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Theories Of Cariology -A Complete Review

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Abstract

Dental caries is a biofilm mediated multifactorial disease, which results in the demineralization and remineralisation of dental hard tissues.

The disease occurs throughout the life both in dentitions(primary and permanent dentition). The initiation and progression of caries is influenced by pathological and protective factors

Key words: Dental caries, Theories of dental caries, Postulates, Risk Assessment, Prevention

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I. Introduction:

Dental caries in the oldest and the most common disease found in human It occurs due to tooth adherent cariogenic bacteria.

Dental caries causes pain, suffering and the depressed mode of life. (1, 2,3)

History:

Many evidences shows that the fossils from Australopithecus species reveal some earliest dental caries from 1.1 million to 4.4 million years ago itself.

Long back people who lived in around 8000 BC itself shows the signs of cavities. Dental fillings also done by this age itself. (4)

Classification Based on location

☐ Pits and fissure caries☐ Smooth surface caries☐ Root surface caries

Based on rapidity of caries

□ Acute dental caries
 □ Chronic dental caries
 □ Arrested dental caries (5, 6)

Bas	ed on extent of caries Incipient caries Cavitated caries
Based on carious lesion Primary caries	
	Secondary caries (7, 8)
Bas	ed on number of surfaces involved Simple caries Compound caries Complex caries
Ras	ed on the age of patient
	Nursing bottle caries
	Adolescent caries
	Root caries (9)
Bas	ed on treatment
	Class 1
	Class2
	Class 3Class 4 Class 5
	Class 6
	ed on clinical scoring of proximal lesion
	Score 1&2 Score 3
	Score 4&5
	Score 6 (10, 11)
According to WHO	
	D1, D2, D3, D4
Based on visual Examination ☐ Grade 1,2,3,4,5	
	Glade 1,2,5,7,5
Stu	rdevant classification
a)	Location Deimographics
	Primary caries Back ward caries
	Forward caries
	Residual caries
	Root surface caries
	Secondary caries
b)	Extent
	Incipient
	Cavitated
c)	Rate
	Acute
	Chronic (12, 13)
According to Dental clinic	
a)	Tooth type
b)	Hard tissue type
c)	Anatomic site

d) Others

Classification by GJ mount ☐ Site 1,2,3
Classification by Dr Sikri ☐ Class 1,2,3,4,5,6
ADA caries Initial Moderate Severe Pit fissure Proximal Cervical Root surface (14, 15)
Theories of Dental Caries: Many factor involve aetiology of dental caries. Original opinion of dental caries is not known. Many theories describe reason for dentalcaries. Caries occur in any age and difference progress. Caries investigatesince paleolithic age 1. Humoral theory. 2. worm theory. 3. Vital theory. 4. Putrefaction theory. 5. parasitic theory 6. surfatase theory 7. Theory of inflammation8.chemical theory 9. septic theory 10. Acidogenic theory 11. 11. Diet detergent theory 12. Environment and Nutritional theory 13. Osmotic theory 14. Chelatin theory 15. Proteolytic theory 16. Protolysis chelation theory 17. Genetic theory 18. Autoimmune theory 19. Sucros Chelation theory 20. Bioelectric phenomenon 21. Levine's theory 22. Bandlish theory 23. Caries balance theory24. systemic theory
Humoral theory: Hippocrates(400BC) and Galen(130AD) observed specific diseases Humor, blood, phlegm, yellow bile, blackbile. They describe stagnant of juices in tooth. Galen stated when the head become disordered in nature, it produces many extremes from lesion of lower organ occurs. (16)
Worm theory: Gay de chalice described this Anton Von Leuwenhoek (father of microscopy) observed three different wormsfrom caries tooth Caries tooth has holes was result worm being into the tooth.(16)
Vital theory:

Tooth decay within tooth itself gangrene, area on the top of tooth.

Putrefaction theory:

This is the putrefaction as the cause of dental decay. This one dispelledidea(17)

Parasitic theory:

Erdl(1843) described filamentous parasites causes dental caries filamentous parasites have infiltrated into the

tooth(17)

Sulfatase theory:

Bacterial toxin hydrolyse the sulfate of enamel and chondritic sulfate of dentin producing sulphuric acid that in turn cause decalcification of dental tissue. (17)

Theory of inflammation:

John hunter(1778) and Thomas bull(1832) suggested internal inflammation causes dental caries. W. D Miller demonstrated that it was not possible to protect an inflammatory process in the hard structures of teeth. (17)

Chemical theory:

Robert so (1835) proposed they the acid was formed by fermentation of foodparticles around teeth. Filnus(1847) attributed dental caries as "Denticle", the generic term for decayrelated to micro organism(18)

Septic theory:

Under wood and Miller (1880) said that acid is capable of causing decalcification produced by bacteria (18)

Acidogenic theory:

According to this theory caries is caused by acids produced by micro organismof oral cavity Miller found with saliva at body temperature produced enough acid ofdecaying enamel and dentin..(19)

Diet Detergent theory:

Wallace(1910) hypothesised that the fibrous part of diet act as detergent which lead to physical removal of substrate required for initiation of caries. (19)

Environmental and Nutritional theory:

The Continuous availability of these vitamins and minerals affects disintegration and dissolution of enamel(19)

Sucrose chelation theory:

Egglers-Lyra(1967) proposed that sucrose itself and not the acid so produced cancause dissolution of enamel(20)

Bioelectric phenomena

The electric forces causes dental decay(20)

Levin's theory:

Levin hypothesised that caries may be considered as a Demineralizing process with the passage of mineral ions from enamelmodified by the presence of plaquewhich acts as diffusion barriers(21)

Bandlish theory:

Bandlish (1982) hypothesised that oral fluids protect the enamel by providing a protecting covering on the enamel surface(21)

Caries Balance concept:

Featherstone(1999) proposed caries balance concept and hyper that the caries outcome of disturbance in balance between pathological and protective factors the caries progress if the pathogical factors overweigh the protective factors(21)

Systemic theory:

The body organ constantly move between States of health and disease based on oxidative stresses and the inflammatory response(22)

Osmotic theory:

Eckerman in 1920 hypothesised two kinds of caries-primary (physio pathogical process within the tooth)-secondary (breakdown of tissues by microorganisms)

Osmotic membrane are formed by the Nasmyth's membrane leads to the development of caries canal. Caries canal is a cone shaped area in dentin exhibiting different colour. Colour is due to blood plasma. Eckerman's concept could not explain the extension of caries. (22, 23)

Chelation theory:

The two most important pigments are chelate complexes. Haemoglobin are an iron chelate. Chlorophyll is a magnesium chelate.

Due to the demineralization by chelating agents which dissolve enamel minerals by forming complexes results in the formation of tooth decay.(23)

Proteolytic theory:

Gottlieb in 1944 and others proposed this theory .The proteolytic enzymes liberated by oral bacteria destroy the organic matrix of the enamel results in the loosening of apatite crystals with loss of minerals. When the enamel is destroyed forms the cavity. The microorganisms enters the deeper dentinal tissues. The initial process in caries formation was due to the proteolytic breakdown of dental cuticle. (23)

Proteolysis Chelation theory:

This theory was proposed by Schatz-et-al in 1956. He implies a simultaneous microbial degradation of organic compounds and dissolution of minerals of a tooth by a process known as Chelation. It involves the complexing of a metallic ion to substance through coordinate covalent bond results in highly stable ionized compound.

Calcium exerts a vitamin sparing action on some bacilli. Fluorapatite id formed in some case. No evident for the clinical sole of cavities whether Chelation account for localization. (23, 24)

Genetic theory:

Caries has been established as a multifactorial disease affected by the action of genetic, environmental and behavioural factors

The genetic/hereditary involvement of preferences of carbohydrates intake taste of individuals have been reported.

Heritability in ratio of genetic component of variance to total variance the trait expressed in proportion or percentage. (25)

Autoimmune theory:

Burnet in 1959 hypothesised forbidden clone concept, describes that "caries as a Autoimmune disease" He proposed that the normal state of immunological self tolerance might be induced by genetic mutations in mesenchymal(25).

Bioelectric phenomena:

The electric forces might be the causative agents in dental decay. (26)

Levin's theory:

Levin hypothesised that caries may be considered as a Demineralizing process with the passage of mineral ions from enamel modified by the presence of plaquewhich acts as diffusion barriers. (26, 27)

Bandlish's theory:

Bandlish(1982) hypothesised that oral fluids protect the enamel by providing a protecting and covering on enamel surface.(27, 28)

Caries Balance concept:

Featherstone(1999) proposed caries balance concept and hypothesised that the caries the outcome of disturbance in balance between pathological and protective factors the caries progress if the pathological factors overweigh the protective factors. (29, 30)

Reference

- Selwitz RH, Ismail AI, Pitts NB. Dental Caries. Lancet. 2007 Jan 6;369(9555):51-9. Doi: 10.1016/S0140-6736(07)60031-2. PMID: 17208642.
- [2]. Fejerskov O, Kidd EAM, Eds. Dental Caries: The Disease And Its Clinical Management. Copenhagen, Denmark. Blackwell Monksgaard, 2003.
- [3]. Marsh P, Martin MV. Oral Microbiology. 4th Edn. Oxford: Wright, 1999.
- [4]. Borrelli B, Tooley E M, Scott-Sheldon L A. Motivational Interviewing For Parent-Child Health Interventions: A Systematic Review And Meta-Analysis.Pediatr Dent 2015; 37: 254-265
- [5]. Anjomshoaa I, Cooper ME And Vieira AR. Caries Is Associated With Asthma AndEpilepsy. Eur. J. Dent. 2009;3:297303
- [6]. Bartlett DW And Shah P. A Critical Review Of Noncarious Cervical (Wear) Lesions And The Role Of Abfraction, Erosion And Abrasion. J. Dent. Res.2006;85:306–12.

- [7]. Baum BJ. Will Dentistry Be Left Behind At The Healthcare Station? HJ. Am.Coll.Dent.2004;71: 27–30.
- [8]. Bowen WH. Do We Need To Be Concerned About Dental Caries In The Coming Millennium? Crit. Rev. Oral Biol. Med. 2002:13:126–31.
- [9]. Bowen WH. Rodent Model In Caries Research. Odontology: 2013;101:9-14.
- [10]. Bratthall D. Dental Caries: Intervened-Interrupted-Interpreted. Eur. J. Oral Sci.1996;104, 486–91.
- [11]. Burt BA. Definitions Of Risk. J. Dent. Educ. 2001; 65:1007–8. Clarkson BH. Introduction To Cariology. Dent. Clinic North Am 1999;43:569–78.
- [12]. Dulgergil CT And Colak H. Rural Dentistry: Is It An Imagination Or Obligation In Community Dental Health Education. Niger. Med. J.2012;53: 1–8.
- [13]. Fejerskov O. Changing Paradigms In Concepts On Dental Caries: Consequences For Oral Health Care. Caries Res.: 2004;38:182–91.
- [14]. Fisher J And Glick M. A New Model For Caries Classification And Management.JADA. 2012;14: 546-51.
- [15]. Fontana M, Young DA, Wolff MS, Pitts NB And Longbottom C.Defining Dental Caries For 2010 And Beyond. Dent. Clin. North Am2010:54:423-40
- [16]. Cochrane NJ, Cai F, Huq NL, Burrow MF And Reynolds EC. New Approaches To Enhanced Remineralization Of Tooth Enamel. J. Dent. Res.:2010;89:1187–97.
- [17]. Curtis EK. Meth Mouth: A Review Of Metham-Phetamine Abuse And Its OralManifestations. Gen. Dent.: 2006;54:125–9.
- [18]. Dawes C. What Is The Critical Ph And Why Does A Tooth Dissolve In Acid? J. Can.Dent. Assoc.: 2003;69:722-4.
- [19]. De Soet JJ, Nyvad B And Kilian M. Strain-Related Acid Production By OralStreptococci. Caries Res.: 2000;34:486–90.
- [20]. Featherstone JDB. The Caries Balance: Contributing Factors And Early Detection.CDA Journal: 2003;31:257-69.
- [21]. Featherstone JDB. Caries Prevention And Reversal Based On The Caries Balance. Pediat. Dent.: 2006;28: 128–32.
- [22]. Ferraro M And Vieira AR. Explaining Gender Differences In Caries: AMultifactorial Approach To A Multifactorial Disease. Int. J. Dent.: 2010.
- [23]. Gonalez-Cabezas C. The Chemistry Of Caries: Remineralization And Demineralization Events With Direct Clinical Relevance. Dent. Clin. North Am.:2010;54:469–78.