Saluja Dento Max Fac Centre
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EST. 2011 ★ 4.9 · 1,200+ Reviews

● TOOTH PAIN ON BITE · KANPUR

Daant Kaat-te Hi Kyun Cheekh-ta Hai - Chaar Dard Ke Pattern

Ek daant har khaana mein nahi, magar ek *khaas moment* par bolta hai - aur wahi moment usse bata deta hai ki andar kya hua hai

Guava ka bite liya aur peechhe se **ek bright, electric jolt** jaw mein upar gaya. Do second mein thaam - aapne ignore kar diya. Teen din baad phir hua, magar ab daant **har baar** bolta hai, chahe aap doosri taraf kaat rahe hon. **Yeh ek bimari nahi hai - yeh ek symptom hai**, aur iske peeche **kam se kam chaar bilkul alag problems** hoti hain. Har ek ka ilaaj alag hai. Isiliye **dard ka pattern pehchanna sabse tez raasta hai sahi diagnosis tak.**

4
classic pain patterns - har ek ka alag ilaaj

3
tissues ek daant ke andar - har ek alag react karti hai

7
step ki examination sequence - history se imaging tak

6 wk+
ke baad abscess ki asli tabiyat - bone loss aur spread

CHAPTER 1 · THE STORY

Vishhwanath Ghat Ki Kachori Se Clinic Tak - Ek Bahut Aam Kinara

Ek 34 saal ki accountant jo pehle sirf dhadakta hai, phir ek taraf se kaat-ta hai, phir raat ko akela dard - yehi **sab se aam** sequence hai.

1. **Triggered pain - sirf kuch khaate waqt**
   Ek theek-chhaad kachori ka bite aur andar halka jolt. Kuch nahi toota, bas ek pal ke liye signal gaya. **Yeh sirf warning hai.**
2. **Selective pain - ek taraf ka khaana bad**
   Ab daant ek taraf chalega toh theek, doosri taraf se dard. Chhoti chhoti kate hain. **Yeh warning se aage badh chuki hai.**
3. **Spontaneous pain + bad taste - countdown shuru**
   Raat ko kuch chhue bina dard, dinner ke baad bad taste. Ab mechanical irritation infection ban chuka hai. **Yeh wo nateeja hai jo daanta nahi.**

Toh yeh "daant ghis raha hai" wali baat sahi nahi hai:

"Tooth wear ho raha hai"
Ek healthy muh mein enamel **kabhi nahi ghis-ta**. Jo hota hai woh structural hai - cusp fracture, decay, high filling, ya bacteria ka pulp tak pohoch-na.

"Bhai, zyada kadakte hain toh daant kammzor ho gaya"
Ek bite mein **kai hundred newton** ka force lagta hai. Kamzor daant ke bane nahi hote, **koi ek weak point baar-baar khul jaata hai**.

Ek line poora guide badal deti hai: Aata-jaata dard ek warning hai. Rehta hua dard ek countdown hai. Yahi wajah hai ki timing sab kuch decide karti hai - aur isiliye aapko "agle hafte" ka wait nahi karna chahiye.

CHAPTER 2 · THE WHY

Biting Ka Dard Constant Ache Se Kyun Alag Lagta Hai

Ek daant ek gola material nahi hai - **teen alag tissues** hain, aur teenon ki sensitivity alag hai.

Pulp - beech ka nerve chamber
Nerves aur blood vessels ka soft chamber. Ye **temperature aur internal pressure** se react karta hai - **magar bahar lage pressure ko mehsoos hi nahi kar sakta.**

Dentine + cementum - conductors
Dentine tubules se bhari hai aur stimulus seedhe pulp tak le jaata hai. Gum recession par **root cementum khul jaata hai**, toh nerve se seedha juda ho jaata hai.

PDL - springy ligament
Root ko bone mein latkaane wali fibrous sheet. Yeh **compression aur tension par bahut sensitive** hai - isiliye dead nerve ke baad bhi biting ka dard mehsoos hota hai.

Yeh poore article ka sabse useful idea hai. Jab aap kaate hain aur daant rokti hai, dard aksar **periodontal ligament ke bahar ki taraf squeeze karne se** aata hai - jab do roots ko majboor kiya jaata hai - **nerve se nahi.** Fracture hua cusp baaki daant se alag hilta hai: ek taraf ligament ko dabata hai, doosri taraf kheenchta hai. Nerve toh **doosri baar mein** khich-ta hai. Isi liye fractured cusp ka dard **chhodte waqt** hota hai - jab daant wapas apni jagah snap-back hota hai.

Iske bilkul ulat: root tip par infection mein **constant signal** banta hai - bone ke andar ka pressure ko bite ki zaroorat nahi hai. Isiliye woh dard **throb-ta**, khud ba khud, aur **raat ko zyada** hota hai - jab laitne se sir mein khoon ka flow badh jaata hai.

CHAPTER 3 · THE FOUR

Chaar Usual Kulprit - Ek Nazar Mein Poora Map

Yeh **teaching map** hai - apna pattern pehchanna sikhata hai. **Confirm sirf clinical exam, pulp test aur imaging se hota hai.**

Pattern	Kab dard hota hai	Cold / heat	Aur clues	Treatment approach
Cracked tooth / cusp fracture	Sharp, brief pain on bite; **marked jolt on release**; usi cusp par zyada	Cold jaldi theek; heat par reaction nahi	Visible crack line, cusp ka shine gaya, deep gum notch	Crack seal/bond, onlay ya crown; pulp involve ho toh RCT
Decay under an old filling	Bite par sharp; thande ya meetha par **rehta** hai; filling bhaari dikhti hai	Cold sensitive; **heat = pulp involved**	Filling ke aas paas dark line ya marginal gap	Filling badalna; pulp inflamed/dead ho toh root canal
High restoration / bad bite	Nayi filling ya crown ke **ghanton-din** baad dard; daant "ucha" lagta hai	Usually normal	Tap karne par badi tenderness; contact jaldi lagta hai	Occlusal adjustment + polishing; opposing tooth dobara dekhna
Root infection / abscess	Constant throbbing; **bite par bhi, rest par bhi**; raat ko zyada	Heat rehta aur badhata hai; cold thanda deta hai	Bad taste, gum boil, gum tenderness, face swelling, kabhi bukhar	Urgent drainage + RCT; na bache toh extraction

CHAPTER 3B · SIGNATURE PROFILE

Ek Line Kya Dikhati Hai - Chaaron Pattern Ka Asli Vajra

Yehi woh diagram hai jo pehchaanna sikhaata hai. **0 = absent, 10 = bahut strong.**

Symptom marker	Bite par dard	Chhodne par dard	Cold sensitivity	Constant throbbing	Gum swelling / bad taste
Cracked tooth	7	10	6	2	2
Decay under filling	7	5	8	4	4
High restoration	8	2	2	3	3
Root infection / abscess	6	3	9	10	10

Conceptual recognition map hai - measured clinical statistics NAHI. Do numbers hi sabse alag dikhate hain: **cracked tooth ka "chhodne par dard" 10/10**, aur **abscess ka "constant throbbing" 10/10**. Yahi aapke do sabse bade clues hain.

CHAPTER 3C · PATTERNS 1 & 2

Cracked Tooth Aur Purani Filling Ke Neeche Chhupi Decay

Yeh do cases **crack mein khule** hain - matlab bacteria ka raasta ban chuka hai, sirf size nahi bada hua.

1 Cracked Tooth

- ✓ **Enamel ki hairline crack** – Kuch nahi. Jab crack dentine tak pahunche toh **cold sensitivity** aata hai.
- ✓ **Crack pulp chamber tak pahuncha** – Tabhi daant **chewing par protest** karta hai.
- ✓ **Classic signature** – **Sharp, brief, electric pain** - bite down par shuru, release par turant khatam.
- ✓ **Cusp ka shine gaya, gum V-notch, mirror par crack line** – Aankh se dikhne wale nishaan. **Bacteria andar ghus jaate hain** aur structural repair hamesha ke liye infection ban jaata hai.

2 Decay Under Old Filling

- ✓ **Marginal breakdown** – Filling aur daant ke beech ka **microscopic gap** - bacteria ka darwaza.
- ✓ **Do khaas daant khatarnaak** – Baar-baar bhari hui daant, aur **purani badi amalgam fillings**.
- ✓ **Filling bhaari dikhti hai** – Aankhon se theek, haath se solid - isiliye **miss ho jaata hai**.
- ✓ **Sirf ice cream par dard, garam par nahi** – Yehi asymmetry ek **badi hidden lesion** ka signal hai, general gum recession ka nahi.

Ek chhota warning: patient aksar **galat daant** dikha deta hai - dard ek hi nerve ke saath refer hota hai. Isiliye dentist hamesha **aapke finger wale daant** aur **aapki tongue wale daant** ko cross-check karte hain. Aap khud bhi dekhein: cusp ka shine gaya hai? Gum ke neeche gehri V-shaped notch hai? Daant ke peeche roshni rakhte hue crack line dikh rahi hai?

CHAPTER 3D · PATTERNS 3 & 4

Uchchi Filling - Aur Root Tip Par Infection

Pehli wali mostly **sahi ho jaati hai** ek simple adjustment se. Doosri wahi hai jiske liye waqt na lagana sabse bada nuksaan hai.

3 High Restoration / Bad Bite

- ✓ **Ilaaj: aam taur par nayi filling/crown** – Daant **ghanton ya dino ke andar** dard dene lagta hai.
- ✓ **Ek fraction of millimetre bhi kaafi** – Filling uth-chhi ho toh woh daant **jab band karte hi sabse pehle contact** ho jaata hai.
- ✓ **PDL tolerate hi nahi kar sakta** – Sustained compression par ligament **inflame** ho jaata hai.
- ✓ **Natural bhi ho sakta hai** – Orthodontics ke baad shifted daant, opposite daant ka wear, ya naya bridge. **Sab aasan se adjust ho jaate hain.**

4 Root Infection / Abscess

- ✓ **Yeh constant, deep, throbbing dard hai** – Chewing se dard, magar **rest karne se bhi dard**. Kai ko raat jagata hai.
- ✓ **Heat badhata, cold thoda deta** – Infection ka classic complaint - **garam par tez, thande par halka.**
- ✓ **Metallic ya bad taste** – Gum boil khulne par dard achanak gir sakta hai - **wo ilaaj nahi, drainage hai.**
- ✓ **Chaar mein se sirf ek aisa** – Yahin woh pattern hai jahan **delay sach mein outcome badal deta hai.**

Abscess ke baad yeh bhi warning ho: chehra ya jaw ka swelling, bukhar aur thand lagana matlab infection **sirf daant mein nahi raha**. Aise waqt mein ghabrayein mat kariye - **seedha medical ya dental emergency care** lijiye.

CHAPTER 4 · DIAGNOSIS

Dentist Kya Dekhta Hai, Aur Kis Kram Mein - 7 Step

Diagnosis **andaaza nahi, ek sequence hai**: jo mehsoos ho → jo provoke ho → jo image par dikhe. Aapko yehi sawaal poochhe jayenge.

1 History
Kab shuru hua? Koi trigger - koi sakht cheez, purani filling, crown? **Bite par ya chhodne par?** Garam ya thanda? Aapka finger kaunsa daant point karta hai?

2 Visual & tactile exam
Mirror aur sharp explorer se **toota cusp, filling ke aas gap, stained line, chipped porcelain, recession, gum boil ya swelling** dhoondha jaata hai.

3 Bite / load test
Har cusp par alag controlled pressure. **Jis cusp par chhodne par sharp dard ho, wahi cracked tooth hai.**

4 Percussion
Crown par tap karne se force PDL tak jaata hai. **Ek daant par dull metallic thud + neighbours par dard nahi = usi ek daant ke apex par inflammation.**

5 Pulp testing
Refrigerant (Endo-Ice), hot instrument ya electric tester. **Heat par ruka hua dard = irreversible pulpitis**; bilkul no response = dead pulp. Control daant se hamesha compare hota hai.

6 Probing & palpation
Periodontal probe se pocket depth aur cracked-tooth cases mein **crack line ke saath jaata gehra narrow "J-shaped" pocket**. Gum, jaw aur neck nodes palpate karke spread dekha jaata hai.

7 Imaging
Bitewing - daanton ke beech aur restoration ke neeche ki decay. Periapical - root apex ke aas ka bone. **Transillumination ya low-dose CBCT** jab crack shak ho magar dikhe nahi.

Do rules jo hamesha yaad rakhein: (1) Jo daant aapko dard de raha hai, woh aksar **problem ke bagal wala** daant hota hai. **(2)** Ek daant **cracked aur infected - dono** ho sakta hai. Diagnosis ek saaf box mein kabhi nahi baithti - aur **normal X-ray kaafi hota hai sirf haan bolne ke liye - cracked tooth rule-out nahi hota**, kyunki kai cracks dikhte hi nahi.

CHAPTER 5 · PROGRESSION

Absent Ko Treatment Mil Gaya Toh - Stage By Stage Kya Hota Hai

Daant ka **doosra circulation nahi hota**. Bacteria pulp ko maar dein toh koi khoon us canal tak nahi pahunch sakta - bahar jaane ka raasta sirf root tip hai.

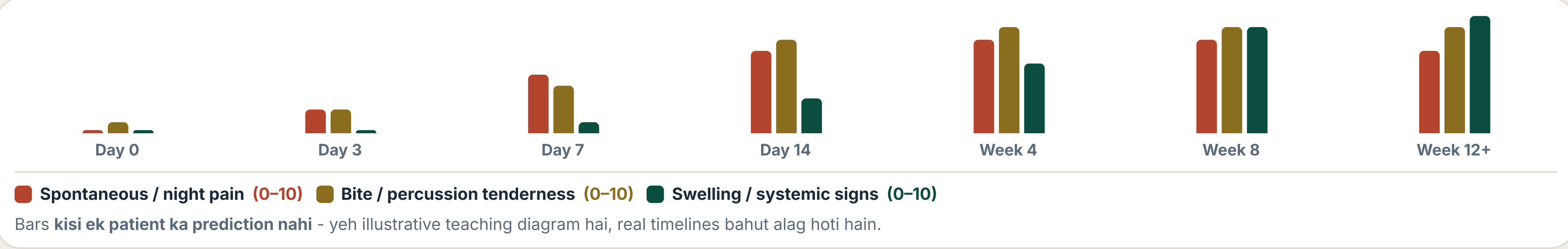
Day 0–3	Pulp ki**reversible**inflammation. Cold par dard, jaldi theek.**Filling se theek ho sakta hai.**
Day 3–10	**Irreversible pulpitis.**Khud ba khud dard, heat par rehne wala. Ab daant bachane ke liye**root canal**chahiye.
Week 2–3	Pulp**necrotic**, apex ke paas early periodontitis. Bite dard aur percussion tenderness aate hain.**X-ray abhi bhi normal dikh sakta hai.**
Week 3–6	**Abscess ban gaya.**Swelling, bad taste, gum boil, bukhar. Ab bhi ilaaj ho sakta hai - magar**drainage ya urgent endodontic care**chahiye.
6 weeks se zyada	Bone loss, sinus tract, ya jaw / floor of mouth / neck / sinuses mein spread.**Daant ka prognosis tez gira deta hai.**

Cracks ka rule bhi wahi hai: sahi se manage hua cusp fracture **salon tak** chal sakta hai - magar jo kabhi stabilize nahi hua woh hilta hi rehta hai, bacteria pulp tak jaate hain, aur jo daant ek bonded cusp ya onlay se bach sakta tha woh **nikal diya jaata hai.** Jaldi, conservative repair hi poora matlab hai.

CHAPTER 5B · ESCALATION

Daant Ko Chhod Diya Toh Dard Kaise Badhta Hai

Article ka apna escalation chart - teen symptoms, saat timepoints.



Bars **kisi ek patient ka prediction nahi** - yeh illustrative teaching diagram hai, real timelines bahut alag hoti hain.

Sab se bada dhoka - jab abscess KHUD drain ho jaata hai. Gum boil khulte hi pressure girta hai aur dard achanak kam ho jaata hai. Lagta hai jaise **theek ho gaya**. Hota nahi - woh ek **chronic drainage point** hai jo baar-baar band hokar khulta hai, aur **har cycle mein aur bone loss** hota hai. Yahi "baith gaya toh theek ho gaya" wali soch logon ko mahinon daal deti hai. **Swelling par bhi, dard kam hone par bhi - turant dekhein.**

CHAPTER 6 · AT HOME

Aaj Raat Kya Kar Sakte Hain - Aur Kya Bilkul Nahi

Ghar ka ilaaj **waqt kharidne ke liye** hai, wajah theek karne ke liye nahi. Koi bhi cream ya tablet crack seal nahi karti aur abscess nahi nikaalti.

✓ Safe & reasonable

- ✓ **Doosri taraf kaatna** - **Khichdi, curd rice, soup, mashed items** - soft khaana jab tak dekha nahi jaata.
- ✓ **Namak paani ka gargle** - **½ teaspoon paani ke glass mein**, din mein 2-3 baar. Bacterial load kam karta hai aur drain hone wale boil ko saaf rakhta hai.
- ✓ **Anti-inflammatory** - Ibuprofen, ya paracetamol agar NSAID nahi le sakte - **pack par likhi dose ke hisaab se, kabhi zyada nahi.**
- ✓ **Ilaak rakhein** - Daant ke aas halke se floss. **Gum boil ko pin se chhedna bilkul nahi.**
- ✓ **Seedha sona** - Thoda **upar tak taika kar** soyen - flat laitne se sir mein khoon badhta hai aur throbbing dard badh jaata hai.

✗ In par bilkul mat karein

- ✗ **Aspirin gum par mat rakhein** - Mucosa par **white chemical burn** ho jaata hai aur tissue damage hota hai.
- ✗ **Garam ya hot salt bag mat lagaiye** - Heat **bacteria ki spread aur swelling** dono badhata hai.
- ✗ **High filling ghar par mat ghisein** - Bina dekh ke grinding ya file se "theek" karne ki koshish - nateeja aur nuksaan dono.
- ✗ **Clove oil raat bhar mat chhodhein** - Undiluted eugenol **mucosa ko jalata** hai.
- ✗ **Antibiotic adhoora mat chhodin** - Choice infection aur medical history par depend karta hai - **self-prescribe karna galat hai.**

Ek zaroori baat: antibiotics ilaaj ki jagah nahi hain. Woh waqt kharid sakte hain, magar **source clear nahi karte** - infection ki wajah daant mein hi rehti hai. Isiliye triage table se decide kijiye ki appointment is hafte chahiye, aaj chahiye, ya abhi.

CHAPTER 6B · TRIAGE

Is Hafte, Aaj, Ya Abhi - Decide Kaise Karein

Jab confused ho, **call kar lijiye** - chhota sa telephone triage ek hafte ke wait se behtar hai.

Urgency	Aap kya mehsoos kar rahe hain	Ab kya karein
1-3 din mein book karein	Dard sirf bite par, **sharp aur chhoti der ka**; koi swelling nahi; raat ko dard nahi; heat par sensitive nahi	Examination book karein. Doosri taraf kaatein, saaf rakhein, dardkiller pack ke hisaab se lein.
Usi din	Dard ab **rehta hai**, raat mein thobta hai, heat par sharp, ya **mu mein bad taste**	Urgent same-day slot maangein - daant assess, drain ya treat ho sake.
Aaj hi - emergency	Chehra, jaw, **zuban ke neeche ya gale ka swelling**; bukhar + thand; nigalna, mooh kholna ya saans lene mein dikkat	Turant dental ya medical care lein. **Routine appointment ka wait bilkul nahi.**

> *"Jis pal aap bite chhodte hi dard band ho jaata hai - woh cracked tooth bol raha hai. Jo dard bina kuch chhue bhi chalta raha hai - woh infection bol rahi hai. In dono ka fark seekhna hi ek takleefde se bharri shaam ko ek jaldi aur aasan appointment banata hai."*
>
> **Saluja Dento Max Fac Centre** · **Dr. Jagveer Singh Saluja, MDS - Founder & Chief Dental Surgeon**

KEY TAKEAWAYS

Ek Line Mein Poora Guide

Ek simple step se shuru kijiye: **sirf andaza nahi, ek pattern pehchaniye** - uske baad sahi ilaaj apne aap clear ho jaata hai.

- ✓ **Bite pain ke chaar main pattern hain:** cracked cusp, purani filling ke neeche decay, high restoration, aur root tip par infection - har ek ki apni pehchaan hai.
- ✓ **"Chhodne par dard" cracked tooth ka sabse reliable clue hai** - neeche jaate waqt dard kam, chhodte waqt ek jolt.
- ✓ Raat ka thobta dard, **bad taste** aur gum swelling abscess ki taraf ishara karti hain - jaldi examination chahiye, **sirf antibiotics par nahi.**
- ✓ Filling ya crown ke turant baad dard aksar **matic zyada hai**, aur yeh ek simple adjustment se theek ho jaata hai.
- ✓ **Normal X-ray cracked tooth ko rule-out nahi karta** - clinical testing utni hi zaroori hai jitni imaging.
- ✓ **Asli khatra delay hai.** Chhoti structural problem predictable hoti hai; abscess bone aur soft tissue mein failta hai, aur jo daant bacha sakta tha woh nikal diya jaata hai.

Kanpur ka practical rule: agar dard **pichhle 1-2 din** mein shuru hua aur bite par aata-jaata hai, toh kuch din mein routine examination book karein. Agar daant **lagatar dard** kar raha hai, heat par sensitive hai, ya gum sooja hai aur bad taste hai - toh **urgent ya same-day** slot maangein. Aur agar chehra ya gale ka swelling hai, bukhar hai, ya saans/neene mein dikkat hai - **turant urgent care**. Yeh emergency hai, appointment nahi.

Aapka Dard Kaun Si Baat Bol Raha Hai - Yeh Guess Nahi Ho Sakta.

Ek focused examination - **visual check, bite test, percussion, cold aur electric pulp testing, aur zaroorat padne par digital imaging** - aam tor par kaafi hoti hai yeh batane ke liye ki hua kya hai aur theek kya karna hai. Hum cracked cusp, purani filling ke neeche decay, high filling, aur root infection - chaaron ko **ek hi visit mein** alag-alag karke dekhte hain, taaki aap **guess ke bajaye clear jawab** ke saath jaayein. Apne purane X-ray saath le aayein aur **batayein ki aapki tongue kaunsa daant point karti hai**. Koi bhi ghar par ilaaj is infection ko nahi rok sakta - **appointment book kijiye.**

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