

# Fixing Misaligned Teeth Involves Both Prevention and Repair

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## Abstract

One of the most elective areas of dental treatment is often orthodontics. However, it becomes less optional when you take into account the substantial impact on personality development that a stunning smile and well aligned teeth may have, as well as the elevated self-esteem this health treatment fosters. Orthodontic treatment is widely accessible, reasonably priced, and free from many hazards or consequences when provided by orthodontic professionals. When

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**Keywords:** Fixing Misaligned Teeth, Orthodontic treatment, Dental treatment, Dental decay, shortening, which is typically modest, are two dangers of fixed appliance therapy. Archwires is a typical word for the wires used to align teeth.

## Introduction

Orthodontics is concerned with both the right alignment of the jaws in the face (dentofacial orthopedics) and the prevention and treatment of misaligned teeth in the jaws. The two fundamental factors driving orthodontic treatment are function and aesthetics. The available metal appliances have been used to shift teeth in orthodontic treatment since the turn of the 20th century. These were made up of wires that were attached to teeth using attachments called brackets that were glued to the teeth. Another name for this clinical set-up is fixed orthodontic appliances. Metal bands were glued to the teeth prior to the development of etching-bonding processes on the tooth enamel. With this set up, the orthodontist can manage tooth movement during the whole course of therapy. Early orthodontic techniques included the use of metals including steel, gum rubber, vulcanite, platinum, gold, and rarely zinc, copper, and brass. Stainless steel (SS), which was first used in orthodontics during the 1950s, quickly gained popularity as a material for brackets and archwires. The first nickel-titanium (Ni-Ti) archwire, created by Buehler at the Naval Ordnance Laboratory, was employed in orthodontics in the beginning of the 1970s. At this time, most orthodontists use stainless steel brackets and circular or rectangular archwires constructed of stainless steel and Ni-Ti metal alloys. Additionally, orthodontic wires composed of cobalt-chromium-nickel and titanium is readily accessible [1-5].

The most accurate technique to manage tooth movement for the ideal smile is through fixed appliance treatment. The brackets (which are attached to the teeth), archwires (the wires inserted into the brackets), and auxiliary materials like elastics are the three basic parts of such appliances. The bracket aids in determining the ultimate location of the teeth. Initiating and maintaining tooth movement is made possible by the archwire, which serves as the motor. Metal or ceramic materials that are tooth-colored can be used to make the brackets. Before beginning fixed appliance therapy, the general dentist may need to perform dental extractions if additional room is needed to realign teeth. Fixed appliances are installed without discomfort and without the need of dental injections. Usually, six-weekly intervals are used for adjustments. Between the primary visits, appointments must occasionally be made because of breakages. Depending on how difficult the case is, fixed appliance therapy might last anywhere from 6 to 18 months. Following the installation of permanent equipment, there is some discomfort for 3-4 days that may be managed with simple painkillers (like paracetamol). Dental decay (if there is an excessive amount of sugar in the diet and if oral hygiene is poor) and a little root

shortening, which is typically modest, are two dangers of fixed appliance therapy. Archwires is a typical word for the wires used to align teeth. These are constructed of metal (nickel-titanium or stainless steel). To make them less noticeable, they might be coated with tooth-colored coatings. These coatings might potentially inhibit tooth mobility and have a propensity to deteriorate in between appointments. Force must be given to the tooth in order to start orthodontic tooth movement. This force is generated by the archwires inserted into the bracket slots, bracket-mounted springs and elastics, or extra-oral devices like headgear. The biological changes taking place in the tissues enclosing the teeth, particularly the periodontal ligament and the alveolar bone, are wholly responsible for the movement of the teeth and are independent of the metallurgical component of orthodontics. Consequently, the foundation of orthodontic therapy is thought to be biomechanics. In addition to the above principles, good bonding, prevention of caries development and root resorption (shortening the length of the tooth), patient compliance, and retention procedure will all contribute to successful orthodontic therapy. The main component of the therapy, however, is the strength of the orthodontic force. Without the use of a metal fixed device setup, a force of 40-60 g applied directly on the tooth for an acceptable amount of time would be sufficient to move the tooth in the jaw. However, when utilizing fixed appliances, the force level needed to provide orthodontic force must be significantly increased to overcome friction at the bracket-wire contact [6-10].

## Different brace styles (fixed appliances)

**Metal Braces:** Traditional metal braces continue to be by far the most popular form of fixed orthodontic equipment, often composed of high-grade stainless steel. They are made up of tiny metal brackets that are bonded to the front surfaces of the other teeth and metal bands that go around the rear molars. Through the brackets, a thin, springy metal wire gently moves the teeth into the right alignment. Flexible elastics, metal ties, or other forms of clasps can be used to secure this archwire

to the brackets. Time-tested metal braces are still popular for a variety of valid reasons, including the fact that they provide a dependable, efficient, and cost-effective treatment choice. Today's braces are actually more compact, lighter, and pleasant to wear than earlier equipment. You might be able to use coloured elastics for the brackets or make other adjustments if you like a less conventional appearance.

**Ceramic braces:** In comparison to the conventional approach, clear ceramic braces offer a far less obvious form of therapy. The brackets on the front of the teeth are composed of a transparent ceramic material that blends in with the tooth's natural color, otherwise they employ the same components as conventional braces. Adults (including some well-known celebrities) prefer this technique since, unless you look closely, it's difficult to see them. There are already several varieties of ceramic braces, and technology is continually developing new ones.

There are a few costs associated with them despite their great visual appeal. The elastic bands that hold the ceramic brackets to the archwire discolor, despite the fact that they are often changed every month, and the brackets themselves can be less robust than their metal equivalents. Ceramic braces are more expensive than metal ones, but for many people, the advantages of wearing a discrete appliance outweigh the price difference.

**Lingual Braces:** Ceramic braces undoubtedly have a less noticeable appearance, but there is still a technology that makes fixed braces virtually undetectable. On the tongue side of the teeth, specialized devices known as lingual braces may be used in specific circumstances.

They function similarly to traditional metal braces; however despite being constructed of metal, they are invisible since they are positioned behind the teeth. Not every orthodontic problem is best treated with lingual braces. They cost a lot more than conventional braces and need specialized expertise to install. Additionally, they often take the wearer a little longer to get acclimated to and may make therapy last a little longer. But lingual braces can be the solution you're seeking for if you want the least noticeable sort of fixed device and if you qualify for this course of treatment.

## Conclusion

Dental braces can help to correct misaligned teeth and jaws, improving problems related to the misalignment. But the treatment can also be associated with problems itself: Wearing braces can be painful at first because it pulls the teeth in a certain direction. Children and teenagers who have fixed braces also have to be careful when eating:

For example, apples should be cut into small pieces because biting into an apple can cause the brackets to break off. The brackets are the small metal parts of the braces that are stuck to the teeth. People who wear fixed braces should avoid eating very chewy sweets too. And although braces are often considered to be "cool" nowadays, some children and teenagers find them embarrassing – especially when they're eating – or they might be afraid of damaging them while eating. Treatment with braces can only work if children and teenagers use them properly. In other words, if they keep their teeth and braces clean and wear removable braces as often as instructed. Going for check-ups and being shown how much their teeth have already improved can motivate them to keep up the good work.

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