

### ARMY COLLEGE OF DENTAL SCIENCES

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### DENTAL COUNCIL OF INDIA

**BDS COURSE REGULATIONS 2007** 



### DENTAL COUNCIL OF INDIA

Temple Lane, Kotla Road New Delhi – 110 002

### **Course structure-BDS**

Program name	Course		
	Non Core courses	Core courses	
BDS	<ul> <li>Human anatomy , embryology and histology</li> <li>Human physiology and biochemistry</li> <li>General pathology</li> <li>Pharmacology</li> <li>General medicine</li> <li>General surgery</li> <li>Behavioural sciences</li> <li>Ethics</li> </ul>	<ul> <li>Dental anatomy, embryology and oral histology</li> <li>Dental materials</li> <li>Oral pathology and microbiology</li> <li>Conservative dentistry and endodontics</li> <li>Oral and maxillofacial surgery</li> <li>Oral medicine and radiology</li> <li>Orthodontics and dentofacial orthopaedics</li> <li>Pediatric and preventive dentistry</li> <li>Public health dentistry</li> <li>Periodontology</li> <li>Prosthodontics, Crown and Bridge</li> <li>Aesthetic dentistry</li> <li>Oral Implantology</li> <li>Forensic odontology</li> </ul>	

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### **Course structure MDS**

Program name	Core Courses	
MDS	<ul> <li>Conservative dentistry and endodontics</li> <li>Oral and maxillofacial surgery</li> <li>Orthodontics and dentofacial orthopaedics</li> <li>Pediatric and Preventive Dentistry</li> <li>Periodontology</li> <li>Prosthodontics, Crown and Bridge</li> <li>Oral Implantology</li> </ul>	

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### Syllabus of Study

- Human Anatomy, Embryology, Histology & Medical Genetics
- Human Physiology & Biochemistry, Nutrition & Diatics
- Dental Anatomy, Embryology and Oral Histology
- General Pathology & Microbiology
- General and Dental Pharmacology and Therapeutics
- Dental Materials
- 7. Pre Clinical Conservative Dentistry Laboratory Exercisesz
- Oral Pathology & Oral Microbiology
- General Medicine
- General Surgery
- Conservative Dentistry and Endodontics
- Oral & Maxillofacial Surgery
- Oral Medicine and Radiology
- Orthodontics & Dentofacial Orthopaedics
- 15. Paediatric & Preventive Dentistry
- Public Health Dentistry
- Periodontology
- Prosthodontics and Crown & Bridge
- Aesthetic Dentistry
- Forensic Odontology
- 21. Oral Implantology
- Behavioural Science
- 23. Ethics



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## Syllabus of Study I BDS Human Anatomy, Embryology, Histology & Medical genetics

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

### A) GOAL

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

### B) OBJECTIVES:

### a) KNOWLEDGE & UNDERSTANDING:

At the end of the 1st year BDS course in Anatomical Sciences the undergraduate student is Expected to:

- 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.
- Know the microscopic structure of the various tissues, a pre-requisite for understanding of the disease processes.
- Know the nervous system to locate the site of lesions according to the sensory and or motor deficits encountered.
- Have an idea about the basis of abnormal development, critical stages of development, effects of teratogens, genetic mutations and environmental hazards.
- 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.
- To identify the features in radiographs and modern imaging techniques.
- 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.

### 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.

- General disposition of thoracic, abdominal & pelvic organs.
   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 :

Anatomical terms.

2. Skin, superficial fascia & deep fascia

3. Cardiovascular system, portal system collateral circulation and arteries.

4. Lymphatic system, regional lymph nodes

- Osteology Including ossification & growth of bones
   Myology Including types of muscle tissue & innervation.

7. Syndesmology - Including classification of Joints.

8. Nervous system

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. 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

- Thoracic wall
- 2. Heart chambers
- Coronary arteries
   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.

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. Dorsalispedia

d) Lumbar puncture: Demonstration on a dissected specimen of the spinal cord, cauda equina & epidural space and the inter vertebral space between L4 & L5.

### VI. EMBRYOLOGY:

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

### VII. HISTOLOGY:

The Cell:

Basic tissues - Epithelium, Connective tissue including cartilage and bone, Muscle Tissue, Nervous tissue : Peripheral nerve, optic nerve, sensory ganglion, motor ganglion, Skin Classification of Glands

Salivary glands (serous, mucous and mixed gland), Blood vessels, Lymphoid tissue Tooth, lip, tongue, hard palate, oesphagus, stomach, ,duodenum ,ileum, colon, vermiform appendix Liver, Pancreas, Lung, Trachea ,Epiglottis, Thyroid gland , para thyroid gland , supra renal gland and pituitary gland, Kidney, Ureter, Urninary bladder, Ovary and testis.

### VIII. MEDICAL GENETICS:

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

### 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.
- 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.
- 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.

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### Syllabus of Study I BDS Year Human Physiology

### 2. HUMAN PHYSIOLOGY

### A) GOAL

The broad goal of the teaching undergraduate students in Human 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:

- 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
- 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.
- Interprete experimental and investigative data
- 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.

### 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.

<u>Leucocytes</u>: 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

Arterial blood pressure: Definition, normal values & variations, determinants, regulation & measurement of blood pressure.

Coronary circulation.

Cardio vascular homeostasis - Exercise & posture.

### 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.

### CENTRAL NERVOUS SYSTEM

- Organisation of central nervous system
- Neuronal organisation at spinal cord level
- Synapse receptors, reflexes, sensations and tracts
- 5. Functions of cerebellum, thalamus, hypothalamus and cerebral cortex.
- Formation and functions of CSF
- Autonomic nervous system

### 12. SPECIAL SENSES

Fundamental knowledge of vision, hearing, taste and smell.

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
- Differential leucocyte counts 4. Determination of Haemoglobin
- Determination of blood group
   Determination of bleeding time and clotting time
- Examination of pulse
- Recording of blood pressure.
- Determination of packed cell volume and erythrocyte sedimentation rate DEMONSTRATION:
- Determination of specific gravity of blood
- 3. Determination of erythrocyte fragility
- Determination of vital capacity and timed vital capacity

Skeletal muscle experiments.

Frog's gastrocneminus sciatic Study of laboratory appliances in experimental physiology. 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.

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

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:

- i) Rannade; Practical Physiology, 4th edition
- ii) Ghai; a text book of practical physiology
- iii) Hutchison's; Clinical Methods, 20th edition

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## Syllabus of Study I BDS Biochemistry

### 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.

- Need not know the structure of cholesterol. Should know why it cannot be carried free in plasma.
- Mutarotation should not be taught. Student should know why amylase will not hydrolyse cellulose.
- Need not know the details of alpha helix and beta pleats in proteins.
   Should know why haemoglobin is globular and keratin is fibrous.
- Need not know mechanism of oxidative phosphorylation.
   Should know more than 90 % of ATP is formed by this process.
- Need not know details of the conversion of pepsinogen to pepsin. Should know hydrochloric acid cannot break a peptide bond at room temperature.
- Need not remember the steps of glycogenesis. Should know that excess intake of carbohydrate will not increase glycogen level in liver or muscle.
- Need not know about urea or cretinine clearance tests.Should know the basis of increase of urea and creatinine in blood in renal insufficiency.
- Need not know the structure of insulin.
   Should know why insulin level in circulation is normal in most cases of maturity onset diabetes.
- 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 the energy needs.
- Need not know the mechanism of action of prolylhydroxylase.
   Should know why the gum bleeds in scurvy.
- Need not know the structure of Vitamin K.
   Should know the basis of internal bleeding arising due to its deficiency.
- Need not remember the structure of HMGCoA.
   Should know why it does not lead to increased cholesterol synthesis in starvation.

### **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.

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.

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, scrum 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, glycogen storage disorders, glycose 6- phosphate dehydrogenase deficiency, hemoglobinopathies, inborn errors of amino acid metabolism and muscular dystrophy (one or two examples with biochemical basis will be adequate). Scrum enzymes in diagnosis.

### PRACTICALS: Contact hours 50

- 1. Qualitative analysis of carbohydrates
- 2. Color reactions of proteins and amino acids

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 Quantitative estimations	2
8. Titrable acidity and ammonia in urine	2
<ol><li>Free and total acidity in gastric juice</li></ol>	2
10. Blood glucose estimation	2
11. Serum total protein estimation	2
12. Urine creatinine estimation Demonstration	2
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	
20. Blood gas profile in acidosis/ alkalosis	1

### RECOMMEDED BOOKS:

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

### Reference books:

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

Principal

# Syllabus of Study I BDS Dental Anatomy, Embryology and Oral Histology

### 3. DENTAL ANATOMY, EMBRYOLOGY AND ORAL HISTOLOGY

### INTRODUCTION

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

### SKILLS

The student should acquire basic skills in:

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

### **OBJECTIVES**

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

- The student is expected to appreciate the normal development, morphology, structure & functions of
  oral tissues & variations in different pathological/non-pathological states.
- 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.
- 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

- Brief review of development of face, jaws, lip, palate & tongue, with applied aspects.
- 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.
   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.
- Shedding of teeth :
- Factors & mechanisms of shedding of deciduous teeth.
- Complications of shedding.

### III. ORAL HISTOLOGY

- 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.
- 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.
- 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.
- 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

- 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.

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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
- Applied Physiology of the mouth Lavelle
- Physiology & Biochemistry of the mouth Jenkins

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### 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

To demonstrate and apply basic facts, concepts and theories in the field of Pathology.

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

To demonstrate understanding of the capabilities and limitations of morphological Pathology in its contribution to medicine, dentistry and biological research.
 To demonstrate ability to consult resource materials outside lectures, laboratory and tutorial

classes.

COURSE CONTENT A. General Pathology

Introduction to Pathology

Terminologies

The cell in health

The normal cell structure

The cellular functions

Etiology and Pathogenesis of Disease

Cell Injury

Types - congenital

Acquired

Mainly Acquired causes of disease (Hypoxic injury, chemical injury, physical injury, immunological injury)

Degenerations

Amyloidosis

Fatty change Cloudy swelling

Hyaline change, mucoid degeneration Cell death & Necrosis

Apoptasis

Def, causes, features and types of necrosis Gangrene - Dry, wet, gas Pathological Calcifications

(Dystrophic and metastatic)

Inflammation

Definition, causes types, and features

- Acute inflammation

The vascular response

 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

Mechanisms

b. Healing by primary intention
c. Healing by secondary intention
d. Fracture healing
e. Factors influencing healing process

Complications

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 Typhoid
  - Epidemiology
  - Pathogenesis
     Pathological features
  - Diagnostic criterias
- 10. Thrombosis

  - Definition, Pathophysiology
     Formation, complications & Fate of a thrombus
- 11. Embolism
  - Definition

  - TypesEffects
- 12. Ischaemia and Infraction
  - Definition, etiology, types - Infraction of various organs
- 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 and Hepatitis.
- 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
  - The neoplastic cell
  - d. Metastasis
  - Etiology and pathogenesis of neoplasia, Carcinogenesis Tumour biology

  - Oncogenes and anti-oncogenes
  - g. Oncogenesh. Diagnosis
  - Precancerous lesions
  - 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
- Diseases of salivary glands
   Normal structure, Sialadenitis, Tumours
- 27. Common diseases of Bones
  - Osteomyelitis, Metabolic bone diseases, Bone Tumours, Osteosarcoma, Osteocalstoma, Giant cell Turnour, Ewing's sarcoma, Fibrous dysplasia, Aneurysmal bone cyst
- 28. Diseases of Cardiovascular system
  - Cardiac failuare
  - Congenital heart disease ASD, VSD, PDA
    - Fallot's Tetrology

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## Syllabus of II BDS Microbiology

### 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

- Audio visual aids 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.
- relevantly.

  Apply the knowledge gained in related medical subjects like General Medicine and General Surgery and Dental subjects like Oral Pathology, Community Dentistry, Perior Oral Surgery, Pedodontics, Conservative Dentistry and Oral medicine in higher classes. Understand and practice various methods of Sterilisation and disinfection in dental clinics. Have a sound understanding of various infectious diseases and lesions in the oral cavity. Periodontics,

- SKILLS
  Student should have acquired the skill to diagnose, differentiate various oral lesions.
  Should be able to select, collect and transport clinical specimens to the laboratory.
  Should be able to carry out proper aseptic procedures in the dental clinic.

### 48

A brief syllabus of Microbiology is given as follows:

- GENERAL MICROBIOLOGY:
  History, Introduction, Scope, Aims and Objectives.
  Morphology and Physiology of bacteria.
  Detail account of Sterlisation and Disinfection.
  Brief account of Culture media and Culture techniques.
  Basic knowledge of selection, collection, transport, processing of clinical Specimens and identification of bacteria.
  Bacterial Genetics and Drug Resistance in bacteria.

IMMUNOLOGY:
Infection - Definition, Classification, Source, Mode of transmission and types of Infectious disease.
Immunity
Structure and functions of Immune system
The Complement System

- The Complement System
   Antigen
   Immunoglobulins Antibodies General structure and the role played in defense mechanism of the body.
   Immune response
   Antigen Antibody reactions with reference to clinical utility.
   Immuno deficiency disorders a brief knowledge of various types of immuno deficiency disorders A sound knowledge of immuno deficiency disorders relevant to dentistry.
   Hypersensitivity reactions
   Autoimmune disorders Basic knowledge of various types sound knowledge of autoimmune disorders of oral cavity and related structures.
   Immunology of Transplantation and Malignancy
   Immunehaematology

- SYSTEMATIC BACTERIOLOGY:
  Pyogenic coeci 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.
  Corynchacterium diphtheriae mode of spread, important clinical feature, Laboratory diagnosis,
  hemotherapy and Active immunisation.
  Mycobacteria Tuberculosis and Leprosy
  Clostridium Gas gangrene, food poisoning and tetanus.
  Non-sporing Anaerobes in brief about classification and morphology, in detail about dental
  thogens mechanism of disease production and prevention.
  Spirochaetes Treponema pallidum detailed account of Oral Lesions of syphilis,
  Borrelia vincentii.
  Actinomycetes.
  VIROLOGY:

### VIROLOGY:

- Introduction
  General properties, cultivation, host virus interaction with special reference to
- eron. account of Laboratory diagnosis, Chemotherapy and immuno prophylaxis in

- Brite attack.

  Brite attack.

  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

  Bacteriophage structure and Significance

- MYCOLOGY
  Brief Introduction
  Candidosis in detail
  Briefly on oral lesions of systemic mycoses.

- F. 1. 2.
- Brief when the Parastrology:

  Brief introduction protozoans and helminths

  Brief knowledge about the mode of transmission and prevention of commonly se
  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.



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# Syllabus of study II BDS General and Dental Pharmacology and therapeutics

### 5. GENERAL AND DENTAL PHARMACOLOGY AND THERAPEUTICS

### 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.

### OBJECTIVES:

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

- Describe the pharmacokinetics and pharmacodynamics of essential and commonly used drugs in general and in dentistry in particular.
- List the indications, contraindications; interactions, and adverse reactions of commonly used drugs with reason.
- Tailor the use of appropriate drugs in disease with consideration to its cost, efficacy, safety for individual and mass therapy needs.
- 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.
- Integrate the rational drug therapy in clinical pharmacology.
- vi) Indicate the principles underlying the concepts of "Essential drugs".

### SKILLS:

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

- 1) Prescribe drugs for common dental and medical ailments.
- 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.
- marketed preparations commonly used in dentistry.

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

### LECTURE:

- I. GENERAL PHARMACOLOGY:
- 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, Implications of General Principles in clinical dentistry.
- CNS drugs; General anaesthetics, hypnotics, analgescis psychotropic drugs, anti epileptics, muscle relaxants, local anaesthetics, implications of these drugs in clinical dentistry.
- Autonomic drugs; sympathomimetics, antiadrenergic drugs parasympothomimetics and parasympatholytics, Implications of Autonomic drugs in clinical dentistry.
- Cardiovascular drugs; Cardiac stimulants; antihypertensive drugs, vasopressor agents, treatment
  of shock, Antianginal agents and diuretics, Implications of these drugs in clinical dentistry.
- 5. Autocoids:
  - Histamine, antihistamines, prostaglandins, leukotriens and bronchodilators, Implications of Autocoids in clinical dentistry.
- Drugs acting on blood: coagulants and anticoagulants, hematinics, Implications of these drugs in clinical dentistry.
- G.I.T. Drugs, Purgatives, anti-diarrhoeal, antacids, anti-emetics, Implications of these drugs in clinical dentistry.
- Endocrines; Emphasis on treatment of diabetes and glucocorticoids, thyroid and antithyroid agents, drugs affecting calcium balance and anabolic steroids, Implications of these drugs in clinical dentistry.
- 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. Implications of Chemotherapy in clinical dentistry.
- Vitamins : Water soluble vitamins, Vit. D, Vit.K. and Vit. E, Implications of Vitamins in clinical dentistry.
- Pharmacotherapy of emergencies in dental office and emergency drugs tray Implications of Pharmacotherapy in clinical dentistry.
- Chealating agents BAL, EDTA and desferrioxamine,

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### Syllabus of study II BDS Dental Materials

### 6. 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.

### INTRODUCTION

### 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.

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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 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 meatication. 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

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 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, crossinking, plasticizers, 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 & manipulation for each type of resin. The state of the stat 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.

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:

of dental amalgam, application, Alloy classification, manufacture of alloy powder Definition 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:

DENTAL CASTING ALLOTS:

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.

Classification of casting anoys. By function as discription.

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.

101 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, 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.

Desirable characteristics of an abrasive, Rate of abrasion, Size of particle, pressure and speed.

Desirable materials & procedures used. Technical Grading of abrasive & polishing agents. Binder, Polishing materials & procedures used. consideration - Material and procedure used for abrasion and polishin Electrolytic polishing and burnishing.

### DIE AND COUNTER DIE MATERIALS INCLUDING ELECTROFORMING

AND ELECTROPOLISHING.

Types - Gypsum products, Electroforming, Epoxy resin, Amalgam.

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## Syllabus of study III BDS Oral Pathology and Oral Microbiology

### ORAL PATHOLOGY & ORAL MICROBIOLOGY JECTIVES: the end of Oral Pathology & Oral Microbiology course, the student should be able to comprehend The different types of pathological processes, that involve the oral cavity. The manifestations of common diseases, their diagnosis & correlation with clinical pathological 1. the manuestations of common diseases, their diagnosis & correlation with clinical pathological processes. An understanding of the oral manifestations of systemic diseases should help in correlating with the systemic physical signs & laboratory findings. The student should understand the underlying biological principles governing treatment of oral diseases. 3. The principles of certain basic aspects of Forensic Odontology. 5 SKILLS: 1. Mic roscopic study of common lesions affecting oral tissues through microscopic slides & projection Microscopic study of the disease process by surgical specimens. Study of teeth anomalies/polymorphisms through tooth specimens & plaster casts. Microscopic study of plaque pathogens. Study of haematological preparations (blood films) of anaemias & leukemias.

55

- 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.
- 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.

  Foregoin Colontalogy.
- The size, snape, intuitier, stateties of the size and the size of the size. State of the size of the s
- 3.
- 4.
- 5.
- Developmental disturbances of oral & paraoral soft tissues lip & palate clefts, tongue, gingiva, mouth, salivary glands & face.

  Dental Caries:

  Etiopathogenesis, microbiology, clinical features, diagnosis, histopathology, immunology, prevention of the paraoral pathology & Osteomyelitis.

  Etiopathogenesis & its sequelae.

  Etiopathogenesis & its sequelae.

  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. Periodontal Diseases: building the properties of pulp & periapical lesions & osteomyelitis.

  Sequelae of periapical abscess summary of space infections, systemic complications & significance. Periodontal Diseases: building the properties of the properties of pulp & periapical lesions & osteomyelitis.

  Sequelae of periapical abscess summary of space infections, systemic complications & significance.

  Periodontal Diseases: building the properties of the periapical properties of the pr 6.
- 8.
- 9.
- 10.

  - 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 & Resorution 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.
- a) ORAL PRECANCER CANCER; Epidemiology, aetiology, clinical and histopatholotgical features, TNM classification. Recent advances in diagnosis, management and prevention.
  - b) Biopsy: Types of biopsy, value of biopsy, cytology, histo chemistry & frozen sections in diagnosis of oral diseases.
- 19. Principles of Basic Forensic Odontology (Pre-clinical Forensic Odontology):
- Introduction, definition, aims & scope.
- Sex and ethnic (racial) differences in tooth morphology and histological age estimation
- Determination of sex & blood groups from buccal mucosa / saliva.
- Dental DNA methods
- Bite marks, rugae patterns & lip prints.
- Dental importance of poisons and corrosives.
- Overview of forensic medicine and toxicology

### RECOMMENDED BOOKS

- 1. A Text Book of Oral Pathology
- Oral Pathology Clinical Pathologic correlations
- Oral Pathology
- Oral Pathology in the Tropics

- Shafer, Hine & Levy.
- Regezi & Sciubba.
- Soames & Southam.
- Prabhu Wilson, Johnson & Daftary

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### Syllabus of study III BDS General Medicine

### GENERAL MEDICINE

GUIDELINES:
Special emphasis should be given throughout on the importance of various diseases as applicable to

Special precautions/ contraindication of anaesthesia and various dental procedures in different systemic diseases.

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)

1. Aims of medicine Definitions of signs, symptoms, diagnosis, differential diagnosis treatment & prognosis.

 Infections.
 Infectious mono
 Enteric fever, AIDS, herpes simplex, herpes zoster, rubella, malaria. syphilis diphtheria.

COLLATERAL TOPICS (Desirable to Know)

Infectious mononucleosis mumps, measles,

57

3. G.I.T.

Stomatitis, gingival hyperplasia, dysphagia, acid peptic disease, jaundice, acute and chronic hepatitis, cirrhosis of liver ascites.

4. CVS

Acute rheumatic fever rheumatic valvular heart disease, hypertension, ischemic heart disease, infective endocarditis, common arrhythmias, congenital rheumatic valvular heart schemic heart disease, heart disease, congestive cardiac failure.

5. RS

Pneumonia, COPD, Pulmonary TB, Bronehial asthma

Diarrhea Dysentery Malabsorhtion

Lung Abscess Pleural effusion Pneumothorax Bronchiectasis Lung cancers.

6. Hematology

Anemias, bleeding & clotting disorders, leukemias, lymphomas, agranulocytosis, splenomegaly, manifestations of hematologic disorders, generalized

Lymphadenopathy.
7. Renal System Acute nephritis Nephrotic syndrome

8. Nutrition

9. CNS

Facial palsy, facial pain including trigeminal neuralgia, epilepsy, headache including migraine.

10. Endocrines
Diabetes Mellitus Acromegaly, Hypothyroidism, Thyrotoxicosis, Calcium metabolism and parathyroids.

Critical care

Syncope, cardiac arrest, CPR, shock

Renal failure

Balanced diet PEM

Avitaminosia Meningitis

- Examination of comatose patient
- Examination of cranial nerves.

Addison's disease, Cushing's syndrome.

Ac LVF ARDS

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

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# Syllabus of study III BDS General Surgery

### GENERAL SURGERY

AIMS:

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.

- HISTORY OF SURGERY:
  - 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.
- - 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.
- WOUNDS: 3.
  - Their classification, wound healing, repair, treatment of wounds, medico-legal aspects of accidental wounds and complications of wounds. Their classification.
- 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, gonorrhoca, tuberculosis, Actinomycosis, Vincents angina, cancrum oris. Pyaemia, toxaemia and septicaemia.
- TRNSMISSABLE VIRAL INFECTIONS:

58

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

- 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
- 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.
- 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.
- DISEASES OF LARYNX, NASOPHARYNX: Infections and tumours affecting these sites. Indications, procedure and complications of tracheostmy.
- NERVOUS SYSTEM:
- NERVOUS SYSTEM:
  Surgical problems associated with nervous system with special reference to the principles of peripheral nerve injuries, their regeneration and principles of treatment. Detailed description of afflictions of facial nerve and its management. Trigeminal neuralgia, its presentation and treatment.
- FRACTURES:
- 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.
- PRINCIPLES OF OPERATIVE SURGERY:
- 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.
- ANOMOLIES OF DEVELOPMENT OF FACE: Surgical anatomy and development of face. Cleft lip and cleft palate-
- 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.

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# Syllabus of study IV BDS Conservative Dentistry and Endodontics

# 11. CONSERVATIVE DENTISTRY AND ENDODONTICS

# 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.

- To diagnose and treat simple restorative work for teeth.
- To gain knowledge about aesthetic restorative material and to translate the same to patients needs.
- To gain the knowledge about endodontic treatment on the basis of scientific foundation.
- iv. To carry out simple endodontic treatment.
- To carry out simple luexation of tooth and its treatment and to provide emergency endodontic treatment.

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### SKILLS:

He should attain following skills necessary for practice of dentistry

- To use medium and high speed hand pieces to carry out restorative work.
- Poses the skills to use and familiarise endodontic instruments and materials needed for carrying iii out simple endodontic treatment.
- iii) To achieve the skills to translate patients esthetic needs along with function.

## ATTITUDES:

- Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.
- Willingness to participate in CDE programme to update the knowledge and professional skill from time to time.
- To help and participate in the implementation of the national oral health policy.
- 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.

# INTRODUCTION:

Definition aims objectives of Conservative Dentistry scope and future of Conservative Dentistry.

- Nomenclature Of Dentition:
  - Tooth numbering systems A.D.A. Zsigmondy Palmer and F.D.I. systems.
- 2. Principles Of Cavity Preparation :
  - Steps and nomenclature of cavity preparation classification of cavities, nomenclature of floors angles of cavities.
- Dental Caries:
  - Aetiology, classification clinical features, morphological features, microscopic features, clinical diagnosis and sequel of dental caries.
- Treatment Planning For Operative Dentistry:
  - Detailed clinical examination , radiographic examination, tooth vitality tests, diagnosis and treatment planning, preparation of the case sheet.
- 5. Gnathological Concepts Of Restoration:
  - Physiology of occlusion, normal occlusion, Ideal occlusion, mandibular movements and occlusal analysis. Occlusal rehabilitation and restoration.
- 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.
- Control of Operating Filed:
  - Light source sterilisation field of operation control of moisture, rubber dam in detail, cotton rolls and anti sialogagues.
- 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.
- Pulp Protection:
  - Liners, varnishes and bases, Zinc phosphate, zinc polycarboxylate, zinc oxide eugenol and glass inomer cements.
- 10. 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.
- 11. 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.
- 12. Preventive Measures In Restorative Practice:
  - Plaque Control, Pitand fissure sealants dietary measures restorative procedure and periodontal health. Contact and contour of teeth and restorations matrices tooth separation and wedges.
- Temporisation or Interim Restoration.
- 14. 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.
- Management Of Deep Carious Lesions Indirect And Direct Pulp Capping.

  Non Carious Destruction's Tooth Structures Diagnosis and Clinical Management 16
- Hyper Sensitive Dentine And Its Management.
- 18 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.

Die Materials And Preparation Of Dies.

Gingival Tissue Management For Cast Restoration And Impression Procedures

Recent Cavity Modification Amalgam Restoration.

Differences between Amalgam And Inlay Cavity preparation with note on all the types of Bewels used for Cast Restoration.

Control Of Pain During Operative Procedures.

Treatment Planning For Operative Dentistry Detailed Clinical Examination Radiographic Examination

Vitality Tests, Diagnosis And Treatment Planning And Preparation Of Case Sheet.

Applied Dental Materials.

Biological Considerations.

Evaluation, clinical application and adverse effects of the following materials. cements, Zinc oxide euginol cements zinc phosphate cements, polycarboxylates glass ionomer cements, silicate cement calcium hydroxides varnishes.

Dental amalgam, technical considerations mercury toxicity mercury hygiene.

Composite, Dentine bonding agents, chemical and light curing composites

Rubber base Imp. Materials

Nobel metal alloys & non noble metal alloys

Investment and die materials

Inlay casting waxes

Dental porcelain

Aesthetic Dentistry

27 Endodontics: introduction definition scope and future of endodontics

Clinical diagnostic methods

29 Emergency endodontic procedures

30. Pulpal diseases causes, types and treatment .

Periapical diseases: acute periapical abscess, acute periodontal abscess phoeix abscess, chronic 31. alveolar abscess granuloma cysts condensing osteits, external resorption.

Vital pulp therapy: indirect and direct pulp capping pulpotomy different types and medicaments

Apexogenisis and apexification or problems of open apex.

Rationale of endodontic treatment case selection indication and contraindications for root canal treatments.

35. Principles of root canal treatment mouth preparation root canal instruments, hand instruments, power driven instruments, standardisation color coding principle of using endodontic instruments. Sterilisation of root canal instruments and materials rubber dam application.

36. Anatomy of the pulp cavity: root canals apical foramen. Anomalies of pulp cavities access cavity preparation of anterior and premolar teeth.

37. Preparation of root canal space. Determination of working length, cleaning and root canals, irrigating solution chemical aids to instrumentation.

38. Disinfection of root canal space intracanal medicaments, poly antibiotic paste ross mans paste, mummifying agents. Out line of root canal treatment, bacteriological examinations, culture

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.

40. Methods of cleaning and shaping like step back crown down and conventional methods.

- 41. Obturation of the root canal system. Requirements of an ideal root canal filling material obturation methods using gutta percha healing after endodontic treatment.
- Root canal sealers. Ideal properties classification. Manipulation of root canal sealers.
   post endodontic restoration fabrication and components of post core preparation.

44. smear layer and its importance in endodontics and conservative treatment.

45. discoloured teeth and its management. Bleaching agents, vital and non vital bleaching methods.
46. traumatised teeth classification of fractured teeth. Management of fractured tooth and root.

Luxated teeth and its management.

47. endodontic surgeries indication contraindications, pre operative preparation. Pre surgical instruments and techniques apicectomy, retrograde filling, post operative sequale terphination hemisection, radiscetomy techniques of tooth reimplantation (both intentional and accidental) endodontic implants.

root resorption.

49

emergency endodontic procedures.

lasers in conservative endodontics (introduction only) practice management 50.

51.

professional association dentist act 1948 and its amendment 1993. duties towards the govt. Like payments of professional tax, income tax.

financial management of practice

dental material and basic equipment management.

Ethics

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# Syllabus of study IV BDS Oral and Maxillofacial Surgery

### ORAL & MAXILLOFACIAL SURGERY

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.

Knowledge of range of surgical treatments.

Ability to decide the requirement of a patient to have oral surgical specialist opinion or treatment.

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.

 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.

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.

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

Introduction, definition, scope, aims and objectives.

Diagnosis in oral surgery:

(A) History taking

(B) Clinical examination

(C) 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

Measures to be taken by operator

Sterilisation of instruments - various methods of sterilisation etc.

4. Surgery set up.

b) Painless Surgery:

1. Pre-anaeathetic 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.

Submandibular

b) Pre auricular

c) Incision to expose maxilla & orbit d) 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.

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.

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. (c) Impacted maxillary canine

Reasons for canine impaction,

Localization, indications for removal,

Methods of management, labial and palatal approach, Surgical exposure, transplantation, removal etc.

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
- 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.

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 - actiology, clinical features and various surgical methods for closure.

Disorders of T.M. Joint

Applied surgical anatomy of the joint.

Dislocation - Types, actiology, clinical features and management.

Ankylosis - Definition, actiology, clinical features and management Myo-facial pain dysfunction syndrome, actiology, 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 - actiology, clinical features and management.

Osteomyelitis of the jaws - definition, actiology, 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, actiology, 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 fistulac

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, actiology, clinical features and methods of

management including surgical.

Facial paralysis - Actiology, clinical features. Nerve injuries - Classification, neurorhaphy etc.

# 17. Cleft Lip and Palate -

Actiology 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(c) Endocrine

(d)Anaphylactic reaction (e) Epilepsy

(f) Epilepsy

19. Emergency drugs & Intra muscular I.V. Injections -

Applied anatomy, Ideal location for giving these injections, techniques etc.

20. Oral Implantology

21. Ethics

## 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.
- Killeys fractures of the middle 3<sup>rd</sup> 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
- 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

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# Syllabus of study IV BDS Oral Medicine and Radiology

# 13. ORAL MEDICINE AND RADIOLOGY

# AIMS:

(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 techniques of radiographs/digital radiograph 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**

- 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.

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## Part-I ORAL MEDICINE AND DIAGNOSTIC AIDS

## SECTION (A) - DIAGNOSTIC METHODS.

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

- Teeth: Developmental abnormalities, causes of destruction of teeth and their sequelae and discoloration of teeth
- 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.
- Temparomandibular joint: Developmental abnormalities of the condyle. Rheumatoid arthritis, (3) Ostcoarthritis, Sub-luxation and luxation.
- Common cysts and Tumors: CYSTS: Cysts of soft tissue: Mucocele and Ranula
  - Cysts of bone: Odontogenic and nonodontogenic.

## TUMORS:

# Soft Tissue:

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

- Periodontal diseases: Gingival hyperplasia, gingivitis, periodontitis, pyogenic granuloma Granulomatous diseases: Tuberculosis, Sarcoidosis, Midline lethal granuloma, Crohn's Disease and Histiocytosis X
- Miscellaneous Disorders: Burkitt lymphoma, sturge Weber syndrome, CREST syndrome, renduosler-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

- Infections of oral and paraoral structures:
  - Bacterial: Streptococcal, tuberculosia, syphillis, vincents, leprosy, actinomycosis, diphtheria and tetanus
- Fungal: Candida albicans

Virus: Herpes aimplex, herpes zoster, ramsay hunt syndrome, measles, herpangina, mumps, infectious mononucleosis, AIDS and hepatitis-B

- 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

(i]Development distrubances: Aplasia, atresia and aberration

(ii) Functional disturbances:Xerostomia, ptyalism

- 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 beheet'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:

67

(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 BEHAVIOURAL SCIENCES AND ETHICS. Part - III ORAL RADIOLOGY

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 conducted 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:

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.

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 disannatic check as routine procedure



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# Syllabus of study IV BDS Orthodontics and Dental Orthopaedics

# ORTHODONTICS & DENTAL ORTHOPAEDICS

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

Introduction, Definition, Historical Background, Aims And Objectives Of Orthodontics And Need For Orthodontics Care.

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. Morphologic Development Of Craniofacial Structures 3.

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

Clinical Application Of Growth And Development

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.

Normal And Abnormal Function Of Stomatognathic System

**Etiology Of Malocclusion** 

a. Definition, importance, classification, local and general etiological factors.
 b. Etiology of following different types of malocclusion:

- 1) Midline diastema
- 2) Spacing
- 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

Definition, Importance and classification of diagnostic aids

b. Importance of case history and clinical examination in orthodontics

c. Study Models: - Importance and uses - Preparation and preservation of study models

d. Importance of intraoral X-rays in orthodontics

e. Panoramic radiographs: - Principles, Advantages, disad vantages and uses

f. Cephalometrics: Its advantages, disadvantages

- 1. Definition
- 2. Description and use of cephalostat

3. Description and uses of anatomical landmarks lines and angles used in cephalometric analysis

- 4. Analysis- Steiner's, Down's, Tweed's, Ricket's-E-line
- g. Electromyography and its uses in orthodontics h. Wrist X-rays and its importance in othodontics

General Principles In Orthodontic Treatment Planning Of Dental And Skeletal Malocclusions 11.

Anchorage In Orthodontics - Definition, Classification, Types and Stability Of Anchorage 12.

Biomechanical Principles In Orthodontic Tooth Movement 13.

a. Different types of tooth movements

b. Tissue response to orthodontic force application

- c. Age factor in orthodontic tooth movement
- Preventive Orthodontics
  - a. Definition
  - b. Different procedures undertaken in preventive orthodontics and their limitations.
     Interceptive Orthodontics
- 15.
  - 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
  - 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.
  - Preliminary knowledge of acid etching and direct bonding.
- Ethics 18.

# REMOVABLE ORTHODONTIC APPLIANCES

- Components of removable appliances
- Different types of clasps and their uses
- Different types of labial bows and their uses
- Different types of springs and their uses
- Expansion appliances in orthodontics:
  - 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

- Definition, Indications & Contraindications
- 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

- Definition and principles
- Muscle exercises and their uses in orthodontics
   Functional appliances:
- - Activator, Oral screens, Frankels function regulator,
  - bionator twin blocks, lip bumper
- ii) Inclined planes upper and lower
- Orthodontic Management Of Cleft Lip And Palate 18.
- 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
- Principle, Differential Diagnosis & Methods Of Treatment Of: 20.
  - 1. Midline diastema
  - 2. Cross bite
  - Open bite
     Deep bite

  - 5. Spacing
  - 6. Crowding

  - Class II Division 1, Division 2
     Class III Malocclusion True and Psuedo Class III

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. Basic wire bending exercises Gauge 22 or 0.7mm 1. Straightening of wires (4 Nos.) Bending of a equilateral triangle
 Bending of a rectangle 4. Bending of a square Bending of a circle Bending of U.V. II. Construction of Clasps (Both sides upper/lower) Gauge 22 or 0.7mm 1. 3/4 Clasp (C-Clasp) Full Clasp (Jackson's Crib)
 Adam's Clasp 4. Triangular Clasp III. Construction of Springs (on upper both sides) Gauge 24 or 0.5mm 1. Finger Spring Single Cantelever Spring
 Double Cantelever Spring (Z-Spring) 4. T-Springs on premolars IV. Construction of Canine retractors Gauge 23 or 0.6mm 1. U - Loop canine retractor (Both sides on upper & lower) 2. Helical canine retractor (Both sides on upper & lower) 3. Buccal canine retractor: Self supported buccal canine retractor with a) Sleeve - 5mm wire or 24 gauge b) Sleeve - 19 gauge needle on any one side. 4. Palatal canine retractor on upper both sides Gauge 23 or 0.6mm V. Labial Bow Gauge 22 or 0.7mm One on both upper and lower CLINICAL TRAINING DURING III YEAR B.D.S. NO. EXERCISE Making upper Alginate impression 01. Making lower Alginate impression Study Model preparation 02. 03. **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 Case History taking Case discussion 01. 02. Discussion on the given topic 03. Cephalometric tracings a. Down's Analysis b. Steiner's Analysis c. Tweed's Analysis PRACTICAL TRAINING DURING FINAL YEAR B.D.S. Adam's Clasp on Anterior teeth Gauge 0.7mm
 Modified Adam's Clasp on upper arch Gauge 0.7mm (Gauge of Labial bow - 0.9mm, Apron spring - 0.3mm) 4. Coffin spring on upper arch Gauge Imm Appliance Construction in Acrylic Upper & Lower Hawley's Appliance
 Upper Hawley's with Anterior bite plane 3. Upper Habit breaking Appliance

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# Syllabus of Study IV BDS Pediatric And Preventive Dentistry

# 15. PAEDIATRIC & PREVENTIVE DENTISTRY

## THEORY:

- INTRODUCTION TO PEDODONTICS & PREVENTIVE DENTISTRY.
  - Definition, Scope, Objectives and Importance.
- 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.
- 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.
- DENTAL RADIOLOGY RELATED TO PEDODONTICS.
- 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.
- DENTAL CARIES:
  - Historical background.
  - Definition, actiology & pathogenesis.
  - Caries pattern in primary, young permanent and permanent teeth in children.
  - Rampant caries, early childhood caries and extensive caries:
    - \* Definition, actiology, 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.
- GINGIVAL & PERIODONTAL DISEASES IN CHILDREN.
  - Normal gingiva & periodontium in children.
  - Definition, actiology & Pathogenesis.
  - Prevention & Management of gingival & Periodontal diseases.
- 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, Actiology & 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, Actiology, 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.
- DENTAL EMERGENCIES IN CHILDREN & THEIR MANAGEMENT.
   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 scalants and caries macrime
- 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.
   SETTING UP OF PEDODONTIC CLINIC.

## 25. ETHICS.

Executed::

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

- Restorations Class I & II only: 45
   Preventive measures e.g. Oral Prophylaxis 20.
- 3. Fluoride applications 10
- 4. Extractions 25
- Case History Recording & Treatment Planning 10
- 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.

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# Syllabus of Study IV BDS Public Health Dentistry

# 16. 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:

 Introduction to Dentistry: Definition of Dentistry, History of dentistry, Scope, aims and objectives of Dentistry.

# 2. Public Health:

- 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
- 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
- Behavioral science: Definition of sociology, anthropology and psychology and their in dental practice and community.
- Health care delivery system: Center and state, oral health policy, primary health care, national programmes, health organizations.

# Dental Public Health:

- Definition and difference between community and clinical health.
- Epidemiology of dental diseases-dental caries, periodontal diseases, malocclusion, dental fluorosis and oral cancer.
- Survey procedures: Planning, implementation and evaluation, WHO oral health survey methods 1997, indices for dental diseases.

- Delivery of dental care: Dental auxiliaries, operational and non-operational, incremental and 4. comprehensive health care, school dental health.

  Payments of dental care: Methods of payments and dental insurance, government plans

Payments of dental care: Methods of payments and dental insurance, government plans
 Preventive Dentistry- definition, Levels, role of individual, community and profession, fluorides in dentistry, plaque control programmes.
 Research Methodology and Dental Statistics
 Health Information: - Basic knowledge of Computers, MS Office, Window 2000, Statistical

Research Methodology: -Definition, types of research, designing a written protocol 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

Place and locality 1.

Premises & layout Selection of equipments 3.

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

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 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

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.)

Visit to institution for the care of handicapped, physically, mentally, or medically

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 compromised 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:

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

The practice of chair side preventive dentistry including oral health education 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:
Survey methods, analysis and presentation of oral health assessment of school children and community independently using WHO basic oral health survey methods.
Participation in rural oral health education programmes
Stay in the village to understand the problems and life in rural areas
DESIRABLE: Learning use of computers-at least basic programme. (a)

(c)

nation Pattern Exa Index Case History

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# Syllabus of study IV BDS Periodontology

# 17. PERIODONTOLOGY

# 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.

 Introduction: Definition of Periodontology, Periodontics, Periodontia, Brief historical background, Scope of Periodontics

 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.

 Defensive mechanisms in the oral cavity: Role of-Epithelium, Gingival fluid, Saliva and other defensive mechanisms in the oral environment.

Age changes in
 periodontal structures
 and their significance in
 Geriatric dentistry

Age changes in teeth and periodontal structures and their 1 association with periodontal diseases

5. Classification of periodontal diseases

Need for classification, Scientific basis of classification Classification of gingival and periodontal diseases as described in World Workshop1989

Gingivitis:
Plaque associated, ANUG, steroid hormone influenced,
Medication influenced, Desquamative gingivitis, other forms of
gingivitis as in nutritional deficiency, bacterial and viral
infections etc.

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Periodontitis: Adult periodontitis, Rapidly progressive periodontitis A&B, Juvenile periodontitis(localized, generalized, and post-juvenile), Prepubertal periodontitis, Refractory periodontitis Localized and generalized gingivitis, Papillary, marginal and 6 Gingival diseases 6. diffuse gingivitis Etiology, pathogenesis, clinical signs, symptoms management of Plaque associated gingivitis i Systemically aggravated gingivitis(sex hormones, drugs and systemic diseases) ii iii) Desquamative gingivitis-Gingivitis associated with iv) lichen planus, pemphigoid, pemphigus, and other vesiculobullous lesions Allergic gingivitis wi Infective gingivitis-Herpetic, bacterial and candidial wil Pericoronitis vii Gingival enlargement (classification and differential wiii diagnosis) incidence, 2 index, of Definition Epidemiology of 7 prevalence, epidemiology, endemic, epidemic, and pandemic periodontal diseases 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 gingival area to 1 8. Extension of deeper periodontal structures inflammation from Factors that modify the spread gingiva Definition, signs and symptoms, classification, pathogenesis, Pocket Q histopathology, root surface changes and contents of the pocket 5 Dental Plaque (Biofilm) 10. Etiology Definition, New concept of biofilm Types, composition, ba bacterial colonization. growth,maturation &disclosing agents
Role of dental plaque in periodontal diseases Plaque microorganisms in detail and bacteria associated with periodontal diseases Plaque retentive factors Materia alba Food debris 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) 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 Leukemia, clotting factor Hemorrhagic diseases, disorders, PMN disorders Definition. Risk factors for periodontal diseases Risk factors 11. Mechanism of initiation and progression of periodontal 3 12 Host response 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 Etiology ,histopathology, clinical signs & symptoms, 6 diagnosis and treatment of adult periodontitis 13. Periodontitis classification, abscess; definition, Periodontal pathogenesis, differential diagnosis and treatment classification, involvement, Glickmans' Furcation prognosis and management Rapidly progressive periodontitis Juvenile periodontitis: Localized and generalized Post-juvenile periodontitis Periodontitis associated with systemic diseases Refractory periodontitis Routine procedures, methods of probing, types of 2 14. Diagnosis probes,(According to case history) Halitosis: Etiology and treatment. Mention advanced diagnostic aids and their role in brief. Definition, types, purpose and factors to be taken into 1 15. Prognosis consideration Factors to be considered Treatment plan 16. A. General principles of periodontal therapy. Phase I,II, III, IV Periodontal therapy 17. 3 therapy. Definition of periodontal regeneration, repair, attachment and reattachment. B. Plaque control Mechanical tooth brushes, interdental cleaning aids, dentifrices Chemical; classification and mechanism of action of each & pocket irrigation 5 18. Pocket eradication Scaling and root planing: Indications procedures 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

		contraindications	
		- Armamentarium	
		- Surgical procedure & healing	
		response	
9.	Osseous Surgery	Osseous defects in periodontal disease	2
9.	Osseous Surgery	- 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	Definition	3
20,	&periodontal plastic	Mucogingival problems: etiology, classification of gingival	
	surgeries	recession (P.D.Miller Jr. and Sullivan and Atkins)	
	8	Indications & objectives	
		Gingival 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	<ul> <li>Aims, objectives, and principles</li> </ul>	1
	(SPT)	- Importance	
		- Procedures	
		- Maintenance of implants	
25.	Pharmaco-therapy	- Periodontal dressings	2
		<ul> <li>Antibiotics &amp; anti-inflammatory drugs</li> </ul>	
		- Local drug delivery systems	
26.	Periodontal management	Topics concerning periodontal management of medically	1
	of medically	compromised patients	
	compromised patients	Participant of the state of the	1
27.	Inter-disciplinary care	- Pulpo-periodontal involvement - Routes of spread of infection	1
		- Simons' classification	
		- Management	
28.	Systemic effects of	Cardiovascular diseases, Low birth weight babies etc.	1
40.	periodontal diseases in	Cardiovascular discuses, now on in weight babies cor.	
	brief		
29		Sterilization and various aseptic procedures	1
30.	Ethics	BUT THE BEST OF STATE	
Ju.	The state of		

# TUTORIALS DURING CLINICAL POSTING:

- Infection control
- Periodontal instruments
- Chair position and principles of instrumentation
- Chair position and principles of instrumer
   Maintenance of instruments (sharpening)
- Ultrasonic, Piezoelectric and sonic scaling demonstration of technique
   Diagnosis of periodontal disease and determination of prognosis
- Radiographic interpretation and lab investigations
- 8. Motivation of patients- oral hygiene instructions

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

# DEMONSTRATIONS:

- 1. History taking and clinical examination of the patients
- Recording different indices
- Methods of using various scaling and surgical instruments 3.
- 4\_
- Polishing the teeth Bacterial smear taking 5.
- Demonstration to patients about different oral hygiene aids

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# Syllabus of study IV BDS Prosthodontics and Crown and Bridge

# PROSTHODONTICS AND CROWN & BRIDGE

# **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.
    - Mental attitude.
  - 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.
  - 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.

- Biological consideration in jaw relation & jaw movements craniomandibular relations. Ī. Mandibular movements. Maxillo -mandibular relation including vertical and horizontal jaw relations. Concept of occlusion- discuss in brief. .1 Relating the patient to the articulator. Face bow types & uses-discuss in brief. b) Face bow transfer procedure - discuss in brief. Recording maxillo mandibular relation. K. Vertical relations. al b) Centric relation records. Eccentric relation records. d) Lateral relation records. L. Tooth selection and arrangement. a) Anterior teeth. Posterior teeth. Esthetic and functional harmony. Relating inclination of teeth to concept of occlusion- in brief. M a) Neutrocentric concept. Balanced occlusal concept. N. Trial dentures. O. Laboratory procedures. Wax contouring. b) Investing of dentures. Preparing of mold. c Preparing & packing acrylic resin. Processing of dentures. Recovery of dentures. Lab remount procedures. h) Recovering the complete denture from the cast.
   i) Finishing and polishing the complete denture. Plaster cast for clinical denture remount procedure. P Denture insertion. Insertion procedures. b) Clinical errors. Correcting occlusal disharmony. C d) Selective grinding procedures. Treating problems with associated denture use - discuss in brief (tabulation/flow-chart form). S. T. Treating abused tissues - discuss in brief. Relining and rebasing of dentures- discuss in brief. Immediate complete dentures construction procedure- discuss in brief. V. W. The single complete denture- discuss in brief. Overdentures denture- discuss in brief. X. 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 -Definition Diagnosis (of the particular situation/patient selection/treatment planning) 2 Types / Classification Materials 3. 4 Methodology - Lab / Clinical 5. 6. Advantages & disadvantages Indications, contraindications Maintenance Phase Oral Implantology 10. Ethics Removable Flexible Dentures 1. Introduction
  - Terminologies and scope
  - Classification.
  - Examination, Diagnosis & Treatment planning & evaluation of diagnostic data.
  - Components of a removable partial denture.
    - Major connectors,
    - minor connectors,
    - Rest and rest seats.
  - Components of a Removable Partial Denture.
    - Direct retainers,
    - Indirect retainers,
    - Tooth replacement.

Principles of Removable Partial Denture Design. Survey and design - in brief. Surveyors. Surveying. Designing. Mouth preparation and master cast. Impression materials and procedures for removable partial dentures. Preliminary jaw relation and esthetic try-in for some anterior replacement teeth. 10. Laboratory procedures for framework construction-in brief. Fitting the framework - in brief. 11. 12. Try-in of the partial denture - in brief. 13. Completion of the partial denture - in brief. 14. Inserting the Removable Partial Denture - in brief. 15. Postinsertion observations. Temporary Acrylic Partial Dentures. Immediate Removable Partial Denture. 16. 17 18. 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 Diagnosis (of the particular situation /patient selection /treatment planning) 2. Types / Classification Materials 3. 4. Methodology - Lab / Clinical Advantages & disadvantages 5. 6. Indications, contraindications 7 Maintenance Phase **Fixed Partial Dentures** Topics To Be Covered In Detail -Introduction Fundamentals of occlusion - in brief. 2 Articulators - in brief. 3 Treatment planning for single tooth restorations. 4. Treatment planning for the replacement of missing teeth including selection and choice of 5. abutment teeth. Fixed partial denture configurations. Principles of tooth preparations.

Preparations for full veneer crowns – in detail. 8. Preparations for partial vencer crowns - in brief. **Provisional Restorations** 10. Fluid Control and Soft Tissue Management 11. 12 Impressions Working Casts and Dies 13. 14. Wax Patterns Pontics and Edentulous Ridges 15. 16. **Esthetic Considerations** 17. Finishing and Cementation Topics To Be Covered In Brief -Solder Joints and Other Connectors All - Ceramic Restorations 2 Metal - Ceramic Restorations 3. Preparations of intracoronal restorations. Preparations for extensively damaged teeth. Preparations for periodontally weakened teeth The Functionally Generated Path Technique Investing and Casting 7. 8. 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

Definition

Diagnosis(of the particular situation /patient selection /treatment planning)

Types / Classification 3.

4. 5. Materials

Methodology - Lab / Clinical Advantages & disadvantages 6.

Indications, contraindications

Maintenance Phase

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MDS – Syllabus

# MDS - 2007 REGULATIONS

# SECTION-V

# SYALLBUS FOR M.D.S. IN VARIOUS SPECIALTIES

# APPLIED BASIC SCIENCES:

The MDS Course in Applied Basic Sciences shall vary according to the particular speciality, similarly the candidates shall also acquire adequate knowledge in other subjects related to their respective speciality.

# Applied Basic Sciences optional subjects:

- (i) Applied Anatomy
- (ii) Applied Physiology
- (iii) Applied Pathology

# Subjects related to different specialities:

- 1. Bio-statistics
- 2. Nutrition and Dietetics
- 3. Teaching and Testing Methodology
- 4. Research Methodology
- 5. Psychology and Practice Management
- 6. Comparative Anatomy
- 7. Genetics Growth and Development
- 8. Applied Chemistry including Metallurgy, Dental Materials.

# COURSE CONTENTS:

The candidates shall under go training for 3 academic years with satisfactory attendance of 80% for each year.

- The course includes epidemiology and demographic studies, research and teaching skills.
- Ability to prevent, diagnose and treat with after care for all patients for control of diseases and / or treatment related syndromes with patient satisfaction for restoring functions of Stomatognathic system by Prosthodontic therapy

o, and oto. to render the best possible treatment.

The program out line addresses the knowledge, procedural and operative skills needed in Masters Degree in Prosthodontics. A minimum of 3 years of formal training through a graded system of education as specified will enable the trainee to achieve Masters Degree in Prosthodontics including Crown & Bridge and Implantology, competently and have the necessary skills/knowledge to update themselves with advancements in the field. The course content has been identified and categorized as Essential knowledge as given below.

# ESSENTIAL KNOWLEDGE:

The topics to be considered are: Basic Sciences, Prosthodontics including Crown and Bridge Implantology and Material Science.

# APPLIED BASIC SCIENCES:

- A thorough knowledge on the applied aspects of Anatomy, Embryology, Histology particularly to head and neck, Physiology, Biochemistry, Pathology, Microbiology, Virology.
- Pharmacology, Health and systematic diseases principles in surgery medicine and Anesthesia, Nutrition, Behavioral sciences, age changes, genetics, Dental Material Science, congenital defects and Syndromes and Anthropology, Biomaterial Sciences, Bio-engineering and Bio-medical and Research Methodology as related to Masters degree prosthodontics including crown & bridge and implantology

# I YEAR M.D.S.

- Theoretical exposure of all applied sciences of study
- Clinical and non-clinical exercises involved in Prosthodontics therapy for assessment and acquiring higher competence
- Commencement of Library Assignment within six months.
- Short epidemiological study relevant to Prosthodontics.
- Acquaintance with books, journals and referrals to acquire knowledge of published books, journals and website for the purpose of gaining knowledge and reference – in the fields of Prosthodontics including Crown & bridge and implantology
- Acquire knowledge of instruments, equipment, and research tools in Prosthodontics.
- To acquire knowledge of Dental Material Science Biological and biomechanical & bio-esthetics, knowledge of using material in laboratory and clinics including testing methods for dental materials.
- Participation and presentation in seminars, didactic lectures
- Evaluation Internal Assessment examinations on Applied subjects

# II YEAR M.D.S.

- Acquiring confidence in obtaining various phases and techniques for providing Prosthodontic therapy.
- Acquiring confidence by clinical practice with sufficient numbers of patients requiring tooth and tooth surface restorations.
- Fabrication of Adequate number of complete denture prosthesis following, higher clinical
  approach by utilizing semi-adjustable articulators, face bow and graphic tracing.
- Understanding the use of the dental surveyor and its application in diagnosis and treatment plan in R.P.D.
- Adequate numbers of R.P.D. covering all partially edentulous situation
- Adequate number of Crowns, Inlays, Iaminates F.P.D. covering all clinical situation.
- Selection of cases and principles in treatment of partially or complete edentulous patients by implant supported prosthesis.
- Treating single edentulous arch situation by implant supported prosthesis.
- Diagnosis and treatment planning for implant prosthesis,
- Ist stage and iInd stage implant surgery
- Understanding the maxillofacial Prosthodontics
- Treating craniofacial defects
- Management of orofacial defects
- Prosthetic management of TMJ syndrome
- Occlusal rehabilitation
- Management of failed restoration
- Prosthodontics Management of patient with psychogenic disorder.
- Practice of child and geriatric prosthodontics
- Participation and presentation in seminars, didactics lectures

Evaluation – Internal Assessment examinations

# III YEAR M.D.S

Clinical and laboratory practice continued from IInd year

 Occlusion equilibration procedures – fabrication of stabilizing splint for parafunctional disorders, occlusal disorders and TMJ functions.

Practice of dental, oral and facial esthetics

The clinical practice of all aspects of Prosthodontic therapy for elderly patients.

• Implants Prosthodontics - Rehabilitation of Partial Edentulous, Complete edentulism and for craniofacial rehabilitation

· Failures in all aspects of Prosthodontics and its management and after care

• Team management for esthetics, TMJ syndrome and Maxillofacial and Craniofacial Prosthodontics

Management of Prosthodontics emergencies, resuscitation.

• Candidate should complete the course by attending by large number and variety of patients to master the prosthodontic therapy. This includes the practice management, examinations, treatment planning, communication with patients, clinical and laboratory techniques materials and instrumentation requiring different aspects of prosthodontic therapy, Tooth and Tooth surface restoration, Restoration of root treated teeth, splints for periodontal rehabilitations and fractured jaws, complete dentures, R.P.D. FPD. Immediate dentures over dentures implant supported prosthesis, maxillofacial and body prosthesis, occlusal rehabilitation.

Prosthetic management of TMJ syndrome

Management of failed restorations

Complete and submit Library Assignment 6 months prior to examination.

 Candidates should acquire complete theoretical and clinical knowledge through seminars, symposium, workshops and reading.

Participation and presentation in seminars, didactic lectures

Evaluation - Internal Assessment examinations three months before University examinations

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