

BRANCH VII - PUBLIC HEALTH DENTISTRY

OBJECTIVES:

At the end of 3 years of training the candidate should be able to:

Knowledge:

- Applied basic sciences knowledge regarding etiology, diagnosis and management of the prevention, promotion and treatment of all the oral conditions at the individual and community level.
- Identify social, economic, environmental and emotional determinants in a given individual patient or a community for the purpose of planning and execution of Community Oral Health Program.
- Ability to conduct Oral Health Surveys in order to identify all the oral health problems affecting the community and find solutions using multi – disciplinary approach.
- Ability to act as a consultant in community Oral Health, teach, guide and take part in research (both basic and clinical), present and publish the outcome at various scientific conferences and journals, both national and international level.

Skills:

The candidate should be able to

1. Take history, conduct clinical examination including all diagnostic procedures to arrive at diagnosis at the individual level and conduct survey of the community at state and national level of all conditions related to oral health to arrive at community diagnosis.
2. Plan and perform all necessary treatment, prevention and promotion of Oral Health at the individual and community level.
3. Plan appropriate Community Oral Health Program, conduct the program and evaluate, at the community level.
4. Ability to make use of knowledge of epidemiology to identify causes and plan appropriate preventive and control measures.
5. Develop appropriate person power at various levels and their effective utilization.
6. Conduct survey and use appropriate methods to impart Oral Health Education.
7. Develop ways of helping the community towards easy payment plan, and followed by evaluation for their oral health care needs.
8. Develop the planning, implementation, evaluation and administrative skills to carry out successful community Oral Health Programs.

Values:

1. Adopt ethical principles in all aspects of Community Oral Health Activities.
2. To apply ethical and moral standards while carrying out epidemiological researches.
3. Develop communication skills, in particular to explain the causes and prevention of oral diseases to the patient.
4. Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed and promote teamwork approach.
5. Respect patient's rights and privileges including patients right to information and right to seek a second opinion.

COURSE CONTENTS:

A) Applied Basic Sciences:

Applied Anatomy and Histology:

a) Applied Anatomy in relation to:

- Development of face
- Branchial arches

- Muscles of facial expression
- Muscles of mastication
- TMJ
- Salivary gland
- Tongue
- Hard and soft palate
- Infratemporal fossa
- Paranasal air sinuses
- Pharynx and larynx
- Cranial and spinal nerves- with emphasis on trigeminal, facial, glossopharyngeal and hypoglossal nerve
- Osteology of maxilla and mandible
- Blood supply, venous and lymphatic drainage of head and neck
- Lymph nodes of head and neck
- Structure and relations of alveolar process and edentulous mouth
- Genetics-fundamentals

b) Oral Histology:

- Development of dentition, Innervations of dentin and pulp
- Periodontium-development, histology, blood supply, nerve supply and lymphatic drainage
- Oral mucous membrane
- Pulp-periodontal complex

Applied Physiology and Biochemistry:

- Cell
- Mastication and deglutition
- Food and nutrition
- Metabolism of carbohydrates, proteins and fats
- Vitamins and minerals
- Saliva and Oral health
- Fluid and electrolyte balance
- Pain pathway and mechanism-types, properties
- Blood composition and functions, clotting mechanism and erythropoiesis, Blood groups and transfusions, Pulse and blood pressure,
- Dynamics of blood flow
- Cardiovascular homeostasis-heart sounds
- Respiratory system: Normal physiology and variations in health and diseases, Asphyxia and artificial respiration
- Endocrinology: thyroid, parathyroid, adrenals, pituitary, sex hormones and pregnancy, Endocrine regulation of blood sugar.

Applied Pathology:

- Pathogenic mechanism of molecular level
- Cellular changes following injury
- Inflammation and chemical mediators
- Oedema, thrombosis and embolism
- Hemorrhage and shock
- Neoplasia and metastasis
- Blood disorders

- Histopathology and pathogenesis of dental caries, periodontal disease, oral mucosal lesions, and malignancies
- HIV
- Propagation of dental infection

Microbiology:

- Microbial flora of oral cavity
- Bacteriology of dental caries and periodontal disease
- Methods of sterilization
- Infection control in dental office / camps
- Virology of HIV, herpes, hepatitis
- Parasitology
- Basic immunology – basic concepts of immune system in human body
 - Cellular and humoral immunity
 - Antigen and antibody system
 - Hypersensitivity
 - Autoimmune diseases

Oral Pathology:

- Detailed description of diseases affecting the oral mucosa, teeth, supporting tissues and jaws.

Physical and Social Anthropology:

Anthropology is a part of Social Sciences, which also constitutes behavioral sciences i.e., Psychology and Sociology. Behavioral Sciences has been mentioned in Public Health.

- Introduction and definition
- Appreciation of the biological basis of health and disease
- Evolution of human race, various studies of different races by anthropological methods

Applied Pharmacology:

- Definition, scope and relations to other branches of medicine, mode of action, bioassay, standardization, pharmacodynamics, pharmacokinetics.
- Chemotherapy of bacterial infections and viral infections – sulphonamides and antibiotics.
- Local anesthesia
- Analgesics and anti-inflammatory drugs
- Hypnotics, tranquilizers and antipyretics
- Important hormones-ACTH, cortisone, insulin and oral antidiabetics.
- Drug addiction and tolerance
- Important pharmacological agents in connection with autonomic nervous system- adrenaline, noradrenaline, atropine
- Brief mention of antihypertensive drugs
- Emergency drugs in dental practice
- Vitamins and haemopoietic drugs
- Effect of drugs on oral health

Research Methodology and Biostatistics:

Health Informatics– basic understanding of computers and its components, operating software (Windows), Microsoft office, preparation of teaching materials like slides, project, multimedia knowledge. Operative skills in analyzing the data.

Research Methodology – definitions, types of research, designing written protocol for research, objectivity in methodology, quantification, records and analysis.

Biostatistics – introduction, applications, uses and limitations of bio – statistics in Public Health dentistry, collection of data, presentation of data, measures of central tendency, measures of dispersion, methods of summarizing, parametric and non parametric tests of significance, correlation and regression, multivariate analysis, sampling and sampling techniques – types, errors, bias, trial and calibration

B) Public Health

Public Health:

- Definition, concepts and philosophy of dental health
- History of public health in India and at international level
- Terminologies used in public health

Health:

- Definition, concepts and philosophy of health
- Health indicators
- Health determinants
- Community and its characteristics and relation to health

Disease:

- Definition, concepts
- Multifactorial causation, natural history, risk factors
- Disease control and eradication, evaluation and causation, infection of specific diseases
- Vaccines and immunization

General Epidemiology:

- Definition and aims, general principles
- Multifactorial causation, natural history, risk factors
- Methods in epidemiology, descriptive, analytical, experimental and classic epidemiology of specific diseases, uses of epidemiology
- Duties of epidemiologist
- General idea of method of investigating chronic diseases, mostly non-infectious nature, epidemic, endemic, and pandemic.
- Ethical conversation in any study requirement
- New knowledge regarding ethical subjects
- Screening of diseases and standard procedures used

Environmental Health:

- Impact of important components of the environment of health
- Principles and methods of identification, evaluation and control of such health hazards
- Pollution of air, water, soil, noise, food
- Water purification, international standards of water
- Domestic and industrial toxins, ionizing radiation
- Occupational hazards
- Waster disposal- various methods and sanitation

Public Health Education:

- Definition, aims, principles of health education
- Health education, methods, models, contents, planning health education programs

Public Health Practice and Administration System in India.

Ethics and Jurisprudence:

- Basic principles of law
- Contract laws- dentist – patient relationships & Legal forms of practice
- Dental malpractice
- Person identification through dentistry
- Legal protection for practicing dentist
- Consumer protection act

Nutrition in Public Health:

- Study of science of nutrition and its application to human problem
- Nutritional surveys and their evaluations
- Influence of nutrition and diet on general health and oral health, dental caries, periodontal disease and oral cancers
- Dietary constituents and cariogenicity
- Guidelines for nutrition

Behavioral Sciences:

- Definition and introduction
- Sociology: social class, social group, family types, communities and social relationships, culture, its effect on oral health.
- Psychology: definition, development of child psychology, anxiety, fear and phobia, intelligence, learning, motivation, personalities, fear, dentist-patient relationship, modeling and experience

Hospital Administration:

- Departmental maintenance, organizational structures
- Types of practices
- Biomedical waste management

Health Care Delivery System:

- International oral health care delivery systems – Review
- Central and state system in general and oral health care delivery system if any
- National and health policy
- National health programmes
- Health Planning and Evaluation
- Primary health care – concepts, oral health in PHC and its implications
- National and international health organizations
- Dentists Act 1928, Dental council of India, Ethics, Indian Dental Association
- Role of W.H.O. and Voluntary organizations in Health Care for the Community

Oral Biology and Genetics:

- A detailed study of cell structure
- Introduction to Genetics, Gene structure, DNA, RNA
- Genetic counseling, gene typing
- Genetic approaches in the study of oral disorders
- Genetic Engineering - Answer to current health problems

Demography & Family Planning:

Demographic trends, family planning methods, milestones in population control in India.

Health Economics:

Health benefit analysis and Cost effective analysis

C) Dental Public Health:

Dental Public Health:

- History
- Definition and concepts of dental public health
- Differences between clinical and community dentistry
- Critical review of current practice
- Dental problems of specific population groups such as chronically ill, handicapped and institutionalized group

Epidemiology of Oral Diseases and Conditions:

- Dental caries, gingival, periodontal disease malocclusion, dental Fluorosis, oral cancer, TMJ disorders and other oral health related problems.

Oral Survey Procedures:

- Planning
- Implementation
- WHO basic oral health methods 1997
- Indices for dental diseases and conditions
- Evaluation

Delivery of Dental Care:

- Dental person power – dental auxiliaries
- Dentist – population ratios,
- Public dental care programs
- School dental health programs- Incremental and comprehensive care
- Private practice and group practice
- Oral health policy – National and international policy

Payment for Dental Care:

- Prepayment
- Post-payment
- Reimbursement plans
- Voluntary agencies
- Health insurance

Evaluation of Quality of Dental Care:

- Problems in public and private oral health care system program
- Evaluation of quality of services, governmental control

Preventive Dentistry:

- Levels of prevention
- Preventive oral health programs screening, health education and motivation
- Prevention of all dental diseases-dental caries, periodontal diseases, oral cancer, malocclusion and Dentofacial anomalies
- Role of dentist in prevention of oral diseases at individual and community level.
- Fluoride
 - History
 - Mechanism of action
 - Metabolism
 - Fluoride toxicity

- Fluorosis
- Systemic and topical preparations
- Advantages and disadvantages of each
- Update regarding Fluorosis
 - Epidemiological studies
 - Methods of fluoride supplements
 - Defluoridation techniques
- Antifluoridation lobby
- Plaque control measures-
 - Health Education
 - Personal oral hygiene
 - Tooth brushing technique
 - Dentifrices, mouth rinses
- Pit and fissure sealant, ART, Preventive resin restoration
- Preventive oral health care for medically compromised individual
- Update on recent preventive modalities
- Caries vaccines
- Dietary counseling

Practice Management:

- Definition
- Principles of management of dental practice and types
- Organization and administration of dental practice
- Ethical and legal issues in dental practice
- Current trends
- Infection control in dental practice

Tobacco Counseling:

- Health Consequences
- Tobacco dependence
- Benefits of intervention
- Tobacco cessation
- Role of dentist

Health Man Power Planning:

Structured Training Schedule:

FIRST YEAR

Seminars:

- 5 seminars in basic sciences subject,
- To conduct 10 journal clubs
- Library assignment on assigned topics – 2
- Submission of synopsis for dissertation-within 6 months
- Periodic review of dissertation at two monthly intervals

Clinical Training:

1. Clinical assessment of patient
2. Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, fluorosis and malocclusion – 5 cases each
 - Oral Hygiene Index – Greene and Vermillion
 - Oral Hygiene Index – Simplified
 - DMF – DMF (T), DMF (S)
 - def t/s

- Fluorosis Indices – Dean’s Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
- Community Periodontal Index (CPI)
- Plaque Index-Silness and Loe, gingival index – Loe and Silness
- Russels periodontal disease index
- WHO Oral Health Assessment Form – 1997
- Carrying out treatment (under comprehensive oral health care) of 10 patients
- maintaining complete records.

Field Programme:

- Carrying out preventive programs and health education for school children of the adopted school.
- School based preventive programs-
 - Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
 - Pit and Fissure Sealant – chemically cured (GIC), light cured
 - Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
 - Organizing and carrying out dental camps in both urban and rural areas.
 - Visit to slum, water treatment plant, sewage treatment plant, and Milk dairy, Public Health Institute, Anti-Tobacco Cell, Primary Health Center and submitting reports.
 - In additions the postgraduate shall assist and guide the under graduate students in their clinical and field programs.

SECOND YEAR

Seminars:

- Seminars in Public Health and Dental Public Health topics
- Conducting journal clubs
- Short term research project on assigned topics – 2
- Periodic review of dissertation at monthly reviews

Clinical Training-Continuation of the Clinical Training:

- Clinical assessment of patient
- Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, fluorosis and malocclusion – 5 each
 - Oral Hygiene Index – Greene and Vermillion
 - Oral Hygiene Index – Simplified
 - DMF – DMF (T), DMF (S)
 - def t/s
 - Fluorosis Indices – Dean’s Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
 - Community Periodontal Index (CPI)
 - Plaque Index-Silness and Loe, gingival index – Loe and Silness
 - Russels periodontal disease index
 - WHO Oral Health Assessment Form – 1987
 - Carrying out treatment (under comprehensive oral health care) of 10 patients – maintaining complete records

Field Program – Continuation of Field Program:

- Carrying out school dental health education
- School based preventive programs-
 - Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
 - Pit and Fissure Sealant – chemically cured (GIC), light cured

- Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
- Organizing and carrying out dental camps in both urban and rural areas.
- Assessing oral health status of various target groups like School children, Expectant mothers Handicapped, Underprivileged, and geriatric populations. Planning dental manpower and financing dental health care for the above group.
- Application of the following preventive measures in clinic-10 Cases each.
- Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
 - Pit and Fissure Sealant
- Planning total health care for school children in an adopted school:
 - Periodic surveying of school children
 - Incremental dental care
 - Comprehensive dental care
- Organizing and conducting community oral health surveys for all oral conditions-3 surveys
- In addition the post graduate shall assist and guide the under graduate students in their clinical and field programs
- To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic.

THIRD YEAR:

Seminars:

- Seminars on recent advances in Preventive Dentistry and Dental Public Health
- Critical evaluation of scientific articles – 10 articles
- Completion and submission of dissertation

Clinical Training:

- Clinical assessment of patient
- Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, fluorosis and malocclusion – 5 each
 - Oral Hygiene Index – Greene and Vermillion
 - Oral Hygiene Index – Simplified
 - DMF – DMF (T), DMF (S)
 - def t/s
 - Fluorosis Indices – Dean's Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
 - Community Periodontal Index (CPI)
 - Plaque Index-Silness and Loe, gingival index – Loe and Silness
 - Russels periodontal disease index
 - WHO Oral Health Assessment Form – 1987
- Carrying out treatment (under comprehensive oral health care) of 10 patients – maintaining complete records
- Carrying out school dental health education
- School based preventive programs-
- Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
- Pit and Fissure Sealant
- Minimal Invasive Techniques – Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
- To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic
- Exercise on solving community health problems – 10 problems

- Application of the following preventive measures in clinic – 10 cases each.
- Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations
- Pit and Fissure sealants
- Dental – health education training of school teachers, social workers, health workers,
- Posting at dental satellite centers/ nodal centers
- In addition the post graduate shall assist and guide the under graduate students in their clinical and field programs.

Training in Research Methodology, Biostatistics, Ethics / Bioethics in Dentistry, Jurisprudence and Audits

Training in Research Methodology:

All MDS candidates shall compulsorily attend the Research Methodology workshop conducted by the University within 6 months from the date of joining the course. In this regard, the candidates will be issued a completion Certificate by the University.

Monitoring Learning Process:

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

The teaching and learning activities in each specialty, shall be as under:—

(a) LECTURES:

There shall be some didactic lectures in the speciality and in the allied fields. The departments shall encourage guest lectures in the required areas and integrated lectures by multi-disciplinary teams on selected topics, to strengthen the training programmes.

(b) JOURNAL REVIEW:

The journal review meetings shall be held at least once a week. All trainees, associate and staff associated with the post-graduate programme are expected to participate actively and enter relevant details in the logbook. The trainee shall make presentations from the allotted journals of selected articles.

(c) SEMINARS:

The seminars shall be held at least twice a week in each department. All trainees are expected to participate actively and enter relevant details in logbook.

(d) SYMPOSIUM:

It is recommended to hold symposium on topics covering multiple disciplines.

(e) CLINICAL POSTINGS:

Each trainee shall work in the clinics on regular basis to acquire adequate professional skills and competency in managing various cases.

(f) CLINICO-PATHOLOGICAL CONFERENCE:

The clinico pathological conference shall be held once a month involving the faculties of Oral Medicine and Radiology, Oral Pathology and allied clinical departments. The trainees

shall be encouraged to present the clinical details, radiological and histo-pathological interpretations and participation in the discussions.

(g) INTER-DEPARTMENTAL MEETINGS:

To encourage integration among various specialities, there shall be inter-departmental meeting chaired by the Dean with all heads of post-graduate departments at least once a month.

(h) TEACHING SKILLS:

All the trainees shall be encouraged to take part in undergraduate teaching programmes either in the form of lectures or group discussion.

(i) DENTAL EDUCATION PROGRAMMES:

Each department shall organise dental education programmes on regular basis involving other institutions. The trainees shall also be encouraged to attend such programmes conducted outside their university or institute.

(j) CONFERENCES/WORKSHOPS/ADVANCED COURSES:

The trainees shall be encouraged to attend conference/workshops/advanced courses and also to present at least two scientific papers and two posters at State/national level speciality and allied conferences/conventions during the training period.

(k) ROTATION AND POSTING IN OTHER DEPARTMENTS:

To bring in more integration among the specialities and allied fields, each department shall workout a programme to rotate the trainees in related disciplines.

DISSERTATION

Every candidate appearing for the post-graduate degree examination shall at least six months prior to the examinations, submit with his form for examination, four typewritten copies of the dissertation undertaken by the candidate, prepared under the direction and guidance of his/her guide.

It must be approved by the Institutional Review Board consisting of Principal, all the HOD's, an advocate, medical specialties and social worker within the first six months after the commencement of the course. The application for registration of dissertation topic must be sent through the Principal duly forwarded by the Professor/ HOD. The University will register such dissertation topic. In case the students want to change the topic of dissertation, they can do it within the next three months. No change in the Guide/dissertation topic shall be made without prior approval of the University.

The aim of dissertation is to train a postgraduate student in research methodology. It includes identification of a problem with recent advances, designing of research study on collection of data, practical analysis and comparison of results and drawing conclusions.

The dissertation should be written under the following headings.

Introduction/Aims and objective/Review and literature /Materials & Methods/Results/Discussion
Conclusion/Summary

The written text of dissertation shall not be less than 100pages. It should be neatly typed in double line spacing on one side (A4 size, 8. 27"x 11.69") and bounded properly. Photos, charts, tables, tables and graphs can be attached where ever necessary. Spiral binding should not be used. The dissertation shall be certified by the Guide and Head of the department and forwarded by the Principal to the University.

The dissertation so submitted shall be referred to the examiners for their examination and acceptance of it shall be a condition precedent to allow the candidate to appear for the written part of the examination.

Provided that a candidate whose dissertation has been accepted by the examiner, but declared failed at the examination, shall be permitted to re-appear at the subsequent examination without a new dissertation.

Provided further that if the dissertation is rejected by the examiner, the examiner shall assign reasons thereof with suggestions for its improvement to the candidate and such candidate shall re-submit his/ her dissertation to the examiner who shall accept it before appearing in the examination.

Scheme of Examination

A. Theory: Part-I:	Basic Sciences Paper	-	100 Marks
Part-II:	Paper-I, Paper-II & Paper-III	-	300 Marks
			(100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper- III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: *

PART-I :

Applied Basic Sciences:Applied Anatomy and Histology, Applied Physiology and Biochemistry, Applied Pathology, Microbiology, Oral Pathology, Physical and Social Anthropology, Applied Pharmacology and Research Methodology and Biostatistics.

PART-II :

Paper-I : Public Health

Paper-II : Dental Public Health

Paper-III : Essays (descriptive and analyzing type questions)

** The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

B. Practical / Clinical Examination (DAY 1) : 200 Marks

1. Clinical examination of at least 2 patients representing the community – includes history, main complaints, examination and recording of the findings, using indices for the assessment of oral health and presentation of the observation including diagnosis, comprehensive treatment planning.
(50 Marks – 1 ½ Hrs)

2. Performing (50 Marks– 1 ½ Hrs)
 - a. One of the treatment procedures as per treatment plan. (Restorative, surgical, rehabilitation)
 - b. Preventive oral health care procedure.
 - c. One of the procedures specified in the curriculum
3. Critical evaluation of a given research article published in an international journal (50 Marks – 1 Hour)
4. Problem solving – a hypothetical oral health situation existing in a community is given with sufficient data. The student as a specialist in community dentistry is expected to suggest practical solutions to the existing oral health situation of the given community. (50 Marks – 1 ½ Hours)

C. Viva Voce (DAY 2) : 100 Marks

- i. Viva-Voce examination* : 80 marks
All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.
- ii. Pedagogy Exercise* : 20 marks
A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

REFERENCE BOOKS

1. Dentistry dental practice and community by David F. Striffler and Brain A. Burt . Edn- 983 W. B. Saunders company
2. Principles of Dental public health by James Morse Dunning, IV Edition 1986,Harward University Press.
3. Dental public health and community 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 Gardener, PSG Publishing company Inc. Littleton Massachusetts , 1980
6. Dental public health- An introduction to public health dentistry. Edition by Geoffrey L. Slack and Brain Burt ,Published by John Wright and sons Bristol,1980.
7. Oral health surveys – Basic methods ,2013 Published by WHO 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.Introduction to Bio- statistics By B.A.Mahajan
- 12.Research Methodology and Bio statistics .
- 13.Introduction to statistical methods By Grewal.
- 14.Text Book of Preventive and social Medicine by Park and park, 24th edition
- 15.Community Dentistry by Dr.Soben Peter. 5th Edition