

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).

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

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-quid**, 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-quid**: 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

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fully confident.

3.1 Dantadhāvana (tooth-cleaning)

- When: morning and after meals as needed.
- With what: traditionally kaţu-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 & Gandūsa (therapeutic mouth-holds)

- Kavala: holding and swishing a comfortable mouthful; Gandūşa: 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-quid, 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**.
- 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**.

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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.

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C) Short Answers (2 marks each)

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

D) MCQs (mark one best answer)

- 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. Gandūşa 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.

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