



STUDYING THE DEVELOPMENT OF DENTAL CARE FOR CHILDREN

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Abstract

Pediatric dentistry studies the prevention, clinic, diagnosis and treatment of dental diseases, periodontal disease and mucous membranes of the mouth, tongue and lips, taking into account the age characteristics of children and their impact on the growing body. The formation of specialties can be divided into 4 periods. The first, the period of accumulation of knowledge about pediatric dentistry (before the XVIII century), was characterized by separate mentions of pediatric dental problems in the works of scientists from the East, the Mediterranean and the Middle Ages.

Keywords: dentistry, prevention, oral hygiene, preschool children, methods, caries spread.

Introduction:

In the Writings of Hippocrates (460-372 It contains information about the condition of children during teething, describes the clinical picture of oral diseases, treatment and recommendations for oral hygiene Extensive data on teething, growth and structure at different ages, symptoms of dental and oral diseases, methods of treatment and care can be found in Abu Ali Ibn Sina (Avicenna, 980-1037), included in the "Norms of healing" of Russian medicine, especially in the field of dentistry, his practical recommendations for the treatment of inflammatory processes in the maxillofacial region are rarely promoted. At the same time, in Uzbekistan, his work and his life are widely studied at universities and scientific institutions. There are rumors among Kazakhs about the skillful doctor Akim Lukpan (Avicenna), about his methods of prevention and treatment, including teeth.(The second phase). In the 19th century, great attention was paid to the prevention and treatment of dental diseases in children, and the section "Fundamentals of pediatric dentistry" was included in the curriculum on childhood diseases. N.V.Sklifosovsky (1836-1904) at the VI Congress of Russian doctors in 1879 read a report "On the basics of pediatric dentistry". The depravity of the teeth of the residents of the capital" proved the connection between caries and the external environment affecting the entire body. The 3rd stage of the development of pediatric dentistry (late XIX-XX centuries) was characterized by the formation of discipline and professional training, the organization of professional dental in 1896, A.K.Limberg developed the basics of planned oral hygiene for





schoolchildren. In 1922 a study on pediatric dentistry was organized by Dauge "The project of systematic caries control in the RSFSR", in which the leading role is assigned to pediatric dentistry and the author, the subject of work and study of pediatric dentistry are: the period without baby teeth in children; the presence of periods of removable and temporary bite; the state of the dental system associated with its growth; the presence of periods of natural and artificial feeding of children; the process of teething and the presence of natural changes in teeth; mental and psychological features of the dentist's contact with the child and parents: congenital as well as acquired malformations, developmental abnormalities, etc.

Methods of examination, prevention and treatment inherent in pediatric dentistry include the treatment of diseases of temporary and permanent teeth; methods of treatment and prevention of malocclusion and jaw development; methods of treatment and prevention of caries and periodontal diseases; methods of treatment and prevention of malocclusion and jaw development; methods of treatment and prevention of malocclusion of teeth and; Methods of instilling useful skills for the development of the dental system and oral hygiene. The issue of planned preventive hygiene was discussed at a dental conference, where it was proposed to carry out planned oral hygiene not only in children, but also in infants and preschoolers. At the III All-Union Odontological Congress in 1928, considerable attention was paid to the prevention of dental diseases in schoolchildren. P.G. According to the project of I.S. Dauge, 1931 2 months 18 date of appeal No. 25. "On compulsory oral hygiene of school-age children" calls on everyone to immediately begin routine hygiene of schoolchildren, mainly in large industrial areas (1-9). Despite the difficulties, a network of school outpatient clinics developed in the country, and the number of children with disinfected oral cavity increased from 1924 to 100,000, in 1935 to almost 300 million. Agapov proved that oral rehabilitation should be understood not only as the restoration of permanent teeth, but also as an improvement in condition. in dairy products. The period of development of pediatric dentistry (at the turn of the XIX-XX centuries) is characterized by the formation of specialized "pediatric dentistry", the definition of the scope of discipline and training tasks, the organization of professional dental treatment of children. It was noted that. The "Rules of work of pediatric dentists" were approved, internships in pediatric dentistry and instructions on the procedure for certifying pediatric dentists were introduced (6, 8, 7). In the 19th century, during the training of pediatricians, great attention was paid to the prevention and treatment of dental diseases in children, and the section "Fundamentals of pediatric dentistry" was included in the curriculum on childhood diseases. Sklifosovsky (1836-1904) at the VI Congress of Russian naturalists and





doctors in 1879 read a report "On the depravity of teeth in residents of the capital", proved the relationship between the incidence of caries and the environment and proposed to carry out prevention by influencing the body as a whole. The period of development of pediatric dentistry (at the turn of the XIX-XX centuries) was marked by the formation of specialized "pediatric dentistry", the definition of the scope of discipline and training issues, the organization of professional dental treatment of children in 1896, K. Limberg developed the basics of planned oral hygiene for schoolchildren. The first free charity aid for schoolchildren was organized in 1903, but 95.4% of children needed dental treatment. In 1919, there were 8 specialized reception rooms in Moscow, and the organized child population was registered for regular oral hygiene. In 1922, P.G.'s work was published in the journal "State Dentistry". In the Dauge project "Systematic caries control in the RSFSR", dedicated to pediatric dentistry, the leading role was assigned to pediatric dentistry, and the author for the first time justified the need for oral hygiene in an organized children's community. The subjects of work and study of pediatric dentistry are: the period of absence of baby teeth in children; the presence of periods of removable and temporary bite; the constant dynamics of the state of the dental system associated with its growth; the presence of periods of natural and artificial feeding in children; the presence of processes of eruption and natural changes in teeth; mental and psychological features of the dentist's contact with children and parents; congenital and acquired malformations, developmental anomalies, etc. Mandatory methods of examination, prevention and treatment inherent in pediatric dentistry are: Treatment of diseases of temporary and permanent unformed and formed teeth; 2. Treatment and prevention of malocclusion and jaw development; 3. Prevention of caries and periodontal diseases. 4. To instill useful skills for the development of the dental system and oral hygiene. The planned issue of prevention and hygiene was discussed at the Dental Conference [I All-Russian Dental Conference (1923); II at the All-Russian Dental Conference (1925), it was proposed to carry out routine oral hygiene not only in schoolchildren, but also in infants and preschoolers. At the III All-Union Odontological Congress in 1928, considerable attention was paid to the prevention of dental diseases in schoolchildren. P.G. According to the Dauge project, Circular No. 25 "On compulsory oral hygiene of school-age children" was issued in 1931/2/18, and all regional and regional departments of road sanitation and water supply were asked to immediately begin routine hygiene of schoolchildren, mainly in large industrial areas. Despite the difficulties, a network of school outpatient clinics developed in the country, and the number of children with disinfected oral cavity increased from 1924 to 100,000, in 1935 to almost 300 million, in the 20-30s the number of children with





disinfected oral cavity increased from about half a million to about half a million. Agapov scientifically demonstrated a fundamentally new method of planned preventive oral hygiene in children, proving that oral hygiene should be understood not only to improve the condition of permanent teeth, but also dairy products. Due to the difficulties of the war and the post-war years, dentistry found itself in a difficult situation, and from 1950 to 1954 the number of dentists and graduates of dental faculties decreased due to the closure of several dental faculties and many dental schools. The Committee of the Ministry of Health of the USSR recognized the need to expand the training of dental personnel, and only in 1957, in 1956, the Department of Dentistry began to open. In 1953, I.I. Agapov published a monograph "Clinical dentistry of children", covering all sections of pediatric dentistry. The accumulated clinical and organizational experience of differentiated hospitalization of children, according to the Order of the Ministry of Health of the USSR under the Council of Ministers "On measures to improve dental treatment of the population" at the IV All-Union Congress of Dentists (1962) (1968-4-30-340), was first applied to 4.5 medical positions were provided to 10,000 children in the city, and 2.5 - in rural areas. It was appropriated. The International Program for the Prevention of Dental Diseases in Kazakhstan was created taking into account the WHO goals by 2020, therefore, at the age of 6, the prevalence of caries should be 80%. CPU +kp is below 2.0, at 12 years it is CPU-1.5, at 12 years it is CPU-1.5, at 15 years it is CPU-2.3. At the meeting of dentists of Kazakhstan, the need to introduce a specialized "pediatric dentists" into the nomenclature of medical specialties was noted, since the characteristics of the child's body require a complete rejection of the schematic transfer of accumulated experience in treating adults to children. The "Rules of work of pediatric dentists" were approved, internships in pediatric dentistry were introduced, instructions on the procedure for confirming the compliance of a pediatric dentist with his position and medical category (1). A pediatric dentist is formed as a general practitioner working at a mixed reception, combining the functions of a pediatric therapist, a pediatric polyclinic surgeon in the framework of emergency and pre-medical care assistance from a specialist with knowledge and skills of preventive orthodontics. His professional activity was based on the basic principles of pediatrics, and the creation of a system for the prevention of dental diseases was another stage in improving staff training. Epidemiological studies have made it possible to create a data bank on the planning, implementation and assessment of dental morbidity of the population, the effectiveness of dental programs (2). In the early 90s, a network of medical institutions providing outpatient dental treatment to children, most often represented by school dental clinics, was formed. They can be part of the structure of the preventive





department of the Pediatric Dental Clinic (DSP). The school's classroom belonged to both the "adult" dental service and the general children's polyclinic (5,6). The task of the school dental clinic was planned oral hygiene, within which elements of prevention of dental diseases and medical examination were gradually introduced. In addition, a mobile dental office was equipped here. The most powerful structural element is a chipboard. The appearance of chipboards in Kazakhstan was a revolutionary step in pediatric dentistry, as it opened up the possibility of prescribing various types of professional care. Differentiation of services necessarily required staff training (3). The tissue form of pediatric dentistry was more popular and brought real results by the end of the 80s. In general, in the best clinics, the need for caries treatment was reduced to 40-50%, rehabilitation coverage was 80-85%, and the number of complications was less than 2%. Such results were achieved thanks to a wide network of school dental clinics and the introduction of a system of medical examinations of children with varying degrees of caries activity at the dentist. The last period of the formation of the specialty "pediatric dentistry" is the period of modern development of pediatric dentistry (from 1990 to the present), due to changes in the socio-economic situation of the country and the search for ways out of the current situation, the transition to new economic conditions. The situation put pediatric dentistry in a worse position compared to other industries, as its organization was more closely linked to the state system. The long-term search for alternative methods of overcoming the crisis has put pediatric dentists in unequal conditions with "adult" dentists. In the 90s, the number of pediatric dentists increased. The problem was aggravated by the reluctance of young specialists to work in pediatric dentistry. The chipboard had a weak material and technical base, but it was usually updated only by the largest of them. Classes in schools began to close, and the number of pre-school educational institutions decreased sharply. This led to an overload of the workplace in the clinic. The ratio of treatment in terms of planned prevention and accessibility has changed in favor of the latter. All this immediately affected the quality of dental treatment for children. According to 1995 data, while maintaining approximately the same prevalence of caries, the need for treatment increased to 85%, and the coverage of rehabilitation decreased to 35% (1,2,3). The sharp increase in the number of complications is impressive, for example, the number of cases of complex caries of permanent teeth is increasing. The number of permanent teeth removed and the number of children hospitalized for dental inflammatory diseases has increased significantly. At the moment, we can say that the network of pediatric dental organizations (departments, offices), as a rule, remains. In the case of the introduction of a specialized "general dentist", its official function involves the provision of





qualified assistance to children together with adults, as well as a specialized "dental hygienist", whose duties include only preventive care, it should be expected that in the future there will be a gradual redistribution of the volume of dental care. The treatment of children will gradually bring domestic pediatric dentistry to the level of Qualified dental treatment of children, which will be carried out by a general practitioner, the transfer of domestic pediatric dentistry to a typical level in other countries is offered as a service and provided only by complex dentists, Complex and rare forms of dental diseases in children are treated in specialized clinics. Considering the above, it is necessary to take quick and serious measures to restore school dentistry in Kazakhstan. To do this, you need to take the following measures: the status of the dental clinic at the school should be legalized, it is necessary to determine the provision of personnel, materials and responsibility for work. In order to actually carry out preventive work at school, it is necessary to introduce the position of "dental hygienist" into the structure of school dentistry. With the transition to a market economy, coupled with and accompanied by a sharp reduction in budget allocations, the search for new sources of financing has become inevitable. This intuitively led to the creation of public services with various sources of financing, guided by the laws of the market, and then to the creation of alternative public services. The first additional source of funding for public institutions was compulsory medical insurance (CMI). Experience with the CHI system shows that this form in its original form has changed little in the situation. Mass examination of children in an organized group is widely practiced, which does not end with treatment. This became a way to increase DSP funding to increase the number of visits. The Dental Society of Kazakhstan pays great attention to the need to form an alternative public service, break down psychological stereotypes of the attitude of medical organizers, specialists, the population, child care and training of dental specialists and the dissemination of advanced technologies (3,6). Paid assistance is an additional source of funding that helps DSP to improve the material and technical base, improve the quality of child care and promote the development of specialized services. Additional funds can increase the salaries of doctors and service personnel and reduce staff outflow. Due to the demand for paid assistance, alternative sectors of public services are gradually being formed. Over the years, it has become possible to develop and implement preventive programs funded by manufacturing companies. Due to the growing need for treatment and the closure of classrooms in many schools, pediatric dentists have not been able to pay enough attention to the problem of prevention. In pediatric dentistry, the problems of the nursing staff were serious, so doctors who worked mainly in school classrooms were often forced to perform the functions of nurses. This significantly reduced the quantity





and quality of medical care, especially preventive work was carried out (2,6). Currently, it is important to develop and apply preventive measures that are easy to manufacture and use, as well as highly effective. In this regard, activated solutions and gels for remineralization are promising. The system of creating a methodological center deserves approval. In addition to the dental disease prevention program, it is proposed that all inspection activities conducted at the facility begin with preventive measures. The pharmacist examines the patient, fills out the relevant documents, enters him in the clinic's registration log and, if necessary, directs him to other specialists. He takes measures aimed at oral hygiene. After the treatment is completed, a follow-up examination will be performed and a date for a follow-up examination will be set. Based on our data, it can be noted that in school-age children, calorie intake did not always depend on age and energy consumption. In children living in areas with polluted air, the prevalence of caries is 12% higher. The optimal concentration of fluoride is recorded in the drinking water of Almaty, therefore, systemic administration into the body is not required. Caries in children aged 12 years was 80-82%, the intensity was 2.2-2.6. Children aged 6-7 years have the same indicators - at the level of 60-76% and 1.5-2.0. The content of mineral elements in children aged 7 years is reduced due to a violation of the teething period. In addition to dental therapists, psychologists, educators and other specialists should participate in dental education. It is recommended to start motivating for preventive and curative measures in preschool institutions from the first years of a child's life. It is necessary to arrange a meeting with the child's parents, explaining the possibility and importance of preventing diseases of the teeth and gums, as well as talking about the rules and features of brushing the child's teeth. Comprehensive prevention, taking into account risk factors, has reduced the incidence by 2 times. Classes with children should be differentiated strictly by age: if it is better to conduct classes with kids in a playful way, talk to older people like adults, then compliance with a balanced diet in combination with fluoride content will decrease to 48%. There should be a public opinion that it is necessary to take care of oral health in the same way as it is necessary to take care of the beauty of appearance. The conducted epidemiological studies made it possible to create a data bank on the planning, implementation and assessment of dental morbidity of the population, the effectiveness of preventive dental programs (4,5). In the early 90s, a network of medical institutions developed that offered outpatient dental treatment to children. The school dental clinic was represented by the largest number of patients (6). The appearance of chipboards in Kazakhstan was a revolutionary step in pediatric dentistry, as it opened up the possibility of prescribing various types of professional care. Differentiation of services necessarily





required the necessary training of personnel (1, 2, 3, etc.). The tissue form of pediatric dentistry became more widespread, and by the end of the 80s real results were obtained. In general, in the best clinics, the need for caries treatment was reduced to 40-50%, rehabilitation coverage was 80-85%, and the number of complications was less than 2%. Such results were achieved thanks to a wide network of dental clinics in schools and the introduction of a system of medical examinations of children with varying degrees of caries activity at dentists (7-11 years old). At the moment, pediatric dentistry is going through the main period of crisis. Today we can say that the network of pediatric dental organizations (departments, offices) has been preserved in principle. In the case of the introduction of the specialty "general dentist", its official function includes providing qualified assistance to children together with adults), as well as its responsibilities include only preventive care., Complex and rare forms of childhood diseases are treated in specialized clinics. To do this, the following measures must be taken: the status of the dental clinic in the school must be legalized, it is necessary to determine the availability of personnel, materials and responsibility for their work. The position of "dental hygienist" should be introduced into the structure of school dentistry, for the actual implementation of preventive work at school. In pediatric dentistry, problems with medical staff were serious, so doctors who worked mainly in the school office were often forced to perform the functions of nurses. This significantly reduced the volume and quality of medical care, especially preventive work. Based on this data, you have school-age children, consumption. Children living in areas with polluted air have a 12% higher prevalence of caries. The content of mineral elements in the saliva of a 7-year-old child decreased due to a violation of the teething period. In addition to dental therapists, psychologists, educators and other specialists should participate in dental education. It is recommended to start motivating for preventive measures in preschool institutions. It is necessary to arrange a meeting with the child's parents, explaining the possibility and importance of preventing diseases of the teeth and gums, as well as telling about the rules and features of brushing the child's teeth.

To conclude: Comprehensive prevention, taking into account risk factors, has reduced the incidence by 2 times. The appointment of a balanced diet in combination with trace elements decreased to 48%. It is necessary to form a public opinion that it is necessary to take care of oral health in the same way as it is necessary to take care of the beauty of appearance. Comprehensive prevention, taking into account risk factors, has reduced the incidence by 2 times. Classes with children should be differentiated strictly by age: if it is better to conduct classes with kids in a playful way,





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