEETH

Proper brushing involves moving the brush in soft, short strokes. Position the brush in such a way that it forms a 45 degree angle against the gum. Move the brush in up-and-down motion away from the gum starting with the front teeth and gradually moving to the back teeth. Brush both the sides of the teeth thoroughly. Now, holding the toothbrush vertically, brush the inside of the front teeth in up-and-down motion. Finally, holding the toothbrush flat, brush the chewing surfaces of the back teeth.



Tooth-brushing technique

## BAD BREATH



**Halitosis, breath odour or bad breath are terms used to describe a markedly obnoxious odour that is exhaled on breath.** It is a major source of embarrassment and adversely affects our interpersonal relationships.

Consumption of certain foods causes temporary breath odour which gets eliminated within a few hours. Bad breath caused by consumption of tobacco products, smoking, tooth decay, periodontal disease, improper cleaning of dentures or medical disorders is of major concern and requires immediate medical attention. Common treatment modalities are scaling / polishing and antibacterial mouthwashes, to mention a few. Brushing of teeth twice a day, daily flossing and tongue cleaning are encouraged during patient counselling.

## TOOTH SENSITIVITY

**Tooth sensitivity can be described variously as a sharp dental pain of short duration or a mild ache that occurs on exposure of dentine / pulp to stimuli such as hot, cold, sweet or sour foods and drinks.** Common causes include dental decay, worn-out tooth enamel due to vigorous toothbrushing, cracked teeth, poor oral hygiene and exposed tooth roots resulting from periodontal disease. Patients with tooth sensitivity should seek medical attention immediately.

## BRUXISM

**Bruxism is the excessive grinding of the teeth and / or excessive clenching of the jaw.** It is unrelated to normal function such as eating or talking and mostly occurs during sleep at night. It is either discovered by the patient's family or by the dentist when damaged teeth are noticed on examination.

Bruxism may be caused by stress, anxiety, improper bite, missing teeth or crooked teeth. Regular teeth grinding can cause teeth to become worn out, damaged or even break. Tooth sensitivity, jaw pain, facial pain and headache may develop. In cases of regular teeth grinding, mouth guards may be helpful. Stress management is another important aspect of treatment.



Tooth wear due to bruxism

## WISDOM TEETH

Wisdom teeth are the four molar teeth situated at the very back in the mouth. They usually erupt between the age of 18-20 years. Some people do not develop wisdom teeth at all.

Wisdom teeth do not take part in the chewing process and thus have no functional relevance. However, they may require removal in certain situations.

**Situations requiring wisdom tooth removal:**

- Improper eruption (impaction) causing pain.
- Misalignment causing damage to adjacent teeth.

## DENTAL DECAY

**How do dental decay (caries) and gum disease evolve?**

When we eat, food particles along with saliva and bacteria get entangled on the tooth surface especially along the gum line and in the inter-dental area. If proper brushing and flossing is done, they dislodge easily. However, when oral hygiene is not maintained properly, they accumulate over a period of time to form a dense plaque (calculus / tartar) which cannot be dislodged by brushing. In such plaques, the entrapped bacteria release toxins that destroy the protective enamel of the teeth leading to dental caries. The toxins can also cause inflammation of the gums (gingivitis or gum disease).

**What is periodontitis?**

**Periodontitis is the inflammation of the tissues that surround and support the teeth.** The usual cause is an untreated or uncontrolled gingivitis which spreads to the tooth foundation to cause tissue destruction and jawbone erosion.

**What are the symptoms of dental decay?**

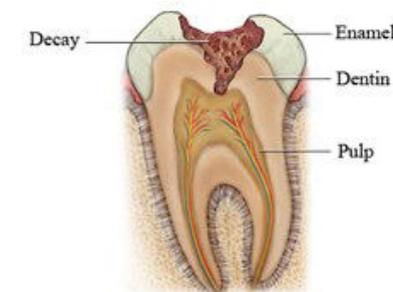
Initially, dental decay (caries) does not produce any symptoms. However, with the involvement of the dentine and pulp, toothache develops and alerts the patient to seek advice.

**What are the indicators of gum disease?**

- Bad breath that doesn't go away.
- Red, swollen or tender gums.
- Gums that bleed during tooth brushing or otherwise.
- Pus formation between the teeth and gums.
- Loose teeth.
- Loss of teeth.
- Change in the way the teeth fit together when one bites.
- Change in the fit of dentures.

**What is pyorrhoea?**

Severe periodontitis in which there is discharge of blood and pus from the gums and loosening of teeth from the jawbone is called pyorrhoea.



Dental caries



Gingivitis