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 1st 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 patient and while conducting clinical procedures.
2. Know the anatomical basis of disease and injury.
3. Know the microscopic structure of the various tissues, a pre-requisite for understanding of the disease processes.
4. Know the nervous system to locate the site of lesions according to the sensory and or motor deficits encountered.
5. Have an idea about the basis of abnormal development, critical stages of development, effects of teratogens, genetic mutations and environmental hazards.
6. Know the sectional anatomy of head neck and brain to read the features in radiographs and pictures taken by modern imaging techniques.
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 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.

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| Instructional period | - | Theory | - | 890 Hours | - |
| | | Practical | - | 4835 Hours | |

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 gastroinstenstinal, 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

II. HEAD & NECK:

01. Scalp, face & temple, lacrimal apparatus
02. Neck - Deep fascia of neck, posterior triangle, suboccipital triangle, anterior triangle, anterior median region of the neck, deep structures in the neck. 03.Cranial cavity - Meninges, parts of brain, ventricles of brain, dural venous sinuses, cranial nerves attached to the brain, pituitary gland.04. Cranial nerves - III, IV, V, VI, VII, IX,XII in detail. 05. Orbital cavity – Muscles of the eye ball, supports of the eye ball, nerves and vessels in the orbit. 06. Parotid gland.07.Temporo mandibular joint, muscles of mastication, infratemporal fossa, pterygo - palatine fossa.08. Submandibular region 09. 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 wall2. Heart chambers 3. Coronary arteries 4. Pericardium
5. Lungs – surfaces ; pleural cavity 6. Diaphragm

IV. ABDOMEN : Demonstration on a dissected specimen of

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

V. 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
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 equina & epidural space and the inter vertebral space between L4 & L5
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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,Tissue, Muscle 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

RECOMMENDED BOOKS:

1. SNELL (Richard S.) Clinical Anatomy for Medical Students, Ed. 5, Llittle Brown & company, Boston.
2. RJ LAST'S Anatomy – McMinn, 9th edition.
3. ROMANES(G.J.) Cunningham Manual of Practical Anatomy : Head & Neck & Brain Ed.15.Vol.III, Oxford Medical publication.
4. WHEATER,BURKITT & DANIELS, Functional Histology, Ed. 2, Churchill Livingstone.
5. SADLER , LANGMAN'S, Medical Embryology, Ed. 6.
6. JAMES E ANDERSON, Grant's Atlas of Anatomy. Williams & Wilkins.
7. WILLIAMS, Gray's Anatomy, Ed.38. ,Churchill Livingstone.
8. EMERY,Medical Genetics.

PHYSIOLOGY

A) GOAL

The broad goal of the teaching undergraduate students in Physiology aims at providing the student comprehensive knowledge of the normal functions of the organ systems of the body to facilitate an understanding of the physiological basis of health and disease.

OBJECTIVES

a) KNOWLEDGE

At the end of the course, the student will be able to :
1. Explain the normal functioning of all the organ systems and their interactions for well co-ordinated total body function.
2. Assess the relative contribution of each organ system towards the maintenance of the milieu interior.

3. List the physiological principles underlying the pathogenesis and treatment of disease.

b) SKILLS

At the end of the course, the student shall be able to :

1. Conduct experiments designed for the study of physiological phenomena.
2. Interprete experimental and investigative data
3. Distinguish between normal and abnormal data derived as a result of tests which he/she has performed and observed in the laboratory.

c) INTEGRATION

At the end of the integrated teaching the student shall acquire an integrated knowledge of organ structure and function and its regulatory mechanisms.

Lectures : 120 Hrs Practicals : 30 Hrs Tutorials : 30 Hrs

B) COURSE CONTENTS THEORY

1. GENERAL PHYSIOLOGY

1. Homeostasis: Basic concept, Feed back mechanisms
2. Structure of cell membrane, transport across cell membrane
3. Membrane potentials

2. BLOOD:

Composition & functions of blood.

Specific gravity, Packed cell volume, factors affecting & methods of determination. Plasma proteins - Types, concentration, functions & variations.

Erythrocyte - Morphology, functions & variations. Erythropoiesis & factors affecting erythropoiesis.

ESR- Methods of estimation, factors affecting, variations & significance.

Haemoglobin - Normal concentration, method of determination & variation in concentration.

Blood Indices - MCV, MCH, MCHC - definition, normal values, variation.

Anaemia - Definition, classification, life span of RBC's destruction of RBC's , formation & fate of bile pigments, Jaundice - types.

Leucocytes : Classification, number, percentage, distribution morphology, properties, functions & variation. Role of lymphocytes in immunity , leucopoiesis life span & fate of leucocytes.

Thromobocytes - Morphology, , number, variations, function & thrombopoiesis. Haemostatsis - Role of vasoconstriction, platelet plug formation in haemostasis, coagulation factors, intrinsic & extrinsic pathways of coagulation, clot retraction.

Tests of haemostatic function, platelet count, clotting time, bleeding time, prothrombin time - normal values, method & variations. Anticoagulants - mechanism of action. Bleeding disorders.

Blood groups: ABO & Rh system, method of determination, importance,indications & dangers of blood transfusion, blood substitutes. Blood volume: Normal values, variations.

Body fluids : distribution of total body water, intracellular & extracellular compartments, major anions & cations in intra and extra cellular fluid.

Tissue fluids & lymph : Formation of tissue fluid, composition, circulation & functions of lymph. Oedema - causes.

Functions of reticulo endotrelial system.

3. MUSCLE AND NERVE

Classification of nerves, structure of skeletal muscle - Molecular mechanism of muscle contraction, neuromuscular transmission. Properties of skeletal muscle. Structure and properties of cardiac muscle & smooth muscle.

4. DIGESTIVE SYSTEM :

Introduction to digestion : General structure of G.I. tract, Innervation.

Salivary glands: Structure of salivary glands, composition , regulation of secretion & functions of saliva.

Stomach: Composition and functions of gastric juice, mechanism and regulation of gastric secretion.
Exocrine Pancreas - Structure, composition of pancreatic juice, functions of each component, regulation of pancreatic secretion.
Liver : structure , composition of bile, functions of bile, regulation of secretion – Gall bladder : structure, functions.
Small intestine - Composition, functions & regulation of secretion of intestinal juice. Large intestine - Functions.
Motor functions of GIT: Mastication, deglutition, gastric filling & emptying, movements of small and large intestine, defecation.

5. EXCRETORY SYSTEM :
Structure & functions of kidney, functional unit of kidney & functions of different parts. Juxta glomerular apparatus, renal blood flow.
Formation of Urine : Glomerular filteration rate - definition, determination , normal values, factors influencing G.F.R. Tubular reabsorption - Reabsorption of sodium, glucose, water & other substances. Tubular secretion - secretion of urea, hydrogen and other substances.
Mechanism of concentration & dilution of urine. Role of kidney in the regulation of pH of the blood.
Micturition : anatomy & innervation of Urinary bladder, mechanism of miturition & abonrmalities.

6. BODY TEMPERATURE & FUNCTIONS OF SKIN

7. ENDOCRINOLOGY
General endocrinology - Enumeration of endocrine glands & hormones - General functions of endocrine system, chemistry, mechanism of secretion, transport, metabolism, regulation of secretion of hormones.
Hormones of anterior pituitary & their actions, hypothamic regulation of anterior pituitary function. Disorders of secretion of anterior pituitary hormones.
Posterior pituitary : Functions, regulation & disorders of secretion.
Thyroid: Histology, synthesis, secretion & transport of hormones, actions of hormones, regulation of secretion & disorders, Thyroid function tests.
Adrenal cortex & Medulla -synthesis, secretion, action, metabolism, regulation of secretion of hormones & disorders.
Other hormones - Angiotensin, A.N.F.

8. REPRODUCTION
Sex differentiation , Physiological anatomy of male and female sex organs,
Female reproductive system : Menstrual cycle, functions of ovary, actions of oestrogen & Progesterone, control of secretion of ovarian hormones, tests for ovulation, fertilisation, implantation, maternal changes during pregnancy, pregnancy tests & parturition. Lactation, composition of milk, factors controlling lactation, milk ejection, reflex,Male reproductive system :spermatogenesis, semen and contraception.

9. CARDIO VASCULAR SYSTEM
Functional anatomy and innervation of heart Properties of cardiac muscle
Origin & propagation of cardiac impulse and heart block.
Electrocardiogram - Normal electrocardiogram. Two changes in ECG in myocardial infarction.
Cardiac cycle - Phases, Pressure changes in atria, ventricles & aorta. Volume changes in ventricles.
Jugular venous pulse, arterial pulse. Heart sounds: Mention of murmurs.
Heart rate: Normal value, variation & regulation.
Cardiac output: Definition, normal values, one method of determination, variation, factors affecting heart rate and stroke volume.
Arterial blood pressure: Definition, normal values & variations,determinants, regulation & measurement of blood pressure. Coronary circulation.
Cardio vascular homeostasis - Exercise & posture.

10. RESPIRATORY SYSTEM

Physiology of Respiration : External & internal respiration. Functional anatomy of respiratory passage & lungs.

Respiratory movements: Muscles of respiration, Mechanism of inflation & deflation of lungs.

Intra pleural & intra pulmonary pressures & their changes during the phases of respiration.

Mechanics of breathing - surfactant, compliance & work of breathing.

Spirometry: Lung volumes & capacities definition, normal values, significance, factors affecting vital capacity, variations in vital capacity, FEV & its variations.

Pulmonary ventilation - alveolar ventilation & dead space – ventilation. Composition of inspired air, alveolar air and expired air.

Exchange of gases: Diffusing capacity, factors affecting it. Transport of Oxygen & carbon dioxide in the blood. Regulation of respiration – neural & chemical.

Hypoxia, cyanosis, dyspnoea, periodic breathing. Artificial respiration, pulmonary function tests.

11. CENTRAL NERVOUS SYSTEM

1. Organisation of central nervous system
2. Neuronal organisation at spinal cord level
3. Synapse receptors, reflexes, sensations and tracts
4. Physiology of pain
5. Functions of cerebellum, thalamus, hypothalamus and cerebral cortex.
6. Formation and functions of CSF
7. Autonomic nervous system

12. SPECIAL SENSES

Fundamental knowledge of vision, hearing, taste and smell. PRACTICALS

The following list of practical is minimum and essential. All the practical have been categorised as procedures and demonstrations. The procedures are to be performed by the students during practical classes to acquire skills. All the procedures are to be included in the University practical examination. Those categorised as demonstrations are to be shown to the students during practical classes. However these demonstrations would not be included in the University examinations but question based on this would be given in the form of charts, graphs and calculations for interpretation by the students.

PROCEDURES

1. Enumeration of Red Blood Cells
2. Enumeration of White Blood Cells
3. Differential leucocyte counts
4. Determination of Haemoglobin
5. Determination of blood group
6. Determination of bleeding time and clotting time
7. Examination of pulse
8. Recording of blood pressure.

DEMONSTRATION:

1. Determination of packed cell volume and erythrocyte sedimentation rate
2. Determination of specific gravity of blood
3. Determination of erythrocyte fragility
4. Determination of vital capacity and timed vital capacity
5. Skeletal muscle experiments.

Study of laboratory appliances in experimental physiology. Frog's gastrocneminus sciatic preparation. Simple muscle curve, effects of two successive stimuli, effects of increasing strength of stimuli, effects of temperature, genesis of fatigue and tetanus.

Effect of after load and free load on muscle contraction, calculation of work done.

6. Electrocardiography: Demonstration of recording of normal Electro cardiogram
7. Clinical examination of cardiovascular and respiratory system.

TEXT BOOKS:
Guyton; Text book of Physiology, 9th edition. Ganong; Review of Medical Physiology, 19th edition
Vander; Human physiology, 5th edition
Choudhari; Concise Medical Physiology, 2nd edition
Chaterjee; Human Physiology, 10th edition
A.K. Jain; Human Physiology for BDS students, 1st edition

BOOKS FOR REFERENCE:
i) Berne & Levey; Physiology, 2nd edition
ii) West-Best & Taylor's, Physiological basis of Medical Practise, 11th edition
EXPERIMENTAL PHYSIOLOGY:
iii) Rannade; Practical Physiology, 4th edition iv) Ghai; a text book of practical physiology
v) Hutchison's; Clinical Methods, 20th edition

BIOCHEMISTRY

AIMS AND SCOPE OF THE COURSE IN BIOCHEMISTRY
The major aim is to provide a sound but crisp knowledge on the biochemical basis of the life processes relevant to the human system and to dental/medical practice. The contents should be organised to build on the already existing information available to the students in the pre-university stage and reorienting. A mere rehash should be avoided.
The chemistry portion should strive towards providing information on the functional groups, hydrophobic and hydrophilic moieties and weak valence forces that organise macromolecules. Details on structure need not be emphasised.
Discussion on metabolic processes should put emphasis on the overall change, interdependence and molecular turnover. While details of the steps may be given, the student should not be expected to memorise them. An introduction to biochemical genetics and molecular biology is a must but details should be avoided. The exposure to antivitamins, antimetabolites and enzyme inhibitors at this stage, will provide a basis for the future study of medical subjects. An overview of metabolic regulation is to be taught by covering hormonal action, second messengers and regulation of enzyme activities. Medical aspects of biochemistry should avoid describing innumerable functional tests, most of which are not in vogue. Cataloguing genetic disorders under each head of metabolism is unnecessary. A few examples which correlate genotype change to functional changes should be adequate.

At the end of the course the student would be able to acquire a useful core of information, which can be retained for a long time. Typical acid tests can be used to determine what is to be taught or what is to be learnt. A few examples are given below.

1. Need not know the structure of cholesterol. Should know why it cannot be carried free in plasma.
2. Mutarotation should not be taught. Student should know why amylase will not hydrolyse cellulose.
3. Need not know the details of alpha - helix and beta - pleats in proteins.
Should know why haemoglobin is globular and keratin is fibrous.
4. Need not know mechanism of oxidative phosphorylation.
Should know more than 90 % of ATP is formed by this process.
5. Need not know details of the conversion of pepsinogen to pepsin.
Should know hydrochloric acid cannot break a peptide bond at room temperature.
6. Need not remember the steps of glycogenesis.
Should know that excess intake of carbohydrate will not increase glycogen level in liver or muscle.
7. Need not know about urea or cretinine clearance tests.
Should know the basis of increase of urea and creatinine in blood in renal insufficiency.
8. Need not know the structure of insulin.
Should know why insulin level in circulation is normal in most cases of maturity onset diabetes.
9. Need not know the structural details of ATP.
Should know why about 10 g of ATP in the body at any given time meets all energy needs.

10. Need not know the mechanism of action of prolylhydroxylase. Should know why the gum bleeds in scurvy.
11. Need not know the structure of Vitamin K. Should know the basis of internal bleeding arising due to its deficiency.
12. Need not remember the structure of HMGCoA. Should know why it does not lead to increased cholesterol synthesis in tarvation.

BIOCHEMISTRY AND NUTRITION

1. CHEMISTRY OF BIOORGANIC MOLECULES

Carbohydrates: Definition, biological importance and classification. Monosaccharides - Isomerism, anomerism. Sugar derivatives, Disaccharides. Polysaccharides. Structures of starch and glycogen.
Lipids : Definition, biological importance and classification. Fats and fatty acids. Introduction to compound lipids. Hydrophobic and hydrophilic groups. Cholesterol. Bile salts. Micelle. Bimolecular leaflet.
Proteins: Biological importance. Aminoacids: Classification. Introduction to peptides. Proteins : Simple and conjugated; globular and fibrous. Charge properties. Buffer action . Introduction to protein conformation . Denaturation.
Nucleic acids: Building units . Nucleotides. Outline structure of DNA and RNA. High energy compounds: ATP , Phosphorylamidines, Thiolesters, Enol phosphates.

2. MACRONUTERIENTS AND DIGESTION

Energy needs: Basal metabolic rate. Dietary carbohydrates, fibres. Dietary lipids, essential fatty acids. Nitrogen balance. Essential amino acids. Protein quality and requirement (methods for evaluation of protein quality to be excluded). Protein calorie malnutrition. Balanced diet.
Enzymatic hydrolysis of dietary carbohydrates. Mechanism of uptake of monosaccharides. Digestion and absorption of triacylglycerols. Enzymatic hydrolysis of dietary proteins and uptake of amino acids.

3. MICRONUTRIENTS

Vitamins: Definition, classification, daily requirement, sources and deficiency symptoms. Brief account of water-soluble vitamins with biochemical functions. Vitamins A functions including visual process. Vitamin D and its role in calcium metabolism. Vitamin E. Vitamin K and gamma carboxylation. Introduction to antivitamins and hypervitaminosis.
Minerals :Classification, daily requirement. Calcium and phosphate: sources, uptake, excretion, function. Serum calcium regulation. Iron: sources, uptake and transport.
Heme and nonheme iron functions; deficiency. Iodine: Brief introduction to thyroxine synthesis. General functions of thyroxine. Fluoride: function, deficiency and excess. Indications of role of other minerals.

4. ENERGY METABOLISM

Overview: Outlines of glycolysis, pyruvate oxidation and citric acid cycle. Beta oxidation of fatty acids. Electron transport chain and oxidative phosphyorylation. Ketone body formation and utilisation. Introduction to glycogenesis, glycogenolysis, fatty acid synthesis, lipogenesis and lipolysis. Gluconeogenesis. Lactate metabolism . Protein utilisation for energy. Glucogenic and ketogenic amino acids. Integration of metabolism.

5. SPECIAL ASPECTS OF METABOLISM

Importance of pentose phosphate pathway. Formation of glucuronic acid. Outlines of cholesterol synthesis and breakdown. Ammonia metabolism. Urea formation. Phosphocreatine formation. Transmethylation. Amines. Introduction to other functions of amino acids including one carbon transfer.
Detoxication : Typical reactions. Examples of toxic compounds. Oxygen toxicity

6. BIOCHEMICAL GENETICS AND PROTEIN SYNTHESIS

Introduction to nucleotides; formation and degradation. DNA as genetic material. Introduction to replication and transcription. Forms and functions of RNA. Genetic code and mutation. Outline of translation process. Antimetabolites and antibiotics interfering in replication, transcription and translation. Introduction to cancer, viruses and oncogenes.

7. ENZYME AND METABOLIC REGULATION

Enzymes: Definition, classification, specificity and active site. Cofactors. Effect of pH, temperature and substrate concentration. Introduction to enzyme inhibitors, proenzymes and isoenzymes Introduction to allosteric regulation, covalent modification and regulation by induction/repression.

Overview of hormones. Introduction to second messengers, cyclic AMP, calcium ion, inositol triphosphate. Mechanism of action of steroid hormones, epinephrine, glucagon and insulin in brief. Acid base regulation. Electrolyte balance.

8. STRUCTURAL COMPONENTS AND BLOOD PROTEINS

Connective tissue: Collagen and elastin. Glycosaminoglycans. Bone structure. Structure of membranes. Membrane associated processes in brief. Exocytosis and endocytosis. Introduction to cytoskeleton. Myofibril and muscle contraction in brief.

Haemoglobin: functions. Introduction to heme synthesis and degradation. Plasma proteins: classification and separation. Functions of albumin. A brief account of immunoglobulins. Plasma lipoproteins: Formation, function and turnover.

9. MEDICAL BIOCHEMISTRY

Regulation of blood glucose. Diabetes mellitus and related disorders. Evaluation of glycemic status. Hyperthyroidism and hypothyroidism: Biochemical evaluation. Hyperlipoproteinemias and atherosclerosis, Approaches to treatment. Jaundice: Classification and evaluation. Liver function tests: Plasma protein pattern, serum enzymes levels. Brief introduction to kidney function tests and gastric function tests. Acid base imbalance. Electrolyte imbalance: evaluation. Gout. Examples of genetic disorders including lysosomal storage disorders, glycogen storage disorders, glucose 6- phosphate dehydrogenase deficiency, hemoglobinopathies, inborn errors of amino acid metabolism and muscular dystrophy ( one or two examples with biochemical basis will be adequate). Serum enzymes in diagnosis.

PRACTICALS: Contact hours 50

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| 1. | Qualitative analysis of carbohydrates | 4 |
| 2. | Color reactions of proteins and amino acids | 4 |
| 3. | Identification of nonprotein nitrogen substance | 4 |
| 4. | Normal constituents of urine | 4 |
| 5. | Abnormal constituents of urine | 4 |
| 6. | Analysis of saliva including amylase | 2 |
| 7. | Analysis of milk | 2 |
| | Quantitative estimations | |
| 8. | Titrable acidity and ammonia in urine | 2 |
| 9. | Free and total acidity in gastric juice | 2 |
| 10. | Blood glucose estimation | 2 |
| 11. | Serum total protein estimation | 2 |
| 12. | Urine creatinine estimation | 2 |

Demonstration

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| 13. Paper electrophoresis charts/clinical data evaluation | 2 |
| 14. Glucose tolerance test profiles | 2 |
| 15. Serum lipid profiles | 1 |
| 16. Profiles of hypothyrodisim and hyperthyrodisim | 1 |
| 17. Profiles of hyper and hypoparathyrodism | 1 |
| 18. Profiles of liver function | 1 |
| 19. Urea, uric acid creatinine profile in kidney disorders | 1 |
| 20. Blood gas profile in acidosis/ alkalosis | 1 |

RECOMMEDED BOOKS:

1. Concise text book of Biochemistry (3rd edition) 2001, T.N. Pattabiraman
2. Nutritional Biochemistry 1995, S. Ramakrishnan and S.V. Rao
3. lecture notes in Biochemistry 1984, J.K. Kandlish

Reference books:

4. Text book of Biochemistry with clinical correlations 1997, T.N. Devlin
5. Harper's Biochemistry, 1996., R.K. Murray et.al
Basic and applied Dental Biochemistry, 1979, R.A.D. Williams & J.C.Elliot

ORAL BIOLOGY

Oral Biology course includes instructions in the subject of Dental Morphology, Oral Embryology, Oral Histology and Oral Physiology.

Introduction - Oral Biology - 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 Oral Biology,

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

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.

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 occlusion.
♦ Clinical significance of normal occlusion.
♦ Introduction to & Classification of Malocclusion.

II. ORAL EMBRYOLOGY

1. Brief review of development of face, jaws, lip, palate & tongue, with applied aspects.
2. Development of teeth :

♦ Epithelial mesenchymal interaction, detailed study of different stages of development of crown, root & 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.

III. ORAL HISTOLOGY

1. Detailed microscopic study of Enamel, Dentine, Cementum & Pulp tissue. Age changes & Applied aspects (Clinical and forensic significance) of histological considerations - Fluoride applications, transparent dentine, dentine hypersensitivity, reaction of pulp tissue to varying insults to exposed dentine ; Pulp calcifications & 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 in relation to functional requirements, mechanisms of keratinization, clinical parts of gingiva, Dentogingival & Mucocutaneous junctions & lingual papillae. Age changes & clinical considerations.
4. Salivary Glands :

♦ Detailed microscopic study of acini & ductal system.
♦ Age changes& clinical considerations.

5. TM Joint :

♦ Review of basic anatomical aspects & microscopiuc 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

1. 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.

3. Deglutition :

♦ Review of the steps in deglutition, swallowing in infants, neural control of deglutition & dysphagia.

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

GENERAL PATHOLOGY

Aim:

At the end of the course the student should be competent to:

Apply the scientific study of disease processes, which result in morphological and functional alterations in cells, tissues and organs to the study of pathology and the practice of dentistry.

Objectives:

Enabling the student

1. To demonstrate and apply basic facts, concepts and theories in the field of Pathology.
2. To recognize and analyze pathological changes at macroscopically and microscopical levels and explain their observations in terms of disease processes.
3. To Integrate knowledge from the basic sciences, clinical medicine and dentistry in the study of Pathology.
4. To demonstrate understanding of the capabilities and limitations of morphological Pathology in its contribution to medicine, dentistry and biological research.
5. To demonstrate ability to consult resource materials outside lectures, laboratory and tutorial classes.

COURSE CONTENT

A. General Pathology –

1. Introduction to Pathology

Terminologies
The cell in health
The normal cell structure
The 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 Apoptasis
Def, causes, features and types of necrosis
Gangrene - Dry, wet, gas Pathological Calcifications (Dystrophic and metastatic)
5. Inflammation
- Definition, causes types, and features
- Acute inflammation
a. The vascular response
b. The cellular response
c. Chemical mediators
d. The inflammatory cells
e. Fate
Chronic inflammation
Granulomations inflammation
6. Healing
- Regeneration
- Repair
a. Mechanisms
b. Healing by primary intention
c. Healing by secondary intention d. Fracture healing
e. Factors influencing healing process f. 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 criterias
- Oral lesions
9. Typhoid
- Epidemiology
- Pathogenesis
- Pathological features
- Diagnostic criterias
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. Derangements of body fluids
- Oedema – pathogenesis
Different types
14. Disorders of circulation
- Hyperaemia
- Shock
15. Nutritional Disorders
- Common Vitamin Deficiencies

16. Immunological mechanisms in disease
- Humoral & cellular immunity
- Hypersensitivity & autommunity

17. AIDS
18. Hypertension
- Definition, classification
- Pathophysiology
- Effects in various organs

19. Diabetes Mellitus
- Def, Classification, Pathogenesis, Pathology in different organs

20. Adaptive disorders of growth
- Atrophy & Hypertrophy, Hyperplasia, Metaplasia and Dysplasia

21. General Aspects of neoplesia

a. Definition, terminology, classification
b. Differences between benign and malignant neoplasms c. The neoplastic cell
d. Metastasis
e. Etiology and pathogenesis of neoplasia, Carcinogenesis f. Tumour biology
g. Oncogenes and anti-oncogenes h. Diagnosis
i. Precancerous lesions
j. Common specific tumours, Sq papilloma & Ca, Basal cell Ca, Adenoma & Adenoca, Fibroma & Fibrosarcoma, Lipoma and liposarcoma

B. Systemic Pathology

22 Anaemias
- Iron Deficiency anaemia, Megaloblastic anaemia

23.Leukaemias
- Acute and chronic leukaemias, Diagnosis and clinical features

24. Diseases of Lymph nodes
- Hodgkin's disease, Non Hodgkins lymphoma, Metastatic carcinoma

25. Diseases of oral cavity
- Lichen planus, Stomatitis, Leukoplakia, Sq cell Ca, Dental caries, Dentigerious cyst, Ameloblastoma

26. Diseases of salivary glands
- Normal structure, Sialadenitis, Tumours

27. Common diseases of Bones
- Osteomyelitis, Metabolic bone diseases, Bone Tumours, Osteosarcoma, Osteocalstoma, Giant cell Tumour, Ewing's sarcoma, Fibrous dysplasia, Aneurysmal bone cyst

28.Diseases of Cardiovascular system
- Cardiac failuare
- Congenital heart disease – ASD, VSD,PDA Fallot's Tetrology
- Infective Endocarditis
- Atherosclerosis
- Ischaemic heart Disease

29. Haemorrhagic Disorders

Coagulation cascade

Coagulation disorders
- Platelet funtion
- Platelet disorders

Practicals

1.Urine – Abnormal constitutients
- Sugar, albumin, ketone bodies

2. Urine – Abnormal consittuents
- Blood, bile salts, bile pigments

3. Haemoglobin (Hb) estimation
4. Total WBC count
5. Differential WBC Count

6. Packed cell volume(PCV,) rythrocyte sedimentation Rate (ESR)
7. Bleeding Time & clotting Time
8. Histopathology Tissue Processing Staining
9.Histopathology slides
- Acute appendicitis, Granulation tissue, fatty liver
10. Histopathology slides
CVC lung, CVC liver, Kidney amyloidosis
11. Histopathology slides
Tuberculosis, Actionomycosis, Rhinosporidiosis
12. Histopathology slides
Papilloma, Basal cell Ca, Sq cell Ca
13. Histopathology slides
Osteosarcoma, osteoclastoma, fibrosarcoma
14. Histopathology slides
Malignant melanoma, Ameloblastoma, Adenoma
15. Histopathology slides
Mixed parotid tumour, metastatic carcinoma in lymph node

List of Textbooks
1. Robbins – Pathologic Basis of Disease Cotran, Kumar, Robbins
2. Anderson's Pathology Vol 1 & 2 Editors – Ivan Damjanov & James Linder
3. Wintrobe's clinical Haematolog Lee, Bithell, Foerster, Athens, Lukens

## MICROBIOLOGY

AIM:
To introduce the students to the exciting world of microbes. To make the students aware of various branches of microbiology, importance, significance and contribution of each branch to mankind and other fields of medicine. The objectives of teaching microbiology can be achieved by various teaching techniques such as :
a) Lectures
b) Lecture Demonstrations c) Practical exercises
d) Audio visual aids
e) Small group discussions with regular feed back from the students.

OBJECTIVES
A. Knowledge and Understanding
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.
2. 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.
3. Understand and practice various methods of Sterilisation and disinfection in dental clinics.
4. Have a sound understanding of various infectious diseases and lesions in the oral cavity.

B. SKILLS
1. Student should have acquired the skill to diagnose, differentiate various oral lesions.
2. Should be able to select, collect and transport clinical specimens to the laboratory.
3. Should be able to carry out proper aseptic procedures in the dental clinic. A brief syllabus of Microbiology is given as follows:

A. GENERAL MICROBIOLOGY:
1. History, Introduction, Scope, Aims and Objectives.
2. Morphology and Physiology of bacteria.
3. Detail account of Sterlisation and Disinfection.
4. Brief account of Culture media and Culture techniques.
5. Basic knowledge of selection, collection, transport, processing of clinical Specimens and identification of bacteria.

6. Bacterial Genetics and Drug Resistance in bacteria.

B. IMMUNOLOGY:
1. Infection - Definition, Classification, Source, Mode of transmission and types of Infectious disease.
2. Immunity
3. Structure and functions of Immune system
4. The Complement System
5. Antigen
6. Immunoglobulins - Antibodies - General structure and the role played in defense mechanism of the body.
7. Immune response
8. Antigen - Antibody reactions - with reference to clinical utility.
9. Immuno deficiency disorders - a brief knowledge of various types of immuno deficiency disorders - A sound knowledge of immuno deficiency disorders relevant to dentistry.
10. Hypersensitivity reactions
11. Autoimmune disorders - Basic knowledge of various types - sound knowledge of autoimmune disorders of oral cavity and related structures.
12. Immunology of Transplantation and Malignancy
13. Immunehaematology

C. SYSTEMATIC BACTERIOLOGY:
1. Pyogenic cocci - Staphylococcus, Streptococcus, Pneumococcus, Gonococcus, Meningococcus – brief account of each coccus - detailed account of mode of spread, laboratory diagnosis, Chemo therapy and prevention - Detailed account of Cariogenic Streptococci.
2. Corynebacterium diphtheriae - mode of spread, important clinical feature, Laboratory diagnosis, Chemotherapy and Active immunisation.
3. Mycobacteria - Tuberculosis and Leprosy
4. Clostridium - Gas gangrene, food poisoning and tetanus.
5. Non-sporing Anaerobes - in brief about classification and morphology, in detail about dental pathogens - mechanism of disease production and prevention.
6. Spirochaetes - Treponema pallidum - detailed account of Oral Lesions of syphilis, Borrelia vincentii.
7. Actinomycetes.

D. VIROLOGY:
1. Introduction
2. General properties, cultivation, host - virus interaction with special reference to Interferon.
3. Brief account of Laboratory diagnosis, Chemotherapy and immuno prophylaxis in general.
4. A few viruses of relevance to dentistry.
- Herpes Virus
- Hepatitis B Virus - brief about other types
- Human Immunodeficiency Virus (HIV)
- Mumps Virus
- Brief - Measles and Rubella Virus

5. Bacteriophage - structure and Significance

E. MYCOLOGY
1. Brief Introduction
2. Candidosis - in detail
3. Briefly on oral lesions of systemic mycoses.

F. PARASITOLOGY:
1. Brief introduction - protozoans and helminths
2. Brief knowledge about the mode of transmission and prevention of commonly seen parasitic infection in the region.

RECOMMENDED BOOKS FOR REGULAR READING:

1. Text book of Microbiology – R.Ananthanarayan & C.K.Jayaram Paniker.
2. Medical Microbiology – David Greenwood etal.

BOOKS FOR FURTHER READING/REFERENCE.

vi) Microbiology – Prescott, etal.
vii) Microbiology – Bernard D. Davis , etal.
viii) Clinical & Pathogenic Microbiology – Barbara J Howard, etal. ix) Mechanisms of Microbial diseases – Moselio Schaechter, etal. x) Immunology an Introduction – Tizard
xi) Immunology 3rd edition – Evan Roitt , etal.

DENTAL MATERIALS

The science of Dental Material has undergone tremendous changes over the years. Continued research has led to new material systems and changing concepts in the dental field. Interlinked with various specialised branches of chemistry, practically all engineering applied sciences and biological characteristics, the science of dental material emerged as a basic sciences in itself with its own values and principles.

1). INTRODUCTION

AIMS ,OBJECTIVES & SCOPE.

AIMS:

Aim of the course is to present basic chemical and physical properties of Dental materials as they are related to its manipulation to give a sound educational background so that the practice of the dentistry emerged from art to empirical status of science as more information through further research becomes available. It is also the aim of the course of Dental materials to provide with certain criteria of selection and which will enable to discriminate between facts and propaganda with regards to claims of manufactures.

OBJECTIVES:

To understand the evolution and development of science of dental material.
To explain purpose of course in dental materials to personnels concerned with the profession of the dentistry. Knowledge of physical and chemical properties. Knowledge of biomechanical requirements of particular restorative procedure. An intelligent compromise of the conflicting as well as co-ordinating factors into the desired Ernest. Laying down standards or specifications of various materials to guide to manufacturers as well as to help professionals. Search for newer and better materials which may answer our requirements with greater satisfaction. To understand and evaluate the claims made by manufactures of dental materials

NEEDS 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 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.

2 ). 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.

3). IMPORTANT PHYSICAL PROPERTIES APPLICABLE TO DENTAL MATERIALS
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

4). 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 perspective of biological compatibility. eg. contact with soft tissues, affecting vitality of pulp, used for root canal fillings, affecting hard tissues of teeth, laboratory materials that could be accidentally be 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.

5). 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

6) IMPRESSION MATERIALS USED IN DENTISTRY
Impression plaster, Impression compound, Zinc oxide eugenol impression paste & bite registration paste incl., 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 incl., electroplating Biological properties: tissue reaction , Shelf life & storage of material.
Infection control – disinfection
Advantages & disadvantages of each material.

7). 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 polymerisation, inhibition of polymerisation, co polymerization, molecular weight, crosslinking, plastixizers, Physical properties of polymers, polymer structures types of resins.

ACRYLIC RESINS:
Mode of polymerisation: 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, Polymerisation mechanisms:
Chemically activated, Light activated, Dual cure: Degree of conversion, Polymerisation 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 Polymerisation, 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.

8). METAL AND ALLOYS:
Structure and behaviour of metals, Solidification of metals, mechanism of crystallisation 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.

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 bio compatible 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, 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.

9). 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.

10). 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.
Casting machines, source of heat for melting the alloy . Defects in casting.

11). SOLDERING, BRAZING 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
1. Stainless steel
2. Cobalt chromium nickel
3. Nickel titanium
4. Beta titanium

Properties required for orthodontic wires, working range, springiness, stiffness, resilience, Formability, ductility, ease of joining, corrosion resistance, stability in oral environment, bio compatibility
Stainless steels: Description, type, composition & properties of each type. Sensitisation & stabilisation , Mechanical properties – strength, tensile, yield strength, KHN.
Braided & twisted wires their need , Solders for stainless steel, Fluxes, Welding
1. 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

12) . 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.

13). 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.
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.

14). 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 polishing
Electrolytic polishing and burnishing.

15). DIE AND COUNTER DIE MATERIALS INCLUDING ELECTROFORMING AND ELECTROPOLISHING.
Types – Gypsum products, Electroforming, Epoxy resin, Amalgam.

16). DENTAL IMPLANTS : Evolution of dental implants, types and materials.

17). 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.

RECOMMENDED BOOKS:
1. Phillips Science of Dental Materials – 10th edn.- Kenneth J. Anusavice
2. Restorative Dental Materials - 10 edn. Robert G.Craig
3. Notes on Dental Materials - E.C. Combe

GENERAL AND DENTAL PHARMACOLOGY AND THERAPEUTICS
1. GOAL: The broad goal of teaching under graduate students in pharmacology is to inculcate rational and scientific basis of therapeutics keeping in view of dental curriculum and Profession.
1. OBJECTIVES: At the end of the course the student shall be able to:
i) Describe the pharmacokinetics and pharmacodynamics of essential and commonly used drugs in general and in dentistry in particular.
ii) List the indications, contraindications; interactions, and adverse reactions of commonly used drugs with reason.
iii) Tailor the use of appropriate drugs in disease with consideration to its cost, efficacy, safety for individual and mass therapy needs.
iv) Indicate special care in prescribing common and essential drugs in special medical situations such as pregnancy, lactation, old age, renal, hepatic damage and immuno compromised patients.
v) Integrate the rational drug therapy in clinical pharmacology.
vi) Indicate the principles underlying the concepts of "Essential drugs".

4. SKILLS: At the end of the course the student shall be able to:
1) Prescribe drugs for common dental and medical ailments.
2) To appreciate adverse reactions and drug interactions of commonly used drugs.
3) Observe experiments designed for study of effects of drugs.
4) Critically evaluate drug formulations and be able to interpret the clinical pharmacology of marketed preparations commonly used in dentistry.

5. INTEGRATION: Practical knowledge of use of drugs in clinical practice will be acquired through integrated teaching with clinical departments.

2. LECTURE:

I. GENERAL PHARMACOLOGY:

1. General principles of pharmacology; sources and nature of drugs dosage forms; prescription writing; pharmacokinetics (absorption, distribution, metabolism and excretion of drugs), mode of action of drugs, combined effects of drugs, receptor mechanism of drug action , factors modifying drug response, adverse drug reactions; drug interactions.
2. CNS drugs; General anaesthetics, hypnotics, analgescis psychotropic drugs, anti – epileptics, muscle relaxants, local anaesthetics.
3. Autonomic drugs; sympathomimetics, antiadrenergic drugs parasympothomimetics and parasympatholytics.
4. Cardiovascular drugs; Cardiac stimulants ; antihypertensive drugs, vasopressor agents , treatment of shock, Antianginal agents and diuretics.
5. Autocoids:
Histamine, antihistamines, prostaglandins, leukotriens and bronchodilators.
6. Drugs acting on blood : coagulants and anticoagulants, hematinics.
7. G.I.T. Drugs, Purgatives, anti-diarrhoeal, antacids, anti-emetics.
8. Endocrines; Emphasis on treatment of diabetes and glucocorticoids, thyroid and antithyroid agents, drugs affecting calcium balance and anabolic steroids.
9. Chemotherapy: Antimicrobial agents ( against bacteria, anaerobic infections, fungi, virus and broad spectrum). Infection management in dentistry. Phamacotherapy of Tuberculosis, leprosy and chemotherapy of malignancy in general.
10. Vitamins: Water soluble vitamins, Vit. D, Vit.K. and Vit. E.
11. Pharmacotherapy of emergencies in dental office and emergency drugs tray.
12. Chealating agents – BAL,EDTA and desferrioxamine. II. DENTAL PHARMACOLOGY
1. Anti - septics, astrigents, obtundents, mummifying agents, bleaching agents, styptics, disclosing agents, dentifrices, mouth washes, caries and fluorides.
2. Pharmacotherapy of common oral conditions in dentistry.
Practicals and Demonstrations: To familiarise the student with the methodology: prescription writing and dispensing. Rationale of drug combinations of marketed drugs.

Lectures 60
Practicals & Demonstrations 20 Total 80 hours.

LIST OF BOOKS RECOMMENDED FOR READING AND REFERENCE

1.R.S.Satoskar, Kale Bhandarkar's Pharmacology and Pharmacolherapentics, 10th Edition, Bombay Popular Prakashan 1991.
2.Bertam G Katzung, Basic and Clinical pharmacology 6th ed. Appleton & Lange 1997
3.Lauerence D.R. Clinical Pharmacology 8th ed. Churchill Livingstone 1997
4.Satoskar R.S. & Bhandarkar S.D., Pharmacology and Pharmacotherapeutics part I & part ii, 13th Popular Prakashan Bombay 1993
5.Tripathi K.D., Essentials of Medical Pharmacology 4th ed Jaypee Brothers 1999.

PRE CLINICAL CONSERVATIVE DENTISTRY LABORATORY EXERCISES

1. Identification and study of handcutting instruments chisles, gingival margin trimmers, excavators and hatchet.
2. Identification and use of rotary cutting instruments in contra angle hand pieces burs (Micromotor)
3. Preparation class I and extended class I and class II and MOD's and class V amounting to 10 exercises in plaster models.
4. 10 exercises in mounted extracted teeth of following class I , 4 in number class I extended cavities 2, class II 4 in number and Class V 2 in number. Cavity preparation base application matrix and wedge placement restoration with amalgam.
5. Exercises on phantom head models which includes cavity preparation base and varnish application matrix and wedge placement followed by amalgam restoration

| | |
|---|---|
| Class I | 5 |
| Class I with extension | 2 |
| Class II | 10 |
| Class II Mods | 2 |
| Class V and III forglass ionmers | 4 |

6. Polishing of 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 bases like Zinc Phosphate, Poly carboxylate, Glass Ionomers, Zinc Oxide, Euginol 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. Cornal access cavity preparation on extracted.
Upper central incisiors
3. Determination of working length.
4. Biomechanical preparation of root canal space of central incisor
5. Obfuration of root canal spaces. Absens of cornal access cavity.
6. Closure of acess cavity

GENERAL MEDICINE
Guidelines: Special emphasis should be given throughout on the importance of various diseases as applicable to dentistry.
1. 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 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

| CORE TOPICS (Must Know) | COLLATERAL TOPICS (Desirable to Know) |
|---|---|
| 1. Aims of medicine Definitions of signs, symptoms, diagnosis, differential diagnosis treatment & prognosis. | |
| 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 Malabsorhtion |
| 4. CVS Acute rheumatic fever rheumatic valvular heart disease, hypertension, ischemic heart disease, infective endocarditis, common arrhythmias, congenital heart disease, congestive cardiac failure | |

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5. RS
Pneumonia, COPD, Pulmonary TB, Bronehial asthma

6. Hematology
Anemias, bleeding & clotting disorders, leukemias, lymphomas, agranulocytosis, splenomegaly, oral manifestations of hematologic disorders, generalized Lymphadenopathy.

7. Renal System Acute nephritis Nephrotic syndrome
Lung Abscess Pleural effusion Pneumothorax Bronchiectasis Lung cancers.
Renal failure

| | |
|---|---|
| 8, Nutrition<br>Avitaminosis | Balanced diet PEM Avitaminosis |
| 9. CNS<br>Facial palsy, facial pain including trigeminal neuralgia, epilepsy, headache including migraine. | - Meningitis<br>- Examination of comatose patient<br>- Examination of cranial nerves. |
| 10. Endocrines<br>Diabetes Mellitus Acromegaly, Hypothyroidism, Thyrotoxicosis, Calcium metabolism and parathyroids. | Addison's disease, Cushing's syndrome. |
| 11. Critical care<br>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.
GENERAL SURGERY

AIMS:
To acquaint the student with various diseases, which may require surgical expertise and to train the student to analyze the history and be able to do a thorough physical examination of the patient. The diseases as related to head and neck region are to be given due importance, at the same time other relevant surgical problems are also to be addressed. At the end of one year of study the student should have a good theoretical knowledge of various ailments, and be practically trained to differentiate benign and malignant diseases and be able to decide which patient requires further evaluation.

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

ORAL PATHOLOGY & MICROBIOLOGY
OBJECTIVES:
At the end of Oral Pathology & 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
1. Microscopic study of common lesions affecting oral tissues through microscopic slides & projection slides.
2. Study of the disease process by surgical specimens.
3. Study of teeth anomalies/polymorphisms through tooth specimens & plaster casts.

4. Microscopic study of plaque pathogens.
5. Study of haematological preparations (blood films) of anaemias & leukemias.
6. 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.

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.

♦ 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.

Fungal : Candidal infection. Apthous Ulcers.

7. Common non- inflammatory diseases involving the jaws :

♦ Etiopathogenesis, clinical features, radiological & laboratory values in diagnosis of :

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 :

♦ 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. Biopsy:

Types of Biopsy, value of biopsy, cytology, histochemistry & 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.
- 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


PUBLIC HEALTH DENTISTRY

Goal: To prevent and control oral diseases and promote oral health through organized community efforts

Objectives:
Knowledge: At the conclusion of the course the student shall have a knowledge of the basis of public health, preventive dentistry, public health problems in India, Nutrition, Environment and their role in health, basics of dental statistics, epidemiological methods, National oral health policy with emphasis on oral health policy.

Skill and Attitude: At the conclusion of the course the students shall have require at the skill of identifying health problems affecting the society, conducting health surveys, conducting health education classes and deciding health strategies. Students should develop a positive attitude towards the problems of the society and must take responsibilities in providing health.

Communication abilities: At the conclusions of the course the student should be able to communicate the needs of the community efficiently, inform the society of all the recent methodologies in preventing oral disease

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

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 techniques-types, 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.

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.)
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

II. Index: Case History

a) Oral hygiene indices simplified- Green and Vermilion b) Silness and Loe index for Plaque

c) Loe and Silness index for gingival d) CPI

e) DMF: T and S, df:t and s f) Deans fluoride index

III. Health Education

1. Make one - Audio visual aid

2. Make a health talk

IV. 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. Research methodology and Bio-statistics by
15. Introduction to Statistical Methods by Grewal

PEDODONTICS & PREVENTIVE DENTISTRY

A. 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, 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. SETTING UP OF PEDODONTIC CLINIC. B. 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 – Niki Foruk.
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.
21. 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.
30. Essentials of Community & Preventive Dentistry – Soben Peters.

ORAL MEDICINE AND RADIOLOGY

AIM

(1) To train the students to diagnose the common disorders of Orofacial region by clinical examination and with the help of such investigations as may be required and medical management of oro-facial disorders with drugs and physical agents.
(2) To train the students about the importance, role, use and technics of radiographs and other imaging methods in diagnosis.
(3) The principles of the clinical and radiographic aspects of Forensic Odontology.

The syllabus in ORAL MEDICINE & RADIOLOGY is divided into two main parts. (I) Diagnosis, Diagnostic methods and Oral Medicine (II) Oral Radiology. Again the part ONE is subdivided into three sections. (A) Diagnostic methods (B) Diagnosis and differential diagnosis (C) Oral Medicine & Therapeutics.

COURSE CONTENT

(1) Emphasis should be laid on oral manifestations of systemic diseases and ill-effects of oral sepsis on general health.
(2) To avoid confusion regarding which lesion and to what extent the student should learn and know, this elaborate syllabus is prepared. As certain lesions come under more than one group, there is repetition.

Part-I ORAL MEDICINE AND DIAGNOSTIC AIDS SECTION (A) – DIAGNOSTIC METHODS.

(1) Definition and importance of Diagnosis and various types of diagnosis
(2) Method of clinical examinations.
(a) General Physical examination by inspection.
(b) Oro-facial region by inspection, palpation and other means
(c) To train the students about the importance, role, use of saliva and techniques of diagnosis of saliva as part of oral disease
(d) Examination of lesions like swellings, ulcers, erosions, sinus, fistula, growths, pigmented lesions, white and red patches
(e) Examination of lymph nodes
(f) Forensic examination – Procedures for post-mortem dental examination; maintaining dental records and their use in dental practice and post-mortem identification; jurisprudence and ethics.
(3) Investigations
(a) Biopsy and exfoliative cytology
(b) Hematological, Microbiological and other tests and investigations necessary for diagnosis and prognosis

SECTION (B) – DIAGNOSIS, DIFFERENTIAL DIAGNOSIS

While learning the following chapters, emphasis shall be given only on diagnostic aspects including differential diagnosis

(1) Teeth: Developmental abnormalities, causes of destruction of teeth and their sequelae and discoloration of teeth
(2) Diseases of bone and Osteodystrophies: Development disorders: Anomalies, Exostosis and tori, infantile cortical hyperostosis, osteogenisis imperfecta, Marfans syndrome,

osteopetrosis. Inflamation – Injury, infection and sperad of infection,fascial space infections, osteoradionecrosis.
Metabolic disorders – Histiocytosis
Endocrine – Acro-megaly and hyperparathyroidism
Miscellaneous – Paget's disease, Mono and polyostotic fibrous dysplasia, Cherubism.
(3) Temparomandibular joint: Developmental abnormalities of the condyle. Rheumatoid arthritis, Osteoarthritis, Sub-luxation and luxation.
(4) Common cysts and Tumors:
CYSTS: Cysts of soft tissue: Mucocele and Ranula
Soft Tissue:Cysts of bone: Odontogenic and nonodontogenic.
TUMORS:
Epithelial: Papilloma, Carcinoma, Melanoma Connective tissue: Fibroma, Lipoma, Fibrosarcoma
Vascular: Haemangioma, Lymphangioma
Nerve Tissue: Neurofibroma, Traumatic Neuroma, Neurofibromatosis
Salivary Glands: Pleomorphic adenoma, Adenocarcinoma, Warthin's Tumor, Adenoid cystic carcinoma.
Hard Tissue:
Non Odontogenic: Osteoma, Osteosarcoma, Osteoclastoma, Chondroma, Chandrosarcoma, Central giant cell rumor, and Central haemangioma
Odontogenic: Enameloma, Ameloblastoma, Calcifying Epithelial Odontogenic tumor, Adenomatoid Odontogenic tumor, Periapical cemental dysphasia and odontomas
(5) Periodontal diseases: Gingival hyperplasia, gingivitis, periodontitis, pyogenic granuloma
(6) Granulomatous diseases: Tuberculosis, Sarcoidosis, Midline lethal granuloma, Crohn's Disease and Histiocytosis X
(7) Miscellaneous Disorders: Burkitt lymphoma, sturge – Weber syndrome, CREST syndrome, rendu-osler-weber disease

SECTION (C): ORAL MEDICINE AND THERAPEUTICS.
The following chapters shall be studied in detail including the eiology, pathogenesis, clinical features, investigations, differential diagnosis, management and prevention
(1) Infections of oral and paraoral structures:
Bacterial: Streptococcal, tuberculosis, syphillis, vincents, leprosy, actinomycosis, diphtheria and tetanus
Fungal: Candida albicans
Virus: Herpes simplex, herpes zoster, ramsay hunt syndrome, measles, herpangina, mumps, infectious mononucleosis, AIDS and hepatitis-B
(2) Important common mucosal lesions:
White lesions: Chemical burns, leukodema, leukoplakia, fordyce spots, stomatitis nicotina palatinus, white sponge nevus, candidiasis, lichenplanus, discoid lupus erythematosis
Veiculo-bullous lesions: Herpes simplex, herpes zoster, herpangina, bullous lichen planus, pemphigus, cicatricial pemphigoid erythema multiforme.
Ulcers: Acute and chronic ulcers
Pigmented lesions: Exogenous and endogenous
Red lesions: Erythroplakia, stomatitis venenata and medicamentosa, erosive lesions and denture sore mouth.
(3) Cervico-facial lymphadenopathy
(4) Facial pain:
(i) Organic pain: Pain arising from the diseases of orofacial tissues like teeth, pulp, gingival, periodontal tissue, mucosa, tongue, muscles, blood vessels, lymph tissue, bone, paranasal sinus, salivary glands etc.,
(ii) Pain arising due to C.N.S. diseases:
(a) Pain due to intracranial and extracranial involvement of cranial nerves. (Multiple sclerosis, cerebrovascular diseases, trotter's syndrome etc.)
(b) Neuralgic pain due to unknown causes: Trigeminal neuralgia, glossopharyngeal neuralgia, sphenopalatine ganglion neuralgia, periodic migrainous neuralgia and atypical facial pain
(iii) Referred pain: Pain arising from distant tissues like heart, spine etc., (5) Altered sensations: Cacogeusia, halitosis
(6) Tongue in local and systemic disorders: (Aglossia, ankyloglossia, bifid tongue, fissured tongue, scrotal tongue, macroglossia, microglossia, geographic tongue, median rhomboid

glossitis, depapillation of tongue, hairy tongue, atrophic tongue, reactive lymphoid hyperplasia, glossodynia, glossopyrosis, ulcers, white and red patches etc.)
(7) Oral manifestations of:
(i) Metabolic disordeers:
(a) Porphyria
(b) Haemochromatosis
(c) Histocytosis X diseases
(ii) Endocrine disorders:
(a) Pituitary: Gigantism, acromegaly, hypopitutarism
(b) Adrenal cortex: Addison's disease (Hypofuntion) Cushing's syndrome (Hyperfunction)
(c) Parathyroid glands: Hyperparathyroidism.
(d) Thyroid gland: (Hypothyroidism) Cretinism, myxedema
(e) Pancreas: Diabetes
(iii) Nutritional deficiency: Vitamins: riboflavin, nicotinic acid, folic acid Vitamin B12, Vitamin C (Scurvy) (iv) Blood disorders:
(a) Red blood cell diseases
Defficiency anemias: (Iron deficiency, plummer – vinson syndrome, pernicious anemia) Haemolytic anemias: (Thalassemia, sickle cell anemia, erythroblastosis fetalis)
Aplastic anemia
Polycythemia
(b) White Blood cell diseases
Neutropenia, cyclic neutropenia, agranulocytosis,infectious mononeucleosis and leukemias
(c) Haemorrhagic disorders:
Thrombocytopenia, purpura, hemophillia, chrismas disease and von willebrand's disease
(8) Disease of salivary glands:
(i) Development distrubances: Aplasia, atresia and aberration
(ii) Functional disturbances:Xerostomia, ptyalism
(iii) Inflammatory conditions: Nonspecific sialadenitis, mumps, sarcoidosis heerdfort's syndrome (Uveoparotid fever), Necrotising sialometaplasia
(iv) Cysts and tumors: Mucocele, ranula, pleomorphic adenoma, mucoepidermoid carcinoma
(v) Miscellaneous: Sialolithiasis, sjogren's syndrome, mikuliez's disease and sialosis
(9) Dermatological diseases with oral manifestations:
(a) Ectodermal dysplasia (b) Hyperkerotosis palmarplantaris with periodont0opathy (c) Scleroderma (d) Lichen planus including ginspan's syndrome (e) Luplus erythematosus (f) Pemphigus (g) Erythema multiforme (h) Psoriasis
(10) Immunological diseases with oral manifestations
(a) Leukemia (b) Lymphomas (c) Multiple mycloma (d) AIDS clinical manifestations, opportunistic infections, neoplasms (e) Thrombcytopenia (f) Lupus erythematosus (g) Scleroderma (h) dermatomyositis (I) Submucous fibrosis (j) Rhemtoid arthritis (k) Recurrent oral ulcerations including behcet's syndrome and reiter's syndrome
(11) Allergy: Local allergic reactions, anaphylaxis, serum sickness (local and systemic allergic manifestations to food drugs and chemicals)
(12) Foci of oral infection and their ill effects on general health
(13) Management of dental problems in medically comrpomised persons:
(i) Physiological changes: Puberty, pregnancy and menopause
(ii) The patients suffering with cardiac, respiratory, liver, kidney and bleeding disorders, hypertension, diabetes and AIDS. Post-irradiated patients.
(14) Precancerous lesions and conditions
(15) Nerve and muscle diseases:
(i) Nerves: (a) Neuropraxia (b) Neurotemesis (c) Neuritis (d) Facial nerve paralysis including Bell's palsy, Heerfordt's syndrome, Melkerson Rosenthel syndrome and ramsay hunt syndrome (e) Neuroma (f) Neurofibromatosis (g) Frey'syndrome
(ii) Muscles: (a) Myositis ossificans (b) Myofascial pain dysfunction syndrome (c) Trismus
(16) Forensic odontology:
(a) Medicolegal aspects of orofacial injuries
(b) Identification of bite marks
(c) Determination of age and sex

(d) Identification of cadavers by dental appliances, Restorations and tissue remanants

(17) Therapeutics: General therapeutic measures – drugs commonly used in oral medicine viz., antibiotics, chemotherapeutic agents, anti-inflammatory and analgesic drugs, astringents, mouth washes, styptics, demelucents, local surface anaesthetic, sialogogues, antisialogogues and drugs used in the treatment of malignancy

Part – II ORAL RADIOLOGY

(1) Scope of the subject and history of origin
(2) Physics of radiation: (a) Nature and types of radiations (b) Source of radiations (c) Production of X-rays (d) Properties of X-rays (e) Compton effect (f) Photoelectric effect (g) Radiation measuring units
(3) Biological effects of radiation
(4) Radiation safety and protection measures
(5) Principles of image production
(6) Radiographic techniques:
(i) Intra-Oral: (a) Periapical radiographs (Bisecting and parallel technics) (b) Bite wing radiographs (c) Occlusal radiographs
(ii) Extra-oral: (a) Lateral projections of skull and jaw bones and paranasal sinuses (c) Cephalograms (d) Orthopantomograph (e) Projections of temperomandibular joint and condyle of mandible (f) Projections for Zygomatic arches
(iii) Specialised techniques: (a) Sialography (b) Xeroradiography (c) Tomography
(7) Factors in production of good radiographs:
(a) K.V.P. and mA.of X-ray machine (b) Filters (c) Collimations (d) Intensifying screens (e) Grids (f) X-ray films (g) Exposure time (h) Techniques (i) Dark room (j) Developer and fixer solutions (k) Film processing
(8) Radiographic normal anatomical landmarks
(9) Faculty radiographs and artefacts in radiographs
(10) Interpretation of radiographs in various abnormalities of teeth, bones and other orofacial tissues
(11) Principles of radiotherapy of oro-facial malignancies and complications of radiotherapy
(12) Cantrast radiography and basic knowledge of radio-active isotopes
(13) Radiography in Forensic Odontoloy - Radiographic age estimation and post- mortem radiographic methods

PRACTICALS / CLINICALS:

1. Student is trained to arrive at proper diagnosis by following a scientific and systematic proceedure of history taking and examination of the orofacial region. Training is also imparted in management wherever possible. Training also shall be imparted on saliva diagnostic procedures. Training also shall be imparted in various radiographic proceedures and interpretation of radiographs.
2. In view of the above each student shall maintain a record of work done, which shall be evaluated for marks at the time of university examination
3. The following is the minimum of prescribed work for recording
(a) Recording of detailed case histories of interesting cases ……. 10 (b) Intra-oral radiographs (Periapical, bitewing, occlusal) …… 25 (c) Saliva diagnostic check as routine procedure

BOOKS RECOMMENDED:

a) Oral Diagnosis, Oral Medicine & Oral Pathology

1. Burkit – Oral Medicine – J.B. Lippincott Company
2. Coleman – Principles of Oral Diagnosis – Mosby Year Book
3. Jones – Oral Manifestations of Systemic Diseases – W.B. Saunders company
4. Mitchell – Oral Diagnosis & Oral Medicine
5. Kerr – Oral Diagnosis

6. Miller – Oral Diagnosis & Treatment
7. Hutchinson – clinical Methods
8. Oral Pathology – Shafers
9. Sonis.S.T., Fazio.R.C. and Fang.L - Principles and practice of Oral Medicine b) Oral Radiology
1. White & Goaz – Oral Radiology – Mosby year Book
2. Weahrman – Dental Radiology – C.V. Mosby Company
3. Stafne – Oral Roentgenographic Diagnosis – W.B.Saunders Co., c) Forensic Odontology
1. Derek H.Clark – Practical Forensic Odontology - Butterworth-Heinemann (1992)
2.C Michael Bowers, Gary Bell – Manual of Forensic Odontology - Forensic Pr
(1995)

ORTHODONTICS & DENTAL ORTHOPEDICS

COURSE OBJECTIVE

Undergraduate programme in Orthodontics is designed to enable the qualifying dental surgeon to diagnose, analyse and treat common orthodontic problems by preventive, interceptive and corrective orthodontic procedures. The following basic instructional procedures will be adapted to achieve the above objectives.

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 Malocclusion
Principle, 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:
2) Spacing
3) Crowding
4) Cross-Bite: Anterior/Posterior
5) Class III Malocclusion
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 othodontic

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 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
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.

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

7. 3/4 Clasp (C-Clasp)
8. Full Clasp (Jackson's Crib)
9. Adam's Clasp
10. Triangular Clasp

III. Construction of Springs (on upper both sides) Gauge 24 or 0.5mm

11. Finger Spring
12. Single Cantelever Spring
13. Double Cantelever Spring (Z-Spring)
14. T-Springs on premolars

IV. Construction of Canine retractors Gauge 23 or 0.6mm

15. U - Loop canine retractor
(Both sides on upper & lower)

16. Helical canine retractor
(Both sides on upper & lower)

17. 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.

18. 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. NO. EXERCISE

01. Making upper Alginate impression
02. Making lower Alginate impression
03. Study Model preparation
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. NO. EXERCISE
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
6. ORTHODONTIC APPLIANCES C. PHILIP ADAMS
7. CLINICAL ORTHODONTICS: VOL1 & 2 SALZMANN

ORAL & MAXILLOFACIAL SURGERY & ORAL IMPLANTOLOGY

AIM OF THE COURSE: "To produce a graduate who is competent in performing extraction of teeth under both local and general anaesthesia, prevent and manage related complications, acquire a reasonable knowledge and understanding of the various diseases, injuries, infections occurring in the Oral & Maxillofacial region and offer solutions to such of those common conditions and has an exposure in to the in-patient management of maxillofacial problems."

OBJECTIVES:

a) Knowledge & Understanding:
At the end of the course and the clinical training the graduate is expected to -
1. Able to apply the knowledge gained in the related medical subjects like pathology, microbiology and general medicine in the management of patients with oral surgical problem.
2. Able to diagnose, manage and treat (understand the principles of treatment of) patients with oral surgical problems.
3. Knowledge of range of surgical treatments.
4. Ability to decide the requirement of a patient to have oral surgical specialist opinion or treatment.
5. Understand the principles of in-patient management.
6. Understanding of the management of major oral surgical procedures and principles involved in patient management.
7. Should know ethical issues and communication ability. b) Skills:
1. A graduate should have acquired the skill to examine any patient with an oral surgical problem in an orderly manner. Be able to understand requisition of various clinical and laboratory investigations and is capable of formulating differential diagnosis.
2. Should be competent in the extraction of teeth under both local and general anaesthesia.
3. Should be able to carry out certain minor oral surgical procedures under L.A. like frenectomy, alveolar procedures & biopsy etc.
4. Ability to assess, prevent and manage various complications during and after surgery.
5. Able to provide primary care and manage medical emergencies in the dental office.
6. Understanding of the management of major oral surgical problems and principles involved in inpatient management.

DETAILED SYLLABUS
1. Introduction, definition, scope, aims and objectives.
2. Diagnosis in oral surgery:
(A) history taking (B) Clinical examination © Investigations.
3. Principles of infection control and cross-infection control with particular reference to HIV/AIDS and Hepatitis.

4. Principles of Oral Surgery -
a) Asepsis: Definition, measures to prevent introduction of infection during surgery.
1. Preparation of the patient
2. Measures to be taken by operator
3. Sterilisation of instruments - various methods of sterilisation etc.
4. Surgery set up.

b)Painless Surgery:
1. Pre- anaesthetic considerations
Pre-medication: purpose, drugs used
2. Anaesthetic considerations -
a) Local b) Local with IV sedations

3. Use of general anaesthetic c) Access:
Intra-oral: Mucoperiosteal flaps, principles, commonly used intra oral incisions.
Bone Removal: Methods of bone removal. Use of Burs: Advantages & precautions
Bone cutting instruments: Principles of using chisel & osteotome.

Extra-oral: Skin incisions - principles, various extra-oral incision to expose facial skeleton.
a) Submandibular b) Pre auricular b) Incision to expose maxilla & orbit
c) Bicoronal incision

d) Control of haemorrhage during surgery
Normal Haemostasis
Local measures available to control bleeding
Hypotensive anaesthesia etc.

e) Drainage & Debridement
Purpose of drainage in surgical wounds
Types of drains used
Debridement: purpose, soft tissue & bone debridement.

f)Closure of wounds
Suturing: Principles, suture material, classification, body response to various materials etc.

g) Post operative care
Post operative instructions Physiology of cold and heat Control of pain - analgesics Control of infection - antibiotics
Control of swelling - anti-inflammatory drugs
Long term post operative follow up - significance.

5. Exodontia: General considerations
Ideal Extraction.
Indications for extraction of teeth
Extractions in medically compromised patients. Methods of extraction -
(a) Forceps or intra-alveolar or closed method.
Principles, types of movement, force etc. (b) Trans-alveolar, surgical or open method
Indications, surgical procedure.
Dental elevators: uses, classification, principles in the use of elevators, commonly used elevators.
Complications of Exodontia - Complications during exodontia Common to both maxilla and mandible. Post-operative complications -
Prevention and management of complications. Impacted teeth:
Incidence, definition, aetiology.
(a) Impacted mandibular third molar.
Classification, reasons for removal, Assessment - both clinical & radiological

Surgical procedures for removal. Complications during and after removal, Prevention and management.
(b) Maxillary third molar,
Indications for removal, classification, Surgical procedure for removal.
© Impacted maxillary canine Reasons for canine impaction, Localization, indications for removal, Methods of management, labial and palatal approach, Surgical exposure, transplantation, removal etc.
7. Pre-prosthetic Surgery:
Definition, classification of procedures
(a) Corrective procedures: Alveoloplasty, Reduction of maxillary tuberosities, Frenoctemies and removal of tori.
(b) Ridge extension or Sulcus extension procedures
Indications and various surgical procedures
(c) Ridge augmentation and reconstruction.
Indications, use of bone grafts, Hydroxyapatite
Implants - concept of osseo integration Knowledge of various types of implants and surgical procedure to place implants.

8. Diseases of the maxillary sinus
Surgical anatomy of the sinus. Sinusitis both acute and chronic
Surgical approach of sinus - Caldwell-Luc procedure
Removal of root from the sinus.
Oro-antral fistula - aetiology, clinical features and various surgical methods for closure.

9. Disorders of T.M. Joint
Applied surgical anatomy of the joint.
Dislocation - Types, aetiology, clinical features and management. Ankylosis - Definition, aetiology, clinical features and management
Myo-facial pain dysfunction syndrome, aetiology, clinical features, management - Non surgical and surgical.
Internal derangement of the joint.

Arthritis of T.M. Joint.
10. Infections of the Oral cavity
Introduction, factors responsible for infection, course of odontogenic infections, spread of odontogenic infections through various facial spaces. Dento-alveolar abscess - aetiology, clinical features and management. Osteomyelitis of the jaws - definition, aetiology, pre-disposing factors, classification, clinical features and management.
Ludwigs angina - definition, aetiology, clinical features, management and complications.
11. Benign cystic lesions of the jaws - Definition, classification, pathogenesis.
Diagnosis - Clinical features, radiological, aspiration biopsy, use of contrast media and histopathology.
Management - Types of surgical procedures, Rationale of the techniques, indications, procedures, complications etc.
12. Tumours of the Oral cavity - General considerations
Non odontogenetic benign tumours occuring in oral cavity - fibroma, papilloma, lipoma, ossifying fibroma, mynoma etc.
Ameloblastoma - Clinical features, radiological appearance and methods of management.
Carcinoma of the oral cavity - Biopsy - types
TNM classification.
Outline of management of squamous
Cell carcinoma: surgery, radiation and chemotherapy
Role of dental surgeons in the prevention and early detection of oral cancer.

13. Fractures of the jaws -
General considerations, types of fractures, aetiology, clinical features and general principles of management.
mandibular fractures - Applied anatomy, classification. Diagnosis - Clinical and radiological
Management - Reduction closed and open
Fixation and immobilisation methods
Outline of rigid and semi-rigid internal fixation.
Fractures of the condyle - aetiology, 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
Classification, clinical features, indications for treatment, various methods of reduction and fixation.
Complications of fractures - delayed union, non-union and malunion.

14. Salivary gland diseases -
Diagnosis of salivary gland diseases' Sialography, contrast media, procedure. Infections of the salivary glands
Sialolithiasis - Sub mandibular duct and gland and parotid duct. Clinical features, management.
Salivary fistulae
Common tumours of salivary glands like Pleomorphic adenoma including minor salivary glands.

15. Jaw deformities -
Basic forms - Prognathism, Retrognathism and open bite. Reasons for correction.
Outline of surgical methods carried out on mandible and maxilla.

16. Neurological disorders -
Trigeminal neuralgia - definition, aetiology, clinical features and methods of management including surgical.
Facial paralysis - Aetiology, clinical features. Nerve injuries - Classification, neurorhaphy etc.

17. Cleft Lip and Palate -
Aetiology of the clefts, incidence, classification, role of dental surgeon in the management of cleft patients.
Outline of the closure procedures.

18. Medical Emergencies in dental practice -
Primary care of medical emergencies in dental practice particularly - (a) Cardio vascular (b) Respiratory © Endocrine
(b) Anaphylactic reaction (e) Epilepsy (f) Epilepsy

19. Emergency drugs & Intra muscular I.V. Injections -
Applied anatomy, Ideal location for giving these injections, techniques etc. LOCAL

ANAESTHESIA:
Introduction, concept of L.A., classification of local anaesthetic agents, ideal requirements, mode of action, types of local anaesthesia, complications.

Use of Vaso constrictors in local anaesthetic solution - Advantages, contra-indications, various vaso constrictors used. Anaesthesia of the mandible -
Pterygomandibular space - boundaries, contents etc. Interior Dental Nerve Block - various techniques Complications
Mental foramen nerve block Anaesthesia of Maxilla - Intra - orbital nerve block.
Posterior superior alveolar nerve block
Maxillary nerve block - techniques.

GENERAL ANAESTHESIA -
Concept of general anaesthesia.
Indications of general anaesthesia in dentistry. Pre-anaesthetic evaluation of the patient.
Pre-anaesthetic medication - advantages, drugs used. Commonly used anaesthetic agents.
Complication during and after G.A.
I.V. sedation with Diazepam and Medozolam. Indications, mode of action, technique etc.
Cardiopulmonary resuscitation
Use of oxygen and emergency drugs. Tracheostomy.

RECOMMENDED BOOKS:

1. Impacted teeth; Alling John F & etal.
2. Principles of oral and maxillofacial surgery; Vol.1,2 & 3 Peterson LJ & etal.
3. Text book of oral and maxillofacial surgery; Srinivasan B.
4. Handbook of medical emergencies in the dental office, Malamed SF.
5. Killeys Fractures of the mandible; Banks P.
6. Killeys fractures of the middle 3rd of the facial skeleton; Banks P.
7. The maxillary sinus and its dental implications; McGovanda
8. Killey and Kays outline of oral surgery – Part-1; Seward GR & etal
9. Essentials of safe dentistry for the medically compromised patients; Mc Carthy FM
10. Oral & maxillofacial surgery, Vol 2; Laskin DM
11. Extraction of teeth;Howe, GL

12. Minor Oral Surgery; Howe.GL
13. Contemporary oral and maxillofacial surgery; Peterson I.J.& EA
14. Oral and maxillofacial infections; Topazian RG & Goldberg MH

PROSTHODONTICS, CROWN & BRIDGE, AESTHETIC DENTISTRY & ORAL IMPLANTOLOGY

Complete Dentures

A. Applied Anatomy and Physiology.
1. Introduction
2. Biomechanics of the edentulous state.
3. Residual ridge resorption. B. Communicating with the patient
1. Understanding the patients.
¾ 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 patient.
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 procedure. c) Secondary hard & soft tissue procedure.
d) Implant procedure.
e) Congenital deformities. f) Postoperative procedure.
F. Principles of Retention, Support and Stability
G. Impressions - detail.
a) Muscles of facial expression.
b) Biologic 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 & 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.
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.
V. Immediate complete dentures construction procedure- discuss in brief. W.. The single complete denture- discuss in brief.
X.. Overdentures denture- discuss in brief.
Y. Dental implants in complete denture - discuss in brief.
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, contraindications
8. Maintenance Phase

Removable Partial Dentures
1. Introduction
2. Classification. ¾ Terminologies and scope
3. Examination, Diagnosis & Treatment planning & evaluation of diagnostic data.
4. Components of a removable partial denture.
¾ Major connectors,
¾ minor connectors,
¾ Rest and rest seats.
5. Components of a Removable Partial Denture.
¾ Direct retainers,
¾ Indirect retainers,
¾ Tooth replacement.
6. Principles of Removable Partial Denture Design.
7. Survey and design – in brief.
¾ Surveyors.
¾ Surveying.
¾ 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.

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, contraindications
8. Maintenance Phase

Fixed Partial Dentures
Topics 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. 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
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, contraindications
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 prosthdontics by – Ernest L. Miller and Joseph E. Grasso.

PERIODONTOLOGY & ORAL IMPLANTOLOGY

OBJECTIVES:
The student shall acquire the skill to perform dental scaling ,diagnostic tests of periodontal diseases; to use the instruments for periodontal therapy and maintenance of the same.
The student shall develop attitude to impart the preventive measures namely, the prevention of periodontal diseases and prevention of the progress of the disease. The student shall also develop an attitude to perform the treatment with full aseptic precautions; shall develop an attitude to prevent iatrogenic diseases; to conserve the tooth to the maximum possible time by maintaining periodontal health and to refer the patients who require specialist's care.
1. Introduction: Definition of Periodontology, Periodontics, Periodontia, Brief historical background, Scope of Periodontics
2. Development of perio-dontal 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 periodontal structures and their significance in Geriatric dentistry | Age changes in teeth and periodontal structures and their association with periodontal diseases | 1 |
| 5. | Classification of periodontal diseases | Need for classification, Scientific basis of classification<br>Classification of gingival and periodontal diseases as described in World Workshop1989<br>Gingivitis:<br>Plaque associated,ANUG,steroid hormone influenced, Medication influenced, Desquamative gingivitis, other forms of gingivitis as in<br>nutritional deficiency, bacterial and viral infections etc.<br>Periodontitis:<br>Adult periodontitis, Rapidly progressive periodontitis A&B, Juvenile periodontitis(localized, generalized, and post- juvenile),<br>Prepubertal periodontitis, Refractory periodontitis | 1 |

6. Gingival diseases Localized and generalized gingivitis, Papillary, 6 marginal and diffuse gingivitis
Etiology, pathogenesis, clinical signs, symptoms and management of
i) Plaque associated gingivitis
ii) Systemically aggravated gingivitis(sex hormones, drugs and systemic diseases)
iii) ANUG
iv) Desquamative gingivitis-Gingivitis associated with lichen planus, pemphigoid, pemphigus, and other vesiculobullous lesions
v) Allergic gingivitis
vi) Infective gingivitis-Herpetic, bacterial and candidial
vii) Pericoronitis
viii) Gingival enlargement (classification and differential diagnosis)
7 Epidemiology of periodontal diseases
8. Extension of inflammation from gingival
Definition of index, incidence, 2 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.
-Public health significance(All these topics are covered at length under community dentistry. Hence, the topics may be discussed briefly. However, questions may be asked from the topics for examination
Mechanism of spread of inflammation from 1 gingival area to deeper periodontal structures
Factors that modify the spread
9. Pocket Definition, signs and symptoms, classification, 2 pathogenesis, histopathology, root surface changes
and contents of the pocket
10. Etiology Dental Plaque (Biofilm) 5
-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 ssociated with periodontal diseases
-Plaque retentive factors
-Materia alba
-Food debris
Calculus
-Definition
-Types, composition, attachment, theories of formation
-Role of calculus in disease
Food Impaction
-Definition
-Types, Etiology
-Hirschfelds' classification
-Signs ,symptoms &sequelae of treatment
Trauma from occlusion
-Definition, Types
-Histopathological changes
-Role in periodontal disease
-Measures of management in brief
Habits
-Their periodontal significance
-Bruxism &parafunctional habits, tongue thrusting
,lip biting, occupational habits IATROGENIC FACTORS Conservative Dentistry
-Restorations
-Contact point, marginal ridge, surface roughness, overhanging restorations, interface between restoration and teeth
Prosthodontics
-Interrelationship
-Bridges and other prosthesis, pontics(types)
,surface contour, relationships of margins to the periodontium, Gingival protection theory, muscle action theory& theory of access to oral hygiene. Orthodontics
-Interrelationship, removable appliances &fixed appliances
-Retention of plaque, bacterial changes
Systemic diseases
-Diabetes, sex hormones, nutrition(Vit.C
&proteins)
-AIDS & periodontium
-Hemorrhagic diseases, Leukemia, clotting factor disorders,PMN disorders
11. Risk factors Definition. Risk factors for periodontal diseases 1
12. Host response -Mechanism of initiation and 3 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
13. Periodontitis -Etiology ,histopathology ,clinical 6 signs & symptoms, diagnosis and treatment of adult periodontitis
-Periodontal abscess; definition, classification, pathogenesis, differential diagnosis and treatment
-Furcation involvement, Glickmans' classification, prognosis and management
-Rapidly progressive periodontitis
-Juvenile periodontitis: Localized and generalized
-Post-juvenile periodontitis
-Periodontitis associated with systemic diseases
-Refractory periodontitis

14. Diagnosis - Routine procedures, methods of probing, 2 types of probes,(According to case history)
- -Halitosis: Etiology and treatment. Mention advanced diagnostic aids and their role in brief.
15. Prognosis - Definition, types, purpose and factors to be 1 taken into consideration
16. Treatment plan - Factors to be considered
17. Periodontal therapy
- A. General principles of periodontal 3 therapy. Phase I,II, III, IV therapy. Definition of periodontal regeneration, repair,
18. Pocket eradication
procedures
new attachment and reattachment. B.Plaque control
i. Mechanical tooth brushes
,interdental cleaning aids, dentifrices
ii. Chemical; classification and mechanism of action of each
& pocket irrigation
- Scaling and root planing: 5
- Indications
- Aims & objectives
- Healing following root planning
- Hand instruments, sonic, ultrasonic
&piezo-electric scalers
- Curettage &present concepts
- Definition
- Indications
- Aims &objectives
- Procedures & healing response
- Flap surgery
- Definition
-Types of flaps, Design of flaps, papilla preservation
- Indications &contraindications
- Armamentarium Surgical procedure & healing response
9. Osseous Surgery Osseous defects in periodontal disease 2
-Definition
-Classification
-Surgery: resective, additive osseous surgery
(osseous grafts with classification of grafts)
-Healing responses
-Other regenerative procedures; root conditioning
-Guided tissue regeneration

20. Mucogingival surgery &periodontal plastic surgeriesDefinition 3
Mucogingival problems: etiology, classification of gingival recession (P.D.Miller Jr. and Sullivan and Atkins)Indications & objectivesGingival extension procedures: lateral pedicle graft, frenectomy, frenotomy Crown lengthening procedures Periodontal microsurgery in brief

21. Splints -Periodontal splints 1
-Purpose & classification
-Principles of splinting

22. Hypersensitivity Causes, Theories & management 1

23. Implants Definition, types, scope &biomaterials used. 1
Periodontal considerations: such as implant-bone interface, implant-gingiva interface, implant failure, peri-implantitis &management

24. Maintenance phase (SPT) -Aims, objectives, and principles 1
-Importance
-Procedures
-Maintenance of implants

25. Pharmaco-therapy -Periodontal dressings 2
-Antibiotics & anti-inflammatory drugs
-Local drug delivery systems

26. Periodontal management of medically compromised patients Topics concerning periodontal management of medically compromised patients 1

27. Inter-disciplinary care -Pulpo-periodontal involvement 1
-Routes of spread of infection
-Simons' classification
-Management

28. Systemic effects of periodontal diseases in brief Cardiovascular diseases, Low birth weight babies etc. 1

29. Infection control protocol Sterilization and various aseptic procedures 1

TUTORIALS DURING CLINICAL POSTING;

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 investigation
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 planing local drug delivery and SPT. Shall be given demonstration of all periodontal surgical procedures.

DEMONSTRATIONS:
1.History taking and clinical examination of the patients
2. Recording different indices
3. Methods of using various scaling and surgical instruments
4. Polishing the teeth
5. Bacterial smear taking
6. Demonstration to patients about different oral hygiene aids
7. Surgical procedures- gingivectomy, gingivoplasty, and flap operations
8 Follow up procedures, post operative care and supervision

REQUIREMENTS:

1. Diagnosis, treatment planning, and discussion and total periodontal treatment- 25 cases
2. Dental scaling, oral hygiene instructions- 50 complete cases/ equivalent
3. Assistance in periodontal surgery- 5 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:

1. 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.

CONSERVATIVE, ENDODONTICS & AESTHETIC DENTISTRY

OBJECTIVES:

A. Knowledge and understanding
B. Skills and
C. Attitudes.

A). Knowledge And Under Standing:

The graduate should acquire the following knowledge during the period of training. i. To diagnose and treat simple restorative work for teeth.
ii. To gain knowledge about aesthetic restorative material and to translate the same to patients needs.
iii. To gain the knowledge about endodontic treatment on the basis of scientific foundation.
iv. To carry out simple endodontic treatment.
v. To carry out simple luexation of tooth and its treatment and to provide emergency endodontic treatment.

A) Skills: He should attain following skills necessary for practice of dentistry i) To use medium and high speed hand pieces to carry out restorative work.
ii) Poses the skills to use and familiarise endodontic instruments and materials needed for carrying outsimple endodontic treatment.
iii) To achieve the skills to translate patients esthetic needs along with function.
B) Attitudes:
i). Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.
ii). Willingness to participate in CDE programme to update the knowledge and professional skill from time to time.
iii). To help and participate in the implementation of the national oral health policy.
iv). He should be able to motivate the patient for proper dental treatment at the same time proper maintenance of oral hygiene should be emphasise which will help to maintain the restorative work
and prevent future damage.

9. Introduction :
Definition aims objectives of Conservative Dentistry scope and future of Conservative Dentistry.
10.Nomenclature Of Dentition:
Tooth numbering systems A.D.A. Zsigmondy Palmer and F.D.I. systems.
11.Principles Of Cavity Preparation :
Steps and nomenclature of cavity preparation classification of cavities, nomenclature of floors angles of cavities.
12.Dental Caries :
Aetiology, classification clinical features, morphological features, microscopic features, clinical diagnosis and sequel of dental caries.
13.Treatment Planning For Operative Dentistry:
Detailed clinical examination , radiographic examination, tooth vitality tests, diagnosis and treatment planning, preparation of the case sheet.
14.Gnathological Concepts Of Restoration:
Physiology of occlusion, normal occlusion, Ideal occlusion,mandibular movements and occlusal analysis. Occlusal rehabilitation and restoration.
7. Aramamentarium For Cavity Preparation:
General classification of operative instruments, Hand cutting instruments design formula and sharpening of instruments. Rotary cutting instruments dental bur, mechanism of cutting, evaluation of hand piece and speed current concepts of rotary cutting procedures. Sterilisation and maintenance of instruments. Basic instrument tray set up.
8. Control Of Operating Filed:
Light source sterilisation field of operation control of moisture, rubber dam in detail, cotton rolls and anti sialogagues.
9. Amalgam Restoration
Indication contraindication, physical and mechanical properties , clinical behaviour. Cavity preparation for Class I , II, V and III. Step wise procedure for cavity preparation and restoration. Failure of amalgam restoration.
10. Pulp Protection :
Liners, varnishes and bases, Zinc phosphate, zinc polycarboxylate, zinc oxide eugenol and glass inomer cements.
11.Anterior Restorations :
Selection of cases, selection of material, step wise procedures for using restorations , silicate ( theory only) glass inomers, composites, including sand witch restorations and bevels of the same with a note on status of the dentine bonding agents.
12. Direct Filling Gold Restorations .
Types of direct filling gold indications and limitations of cohesive gold. Annealing of gold foil cavity preparation and condensation of gold foils.
13. Preventive Measures In Restorative Practice
Plaque Control
Pit and fissure sealants dietary measures restorative procedure and periodontal health. Contact and contour of teeth and restorations matrices tooth separation and wedges.

14. Temporisation Or Interim Restoration
15. Pin Amalgam Restoration Indication Contra Indication
Advantages disadvantages of each types of pin methods of placement use of auto matrix. Failure of pin amalgam restoration.
16. Management Of Deep Carious Lesions Indirect And Direct Pulp
Capping.
17. Non Carious Destruction's Tooth Structures Diagnosis And Clinical
Management
18.Hyper Sensitive Dentine And Its Management.
19. Cast Restorations
Indications, contra indications, advantages and disadvantages and materials used for same Class II and Class I cavity preparation for inlays fabrication of wax pattern spurring inverting and casting procedures & casting defects.
20. Die Materials And Preparation Of Dies.
21. Gingival Tissue Management For Cast Restoration And Impression

Procedures
22. Recent Cavity Modification Amalgam Restoration.
22. Differences Between Amalgam And Inlay Cavity Preparation With Note On All
The Types Of Bewels Used For Cast Restoration
24. Control Of Pain During Operative Procedures.
25.Treatment Planning For Operative Dentistry Detailed Clinical Examination Radiographic Examination
26.Vitality Tests, Diagnosis And Treatment Planning And Preparation Of Case Sheet.
27.Applied Dental Materials.
1. Biological Considerations.
Evaluation, clinical application and adverse effects of the following materials. Dental cements, Zinc oxide euginol cements zinc phosphate cements, polycarboxylates glass ionomer cements, silicate cement calcium hydroxides varnishes.
2. Dental amalgam, technical considerations mercury toxicity mercury hygiene.
3. Composite, Dentine bonding agents, chemical and light curing composites
4. Rubber base Imp. Materials
5. Nobel metal alloys & non noble metal alloys
6. Investment and die materials
7. Inlay casting waxes
8. Dental porcelain
28. Endodontics: introduction definition scope and future of endodontics
29. Clinical diagnostic methods
30. emergency endodontic procedures
31. Pulpal diseases causes, types and treatment .
32. Periapical diseases: acute periapical abscess, acute periodontal abscess phoeix abscess, chronic alveolar abscess granuloma cysts condensing osteits, external resorption.
33. Vital pulp therapy: indirect and direct pulp capping pulpotomy different types and medicaments used.
34. Apexogenisis and apexification or problems of open apex.
35. Rationale of endodontic treatment case selection indication and contraindications for root canal treatments.
36. Principles of root canal treatment mouth preparation root canal instruments, hand instruments, power driven instruments, standardisation color coding principle of
usingendodontic instruments. Sterilisation of root canal instruments and materials rubber dam application.
37. Anatomy of the pulp cavity: root canals apical foramen. Anomalies of pulp cavities access cavity preparation of anterior and premolar teeth.
38. Preparation of root canal space . Determination of working length, cleaning and shaping of root canals, irrigating solution chemical aids to instrumentation.
39. Disinfection of root canal space intracanal medicaments, poly antibiotic paste gross mans paste, mummifying agents. Out line of root canal treatment, bacteriological examinations, culture methods.
40. Problems during cleaning and shaping of root canal spaces. Perforation and its management. Broken instruments and its management, management of single and double curved root canals.
41. Methods of cleaning and shaping like step back crown down and conventional methods.
42. Obturation of the root canal system. Requirements of an ideal root canal filling material obturation methods using gutta percha healing after endodontic treatment. Failures in endodontics.
43. root canal sealers. Ideal properties classification. Manipulation of root canal sealers.
44. post endodontic restoration fabrication and components of post core preparation.
45. smear layer and its importance in endodontics and conservative treatment.
46. discoloured teeth and its management. Bleaching agents, vital and non vital bleaching methods.
47. traumatised teeth classification of fractured teeth. Management of fractured tooth and root. Luxated teeth and its management.
48. endodontic surgeries indication contraindications, pre operative preparation. Pre medication surgical instruments and techniques apicectomy, retrograde filling, post operative sequale terphination hemisection, radiscetomy techniques of tooth reimplantation (both intentional and accidental) endodontic implants.

49. root resorption.
50. emergency endodontic procedures.
51. lasers in conservative endodontics (introduction only) practice management
52. professional association dentist act 1948 and its amendment 1993.
53. duties towards the govt. Like payments of professional tax, income tax.
54. financial management of practice
55. dental material and basic equipment management.

OPTIONAL SUBJECTS:

AESTHETIC DENTISTRY

Esthetic Dentistry is gaining more popularity since last decade. It is better that undergraduate students should understand the philosophy and scientific knowledge of the esthetic dentistry.

1. Introduction and scope of esthetic dentistry
2. Anatomy & physiology of smile
3. Role of the colour in esthetic dentistry
4. Simple procedures (roundening of central incisors to enhance esthetic appearance)
5. Bleaching of teeth
6. Veneers with various materials
7. Prevedntive and interceptive esthetics
8. Ceramics
9. Simple gingival contouring to enhance the appearance
10. Simple clinical procedures for BDS students

Recommended books:

1. Esthetic guidelines for restorative dentistry; Scharer & others
2. Esthetics of anterior fixed prosthodontics; Chiche (GJ) & Pinault (Alain)
3. Esthetic & the treatment of facial form, Vol 28; Mc Namara (JA)5

FORENSIC ODONTOLOGY

Definition

Forensic is derived from the Latin word forum, which means 'court of law.' Odontology literally implies 'the study of teeth.' Forensic odontology, therefore, has been defined by the Fédération Dentaire International (FDI) as "that branch of dentistry which, in the interest of justice, deals with the proper handling and examination of dental evidence, and with the proper evaluation and presentation of dental findings."

At the end of the programme, the dental graduate should:

1. Have sound knowledge of the theoretical and practical aspects of forensic odontology.
2. Have an awareness of ethical obligations and legal responsibilities in routine practice and forensic casework.
3. Be competent to recognise forensic cases with dental applications when consulted by the police, forensic pathologists, lawyers and associated professionals.
4. Be competent in proper collection of dental evidence related to cases of identification, ethnic and sex differentiation, age estimation and bite marks.
5. Be able to assist in analysis, evaluation, and presentation of dental facts within the realm of law.

Curriculum for forensic odontology

1. Introduction to forensic dentistry
    - Definition and history
    - Recent developments and future trends
2. Overview of forensic medicine and toxicology
    - Cause of death and postmortem changes
    - Toxicological manifestations in teeth and oral tissues
3. Dental identification
    - Definition

- Basis for dental identification
- Postmortem procedures
- Dental record compilation and interpretation
- Comparison of data, and principles of report writing
- Identification in disasters and handling incinerated remains
- Postmortem changes to oral structures

4. Maintaining dental records
   - Basic aspects of good record-keeping
   - Different types of dental records
   - Dental charts
   - Dental radiographs
   - Study casts
   - Denture marking
   - Photographs
   - Dental notations
   - Relevance of dental records in forensic investigation
5. Age estimation
   - Age estimation in children and adolescents
   - Advantages of tooth calcification over 'eruption' in estimating age
   - Radiographic methods of Schour & Massler, Demirjian et al
   - Age estimation in adults
     - Histological methods – Gustafson's six variables and Johanson's modification, Bang & Ramm's dentine translucency
     - Radiographic method of Kvaal et al
   - Principles of report writing
6. Sex differentiation
   - Sexual dimorphism in tooth dimensions (Odontometrics)
7. Ethnic variations ('racial' differences) in tooth morphology
   - Description of human population groups
   - Genetic and environmental influences on tooth morphology
   - Description of metric and non-metric dental features used in ethnic differentiation
8. Bite mark procedures
   - Definition and classification
   - Basis for bite mark investigation
   - Bite mark appearance
   - Macroscopic and microscopic ageing of bite marks
   - Evidence collection from the victim and suspect of bite mark
   - Analysis and comparison
   - Principles of report writing
   - Animal bite investigation
9. Dental DNA methods
   - Importance of dental DNA evidence in forensic investigations
   - Types of DNA and dental DNA isolation procedures
   - DNA analysis in personal identification
   - Gene-linked sex dimorphism
   - Population genetics
10. Jurisprudence and ethics
    - Fundamentals of law and the constitution
    - Medical legislation and statutes (Dental and Medical Council Acts, etc)
    - Basics of civil law (including torts, contracts and consumer protection act)
    - Criminal and civil procedure code (including expert witness requirement)
    - Assessment and quantification of dental injuries in courts of law
    - Medical negligence and liability
    - Informed consent and confidentiality
    - Rights and duties of doctors and patients
    - Medical and dental ethics (as per Dentists' Act)

Theory sessions and practical exercises
Total hours for the course

Didactic – 10-12 hours
Practical – 20-25 hours

Detailed didactic sessions for the above components, either in the form of lectures or as structured student-teacher interactions, is essential. Specialists from multiple disciplines, particularly from legal and forensic sciences, can be encouraged to undertake teaching in their area of expertise.
An interactive, navigable and non-linear (INN) model may also be utilised for education. Practical exercises (real-life casework and/or simulated cases) must complement didactic sessions to facilitate optimal student understanding of the subject. Mandatory practical training in dental identification methods, dental profiling (ethnic and sex differences, radiographic age estimation), and bite mark procedures, is of paramount importance. In addition, practical exercises/demonstrations in histological age estimation, comparative dental anatomy, DNA methods, medical autopsy, court visits, and other topics may be conducted depending on available expertise, equipment and feasibility.

Approach to teaching forensic odontology
Forensic odontology could be covered in two separate streams. The divisions include a preclinical stream and a clinical stream.
Preclinical stream

Introduction to forensic odontology
Sex differences in odontometrics
Ethnic variations in tooth morphology
Histological age estimation
Dental DNA methods
Bite marks procedures
Overview of forensic medicine and toxicology

It could prove useful to undertake the preclinical stream in II or III year under Oral Biology/Oral Pathology since these aspects of forensic odontology require grounding in dental morphology, dental histology and basic sciences, which, students would have obtained in I and/or II BDS.

Clinical stream

Dental identification
Maintaining dental records
Radiographic age estimation
Medical jurisprudence and ethics

It would be suitable to undertake these topics in the IV or V year as part of Oral Meicine and Radiology, since students require reasonable clinical exposure and acumen to interpret dental records, perform dental postmortems and analyse dental radiographs for age estimation.

ORAL IMPLANTOLOGY
INTRODUCTION TO ORAL IMPLANTOLOGY

Oral Implantology is now emerged as a new branch in dentistry world wide and it has been given a separate status in the universities abroad. In India day to day the practice of treating patients with implants are on rise. In this contest inclusion of this branch into under graduate curriculum has become very essential. The objective behind this is to impart basic knowledge of Oral Implantology to undergraduates and enable them to diagnose, plan the treatment and to carry out the needed pre surgical mouth preparations and treat or refer them to speciality centres. This teaching programme may be divided and carried out by the Dept. of Oral Surgery, Prosthodontics and Periodontics.

1. History of implants, their design & surface characteristics and osseo-integration
2. Scope of oral & maxillofacial implantology & terminologies

3. A brief introduction to various implant systems in practice
4. Bone biology, Morphology, Classification of bone and its relevance to implant treatment and bone augmentation materials.
5. Soft tissue considerations in implant dentistry
6. Diagnosis & treatment planning in implant dentistry
Case history taking/Examination/Medical evaluation/Orofacial evaluation/ Radiographic evaluation/ Diagnostic evaluation/ Diagnosis and treatment planning/ treatment alternatives/ Estimation of treatment costs/ patient education and motivation- 2 Hrs.
7. Pre surgical preparation of patient
8. Implant installation & armamentarium for the Branemark system as a role model
9. First stage surgery - Mandible- Maxilla
10. Healing period & second stage surgery
11. Management of surgical complications & failures
12. General considerations in prosthodontic reconstruction & Bio mechanics
13. Prosthodontic components of the Branemark system as a role model
14. Impression procedures & Preparation of master cast
15. Jaw relation records and construction of suprastructure with special emphasis on occlusion for osseointegrated prosthesis
16. Management of prosthodontic complications & failures
17. Recall & maintenance phase.
Criteria for success of osseointegrated implant supported prosthesis
NOTE:
The lecture programme of Oral Implantology must be well supported with slides, live demonstrations/ other means of Audio-Visual demonstrations.

SUGGESTED BOOKS FOR READING
1. Contemporary Implant Dentistry - Carl .E. Misch
Mosby 1993 First Edition.
2. Osseointegration and Occlusal Rehabilitation Hobo S., Ichida .E. and
Garcia L.T.
Quintessence Publishing
Company, 1989 First Edition.

BEHAVIOURAL SCIENCES

GOAL:
The aim of teaching behavioural sciences to undergraduate student is to impart such knowledge & skills that may enable him to apply principles of behaviour --

a) For all round development of his personality b) In various therapeutic situations in dentistry. The student should be able to develop skills of assessing psychological factors in each patient, explaining stress, learning simple counselling techniques, and improving patients compliance behaviour.

OBJECTIVES:
A) KNOWLEDGE & UNDERSTANDING:
At the end of the course, the student shall be able to:
1) Comprehend different aspects of normal behaviour like learning, memory, motivation, personality & intelligence.
2) Recognise difference between normal and abnormal behaviour.
3) Classify psychiatric disorders in dentistry.
4) Recognise clinical manifestations of dental phobia, dental anxiety, facial pain, orofacial manifestations of psychiatric disorders, and behavioural problems in children. Addictive disorders, psychological disorders in various dental departments.
5) Should have understanding of stress in dentistry and knowledge of simple counselling techniques.
6) Have some background knowledge of interpersonal, managerial and problem solving skills which are an integral part of modern dental practice.
7) Have knowledge of social context of dental care.

B) SKILLS

The student shall be able to:

1) Interview the patient and understand different methods of communication skills in dentist - patient relationship.
2) Improve patients compliance behaviour.
3) Develop better interpersonal, managerial and problem solving skills.
4) Diagnose and manage minor psychological problems while treating dental patients.

INTEGRATION:

The training in Behavioural sciences shall prepare the students to deliver preventive, promotive, curative and rehabilitative services to the care of the patients both in family and community and refer advanced cases to specialised psychiatric hospitals.

Training should be integrated with all the departments of Dentistry, Medicine, Pharmacology, Physiology and Biochemistry.

PSYCHOLOGY:

1. Definition & Need of Behavioural Science. Determinants of Behaviour. Hrs 1 Scope of Behavioural Science.
2. Sensory process & perception perceptual process- clinical applications.
3. Attention - Definition - factors that determine attention. Clinical application.
4. Memory - Memory process - Types of memory , Forgetting:
Methods to improve memory, Clinical assessment of memory & clinical applications.
5. Definition - Laws of learning
Type of learning. Classical conditioning, operant conditioning, cognitive learning,
Insight learning, social learning, observational learning, principles of learning- Clinical application.
6. Intelligence- Definition: Nature of intelligence stability of intelligence Determinants of intelligence, clinical application
7.Thinking - Definition: Types of thinking, delusions, problem solving
8. Motivation - Definition: Motive, drive, needs classification of motives
9. Emotions - Definition differentiation from feelings – Role of hypothalamus, Cerebral cortex, adrenal glands ANS. Theories of emotion, Types of emotions.
Personality. Assessment of personality: Questionnaires, personality inventory, rating scales, Interview projective techniques – Rorshach ink blot test , RAT,CAT

SOCIOLOGY:

Social class, social groups – family, types of family, types of marriages, communities and Nations and institutions.

REFERENCE BOOKS:

1. General psychology -- S.K. Mangal
2. General psychology -- Hans Raj, Bhatia

3. General psychology --Munn
4. Behavioural Sciences in Medical practise -- Manju Mehta
5. Sciences basic to psychiatry -- Basanth Puri & Peter J Tyrer

ETHICS

Introduction: There is a definite shift now from the traditional patient and doctor relationship and delivery of dental care. With the advances in science and technology and the increasing needs of the patient, their families and community, there is a concern for the health of the community as a whole. There is a shift to greater accountability to the society. Dental specialists like the other health professionals are confronted with many ethical problems. It is therefore absolutely necessary for each and every one in the health care delivery to prepare themselves to deal with these problems. To accomplish this and develop human values Council desires that all the trainees undergo ethical sensitization by lectures or discussion on ethical issues, discussion of cases with an important ethical component.

Course content: Introduction to ethics –

- what is ethics?
- What are values and norms?
- How to form a value system in one's personal and professional life?
- Hippocratic oath.
- Declaration of Helsinki, WHO declaration of Geneva, International code of ethics, D.C.I. Code of ethics.

Ethics of the individual – The patient as a person.
Right to be respected Truth and confidentiality Autonomy of decision Doctor Patient relationship[
Profession Ethics – Code of conduct
Contract and confidentiality Charging of fees, fee splitting Prescription of drugs
Over-investigating the patient
Malpractice and negligence

Research Ethics –
Animal and experimental research/humanness
Human experimentation
Human volunteer research-informed consent
Drug trials
Ethical workshop of cases Gathering all scientific factors Gathering all value factors
Identifying areas of value – conflict, setting of priorities
Working our criteria towards decisions

Recommended Reading:
Medical Ethics, Francis C.M., I Ed. 1993, Jaypee Brothers, New Delhi p. 189.