

I n d e x

From at least 5000 BC, periodontal disorders have been recognised and treated. The apparent disparities in how periodontal diseases manifest have long been acknowledged by clinicians, who have made an effort to categorise these illnesses. Aetiology, pathophysiology, and treatment of diseases can now be identified using structures developed by physicians using disease classification systems that have emerged. It enables us to plan efficient care for the illnesses of our patients. The cause of the problem and the best evidence-based treatment are suggested to the practitioner when a disease has been identified and characterised. Health care providers can communicate effectively utilising a common language because of shared classification systems. Early classification attempts were based on the clinical features of the diseases or beliefs regarding their origin. There was no evidence to back up their attempts. The foundation of classification was established by conventional pathology as scientific understanding grew. Systems of classification based on our understanding of the numerous periodontal diseases and the host response to them have since followed this. Periodontal disease

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stage) and management of the disease on a more rational, less empirical foundation, more sensitive and accurate “measurable biological indicators” of periodontal diseases are required. Modern “omics” technologies might make this mission possible. While proteomic technologies allowed us to understand the molecular state of the host in disease and the interactive cross-talk of the host with the microbiome,