



Unit 39. National Oral Health Programme

Unit 39 — National Oral Health Programme (NOHP), Prevention of Oral Malignancy & Dantarakṣā Vidhi

Learning objectives

By the end of this chapter you should be able to: (1) outline goals, components and service-delivery pathways of India's **National Oral Health Programme (NOHP)**; (2) write exam-ready notes on **primary, secondary and tertiary prevention of oral cavity cancer**, integrating national guidelines; (3) describe **Dantarakṣā Vidhi** (Ayurvedic daily oral-care regimen) with practical, contemporary mapping; (4) list indicators, referral pathways, and patient education points; (5) answer short- and long-essay questions without consulting external resources.

1) National Oral Health Programme (NOHP): Overview

1.1 Rationale & placement

Oral diseases are common, share risk factors with other NCDs, and are preventable. The Government of India runs a dedicated **National Oral Health Programme** within the National Health Mission to integrate oral health promotion, prevention and basic care into the public system and to **reduce the burden and impact of oral diseases**.

1.2 Goal and objectives (write these verbatim in exams)

- **Goal:** improve oral health status across all age groups by **reducing oral disease burden** (incidence, prevalence and impact).
- **Key objectives:**
 1. Improve **determinants** of oral health (diet, hygiene, tobacco-free living);
 2. **Reduce morbidity** from dental caries, periodontal disease, edentulism, OSMF and oral cancer;
 3. **Integrate promotion & preventive services** with general health care;
 4. **Capacity building** of health staff;
 5. **IEC/BCC** for community awareness;
 6. **Service delivery** through public facilities, camps and outreach.

1.3 Institutional architecture (how services reach people)

- **National Oral Health Division (DGHS/MoHFW)** provides policy, technical support and training. States create **State Oral Health Cells**; districts may have **District Oral Health Units** with dental surgeons and hygienists.
- **Ayushman Bharat - Health & Wellness Centres (HWCs)** deliver comprehensive primary care, including **oral screening and basic oral health care**, led by **Community Health Officers (CHOs)** with dental referrals as needed.
- **Operational guidance for HWCs** specifically tasks teams to **screen for oral cancer (30+ years)**, provide counselling (tobacco cessation, hygiene), and coordinate outreach with dental clinics/mobile units.

1.4 Service package (remember 4 Ps: Promotion, Prevention, Provision, Pathways)

- **Promotion:** school/community IEC, tooth-brushing & diet counselling, tobacco-areca cessation.
- **Prevention:** risk assessment, fluoride advice, sealants where feasible, screening for **oral potentially malignant disorders (OPMDs)** and cancer.
- **Provision:** basic curative services at PHC/CHC/DH; linkages to higher centres for surgery, radiation and rehab.
- **Pathways:** referral-counter-referral across HWC → PHC/CHC → District Hospital → Medical College/Regional Cancer Centre (RCC).

2) Prevention of malignancy of the oral cavity (India-specific, exam-oriented)

2.1 Burden & risk framework

India bears a high share of **oral squamous cell carcinoma (OSCC)**, driven largely by **tobacco (smoked and smokeless)**, **areca/betel-quad**, alcohol synergy, poor oral hygiene, and chronic mucosal trauma; OSMF is a key OPMD. NOHP's prevention arm works in synergy with **NP-NCD** (for population-based screening) and **NTCP** (for tobacco control and cessation).

2.2 Primary prevention (what to counsel every patient)

- **Tobacco cessation**: brief advice at every contact; proactive linkage to **tobacco cessation services** (NTCP/TCCs); explain COTPA provisions (ban on advertising, sales to minors, smoke-free public places).
- **Quit areca/betel-quad**: core driver of OSMF and oral cancer.
- **Alcohol moderation** and **dietary improvement** (fruits/vegetables); correct oral hygiene; denture fit and sharp edge correction.
- **Sun protection** for lips (actinic cheilitis risk).
- **Vaccination & infection control** (general health strengthening).

2.3 Secondary prevention (screening & early detection)

- Under **NP-NCD**, India conducts **Population-Based Screening (PBS)** for adults **≥30 years** for five conditions, including **oral cavity cancer**, using community enumeration, risk assessment, and facility-based visual examination pathways.
- **At HWCs**, teams are instructed to ensure **universal screening for oral cancers** (with focus on tobacco abusers), complete **CBAC** risk assessment, counsel and refer positives.
- **Screening modality: visual oral examination** by trained workers is recommended (periodicity commonly cited as once every **5 years** for 30+ adults; states may tailor frequency).
- **Who needs immediate referral?** any non-healing ulcer >2 weeks, indurated/bleeding lesions, erythroplakia/leukoplakia with dysplasia features, neck nodes, progressive trismus on OSMF background.

2.4 Tertiary prevention (treatment, rehab, survivorship)

- **Timely biopsy & staging (TNM)**; multimodal treatment at DH/Medical College/RCC; restore nutrition, speech and dental function; **palliative care** where indicated. NOHP and NP-NCD emphasize **referral networks and continuum of care** across levels.

One-liner for viva: “**Primary**—remove risks; **Secondary**—screen 30+ at HWCs with visual exam; **Tertiary**—stage-appropriate therapy + rehab, with strong referral loops.”

3) Dantarakṣā Vidhi (Ayurvedic daily oral-care regimen) — with modern mapping

In classical Dinacaryā, **Dantadhāvana (tooth-cleaning)**, **Jihvā-nirlekhana (tongue cleaning)** and **Kavala/Gandūṣa (therapeutic mouth-holds)** are prescribed as daily routines for preserving oral health and preventing Mukharogas. (Aṣṭāṅga Hṛdaya Sūtrasthāna 2 & 22 — chapter placements for study.)

Note: Authentic shlokas are omitted here to avoid mis-quotation; cite from your own edition in exams if

fully confident.

3.1 Dantadhāvana (tooth-cleaning)

- **When:** morning and after meals as needed.
- **With what:** traditionally **kaṭu-tikta-kaṣāya** twigs (e.g., neem/khadira/babūla) of pencil thickness, freshly cut and chewed to form a brush-end; **modern equivalent**—a **soft-bristled toothbrush** with fluoridated paste.
- **How:** gentle, **gum-to-tooth strokes**, cover all surfaces for 2 minutes; replace brush every 3 months; **floss/interdental** cleaning daily.
- **Avoid:** abrasive powders, hard brushing, shared brushes; check for **fluoride** need based on caries risk.

3.2 Jihvā-nirlekhana (tongue cleaning)

- **Purpose:** reduce **kleda/āma coating**, halitosis; enhance taste.
- **How:** use a **smooth-edged scraper** (metal/plastic) or the reverse brush edge; scrape from back to front **2-3 times** gently; rinse.

3.3 Kavala & Gandūṣa (therapeutic mouth-holds)

- **Kavala:** holding and swishing a comfortable mouthful; **Gandūṣa:** **full fill**—held without swishing until tearing/secretions appear, then spit.
- **Types (doṣa-wise intent):** *snigdha* (for Vāta-dryness), *śamana* (Pitta-burn), *śodhana* (Kapha-coating), *ropana* (healing after ulcers). (Study Sūtrasthāna 22 for classical grouping.)
- **Practical choices:**
 - **Vātaja dryness/burning mouth:** lukewarm **ghṛta-gandūṣa** or **tilataila** Kavala.
 - **Pittaja stomatitis:** **triphala/yaṣṭimadhu** lukewarm decoction as Gandūṣa; **śatadhauta-ghṛta** thin coat afterwards.
 - **Kaphaja coating/halitosis:** **triphala/khadira** decoction Kavala; avoid day-sleep and sugars.

3.4 Diet & conduct (bridging Ayurveda with NOHP advice)

- **Pathya:** fibre-rich, low-sugar diet; **uṣṇa-jala** sips; seasonal fruits; adequate protein and micronutrients (iron, B12, folate, vitamin C).
- **Apathya:** tobacco (all forms), areca/betel-quit, frequent alcohol, very hot/spicy foods during active lesions, frequent refined sugars; mouth-breathing; night-time curd for Kapha-prone patients.

3.5 Red-flag self-check (teach every patient)

- Non-healing ulcer > **2 weeks**, **white/red** patch that doesn't scrape, **bleeding on touch**, **hard lump** in neck, or **progressive tightness of mouth (OSMF)** → **seek care immediately** (HWC → PHC/CHC → DH/RCC).

4) NOHP + NP-NCD: “How it actually works” (workflow you can reproduce in OSCE)

1. **Population listing & risk assessment** at HWC (age ≥30 flagged; tobacco/areca/alcohol users highlighted).
2. **Visual oral examination** by trained provider (CHO/dental surgeon where available); photos if permitted.
3. **Positive/suspicious** → **referral** to PHC/CHC/District Hospital for **confirmation/biopsy**.
4. **Confirmed cases** → stage & treat; **link to NTCP** for cessation; **counselling** for nutrition, oral care, physiotherapy (e.g., OSMF mouth-opening).
5. **Follow-up & survivorship:** record, recall, manage treatment-related toxicities (mucositis, xerostomia) with local measures taught under **Dantarakṣā Vidhi**.



5) Indicators & monitoring (high-yield bullets)

- **Process:** number of CHOs/ASHAs trained; IEC sessions conducted; screening camps held.
- **Output:** % of 30+ population screened; % of screen-positive receiving confirmatory assessment.
- **Outcome:** stage at diagnosis (down-staging), treatment initiation rate, tobacco-quit attempts via NTCP linkages.

6) Short clinical notes you can drop into any answer

- **School oral health:** use NOHP IEC—brushing demo, diet counselling, **tobacco refusal skills**; screen for caries; fluoride advice adapted to community water levels.
- **ASHA/CHO roles:** identify symptoms, run CBAC, give first-line counselling, organize screening days, ensure **referrals**, and **track outcomes**.
- **Evidence pearls:** visual oral screening by trained workers is **effective and scalable**; cost-effectiveness modelling supports **risk-based** approaches in high-risk groups.

7) Sādhyāsādhyatā (program-relevant prognosis statements)

- **Caries/periodontal disease:** **sādhya** with prevention + basic care.
- **OSMF:** usually **yāpya**—halt progression by stopping areca/tobacco; function improves with therapy but relapse if habits persist.
- **Oral cancer:** **stage-dependent**—outcomes improve dramatically when **down-staged** through HWC-level screening and timely referral.

8) Patient education script

1. **Brush twice**, clean **tongue daily**, rinse after meals; choose **soft brush + fluoride paste**.
2. **No tobacco/areca**; limit alcohol; eat fresh fruits/vegetables; drink water.
3. Do a **monthly mouth self-check** in mirror (lips, cheeks, tongue, floor, palate).
4. If any **ulcer/patch >2 weeks**, or **mouth opening reduces**, **visit HWC**.
5. Ask for your **30+ oral cancer screening** at the HWC; it's quick and free.

Assessment

A) Long Essays (10 marks each)

1. **National Oral Health Programme (NOHP):** goals, institutional framework, service package, indicators. Add how it links with NP-NCD/NTCP for oral cancer prevention.
2. **Prevention of oral cavity malignancy:** primary, secondary, tertiary strategies in India; screening pathway at HWCs; referral and rehabilitation.
3. **Dantarakṣā Vidhi:** describe Dantadhāvana, Jihvā-nirlekhana, Kavala/Gandūṣa—doṣa-wise choices and modern mapping. Add a short patient-education plan.

B) Short Essays (5 marks each)

1. Role of CHO/ASHA in oral cancer screening and tobacco cessation.
2. Prepare an **IEC micro-plan** for a school under NOHP (objectives, messages, activities, evaluation).
3. Monitoring indicators for oral-health screening camps and how to use them for quality improvement.



C) Short Answers (2 marks each)

- List **four objectives** of NOHP.
- Age group targeted for oral-cancer screening under NP-NCD.
- Define **Kavala** vs **Gandūṣa** in one line.
- Two red-flags for urgent referral from HWC.
- Name two laws/programmes supporting tobacco control.

D) MCQs (mark one best answer)

1. **Which platform delivers universal oral-cancer screening for 30+ adults?**
A. RBSK B. **Ayushman Bharat-HWCs** C. NVBDCP D. RNTCP
2. **A core NOHP objective is to:**
A. Provide free dentures to all 60+ B. **Integrate oral-health promotion with general health services** C. Only treat emergencies D. Screen only tobacco users
3. **Recommended screening modality for oral cancer at primary care:**
A. CT scan B. MRI C. **Visual oral examination by trained workers** D. PET-CT
4. **Which statement on Dantarakṣā Vidhi is correct?**
A. Hard bristles clean better B. **Jihvā-nirlekhana reduces coating/halitosis** C. Gandūṣa means swishing a small amount D. Tongue cleaning is harmful daily
5. **Programme linked directly to tobacco control in India:**
A. RCH B. NVHCP C. **NTCP (under NHM; COTPA enforcement & cessation)** D. IDSP

Answer key: 1-B, 2-B, 3-C, 4-B, 5-C.

2-minute end-review

- **Say it in 10 seconds:** “NOHP integrates oral health into HWCs; NP-NCD screens **30+** for oral cancer using **visual exam**; NTCP cuts tobacco; Dantarakṣā Vidhi = **brush + tongue clean + Kavala/Gandūṣa** daily.”
- **Your OSCE line:** “Any **ulcer/patch >2 weeks** or **tight mouth** → **refer now.**”

End of Unit 39 — National Oral Health Programme, Oral-cancer Prevention & Dantarakṣā Vidhi.