

"ROLE PLAYED BY THE DENTAL PROFESSION IN PUBLIC HEALTH PROGRAMMES"

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Whilst the history of medicine as a whole can be traced back through many centuries, the concept of Public Health Dentistry can only be traced back to the 18th century. Perhaps because dental decay and diseases of the gingiva and supporting bone are rarely direct causes of mortality, one had to wait another 100 years for the first reference to preventive dentistry which is the fore runner of dental Public Health Services.

Dentistry has generally been regarded as a limited service to the individual, aimed at preventing and treating diseases of the teeth and supporting structures. Its relationship to Public Health was not recognised until the early years of the twentieth century. When the National Dental Association in the U.S. of America now ADA founded an oral hygiene committee. Prof. Ernst Jessen founded the first municipal school dental clinic in Germany, and school children in Great Britain began to receive instruction in oral hygiene (Ennis 1896⁷). In 1900, the Federation Dentaire Internationale established a commission of oral hygiene which became the commission on Public Dental Health Service and is now the commission on Oral Health Research and Epidemiology.

Dental Public Health has been defined as the science and art of preventing and controlling dental diseases and of promoting dental Health through organised community effort (Young and Stiffler 1969). It was well into this century before the pattern of Dental health care showed the first signs of changing from a problem for the individual and his dentist to one falling within the scope of Public Health, for modern research has shown that certain aspects of dental health cannot be approached on an individual basis to be effective on a large scale as preventive measures require public health programmes.

With the changing society the outlook of man towards dental health is also changing and this can be linked with two aspects of changing society; urbanisation and the rising standards of living. The resultant of this change has made what were once luxuries into everyday necessities. But again it is the sick individual who takes the initiative and not the service. This can be reasoned out as inability to afford the prospective monetary cost, unable to gain access to the appropriate practitioner unaware of illness as is often the case with dental diseases.

These practical factors are outweighed by more personal and psychological ones like cultural norms or following folk remedies. religious invocation etc. To sum up the equation

of forces which decide whether or not the patient seeks treatment may be in part practical, in part cultural values of his society and in part his own-personal make-up which includes physiological, psychological and sociological factors.

Dental pain is troublesome but rarely crippling or fatal, so the determination to seek treatment depends on the value attached to oral health. It is here where the community Dentistry plays an important role in bringing about awareness in the minds of the people regarding the various oral and dental health maintenance programme by changing their attitude towards dentistry and create an urge in the minds of the people to look after their oral health. It helps them to take a right decision i.e. rather than waiting for pain to signal the need for treatment, he has ideally, to go to the dentist before such warnings appear.

Certainly, if a dental care programme is ever to reach its long-term goal of dental health or all, it must have a basis in prevention of disease rather than treatment as its consequences.

Thus the dental profession through community services makes an attempt to render services to all strata of the population via the local and regional bodies in the respective areas, through various voluntary organisations, through mobile dental comps, and dental care delivery systems, primary health centres etc. The manpower includes qualified dental surgeon, dental auxiliaries and dental students who are introduced to their community and to the rigor of his professional career beyond the protective dental school environment.

Community dentistry under takes programmes under 4 heads: :

- I Community Efforts
 - a) Community water fluoridation
 - b) School water fluoridation
 - c) Fluoride supplement programme
 - d) Fluoride mouthrinse programme
- II Individual
 - a) Fluoride dentifrices
 - b) Oral hygiene practices : teaching the population the efficiency of tooth brushing rather than frequency to maintain gingival health.
 - c) Importance of oral physiotherapy.
 - d) Helping the people to make the right choice of tooth-brush and paste.

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