



Trauma to the Tooth

The fracture or loss of the tooth due to trauma has a great psychological impact on both the parent and the child especially when anterior teeth and / or permanent teeth are affected. The majority of fracture and displacement of teeth along with involvement of perioral

tissue result from simple accidents, which may lead an attractive child to appear unattractive and cranky due to pain and discomfort. This appearance makes him/her the target for teasing by other children and can be unintentionally cruel.

For the dentist it is very important to preserve the tooth, along with the vitality of pulp whenever possible, to their original appearance. At this point the Homoeopath can play a vital role by choosing the right remedy to control the pain and resultant swelling due to inflamma-



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tion and infection.

Since time is much important in the management of fracture or displaced tooth, every effort should be made to attend to this patient as early as possible, on an emergency basis. This can avoid further irritation of exposed pulp and avulsed tooth can be immediately replanted with higher percentage of success and displaced tooth can be replaced with increased ease.

PREVALENCE:

1. Boys:Girls :: 2:1.
2. More prone to fracture are anterior maxillary teeth.
3. Girls and boys with malocclusion ie proclined anterior teeth.
4. Age- boys of 9 to 10 years.
5. Most susceptible are permanent anterior teeth along with upper lip.

- FRACTURE

Classification of Injuries to anterior teeth:

1. **Class 1:** Simple # of crown involving little or no dentin.
Rx (a) Keep under observation for 2 weeks for sensitivity. If still so, give desentising tooththerom.
(b) Cosmetic filling.
2. **Class 2:** Extensive # of crown – involving considerable dentin but no pulp.
Rx: Tooth becomes sensitive
Homoeo Rx: Protect pulp and restore tooth; cosmetic filling.
3. **Class 3:** Extensive # of crown –involving dentin and exposing pulp, pulpotary, pulpectomy or root canal treatment depending on permanent/deciduous tooth. (2) Age of child.
4. **Class 4:** The traumatised tooth which becomes non-vital with or without loss of crown.
Homoeo Rx: Post Root canal treatment and crown.
5. **Class 5:** Teeth lost due to trauma.
If immediately the avulsed tooth is cored in the mild saliva underneath tongue, saline or sterile water without drying up the periodontal ligament, that tooth

can be replanted in the socket.

6. **Class 6:** Displacement tooth without fracture of crown/root.
Scope Homoeo Rx: Can be replaced immediately or after the inflammation reduces.
7. **Class 7:** Fracture of crown

TRAUMA TO PRIMARY TEETH:

As in permanent teeth, the primary teeth most often traumatised are the maxillary anterior incisor, that too central incisors, which erupt between 6 to 9 months of age, remain normal until exfoliation occurs at about age 7 years. The frequency of trauma to primary teeth increases with the gain of child's independence & mobility. Yet lack of proper co-ordination and judgement, majority of injuries occur between 1 ½ to 2 ½ years of age. In this age, displacement of tooth due to trauma is more common than fracture of tooth or alveolar bevel due to plasticity of bone.

The affected underlying permanent teeth:

1. State of development of the permanent teeth.
2. The nature and extent of the traumatised the primary teeth.
3. The duration of the injury to the primary tooth.

HISTORY AND CLINICAL EXAMINATION:

1. Visual observation

Determine the type and extent of injury: whether tooth is displaced/ lost/fractured with or without involvement of pulp. Deciding the Class, makes it easy to decide the line of treatment.

2. Roentogenography:

To see extent of fracture of tooth/alveolar bone, root condition, proximity of the permanent tooth, displacement of tooth in the soft tissue or alveolar bone.

Intra-oral periapical radiograph can be taken immediately.

3. Determine mobility of tooth.
4. Vitality of the pulp should be confirmed.
5. Percussion – which is indication of injury to the



periodontal ligament.

6. Involvement of alveolar bone-whether fracture or not.

HOMOEOPATHIC ANGLE:

As a homoeopath, when we take up treating Trauma especially Dental trauma, we would work mainly on concept of CAUSATION & CAUSE-EFFECT RELATIONSHIP.

1. Nature of damage that the trauma has done to the tissue.
2. The type of pathology that it has produced.
These will be the special pointers in selecting the remedies apart from the usual pointers of sensation, modalities and concomitants.

Hence we might have to understand trauma to the teeth on the similar lines as explained by science of dentistry. This will help us to classify the trauma to understand its impact, to know its complication & recovery pattern & prognosticate any sequels if likely (eg) study of *Arnica* emphasizes the acute trauma as one of the major causation of *Arnica* indicated "immediately after the trauma", mainly, if we are able to see that the impact of trauma has caused damaged to the soft tissue, ligaments and gingival blood vessels with acute pain & active bleeding.

Arnica is commonly used post-extraction, which also would be a type of surgical trauma. *Arnica* is known to have profound action on post-traumatic inflammation and acts specifically on blood vessels to stop active bleeding.

If the impact of the trauma has taken its toll on soft tissue, ligaments & specifically never giving rise to neuralgic pains without much active bleeding but definitely post-trauma indication, one would think in terms of using *Staphysagria* (indication-clean cut surgical trauma).

Hypericum, from that point of view, would express as severe neuralgia following a trauma with frenzied pains. It is this intensity of pain, which would help us see the impact of the trauma on nerves & allow us to think of

remedies like *Hypericum*, *Plantago*, *Coffea* & *Mezerium*.

Solid blow can give rise to necrotic tissue due to crush injury which can eventually get infected if adequate antiseptic precautions are not taken, hence we can at times get cases which might have post-traumatic inflammation secondarily infected discharging pus. Remedies like *Mercurius*, *Hepar-sulph*, *Lachesis*, *Sil*, *Kreos* will come into picture.

Injury to the socket with avulsion of the bone tissue will bring into picture remedies like *Ruta* & *Symphytum* especially if injury is of blunt type. Don't forget *Hekklava* if you have damaged the tissue socket. *Calc-flour* might be useful in fracture of tooth itself but what we can therapeutically achieve is still not very clear.

Having written down this, no homoeopath would ever approach a case without having understood the totality of the symptoms that is emerging. Hence totality would still be the supreme guiding factor in prescribing. Some patient might exhibit peculiar feature of fear, fright and anxiety & some might exhibit aggressive symptoms following trauma.

A few exhibit exaggerated responses even to minor trauma. All these will require due consideration while erecting a totality.

OTHER IMPORTANT GUIDING FEATURE are Modalities: Response to cold compress pressure, draft of air, local heat, and response to movement, are factors, which can be easily assessed even when the patient is in some amount of discomfort.

Since it would be impracticable to expect to ask long details, hence observation would play a vital role.

Generally since we have acute cause-effect relationship, the remedy would have to be given in moderate to high potency with frequent repetition, after assessing the sensitivity factor.

Close follow-up, frequent examination and timely surgical interpretation whenever required to correct the mechanical factor, would help in the complete management of a tooth case.

