PERIODONTICS · GUM CARE · KANPUR

Daant Hila Raha Hai – Nikalna Pakka Hai?

Sawaal yeh nahi hai ki daant kitna hil raha hai - sawaal yeh hai ki *uske neeche kitni haddi bachi hai*

Tongue se daant ko dhakka diya. Hil gaya. Pet andar gira. Mann mein seedha aaya - **extraction, ek khaali jagah, implant, aur umar bhar ki maintenance**. Woh reaction bilkul aam insaan ki hai. Magar **jo daant hum examine karte hain, un mein lagbhag aadhe** is ek reason se aate hain - **sirf misaal shuda hua nahi, balki bilkul theek ki jaane wala**. Aaj kal ke adult patients mein "hilti daant" aksar **sirf gum ka infection, moti calculus, purana grinding ya fail hua root canal** hota hai - ye sab **bina kuch nikaale** theek, control ya bachaya ja sakte hain.

4 measurable variables jo faisla karti hain - hilna nahi

4 mobility grades - Grade 0 se Grade III tak

3 distinct failures - ligament, bone, overload

~50% mobility sirf **inflamed** hoti hai - poori tarah theek ho sakti hai

CHAPTER 1 · THE FINGER TEST

Ghar Ka Test Kyun Galat Natika Deta Hai

Har adult jo hilti daant lekar aata hai, usne pehle se ghar par **mobility test** kar liya hota hai. Achha instinkt hai - magar **buri measurement** hai.

Aap ghar par kya mehsoos karte ho
Crown ka hilna. Ungli se dabate ho, tongue se dhakka dete ho, gum line ko hilte hue dekhte ho - aur daant ki **movement** dekh kar faisla kar lete ho.

Periodontist kya measure karta hai
Root ka socket ke andar hilna - calibrated probe aur millimetre scale se, **do directions** mein. Yahi farq faisla badal deta hai.

Yeh farq kyun matter karta hai: bone support bahut kam hone wale daant **cheek side se dabane par bilkul stationary** lagte hain, magar **tongue side se saaf hilte** hain - ya bilkul ulat. Isi tarah, **inflamed PDL** wala daant haath mein **bahut dramatic loose** lagta hai jabki bone theek hai - aur woh **ek deep cleaning** door stable ho sakta hai. Isiliye **daant bilkul hilta hai ya nahi - yeh ek kaam ki baat nahi hai.** Sahi diagnosis hi daant bachane ka asli base hai.

1. **Gum sooya, khoon beh raha ya chamak raha hai?**
Inflammation daant ko usse zyada loose feel karati hai jitni uski asli bone support warrant karti hai. **Sirf inflammation control karne se** hafte-beeching mein daant tight ho sakta hai.

2. **Daant hilta bhi hai aur jagah bhi badal raha hai?**
Upar ke front daant ka **dikhta hua migration** aksar **purani bone loss** ka matlab hai - naya masla nahi.

3. **Achanak hua ya dheere-dheere?**
Achanak - koi chot, girna, patthar kaatna, ya lambi gap: **trauma ya overload. Dheere-dheere + khoon behne wale gums**: **gum disease.**

CHART 1 · RECOVERED FIGURE

Haddi Bachi Hai To Ilaaj Ki Umeed – Kitni?

Yehi woh figure hai jo **Grade I aur Grade III** ke farq ki wajah batata hai - dono mein hilna ek jaisa lag sakta hai, magar **future bilkul alag** ho sakta hai.



Scale 0–100 ka **prognostic outlook index** hai. Source khud kehta hai: yeh **conceptual representation hai, patient data nahi** - isiliye bar ko percentage survival mat samjhiye. Jo baat yeh figure karta hai woh simple hai: **bachi hui haddi prognosis ki "ceiling" set karti hai.**

CHAPTER 2 · THE WHY

Hilti Daant Ka Matlab Actually Kya Hai

Daant jaw se **jura nahi hota** - woh ek socket mein baithta hai, **hazaar collagen fibre bundles (periodontal ligament)** se latka hota hai, gum ke sealing collar se bandha hua hai, aur bone se anchored hai. Healthy daant ka normal **0.05–0.15 mm micromovement** PDL chewing shock absorb karta hai. Jab yeh apparatus weak hota hai, woh chhota movement **dikhne lagta hai** - yahi mobility hai.

Ligament ki inflammation
Yeh wala wapas theek ho sakta hai. PDL mein zinda blood vessels hain; plaque se chronic inflammation mein body ke apne enzymes fibre ko chew karte hain aur socket ki deewar resorb hoti hai. Daant hilta hai **chahe bone abhi theek dikhe** - yahi reason hai ki hum pehle din hi koi permanent faisla nahi karte.

Bone ka khatam hona
Kuch control, kuch nahi. Established periodontitis mein alveolar bone sach mein resorb ho jaata hai, aur jo chewing force pehle failak tha woh **ek hi jagah ikatthi** ho jaati hai - jisse loss aur tez badhta hai. **Jo haddi gayi hai, woh apne aap wapas nahi aati.**

Overload
Kam ya zero gum disease ke peeche bhi. High ya wedged contact, clenching/grinding, ya missing neighbour ki wajah se tilted arch. PDL widen ho jaata hai aur daant hilne lagta hai. **Chhod diya toh yeh sabse tez progress karta hai.**

Teen alag failures, teenon ka ilaaj alag: pehla **reversible** hai, doosra **sirf partly**, teesra **bina disease ke** ban jaata hai. Isi liye "daant hil raha hai" bol kar koi nahi faisla kar sakta - **kaun sa failure hai, yehi poora plan badal deta hai.**

Grade	Clinical probing par movement	Typical clinical picture	Faisla kya karta hai
Grade 0	Physiological only (~0.1–0.2 mm)	Patient ko pata hi nahi chalta	Routine maintenance ke ilawa kuch nahi
Grade I	Up to ~1 mm, essentially one direction	Subjective "kuch alag lag raha hai"	Often reversible: plaque control, scaling, occlusal relief
Grade II	>1 mm horizontally, no vertical movement	Visible movement when chewing, gum recession, deep pockets	Periodontal therapy first; splinting often considered
Grade III	Horizontal *and* vertical movement; tooth can be seated into the socket	Tooth visibly tilts or drifts, difficult to eat with	Requires specialist staging; prognosis frequently guarded

CHAPTER 3 · REVERSIBLE CAUSES

Jin Wajahon Se Daant Waapas Tight Ho Sakta Hai

Yeh woh chapter hai jahan patients ko sabse umeed milti hai - kyunki kaafi adults ki hilne wali daant **fail hui nahi, sirf inflamed** hoti hai. Non-surgical therapy par research consistently dikhata hai: **deposit hataane aur inflammation control karne par mobility measurably kam hoti hai**, kyunki PDL fibres dobara organise hote hain aur bone dheere-dheere stabilise hota hai.

1. **Plaque aur calculus**
Sab se aam trigger. Root ke saath lage pakke deposits gum ko chronically inflamed rakhte hain, khoon wale deep pockets banate hain aur bacteria ko root se chipka dete hain. **Scaling + root planing, phir disciplined interdental cleaning** - kuch mahinon mein daant tight ho jaata hai aur loss rukti hai.

2. **Smoking aur gutkha / khaini**
Tobacco **blood vessels ko tighten** karta hai, immune response dabata hai aur gum treatment ki success **markedly gira** deta hai. Smokers supporting bone bhi jaldi khote hain. Assessment par yeh **batana zaroori hai** - plan aur prognosis dono badal jaate hain. Lecture nahi, information hai.

3. **Clenching aur bruxism**
Raat ke grinding ya din ke clenching se **PDL widen** ho jaata hai aur bilkul theek daant hil sakta hai. Nishaniyan: **subah jaw mein dard, biting edges flat, chipped restorations, aur partner ko raat ko chab-chabahat sunai dena. Custom night guard** aur high contact par bite correction ilaaj hai.

4. **Uncontrolled diabetes**
High blood sugar **collagen repair aur neutrophil function** dono bigaadta hai - periodontal inflammation tez hai aur theek bhi mushkil. Ulta bhi sach: **successful periodontal treatment diabetic control measurably improve karti hai.** Anjaane diabetic ka loose tooth **sirf dental nahi, systemic masla hai.**

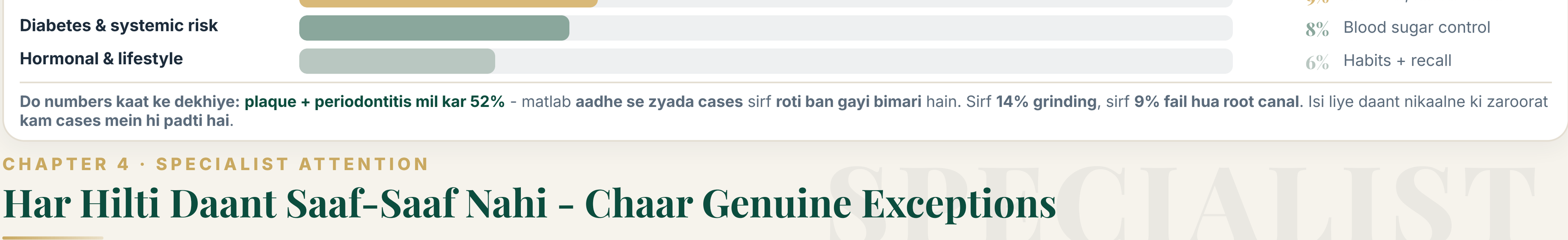
5. **Hormonal aur lifestyle**
Pregnancy gingivitis, stress, poor sleep, high-sugar snacking aur infrequent dental visits - sab load badhate hain. **Teen taraf se dhakelne wala daant ek intervention se kabhi nahi sudharta.**

Yahi sabse hopeful baat hai: isiliye hum **usi din** jis din movement pehli baar dikhi, koi permanent faisla nahi karte. **Sirf deep cleaning ke baad** sahi daant **ek deep-cleaning door** stable ho sakta hai - aur **bone loss cleaning se wapas nahi aata**, isiliye assessment dono ko chart karta hai.

CHART 2 · RECOVERED FIGURE

Adult Mobile Tooth Sab Se Aam Kyun Hota Hai

Yeh chart **sab se zyada modifiable cause se kam modifiable cause** ki taraf sajha hua hai - jaise source ne likha, **dabi taraf ko pehle ilaaj kijiye.**



Do numbers kaat ke dekhiye: **plaque + periodontitis mil kar 52%** - matlab aadhe se zyada cases sirf **roti ban gayi bimari** hain. Sirf **14% grinding**, sirf **9% fail hua root canal**. Isi liye daant nikaalne ki zaroorat kam cases mein hi padti hai.

CHAPTER 4 · SPECIALIST ATTENTION

Har Hilti Daant Saaf-Saaf Nahi – Chaar Genuine Exceptions

Sab hi hilti daant cleaning ka masla nahi hote. Kuch wajahen **daily brushing ke scope se bahar** hain aur inmein **jaan-boojh kar, aksar kai visits ka plan** chahiye.

1. **Established periodontitis**
Deep pockets **(5 mm aur usse zyada)**, visible recession, exposed root surfaces, drifting teeth, aur X-ray par bone crest par **"triangulation"** pattern - yeh sab advanced gum disease ke nishaan hain. **Yeh sirf achhi brushing se theek nahi hota.** Scaling aur root planing chahiye, kabhi flap surgery ya regenerative procedure, aur sabse zaroori **wo maintenance schedule jo aap actually aate ho.**

2. **Trauma, fracture aur "lambi gap" ka asar**
Chip ya fracture hua root, jaw par koi blow, ya saalon se missing neighbour ki wajah se daant poora load uthata aa raha ho - tez mobility. Yahan **sahi pehla kadam repositioning aur flexible splinting** hai taaki PDL heal ho. **Periodontal case ke ulat, trauma ke baad mobility apne aap bhi markedly improve hoti hai** jaise hi daant stable ho jaaye.

3. **Failed endodontics**
Root canal ho chuka hai magar daant **abhi bhi dard aur hil raha hai** - iska matlab persistent infection, incomplete filling, miss hua canal, ya fracture hua instrument. Jab tak root tip par chronic infection socket mein bacteria pump kar raha hai, **periodontal stability possible hi nahi. Re-treatment ya combined endodontic-periodontal surgery** extraction se zyada daant bacha sakti hai - aur koi irreversible qadam se pehle **try karna sahi hai.**

4. **Vertical root fracture**
Patients ise aksar kehte hain **"achaanak daant hilne laga"**. Root par neeche se chalne wali crack root ko do hisson mein tod deti hai - aur **bahut kam exceptions ke saath, yehi woh ek scenario hai jahan honest clinical jawab yeh hota hai ki daant retain nahi kiya ja sakta. Careful angled radiographs** aur jab available ho **small-field CBCT** se pakda jata hai - **guess se kabhi nahi.**

Ek zaroori baat jo research saaf kehti hai: splinted daanton ki long-term survival par jo kaam hua hai, uska nateeja unambiguous hai - **"splinting + regular periodontal supportive care" mobile daant ko banaane ka feasible aur lambe ardhayan tak chalne wala option hai. Magar disease control ke bina splinting sirf problem ko chhupata hai.** Isi liye hum pehle **wajah ilaaj karte hain, phir daant rakhne ka faisla karte hain.**

CHAPTER 5 · THE HONEST POINT

Jab Daant Sach Mein Nahi Bach Sakta – Aur Woh Faisla Kaise Hota Hai

Hum aapko X-ray se **survival percentage kabhi nahi denge** - aur aapko bhi chahiye nahi chahiye. Ek responsible clinician **kuch findings jama karke unhe combine** karta hai. Extraction tab discuss hoti hai jab yeh **ek hi direction** mein point karein **aur disease control pehle try kiya ja chuka ho** - kyunki **inflammation ke shant hone se pehle prognosis fair nahi ho sakta.**

5 signs - daant usually unsalvageable
1. **Severe bone loss** – Root barely embedded - **ceiling khatam ho gayi**
2. **Grade III mobility** – Jo **reduce** nahi ho sakti
3. **Vertical root fracture** – Root do hisson mein toot chuka ho
4. **Unrestorable root or crown** – **Restore hi nahi ho sakta**
5. **Destroyed furcation** – Molar ke do roots ke beech ka bony space **jis tak cleaning pohoch nahi sakti**

Har ek measurement se poochha jaata hai, impression se nahi. Aur phir bhi - **faisla aapka hai.** Daant nikalne par uski jagah bharna aaj kal se pehle se kaafi aasan ho gaya hai.

Splinting kya hai - 3 routine types
- ✓ **Fibre-reinforced composite splint** – Sabse common - lightweight, esthetic, **immediately effective aur poora reversible**
- ✓ **Wire-composite splint** – Classic aur economical - quick chairside fixation
- ✓ **Temporary acrylic splint** – Chhoti si mobility aur **interim** periods ke liye

Koi dard nahi hota. Fibre ya composite splint daant ki surface par bond karna **quick, non-surgical procedure** hai - local anaesthesia chahiye toh wo bhi. **Effect turant, aur poori tarah reversible.**

> *"A splint can make a tooth comfortable, functional and stable in position. What it cannot do is stop the disease. Treat the cause first – then decide whether the tooth deserves to stay."*
>
> **Saluja Dento Max Fac Centre** · Dr. Jagveer Singh Saluja, MDS – Founder & Chief Dental Surgeon

Sabse useful ek line jo patient bahar le jaata hai: "stabilise" karna aur "treat" karna alag cheezein hain. Splinting ek legit, well-evidenced, non-invasive tareeqa hai compromised daanton ko saath rakhne aur chewing load baantne ka. Magar **untreated infected pocket par laga diya gaya splint ilaaj nahi, dhakka hai** - jo patient ko kuch mahine deta hai aur baaki sab chhin leta hai.

CHART 3 · RECOVERED FIGURE

Faisla Hilaane Par Nahi – Paanch Cheezon Par Hota Hai

Source ka apna decision chart. Har weight 0–100 hai, aur **isiliye yeh order hai, formula nahi.**

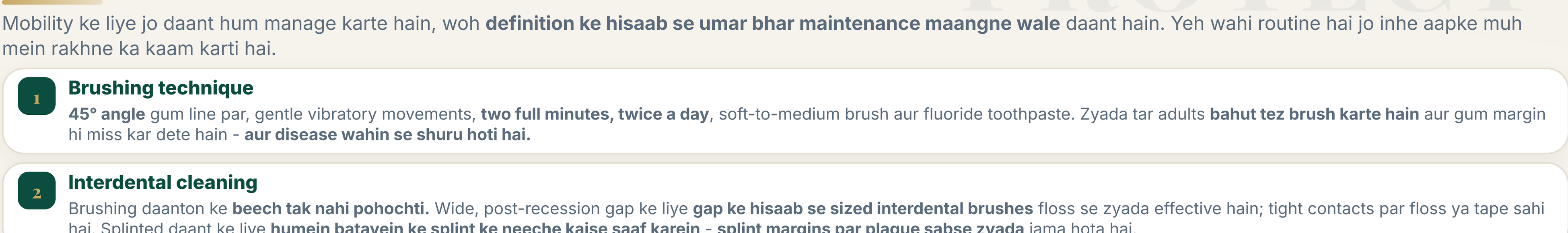


Chart ka sabse bada message: mobility grade sirf 70/95 ka hai - matlab aapki hilna **seekhne ki position** hai, **final faisla nahi.** Sahi diagnosis chaar variables se aata hai: **(1)** root ke aas kitni haddi bachi hai – yeh **ceiling** set karta hai; **(2)** mobility grade – aap ceiling ke andar kahan ho; **(3)** infection abhi bhi active hai ya control ho chuka hai; **(4)** daant structurally theek hai ya bahut toota hua.

CHAPTER 6 · LONG TERM

Daant Ko Bachane Wala Kaun – Zindagi Bhar Ki Routine

Mobility ke liye jo daant hum manage karte hain, woh **definition ke hisaab se umar bhar maintenance maangne wale** daant hain. Yeh wahi routine hai jo inhe aapke muh mein rakhne ka kaam karti hai.

1. **Brushing technique**
45° angle gum line par, gentle vibratory movements, **two full minutes, twice a day**, soft-to-medium brush aur fluoride toothpaste. Zyada tar adults **bahut tez brush karte hain** aur gum margin hi miss kar dete hain - **aur disease wahin se shuru hoti hai.**

2. **Interdental cleaning**
Brushing daanton ke **beech tak nahi pohochti.** Wide, post-recession gap ke liye **gap ke hisaab se sized interdental brushes** floss se zyada effective hain; tight contacts par floss ya tape sahi hai. Splinted daant ke liye **humein batayein ke splint ke neeche kaise saaf karein - splint margins par plaque sabse zyada** jama hota hai.

3. **Recall jo risk ke saath chhota hota hai**
Stable patient **har 6–12 mahine** par. Treated periodontitis + Grade II mobility wala patient **3-month recall** par - jahan hum pocket depth, bleeding score aur mobility grade **dobara naapte hain** aur pichle chart se compare karte hain. **Bina us comparison ke gradual deterioration kisi ko dikhai nahi deta.**

4. **Missing daant jaldi bharwayein**
Har gap neighbouring daanton ko **drift aur over-erupt** karne deta hai - jo bite badal deta hai aur pehle se compromised daanton par overload laata hai. **Boring nahi hai, magar aage ki bahut si nuksaan rok deta hai.**

5. **Clenching ka ilaaj**
Agar grinding hai toh **use ilaaj kijiye.** Untreated bruxism normal chewing se kaafi zyada force banata hai aur **periodontal ki kamai brush jo banate hain usse jaldi undo kar deta hai.**

Ek zaroori reality: mobility ke liye jo daant aapke paas **hai**, uske liye daant nikalna sirf ek option hai - **theek rakhna long-term investment hai.** Scaling, root planing, occlusal correction, night guard, splinting aur disciplined maintenance se **bahut saare mobile daant stabilise ho jaate hain, extract nahi hote.** Ek chhoti hissa sach mein se bach jaata hai - aur wahi hissa, jahan daant dobara nahi aa sakta, **measurements par based bahat karam aur halki baat hoti hai.**

CHAPTER 6B · PATIENT FAQ

Kanpur Ke Patients Sab Se Zyada Yehi Chaar Sawaal Poochte Hain

Source article ke apne sawaal-jawaab, table mein.

Sawaal	Jawab
Kya hilti daant wapas tight ho sakti hai?	Haan, **agar wajah inflammatory hai** - non-surgical therapy ke baad mobility measurably kam hoti hai. Magar **bone loss cleaning se wapas nahi aata** - isi liye assessment dono chart karta hai.
Kya splinting mein dard hota hai?	Nahi. Fibre ya composite splint daant ki surface par bond karna **quick, non-surgical procedure** hai; zarurat ho toh local anaesthesia. **Effect turant, poora reversible.**
"Bas rehne do" - kya daant rakh sakte hain?	Rakh sakte hain, magar **hilti hui daant hilte rehne lagti hai** - drift karti hai, zyada plaque pakdti hai aur time ke saath aur bone khoti hai. Sahi tarah stabilise karna **predictable behtar** - mtlb predictably nahi.
Kab aana chahiye?	**Dino ke andar** agar daant achaanak hila, dislodge hua, crown toota ya zyada khoon beh raha ho. **Kuch hafton mein** agar dheere-dheere dheela hua ho, khoon behne wale sooje gums ya bad breath ke saath.

Mobility assessment hota kya hai - ek focused appointment
Hum aapke **gum margins chart** karte hain, **pocket depths aur bleeding** naapte hain, har daant ka **mobility grade** record karte hain, aur **low-radiation digital radiograph** lete hain taaki bone support **maapa** ja sake, **andaaza lagane ke bajaye**. Aap **likhit samjha** ke saath jaate hain - kya ho raha hai, kya realistically sudhre ka chance hai, aur daant ke jaane ke liye **kya badalna hoga**. **Extraction ka koi faisla baith-te nahi hota.**

KEY TAKEAWAYS

Ek Line Mein Poora Guide

Simple step se shuru kijiye: **hilna nahi, bach-ne ki ability dekhiye.** Uske baad plan apne aap clear ho jaata hai.

- ✓ **Hilti daant ek symptom hai, verdict nahi** - aur jo diagnosis decide karta hai ki woh bachega ya nahi, woh **kabhi hilna nahi hota.**
- ✓ Chaar measurable variables **haath mein aa jaate hain**: **kitni haddi bachi hai, kaun sa mobility grade hai, infection active hai ya control hua, aur daant structurally theek hai ya nahi.**
- ✓ Ghar ka finger test **crown** measure karta hai, professional test **root ko socket ke andar** measure karta hai - do directions mein. **Mobility grade kabhi poori diagnosis ki jagah nahi le sakta.**
- ✓ **Reversible causes pehle:** plaque aur calculus, smoking/gutkha, clenching aur bruxism, uncontrolled diabetes, hormonal & lifestyle. **Plaque + gum disease mil kar aadhe se zyada patterns banate hain.**
- ✓ **Bachne ka faisla tabla ho: bone support > disease activity > mobility grade > structural condition > restorability.** Isiliye hilti daant ko **usi din** nikaalne ka faisla kabhi nahi hota.
- ✓ **Stabilise karna aur treat karna alag hai.** Splint stable, comfortable aur functional banata hai - **magar disease nahi rok sakta.** Untreated infected pocket par splint **dhakka** hai, ilaaj nahi.

Kanpur ka practical rule: agar daant **achaanak hilne laga** toh **dino ke andar** aaiye. Agar **dheere-dheere dheela hua hai** khoon behne wale sooje gums aur bad breath ke saath, toh **kuch hafton ke andar** appointment le lijiye. Aur jab tak yeh check nahi hota, **hilti daant ko khud faisla mat karne dijiye** - **data ke saath** yeh faisla hona chahiye. Aap **Gum & Mobility Assessment** book karein, **decide karne ke liye** - "daant bachega ya nahi" ka jawaab lekar, guess ke saath nahi.

Kya Daant Bach Sakta Hai – Yeh Guess Nahi Ho Sakta.

Ek mobility assessment aam tor par kaafi hoti hai: **gum margins chart, pocket depth aur bleeding naapna, har daant ka mobility grade record karna**, aur ek **low-radiation digital radiograph** - taaki bone support **maapa** ja sake, andaaza lagane ke bajaye. Aap **likhit samjha** ke saath jaate hain: kya ho raha hai, kya realistically sudhre ka chance hai, aur daant ke jaane ke liye kya badalna hoga. **Koi extraction ka faisla baith-te nahi hota** - aur isi liye hilti daant ko **aap khud decide nahi karte. Appointment book kijiye.**

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