



**PRAVARA INSTITUTE OF MEDICAL SCIENCES  
(DEEMED TO BE UNIVERSITY)**

Loni, Tal .Rahata, Dist.Ahilyanagar-413736  
NAAC Re-accredited with 'A' Grade

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**SYLLABUS**

**UG Programme -Bachelor of Dental Surgery (BDS)  
(As per Dental Council of India Revised BDS Course Regulations, 2007)**

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PREFACE

TO

BDS COURSE REGULATIONS 2007

(Modified:25.07.2007)

"Framed by the Dental Council of India and approved by the Central Government under the Dentists Act, 1948, vide Government of India, Ministry of Health & Family Welfare (Department of Health) letter No. V.12012/3/2006-DE dated 25.07.2007."

**(The BDS course Regulations 2007, amended from time to time up to 27<sup>th</sup> July 2017, is incorporated in this regulation.)**

**Minimum Working Hours for Each Subject of Study (B.D.S. Course)**

Subjects	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
General Human Anatomy (including Embryology, Osteology, and Histology)	100	175		275
General Human Physiology & Biochemistry	120	60		180
	70	60		130
Dental Materials	80	240		320
Dental Anatomy, Embryology, and Oral Histology	105	250		355
Dental Pharmacology & Therapeutics	70	20		90
General Pathology & Microbiology	55	55		110
	65	50		115
General Medicine	60		90	150
General Surgery	60		90	150
Oral Pathology & Microbiology	145	130		275
Oral Medicine & Radiology	65		170	235
Paediatric & Preventive Dentistry	65		170	235
Orthodontics & Dental Orthopaedics	50		170	220
Periodontology	80		170	250
Oral & Maxillofacial Surgery	70		270	340
Conservative Dentistry & Endodontics	135	200	370	705
Prosthodontics & Crown & Bridge	135	300	370	805
Public Health Dentistry (including Lectures on Tobacco Control & Habit Cessation)	60		200	260
<b>Total</b>	<b>1590</b>	<b>1540</b>	<b>1989</b>	<b>5200</b>

**Note:**

There should be a minimum of 240 teaching days in each academic year, consisting of 8 working hours per day, including a one-hour lunch break

Internship–240 x 8 hours-1920 clinical hours

**MINIMUM WORKING HOURS FOR EACH SUBJECT OF STUDY**  
**(B.D.S COURSE)**

**I B.D.S**

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<b>Subject</b>	<b>Lecture Hours</b>	<b>Practical Hours</b>	<b>Clinical Hours</b>	<b>Total Hours</b>
General Human Anatomy Including Embryology,	100	175		275
Osteology and Histology				
General Human Physiology	120	60		180
Biochemistry.	70	60		130
Dental Anatomy Embryology, And Oral Histology	105	250		355
Dental Materials	20	40		60
Preclinical Prosthodontics & Crown & Bridge	-	100		100
<b>Total</b>	<b>415</b>	<b>685</b>		<b>1100</b>

## II B.D.S

<b>Subject</b>	<b>Lecture Hours</b>	<b>Practical Hours</b>	<b>Clinical Hours</b>	<b>Total Hours</b>
General & Dental Pharmacology and Therapeutics	70	20		90
General Pathology	55	55		110
Microbiology	65	50		115
Dental Materials	60	200		260
Oral Pathology and Oral Microbiology	25	50		75
Pre Clinical Prosthodontics & Crown & Bridge	25	200		225
Pre Clinical Conservative Dentistry	25	200		225
<b>Total</b>	<b>325</b>	<b>775</b>		<b>1100</b>

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**III B.D.S**

<b>Subject</b>	<b>Lecture Hours</b>	<b>Practical Hours</b>	<b>Clinical Hours</b>	<b>Total Hours</b>
General Medicine	60		90	150
General Surgery	60		90	150
Oral Pathology and Oral Microbiology	120	80		200
Oral Medicine and Radiology	20		70	90
Paediatric and Preventive Dentistry	20		70	90
Orthodontics & Dentofacial Orthopaedics	20		70	90
Periodontology	30		70	100
Oral & Maxillofacial Surgery.	20		70	90
Conservative Dentistry & Endodontics.	30		70	100
Prosthodontics and Crown & Bridge	30		70	100
<b>Total</b>	<b>410</b>		<b>750</b>	<b>1160</b>

**IV B.D.S**

<b>Subject</b>	<b>Lecture Hours</b>	<b>Practical Hours</b>	<b>Clinical Hours</b>	<b>Total Hours</b>
Prosthodontics	80		300	380
Oral Medicine	45		100	145
Periodontics	50		100	150
Public Health Dentistry	60		200	260
Conservative Dentistry	80		300	380
Oral Surgery	50		200	250
Orthodontics	30		100	130
Pedodontics	45		100	145
<b>Total</b>	<b>440</b>		<b>1400</b>	<b>1840</b>

Provided that nothing in the provisions of these regulations, statutes, rules, regulations, guidance, or notifications of the concerned university, or any other law for the time being in force, shall prevent any student pursuing their 4th year BDS course who fails in one or more subjects of the 1st semester from carrying over those subjects to the 2nd semester and appearing for them together with the subjects of the 2nd semester. A pass in all eight subjects is mandatory for the completion of the 4th BDS course before undergoing the internship programme."

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Note:

The following footnote has been modified/deleted as per the (3rd Amendment) notification published on 25th August, 2011, in the Gazette of India: "Behavioral Sciences Classes shall commence in 1st Year.

- Forensic odontology shall be covered in the department of Oral pathology and Oral Medicine during 3rd Year.
- Esthetic Dentistry shall be covered in the Departments of Conservative Dentistry and Prosthodontics during 4<sup>th</sup> year.
- Oral Implantology shall be covered in the Department of Maxillofacial Surgery, Prosthodontics & Crown & Bridge and Periodontology during 4<sup>th</sup> year.
- Ethics and dental jurisprudence shall be covered in Public Health Dentistry in 4<sup>th</sup> year.
- All the institutions shall compulsorily make arrangements for Comprehensive oral health care
- The minimum working hours indicated each year of study does not include one month mid-year vacation and one month of university examination.

# **SYLLABUS OF STUDY**

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**SYLLABUS**

**Title: HUMAN ANATOMY, EMBRYOLOGY, HISTOLOGY &  
 MEDICAL GENETICS**

**Course Code:-DUR101**

- A. **GOAL:** The students should gain the knowledge and insight into, the functional anatomy of the normal human head and neck, functional histology and an appreciation of the genetic basis of inheritance and disease, and the embryological development of clinically important structures. So that relevant anatomical & scientific foundations are laid down for the clinical years of the BDS course.
- B. **OBJECTIVES:**
- a. **KNOWLEDGE & UNDERSTANDING:** At the end of the 1st year BDS course in Anatomical Sciences the undergraduate student is Expected to:
1. Know the normal disposition of the structures in the body while clinically examining a patient and while conducting clinical procedures.
  2. Know the anatomical basis of disease and injury.
  3. Know the microscopic structure of the various tissues, a pre-requisite for understanding of the disease processes.
  4. Know the nervous system to locate the site of lesions according to the sensory and or motor deficits encountered.
  5. Have an idea about the basis of abnormal development, critical stages of development, effects of teratogens, genetic mutations and environmental hazards.
  6. Know the sectional anatomy of head neck and brain to read the features in radiographs and pictures taken by modern imaging techniques.
  7. Know the anatomy of cardio-pulmonary resuscitation.
- b. **SKILLS**
1. To locate various structures of the body and to mark the topography of the living anatomy.
  2. To identify various tissues under microscope.
  3. To identify the features in radiographs and modern imaging techniques.
  4. To detect various congenital abnormalities.
- C. **INTEGRATION**
- By emphasizing 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.
3. General disposition of thoracic, abdominal & pelvic organs.
4. The regional anatomy of the sites of intramuscular & intravascular injections, & lumbar puncture.
5. General embryology & systemic embryology with respect to development of head & neck.
6. Histology of basic tissues and of the organs of gastrointestinal, respiratory, Endocrine, excretory systems & gonads.
7. Medical genetics.

**E. FURTHER DETAILS OF THE COURSE**

**I. INTRODUCTION TO:**

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

**II. HEAD & NECK:**

1. Scalp, face & temple, lacrimal apparatus
2. Neck-Deep fascia of neck, posterior triangle, suboccipital triangle, anterior triangle,

anterior median region of the neck, deep structures in the neck.

3. Cranial cavity-Meninges, parts of brain, ventricles of brain, dural venous sinuses, cranial nerves attached to the brain, pituitary gland.
4. Cranial nerves-III, IV, V, VI, VII, IX, XII in detail.
5. Orbital cavity–Muscles of the eyeball, supports of the eyeball, nerves and vessels in the orbit.

6. Parotid gland.
7. Temporomandibular joint, muscles of mastication, infratemporal fossa, pterygo-palatine fossa.
8. Submandibular region.
9. Walls of the nasal cavity, paranasal air sinuses.
10. Palate.
11. Oral cavity, Tongue
12. Pharynx (palatine tonsil and the auditory tube) Larynx. **OSTEOLOGY**–Foetal skull, adult skull, individual bones of the skull, hyoid bone and cervical vertebrae

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

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

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

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

### V. **CLINICAL PROCEDURES:**

- a. Intramuscular injections : Demonstration on a dissected specimen and on a living person of the following sites of injection.
  1. Deltoid muscle and its relation to the axillary nerve and radial nerve.
  2. Gluteal region and the relation of the sciatic nerve.
  3. Vastus lateralis muscle.
- b. Intravenous injections & venesection: Demonstration of veins in the dissected specimen and on a living person.
  1. Median cubital vein
  2. Cephalic vein
  3. Basilic vein
  4. Long saphenous vein
- c. Arterial pulsations: Demonstration of arteries on a dissected specimen and feeling of pulsation of the following arteries on a living person.
  1. Superficial temporal
  2. Facial
  3. Carotid
  4. Axillary
  5. Brachial
  6. Radial
  7. Ulnar
  8. Femoral
  9. Popliteal
  10. Dorsalis pedis
- 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

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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 glands), blood vessels, lymphoid tissue, tooth, lip, tongue, hard palate, esophagus, stomach, duodenum, ileum, colon, vermiform appendix, liver, pancreas, lung, trachea, epiglottis, thyroid gland, parathyroid gland, suprarenal gland, pituitary gland, kidney, ureter, urinary bladder, ovary, and testis.

## VIII. MEDICAL GENETICS:

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

The long answer questions should be compulsory framed on head and neck region.

## F. RECOMMENDED BOOKS:

1. SNELL(Richard S.) Clinical Anatomy for Medical Students, Ed.5, Little Brown & company, Boston.
2. RJLAST'S Anatomy–McMinn, 9<sup>th</sup> edition.
3. ROMANES(G.J.)Cunningham Manual of Practical Anatomy : Head & Neck & Brain Ed.15.Vol.III, Oxford Medical publication.
4. WHEATER, BURKITT & DANIELS, Functional Histology,Ed.2,Churchill Livingstone.
5. SADLER, LANGMAN'S, Medical Embryology,Ed.6.
6. JAME SEANDERSON, 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**

**Title: GENERAL HUMAN PHYSIOLOGY AND BIOCHEMISTRY**  
**Course Code:-DUR102**

**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.

**B. OBJECTIVES**

a. KNOWLEDGE

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

1. Explain the normal functioning of all the organ systems and their interactions for well co-ordinated total body function.
2. Assess the relative contribution of each organ system towards the maintenance of the milieu interior.
3. List the physiological principles underlying the pathogenesis and treatment of disease..

b. SKILLS

9. At the end of the course, the student will be able to:

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

b. INTEGRATION

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

**C. COURSECONTENTSTHEORY**

1. GENERALPHYSIOLOGY

1. Homeostasis: Basic concept, Feedback 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, lifespan of RBC's destruction of RBC's, formation & fate of bile pigments, Jaundice - types.

Leucocytes: Classification, number, percentage, distribution morphology, properties, functions & variation. Role of lymphocytes in immunity, leucopoiesis life span & fate of leucocytes. Thrombocytes - Morphology, number, variations, function & thrombopoiesis.

Haemostasis - 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 reticuloendothelial 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 the G.I. tract and 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.

Juxtaglomerular apparatus, renal blood flow.

Formation of Urine: Glomerular filtration 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 micturition & abnormalities.

#### 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, hypothalamic regulation of anterior pituitary function. Disorders of secretion of anterior pituitary hormones.

Posterior Pituitary: Functions, regulation, and 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 estrogen & 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. CARDIOVASCULAR SYSTEM

Functional anatomy and innervation of the heart. Properties of cardiac muscle. Origin and 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, and aorta. Volume changes in ventricles. Jugular venous pulse, arterial pulse. Heart sounds: Mention of murmurs.

Heart rate: Normal value, variation, and regulation.

Cardiac output: Definition, normal values, one method of determination, variation, factors affecting heart rate and stroke volume.

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

Coronary circulation.

Cardiovascular homeostasis: Exercise and posture.

## 10. RESPIRATORY SYSTEM

Physiology of Respiration: External & internal respiration.

Functional anatomy of respiratory passage & lungs.

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

Intrapleural & intrapulmonary 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, dyspnea, periodic breathing.

Artificial respiration, pulmonary function tests.

## 11. CENTRAL NERVOUS SYSTEM

1. Organization of the central nervous system

2. Neuronal organization at spinal cord level

3. Synapse receptors, reflexes, sensations, and tracts

4. Physiology of pain

5. Functions of the cerebellum, thalamus, hypothalamus, and cerebral cortex

6. Formation and functions of CSF

7. Autonomic nervous system

7. 8. SPECIAL SENSES

Fundamental knowledge of vision, hearing, taste and smell.

### PRACTICALS

The following list of practical is minimum and essential. All the practicals have been categorized 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

- a. Enumeration of Red Blood Cells
- b. Enumeration of White Blood Cells
- c. Differential leucocyte counts
- d. Determination of Haemoglobin
- e. Determination of blood group
- f. Determination of bleeding time and clotting time
- g. Examination of pulse
- h. Recording of blood pressure.

### DEMONSTRATION:

1. Determination of packed cell volume and erythrocyte sedimentation rate
  2. Determination of specific gravity of blood
  3. Determination of erythrocyte fragility
  4. Determination of vital capacity and timed vital capacity
  5. Skeletal muscle experiments.  
Study of laboratory appliances in experimental physiology. Frog's gastrocnemius-sciatic preparation. Simple muscle curve. Effects of two successive stimuli. Effects of increasing strength of stimuli. Effects of temperature. Genesis of fatigue and tetanus. Effect of afterload and freeload on muscle contraction. Calculation of work done.
  6. Electrocardiography: Demonstration of recording of normal Electrocardiogram
  7. Clinical examination of cardiovascular and respiratory system.
- More credit hours should be allotted to Central Nervous System (CNS).

### TEXTBOOKS:

- Guyton; Text book of Physiology, 9th edition.  
 Ganong; Review of Medical Physiology, 19th edition  
 Vander; Human physiology, 5th edition  
 Choudhari; Concise Medical Physiology, 2<sup>nd</sup> edition  
 Chatterjee; Human Physiology, 10th edition  
 A.K.Jain; Human Physiology for BDS students, 1st edition

**BOOKS FOR REFERENCE:**

- i. Berne & Levey; Physiology, 2<sup>nd</sup> edition
- ii. West-Best & Taylor's, Physiological basis of Medical Practise, 11<sup>th</sup> edition

**EXPERIMENTAL PHYSIOLOGY:**

- i. Rannade; Practical Physiology, 4<sup>th</sup> edition
- ii. Ghai; a textbook of practical physiology
- iii. Hutchison's; Clinical Methods, 20<sup>th</sup> edition

**BIOCHEMISTRY****AIMS AND SCOPE OF THE COURSE IN BIOCHEMISTRY**

The major aim is to provide a sound but crisp knowledge on the biochemical basis of the life processes relevant to the human system and to dental/medical practice. The contents should be organised to build on the already existing information available to the students in the pre-university stage and reorienting. A mere rehash should be avoided.

The chemistry portion should strive towards providing information on the functional groups, hydrophobic and hydrophilic moieties and weak valence forces that organise macromolecules. Details on structure need not be emphasised.

Discussion on metabolic processes should put emphasis on the overall change, interdependence and molecular turnover. While details of the steps maybe given, the student should not be expected to memorise them. An introduction to biochemical genetics and molecular biology is a must but details should be avoided. The exposure to antivitamins, antimetabolites and enzyme inhibitors at this stage, will provide a basis for the future study of medical subjects. An overview of metabolic regulation is to be taught by covering hormonal action, second messengers and regulation of enzyme activities. Medical aspects of biochemistry should avoid describing innumerable functional tests, most of which are not in vogue. Cataloguing genetic disorders under each head of metabolism is unnecessary. A few examples which correlate genotype change to functional changes should be adequate.

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

1. Need not know the structure of cholesterol but should understand why it cannot be carried free in plasma.
2. Mutarotation should not be taught. Student should know why amylase will not hydrolyse cellulose.
3. Need not know the details of alpha-helix and beta-pleatsin proteins.
4. Need not know mechanism of oxidative phosphorylation. Should know more than 90 % of ATP is formed by this process.
5. Need not know details of the conversion of pepsinogen to pepsin.

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- Should know hydrochloric acid cannot break a peptide bond at room temperature.
6. Need not remember the steps of glycogenesis.  
Should know that excess intake of carbohydrate will not increase glycogen level in liver or muscle.
  7. Need not know about urea or creatinine clearance tests.  
Should understand the basis of increased urea and creatinine levels in the blood during renal insufficiency."
  8. Need not know the structure of insulin.
  9. Should understand why insulin levels in circulation are normal in most cases of maturity-onset diabetes
  10. Need not know the structural details of ATP.  
Should understand why approximately 10 g of ATP in the body at any given time is sufficient to meet all energy needs.
  11. Need not know the mechanism of action of prolyl hydroxylase. Should know why the gum bleeds in scurvy.
  12. Need not know the structure of Vitamin K.
  13. Should understand the basis of internal bleeding arising due to its deficiency
  14. Need not remember the structure of HMGCoA.  
Should understand why it does not lead to increased cholesterol synthesis during 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. Amino acids: Classification. Introduction to peptides. Proteins : Simple and conjugated; globular and fibrous. Charge properties. Buffer action. Introduction to protein conformation. Denaturation.

Nucleic acids: Building units. Nucleotides. Outline structure of DNA and RNA.

High energy compounds: ATP, Phosphoryl amidines, Thioesters, Enolphosphates.

#### 2. MACRONUTRIENTS AND DIGESTION

Energy needs: Basal metabolic rate. Dietary carbohydrates, fibres. Dietary lipids, essential fatty acids. Nitrogen balance. Essential amino acids. Protein quality and requirement (methods for evaluation of protein quality to be excluded). Protein calorie malnutrition. Balanced diet.

Enzymatic hydrolysis of dietary carbohydrates. Mechanism of uptake of monosaccharides. Digestion and absorption of triacylglycerols.

Enzymatic hydrolysis of dietary proteins and uptake of amino acids.

### 3. MICRONUTRIENTS

Vitamins: Definition, classification, daily requirement, sources and deficiency symptoms. Brief account of water-soluble vitamins with biochemical functions. Vitamins A functions including visual process. Vitamin D and its role in calcium metabolism. Vitamin E. Vitamin K and gamma carboxylation. Introduction to antivitamins and hypervitaminosis.

Minerals: Classification, daily requirement. Calcium and phosphate: sources, uptake, excretion, function. Serum calcium regulation. Iron: sources, uptake and transport. Heme and nonheme iron functions; deficiency. Iodine: Brief introduction to thyroxine synthesis. General functions of thyroxine. Fluoride: function, deficiency and excess. Indications of role of other minerals.

### 4. ENERGY METABOLISM

Overview: Outlines of glycolysis, pyruvate oxidation and citric acid cycle. Beta-oxidation of fatty acids. Electron transport chain and oxidative phosphorylation. 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, inositoltriphosphate. Mechanism of action of steroid hormones, epinephrine, glucagon and insulin in brief. Acid base regulation. Electrolyte balance.

### 8. STRUCTURAL COMPONENTS AND BLOOD PROTEINS

Connective tissue: Collagen and elastin. Glycosaminoglycans. Bone structure. Structure of membranes.

Membrane associated processes in brief. Exocytosis and endocytosis. Introduction to cytoskeleton.

Myofibril and muscle contraction in brief.

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

#### 9. MEDICAL BIOCHEMISTRY

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

<b>PRACTICALS : Contact hours 50</b>		
1.	Qualitative analysis of carbohydrates	4
2.	Color reactions of proteins and amino acids	4
3.	Identification of nonprotein nitrogen substance	4
4.	Normal constituents of urine	4
5.	Abnormal constituents of urine	4
6.	Analysis of saliva including amylase	2
7.	Analysis of milk Quantitative estimations	2
8.	Titrate acidity and ammonia in urine	2
9.	Free and total acidity in gastric juice	2
10.	Blood glucose estimation	2
11.	Serum total protein estimation	2
12.	Urine creatinine estimation Demonstration	2
13.	Paper electrophoresis charts/clinical data evaluation	2
14.	Glucose tolerance test profiles	2
15.	Serum lipid profiles	1
16.	Profiles of hypothyroidism and hyperthyroidism	1
17.	Profiles of hyper and hypoparathyroidism	1
18.	Profiles of liver function	1
19.	Urea, uric acid creatinine profile in kidney disorders	1
20.	Blood gas profile in acidosis/alkalosis	1

#### RECOMMENDED BOOKS:

1. Concise textbook of Biochemistry(3rd edition)2001, T.N. Pattabiraman
2. Nutritional Biochemistry1995, S.Ramakrishnan and S.V. Rao
3. Lecture notes in Biochemistry1984, J.K.Kandlish

### **REFERENCE BOOKS**

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



## **PRAVARA INSTITUTE OF MEDICAL SCIENCES (DEEMED TO BE UNIVERSITY)**

**Loni, Tal. Rahata, Dist. Ahilyanagar-413736**

**NAAC Re-accredited with 'A' Grade**

### **SYLLABUS**

**Title: DENTAL ANATOMY, EMBRYOLOGY AND ORAL HISTOLOGY**

**Course Code:-DUR103**

#### INTRODUCTION

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

#### SKILLS

The student should acquire basic skills in:

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

#### OBJECTIVES

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

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

#### I. TOOTH MORPHOLOGY

1. Introduction to tooth morphology:
  - Human dentition, types of teeth, & functions, Palmer's & Binomial notation systems, tooth surfaces, their junctions - line angles & point angles, definition of terms used in dental morphology, geometric concepts in tooth morphology, contact areas & embrasures - Clinical significance.
2. Morphology of permanent teeth:
  - Description of individual teeth, along with their endodontic anatomy & including a note on their chronology of development, differences between similar class of teeth & identification of individual teeth.

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- Variations & Anomalies commonly seen in individual teeth.

### 3. Morphology of Deciduous teeth:

- Generalized differences between Deciduous & Permanent teeth.
- Description of individual deciduous teeth, including their chronology of development, endodontic anatomy, differences between similar class of teeth & identification of individual teeth.

### 4. Occlusion:

- Definition, factors influencing occlusion-basal bone, arch, individual teeth, external & internal forces & sequence of eruption.
- Inclination of individual teeth-compensatory curves.
- Centric relation & Centric occlusion- protrusive, retrusive & lateral occlusion.
- Clinical significance of normal occlusion.
- Introduction to & Classification of Malocclusion.

## II. ORAL EMBRYOLOGY

1. Brief review of development of face, jaws, lip, palate & tongue, with applied aspects.
2. Development of teeth:
  - Epithelial mesenchymal interaction, detailed study of different stages of development of crown, root & supporting tissues of tooth & detailed study of formation of calcified tissues.
  - Applied aspects of disorders in development of teeth.
3. Eruption of deciduous & Permanent teeth:
  - Mechanisms in tooth eruption, different theories & histology of eruption, formation of dentogingival junction, role of gubernacular cord in eruption of permanent teeth.
  - Clinical or Applied aspects of disorders of eruption.
4. Shedding of teeth:
  - Factors & mechanisms of shedding of deciduous teeth.
  - Complications of shedding.

## III. ORAL HISTOLOGY

1. Detailed microscopic study of Enamel, Dentine, Cementum & Pulp tissue. Age changes & Applied aspects (Clinical and forensic significance) of histological considerations - Fluoride applications, transparent dentine, dentine hypersensitivity, reaction of pulp tissue to varying insults to exposed dentine; Pulp calcifications & Hypercementosis.
2. Detailed microscopic study of Periodontal ligament & alveolar bone, age changes, histological changes in periodontal ligament & bone in normal & orthodontic tooth movement, applied aspects of alveolar bone resorption.
3. Detailed microscopic study of Oral Mucosa, variation in structure in relation to functional requirements, mechanisms of keratinization, clinical parts of gingiva, Dentogingival & Mucocutaneous junctions & lingual papillae. Age changes & clinical considerations.
4. Salivary Glands:

- Detailed microscopic study of acini & ductal system.
  - Age changes & clinical considerations.
5. TM Joint:
    - Review of basic anatomical aspects & microscopic study & clinical considerations.
  6. Maxillary Sinus:
    - Microscopic study, anatomical variations, functions & clinical relevance of maxillary sinus in dental practice.
  7. Processing of Hard & soft tissues for microscopic study:
    - Ground sections, decalcified sections & routine staining procedures.
  8. Basic histochemical staining patterns of oral tissues.

#### IV. ORAL PHYSIOLOGY

1. Saliva:
    - Composition of saliva-variations, formation of saliva & mechanisms of secretion, salivary reflexes, brief review of secretomotor pathway, functions, role of saliva in dental caries & applied aspects of hyper & hypo salivation.
  2. Mastication:
    - Masticatory force & its measurement - need for mastication, peculiarities of masticatory muscles, masticatory cycle, masticatory reflexes & neural control of mastication.
  3. Deglutition:
    - Review of the steps in deglutition, swallowing in infants, neural control of deglutition & dysphagia.
  4. Calcium, Phosphorous & fluoride metabolism:
    - Source, requirements, absorption, distribution, functions & excretion, clinical considerations, hypo hypercalcemia & hyper & hypophosphatemia & fluorosis.
  5. Theories of Mineralization:
    - Definition, mechanisms, theories & their drawbacks.
    - Applied aspects of physiology of mineralization, pathological considerations- calculus formation.
  6. Physiology of Taste:
    - Innervation of taste buds & taste pathway, physiologic basis of taste sensation, age changes & applied aspects - taste disorders.
  7. Physiology of Speech:
    - Review of basic anatomy of larynx & vocal cords.
    - Voice production, resonators, production of vowels & different consonants - Role of palate, teeth & tongue.
- Effects of dental prosthesis & appliances on speech & basic speech disorders.

#### 1. Processing of soft tissues for microscopic study (Only for Dental Anatomy Tissues)

- a. Routine Paraffin processing- Dehydration, clearing & embedding
- b. Different Microtomes & Microtomy Procedure
- c. Basic Histochemical staining patterns of Oral tissues.

Processing of Hard tissues for Microscopic study.  
Ground sections , decalcified sections

Exam Pattern:

**Marks Distribution Pattern of Theory Examination**

Total Marks = 100

Written Exam = 70 Marks

Viva Voce = 20 Marks

Internal Assessment (Written) = 10 Marks

**Section: A**

- M.C.Qs

Question No.	Contents	Types of Question	Marks for each question	Total Marks
Question 1	Dental Anatomy, Oral Histology, Oral Physiology & Embryology	MCQs	15 X 01 Marks	15 Marks

**Section: B**

- **Oral Histology & Embryology**

Question No.	Contents	Types of Question	Marks for each question	Total Marks
Question 2	Oral Histology, & Embryology	L.A. Qs	01 X 10 Marks	10 Marks
Question 3	Oral Histology, & Embryology	S.A. Qs	04 X 05 Marks	20 Marks

Section: C**Dental Anatomy & Oral Physiology**

Question No.	Contents	Types of Question	Marks for each question	Total Marks
Question 4	Dental Anatomy	L.A.Qs	01 X 10 Marks	10 Marks
Question 5	Dental Anatomy & Oral Physiology	S.A.Qs	03 X 05 Marks	15 Marks

**Marks Distribution Pattern of Practical Examination**

Total Marks = 100

1. Internal Assessment (Practical) = 10 Marks
2. Practical Examination = 90 Marks

Sr. No.	Contents	Marks
1	Spotting (10 Spots x 05 Marks)	50 Marks
2.	Carving of tooth	30 Marks
3.	Journal	10 Marks
<b>Total</b>		<b>90 Marks</b>

**RECOMMENDED TEXT BOOKS**

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



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**SYLLABUS**

**Title: GENERAL PATHOLOGY AND MICROBIOLOGY**  
**Course Code:-DUR201**

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 in the study of pathology and its practice of dentistry.

OBJECTIVES:

Enabling the student

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

COURSE CONTENT

A. General Pathology–

1. Introduction to Pathology Terminologies  
The cell in health  
The normal cell structure the cellular functions  
Etiology and Pathogenesis of Disease Cell Injury
2. Etiology and Pathogenesis of Disease  
Types – congenital  
Acquired  
Mainly Acquired causes of disease  
(Hypoxic injury, chemical injury, physical injury, immunological injury)
3. Degenerations  
Fatty change

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- Cloudy swelling
- Hyaline change, mucoid degeneration
- 4. Cell death & Necrosis
  - Apoptosis
  - Def, causes, features and types of necrosis
  - Gangrene - Dry, wet, gas Pathological
  - Calcifications (Dystrophic and metastatic)
- 5. Inflammation
  - Definition, causes, types, and features
  - Acute inflammation
    - a. The vascular response
    - b. The cellular response
    - c. Chemical mediators
    - d. The inflammatory cells
    - e. Fate
  - Chronic inflammation
  - Granulomatous inflammation
- 6. Healing
  - Regeneration
  - Repair
    - a. Mechanisms
    - b. Healing by primary intention
    - c. Healing by secondary intention
    - d. Fracture healing
    - e. Factors influencing healing process
    - f. Complications
- 7. Tuberculosis
  - Epidemiology
  - Pathogenesis (Formation of tubercle)
  - Pathological features of Primary and secondary TB
  - Complications and Fate
- 8. Syphilis
  - Epidemiology
  - Types and stages of syphilis
  - Pathological features
  - Diagnostic criterias
  - Oral lesions
- 9. Typhoid
  - Epidemiology
  - Pathogenesis
  - Pathological features
  - Diagnostic criterias
- 10. Thrombosis
  - Definition, Pathophysiology

- Formation, complications & Fate of a thrombus
- 11. Embolism
  - Definition
  - Types
  - Effects
- 12. Ischemia and Infraction
  - Definition, etiology, types
  - Infraction of various organs
- 13. Derangements of body fluids
  - Oedema–pathogenesis
    - Different types
- 14. Disorders of circulation
  - Hyperemia
  - Shock
- 15. Nutritional Disorders
  - Common Vitamin Deficiencies
- 16. Immunological mechanisms in disease
  - Humoral & cellular immunity
  - Hypersensitivity & autoimmunity
- 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 neoplasia
  - a. Definition, terminology, classification
  - b. Differences between benign and malignant neoplasms
  - c. The neoplastic cell
  - d. Metastasis
  - e. Etiology and pathogenesis of neoplasia, Carcinogenesis
  - f. Tumour biology
  - g. Oncogenes and anti-oncogenes
  - h. Diagnosis
  - i. Precancerous lesions
  - j. Common specific tumours, Sq papilloma & Ca, Basal cell Ca, Adenoma & Adenoca, Fibroma & Fibrosarcoma, Lipoma and liposarcoma

## B. Systemic Pathology–

1. Anaemias
  - Iron Deficiency anaemia, Megaloblastic anaemia
2. Leukaemias

- Acute and chronic leukaemias, Diagnosis and clinical features
- 3. Diseases of Lymphnodes
  - Hodgkin's disease, Non-Hodgkins lymphoma, Metastatic carcinoma
- 4. Diseases of oral cavity
  - Lichen planus, Stomatitis, Leukoplakia, Sq cell Ca, Dental caries, Dentigerous cyst, Ameloblastoma
- 5. Diseases of salivary glands
  - Normal structure, Sialadenitis, Tumours
- 6. Common diseases of Bones
  - Osteomyelitis, Metabolic bone diseases, Bone Tumours, Osteosarcoma, Osteoclastoma, Giant cell Tumour, Ewing's sarcoma, Fibrous dysplasia, Aneurysmal bone cyst
- 7. Diseases of Cardio vascular system
  - Cardiac failure
  - Congenital heart disease–ASD, VSD, PDA
    - Fallot's Tetralogy
  - Infective Endocarditis
  - Atherosclerosis
  - Ischemic heart Disease
- 8. Haemorrhagic Disorders
  - Coagulation cascade
  - Coagulation disorders
    - Platelet function
    - Platelet disorders

## **PRACTICALS**

1. Urine
  - Abnormal constituents
  - Sugar, albumin, ketone bodies
2. Urine–
  - Abnormal constituents
  - Blood, bile salts, bile pigments
3. Haemoglobin (Hb)estimation
4. Total WBC count
5. Differential WBC Count
6. Packed cell volume (PCV,) erythrocyte sedimentation Rate (ESR)
7. Bleeding Time & clotting Time
8. Histopathology
  - Tissue Processing
  - Staining
9. Histopathology slides
  - Acute appendicitis, Granulation tissue, fatty liver
10. Histopathology slides
  - CVC lung, CVC liver, Kidney amyloidosis

11. Histopathology slides  
Tuberculosis, Actinomycosis, Rhinosporidiosis
12. Histopathology slides  
Papilloma, Basal cell Ca, Sq cell Ca
13. Histopathology slides  
Osteosarcoma, osteoclastoma, fibrosarcoma
14. Histopathology slides  
Malignant melanoma, Ameloblastoma, Adenoma
15. Histopathology slides  
Mixed parotid tumour, metastatic carcinoma in lymph node

### **LIST OF TEXT BOOKS**

1. Robbins–Pathologic Basis of Disease Cotran, Kumar, Robbins
2. Anderson’s Pathology Vol1 & 2 Editors–Ivan Damjanov & James Linder
3. Wintrobe’s clinical Haematology Lee, Bithell, Foerster, Athens, Lukens

## **MICROBIOLOGY**

### **AIM:**

To introduce the students to the exciting world of microbes. To make the students aware of various branches of microbiology, importance, significance and contribution of each branch to mankind and other fields of medicine. The objectives of teaching microbiology can be achieved by various teaching techniques such as:

- a. Lectures
- b. Lecture Demonstrations
- c. Practical exercises
- d. Audiovisual aids
- e. Small group discussions with regular feedback from the students.

### **OBJECTIVES:**

#### **A. KNOWLEDGE AND UNDERSTANDING**

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

1. Understand the basics of various branches of microbiology and able to apply the knowledge relevantly.
2. Apply the knowledge gained in related medical subjects like General Medicine and General Surgery and Dental subjects like Oral Pathology, Community Dentistry, Periodontics, Oral Surgery, Pedodontics, Conservative Dentistry and Oral medicine in higher classes.
3. Understand and practice various methods of Sterilisation and disinfection in dental clinics.
4. Have a sound understanding of various infectious diseases and lesions in the oral cavity.

**B. SKILLS**

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

A brief syllabus of Microbiology is given as follows:

**A. GENERAL MICROBIOLOGY:**

1. History, Introduction, Scope, Aims and Objectives.
2. Morphology and Physiology of bacteria.
3. Detail account of Sterilisation and Disinfection.
4. Brief account of Culture media and Culture techniques.
5. Basic knowledge of selection, collection, transport, processing of clinical Specimens and identification of bacteria.
6. Bacterial Genetics and Drug Resistance in bacteria.

**B. IMMUNOLOGY:**

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

**C. SYSTEMATIC BACTERIOLOGY:**

1. Pyogenic cocci - Staphylococcus, Streptococcus, Pneumococcus, Gonococcus, Meningococcus—brief account of each coccus-detailed account of mode of spread, laboratory diagnosis, Chemotherapy and prevention-Detailed account of Cariogenic Streptococci.
2. Coryne bacterium diphtheriae-mode of spread, important clinical feature, Laboratory diagnosis, Chemotherapy and Active immunization.

3. Mycobacteria-Tuberculosis and Leprosy
4. Clostridium-Gas gangrene, food poisoning and tetanus.
5. Non-sporing Anaerobes - in brief about classification and morphology, in detail about dental pathogens - mechanism of disease production and prevention.
6. Spirochaetes-Treponemapallidum-detailed account of Oral Lesions of syphilis, Borrelia vincentii.
7. Actinomycetes.

#### D. VIROLOGY:

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

#### E. MYCOLOGY

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

#### F. PARASITOLOGY:

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

#### RECOMMENDED BOOKS FOR REGULAR READING:

1. Textbook of Microbiology–R. Ananthanarayan & C.K. Jayaram Paniker.
2. Medical Microbiology–David Greenwood et al.

#### BOOKS FOR FURTHER READING/REFERENCE.

1. Microbiology–Prescott, et al.
2. Microbiology–Bernard D. Davis, et al.
3. Clinical & Pathogenic Microbiology–Barbara J Howard, et al.
4. Mechanisms of Microbial diseases–Moselio Schaechter, et al.
5. Immunology an Introduction–Tizard
6. Immunology 3<sup>rd</sup> edition–Evan Roitt, et al.



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**SYLLABUS**

**Title: GENERAL AND DENTAL PHARMACOLOGY AND  
THERAPEUTICS**

**Course Code:-DUR202**

**GOAL:**

The broad goal of teaching undergraduate 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:

- i. Describe the pharmacokinetics and pharmacodynamics of essential and commonly used drugs in general and in dentistry in particular.
- ii. List the indications, contraindications; interactions, and adverse reactions of commonly used drugs with reason.
- iii. Tailor the use of appropriate drugs in disease with consideration to its cost, efficacy, safety for individual and mass therapy needs.
- iv. Indicate special care in prescribing common and essential drugs in special medical situations such as pregnancy, lactation, old age, renal, hepatic damage and immune compromised patients.
- v. Integrate rational drug therapy into 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.
2. Appreciate adverse reactions and drug interactions of commonly used drugs.
3. Observe experiments designed to study the effects of drugs.
4. Critically evaluate drug formulations and be able to interpret their clinical applications." pharmacology of marketed preparations commonly used in dentistry.
5. INTEGRATION: Practical knowledge of use of drugs in clinical practice will be acquired through integrated teaching with clinical departments.

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## LECTURE:

### I. GENERAL PHARMACOLOGY:

1. General principles of pharmacology; sources and nature of drugs dosage forms; prescription writing; pharmacokinetics (absorption, distribution, metabolism and excretion of drugs), mode of action of drugs, combined effects of drugs, receptor mechanism of drug action, factors modifying drug response, adverse drug reactions; drug interactions, Implications of General Principles in clinical dentistry.
2. CNS drugs; General anaesthetics, hypnotics, analgesics psychotropic drugs, anti – epileptics, muscle relaxants, local anaesthetics, Implications of these drugs in clinical dentistry.
3. Autonomic drugs; sympathomimetics, antiadrenergic drugs parasymphomimetic sand parasympholytics, Implications of Autonomic drugs in clinical dentistry.
4. 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.
6. Drugs acting on blood: coagulants and anticoagulants, hematinics, Implications of these drugs in clinical dentistry.
7. G.I.T. Drugs, Purgatives, anti-diarrheal, antacids, anti-emetics, Implications of these drugs in clinical dentistry.
8. 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.
9. Chemotherapy: Antimicrobial agents (against bacteria, anaerobic infections, fungi, virus and broad spectrum). Infection management in dentistry. Pharmacotherapy of Tuberculosis, leprosy and chemotherapy of malignancy in general. Implications of Chemotherapy in clinical dentistry.
10. Vitamins: Water soluble vitamins, Vit. D, Vit. K. and Vit. E, Implications of Vitamins in clinical dentistry.
11. Pharmacotherapy of emergencies in dental office and emergency drugs tray Implications of Pharmacotherapy in clinical dentistry.
12. Chelating agents–BAL, EDTA and desferrioxamine,

### II. DENTALPHARMACOLOGY

1. Anti - septics, astringents, obtundents, mummifying agents, bleaching agents, styptics, disclosing agents, dentifrices, mouth washes, caries and fluorides.
2. Pharmacotherapy of common oral

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conditions in dentistry. Practicals and Demonstrations:

To familiarize the student with the methodology: prescription writing and dispensing. Rationale of drug combinations of marketed drugs.

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#### LIST OF BOOKS RECOMMENDED FOR READING AND REFERENCE

1. R.S. Satoskar, Kale Bhandarkar's Pharmacology and Pharmacolherapentics,10th Edition, Bombay Popular Prakashan 1991.
2. Bertam G Katzung, Basic and Clinical pharmacology 6thed. Appleton & Lange 1997.
3. Lauerence D.R. Clinical Pharmacology 8thed.Churchill Livingstone1997.
4. Satoskar R.S.& Bhandarkar S.D., Pharmacology and Pharmacotherapeutics part I & part ii, 13th Popular Prakashan Bombay 1993.
5. Tripathi K.D., Essentials of Medical Pharmacology 4thed Jaypee Brothers1999.



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## SYLLABUS

**Title: DENTAL MATERIALS**  
**Course Code :-DUR203**

The science of dental materials has undergone tremendous changes over the years. Continued research has led to the development of new material systems and evolving concepts in the dental field. Interlinked with various specialized branches of chemistry, practically all engineering applied sciences, and biological characteristics, the science of dental materials has emerged as a foundational discipline with its own values and principles.

### INTRODUCTION

#### AIMS:

The aim of the course is to present the basic chemical and physical properties of dental materials as they relate to their manipulation, providing a sound educational background. This will allow the practice of dentistry to evolve from art to the empirical status of science as more information becomes available through further research. It is also the aim of the course to provide certain criteria for the selection of dental materials, enabling students to discriminate between facts and propaganda concerning claims made by manufacturers."

#### OBJECTIVES:

To understand the evolution and development of the science of dental materials."

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 coordinating 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 evolved from an art to a science, highlighting the need for dentists to possess adequate knowledge of materials in order to exercise their best practice through an understanding

of the properties of different types of materials. The growing concern about health hazards due to mercury toxicity, inhalation of certain vapors or dust, and irritations or allergic reactions to skin from material contact are significant. Additionally, materials causing irritation to oral tissues, changes in pH of restorative materials leading to inflammation and necrosis of the pulp, make it essential for dentists to have a broader knowledge of the physical, chemical, and biological properties of the materials they use. For the protection of both the patient and the dentist, certain criteria for material selection are provided. These will enable the dentist to distinguish between facts and propaganda, ensuring that the materials used are biologically acceptable.

#### SCOPE:

Dental materials are employed in mechanical procedures, including restorative dentistry such as prosthodontics, endodontics, periodontics, 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 materials 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 characteristics of materials are important in these fields. The toxic and tissue reactions of dental materials, as well as their durability in the oral cavity, where temperatures range between 32°C and 37°C, are critical. Additionally, the ingestion of hot or cold food can expose materials to temperatures ranging from 0°C to 70°C. The acid-alkalinity of fluids in the mouth, shown by pH, varies from 4 to 8.5. The load on 1 square cm of tooth or restorative material can reach a level as high as several kilograms. Thus, the biological properties of dental materials are of paramount importance." cannot be separated from their physical and chemical properties.

#### 2). STRUCTURE OF MATTER AND PRINCIPLES OF ADHESION.

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

#### 3). IMPORTANT PHYSICAL PROPERTIES APPLICABLE TO DENTAL MATERIALS

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

#### 4). BIOLOGICAL CONSIDERATIONS IN USE OF DENTAL MATERIALS.

Materials used in dentistry must be selected with an understanding of certain biological considerations for use in the oral cavity. There is a need for materials with biological compatibility. Materials are classified from the perspective of their biological compatibility, for example, materials that come into contact with soft tissues,

affect the vitality of the pulp, are used for root canal fillings, or affect the hard tissues of teeth. Additionally, laboratory materials that could be accidentally inhaled or ingested during dental procedures must also be considered handling. Hazards associated with materials: pH-affecting pulp, polymers causing chemical irritation, mercury toxicity, etc. Microleakage, Thermal changes, Galvanism, toxic effect of materials. Biological evaluation for systemic toxicity, skin irritation, mutagenicity 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, and gauging water.

Microscopic structure of set material.

Setting time: working time and setting time, measurement of setting time, and factors controlling setting time.

Setting expansion, hygroscopic setting expansion – factors affecting each.

Strength: wet strength, dry strength, factors affecting strength, tensile strength.

Slurry – need and use.

Care of cast.

ADA classification of gypsum products.

Description of impression plaster and dental investment.

Manipulation, including recent or advanced methods.

Disinfection: infection control, liquids, sprays, and radiation.

Method of use of disinfectants.

Storage of material – shelf life."

#### 6)IMPRESSION MATERIALS USED IN DENTISTRY

Impression plaster, Impression compound, Zinc oxide eugenol impression paste & bite registration paste incl., non-eugenol paste, Hydrocolloids, reversible and irreversible, Elastomeric impression materials. Polysulphide, Condensation silicones, Addition silicones, Polyether, Visible light cure polyether urethane dimethacrylate, Historical background & development of each impression material, Definition of impression, Purpose of making impression, Ideal properties required and application of material, Classification as per ADA specification, general & individual impression material.

Application and their uses in different disciplines, Marketed as and their commercial names, Mode of supply & mode of application bulk/wash impression. Composition, chemistry of setting, Control of setting time, Type of impression trays required, Adhesion to tray, manipulation, instruments & equipments required. Techniques of impression, storage of impression, (Compatibility with cast and die material). Any recent advancements in material and mixing devices. Study of properties: Working time, setting time, flow, accuracy, strength, flexibility, tear strength, dimensional stability, compatibility with cast & die materials incl., electroplating. Biological properties: tissue reaction, Shelf life & storage of material, Infection control – disinfection, Advantages & disadvantages of each material.

#### 7). SYNTHETIC RESINS USED IN DENTISTRY.

Historical background and development of material, Denture base materials and their classification and requirement

Classification of resins

Dental resins–requirements of dental resins, applications, polymerization, polymerisation mechanism stages in addition polymerisation, inhibition of polymerisation, copolymerization, molecular weight, crosslinking, plastixizers, Physical properties of polymers, polymer structures types of resins. ACRYLIC RESINS:

Mode of polymerisation: Heat activated, chemically activated, Light activated, Mode of supply, application, composition, polymerisation reaction of each. Technical considerations: Methods of manipulation for each type of resin. Physical properties of denture base resin. Miscellaneous resins & techniques: Repair resins, Relining and rebasing. Short term and long-term soft-liners, temporary crown and bridge resins, Resin impression trays, Tray materials, Resin teeth, materials in maxillofacial prosthesis, Denture cleansers, Infection control in detail, biological properties and allergic reactions.

#### RESTORATIVE RESINS:

Historical background, Resin based restorative materials, Unfilled& filled, Composite restorative materials, Mode of supply, Composition, Polymerisation mechanisms: Chemically activated, Light activated, Dual cure: Degree of conversion, Polymerisation shrinkage Classification of Composites: Application, composition and properties of each Composites of posterior teeth, Prosthodontics resins for veneering. Biocompatibility – microleakage, pulpal reaction, pulpal protection Manipulation of composites: Techniques of insertion of Chemically activated, light activated, dual cure Polymerisation, Finishing and polishing of restoration, Repair of composites Direct bonding Bonding: Need for bonding, Acid-etch technique, Enamel bonding, Dentin bonding agents. Mode of bonding, Bond strength, Sandwich technique its indication and procedure. Extended application for composites: Resins for restoring eroded teeth, Pit and fissure sealing, Resin inlays system – Indirect & direct, Core build up, Orthodontic applications.

#### 8). METAL AND ALLOYS:

Structure and behaviour of metals, Solidification of metals, mechanism of crystallisation amorphous & crystalline. Classification of alloys, Solid solutions, Constitutes or

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equilibrium phase diagrams: Electric alloys, Physical properties, Peritectic alloys, Solid state reaction other binary systems: Metallography & Heat treatment. Tarnish and corrosion. Definition: causes of corrosion, protection against corrosion., Corrosion of dental restorations, clinical significance of galvanic current. Dental Amalgam.

History:

Definition of dental amalgam, applications, alloy classification, and manufacture of alloy powder composition – available as.

Amalgamation: setting reaction and resulting structure, properties, microleakage, dimensional stability, strength, creep, and clinical performance

Manipulation: Selection of alloy, proportioning, mechanism of trituration, condensation, carving & finishing. Effect of dimensional changes, Marginal deterioration., Repair of amalgam, mercury toxicity, mercury hygiene.

**DIRECT FILLING GOLD:**

Properties of pure gold, mode of adhesion of gold for restoration forms of direct filling gold for using as restorative material

Classification: Gold Foil, Electrolytic precipitate, powdered gold.

Manipulation: Removal of surface impurities and compaction of direct filling gold."

Physical properties of compacted gold, Clinical performance.

**DENTAL CASTING ALLOYS:**

Historical background and desirable properties of casting alloys.

Alternatives to cast metal technology: direct filling gold, amalgam, mercury-free condensable intermetallic compounds—alternatives to the metal casting process. The CAD-CAM process for metal and ceramic inlays eliminate the need for impressions of teeth or casting procedures. Pure titanium, the most biocompatible metal, which is difficult to cast, can be made into crowns with the aid of CAD-CAM technology. Another method of making copings is by copy milling (without casting procedures).

Classification of casting alloys: By function and description.

Recent classification: High Noble (HN), Noble (N), and Predominantly Base Metal (PB) alloys for crown and bridge, metal-ceramic, and removable partial dentures. Composition, function, constituents, and applications of each alloy, both noble and base metal.

Properties of alloys: Melting range, mechanical properties, hardness, elongation, modulus of elasticity, tarnish, and corrosion.

Casting shrinkage and compensation of casting shrinkage.

Biocompatibility: Handling hazards and precautions for base metal alloys, casting investments used.

Heat treatment: Softening and hardening heat treatment.

Recycling of metals.

Titanium alloys and their applications, properties, and 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 and residual stresses, ductility.

Dental wax:

Inlay wax: Mode of supply, classification and composition, ideal requirements.

Properties of inlay wax: Flow, thermal properties, wax distortion and its causes.

Manipulation of inlay wax: Instruments and equipment required, including electrically heated instruments, metal tips, and thermostatically controlled wax baths.

Other waxes: Applications, mode of supply, and properties.

Casting wax, baseplate wax, processing wax, boxing wax, utility wax, sticky wax, impression wax for corrective impressions, bite registration wax.

10). **Dental Casting Investments**

Definition, requirements, and 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 burn out, and heating the invested ring, casting. Casting machines, source of heat for melting the alloy. Defects in casting.

## 11). SOLDERING, BRAZING AND WELDING

Need of joining dental appliances, Terms & Definition

Solders: Definition, ideal requirement, types of solders – Soft & hard and their fusion temperature, application. Mode of supply of solders, Composition and selection, Properties. Tarnish & corrosion resistance mechanical properties, microstructure of soldered joint. Fluxes & Anti fluxes: Definition, Function, Types, commonly used fluxes & their selection Technique of Soldering & Brazing: freehand 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. Sensitization & stabilization, 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, biomechanism 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, biocompatibility, technical considerations.

Metal Ceramics (PFM): Alloys - Types and composition of alloys. Ceramic - Type and Composition. Metal Ceramic Bond – Nature of bond. Bonding using electrode position, foil copings, bonded platinum foil, waged 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 veneers, inlays and onlays, and CAD - CAM ceramic. Chemical attack of ceramic by fluoride. Porcelain furnaces.

## 14). ABRASION & POLISHING AGENTS

Definition of abrasion and polishing. Need of abrasion and polishing. Types of abrasives: Finishing, polishing & cleaning. Types of abrasives: Diamond, Emery, aluminium oxides garnet, pumice, Kieselgurh, tripoli, rouge, tin oxide, chalk, chromic oxide, sand, carbides,

diamond, zirconium silicate Zinc oxide

ABRASIVE ACTION:

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

Grading of abrasive & polishing agents. Binder, Polishing materials & procedures used.

Technical consideration - Material and procedure used for abrasion and polishing

Electrolytic polishing and burnishing.

15). DIE AND COUNTER DIE MATERIALS INCLUDING ELECTROFORMING AND ELECTROPOLISHING.

Types–Gypsum products, Electro forming, Epoxy resin, Amalgam.

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

17). MECHANICS OF CUTTING: Burs and points.

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

RECOMMENDED BOOKS:

1. Phillips Science of Dental Materials – 10<sup>th</sup> edn. – Kenneth J. Anusavice
2. Restorative Dental Materials – 10<sup>th</sup> edn. Robert G. Craig
3. Notes on Dental Materials – E. C. Combe



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**SYLLABUS**

**Title: PRECLINICAL CONSERVATIVE DENTISTRY**  
**LABORATORY EXERCISES**  
**Course Code:-DUR204**

Pre-Clinical Conservative Dentistry–Only Practical and Viva-Voce

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

Class I	<b>5</b>
Class I with extension	<b>2</b>
Class II	<b>10</b>
Class II MODS	<b>2</b>
Class V and III for Glass Ionmers	<b>4</b>
Class V for amalgam	<b>2</b>

1. Polishing of above restorations.
2. Demonstration of Class III and Class V cavity preparation. For composites on extracted tooth completing the restoration.
3. Polishing and finishing of the restoration of composites.
4. Identification and manipulation of varnish bases like Zinc Phosphate, Polycarboxylate, Glass Ionomers, Zinc Oxide, Eugenol cements.
5. Identification and manipulation of various matrices, tooth separators and materials like composites and modified glass ionomer cements.
6. Cast Restoration

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

7. Endodontics

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



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**SYLLABUS**

**Title: PRECLINICAL PROSTHODONTICS**

**Course Code:-DUR 205**

Preclinical Prosthodontics (II Year BDS)

Theory syllabus - One class per week.

Unit	Theory Topics	No of classes
1.	Objectives of impression making. Theories of impression making anatomical landmarks of maxillary and mandibular edentulous arches and their importance in complete denture construction.	3
2	Ideal requirement of special tray and the various materials used for their fabrication with spacer and without spacer.	2
3	Ideal requirements of temporary denture base and the various materials used for their fabrication	2
4	Ideal requirements of occlusal rim preparation and various materials used for their fabrication.	2
5	Mandibular movements	2
6	Jaw Relation recording	3
7	Teeth selection, identification and various materials used	2
8	Articulators & occlusion	3

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9	Arrangement of teeth, waxing and carving.	2
10	Flasking, dewaxing packing and curing and recovery of dentures, trimming and polishing	4
	<b>Total:</b>	25 classes

Following changes in the Nice to Know category in Theory of the subject of Preclinical Prosthodontics has been done. This is approved by Academic Council vide resolution no. AC/ 2025(1)/ D-10(i) dated 23/06/2025, notification no. 63/2025 dated 26/08/2025.

- *Introduction to Digital Impression Technology & Familiarizing with Intra-oral Scanners. Lecture Duration-1 hour*

Practical Syllabus: Four Classes per Week (1<sup>st</sup> year BDS)

Sr No.	Practical exercises Topics	No. of Practicals
1	Demonstration of cast pouring in rubber mold by dental plaster (Maxillary & mandibular edentulous molds) & recovery of the study casts	1
2	Work done by the students, cast pouring in maxillary & mandibular edentulous rubber molds by dental plaster & recovery of the study casts	2
3	Marking of the anatomical landmarks on the maxillary & mandibular edentulous casts (Demonstration)	1
4	Marking of the anatomical landmarks on the maxillary & mandibular edentulous casts	2
5	Demonstration of special tray preparation with full spacer & tissue stops on maxillary & mandibular edentulous castswith cold cure acrylic resin	1
6	Work done by the students	2

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7	Demonstration of shellac base plate adaptation on maxillary & mandibular edentulous working casts	1
8	Work done by the students	2
9	Demonstration of adaptation of record base on maxillary & mandibular edentulous working casts in cold cure acrylic resin by sprinkle-on method	1
10	Work done by the students	2
11	Demonstration of preparation of occlusal rims on maxillary & mandibular edentulous working casts with modeling wax & sealing them in Class I relationship	1
12	Work done by the students	2
13	Demonstration of mounting of sealed maxillary & mandibular occlusal rims to the articulator	1
14	Work done by the students	2
15	Demonstration of arrangement of maxillary anterior teeth	1
16	Work done by the students	2
17	Demonstration of arrangement of mandibular anterior teeth	1
18	Work done by the students	2
19	Demonstration of arrangement of maxillary posterior teeth	1
20	Work done by the students	2
21	Demonstration of arrangement of mandibular posterior teeth	1
22	Work done by the students	2
23	Demonstration of waxing & carving & sealing of the waxed – up denture	1
24	Work done by the students	2
25	Demonstration of demounting, flasking of the denture	1
26	Work done by the students	2

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27	Demonstration of dewaxing, packing & acrylisation of the dentures	1
28	Work done by the students	2
29	Demonstration of deflasking, trimming, finishing & polishing of dentures	1
30	Work done by the students	2
34.	Practice of arrangement of teeth in ClassI relationship—1.	4
35.	Demonstration of arrangement of teeth in Class II relationship	2
36.	Arrangement of teeth in Class II relationship	4
37	Demonstration of arrangement of teeth in Class III relationship	2
38	Arrangement of teeth in Class III relationship	4
39	Practice of arrangement of teeth in ClassI relationship.—2	4
40.	Introduction to Removable partial dentures and Kennedy's classification.	1
41.	Designing of Partial dentures	4
42.	Demonstration of fabrication of various clasps in wrought wire	1
43.	Work done by students on clasp bending	2
44.	Demonstration of shellac base plate/wax pattern adaptation on maxillary and mandibular partially dentulous working casts	2
45.	Work done by students	8
46.	Arrangement of teeth for partially edentulous arches	2
47.	Practice of arrangement of teeth in ClassI relationship—2	3
48.	Demonstration of flasking for partial dentures	1
49.	Work done by students	2

50.	Dewaxing, packing and curing of partial dentures in heat cure acrylic resin	1
51.	Work done by students	2
52.	Demonstration of finishing and polishing of partial denture	1
53.	Work done by students	2
54.	Practice of teeth arrangement in Class I relationship—3	3
55.	Demonstration of repair of fractured denture	1
56.	Work done by students	2
57.	Demonstration of relining of denture	1
58.	Practice of teeth arrangement in Class I relationship-4	3
59.	Demonstration of rebasing of denture	1
60.	Practice of arrangement of teeth in Class I relationship—5	3
61.	Practice of arrangement of teeth in Class I relationship. Waxing and carving — 6	3
62.	Demonstration of crown preparation to receive full veneer crown along with fabrication of wax pattern	1
63.	Work done by students	4
64.	Demonstration of sprue attachment, investing and casting	1
65.	Demonstration of trimming and polishing of casted crown	1
66.	Flasking and dewaxing of the waxed up dentures	2
67.	Packing and curing of the dentures	2
68.	Deflasking trimming finishing and polishing of dentures	2
69.	Practice of arrangement of teeth in ClassI relationship—7	2
70.	Practice of arrangement of teeth in ClassI relationship—8	2

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Following changes in the Must to Know category in Practical of the subject of Preclinical Prosthodontics has been done. This is approved by Academic Council vide resolution no. AC/ 2025(1)/ D-10(i) dated 23/06/2025, notification no. 63/2025 dated 26/08/2025.

- *Introduction to Digital Impression Technology & Familiarizing with Intra-oral Scanners. Lecture Duration- Demonstration -1/2 hour & Work done:03 practical*

**Recommended books:**

1. Syllabus of Complete Dentures by Charles Heartwell and Arthur O Rahn
2. Boucher's Prosthodontic Treatment for Edentulous Patients
3. Essentials of Complete Denture Prosthodontics – Sheldon Winkler

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- *Digital Dentistry – A Comprehensive reference and preview of the future.  
Author: Dianne Rekow  
Publisher: Quintessence Publishing house*



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**SYLLABUS**

**Title: ORAL PATHOLOGY & ORAL MICROBIOLOGY**

**Course Code:- DUR 303**

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

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

**SKILLS:**

1. Microscopic study of common lesions affecting oral tissues through microscopic slides & projection slides.
2. Study of the disease process by surgical specimens.
3. Study of teeth anomalies/polymorphisms through tooth specimens & plaster casts.
4. Microscopic study of plaque pathogens.
5. Study of hematological preparations (blood films) of anaemias & leukemias.
6. Basic exercises in Forensic Odontology such as histological methods of age estimation and appearance of teeth in injuries.

1. **INTRODUCTION:**

- A bird's eye view of the different pathological processes involving the oral cavity & oral cavity involvement in systemic diseases to be brought out. Interrelationship between General Medicine & General Surgery & Oral pathology to be emphasized.
2. Developmental disturbances of teeth, jaws and soft tissues of oral & paraoral region:
    - Introduction to developmental disturbances-Hereditary, Familial mutation, Hormonal etc. causes to be highlighted.
    - Developmental disturbances of teeth-Etiopathogenesis, clinical features, radiological features & histopathological features as appropriate :-
    - The size, shape, number, structure & eruption of teeth & clinical significance

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of the anomalies to be emphasized.

- Forensic Odontology.
  - Developmental disturbances of jaws-size & shape of the jaws.
  - Developmental disturbances of oral & paraoral soft tissues-lip & palate-clefts, tongue, gingiva, mouth, salivary glands & face.
3. Dental Caries:
    - Etiopathogenesis, microbiology, clinical features, diagnosis, histopathology, immunology, prevention of dental caries & its sequelae.
  4. Pulp & Periapical Pathology & Osteomyelitis.
    - Etiopathogenesis & interrelationship, clinical features, microbiology, histopathology & radiological features (as appropriate) of pulp & periapical lesions & osteomyelitis.
    - Sequelae of periapical abscess - summary of space infections, systemic complications & significance.
  5. Periodontal Diseases:
    - Etiopathogenesis, microbiology, clinical features, histopathology & radiological features (as appropriate) of gingivitis, gingival enlargements & periodontitis. Basic immunological mechanisms of periodontal disease to be highlighted.
  6. Microbial infections of oral soft tissues:
    - Microbiology, defence mechanisms including immunological aspects, oral manifestations, histopathology and laboratory diagnosis of common bacterial, viral & fungal infections namely:-  
 Bacterial: Tuberculosis, Syphilis, ANUG & its complications- Cancrum Oris.  
 Viral: Herpes Simplex, Varicella zoster, Measles, Mumps & HIV infection.  
 Fungal: Candidal infection. Aphthous Ulcers.
  7. Common non-inflammatory diseases involving the jaws:
    - Etiopathogenesis, clinical features, radiological & laboratory values in diagnosis of: Fibrous dysplasia, Cherubism, Osteogenesis Imperfecta, Paget's disease, Cleidocranial dysplasia, Rickets, Achondroplasia, Marfan's syndrome & Down's syndrome.
  8. Diseases of TM Joint:
    - Ankylosis, summary of different types of arthritis & other developmental malformations, traumatic injuries & myofascial pain dysfunction syndrome.
  9. Cysts of the Oral & Paraoral region:
    - Classification, etiopathogenesis, clinical features, histopathology, laboratory & radiological features (as appropriate) of Odontogenic cysts, Non-Odontogenic cysts, Pseudocysts of jaws & soft tissue cysts of oral & paraoral region.

## 10. Tumours of the Oral Cavity:

- Classification of Odontogenic, Non-Odontogenic & Salivary Gland Tumours. Etiopathogenesis, clinical features, histopathology, radiological features & laboratory diagnosis (as appropriate) of the following common tumours:-
  - a. Odontogenic-all lesions.
  - b. Non-odontogenic
    - Benign Epithelial-Papilloma, Keratoacanthoma & Naevi.
    - Benign Mesenchymal- Fibroma, Aggressive fibrous lesions, Lipoma, Haemangioma, Lymphangioma, Neurofibroma, Schwannoma, Chondroma, Osteoma & Tori.
    - Malignant Epithelial- Basal Cell Carcinoma, Verrucous Carcinoma, Squamous Cell carcinoma & Malignant Melanoma.
    - Malignant Mesenchymal - Fibrosarcoma, Osteosarcoma, Giant cell tumour, Chondrosarcoma, Angiosarcoma, Kaposi's sarcoma, Lymphomas, Ewing's sarcoma & Other Reticuloendothelial tumours.
  - c. Salivary Gland
    - Benign Epithelial neoplasms -Pleomorphic Adenoma, Warthin's tumour, Oncocytoma.
    - Malignant Epithelial neoplasms- Adenoid Cystic Carcinoma, Mucoepidermoid Carcinoma, Acinic Cell Carcinoma & Adenocarcinomas.
    - Tumours of Disputed Origin-Congenital Epulis & Granular Cell Myoblastoma.
    - Metastatic tumours- Tumors metastasizing to & from oral Cavity & the routes of metastasis.

## 11. Traumatic, Reactive &amp; Regressive lesions of Oral Cavity:

- Pyogenic & Giant cell granuloma, exostoses Fibrous Hyperplasia, Traumatic Ulcer & Traumatic Neuroma.
- Attrition, Abrasion, Erosion, Bruxism, Hypercementosis, Dentinal changes, Pulp calcifications & Resorption of teeth.
- Radiation effects of oral cavity, summary of Physical & Chemical injuries including allergic reactions of the oral cavity.
- Healing of Oral wounds & complications- Dry socket.

## 12. Non neoplastic Salivary Gland Diseases:

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- 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 & Para oral region & Discolouration of teeth:
    - Causes & clinical manifestations.
  17. Diseases of Maxillary Sinus:
 

Traumatic injuries to sinus, Sinusitis, Cysts & Tumours involving antrum.
  18. a) ORAL PRECANCER–CANCER; Epidemiology, aetiology, clinical and histopathological features, TNM classification. Recent advances in diagnosis, management and prevention.  
b) Biopsy: Types of biopsy, value of biopsy, cytology, histochemistry & frozen sections in diagnosis of oral diseases.
  19. Principles of Basic Forensic Odontology (Pre-clinical Forensic Odontology):
    - Introduction, definition, aims & scope.
    - Sex and ethnic(racial)differences in tooth morphology and histological age estimation
    - Determination of sex & blood groups from buccal mucosa/saliva.
    - Dental DNA methods
    - Bitemarks, rugae patterns & lip prints.
    - Dental importance of poisons and corrosives.
    - Overview of forensic medicine and toxicology.

#### RECOMMENDED BOOKS

1. A Text Book of Oral Pathology

-Shafer, Hine & Levy.

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2. Oral Pathology-Clinical Pathologic correlations -Regezi & Sciubba.
3. Oral Pathology -Soames & Southam.
4. Oral Pathology in the Tropics -Prabhu, Wilson, Johnson & Daftary

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**SYLLABUS**

**Title: GENERAL MEDICINE**

**Course Code :-DUR 301**

**GUIDELINES:**

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

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

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

**THEORY SYLLABUS**

CORE TOPICS (Must Know)	COLLATERAL TOPICS (Desirable to Know)
1. Aims of medicine Definitions of signs, symptoms, diagnosis, differential diagnosis treatment & prognosis.	
2. Infections. Enteric fever, AIDS, herpes simplex, herpes zoster, syphilis diphtheria.	Infectious mononucleosis mumps, measles, rubella, malaria.
3. G.I.T. Stomatitis, gingival hyperplasia, dysphagia, acid peptic disease, jaundice, acute and chronic hepatitis, cirrhosis of liver ascites.	Diarrhea Dysentery Amoebiasis Malabsorption

4.CVS Acute rheumatic fever rheumatic valvular heart disease, hypertension, ischemic heart disease, infective endocarditis, common arrhythmias.	
Congenital heart disease, congestive Cardiac failure.	
5.RS Pneumonia, COPD, Pulmonary TB, Bronchial asthma	Lung Abscess Pleural effusion Pneumothorax Bronchiectasis Lung cancers.
6.Hematology Anemias, bleeding & clotting disorders, leukemias, lymphomas, agranulocytosis, splenomegaly, oral manifestations of hematologic disorders, generalized Lymphadenopathy.	
7.Renal System Acute nephritis Nephrotic syndrome	Renal failure
8.Nutrition Avitaminosis	Balanced diet PEM Avitaminosis
9.CNS Facial palsy, facial pain including trigeminal neuralgia, epilepsy, headache including migraine.	- Meningitis - Examination of comatose patient - Examination of cranial nerves.
10.Endocrines Diabetes Mellitus Acromegaly, Hypothyroidism, Thyrotoxicosis, Calcium metabolism and parathyroids.	Addison's disease, Cushing's syndrome.
11.Criticalcare Syncope, cardiac arrest, CPR shock	AC LVF ARDS

**CLINICAL TRAINING:**

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



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**SYLLABUS**

**Title: GENERAL SURGERY**

**Course Code :- DUR 302**

**AIMS:**

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

**1. HISTORY OF SURGERY:**

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

**2. GENERAL PRINCIPLES OF SURGERY:**

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

**3. WOUNDS:**

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

**4. INFLAMMATION:**

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

**5. INFECTIONS:**

Acute and chronic abscess skin infections, cellulitis, carbuncle, and erysipelas. Specific infections such as tetanus, gangrene, syphilis, gonorrhoea, tuberculosis, Actinomycosis, Vincents angina, cancrum oris. Pyemia, toxemia and septicemia.

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## 6. TRANSMISSABLE VIRAL INFECTIONS:

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

## 7. SHOCK AND HAEMORRHAGE:

Classification, causes, clinical features and management of various types of shock. Syncope, Circulatory collapse. Haemorrhage—different types, causes, clinical features and management. Blood groups, blood transfusion, precautions and complications of blood and their products. Hemophilia's, their transmission, clinical features and management especially in relation to minor dental procedures.

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

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

## 9. DISEASES OF LYMPHATIC SYSTEM:

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

## 10. DISEASES OF THE ORAL CAVITY:

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

## 11. DISEASES OF LARYNX, NASOPHARYNX:

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

## 12. NERVOUS SYSTEM:

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

## 13. FRACTURES:

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

## 14. PRINCIPLES OF OPERATIVE SURGERY:

Principles as applicable to minor surgical procedures including detailed description of

asepsis, antiseptics, sterilisation, principles of anaesthesia and principles of tissue replacement. Knowledge of sutures, drains, diathermy, cryosurgery and use of Laser in surgery.

15. ANOMOLIES OF DEVELOPMENT OF FACE:

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

16. DISEASES OF THYROID AND PARATHYROID:

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**

**Title: CONSERVATIVE DENTISTRY AND ENDODONTICS**

**Course Code :- DUR407**

**OBJECTIVES:**

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

**A). Knowledge and understanding:**

The graduate should acquire the following knowledge during the period of training.

- i. To diagnose and treat simple restorative work for teeth.
- ii. To gain knowledge about aesthetic restorative material and to translate the same to patient's needs.
- iii. To gain the knowledge about endodontic treatment on the basis of scientific foundation.
- iv. To carry out simple endodontic treatment.
- v. To carry out simple luxation of tooth and its treatment and to provide emergency endodontic treatment.

**B). SKILLS:**

He should attain following skills necessary for practice of dentistry.

- i. To use medium and high-speed handpieces to carry out restorative work.
- ii. Posses the skills to use and familiarize endodontic instruments and materials needed for carrying out simple endodontic treatment.
- iii. To achieve the skills to translate patient's esthetic needs along with function.

**C). ATTITUDES:**

- i). Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.
- ii). Willingness to participate in CDE programme to update the knowledge and professional skill from time to time.
- iii). To help and participate in the implementation of the national oral health policy.
- iv). He should be able to motivate the patient for proper dental treatment at the same time proper maintenance of oral hygiene should be emphasize which will help to

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maintain the restorative work and prevent future damage.

### INTRODUCTION:

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

1. 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.
3. Dental Caries:  
Aetiology, classification clinical features, morphological features, microscopic features, clinical diagnosis and sequel of dental caries.
4. 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.
6. Armamentarium 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 handpiece and speed current concepts of rotary cutting procedures. Sterilisation and maintenance of instruments. Basic instrument tray set up.
7. Control of Operating Field:  
Light source sterilisation field of operation control of moisture, rubber dam in detail, cotton rolls and antisialagogues.
8. Amalgam Restoration:  
Indication contraindication, physical and mechanical properties, clinical behaviour. Cavity preparation for Class I, II, V and III. Step wise procedure for cavity preparation and restoration. Failure of amalgam restoration.
9. Pulp Protection:  
Liners, varnishes and bases, Zinc phosphate, zinc polycarboxylate, zinc oxide eugenol and glass ionomer cements.
10. Anterior Restorations:  
Selection of cases, selection of material, stepwise procedures for using restorations Silicate (theory only) glass inomers, composites, including sandwich 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, Pit and fissure sealants dietary measures restorative procedure and

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- periodontal health. Contact and contour of teeth and restorations matrices tooth separation and wedges.
13. 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.
  15. Management Of Deep Carious Lesions Indirect and Direct Pulp Capping.
  16. Non Carious Destruction's Tooth Structures Diagnosis and Clinical Management
  17. Hypersensitivity Dentine And Its Management.
  18. Cast Restorations  
Indications, contra indications, advantages and disadvantages and materials used for same Class II and ClassI cavity preparation for inlays fabrication of wax pattern spurring inverting and casting procedures & casting defects.
  19. Die Materials And Preparation Of Dies.
  20. Gingival Tissue Management for Cast Restoration And Impression Procedures
  21. Recent Cavity Modification Amalgam Restoration.
  22. Differences between Amalgam and Inlay Cavity preparation with note on all the types of Bevels used for Cast Restoration.
  23. Control Of Pain During Operative Procedures.
  24. Treatment Planning For Operative Dentistry Detailed Clinical Examination  
Radiographic Examination
  25. Vitality Tests, Diagnosis And Treatment Planning And Preparation Of Case Sheet.
  26. Applied Dental Materials.
    - a. Biological Considerations.  
Evaluation, clinical application and adverse effects of the following materials.  
Dental cements, Zinc oxide eugenol cements zinc phosphate cements, polycarboxylates glass ionomer cements, silicate cement calcium hydroxides varnishes.
    - b. Dental amalgam, technical considerations, mercury toxicity, mercury hygiene.
    - c. Composite, Dentine bonding agents, chemical and light curing composites
    - d. Rubber base Imp. Materials
    - e. Nobel metal alloys & non noble metal alloys
    - f. Investment and die materials
    - g. Inlay casting waxes
    - h. Dental porcelain
    - i. Aesthetic Dentistry
  27. Endodontics: introduction definition scope and future of endodontics
  28. Clinical diagnostic methods
  29. Emergency endodontic procedures
  30. Pulpal diseases cause, types and treatment.
  31. Periapical diseases: acute periapical abscess, acute periodontal abscess, phoenix abscess, chronic alveolar abscess granuloma cysts condensing osteitis, external resorption.
  32. Vital pulp therapy: indirect and direct pulp capping pulpotomy different types and

- medicaments used.
33. Apexogenesis and apexification or problems of open apex.
  34. 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, standardization, 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 shaping of root canals, irrigating solution chemical aids to instrumentation.
  38. Disinfection of root canal space intracanal medicaments, polyantibiotic paste ross mans paste, mummifying agents. Outline of root canal treatment, bacteriological examinations, culture methods.
  39. 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. Failures in endodontics.
  42. Root canal sealers. Ideal properties classification. Manipulation of root canal sealers.
  43. Postendodontic restoration fabrication and components of post and core preparation.
  44. Smear layer and its importance in endodontics and conservative treatment.
  45. Discoloured teeth and its management. Bleaching agents, vital and nonvital bleaching methods.
  46. Traumatized 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 medication surgical instruments and techniques apicectomy, retrograde filling, post operative sequale trephination hemisection, radiscetomy techniques of tooth reimplantation (both intentional and accidental) endodontic implants.
  48. Root resorption.
  49. Emergency endodontic procedures.
  50. Lasers in conservative endodontics (introduction only) practice management
  51. Professional association dentist act 1948 and its amendment1993.
  52. Duties towards the govt. Like payments of professional tax, income tax.
  53. Financial management of practice
  54. Dental material and basic equipment management.
  55. Ethics
  56. Regenerative Dentistry

- 57. Nanodentistry
- 58. Magnification in Dentistry
- 59. Nanotechnology in Dentistry

Following changes in University Practical Examination of the subject of Conservative Dentistry has been done. This is approved by Academic Council vide resolution no. AC/ 2024(2)/ D-11(i)-(iv) dated 12/08/2024, notification no. 74/2024 dated 16/10/2024.

*Anterior Root Canal Treatment Procedure for final year University Practical Examination as in the subject of Conservative Dentistry.*

*Students can opt for Class 2 amalgam restoration or anterior Root canal treatment.*

*Distribution of Marks for anterior root canal treatment*

- *Diagnosis and case selection – 15*
- *Access opening – 20*
- *Working length determination – 15*
- *Biomechanical preparation and master cone selection – 30*
- *Journal – 10*

#### RECOMMENDED BOOKS:

1. Pathways of the pulp by Cohen 12<sup>th</sup> edition
2. Endodontics by Ingle 7<sup>th</sup> edition
3. Endodontics practice by Grossman 13<sup>th</sup> edition
4. Textbook of endodontics by Nisha Garg 3<sup>rd</sup> edition
5. Problem solving in endodontics by James L Gutmann 5<sup>th</sup> edition-2
6. Art and science of operative dentistry by Sturdevant 5<sup>th</sup> edition
7. Fundamentals of operative dentistry by Summitt 4<sup>th</sup> edition
8. Textbook of operative dentistry
9. Textbook of operative dentistry by Nisha Garg
10. Operative dentistry-Modern theory and practice
11. Science of dental materials by Phillips 11<sup>th</sup> edition
12. Restorative dental materials by Craig
13. Materials used in dentistry by S.Mahalaxmi
14. Science of dental materials-VShamaBhat1.composite-Frederick C. Calhoun
15. Smart composite-Rani Elhajjar, Valeria La Saponara, CBS Press
16. Dental Composite materials For Direct Restorations-Vesna Miletic
17. Composite Materials-Processing, Applications, Characterizations-Kamalkar



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**SYLLABUS**

**Title: ORAL & MAXILLOFACIAL SURGERY**

**Course Code :- DUR 405**

AIMS:

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

OBJECTIVES:

a) Knowledge & Understanding:

At the end of the course and the clinical training the graduate is expected to-

1. Able to apply the knowledge gained in the related medical subjects like pathology, microbiology and general medicine in the management of patients with oral surgical problem.
2. Able to diagnose, manage and treat (understand the principles of treatment of patients with oral surgical problems.)
3. Knowledge of range of surgical treatments.
4. Ability to decide the requirement of a patient to have oral surgical specialist opinion or treatment.
5. Understand the principles of in-patient management.
6. Understanding of the management of major oral surgical procedures and principles involved in patient management.
7. Should know ethical issues and communication ability.

b) Skills:

1. A graduate should have acquired the skill to examine any patient with an oral surgical problem in an orderly manner. Be able to understand requisition of various clinical and laboratory investigations and is capable of formulating differential diagnosis.
2. Should be competent in the extraction of teeth under both local and general anaesthesia.
3. Should be able to carry out certain minor oral surgical procedures under L.A. like frenectomy, alveolar procedures & biopsy etc.
4. Ability to assess, prevent and manage various complications during and after surgery.

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5. Able to provide primary care and manage medical emergencies in the dental office.
6. Understanding of the management of major oral surgical problems and principles involved in inpatient management.

#### DETAILED SYLLABUS

1. Introduction, definition, scope, aims and objectives.
2. Diagnosis in Oral surgery:
  - a. History taking
  - b. Clinical examination
  - 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.
    2. Measures to be taken by operator.
    3. Sterilisation of instruments-various methods of sterilization etc.
    4. Surgery set up.
  - b) Painless Surgery:
    1. Pre-anaesthetic considerations. Pre-medication: purpose, drugs used
    2. Anaesthetic considerations–
      - a) Local b) Local with IV sedations
    3. Use of general anaesthetic
  - c) Access:
 

Intra-oral: Mucoperiosteal flaps, principles, commonly used intra-oral incisions.  
 Bone Removal: Methods of bone removal.  
 Use of Burs: Advantages & precautions  
 Bone cutting instruments: Principles of using chisel & osteotome.  
 Extra-oral: Skin incisions-principles, various extra-oral incision to expose facial skeleton.

    - a) Submandibular
    - b) Preauricular
    - c) Incision to expose maxilla & orbit
    - d) Bi-coronal 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

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Types of drains used

Debridement: purpose, soft tissue & bone debridement.

- f) Closure of wounds  
Suturing: Principles, suture material, classification, body response to various materials etc.
  
  - g) Postoperative care  
Post operative instructions  
Physiology of cold and heat  
Control of pain – analgesics  
Control of infection–antibiotics  
Control of swelling - anti-inflammatory drugs  
Closure Long term post operative follow-up-significance.
5. Exodontia: General considerations  
Ideal Extraction.  
Indications for extraction of teeth  
Extractions in medically compromised patients.  
Methods of extraction -
- a) Forceps or intra-alveolar or closed method.  
Principles, types of movement, force etc.
  - b) Trans-alveolar, surgical oro-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.

6. 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,

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Surgical procedure for removal.

- c) Impacted maxillary canine  
Reasons for canine impaction,

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

7. Pre-prosthetic Surgery:

Definition, classification of procedures

- a) Corrective procedures:  
Alveoloplasty, Reduction of  
maxillary tuberosities,  
Frenectomies and removal of  
tori.
- b) Ridge extension or Sulcus extension  
procedures Indications and various  
surgical procedures
- c) Ridge augmentation and reconstruction.  
Indications, use of bone grafts,  
Hydroxyapatite Implants - concept of  
osseous integration Knowledge of  
various types of implants and surgical  
procedure to place implants.

8. Diseases of the maxillary sinus

Surgical anatomy of the sinus.

Sinusitis both acute and chronic

Surgical approach of sinus–Caldwell-Luc procedure

Removal of root from the sinus.

Oro-antral fistula-aetiology, clinical features and various surgical methods for  
closure.

9. Disorders of T.M. Joint

Applied surgical anatomy of the joint.

Dislocation - Types, aetiology, clinical features and management.

Ankylosis - Definition, aetiology, clinical features and management

Myofascial pain dysfunction syndrome, aetiology, clinical features,  
management-Non surgical and surgical.

Internal derangement of the joint.

Arthritis of T.M. Joint.

10. Infections of the Oral cavity  
Introduction, factors responsible for infection, course of odontogenic infections, spread of odontogenic infections through various facial spaces. Dentoalveolar abscess - aetiology, clinical features and management. Osteomyelitis of the jaws - definition, aetiology, pre-disposing factors, classification, clinical features and management.
- Ludwigs angina-definition, aetiology, clinical features, management and complications.
11. Benign cystic lesions of the jaws - Definition, classification, pathogenesis.  
Diagnosis-Clinical features, radiological, aspiration biopsy, use of contrast media and histopathology.  
Management-Types of surgical procedures, Rationale of the techniques, indications, procedures, complications etc.
12. Tumours of the Oral cavity-  
General considerations  
Nonodontogenic benign tumours occurring in oral cavity-fibroma, papilloma, lipoma, ossifying fibroma, myoma 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 chemo therapy  
Role of dental surgeons in the prevention and early detection of oral cancer.
13. Fractures of the jaws-  
General considerations, types of fractures, aetiology, clinical features and general principles of management.  
Mandibular fractures-Applied anatomy, classification.  
Diagnosis - Clinical and radiological  
Management-Reduction closed and open  
Fixation and immobilisation methods  
Outline of rigid and semi-rigid internal fixation.  
Fractures of the condyle-aetiology, classification, clinical features, principles of management.  
Fractures of the middle third of the face.  
Definition of the midface, 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-Submandibular duct and gland and parotid duct.  
 Clinical feature, management.  
 Salivary fistulae  
 Common tumours of salivary glands like Pleomorphic adenoma including minor salivary glands.
15. Jaw deformities-  
 Basic forms - Prognathism, Retrognathism and open bite.  
 Reasons for correction.  
 Outline of surgical methods carried out on mandible and maxilla.
16. Neurological disorders-  
 Trigeminal neuralgia-definition, aetiology, clinical features and methods of management including surgical.  
 Facial paralysis - Aetiology, clinical features.  
 Nerve injuries-Classification, neurorrhaphy etc.
17. Cleft Lip and Palate-  
 Aetiology of the clefts, incidence, classification, role of dental surgeon in the management of cleft patients. Outline of the closure procedures.
18. Medical Emergencies in dental practice –  
 Primary care of medical emergencies in dental practice particularly-  
 (a) Cardio vascular (b) Respiratory (c)  
 Endocrine(d) Anaphylactic reaction(e)  
 Epilepsy (f) Epilepsy
19. Emergency drugs & Intramuscularly 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 vasoconstrictors 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 Midazolam.  
 Indications, mode of action, technique etc.  
 Cardiopulmonary resuscitation  
 Use of oxygen and emergency drugs.  
 Tracheostomy.

#### RECOMMENDED BOOKS:

1. Impacted teeth; Alling John F & et al.
2. Principles of oral and maxillofacial surgery; Vol.1,2&3 Peterson LJ & et al.
3. Textbook of oral and maxillofacial surgery; Srinivasan B.
4. Handbook of medical emergencies in the dental office, Malamed SF.
5. Killey Fractures of the mandible; Banks P.
6. Killey fractures of the middle 3<sup>rd</sup> of the facial skeleton; Banks P.
7. The maxillary sinus and its dental implications; Mc Govanda
8. Killey and Kays outline of oral surgery–Part-1; Seward G R & et.al.
9. Essentials of safe dentistry for the medically compromised patients; McCarthy 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 J.&EA
14. Oral and maxillofacial infections; Topazian RG & Goldberg



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**SYLLABUS**

**Title: ORAL MEDICINE AND RADIOLOGY**

**Course Code:-DUR402**

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

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

Part-I ORAL MEDICINE AND DIAGNOSTIC AIDS

**SECTION(A)-DIAGNOSTIC METHODS.**

1. Definition and importance of Diagnosis and various types of diagnosis
2. Method of clinical examinations.
  - a. General Physical examination by inspection.
  - b. Oro-facial region by inspection, palpation and other means
  - c. To train the students about the importance, role, use of saliva and techniques of

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- diagnosis of saliva as part of oral disease
- d. Examination of lesions like swellings, ulcers, erosions, sinus, fistula, growths, pigmented lesions, white and red patches
  - e. Examination of lymph nodes
  - f. Forensic examination – Procedures for post-mortem dental examination; maintaining dental records and their use in dental practice and post-mortem identification; jurisprudence and ethics.
  - g. Investigations
  - h. Biopsy and exfoliative cytology
  - i. Hematological, Microbiological and other tests and investigations necessary for diagnosis and prognosis

### **SECTION(B)–DIAGNOSIS. DIFFERENTIAL DIAGNOSIS**

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

1. Teeth: Developmental abnormalities, causes of destruction of teeth and their sequelae and discoloration of teeth
2. Diseases of bone and Osteodystrophies: Development disorders: Anomalies, Exostosis and tori, infantile cortical hyperostosis, osteogenesis imperfecta, Marfan’s syndrome, osteopetrosis. Inflammation – Injury, infection and spread of infection, fascial space infections, osteoradionecrosis.  
Metabolic disorders–Histiocytosis  
Endocrine–Acromegaly and hyperparathyroidism  
Miscellaneous–Paget’s disease, Mono and polyostotic fibrous dysplasia, Cherubism.
3. Temporomandibular joint: Developmental abnormalities of the condyle.  
Rheumatoid arthritis, Osteoarthritis, Sub-luxation and luxation.
4. Common cysts and Tumors:  
CYSTS: Cysts of soft tissue: Mucocele and Ranula  
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,

Chondrosarcoma, Central giant cell tumor, and Central haemangioma

Odontogenic: Enameloma, Ameloblastoma, Calcifying Epithelial Odontogenic tumor,

Adenomatoid Odontogenic tumor, Periapical cemental dysplasia and odontomas

5. Periodontal diseases: Gingival hyperplasia, gingivitis, periodontitis, pyogenic granuloma
6. Granulomatous diseases: Tuberculosis, Sarcoidosis, Midlinelethal granuloma, Crohn's Disease and Histiocytosis X
7. Miscellaneous Disorders: Burkitt lymphoma, Sturge-Weber syndrome, CREST syndrome, rendu -osler -weber disease

SECTION(C): ORAL MEDICINE AND THERAPEUTICS.

The following chapters shall best discussed in detail including the etiology, pathogenesis, clinical features, investigations, differential diagnosis, management and prevention

1. Infections of oral and para oral structures:
  - Bacterial: Streptococcal, tuberculosis, syphilis, vincent's, leprosy, actinomycosis, diphtheria and tetanus
  - Fungal : Candid albicans
  - Virus: Herpes simplex, herpes zoster, Ramsay hunt syndrome, measles, herpangina, mumps, infectious mononucleosis, AIDS and hepatitis-B
2. Important common mucosal lesions:
  - White lesions: Chemical burns, leukoderma, leukoplakia, Fordyce spots, stomatitis nicotina palatinus, white sponge nevus, candidiasis, lichen planus, discoid lupus erythematosus
  - Vasculo-bullous lesions: Herpes simplex, herpes zoster, herpangina, bullous lichen planus, pemphigus, cicatricial pemphigoid erythema multiforme.
  - Ulcers: Acute and chronic ulcers
  - Pigmented lesions: Exogenous and endogenous
  - Red lesions Erythroplakia, stomatitis erosive lesions and denture sore mouth.
3. Cervico-facial lymphadenopathy
4. Facial pain:
  - (i) Organic pain: Pain arising from the diseases of orofacial tissues like teeth, pulp, gingival, periodontal tissue, mucosa, tongue, muscles, blood vessels, lymph tissue, bone, paranasal sinus, salivary glands etc.,
  - (ii) Pain arising due to C.N.S. diseases:
    - (a) Pain due to intracranial and extracranial involvement of cranial nerves. (Multiple sclerosis, cerebrovascular diseases, trotter's syndrome etc.)
    - (b) Neuralgic pain due to unknown causes: Trigeminal neuralgia, glossopharyngeal neuralgia, sphenopalatine ganglion neuralgia, periodic neuralgia and atypical facial pain
  - (iii) Referred pain: Pain arising from distant tissues like heart, spine etc.,
5. Altered sensations Cacogeusia, halitosis

6. Tongue in local and systemic disorders:(ankyloglossia, bifid tongue, fissured tongue, scrotal tongue, macroglossia, macroglossia, geographic tongue, median rhomboid glossitis, depapillation of tongue, hairy tongue, atrophic tongue, reactive lymphoid hyperplasia, glossodynia, glossopyrosis, ulcers, white and red patches etc.)
7. Oral manifestations of:
  - (i) Metabolic disorders:
    - (a) Porphyria
    - (b) Haemochromatosis
    - (c) Histiocytosis X diseases
  - (ii) Endocrine disorders:
    - (a) Pituitary: Gigantism, acromegaly, hypopituitarism
    - (b) Adrenal cortex: Addison’s disease  
(Hypofunction) Cushing’s syndrome  
(Hyperfunction)
    - (c) Parathyroid glands: Hyperparathyroidism.
    - (d) Thyroid gland: (Hypothyroidism) Cretinism, myxedema
    - (e) Pancreas: Diabetes
  - (iii) Nutritional: Vitamins: riboflavin, nicotinic Acid, folic acid  
Vitamin B12, Vitamin C (Scurvy)
  - (iv) Blood disorders
    - (a) Red blood cell disease  
Deficiency anemias:(Iron deficiency, Plumer – Vinson syndrome,  
pernicious anemia)  
hemolytic anemias: (Thalassemia, anemia, erythroblastosis fetalis)  
Aplastic anemia  
Polycythemia
    - (b) White Blood cell diseases  
Neutropenia, cyclic neutropenia, agranulocytosis, infectious mono  
nucleosis and leukemias
    - (c) Haemorrhagic disorders: Thrombocytopenia, purpura, hemophilia  
disease and von Willebrand’s disease
8. Disease of salivary glands:
  - (i) Development Aplasia, atresia and aberration
  - (ii) Functional disturbances: Xerostomia, ptyalism
  - (iii) Inflammatory conditions: Non-specific sialadenitis, mumps,  
sarcoidosis (Uveoparotid fever), Necrotising sialometaplasia
  - (iv) Cysts and tumors: Mucocele, ranula, pleomorphic adenoma, mucoepidermoid  
carcinoma
  - (v) Miscellaneous: Sialolithiasis, Sjogren’s syndrome, Mikulicz’s disease and

9. Dermatological diseases with oral manifestations:
  - (a) Ectodermal dysplasia (b) Hyperkeratosis palmar plantar is with periodontopathy
  - (c) Scleroderma (d) Lichen planus including in span syndrome Lupus erythematosus (f) Pemphigus (g) Erythema multiforme (h) Psoriasis
10. Immunological diseases with oral manifestations
  - (a) Leukemia (b) Lymphomas (c) Multiple myeloma (d) AIDS clinical manifestations, opportunistic infections, neoplasms (e) Thrombocytopenia (f) Lupus erythematosus (g) Scleroderma (h) dermatomyositis (I) Submucous fibrosis (j) Rheumatoid arthritis (k) Recurrent oral ulcerations including Bechet'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 effects on general health
13. Management of dental problems in medically compromised persons:
  - (i) Physiological changes: Puberty, pregnancy and menopause
  - (ii) The patient suffering with cardiac, respiratory, liver, kidney and bleeding disorders, hypertension, diabetes and AIDS. Post-irradiated patients.
14. Precancerous lesions and conditions
15. Nerve and muscle diseases:
  - (i) Nerves: (a) Neuropraxia (b) Neurotmesis (c) Neuritis (d) Facial nerve paralysis including Bell's palsy, Heerfordt's syndrome, Melkerson Rosenthal syndrome and Ramsay hunt syndrome (e) Neuroma (f) Neurofibromatosis (g) Frey's syndrome
  - (ii) Muscles: (a) Myositis ossificans (b) Myofascial pain dysfunction syndrome (c) Trismus
16. Forensic odontology:
  - (a) Medico legal aspects of oro facial injuries
  - (b) Identification of bitemarks
  - (c) Determination of sex
  - (d) Identification of cadavers by dental appliances, Restorations and tissue remnants
17. Therapeutics: General therapeutic measures – drugs commonly used in oral medicine viz., antibiotics, chemotherapeutic agents, anti-inflammatory and analgesic drugs, astringents, mouth washes, styptics, demulcents local surface anaesthetic, sialagogue, anti-sialagogues and drugs used in the treatment of malignancy

## **Part–II BEHAVIOURAL SCIENCES AND ETHICS.**

### **Part – III ORAL RADIOLOGY**

1. Scope of the subject and history of origin
2. Physics of radiation: (a) Nature and types of radiations (b) Source of radiations (c)

- Production of X-rays (d) Properties of X-rays (e) Compton effect (f) Photoelectric effect (g) Radiation measuring units
3. Biological effects of radiation
  4. Radiation safety and protection measures
  5. Principles of image production
  6. Radiographic techniques:
    - (i) Intra-Oral: (a) Periapical radiographs (Bisecting and parallel technics) (b) Bite wing radiographs (c) Occlusal radiographs
    - (ii) Extra-oral: (a) Lateral projection so skull and jaw bones and para nasal sinuses (c) Cephalograms (d) Orthopantomograph (e) Projections of temporomandibular joint and condyle of mandible (f) Projections for Zygomatic arches
    - (iii) Specialised techniques: (a) Sialography (b) Xeroradiography (c) Tomography
  7. Factors in production of good radiographs:
    - (a) K.V.P. and 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 radiograph 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. Radiograph and basic knowledge of radio-active isotopes
  13. Radiography in Forensic Odontology - Radiographic age estimation and post-mortem radiographic methods

### **PRACTICALS/CLINICALS:**

1. Student is trained to arrive at proper diagnosis by following a scientific and systematic procedure 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 procedures and interpretation of radiographs.
2. In view of the above each student shall maintain a record of work done, which shall be evaluated for marks at the time of university examination
3. The following is the minimum of prescribed work for recording
  - a. Recording of detailed case histories of interesting cases ..... 10
  - b. Intra-oral Radiographs including digital radiographs (Recording & Interpretation) =75
  - c. Bite wing Radiographs (Recording & Interpretation) =05
  - d. Occlusal Radiographs (Recording & Interpretation) = 03
  - e. Extra-oral Radiographs (Recording & Interpretation) =03

**BOOKS RECOMMENDED:**

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



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**SYLLABUS**

**Title: ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS**  
**Course Code:-DUR401**

**COURSE OBJECTIVE:**

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

1. Introduction, Definition, Historical Background, Aims And Objectives Of Orthodontics And Need For Orthodontics Care.
2. Growth And Development: In General
  - a. Definition
  - b. Growth spurts and Differential growth
  - c. Factors influencing growth and Development
  - d. Methods of measuring growth
  - e. Growth theories (Genetic, Sicher's, Scott's, Moss's, Petrovics, Multifactorial)
  - f. Genetic and epigenetic factors in growth
  - g. Cephalocaudal gradient in growth.
3. Morphologic Development Of Craniofacial Structures
  - a. Methods of bone growth
  - b. Prenatal growth of craniofacial structures
  - c. Postnatal growth and development of: cranial base, maxilla, mandible, dental arches and occlusion.
4. Functional Development Of Dental Arches And Occlusion
  - a. Factors influencing functional development of dental arches and occlusion.
  - b. Forces of occlusion
  - c. Wolfe's law of transformation of bone
  - d. Trajectories of forces
5. Clinical Application Of Growth And Development
6. Malocclusion-In General

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- 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' sand Ackerman and Proffitt's.
  8. Normal And Abnormal Function Of Stomatognathic System
  9. Etiology Of Malocclusion
    - a. Definition, importance, classification, local and general etiological factors.
    - b. Etiology of following different types of malocclusion:
      1. Midline diastema
      2. Spacing
      3. Crowding
      4. Cross-Bite: Anterior/Posterior
      5. Class III Malocclusion
      6. Class II Malocclusion
      7. Deep Bite
      8. Open bite
  10. Diagnosis And Diagnostic Aids
    - a. Definition, Importance and classification of diagnostic aids
    - b. Importance of case history and clinical examination in orthodontics
    - c. Study Models:--Preparation and preservation of study models
    - d. Importance of intraoral X- rays in orthodontics
    - e. Panoramic radiographs:-Principles, Advantages ,disadvantages and uses
    - f. Cephalometric: Its advantages, disadvantages
      1. Definition
      2. Description and use of cephalon stat
      3. Description and uses of anatomically and marks lines and angle cephalometric analysis
      4. Analysis-Steiner's, Down's, Tweed's, Ricket's-E-line
    - g. Electromyograph and it uses in orthodontics
    - h. Wrist X- rays and its importance in orthodontics
  11. General Principles In Orthodontic Treatment Planning Of Dental And Skeletal Malocclusions
  12. Anchorage In Orthodontics-Definition, Classification, Types and Stability Of Anchorage
  13. Biomechanical Principles In Orthodontic Tooth Movement
    - a. Different type soft of the movements
    - b. Tissue response to orthodontic force application
    - c. Age factor in orthodontic tooth movement

14. Preventive Orthodontics
  - a. Definition
  - b. Different procedures undertaken in preventive orthodontics and their limitations.
  
15. Interceptive Orthodontics
  - a. Definition
  - b. Different procedures undertaken in interceptive orthodontics
  - c. Serial extractions: Definition indications, contra-indication, technique, advantages and disadvantages.
  - d. Role of muscle exercise 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 Orthodontics- 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 fabrication
  - d. Materials used in construction of various orthodontic appliances- uses of stainless steel, technical considerations in curing of acrylic, Principles of welding and soldering, fluxes and antirifluxes.
  - e. Preliminary knowledge of acid etching and direct bonding.
  
18. Ethics

#### REMOVABLE ORTHODONTIC APPLIANCES

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

#### FIXED ORTHODONTIC APPLIANCES

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

#### EXTRA ORAL APPLIANCES

1. Headgears
2. Chin cup
3. reverse pull headgears

#### MYOFUNCTIONAL APPLIANCES

1. Definition and principles
2. Muscle exercise and their uses in orthodontics
3. Functional appliances:
  - i. Activator, Oral screens, Frankels function regulator, bionator twin blocks, lip bumper
  - ii. Inclined planes- upper and lower

#### 19. Orthodontic Management Of Cleft Lip And Palate

#### 20. 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. Crossbite

#### 21. Principle, Differential Diagnosis & Methods Of Treatment Of:

1. Midline diastema
2. Crossbite
3. Open bite
4. Deep bite
5. Spacing
6. Crowding
7. ClassII-Division1, Division2
8. Class III Malocclusion-True and Pseudo Class III

#### 20. Retention And Relapse

Definition, Need for retention, Causes of relapse, Methods of retention, Different types of retention devices, Duration of retention, Theories of retention.

#### 21. Use of Skeletal Anchorage in Orthodontics

- a) Introduction
- b) History

- 
- c) Evolution
  - d) Classification
  - e) Types of screws/plates
  - f) Indications, contraindications and limitations
  - g) Clinical applications
22. Lingual Orthodontics
- a) Introduction
  - b) History/ Evolution
  - c) Types of lingual appliances
- 
- d) Classification
  - e) Indications, contraindications and limitations
  - f) Clinical applications
23. Stem cells, Growth Factors and Molecular Biology
- a) Introduction
  - b) History
  - c) Types
  - d) Clinical applications
24. Evidence Based orthodontics
- a) Definition
  - b) Meta analysis / systematic analysis
  - c) Clinical application
25. Concept of Surgery: First Approach in Orthognathic Surgery
- a) Introduction
  - b) Evolution
  - c) History
  - d) Indications, contraindications
  - e) Clinical applications
26. Integrated/interdisciplinary orthodontics
- a) Introduction
  - b) History
  - c) Clinical applications
27. Concept of accelerated orthodontics
- a) Introduction
  - b) History
  - c) Clinical applications

Following changes in the Theory of Orthodontics & Dentofacial Orthopedics has been done. This is approved by Academic Council vide resolution no. AC/ 2024(2)/ D-10 (i)-(D&E) dated 12/08/2024, notification no. 78/2024 dated 16/10/2024.

*Adult and Pediatric Obstructive Sleep Apnoea*

Following changes in Desirable to Know in the Theory of Orthodontics & Dentofacial Orthopedics has been done. This is approved by Academic Council vide resolution no. AC/ 2025(1)/ D-10 (i) dated 23/06/2025, notification no. 64/2025 dated 26/08/2025.

*Introduction to Dental Sleep -disordered breathing, education (DSBE).*

*DSBE can be operationally defined as an “area of dental education that focuses On educating dental students on issues related to sleep breathing including common disorders , clinical manifestations, etiology, prevention, screening and co-management. Lecture Duration: 1 hour*

## CLINICALSANDPRACTICALSINORTHODONTICS

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

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

- Self supported buccal canine retractor with
  - d) Sleeve-5mm wire or 24 gauge
  - e) Sleeve-19gauge needle on anyone side.
- 4. Palatal canine retractor on upper both sides Gauge 23 or 0.6mm

#### V. Labial Bow

Gauge 22 or 0.7mm

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

#### NO. EXERCISE

1. Making upper Alginate impression
2. Making lower Alginate impression
3. Study Model preparation
4. 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

1. Case History taking
2. Case discussion
3. Discussion on the given topic
4. Cephalometric tracings
  - a. Down's Analysis
  - b. Steiner's Analysis
  - c. Tweed's Analysis

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

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

#### Appliance Construction in Acrylic

1. Upper & Lower Hawley's Appliance
2. Upper Hawley's with Anterior bite plane

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

Following changes in Nice to Know Category in the Practical of Orthodontics & Dentofacial Orthopedics has been done. This is approved by Academic Council vide resolution no. AC/ 2025(1)/ D-10 (i) dated 23/06/2025, notification no. 64/2025 dated 26/08/2025.

*1. Introduction of Digital cephalometric tracing through the use of orthodontic imaging software can be considered for minimum one cephalogram before appearing Final BDS Examination.*

*2. Practical utilization of 3D Diagnostic Tool(CBCT) can be explained to the group of UG students posted by the concerned incharge faculty.*

#### RECOMMENDED AND REFERENCE BOOKS:

- |   |                     |
|---|---------------------|
| 1. Contemporary Orthodontics                  | :William R. Proffit |
| 2. Orthodontics For Dental Students           | :White And Gardiner |
| 3. Handbook Of Orthodontics                   | :Moyers             |
| 4. Orthodontics- Principles And Practice      | :Graber             |
| 5. Design , Construction And Use Of Removable |                     |
| 6. Orthodontic Appliances                     | :C. Philip A dams   |
| 7. Clinical Orthodontics: Voll & 2            | :Salzmann           |



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**SYLLABUS**

**Title: PAEDIATRIC & PREVENTIVE DENTISTRY**

**Course Code:-DUR 403**

**THEORY:**

1. INTRODUCTION TO PEDODONTICS & PREVENTIVE DENTISTRY.
  - Definition, scope, Objectives and Importance.
2. GROWTH & DEVELOPMENT:
  - Importance of study of growth Pedodontics.
  - Prenatal and post natal factors in growth& development.
  - Theories of growth & development.
  - Development of maxilla and mandible and related age changes.
3. DEVELOPMENT OF OCCLUSION FROM BIRTH THROUGH ADOLESCENCE.
  - Study of variations and abnormalities.
4. DENTAL ANATOMY AND HISTOLOGY:
  - Development of teeth and associated structures.
  - Eruption and shedding of teeth.
  - Teething disorders and the in management.
  - Chronology of eruption of teeth.
  - Differences between deciduous sand permanent teeth.
  - Development of dentition
  - Importance of first permanent molar.
5. DENTAL RADIOLOGY RELATED TO PEDODONTICS.
6. ORAL SURGICAL PROCEDURES IN CHILDREN.
  - Indications and contraindications of extractions of primary and permanent teeth in children.
  - Knowledge of Local and General Anesthesia.
  - Minor surgical procedures in children.

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7. DENTALCARIES:
  - Historical background.
  - Definition, aetiology & pathogenesis.
  - Caries pattern in primary, young permanent and permanent teeth in children.
  - Rampant caries, early childhood caries and extensive caries: Definition, aetiology, Pathogenesis, Clinical features, Complications & Management
  - Role of diet and nutrition in Dental Caries.
  - Dietary modifications & Diet counseling.
  - Caries activity tests, caries prediction, caries susceptibility & their clinical application.
8. GINGIVAL & PERIODONTAL DISEASES IN CHILDREN.
  - Normal gingiva & periodontium in children.
  - Definition, aetiology & Pathogenesis.
  - Prevention & Management of gingival & Periodontal diseases.
9. CHILD PSYCHOLOGY:
  - Definition.
  - Theories of child psychology.
  - Psychological development of children with age.
  - Principles of psychological growth & development while managing child patient.
  - Dental fear and its management.
  - Factors affecting child's reaction to dental treatment.
10. BEHAVIOURMANAGEMENT:
  - Definitions.
  - Types of behaviour encountered in the dental clinic.
  - Non-pharmacological & pharmacological methods of Behaviour Management.
11. PEDIATRIC OPERATIVE DENTISTRY:
  - Principles of Pediatric Operative Dentistry.
  - Modifications required for cavity preparation in primary and young permanent teeth.
  - Various Isolation Techniques.
  - Restorations of decayed primary, young permanent and permanent teeth in children using various restorative materials like Glass Ionomer, Composites & Silver Amalgam. Stainless steel, Polycarbonate & Resin Crowns.
12. PEDIATRIC ENDODONTICS
  - Principles & Diagnosis.
  - Classification of Pulpal Pathology in primary, young permanent & permanent teeth.
  - Management of Pulpally involved primary, young permanent & permanent teeth.

- Pulp capping–direct & indirect.
- Pulpotomy
- Pulpectomy
- Apexogenesis
- Apexification
- Obturation Techniques & material used for primary, young permanent & Permanent teeth in children.

### 13. TRAUMATIC INJURIES IN CHILDREN:

- Classifications & Importance.
- Sequelae & reaction of teeth to trauma.
- Management of Traumatized teeth.

### 14. PREVENTIVE & INTERCEPTIVE ORTHODONTICS:

- Definitions.
- Problems encountered during primary and mixed dentition phases & their management.
- Serial extractions.
- Space management.

### 15. ORAL HABITS IN CHILDREN:

- Definition, Aetiology & Classification.
- Clinical features of digit sucking, tongue thrusting, mouth breathing & various other secondary habits.
- Management of oral habits in children.

### 16. DENTAL CARE OF CHILDREN WITH SPECIAL NEEDS:

- Definition, Aetiology, Classification, Behavioural and Clinical features & Management of children with:
  - Physically handicapping conditions.
  - Mentally compromising conditions.
  - Medically compromising conditions.
  - Genetic disorders.

### 17. CONGENITAL ABNORMALITIES IN CHILDREN:

- Definition, Classification, Clinical features & Management.

### 18. DENTAL EMERGENCIES IN CHILDREN & THEIR MANAGEMENT.

### 19. DENTAL MATERIALS USED IN PEDIATRIC DENTISTRY.

### 20. PREVENTIVE DENTISTRY:

- Definition.
- Principles & Scope.

- Types of prevention.
- Different preventive measures used in Pediatric Dentistry including pit and fissure sealants and caries vaccine.

## 21. DENTAL HEALTH EDUCATION & SCHOOL DENTAL HEALTH PROGRAMMES.

## 22. FLUORIDES:

- Historical background.
- Systemic & Topical fluorides.
- Mechanism of action.
- Toxicity & Management.
- Defluoridation techniques.

## 23. CASE HISTORY RECORDING:

- Outline of principles of examination, diagnosis & treatment planning.

## 24. SETTING UP OF PEDODONTIC CLINIC.

## 25. ETHICS.

## 26. CERAMIC CROWNS IN PEDIATRIC RESTORATIVE DENTISTRY

## 27. ROTARY SYSTEM IN PEDIATRIC DENTISTRY

## 28. PRESURGICAL NASO ALVEOLAR MOULDING FOR CLEFT PALATE

## 29. SPORTS DENTISTRY IN PEDODONTICS

## 30. REGENERATIVE ADVANCES IN PEDIATRIC DENTISTRY

## BOOKS RECOMMENDED FOR READING & REFERENCES:

1. Preventive Dentistry–Forrester.
2. The Metabolism and Toxicity of Fluoride–Garry M. Whitford.
3. Dentistry for the Child and Adolescence–Mc.Donald.
4. Pediatric Dentistry–Damle S. G.
5. Behaviour Management–Wright
6. Pediatric Dentistry–Mathewson.
7. Traumatic Injuries–Andreason.
8. Occlusal guidance in Pediatric Dentistry–Nakata.
9. Pediatric Drug Therapy–Tomare
10. Contemporary Orthodontics –Proffit.
11. Preventive Dentistry–Depaola.
12. Metabolism & Toxicity of Fluoride–Whitford. G.M.

13. Endodontic Practice–Grossman.
14. Principles of Endodontics–Munford.
15. Endodontics–Ingle.
16. Pathways of Pulp–Cohen.
17. Management of Traumatized Anterior Teeth–Hargreaves.

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**SYLLABUS**

**Title: PUBLIC HEALTH DENTISTRY**

**Course Code: -DUR 408**

GOAL:

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

OBJECTIVES:

Knowledge:

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

Skill and Attitude:

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

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

Syllabus:

1. Introduction to Dentistry: Definition of Dentistry, History of dentistry, Scope, aims and objectives of Dentistry.
2. Public Health:
  - i. Health & Disease: -Concepts, Philosophy, Definition and Characteristics
  - ii. Public Health: -Definition & Concepts, History of public health
  - iii. General Epidemiology: - Definition, objectives, methods
  - iv. Environmental Health: - Concepts, principles, protection, sources, purification environmental sanitation of water disposal Of waste sanitation, then role in mass disorder

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- v. Health Education: - Definition, concepts, principles, methods, and health education aids
- vi. Public Health Administration : -Priority, establishment, manpower, private practice management, hospital management.
- vii. Ethics and Jurisprudence: Professional liabilities, negligence, malpractice, consents, evidence, contracts, and methods of identification in forensic dentistry.
- viii. Nutrition in oral diseases
- ix. Behavioral science: Definition of sociology, anthropology and psychology and their in dental practice and community.
- x. Health care delivery system: Center and state, oral health policy, primary health care, national programmes, health organizations.

### **Dental Public Health:**

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

### **Research Methodology and Dental Statistics**

1. Health Information: -Basic knowledge of Computers, MSOffice, Window2000, Statistical Programmes
2. Research Methodology: - Definition, types of research, designing a written protocol
3. Bio-Statistics: - Introduction, collection of data, presentation of data, Measures of Central tendency, measures of dispersion, Tests of significance, Sampling and sampling techniques- types, errors, bias, blind trails and calibration.

### **Practice Management**

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

Dentist Act 1948 with amendment.

Dental Council of India and State Dental Councils Composition and responsibilities.

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

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

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

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

Exercises:

- a. Collection of statistical data (demographic) on population in India, birthrates, morbidity and mortality, literacy, per capita income
- b. Incidence and prevalence of common oral diseases like dental caries, periodontal disease, oral cancer, fluorosis at national and international levels
- c. Preparation of oral health education material posters, models, slides, lectures, play acting skits etc.
- d. Oral health status assessment of the community using indices and WHO basic oral health survey methods
- e. Exploring and planning setting of private dental clinics in rural, semiurban and urban locations, availment of finances for dental practices-preparing project report.
- f. Visit to primary health center- to acquaint with activities and primary healthcare delivery
- g. Visit to water purification plant/ public health laboratory/ center for treatment of waste and sewage water
- h. Visit to schools-to assess the oral health status of school children, emergency treatment and health education including possible preventive care at school (tooth brushing technique demonstration and oral rinse programme etc.)
- i. Visit to institution for the care of handicapped, physically, mentally, or medically compromised patients
- j. Preventive dentistry: in the department application of pit and fissure sealants, fluoride gel application procedure, A.R.T., Comprehensive health for 5pts at least 2 patients

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

### SUGGESTED INTERNSHIP PROGRAMME IN COMMUNITY DENTISTRY:

AT THE COLLEGE:

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

- e. Total oral health care approach- in order to prepare the new graduates in their approach to diagnosis, treatment planning, cost of treatment, prevention of treatment on schedule, recall maintenance of records etc. at least 10 patients (both children and adults of all types posting for at least one month).

f. The practice of chairside preventive dentistry including oral health education

I. AT THE COMMUNITY ORAL HEALTH CARE CENTRE (ADOPTED BY THE DENTAL COLLEGE IN RURAL AREAS)

Graduates posted for at least one month to familiarize in:

- a. Survey methods, analysis and present action of oral health assessment of school children and community independently using WHO basic oral health survey methods. '=
- b. Participation in rural oral health education programmes
- c. Stay in the village to understand the problems and life in rural areas III.  
DESIRABLE: Learning use of computers-at least basic programme.

Examination Pattern

I. Index: Case History

- a. Oral hygiene indices simplified- Green and Vermilion
- b. Silness and Loe index for Plaque
- c. Loe and Silness index for gingival
- d. CPI
- e. DMF: T and S, df: t and s
- f. Deans fluoride index

II. Health Education

1. Make one- Audiovisual aid
2. Make a health talk

III. Practical work

1. Pit and fissure sealant
2. Topical fluoride application

BOOKS RECOMMENDED & REFERENCE:

1. Dentistry Dental Practice and Community by David F. Striffler and Brain A. Burt, Edn. –1983, W. B. Saunders Company
2. Principles of Dental Public Health by James Morse Dunning, IVth Edition, 1986, Harvard University Press.
3. Dental Public Health and Community Dentistry Ed by Anthony Jong Publication by The C. V. Mosby Company 1981
4. Community Oral Health- A system approach by Patricia P. Cormier and Joyce I. Levy published by Appleton-Century-Crofts/New York, 1981
5. Community Dentistry- A problem oriented approach by P. C. Dental Hand book series Vol.8 by Stephen L. Silverman and Ames F. Tryon, Series editor- Alvin F. Gardner, PSG Publishing company Inc. Littleton Massachusetts, 1980.
6. Dental Public Health- An Introduction to Community Dentistry. Edition by Geoffrey L. Slack and Brain Burt, Published by John Wrigth and sons Bristol, 1980

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7. Oral Health Surveys- Basic Methods, 4<sup>th</sup> edition, 1997, published by W.H.O. Geneva available at the regional office New Delhi.
8. Preventive Medicine and Hygiene- By Maxcy and Rosenau, published by Appleton Century Crofts, 1986.
9. Preventive Dentistry -by J.O.Forrest published by John Wright and sons Bristol, 1980.
10. Preventive Dentistry by Murray, 1997.
11. Text Book of Preventive and Social Medicine by Park and park, 14<sup>th</sup> edition.
12. Community Dentistry by Dr.Soben Peter.
13. Introduction to Bio-statistics by B.K. Mahajan
14. Research methodology and Bio-statistics by
15. Introduction to Statistical Methods by Grewal



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**SYLLABUS**

**Title: PERIODONTOLOGY**

**Course Code:- DUR 404**

**OBJECTIVES:**

The student shall acquire the skill to perform dental scaling, diagnostic tests of periodontal diseases; to use the instruments for periodontal therapy and maintenance of the same.

The student shall develop attitude to impart the preventive measures namely, the prevention of periodontal diseases and prevention of the progress of the disease. The student shall also develop an attitude to perform the treatment with full aseptic precautions; shall develop an attitude to prevent iatrogenic diseases; to conserve the tooth to the maximum possible time by maintaining periodontal health and to refer the patients who require specialist's care.

1	Introduction: Definition of Periodontology, Periodontics, Periodontia, Brief Historical background, Scope of Periodontics	
2	Development of perio-dontal tissues, micro-structural anatomy and biology of Periodontal tissue in detail Gingiva. Junctional epithelium in detail, Epithelial-Mesenchymal interaction, Periodontal, ligament Cementum, Alveolar bone.	
3	Defensive mechanisms in the oral cavity: Role of-Epithelium, Gingival fluid, Saliva and other defensive mechanisms in the oral environment.	

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4	Age changes in periodontal structures and their significance in Geriatric dentistry	Age changes in teeth and periodontal structures and their Association with periodontal diseases	1
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5	Classification of periodontal diseases	<p>Need for classification, Scientific basis of classification Classification of gingival and periodontal diseases as described in World Workshop1989</p> <p>Gingivitis:  Plaque associated, ANUG, steroid hormone influenced, Medication influenced, Desquamative gingivitis, other forms of gingivitis as in nutritional deficiency, bacterial and viral infections etc.</p> <p>Periodontitis:  Adult periodontitis, Rapidly progressive periodontitis A &amp; B,  Juvenile periodontitis (localized, generalized, and post-juvenile),  Prepubertal periodontitis,  Refractory periodontitis</p>	1
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6	Gingival diseases	<p>Localized and generalized gingivitis, Papillary, marginal and diffuse gingivitis</p> <p>Etiology, pathogenesis, clinical signs, symptoms and management of</p> <ol style="list-style-type: none"> <li>i. Plaque associated gingivitis</li> <li>ii. Systemically aggravated gingivitis (sex hormones, drugs and systemic diseases)</li> <li>iii. ANUG</li> <li>iv. Desquamative gingivitis-Gingivitis associated with lichen planus, pemphigoid, pemphigus, and other vesiculobullous lesions</li> <li>v. Allergic gingivitis</li> <li>vi. Infective gingivitis-Herpetic, bacterial and candidal</li> <li>vii. Pericoronitis</li> <li>viii. Gingival enlargement (classification and differential diagnosis)</li> </ol>	6
7	Epidemiology of periodontal diseases	<ul style="list-style-type: none"> <li>- Definition of index, incidence, prevalence, epidemiology, endemic, epidemic, and pandemic</li> <li>- Classification of indices (Irreversible and reversible)</li> <li>- Deficiencies of earlier indices used in Periodontics</li> <li>- Detailed understanding of Silness &amp; Loe Plaque Index, Loe &amp; Silness Gingival Index, CPITN &amp; CPI.</li> <li>- Prevalence of periodontal diseases in India and other countries.</li> <li>- Public health significance (All these topics are covered at length under community dentistry. Hence, the topics may be discussed</li> </ul>	2
		<p>briefly.</p> <p>However, questions may be asked from the topics for examination</p>	
8	Extension of Inflammation from gingiva	<p>Mechanism of spread of inflammation from Gingival area to deeper periodontal structures</p> <p>Factors that modify the spread</p>	1
9	Pocket	<p>Definition, signs and symptoms, classification, pathogenesis, histopathology, root surface</p> <p>Changes and contents of the pocket</p>	2

10	Etiology	<ul style="list-style-type: none"> <li>- Dental Plaque (Biofilm)</li> <li>- Definition, New concept to biofilm</li> <li>- Types, composition, bacterial colonization, growth, maturation &amp; disclosing agents</li> <li>- Role of dental plaque in periodontal diseases</li> <li>- Plaque microorganisms in detail and bacteria associated with periodontal diseases</li> <li>- Plaque retentive factors</li> <li>- Materia alba</li> <li>- Food debris</li> <li>- Calculus</li> <li>- Definition</li> <li>- Types, composition, attachment, theories of formation</li> <li>- Role of calculus in disease</li> <li>Food Impaction</li> <li>- Definition</li> <li>- Types, Etiology</li> <li>- Hirschfelds' classification</li> <li>- Signs, symptoms &amp; sequelae of treatment Trauma from occlusion</li> <li>- Definition, Types</li> <li>- Histopathological changes</li> <li>- Role in periodontal disease</li> <li>- Measures of management in brief</li> <li>Habits</li> <li>- Their periodontal significance</li> </ul>	5
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		<ul style="list-style-type: none"> <li>- Bruxism &amp; parafunctional habits, tongue thrusting, lip biting, occupational habits</li> </ul> <p><b>LATROGENIC FACTORS</b></p> <p><b>Conservative Dentistry</b></p> <ul style="list-style-type: none"> <li>- Restorations</li> <li>- Contact point, marginal ridge, surface roughness, overhanging restorations, interface between restoration and teeth</li> </ul> <p><b>Prosthodontics</b></p> <ul style="list-style-type: none"> <li>- Interrelationship</li> <li>- Bridges and other prosthesis, pontics (types), surface contour, relationships of margins to the periodontium, Gingival protection theory, muscle action theory &amp; theory of access to oral hygiene.</li> </ul> <p><b>Orthodontics</b></p> <ul style="list-style-type: none"> <li>- Interrelationship, removable appliances &amp; fixed appliances</li> <li>- Retention of plaque, bacterial changes</li> </ul> <p><b>Systemic diseases</b></p> <ul style="list-style-type: none"> <li>- Diabetes, sex hormones, nutrition (Vit.C &amp; proteins)</li> <li>- AIDS &amp; periodontium</li> <li>- 1 Hemorrhagic diseases, Leukemia, clotting factor disorders, PMN disorders</li> </ul>	
11	Risk factors	Definition. Risk factors for periodontal diseases	1

12	Host response	<ul style="list-style-type: none"> <li>- Mechanism of initiation and progression of periodontal diseases</li> <li>- Basic concepts about cells, Mast cells, neutrophils, macrophages, lymphocytes, immunoglobulins, complement system, immune mechanisms &amp; cytokines in brief</li> <li>- Stages in gingivitis- Initial, early, established &amp; advanced</li> <li>- Periodontal disease activity, continuous paradigm, random burst &amp; asynchronous multiple burst hypothesis</li> </ul>	3
13	Periodontitis	<ul style="list-style-type: none"> <li>-Etiology, histopathology, clinical signs &amp; symptoms diagnosis and treatment of adult periodontitis</li> <li>-Periodontal abscess; definition, classification, pathogenesis, differential diagnosis and treatment</li> <li>-Furcation involvement, Glickmans' classification, prognosis and management</li> <li>-Rapidly progressive periodontitis</li> <li>-Juvenile periodontitis: Localized and generalized</li> <li>-Post-juvenile periodontitis</li> <li>-Periodontitis associated with systemic diseases</li> <li>-Refractory periodontitis</li> </ul>	6
14	Diagnosis	<ul style="list-style-type: none"> <li>-Routine procedures, methods of probing, types of probes, (According to case history)</li> <li>-Halitosis: Etiology and treatment. Mention advanced diagnostic aids and their role in brief.</li> </ul>	2
15	Prognosis	<ul style="list-style-type: none"> <li>-Definition, types, purpose and factors to be taken into consideration</li> </ul>	1
16	Treatment plan	Factors to be considered	1
17	Periodontal therapy	<p>General principles of periodontal therapy. Phase I,II, III, IV therapy.</p> <p>Definition of periodontal regeneration, repair, new attachment and reattachment.</p>	3
		<p>B.Plaque control</p> <ul style="list-style-type: none"> <li>i. Mechanical toothbrushes, interdental cleaning aids, dentifrices</li> <li>ii. Chemical; classification and mechanism of action of each &amp; pocket irrigation</li> </ul>	

18	Pocket eradication procedures	<ul style="list-style-type: none"> <li>-Scaling and rootplaning:</li> <li>-Indications</li> <li>-Aims &amp; objectives</li> <li>-Healing following root planning</li> <li>-Hand instruments ,sonic ,ultrasonic &amp; piezo-electric scalers</li> <li>-Curettage &amp; present concepts</li> <li>-Definition</li> <li>-Indications</li> <li>-Aims &amp; objectives</li> <li>-Procedures &amp; healing response</li> <li>-Flap surgery</li> <li>-Definition</li> <li>-Types of flaps, Design of flaps, papilla preservation</li> <li>-Indications &amp; contraindications</li> <li>-Armamentarium</li> <li>-Surgical procedure &amp; healing response</li> </ul>	5
19	Osseous Surgery	<ul style="list-style-type: none"> <li>Osseous defects in periodontal disease</li> <li>-Definition</li> <li>-Classification</li> <li>-Surgery: resective, additive osseous surgery (osseous grafts with classification of grafts)</li> <li>-Healing responses</li> <li>-Other regenerative procedures; root conditioning</li> <li>-Guided tissue regeneration</li> </ul>	2
20	Mucogingival surgery & periodontal plastic surgeries	<ul style="list-style-type: none"> <li>Definition</li> <li>Mucogingival problems: etiology, classification of gingival recession (P.D. Miller Jr. and Sullivan and Atkins)</li> <li>Indications &amp; objectives</li> <li>Gingival extension procedures: lateral pedicle graft, frenectomy, frenotomy</li> <li>Crown lengthening procedures</li> <li>Periodontal microsurgery in brief</li> </ul>	3
21	Splints	<ul style="list-style-type: none"> <li>-Periodontal splints</li> <li>-Purpose &amp; classification</li> <li>-Principles of splinting</li> </ul>	1
22	Hypersensitivity	Causes, Theories & management	1
23	Implants	<ul style="list-style-type: none"> <li>Definition, types, scope &amp; biomaterials used.</li> <li>Periodontal considerations: such as implant-bone interface, implant-gingiva interface, implant failure, peri-implantitis &amp; management</li> </ul>	1

24	Maintenance phase (SPT)	-Aims, objectives, and principles -Importance -Procedures -Maintenance of implants	1
25	Pharmaco-therapy	-Periodontal dressings -Antibiotics & anti-inflammatory drugs -Local drug delivery systems	2
26	Periodontal management of Medically compromised patients	Topics concerning periodontal management of medically compromised patients	1
27	Inter-disciplinary care	-Pulpo-periodontal involvement -Routes of spread of infection -Simons' classification -Management	1
28	Systemic effects of periodontal diseases in Brief	Cardiovascular diseases, Low birth weight babies etc.	1
29	Infection control Protocol	Sterilization and various aseptic procedures	1
30	Ethics		
31	A new classification system for periodontal and peri-implant diseases and conditions- Introduction and key changes from 1999 classification (Reference: Caton F, Armitage G, Bergltrndh I et al :A New Classification Scheme for Periodontal and Peri-implant Disease and		

<p>Conditions- Introduction and Key changes from the 1999 classification.</p> <p>J. Clin Periodontol. 2018;45(Supp)20):51-55.<a href="http://doi.org/10.1771/jcp.72935">http://doi.org/10.1771/jcp.72935</a>)</p>		
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#### TUTORIALS DURING CLINICAL POSTING;

1. Infection control
2. Periodontal instruments
3. Chair position and principles of instrumentation
4. Maintenance of instruments (sharpening)
5. Ultrasonic, Piezoelectric and sonic scaling– demonstration of technique
6. Diagnosis of periodontal disease and determination of prognosis
7. Radiographic interpretation and lab 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
2. Recording different indices
3. Methods of using various scaling, Ultrasonic Scaling and surgical instruments
4. Polishing the teeth
5. Bacterial smear taking
6. Demonstration to patients about different oral hygiene aids
7. Surgical procedures- gingivectomy, gingivoplasty, and flap operations
8. Follow up procedures, postoperative care and supervision

#### REQUIREMENTS:

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

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4. A work record should be maintained by all the students and should be submitted at the time of examination after due certification from the head of the department.

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Students should have to complete the work prescribed by the concerned department from time to time and submit a certified record for evaluation.

#### PRESCRIBEDBOOK:

1. Glickman's Clinical Periodontology- Carranza

#### REFERENCEBOOKS

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



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**SYLLABUS**

**Title: PROSTHODONTICS AND CROWN & BRIDGE**  
**Course Code:- DUR 406**

**Complete Dentures**

- A. Applied Anatomy and Physiology.
  - a. Introduction
  - b. Biomechanics of the edentulous state.
  - c. Residual ridge resorption.
  
- B. Communicating with the patient
  - a. Understanding the patients.
    - Mental attitude.
  - b. Instructing the patient.
  
- C. Diagnosis and treatment planning for patients-
  - a. With some teeth remaining.
  - b. 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 over view.
  - 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

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- G. Impressions-detail.
  - a. Muscles of facial expression.
  - b. Biologic considerations for maxillary and mandibular impression including anatomy landmark and their interpretation.
  - c. Impression objectives.
  - d. Impression materials.
  - e. Impression techniques.
  - f. Maxillary and mandibular impression procedures.
    - i. Preliminary impressions.
    - ii. Final impressions.
  - g. Laboratory procedures involved with impression making (Beading & Boxing, and cast preparation).
- H. Record bases and occlusion rims-in detail.
  - a. Materials & techniques.
  - b. Useful guidelines and ideal parameters.
  - c. Recording and transferring bases and occlusal rims.
- I. Biological consideration in jaw relation & jaw movements-cranio-mandibular relations.
  - a. Mandibular movements.
  - b. Maxillo-mandibular relation including vertical and horizontal jaw relations.
  - c. Concept of occlusion-discuss in brief.
- J. Relating the patient to the articulator.
  - a. Face bow types & uses-discuss in brief.
  - b. Face bow transfer procedure-discuss in brief.
- K. Recording maxillomandibular relation.
  - a. Vertical relations.
  - b. Centric relation records.
  - c. Eccentric relation records.
  - d. Lateral relation records.
- L. Tooth selection and arrangement.
  - a. Anterior teeth.
  - b. Posterior teeth.
  - c. Esthetic and functional harmony.
- M. Relating inclination of teeth to concept of occlusion-in brief.
  - a. Neutro-centric concept.
  - b. Balanced occlusal concept.
- N. Trial dentures.
- O. Laboratory procedures.

- a. Wax contouring.
  - b. Investing of dentures.
  - c. Preparing of mold.
  - d. Preparing & packing acrylic resin.
  - e. Processing of dentures.
  - f. Recovery of dentures.
  - g. Lab remount procedures.
  - h. Recovering the complete denture from the cast.
  - i. Finishing and polishing the complete denture.
  - j. Plaster cast for clinical denture remount procedure.
- P. Denture insertion.
- a. Insertion procedures.
  - b. Clinical errors.
  - c. Correcting occlusal disharmony.
  - d. Selective grinding procedures.
- Q. Treating problems with associated denture use– discussion brief (tabulation/flow- chart form).
- R. Treating abused tissues- discussion brief.
- S. Relining and rebasing of dentures- discussion brief.
- T. Immediate complete dentures construction procedure- discussion brief.
- U. The single complete denture- discuss in brief.
- V. Overdentures denture- discuss in brief.
- W. Dental implants in complete denture- discuss in brief.

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

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

1. Introduction
  - Terminologies and scope
2. Classification.

3. Examination, Diagnosis & Treatment planning & evaluation of diagnostic data.
4. Components of a removable partial denture.
  - Major connectors,
  - Minor connectors,
  - Rest and rest seats.
5. Components of a Removable Partial Denture.
  - Direct retainers,
  - Indirect retainers,
  - Tooth replacement.
6. Principles of Removable Partial Denture Design.
7. Survey and design– in brief.
  - Surveyors.
  - Surveying.
  - Designing.
8. Mouth preparation and master cast.
9. Impression materials and procedures for removable partial dentures.
10. Preliminary jaw relation and esthetic try- in for some anterior replacement teeth.
11. Laboratory procedures for framework construction- in brief.
12. Fitting the framework-in brief.
13. Try-in of the partial denture-in brief.
14. Completion of the partial denture-in brief.
15. Inserting the Removable Partial Denture-in brief.
16. Post insertion observations.
17. Temporary Acrylic Partial Dentures.
18. Immediate Removable Partial Denture.
19. Removable Partial Dentures opposing Complete denture.

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

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

## Fixed Partial Dentures

### **Topics To Be Covered In Detail-**

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

### **Topics to Be Covered In Brief-**

1. Solder Joints and Other Connectors
2. All- Ceramic Restorations
3. Metal-Ceramic Restorations
4. Preparations of intra coronal restorations.
5. Preparations for extensively damaged teeth.
6. Preparations for periodontally weakened teeth
7. The Functionally Generated Path Technique
8. Investing and Casting
9. Resin- Bonded Fixed Partial Denture

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

1. Definition
  2. Diagnosis (of the particular situation/patient selection/ treatment planning)
  3. Types/Classification
  4. Materials
  5. Methodology–Lab/Clinical
  6. Advantages & disadvantages

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7. Indications, contraindications
8. Maintenance Phase

**RECOMMENDED BOOKS:**

1. Syllabus of Complete denture by-Charles M. Heartwell Jr.and Arthur O.Rahn.
2. Boucher's "Prosthetic treatment for edentulous patients"
3. Essentials of complete denture prosthodontics by-Sheldon Winkler.
4. Maxillofacial prosthetics by-William R. Laney.
5. McCracken's Removable partial prosthodontics
6. Removable partial prosthodontics by-Ernest L. Miller and Joseph E. Grasso.



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**SYLLABUS**

**Title: AESTHETIC DENTISTRY**

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

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

**Recommended books:**

1. Esthetic guidelines for restorative dentistry; Scharer & others
2. Esthetics of anterior fixed prosthodontics; Chiche (GJ) & Pinault (Alain)
3. Esthetic & the treatment official form, Vol28; McNamara (JA)



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**SYLLABUS**

**Title: FORENSIC ODONTOLOGY**

**Definition**

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

**Objectives of the undergraduate curriculum**

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

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

**Curriculum for forensic odontology**

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

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- Definition
  - Basis for dental identification
  - Postmortem procedures
  - Dental record compilation and interpretation
  - Comparison of data, and principles of report writing
  - Identification in disasters and handling incinerated remains
  - Postmortem changes to oral structures
4. Maintaining dental records
- Basic aspects of good record- keeping
  - Different types of dental records
    - Dental charts
    - Dental radiographs
    - Study casts
    - Denture marking
  - Photographs
  - Dental notations
  - Relevance of dental records in forensic investigation
5. Age estimation
- Age estimation in children and adolescents
    - Advantages of tooth calcification over 'eruption' in estimating age
    - Radiographic methods of Schour & Massler, Demirjian et al
  - Age estimation in adults
    - Histological methods–Gustafson's six variables and Johanson's modification, Bang & Ramm's dentine translucency
    - Radiographic method of Kvaal et al\
  - Principles of report writing
6. Sex differentiation
- Sexual dimorphism in tooth dimensions (Odontometrics)
7. Ethnic variations ('racial' differences) in tooth morphology
- Description of human population groups
  - Genetic and environmental influences on tooth morphology
  - Description of metric and non-metric dental features used in ethnic differentiation
8. Bitemark procedures
- Definition and classification
  - Basis for bitemark investigation
  - Bite mark appearance
  - Macroscopic and microscopic ageing of bitemarks
  - Evidence collection from the victim and suspect of bitemark

- Analysis and comparison
- Principles of report writing
- Animal bite investigation

#### 9. Dental DNA methods

- Importance of dental DNA evidence in forensic investigations
- Types of DNA and dental DNA isolation procedures
- DNA analysis in personal identification
- Gene-linked sex dimorphism
- Population genetics

#### 10. Jurisprudence and ethics

- Fundamentals of law and the constitution
- Medical legislation and statutes (Dental and Medical Council Acts, etc)
- Basics of civil law (including torts, contracts and consumer protection act)
- Criminal and civil procedure code (including expert witness requirement)
- Assessment and quantification of dental injuries in courts of law
- Medical negligence and liability
- Informed consent and confidentiality
- Rights and duties of doctors and patients
- Medical and dental ethics(as per Dentists' Act)

#### Theory sessions and practical exercises

##### Total hours for the course

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

Detailed didactic sessions for the above components, either in the form of lectures or as structured student-teacher interactions, is essential. Specialists from multiple disciplines, particularly from legal and forensic sciences, can be encouraged to undertake teaching in their area of expertise.

An interactive, navigable and non-linear (INN) model may also be utilized for education.

Practical exercises (real-life casework and/or simulated cases) must complement didactic sessions to facilitate optimal student understanding of the subject. Mandatory practical training in dental identification methods, dental profiling (ethnic and sex differences, radiographic age estimation), and bite mark procedures, is of paramount importance. In addition, practical exercises/demonstrations in histological age estimation, comparative dental anatomy, DNA methods, medical autopsy, court visits, and other topics may be conducted depending on available expertise, equipment and feasibility.

#### Approach to teaching forensic odontology

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Forensic odontology could be covered in two separate streams. The divisions include a preclinical stream and a clinical stream.

#### Preclinical stream

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

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

#### Clinical stream

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

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



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## SYLLABUS

### Title: ORAL IMPLANTOLOGY

#### INTRODUCTION TO ORAL IMPLANTOLOGY

Oral implantology has now emerged as a new branch in dentistry worldwide, and it has been given separate status in universities abroad. In India, the practice of treating patients with implants is on the rise. In this context, the inclusion of this branch in the undergraduate curriculum has become essential. The objective is to impart basic knowledge of oral implantology to undergraduates, enabling them to diagnose, plan treatments, carry out the necessary pre-surgical mouth preparations, and either treat patients or refer them to specialty *center* s. This teaching program may be divided and carried out by the Departments of Oral Surgery, Prosthodontics, and Periodontics.

1. History of implants, their design & surface characteristics and osseo -integration
  1. Scope of oral & maxillofacial implantology & terminologies
  2. A brief introduction to various implant systems in practice
  3. Bone biology, Morphology, Classification of bone and its relevance to implant treatment and bone augmentation materials.
  4. Soft tissue considerations in implant dentistry
  5. Diagnosis & treatment planning in implant dentistry

Case history taking/Examination/Medical evaluation/Orofacial evaluation/ Radiographic evaluation/Diagnostic evaluation/Diagnosis and treatment planning/treatment alternatives/

Estimation of treatment costs/ patient education and motivation

6. Pre surgical preparation of patient
7. Implant installation & armamentarium for the Brane mark system as a role model
8. First stage surgery–Mandible–Maxilla
9. Healing period & second stage surgery
10. Management of surgical complications & failures
11. General considerations n prosthodontic reconstruction & Biomechanics
12. Prosthodontic components of the Brane mark system as a role model
13. Impression procedures & Preparation of master cast
14. Jaw relation records and construction of supra structure with special emphasis on occlusion for osseo integrated prosthesis
15. Management of prosthodontic complications & failures
16. Recall & maintenance phase. Criteria for success of osseointegrated implant supported prosthesis

#### SUGGESTED BOOKS FOR READING

1. Contemporary Implant Dentistry -Carl. E. Misch Mosby1993 First Edition.

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2. Osseo integration and Occlusal Rehabilitation- Hobo S., Ichida .E. and Garcia L.T.  
Quintessence Publishing Company,  
1989 First Edition.



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**SYLLABUS**

**Title: BEHAVIOURAL SCIENCES**

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GOAL:

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

- a. For all round development of his personality
- b. In various therapeutics it uations in dentistry.

The student should be able to develop skills of assessing psychological factors in each patient, explaining stress, learnings imple counselling techniques, and improving patients compliance behaviour.

### OBJECTIVES:

#### A. KNOWLEDGE & UNDERSTANDING:

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

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

#### B. SKILLS

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

### INTEGRATION:

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

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

**PSYCHOLOGY:**

1. Definition & Need of Behavioural Science. Determinants of Behaviour. Hrs1  
Scope Behavioural Science.
2. Sensory process & perception perceptual process – clinical applications.
3. Attention-Definition-factors that determine attention. Clinical application.
4. Memory- Memory process-Types of memory, Forgetting:  
Methods to improve memory, Clinical assessment of memory & clinical applications.
5. Definition-Laws of learning  
Type of learning. Classical conditioning, operant conditioning, cognitive learning,  
Insight learning, social learning, observational learning, principles of learning–  
Clinical application.
6. Intelligence- Definition : Nature of intelligence stability of  
intelligence Determinants of intelligence, clinical application
7. Thinking- Definition: Types of thinking, delusions, problem solving
8. Motivation- Definition: Motive, drive, needs classification of motives
9. Emotions- Definition differentiation from feelings–Role of hypothalamus, Cerebral  
cortex, adrenal glands ANS. Theories of emotion, Types of emotions.  
Personality. Assessment of personality: Questionnaires, personality inventory, rating  
scales, Interview projective techniques – Rorschach ink blot test , RAT, CAT

**SOCIOLOGY:**

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

**REFERENCEBOOKS:**

1. General psychology--S. K .Mangal
2. General psychology—Hans Raj, Bhatia
3. General psychology-- Munn
4. Behavioural Sciences in Medical practise—Manju Mehta
5. Sciences basic to psychiatry—Basant Puri & Peter J Tyrer



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**SYLLABUS**  
**Title: ETHICS**

Introduction:

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

Course content:

Introduction to ethics–

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

Ethics of the individual–

The patient as a person.  
 Right to be respected  
 Truth and confidentiality  
 Autonomy of decision  
 Doctor Patient  
 relationship

Profession Ethics –

Code of conduct  
 Contract and confidentiality  
 Charging of fees, fee splitting  
 Prescription of drugs

Over-investigating the patient

Malpractice and negligence

Research Ethics–

Animal and experimental research/humanness

Human experimentation

Human volunteer research-informed consent

Drug trials

Ethical workshop of cases

Gathering all scientific factors

Gathering all value factors

Identifying are as of value–conflict, setting of priorities

Working our criteria towards decisions

Recommended Reading:

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

## CURRICULUM OF DENTAL INTERNSHIP PROGRAMME

As per DENTAL COUNCIL OF INDIA  
Revised Internship Programme,2011

1. The duration of Internship shall be one year.
2. All parts of internship shall be done in a Dental College duly recognized/approved by the Dental Council of India for the purpose of imparting education and training to Dental graduates in the country.
3. The Interns shall be paid stipendiary allowance during the period of an Internship not extending beyond a period of one year.
4. The internship shall be compulsory and rotating as per the regulations prescribed for the purpose.
5. The degree- BDS shall be granted after completion of internship.

### **Determinants of Curriculum for internship for Dental Graduates:**

The curricular contents of internship training shall be based on.

- i. Dental health needs of the society.
- ii. Financial , material and man power resources available for the purpose.
- iii. National Dental Health Policy.
- iv. Socio-economic conditions of the people in general.
- v. Existing Dental as also the primary health care concept, for the delivery of health
- vi. services.
- vii. Task analysis of what graduates in Dentistry in various practice settings, private and government service actually perform.
- viii. Epidemiological studies conducted to find out prevalence of different dental health problems, taking into consideration the magnitude of dental problems, severity of dental problems and social disruption caused by these problems.

### **Objectives:**

- A. To facilitate reinforcement of learning and acquisition of additional knowledge:-
  - a) Reinforcement of knowledge.
  - b) Techniques & resources available to the individual and the community; Social and cultural setting.
  - c) Training in a phase manner, from a shared to a full responsibility.
- B. To facilitate the achievement of basic skills: attaining competence Vs. maintaining competence in:-
  - i. History taking.
  - ii. Clinical Examination.
  - iii. Performance and interpretation of essential laboratory data.
  - iv. Data analysis and inference.

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- v. Communication skills aimed at imparting hope and optimism in the patient.
  - vi. Attributes for developing working relationship in the Clinical setting and Community team work.
- C.** To facilitate development of sound attitudes and habits:-
- i. Emphasis on individual and human beings, and not on disease/symptoms.
  - ii. Provision of comprehensive care, rather than fragmentary treatment.
  - iii. Continuing Dental Education and Learning of accepting the responsibility.
- D.** To facilitate understanding of professional and ethical principles:-
- Right and dignity of patients.
  - Consultation with other professionals and referral to seniors/institutions.
  - Obligations to peers, colleagues, patients, families and Community.
  - Provision of free professional services in an emergent situation.
- E.** To initiate individual and group action, leading to disease prevention and dental health promotion, at the level of individual's families and the community.

Interns should be trained for Basic Life Support and Advanced Cardiovascular Life Support.

**Content (subject matter)**

The compulsory rotating paid Dental Internship shall include training in Oral Medicine & Radiology; Oral & Maxillofacial Surgery; Prosthodontics; Periodontics; Conservative Dentistry; Pedodontics; Oral Pathology & Microbiology; Orthodontics and Community Dentistry.

**General Guidelines:**

1. It shall be task-oriented training. The interns should participate in various institutional and field programmes and be given due responsibility to perform the activities in all departments of the Dental Colleges and associated Institutions.
2. To facilitate achievement of basic skills and attitudes the following facilities should be provided to all dental graduates:
  - i. History taking, examination ,diagnosis ,charting and recording treatment plan of cases.
  - ii. Presentation of cases in a group of Seminar.
  - iii. Care and sterilization of instruments used.
  - iv. Performance and interpretation of essential laboratory tests and other relevant investigations.
  - v. Data analysis and inference.
  - vi. Pro peruse of antibiotics, anti- inflammatory and other drugs, as well as other therapeutic modalities.
  - vii. Education of patients ,the relatives and community on all aspects of dental healthcare while working in the institution as also in the field.
  - viii. Communication aimed at inspiring hope, confidence and optimism.
  - ix. Legal rights of patients and obligations of dental graduate under forensic jurisprudence.

## 1. Oral Medicine & Radiology:

- |   |             |
|---|-------------|
| 1. Standardized examination of patients                                   | 25 Cases    |
| 2. Exposure to clinical, pathological laboratory procedures and biopsies. | 5 Cases     |
| 3. Effective training in taking of Radiographs:                           | 2 Fullmouth |
| (Intra-oral) I.O. (Extra oral) E.O.                                       | 1           |
| Cephalogram   | 1           |
| 4. Effective management of cases inwards                                  | 2 Cases     |
| 5. Extra-oral Radiographs (Recording & Interpretation) 03                 |             |
| 6. CBCT Interpretation 03   |             |
| 7. Age estimation using dental radiography 03 cases                       |             |

## 2. Oral and Maxillofacial surgery

**A.** The Intern ess during their posting in oral surgery shall perform the following procedures:

- |   |    |
|---|----|
| 1. Extractions                                    | 50 |
| 2. Surgical extractions                           | 2  |
| 3. Impactions                                     | 2  |
| 4. Simple Intra Maxillary Fixation                | 1  |
| 5. Cysts enucleations                             | 1  |
| 6. Incision and drainage                          | 2  |
| 7. Alveoloplasties, Biopsies & Frenectomies, etc. | 3  |

**B.** The Intern ess shall perform the following on Cancer Patients:

1. Maintain file work.
2. Do extractions for radio therapy cases.
3. Perform biopsies.
4. Observe varied cases of oral cancers.

**C.** The internes shall have 15 days posting emergency services of a dental/general hospital with extended responsibilities in emergency dental care in the wards. During this period they shall attend to all emergencies under the direct super vision of oral surgeon during any operation:

1. Emergencies.
  - (i) Toothache; (ii) trigeminal neuralgia; (iii) Bleeding from mouth due to trauma, post extraction, bleeding disorder or hemophilia; (iv) Airway obstruction due to fracture mandible and maxilla; dislocation of mandible; syncope or vasovagal attacks; Ludwig's angina; tooth fracture; post intermaxillary fixation after general Anaesthesia.
2. Working in I.C.U. with particular reference to resuscitation procedures.
3. Conduct tutorials on medico-legal aspects including reporting on actual cases coming to Casualty. They should have visits to law courts.

## 3. Prosthodontics

The dental graduates during their internship posting in Prosthodontics shall make:-

- |                                     |   |
|-------------------------------------|---|
| 1. Complete denture (upper & lower) | 2 |
| 2. Removable Partial Denture        |   |
-

3.Fixed Partial Denture	1
4.Planned cast partial denture	1
5.Miscellaneous-like reline/overdenture/repairs of Maxillofacial Prosthesis	1
6.Learning use of Face bow and Semi anatomic articulator technique	
7. Crowns	
8.Introduction of Implants	1

#### 4. Periodontics

- A. The dental graduates shall perform the following procedures
- |                      |         |
|----------------------|---------|
| 1. Prophylaxis       | 15Cases |
| 2. Flap Operation    | 2 Cases |
| 3. Root Planning     | 1Case   |
| 4. Curettage         | 1Case   |
| 5. Gingivectomy      | 1Case   |
| 6. Perio- Endo cases | 1Case   |
- B. During their one week posting in the community health centers, the interns shall educate the public in prevention of Periodontal diseases.

#### 5. Conservative Dentistry

To facilitate reinforcement of learning and achievement of basic skills, the interns shall perform at least the following procedures independently or under the guidance of supervisors:

- |   |         |
|---|---------|
| 1. Restoration of extensively mutilated teeth                             | 5 Cases |
| 2. Inlay and onlay preparations   | 1Case   |
| 3. Use of tooth coloured restorative materials                            | 4 Cases |
| 4. Treatment of discoloured vital and non-vital teeth                     | 1Case   |
| 5. Management of dento alveolar fracture                                  | 1Case   |
| 6. Management of pulpless, single-rooted teeth without periapical lesion. | 4 Cases |
| 7. Management of acute dentoalveolar Infections                           | 2 Cases |
| 8. Management of pulpless, single- rooted teeth with periapical lesion.   | 1Case   |
| 9. Non-surgical management of traumatized teeth during formative period.\ |         |

#### 6. Paediatric and Preventive Dentistry

During their posting in Pedodontics the Dental graduates shall perform:

- |   |         |
|---|---------|
| 1. Topical application of fluorides including varnish             | 5 Cases |
| 2. Restorative procedures of carious deciduous teeth in children. | 10Cases |
| 3. Pulpotomy  | 2 Cases |
| 4. Pulpectomy   | 2 Cases |
| 5. Fabrication and insertion of space maintainers                 | 1Case   |
| 6. Oral habit breaking appliances                                 | 1Case   |

#### 7. Oral Pathology and Microbiology

The interns shall perform the following:

- |   |         |
|---|---------|
| 1. History-recording and clinical examination | 5 Cases |
| 2. Blood, Urine and Sputum examination        | 5 Cases |
| 3. Exfoliative Cytology and smears study      | 2 Cases |

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**8. Orthodontics**

A. The interns shall observe the following procedures during their posting in

**Orthodontics:**

1. Detailed diagnostic procedures for 5patients
2. Laboratory techniques including wire- bending for removable appliances, soldering and processing of myo-functional appliances.
3. Treatment planning options and decisions.
4. Making of bands ,bonding procedures and wire insertions.
5. Use of extraoral anchorage and observation off values.
6. Retainers.
7. Observe handling of patients with oral habits causing malocclusions.

The dental graduates shall do the following laboratory work:-

- |   |         |
|---|---------|
| 1. Wire bending for removable appliances and space maintainers<br>Including welding and heat treatment procedure. | 5 Cases |
| 2. Soldering exercises ,banding & bonding procedures  | 2 Cases |
| 3. Cold- cure and heat – cure acrylisation of simple Orthodontic appliances                                       | 5 Cases |

**9. Public Health Dentistry**

1. The interns shall conduct health education sessions for individuals and groups on oral health public health nutrition, behavioral sciences, environmental health, preventive dentistry and epidemiology.
2. They shall conduct a short term epidemiological survey in the community, or In the alternate, participate in the planning and methodology.
3. They shall arrange effective demonstrations of :
  - a) Preventive and interceptive procedures for prevalent dental diseases.
  - b) Mouth – rinsing and other oral hygiene demonstrations 5Cases
  - c) Tooth brushing techniques 5Cases
4. Conduction of oral health education programmes at
  - A) School setting 2
  - B) Community setting 2
  - C) Adult education programmes 2
5. Preparation of Health Education materials 5
6. Exposure to team concept and National Health Care systems:
  - a) Observation of functioning of health infrastructure.
  - b) Observation of functioning of health care team including multipurpose workers male and female, health educators and other workers.
  - c) Observation of at least one National Health Programme:-
  - d) Observation of inter linkages of delivery of oral health care with Primary Health care.  
Mobile dental clinics, as and when available, should be provided for this teachings.

**10) Elective Posting**

The Interns shall be posted for 15 days in any of the dental departments of their choice mentioned in the foregoing.

**Organization of content:**

The Curriculum during the 4 years of BDS training is subject based with more emphasis on learning practical skills. During one year internship the emphasis will be on competency-based, community oriented training. The practical skills to be mastered by the interns along with the minimum performance level are given under the course content of different departments of Dental Education. The supervisors should seeing it that proper facilities are provided in all departments and attached institutions for their performance.

**Specification of teaching activities:**

lectures are delivered during the four years training in BDS. These shall be voided during the internship programme. Emphasis shall be on chair-side teaching, small group teaching and discussions tutorials, seminars, ward posting, laboratory posting, field visits and self learning.

**Use of Resource Materials:**

Overhead projectors, slide projectors, film projectors, charts, diagrams, photographs, posters, specimens, models and other audiovisual aids shall be provided in all the Dental Colleges and attached institutions and field area. If possible, television, video and tapes showing different procedures and techniques to be mastered by the interns should be provided.

**Evaluation****1. Formative Evaluation:**

Day-to-day assessment of the interns during their internship posting should be done. The objective is that all the interns must acquire necessary minimum skills required for carrying out day-to-day professional work competently. This can be achieved by maintaining records and performance data book by all interns. This will not only provide a demonstrable evidence; of the processes of training but more importantly, of the interns own acquisition of competencies as related to performance. It shall form a part of formative evaluation and shall also constitute a component of final grading of interns.

**2. Summative Evaluation:**

It shall be based on the observation of different departments and the records and performance data book maintained by the interns. Grading shall be done accordingly.

**11. Rural Services**

In the rural services, the student will have to participate in-

1. Community Health Monitoring programmes and services which include Preventive, Diagnostic and corrective procedures
2. To create educational awareness about dental hygiene and diseases.
3. Conduction of Oral Health Education Programmes at–
  - (a) School Setting -5
  - (b) Community Setting -5
  - (c) Adult Education Programme -5
4. Compulsory setup of satellite clinics in remote areas -1

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5. Lectures to create awareness and education in public forums about the harmful effects of tobacco consumption and the predisposition to oral cancer – two Lectures per student.

**Period of Postings**

1 Oral Medicine & Radiology	-1 month
2 Oral & Maxillofacial Surgery	-1½ months
3 Prosthodontics	-1½ months
4 Periodontics	-1 month
5 Conservative Dentistry	-1 month
6 Paediatric & Preventive Dentistry	-1 month
7 Oral Pathology and Microbiology	-15 days
8 Orthodontics	-1 month
9 Community Dentistry/ Rural Services	-3 months
10 Elective	-15 days

## EXAMINATIONS

**SCOPE:** These regulations shall be applicable for the B.D.S. degree examinations conducted by various universities in the country.

### I. PREFACE:

- A. Evaluation is a continuous process, which is based upon criteria developed by the concerned authorities with certain objectives to assess the performance of the learner. This also indirectly helps in the measurement of effectiveness and quality of the concerned B.D.S. programme.
- B. Evaluation is achieved by two processes
  1. Formative or internal assessment
  2. Summative or university examinations.

Formative evaluation is done through a series of tests and examinations conducted periodically by the institution.

Summative evaluation is done by the university through examination conducted at the end of the specified course.

### METHODS OF EVALUATION:

Evaluation may be achieved by the following tested methods:

1. Written test
2. Practicals
3. Clinical examination
4. Viva voce

### INTERNAL ASSESSMENT EXAMINATION

The continuing assessment examinations may be held frequently at least 3 times in a particular year and the average marks of these examinations should be considered. 10% of the total marks in each subject for both theory, practical and clinical examination separately should be set aside for the internal assessment examinations.

### SCHEME OF EXAMINATION:

The Scheme of Examination for BDS Course shall be divided into

- 1<sup>st</sup> BDS examination at the end of the first academic year,
- 2<sup>nd</sup> BDS examination at the end of second year,
- 3<sup>rd</sup> BDS examination at the end of third,
- 4<sup>th</sup> and final BDS at the end of 4<sup>th</sup> year.

Attendance required for appearing University examination 75% in theory and 75% (80%) in practical/clinical in each year.

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The examination shall be open to a candidate who satisfies the requirements of attendance, progress and other rules laid down by the University.

Universities shall organize admission timings and admission process in such a way that teaching starts from 1st day of August in each academic year.

### **I B.D.S. EXAMINATION:**

General anatomy including embryology and histology

General human physiology and biochemistry

Dental Anatomy, Embryology and Oral Histology

Any student who does not clear the BDS Course in all the subjects within a period of 9 years, including one year Compulsory Rotatory paid Internship from the date of admission shall be discharged from the course.

Any candidate who fails in one subject in an Examination is permitted to go to the next higher class and appears for the said failed subject and complete it successfully before he is permitted to appear for the next higher examination. However, the Dental Council of India would have no objection, if the concerned University follows their examination scheme provided in their statute/regulations.

### **II B.D.S. Examination**

A candidate who has not successfully completed the 1st B.D.S. examination can not appear in the II<sup>nd</sup> year Examination.

1. General pathology and Microbiology
2. General and dental pharmacology and therapeutics
3. Dental Materials
4. Pre Clinical Conservative – Only Practical and Viva Voce
5. Pre Clinical Prosthodontics – Only Practical and Viva Voce

Any candidate who fails in one subject in an Examination is permitted to go to the next higher class and appears for the said failed subject and complete it successfully before he is permitted to appear for the next higher examination. However, the Dental Council of India would have no objection, if the concerned University follows their examination scheme provided in their statute/regulations.

### **III B.D.S. Examination:**

A candidate who has successfully completed the 2<sup>nd</sup> B.D.S. examination can appear I I<sup>rd</sup> B.D.S. Examination.

1. General Medicine
2. General Surgery

### 3. Oral Pathology and Oral Microbiology

Any candidate who fails in one subject in an Examination is permitted to go to the next higher class and appear for the subject and complete it successfully before he is permitted to appear for the next higher examination. However, the Dental Council of India would have no objection, if the concerned follows their examination scheme (2<sup>nd</sup> year onwards) provided in their statute/regulations.

#### **Final BDS (Fourth Year):**

- Public Health Dentistry
- Periodontology
- Orthodontics and Dentofacial Orthopedic
- Oral Medicine and Radiology
- Oral & Maxillofacial Surgery
- Conservative and Endodontics
- Prosthodontics and Crown & Bridge
- Paediatric and Preventive Dentistry



**PRAVARA INSTITUTE OF MEDICAL SCIENCES**  
**(DEEMED TO BE UNIVERSITY)**  
**Loni, Tal. Rahata, Dist.Ahilyanagar-413736**  
**NAAC Re-accredited with 'A' Grade**

**Examination Pattern**

**A. University Theory Examination**

**Total Marks: 70**

Time : 20 Minutes for MCQs and 2 hours 40 minutes for other questions.

<b>Section A</b>	
MCQs(15) (Note: Booklet containing MCQs shall be in three versions)	15 Marks
<b>Section B</b>	
Long Answer Questions Question No.1 Question No. 2	10Marks 10Marks
Short answer Questions QuestionNo.3 Four questions out of six (4X5)	20Marks
Objective Questions Question No. 4 Five out of Seven (5X3)	15Marks
<b>Total</b>	<b>70 Marks</b>

**B. University Practical Examination**

**Total Marks: 90**

Methodology for practical examination should be specified along with distribution of marks for each component.

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**C. Internal assessment (Theory)****Marks : 10**

Three examinations -1.At the end of first term  
 - 2.At the mid of second semester  
 - 3.Preliminary examination,1month prior to final University exam

**(Note: Preliminary examination will have pattern similar to final University examination.)**

- 1) The continuing assessment examinations may be held frequently at least 3 times in Particular year.
- 2) The average marks of these examinations should be considered 10% of the total marks in each subject for both theory, practical and clinical examination separately should be set side for the internal assessment examination.

Theory pattern for first and second internal assessment examination should be as follows:

**Total marks - 35 per examination**  
**Time - 90 minutes per examination**

Details of distribution of marks:

Sr.No.	Question	Marks
1	MCQs(10)	10
2	LAQ(01)	10
3	Short Notes(5)	15

**(Note:Preliminary examination (third internal assessment) will have pattern similar to final University examination.)****D:Practical Internal Assessment Examination**

Total Marks :10

- Three examinations -1.At the end of first term  
 - 2.At the mid of second semester  
 - 3.Preliminary examination,1month prior to final University examination

**(Note: Preliminary examination will have pattern similar to final University examination.)****Practical pattern for first and second internal assessment examination should be as follows Total marks - 35 per examination****Time - 60 minutes per examination**

Details of distribution of marks should be specified.

**E. Theory Viva-Voce Examination****Marks : 20**

The theory viva-voce should be conducted independently by each examiner. In order to avoid

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vagueness and to maintain uniformity of stand and coverage, questions can be pre-formulated before administering them to each student. Twenty marks are exclusively allotted for viva-voce and that can be divided equally amongst the “examiners, i.e., 10 marks per examiner.

Following changes have been adapted for the Theory University Examination. It has been approved by Academic Council vide resolution no. AC/2024(2)/ D-8(i), AC/2024(2)/ D-9(i), AC/2024(2)/ D-10(i) & AC/2024(2)/ D-811(i) dated 12/8/2024 and notification no. 101/2024 dated 21/10/2024.

a) *The internal assessment of BDS program for each subject consists of 10 marks for theory and 10 marks for practical as per DCI regulation. Currently 3 internal assessment exams are conducted for each subject as follows:*

*1<sup>st</sup> internal assessment theory as well as practical – 35 marks each*

*2<sup>nd</sup> internal assessment theory as well as practical – 35 marks each*

*3<sup>rd</sup> internal assessment theory as well as practical (in the form of Prelims) – 70 marks each.*

*Internal Assessment in the form of Google forms, Topic wise viva, Seminars, MCQs etc. has now been incorporated for theory and practical -60 marks each.*

*Thus the final evaluation of internal assessment will be of a total 200 marks each which has to be then converted out of 10 for both theory and practical.*

b) *To reframe the wordings of Question no.5 in the final question paper from “Write Short Notes on “ to “ Write in Brief”.*



A handwritten signature in blue ink, appearing to be "D. M. S.", written over a horizontal line.

**Registrar**  
Pravara Institute of Medical Sciences  
(Deemed to be University)  
Loni - 413736, Tal. Rahata  
Dist. Ahmednagar (M.S. India)

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