

## Oral health

### Miswak misuse

Sir, we read with interest the summary review in the latest edition of *Evidence-Based Dentistry* on the use of miswak for the control of plaque and gingivitis.<sup>1</sup> We would like to draw the attention of our fellow readers to the potential for significant harm to oral health caused by the inappropriate use of such oral hygiene aids.

Several years ago, whilst working in the Community Dental Services, we encountered a patient who attended the emergency dental service complaining of a several month history of pain in the lower left quadrant region. On routine clinical examination, no cause for the patient's reported symptoms was noted. At this point, the patient then informed the dental team that the only thing that alleviated the pain was a branch from an olive tree and the patient proceeded to produce the item they used from their pocket. This appeared to be a small stick/branch that was about the same dimensions as a pencil and frayed at one end. When the patient demonstrated their technique for alleviating their pain, which involved rubbing the frayed end on the buccal surfaces of the lower left posterior sextant teeth in a reciprocating motion, it was then apparent that the patient had deep buccal subgingival abrasive wear cavities affecting their lower left molars. There was significant periodontal attachment loss when the gingival tissues were reflected, yet clinically the gingival margin remained at a clinically normal height, causing a deep pocket in the area.

The patient was informed that these teeth had a poor long-term prognosis and the only emergency care that could be offered was extraction. The patient declined this treatment option. The patient was counselled about the use of a toothbrush for oral hygiene instead of the stick/branch and was given information and advised to register with an NHS dentist. Any oral hygiene aid when used inappropriately may cause non-carious tooth tissue loss and such patients should be counselled appropriately.

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### References

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### Mobile dental services

Sir, we read with great interest the recent papers on the mobile dental units by Carly Marples and Judith Wright and, most recently, by N. Bradley and A. Evans.<sup>1,2</sup> We would like to highlight a similar role played by one of the oldest mobile dental services in North India, led by the Public Health Dentistry department of Christian Dental College and Hospital, Ludhiana, India.

The first mobile dental van for community dental services started functioning as *Dental Health Care Service* in 1984 (Fig. 1). The mobile dental unit equipped with dental chairs has been providing oral health screening, oral prophylaxis, extractions and school dental health programmes in the state's various remote and isolated regions for over three decades.<sup>3</sup> A newer van with three dental chairs replaced the original mobile unit in 2008, which was fully funded by Friends of Ludhiana, a United Kingdom support base for the work centred at the Christian Medical College & Hospital (CMC), Ludhiana.<sup>4</sup> The mobile dental unit conducts nearly 165

mobile dental camps per year (Fig. 2). This is in addition to patient care in satellite clinics and department clinics at the hospital. The mobile dental services, in their 38 years of service, have conducted thousands of camps, travelled millions of kilometres, and are a fine example of international collaboration, strong local support, a community-oriented approach, and public involvement in reaching the unreached and vulnerable part of the society for promoting oral healthcare.

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### References

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3. YouTube. Mobile Dental Services (Dated 2006). Available at: [https://www.youtube.com/watch?v=Z3yPTjjCG9g&t=78s&ab\\_channel=ChristianDentalCollege%26Hospital](https://www.youtube.com/watch?v=Z3yPTjjCG9g&t=78s&ab_channel=ChristianDentalCollege%26Hospital) (accessed December 2022).
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Fig. 1 The mobile dental van has been in service since 1984



Fig. 2 Patients waiting for their turn in mobile dental services (2017)