

COMPARATIVE ANALYSIS OF PREVALENCE OF ORAL CARIES IN THE KYRGYZSTAN AND INDIAN POPULATION

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СРАВНИТЕЛЬНЫЙ АНАЛИЗ РАСПРОСТРАНЕННОСТИ КАРИЕСА В КЫРГЫЗСТАНЕ И СРЕДИ НАСЕЛЕНИЯ ИНДИИ

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Abstract. Oral hygiene plays a very crucial role in every individual from the birth of a human. Oral health cannot be denied specially when it comes to the initial stage of life. The aim of this article is to compare the oral health in the population of India and Kyrgyzstan (6–15 years). It is important to notice, diagnose treat and prevent the prevalence of dental diseases as it has an impact on the physical mental and social life of an individual. Due to the consumption of unhealthy fast food, high quantity of sugar, and deteriorated oral hygiene has resulted into dental impairment and has made room for various dental diseases as toddlers are more easily prone to oral complications or conditions that have a very negative effect on their quality of life. Oral cavity carries out the basic and vital functions for the eventual and progressive tasks for rest of the human body. A smile is a confinement of a person's self-confidence, self-esteem, personal and social habits, health and lifestyle. Therefore, it is obligatory to keep safe and prevent from disease as it can be fatal in the future or be a root cause of other health complications.

Аннотация. Гигиена полости рта играет очень важную роль для каждого человека с самого рождения. Нельзя игнорировать здоровье полости рта, особенно когда речь идет о начальном этапе жизни. Целью данной статьи является сравнение здоровья полости рта у населения Индии и Кыргызстана (6–15 лет). Важно замечать, диагностировать, лечить и предотвращать распространенность стоматологических заболеваний, поскольку это оказывает влияние на физическую, психическую и социальную жизнь человека. Из-за потребления нездорового фаст-фуда, большого количества сахара и несоблюдения гигиены полости рта ухудшилось состояние зубов, и появилось место для различных стоматологических заболеваний, поскольку маленькие дети более подвержены стоматологическим осложнениям или состояниям, которые очень негативно влияют на их здоровье и качество жизни. Полость рта выполняет основные и жизненно важные функции для всего организма человека. Улыбка — это выражение уверенности человека в себе, самооценки, личных и социальных привычек, здоровья и образа жизни. Поэтому необходимо

соблюдать меры безопасности и предотвращать заболевания, поскольку они могут привести к летальному исходу в будущем или стать основной причиной других осложнений со здоровьем.

Keywords: caries, teeth extraction, preventive examination, oral cancer, oral hygiene, risk factors.

Ключевые слова: кариес, удаление зубов, профилактический осмотр, рак полости рта, гигиена полости рта, факторы риска.

Introduction

The ever-increasing population of India has marked its place as one of the least oral hygienic aware country, due to financial imbalance, lower motivational environmental commencing from dental importance and related complications if not prevented or treated, negligent lifestyle. One of the unique reasons for development of impairment specifically due to lack of parental education and social economic status of a family that leads to higher possibilities of dental caries, dramatic dental injuries or dental focal anomalies [1–5].

CPITN is a method to mark gingival bleeding on examination of Supra or sublingual calculus and periodontal pockets by using a 0.5 MN ball tape WHO probe. With the growing trends we have seen increase and decrease in both oral genius and occurrence of gingivitis in children does deterioration is always seen to be more evident when the age is under 19. Heavy deposition of calculus but improper evidence of damage to a periodontal tissue is generally seen in such cases (Figure). Thus, the significant notice here is that oral hygiene is always seen better in places where the socioeconomic status is high and there is a lot of public awareness towards the periodontal health and importance of oral hygiene [6–10].

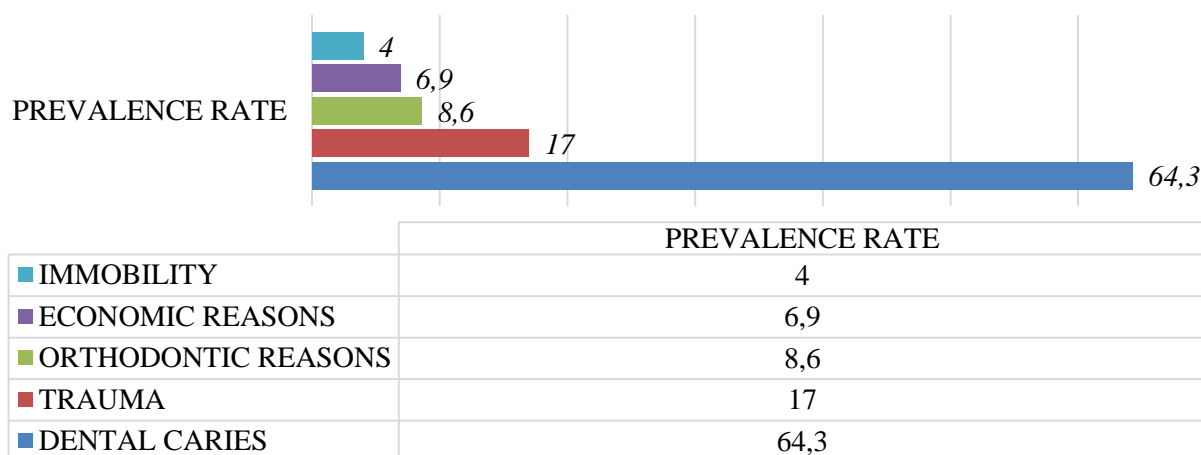


Figure. Risk factors

Materials and methods

As the known stages, that are considered to be gingivitis followed by slight periodontal disease which increases to moderate periodontal disease and the discomfort to result in advance periodontal diseases, that is recession of the gingival margins and the alveolar bone. However, gingivitis is the only stage which is reversible because it is the time when the bone is not attacked by infection. CPITN is the potential method to only reversible conditions in dental anomalies, Provided by WHO in 1978 which is used to examine the depth of the pocket along with diagnosis

and detection of sub gingival calculus in the adolescence only 6 teeth are examined, due to high chances of false pocket in second molars. Therefore, they are generally excluded and pockets are not recorded but bleeding and calculus is examined under the age of 15 years, for the people under the age of 15 the main factors that affect the oral health is dietary practices pathologies or hormonal status. Into the statistics most of the Indian families along with their children do not follow a dental routine strictly that is blessing twice daily or any dental check-up. More than 70% of children survey do not brush their teeth properly and more than 60% have never been for a dental check in past year. Statistical picture for periodontal disease generally in Indian children is the plaque accumulation white spot on the teeth and visible carries.

Discussion

In dentistry, as well as in other branches of medicine, most diseases are easier to prevent than to deal with their treatment and rehabilitation. Despite the ongoing efforts in the Kyrgyz Republic to organize the treatment and prevention of dental caries and its complications, there is a decrease in the quality of dental care, its availability, and the volume of preventive work, primarily due to the increase in the volume of medical work and the closure of school dental offices. The number of complications and permanent teeth extraction, as well as odontogenic inflammatory diseases increases. The article presents data on the conduct and results of planned preventive dental examinations among the population of the Kyrgyz Republic and its districts.

Standard indicators of planned dental examinations coverage of the decreed population in the Republic as a whole for the period from 2008 to 2018 are quite low (on average, 13.0%) [8–14].

Only one in eight residents is examined by dentists as part of a planned preventive examination. In different regions of the Republic, the indicator may differ by 1.5-2 times, so in the capital, the city of Bishkek (12.0%), it is almost the same as the national one, and in Osh (25%) and Osh region (20%) it is higher [8, 15–19].

This fact is explained by the ongoing reforms in the national health system and the attitude of the population to state medical organizations.

In the course of routine inspections to identify the individuals in need of sanitation of oral cavity, on average, 59.0% of the population has diseases that require dental care. Of them, 67.0% receive this assistance in a timely manner. At the same time, the indicators of those in need of rehabilitation and those who received it differ in different territories of the Republic.

Into the ministry of health and family welfare the rate of occurrence of dental caries are 60% and periodontal diseases are high as 85% Indian adolescent population therefore it is no surprise that the country is titled as the world capital of oral cancer. Caries and periodontal diseases are the most prevalent dental diseases to public health worldwide as it has both clinical and public health importance. A colossal display of poor oral hygiene bleeding and swelling gums toothaches growth in mouth and alteration of tongue surface plug accumulation has fed the occurrence of periodontal diseases throughout the population. Status of awareness was found out to be very low among the Indian population, in the rural areas where the social-economic condition of the population is substandard. As that is no real hygiene practice since the childhood an individual in rural areas along with the metropolitan areas generally tend to smoke or consume tobacco alcohol and consume a great amount of fast food due to busy lifestyle does 20% of the children tend to have tooth loss and the biggest reason for extraction was found to be carries in 64% which was followed by trauma in maxillary teeth among 43% of children does early loss of primary teeth causes the occlusal disturbance and space loss among children does a proper treatment regime becomes highly crucial. As the primary teeth is related to space reduction which intense in Mall occlusion of successive

teeth. The other reasons that are noticed is an ectopic eruption, congenital disorders, arch length deficiencies that cause the resorption of primary teeth, and trauma. Losing a tooth further creates crowding, rotation and this does impact the permanent teeth.

Results

Socioeconomic status and awareness about oral hygiene poor dietary practices and congenital disturbances are one of the main reasons for periodontal diseases in the Indian population. Poor oral health further appears as periodontal diseases caused by deposition of calculus tooth loss carries trauma mobility over retention and other factors like economic reason, many patients cannot afford the cost of treatment and parental irresponsibility in supervision of children [2, 7].

The statistical information related to periodontal and oral diseases signify that dental caries carry 64.3% of prevalence followed by trauma in 17% immobility in 4% over retention and orthodontic reasons add accounted to be 8.6% respectively other characteristics that are pain along with abscess economic reason are stated to be 3.9%.

As the age of the children level – up, there are more chances of occurrence of periodontal complications due to high sugar diet, fussy behavior towards following oral routine, higher chances of trauma etc. Hence, awareness, practice and drill for keeping an eye over the prevalence levels of periodontal diseases in specific country or regions must be monitored to prevent the most fatal possibility in the individuals [3–5].

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