Saluja Dento Max Fac Centre
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TOOTH WEAR · KANPUR

Daant Ghiste Hain — Acid, Brush ya Clenching? Pehchaan Garna Zaroori Hai

Chhote front daant, chipke corners, thande paani mein dull dard — teeno ko log *"worn teeth"* kehte hain. Par tareeqa hai alag hai.

Erosion, abrasion aur bruxism — teenon bilkul alag hain: ek chemical hai (acid), ek mechanical hai (brush ke zor se), aur ek tooth-against-tooth hai (clenching). Patient ko teenon ek jaisa dikhte hain, par **ilaj teeno ka alag** hota hai. Isliye pehle yeh decide karna zaroori hai — warna galat aadat theek karte rahenge.

Erosion — CHEMICAL
Dietary acid, gastric reflux, vomiting, dry mouth. Cavity nahi, sirf enamel ghul jaata hai.

Abrasion — MECHANICAL
Hard brushing, abrasive toothpaste, nakhune, pen ya baadhi kaam. Gum line par V-notch.

Attrition — TOOTH vs TOOTH
Raat ko clenching aur grinding. Flat matching facets, *morning* headache, thaka hua jaw.

10X	0	5.5	3
Dentin enamel se lagbhag **10 guna** tez ghis-ta hai	Enamel ke apne cells nahi — **kuch bhi wapas nahi aata**	Is pH se neeche enamel ka mineral ghulna shuru	Alag-alag karan — **alag-alag ilaj**

CHAPTER 1 · THE SIGNS

Pehla Lakshan Dard Nahi — Shape Hai

Enamel sabse sakht taarood hai jo body banati hai — hadd se bhi sakht. Usme apne cells nahi, apna repair nahi. Isi liye wear ka pehla nishaan **pain nahi, shape badalna** hai.

Translucent edges
Jab enamel patla hota hai, neeche ka dentin dikhne lagta hai. Healthy enamel opaque aur bright hota hai; worn enamel glassy lagta hai, biting edge par faint grey-yellow halo.

Mamelon pattern gayab
Naye incisors par biting edge par chhote scalloped ridges hote hain. Wo hat jaate hain — matlab daant flat ho chuka hai.

Chipped incisal corners
Shell patli hone ke baad glass ke glass se halka takkar bhi corner ukhaad deti hai. Patients kehte hain *"kuch kuchara nahi tha"*.

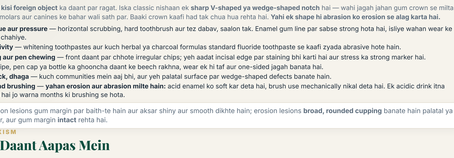
Flat molar cusps
Peeche ke daant jis par jib se chhoona smooth lagta hai aur unki sharp anatomy khatam ho gayi hai.

Do aur nishaan: do opposing daant agar bilkul flat, mirror-jaisi plane par milte hain — toh **grinding**. Agar angle match nahi karta — toh kuch aur. **Matching wear facets** grinding ka signal hai, **mismatched facets** kaam ka. Aur enamel ke neeche ka yellow-brown dentin bahar aata hai, toh daant **bina kisi cavity ke yellow** ho jaate hain. Advanced case mein daant padosi se **visibly chhota** dikhta hai — purani photos aapas mein compare karne ke liye kaam aati hain.

CHAPTER 2 · THE ACID

Roz Ki Drinks Ka pH — 5.5 Se Neeche

Neeche pH yeh zyada acidic. Enamel ka mineral lagbhag pH 5.5 se neeche khona shuru karta hai, aur pH 4 se neeche bahut tez. Yeh typical ranges hain food science aur dental literature se — aapki apni drink ka lab measurement nahi.



Values recovered from the source figure. **Water 7.0 aur milk 6.6** — yahi do safe hain. Chai 3.9 par hai, lemon juice 2.2 par.

Timing > quantity. Caries jaisa koi ek sharp critical pH nahi hai — nuksaan is par depend karta hai ki drink kitni der contact mein rahi, kitni buffered thi, aur usme calcium-phosphate kitna tha. Isi liye **ek ghante mein dheere-dheere piyen** — ek glass paanch minute mein khatam karna — se zyada nuksaan hota hai, kyunki muh ka pH recover hi nahi hota. Aur uske turant baad brush karna acid-softened enamel par brush lagata hai — wahi **abrasion** hai.

CHAPTER 3 · EROSION

Erosion — Chemical, Bacterial Nahi

Caries mein bacteria ka role hai; erosion mein acid seedha enamel ka mineral ghulata hai. Koi cavity nahi, koi soft edge nahi, koi plaque nahi — bas enamel gum jaata hai, aur wahan sabse tez jaban acid sabse der rehta hai.

1 · Dietary acid
Extrinsic — cola, lemon-lime, citrus juice, sports drink, vinegar, pickle, kuch flavoured yoghurt. Sipping slowly over an hour > drinking in five minutes.

2 · Gastric reflux
Intrinsic — maatra thoda sa gastric content raat ko baar-baar muh mein pahunchta hai. Subah khatta taste, hoarseness, baar-baar gala saaf karna, aur peeche ke upper molars ke fractured cusps par *"cupping"* — aisi jagah jahan tala aa raha hai par chewing surface bacha hai.

3 · Kam protection
Saliva body ka apna defence hai — acid buffer karta hai aur shuru ki hui nuksaan ki repair karta hai. Medicines, mouth-breathing, diabetes ya dehydration se **dry mouth** woh hata deta hai, aur wahi diet bahut zyada nuksaan karti hai.

Bahut se logon ko reflux ka pata hi nahi hota. Research ne adolescents mein tooth wear ko pickle aur vinegar ki roz ki khaat se, aur reported stomach upset se baar-baar jода hai — jabki reported bruxism ek **kamzor lekin sachha** contributor nikla. Agar aap maante hain ki sirf grinding poora haal hai, toh yeh ek reality check hai. **Morning soreness ya hoarseness ho toh medical assessment karaiye** — acid ka source theek kiye bina toothpaste se daant nahi bachenge.

CHAPTER 3 · ABRASION

Abrasion — Brush Ka Tez Zor

Abrasion ka matlab hai **kisi foreign object** ka daant par ragat. Iska classic nishaan ek **sharp V-shaped ya wedge-shaped notch** hai — wahi jagah jahan gum crown se milta hai — aam taur par premolars aur canines ke bahar wali sath par. **Yahi ek shape hi abrasion ko erosion se alag karta hai.**

- ✓ **Brushing technique aur pressure** — horizontal scrubbing, hard toothbrush aur tez dabav, saalon tak. Enamel gum line par sabse strong hota hai, isliye wahan wear ke liye focused force chahiye.
- ✓ **Toothpaste abrasivity** — whitening toothpastes aur kuch herbal ya charcoal formulas standard fluoride toothpaste se kaafi zyada abrasive hote hain.
- ✓ **Nakhune ka biting aur pen chewing** — front daant par chhote irregular chips; yeh aadat incisal edge par staining bhi karti hai aur stress ka strong marker hai.
- ✓ **Habit objects** — pipe, pen cap ya bottle ka ghoonchta daant ke beech rakhna, wear ek hi taf aur one-sided jagah banata hai.
- ✓ **Hairpin, matchstick, dhaga** — kuch communities mein aaj bhi, aur yeh palatal surface par wedge-shaped defects banate hain.
- ✓ **Acid ke turant baad brushing** — **yahan erosion aur abrasion milte hain:** acid enamel ko soft kar deta hai, brush use mechanically nikal deta hai. Ek acidic drink itna nuksaan kar sakta hai jo warna months ki brushing se hota.

Clinical rule: abrasion lesions gum margin par baith-te hain aur aksar shiny aur smooth dikhte hain; erosion lesions **broad, rounded cupping** banate hain palatal ya occlusal surface par, aur gum margin **intact** rehta hai.

CHAPTER 4 · BRUXISM

Attrition — Daant Aapas Mein

Attrition ka matlab hai **tooth against tooth** — jab upper aur lower daant ek doosre se baar-baar zyada zor se takrate hain. Yahi bruxism ka mechanism hai: jaw muscles ka repetitive activity — clenching, grinding, ya mandible ko stiff kar dena — neend mein ya jaagte hue.

Sleep bruxism
Neend mein hona wala stereotyped movement pattern — aam taur par **halke neend ke stages** mein — aur partner aksar grinding ya tapping ki baat karta hai.

Awake bruxism
Din ka behaviour — concentration, stress, driving, deadlines ya exercise se linked — aur **bahut se patients ko pata hi nahi chalta** ki yeh ho raha hai.

Signs jo dekhiye — 7 nishaan

Morning headaches aur uth-te hi jaw bhaari, thaka hua.

Temporal headache roz lautta hai, uthne ke pehle ghanton mein sabse zyada.

Flattened, cupped ya chipped molars jo apne opposite daant se flat plane par milte hain — matching wear facets.

Masseter (jaw muscle) bada aur tender; lambi der se squared-off jawline.

Chipped porcelain, loose fillings, cracked restorations — repeated high force ke classic consequences.

Tooth mobility aur gaps ka badhna, jab clenching zor se aur mustaqbil ho.

TMJ mein click ya dard, aur uthne par jaw stiff hona.

Achha: TMJ studies mein **neck stiffness** headache se zyada baar report hoti hai, aur bruxism ke saath headache bhi aam taur par saath-saath report hota hai. **Jab har subah headache ho, toh use alag baat mat samjhiye** — dental visit par zaroor batiye. Wahi cause log miss kar dete hain.

CHAPTER 4 · FIGURE

Reported Bruxism Prevalence — Region Wise

Ek systematic review aur meta-analysis ke pooled estimates — pediatric aur adult populations. Figures self-reported ya questionnaire-based hain aur study se study mein kaafi antar rahti hai.

Values recovered from the source figure, paired by position. Scale 0–40% of population. **North America** ka awake-bruxism estimate pooled data mein nahi tha. **Asia aur South America** mein awake bruxism sleep se baraabar ya zyada report hua.

THE MASTER TABLE

Teenon Ek Saath — Ek Nazar Mein

Yeh table source page ke client-side grids se recover ki gayi hai. Har row ek practical discriminator hai — yahi cheezein chairside par faisla karati hain.

Feature	Erosion (chemical)	Abrasion (external)	Attrition / bruxism
Main cause	Dietary acid, gastric reflux, vomiting, dry mouth	Hard brushing, abrasive toothpaste, nail biting, habit objects	Clenching and grinding, usually at night or during stress
Classic location	Palatal surfaces of upper front teeth; cupping behind upper molars	V-shaped notch at the gum line of the neck of premolars and canines	Biting surfaces of molars; palatal surfaces of upper front teeth
Surface shape	Broad, rounded cupping; smooth, scooped-out; gum margin intact	Sharp V-shaped or wedge defect; shiny and smooth surfaces	Flat planes, matching facets, cupped or fractured cusps
Age of patient	Any age; rising sharply in adults and older teenagers	Usually adults who have brushed hard for years	Often teens and adults aged 18-45 under stress or night shifts
Key symptoms	Sensitivity to cold, hot and sweet; sour taste; reflux symptoms	Sharp, cold-triggered pain right at the gum line	Morning headache, sore jaw, tired facial muscles, tooth chipping
What helps	Timing and frequency changes to drinks, water rinsing, reflux care, fluoride	Soft brush, correct technique, less abrasive toothpaste	Stress and caffeine management, a custom night guard, joint care
Speed of onset	Slow and silent	Slow and painless	Sudden chipping or fracture in a previously stable tooth

CHAPTER 5 · DIAGNOSIS

Diagnosis Guess Nahi — Chaar Sawaal

Diagnosis anumaan nahi hai; yeh **pattern recognition + measurement** hai. Assessment ka sequence hamesha yeh rehta hai: history aur diet interview, seedha clinical examination, phir index se scoring, aur uske baad kya karna hai par baat.

1 Damage kahan hai?
Front daant aur outer surfaces = **brushing abrasion**. Upper molars ke peeche ka palate = **reflux**. Back daant ke biting surfaces par matching facets = **grinding**. Upper front daant ke palatal surfaces par rounded cupping = **dietary acid**.

2 Shape kaisa hai?
Sharp wedge ya V-notch = **abrasion**. Broad, rounded, scooped-out cupping = **erosion**. Flat planes aur matching facets = **attrition**.

3 History kya kehti hai?
Drinks **unke timings** ke saath, reflux symptoms, vomiting, dry-mouth medicines, nakhune ki aadat, occupational dust aur roz ka caffeine — careful interview aksar diagnosis akela kar deta hai.

4 Sensitivity ka pattern?
Abrasion: **sharp, cold-triggered** dard gum line par. Erosion: cold, hot aur sweet dono par **broad sensitivity**, aur generalised sour taste. Attrition: kam dard jab tak bahut advanced na ho, lekin **zyada joint aur muscle** symptoms.

Ek alag warning: biting par lagne wala short sharp dard jo reh jaata hai — woh bilkul alag nishaan hai aur **urgent assessment** chahiye.

CHAPTER 5 · SCORING

BEWE Score — Kab Tak Wait Karein

Tin standard scoring systems: **Smith & Knight Tooth Wear Index (1984)** — har daant ke chaar visible surfaces par 0 se 4; **Basic Erosive Wear Examination (BEWE)**, Bartlett aur colleagues ne 2008 mein bataya — har sextant par 0 se 3, specifically erosive wear ke liye; aur naya **Tooth Wear Evaluation System (TWES 2.0)**. BEWE scores TWI jaisi hi baanti hain aur severe wear ke liye screening tool ke taur par kaam karti hain.

Values recovered from the source figure, 0–20 cumulative BEWE score.

Guidance kehta hai ki cumulative score lagbhag 14 tak na ho, restorative intervention mat karo. Aasan bhasha mein: **shuru ke wear ko daant kaate nahi, aadat badal ke sambhalte hain.** Yehi acchi khabhar hai zyada tar patients ke liye.

CHAPTER 6 · IF UNTREATED

Bina Ilaaj Ke Wear — Ye Badhta Hai

Wear cumulative aur irreversible hai, aur iske nateeje girl looks tak nahi jaate. Dentin ek baar expose ho gaya toh enamel se kahin tez ghis-ta hai — matlab process **settle nahi hota, tez hota hai.**

Sensitivity ka chakkar
Cold, heat aur sweets par **dentin sensitivity** — jo aapka khana aur brushing badli deti hai. Aur phir wahi chakkar: sensitive jagah pahunchne ke liye zyada brush karne se **aur abrasion**.

Facial height ka loss
Advanced cases mein face ki proportions badal jaati hain aur **neeche ka chehra chhota** dikhne lagta hai.

Pulp tak pahunchna
Dentine exposure aur pulp involvement — root canal treatment ki zaroorat, ya fracture ho gaye toh naya crown ya implant.

Joint aur muscle
Chronic jaw pain, clicking, restricted opening — aur **morning headaches**.

Chewing mein mushkil
Khane ki aadat **softe, zyada cariogenic** foods ki taraf chali jaati hai.

Filling aur crown ki baar-baar failure
Pehle se treated daant par **repeat failures**.

CHAPTER 6 · WHAT HELPS

6 Aadatein Jo Sach Mein Rokti Hain

Source page par 10 habits diye gaye hain. Yahan wahi chhuni hain jo sabse zyada asar karti hain — baaki turant pehli wall follow ho jaati hain.

1 · Acid turant khatam kijiye
Acidic drink jaldi khatam karein, fizzy drinks par straw use karein, aur **30–60 minute** ke andar brush bilkul na karein — paani se gargle karein.

2 · Brush ki aadat badlein
Soft-bristled brush, chhota head, gum line par rakhein, aur horizontal scrubbing ke bajaye **gentle circular** movements.

3 · Toothpaste theek chuniye
Standard fluoride toothpaste, koi heavily abrasive whitening ya charcoal formula nahi. Daant ke neeche sensitivity ho toh sensitive-type lijiye.

4 · Dry mouth ko seriously lijiye
Baar-baar paani, sugar-free gum, aur medicines doctor se review karaiye — **apne aap band mat kijiye**. Fluoride varnish ya prescription paste surface ko harden karta hai.

5 · Acid ka source theek kijiye
Subah soorsury ya hoarseness ho toh **reflux ka medical assessment** karaiye, aur raat ki caffeine aur alcohol kam kijiye. Stress manage kijiye; grinding confirm ho toh **custom night guard**.

6 · Nakhune aur pen chuna chhodiye
Awareness plus ek **substitute behaviour** willpower se kaafi behtar kaam karta hai. Aur wear ko monitor kijiye — zyada tar early cases ka review **har 6–12 mahine** hota hai, scores compare karke.

Ek common sawaal — kya night guard erosion ka ilaj hai? Nahi. Guard sirf surfaces ko aapas se bachata hai; acid par uska koi asar nahi. Isi tarah reflux theek karna toothpaste badalne se kahin zyada zaroori hai. **Asli karan ilaj kijiye** — aur jo enamel bacha hai woh aam taur par **decades tak tikta hai.**

"Enamel cannot be replaced and it cannot regrow. The whole point of identifying whether the loss came from acid, from brushing, or from grinding is so that you change the right habit — not the wrong one."
Saluja Dento Max · **Tooth wear assessment, Ashok Nagar G.T. Road, Kanpur**

Shape dekho, sirf dard mat dekho. Pehla nishaan hamesha shape hota hai.

Ek hi daant par dono nuksaan ek saath ho sakte hain — isliye proper assessment zaroori hai.

Zyada tar patients ko drilling nahi chahiye — habit changes aur monitoring kaafi hain.

Pehle Worn Daant Ki Asli Pehchaan

Front daant chhote lage, corners chipke, sensitivity ho ya subah headache — **der mat kijiye, ek dentist ke paas le aaiye.** Tooth wear assessment ek chhota examination hai; hum **wear score record** karte hain, aapka **gum health aur bite** check karte hain, **diet aur medical history** dekhte hain — **aur uske baad** hi protection ya restoration par baat karte hain. Agar medical cause jaise reflux ya dry mouth ka shak ho, toh hum **batate hain** aur aapko medical assessment karwane mein madad karte hain — sirf daanton par andaaze se kaam nahi chalata. **Zyada tar patients ko drilling nahi chahiye** — habit changes aur monitoring kaafi hain, aur jaldi pakde gaye toh **apna natural enamel zyada bacha** rehta hai.

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