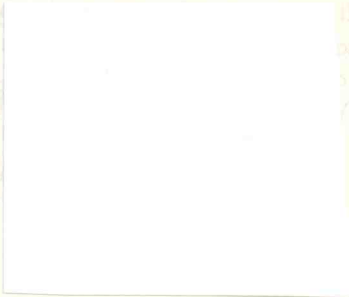


*How*

**YOU CAN ENJOY  
ARTIFICIAL  
DENTURES**

# HOW YOU CAN ENJOY ARTIFICIAL DENTURES

"The information on dental health contained in this booklet is considered by the American Dental Association to be in accord with current scientific knowledge (1964)."



## INTRODUCTION

You are about to enter into a new way of life—artificial dentures. A way of life that is now being shared by nearly thirty million people in the United States who are presently wearing partial or complete dentures. A way of life that will be entered into by almost three-quarters of a million people with each coming year.

As with all new and critical periods, you may encounter moments of anxiety and worry. This is understandable, although there is really little actual cause for it. Many people are happier and healthier with artificial dentures than they were with their own. Quite often they find that their appearance is improved and, in many cases, that they can even eat better and with more comfort. It is only natural that you will experience minor annoyances and adjustments at first. Your dentist realizes this. To aid you in overcoming these problems and to more quickly enjoy your artificial dentures he has presented you with this booklet.

The purpose of this booklet is to fully explain, in simple everyday terms, to the person wearing or on the threshold of wearing artificial dentures, those problems and adjustments that may be expected.

It has been written by members of the dental profession and compiled expressly for your dentist. It is presented to you with his compliments, so that you may learn, with the least amount of inconvenience and time loss, how to ENJOY YOUR ARTIFICIAL DENTURES.

The Authors

## CONTENTS

Chapter 1	HISTORY .....	4
Chapter 2	PLASTIC OR PORCELAIN TEETH .....	6
Chapter 3	IMMEDIATE DENTURES .....	8
Chapter 4	FEELING OF FULLNESS — SALIVATING .....	9
Chapter 5	LENGTH OF TIME — MENTAL ATTITUDE .....	10
Chapter 6	DENTURES AT NIGHT .....	11
Chapter 7	GAGGING .....	12
Chapter 8	SPEECH .....	14
Chapter 9	BREAKAGE .....	15
Chapter 10	CLEANLINESS .....	17
Chapter 11	PARTIAL DENTURES .....	18
Chapter 12	BITE .....	20
Chapter 13	BITING LIPS AND CHEEK .....	22
Chapter 14	SORE SPOTS .....	22
Chapter 15	FIT OR LOOSENESS .....	25
Chapter 16	POWDER — PASTES PADS — LINERS .....	30

## HISTORY

The making of certain forms of artificial appliances to replace missing teeth dates back to Phoenician Times, over 3000 years ago. From that time to about a century ago, progress was very slow, and only crude forms of dentures and bridges were made. It has been only in the last 100 years that artificial teeth and bridgework, as we know them, have come into existence.



*"Early artificial teeth or bridge-work was not very flattering"*

An artificial denture is composed of two parts: the teeth, and the part that holds the teeth, called the base. Many things have been used to construct dentures, including teeth that were extracted from other people, teeth from certain animals, teeth carved from ivory. About the end of the 1700's the greatest advancement made was the introduction of the porcelain tooth. This was found to be an almost perfect substitute for natural teeth. Of course, great strides have been made with porcelain since it was first introduced. It has been the only

material used until a few years ago when plastic teeth were placed on the market. At present, the only materials used for making teeth are porcelain and plastic. Even today great improvements are being made on these two materials. On the base portion of a denture various materials have been used. The earliest dentures were carved from ivory. Various types of metal were used, but all of these were crude and impractical. About 1840 when Goodyear learned to vulcanize rubber, the first



*"Crude materials were partly responsible for the poor appearance of artificial teeth years ago"*

real denture base material was developed. It was found, however, that rubber could not be made to look like the gums. Rubber was porous, and microscopic food particles would cling to it. This made dentures difficult to clean and keep odorless.

The first natural looking material developed was celluloid. This had many bad characteristics, and it was soon removed from the market. It wasn't until the 1930's that plastics, as we know them today, were introduced and used as denture bases. These forms of plastics are commonly called "acrylics." Research is still continuing. Efforts to improve our present plastics and a search for even better materials never ceases.

## PLASTIC OR PORCELAIN TEETH

If you have, or are going to receive a new set of dentures, you can be sure of the materials from which they are made. The base will be composed of one of the many different types of plastics to match your particular need for shade or color. The teeth will be made of either plastic or porcelain. Of course, there are many different brands of plastic base materials and teeth. The type used depends on the tastes and working habits of the individual Dentist. There are several differences between plastic and porcelain teeth.

Plastic teeth are considered less breakable, and since they are of the same material as the base, they are much more difficult to break out. Chewing gum may have a tendency to stick somewhat to plastic, so one should use caution when chewing.

In many cases only plastic teeth can be used successfully. The conditions and shape of the mouth are such that the pins and holes in the porcelain teeth interfere in the construction of the case. Your Dentist may have no alternative but to use plastic teeth if you are to receive a successful natural looking Denture. He will advise you if these conditions exist.

Porcelain teeth are held to the base by either pins or holes in the teeth themselves. They do not become an integral part of the denture but are held mechanically and can therefore break out more easily.

Teeth are made in a variety of shades and shapes. The various tooth manufacturing companies, after many, many years of research, have tried to put teeth on the market that would match up as closely as possible with every shape, color, and size of human teeth. The color of teeth to fit an individual is determined by the age, color of hair and complexion of that person. As we grow older, our own natural teeth gradually turn darker; so the older you are when you are ready for artificial teeth, the



*"There are three basic shapes of teeth: Square for people with square faces; tapering for triangular shaped faces, and ovoid for people with round faces"*

darker shade tooth you should have. Most people are interested only in very white teeth because they feel that the whiter teeth, the more natural they look. Very few natural teeth are of the whitest color. If your own teeth were not white, you should not try to change your appearance by saying now I can have what I always should have had, white teeth like my neighbor or some friend.

Teeth are made along 3 basic shapes: Square, for people with square faces; tapering, for triangular shaped faces; and ovoid, for people with round faces. Of course, there are all kinds of variations in these three groups, but one can rest assured that there are teeth made that will match the shape of your face in a pleasing and harmonious manner.

## IMMEDIATE DENTURES

An immediate denture is one where the remaining natural teeth are removed, and the denture is placed directly in the mouth, so that the patient does not have to go without teeth.

Usually the front teeth are left. Then when the denture is ready, these teeth are extracted, and the denture inserted.

For swelling and excessive bleeding follow your dentist's instructions. Do not remove the denture for any reason, unless your dentist tells you otherwise.

The appearance of the denture may be disappointing at first. The face may seem full, and the teeth may seem long and buck, but as soon as the swelling subsides, and the dentures settle into place, these conditions all take care of themselves, and your new teeth will be as natural looking as it was possible to make.

It may be difficult to eat at first because of the soreness of the gums, but a soft diet with lot of liquids will keep one's strength up until he is able to chew more solid foods.

As the gums heal, the denture will gradually loosen up, and sore spots may develop as the denture continues to settle. If the denture becomes too loose, your Dentist may recommend some form of adhesive to help you, until the gums are completely healed. The denture can then be refitted, or in cases where the change is so great that the bite has been changed, the dentures may have to be remade. Immediate dentures are more expensive because of the greater number of adjustments required and the greater difficulties and length of time required in their construction. Your Dentist is not responsible for the shrinkage of gums, so when your denture has to be refitted or a new one made, depending on the conditions present, the fee for this work is additional unless definite arrangements were made before-hand, and this cost was included in the original fee.

If there is anything you do not understand, or if you are having more difficulty than you think you should have, consult your Dentist.

## FEELING OF FULLNESS SALIVATING

When dentures are first inserted into a patient's mouth, the experience is quite a strange one. He is overcome instantly with a feeling of full-



*"You feel like you would look with the mumps"*

ness, and at the same time his salivary glands start working overtime filling the mouth with thick, ropy saliva. Both of these sensations pass off after the first few days when one be-

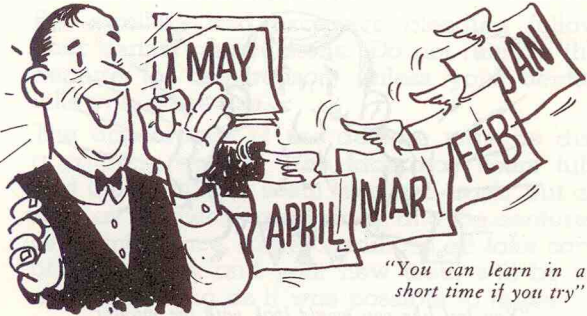


*"Bucketfuls"*

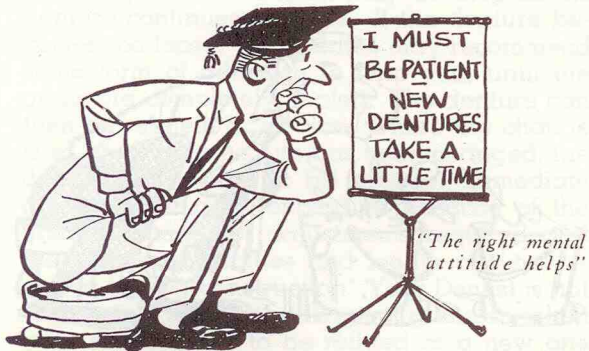
gins to become accustomed to wearing the artificial dentures. Lips may stick out or bulge at first, but after a few weeks they settle back to a normal position.

## LENGTH OF TIME MENTAL ATTITUDE

One cannot learn to use artificial teeth by studying lessons or books. All one has to do is to wear them continually. It doesn't matter how



much difficulty one experiences at first, he will gradually learn to master them. Some people can learn to drive an automobile with hardly any difficulty; others may seem to have a little



trouble and take longer; and still others will apparently try hard but never learn to drive a car. The same idea holds for artificial dentures. Some learn almost immediately to use artificial teeth. Others have some difficulty, but eventually master them. A few denture

wearers do not assume the right mental attitude, and without giving their new teeth a fair trial, begin to think their case is hopeless. These few people will never learn to wear dentures unless they make up their minds to conquer their difficulty. It takes about four times longer to learn to master a lower denture than an upper denture.

It isn't always the person with the smallest quantity of gums that is the hardest to fit — and who apparently would have the most difficulty in getting accustomed to dentures. These people usually realize that their case is difficult, and knowing this, are prepared for anything. When they get their dentures, they will find that denture wearing wasn't as bad as they had feared.

But some people just expect too much out of a set of artificial dentures. They may have good ridges for fitting dentures and may have excellent suction when they are fitted, but even sometimes they will complain — "My teeth fall down when I chew on bones, and I know that Mrs. So and So's don't."

## CHAPTER 6

### DENTURES AT NIGHT

Many people today wear their dentures day and night. They get so accustomed to their artificial dentures that they actually feel that they are a part of themselves, just as their natural teeth were. If it bothers you to wear dentures at night because you grind your teeth and wake up with a sore mouth, or if your teeth keep you awake, and you just can't get used to

sleeping with them, then, in your case, perhaps it would be best to leave them out. On the other hand, if you are sleeping without teeth, and find that your ears or the muscles of your face ache, or if you close your jaws too far together without teeth, it might help to try sleeping with them in. Conditions present in your mouth will determine whether or not you should wear them at night. Your Dentist will advise you on this. At first, one waking during the night or morning, may find his teeth on the pillow or in the bed or even on the floor, but eventually he will learn to keep them in while sleeping. In getting accustomed to the wearing of dentures a person will learn that to wear the teeth one entire night is better than two or three days.



"Don't let a burglar get them"

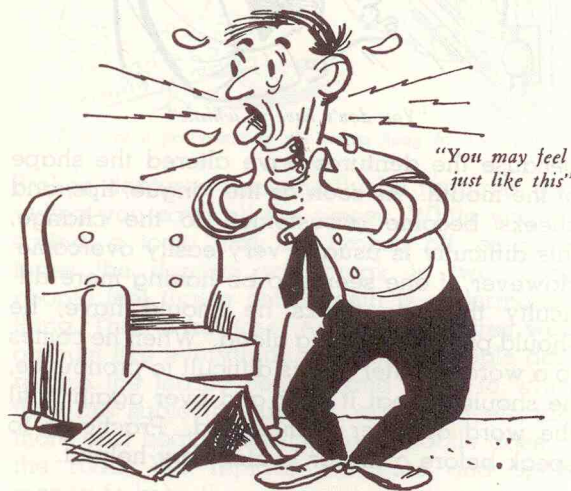
## CHAPTER 7

### GAGGING

Some people have the gagging reflex more than others. Some may feel that they have this reflex so badly that they are worried whether they will be able to wear artificial dentures. As soon as a new set of teeth is delivered, this gagging or nauseating feeling

comes on almost immediately. The only cure for this is to wear the dentures no matter how badly you gag. This reflex will pass off in a very short time, a few hours or a day or so at the most. Sucking on mint candy may help one during this initial period. If gagging comes on after you have had your dentures for some years, this is probably because your gums have shrunk, thus allowing the denture not to fit closely to the roof of your mouth. Your Dentist can help you at this point by refitting your denture.

Many people are very anxious to have their dentures cut down when they find themselves gagging. All dentures have to end in a certain area at the back of the mouth, and if they are cut down too short, they lose their suction. Naturally the shorter they are made the more



loose they become. So if you have just received teeth and feel that you would get along better if the teeth weren't quite so long, please let your Dentist be the judge. If he tells you the dentures should not be made any shorter, make up your mind to overcome the situation, and then you will.



## SPEECH

After receiving a new set of dentures, most people are surprised to find that they have difficulty in speaking, or they may find themselves lisping. This is a very common thing



*"You don't have to whistle"*

because the dentures have altered the shape of the mouth. As soon as the tongue, lips, and cheeks become accustomed to the change, this difficulty is usually very easily overcome. However, if one seems to be having more difficulty than he thinks he should have, he should practice reading aloud. When he comes to a word or letter that is difficult to pronounce, he should repeat it over and over again until the word or letter is mastered. Practicing to speak before a mirror is also very helpful.

## BREAKAGE

If you drop your denture on a hard surface such as a wash basin or floor, you can break the denture itself or knock off some of the teeth. Some people get panicky and fear that they need a new set of teeth when this happens.



*"Ever see a performer in the circus hang by his teeth?"*

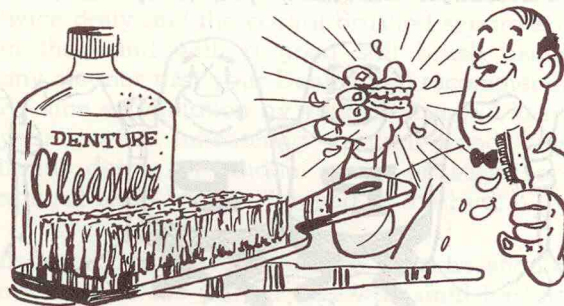
Broken dentures can usually be repaired, providing you save all the pieces. While you are eating, a tooth may be broken off, or sometimes the denture will break in two. Some people feel that a set of teeth is a permanent thing. That is not true. Artificial dentures wear out just like everything else. Most people don't realize the terrific beating and wear to which they are subjected. In fact, artificial teeth take more of a beating than an automobile does on the road. We replace our cars and spend money to keep them operating, yet we forget to replace our old worn out teeth. When you are eating, your dentures are subjected to 25 pounds of pressure. Most of us are satisfied with three meals per day; however, many persons eat and nibble all day long and therefore are continually using their teeth. Your gums change shape in a continuous process even

though the denture does not seem to be getting loose. As time goes on, the dentures do not fit as they did when new. Then one day IT happens. Because of the uneven pressure, your denture will crack or break. This can be repaired easily, but if it cracks once, it can crack again, because in repairing the crack, the improper fit was not corrected. If the denture should break again, then it is time to see your Dentist and have them refitted, or remade.

When chewing on bones or hard foods one may crack a tooth, but it may not fall apart until sometime later when you are chewing on something soft or drinking a liquid. A tooth can be easily replaced. If the same tooth should continue to break, your bite should be checked to see if that tooth is receiving undue punishment.

## CLEANLINESS

Your artificial dentures, if at all possible, should be cleaned after every meal. The best way to clean a denture is to brush it. Brushing with gritty pastes or powders scratches the denture base and removes the high gloss. This in turn makes microscopic particles of food cling to your dentures, making them harder

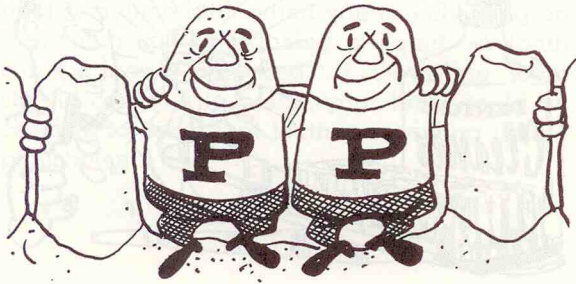


*"A good brush and the right cleaner can do wonders"*

to clean. These stale food particles may give off a foul odor, and may leave you with denture breath. If you had tartar, or calcium deposits on your natural teeth, it will most likely collect on your artificial teeth. It is not difficult to keep the tartar from piling up. The best way to combat this is to keep it from forming. Your Dentist can recommend a cleaner that will help you keep them clean and free of odors. When brushing your dentures make sure that the basin is half full of water so if the denture should fall out of your hand, it will have a soft cushion of water to fall on and will be less likely to break. Dentures should never be washed in hot water; use only luke warm water.

## PARTIAL DENTURES

A partial denture is an artificial appliance that replaces missing teeth. It gets its support from the gums and from the remaining teeth. There are literally hundreds of different types, shapes, and designs of partial dentures. The type you may need will be entirely up to the individual taste of your Dentist and the amount of money your budget will allow you to spend. Most



*"Partials protect your remaining teeth"*

people are surprised to learn that a partial denture is usually more expensive than a full denture, even though the teeth to be replaced are few in comparison to a full set. This is because, as with complete dentures, it takes a great amount of time and skill to design and produce properly functioning partial dentures.

The importance of partial dentures which few people appreciate is that they keep the remaining teeth from drifting out of position, and they take a lot of the chewing pressure off the remaining teeth.

Without a partial, the teeth would tilt and drift toward the open space or the opposing teeth would continue to grow out of their sockets into that empty space. In these unnatural posi-

tions they will soon be affected by the terrific pounding they take in mastication (chewing). They might loosen up, or get sore and have to be extracted, thus allowing the remaining teeth to go all the faster.

Most people object to partial dentures because they have heard of the terrible damage that the wires or clamps do to the teeth to which they are fastened. They think these partial dentures wear out the teeth or cause decay to start underneath the clamps. Practically all of this can be avoided if the teeth are brushed twice daily and the partial brushed separately in the hand with a good stiff brush using any cleaner that your Dentist will recommend. Routine examination by your Dentist will keep your partial functioning properly, and any initial decay or undue stress or strain on natural teeth will be "nipped in the bud."

If one should develop a sore spot, he should not remove the partial and wait until he has a chance to see his Dentist. He should have it taken care of immediately. If one were to take the partial out for any length of time, the teeth would continue to drift and change position and even after a short period of time the partial might not fit any more. Removal would cause more harm and would not correct the trouble.

A partial denture need not be worn all night, unless your Dentist tells you otherwise but can be taken out to give the mouth and teeth a rest. This is the way you would use a pair of glasses.

## BITE

The way your artificial dentures come together, especially in chewing or eating, is the most important factor in the success or the failure of a set of artificial dentures. As we grow older, our natural teeth are continually wearing down, and when we receive a set of dentures, the "wear" is put in the teeth when they are made. Most people will notice that in receiving a set of dentures the back teeth are not sharp but may be almost flat; such teeth are easier on the gums. If the chewing surface of your artificial teeth do not look exactly like the natural teeth, they have been changed to meet a particular situation. A denture wearer has to learn how to chew in a slightly different way. Some people learn more quickly than other; some are more determined to learn than others.

Most people find it very difficult to eat with their new teeth, the same way they would find it difficult to use an artificial arm or leg. They will learn from experience that there is only one way to force the artificial teeth into their proper place for biting or chewing. Practice alone can master this.

At first, one should only put small portions of food in the mouth and place half of each mouthful on one side and the other half on the other side. This distributes the pressure more evenly and helps one learn to eat more readily. Keep away from bulky or gooey foods at first. Most people feel that bread is a good food to begin with, but it is one of the most difficult to learn to chew, as it becomes gooey and tends

to stick on the dentures and might even dislodge them.

When one bites with natural teeth, the tendency is to pull forward at the same time. With artificial teeth, instead of pulling out as you bite into food, push back a little, especially when you bite into an apple or when you bite



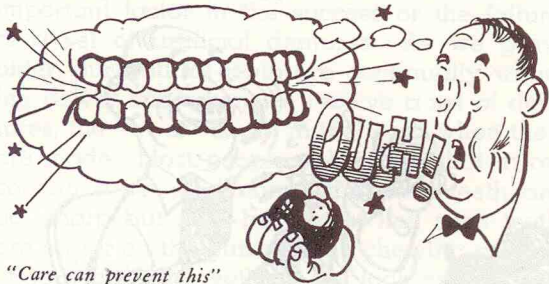
*"Apples and corn on-the-cob can be mastered"*

corn off the cob. Pushing back as you bite makes the proper leverage to keep the denture in place. The harder you push back, the tighter they will be; a little twist on the food helps at times. In biting an apple, most people just push the apple up and back on the upper teeth. At first, try to keep the food up in front of the mouth, for if food gets too far back, you might tend to lose control unless you have had sufficient time to master your teeth.

If the bite is correct, no matter how small the gums or how difficult a mouth you have to fit, if you have the will to learn, you will eventually learn to eat properly with your dentures.

## BITING LIPS AND CHEEK

Some people will find that just after getting a set of dentures and while chewing their foods, they quite frequently bite their lips or cheeks.



*"Care can prevent this"*

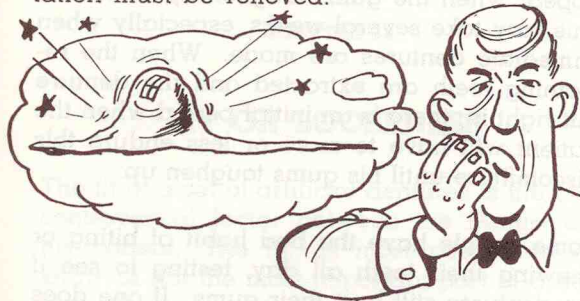
This is nothing to become alarmed about, as many times people bite their lips and cheeks with their own natural teeth. Your Dentist is the only one who can help you here.

## CHAPTER 14

### SORE SPOTS

When one receives a new set of artificial dentures, no matter how good these teeth feel when the patient leaves the Dentist's office, he can expect sore spots. It is very difficult to make a set of dentures that will not make some soreness. When a denture is made that requires no adjusting, it is the exception, rather than the rule. All gum tissue is soft and tender, and dentures are hard as stone; therefore, in

places where the dentures are over-extended, or too long, an irritation will be set up and a blister or red mark will form. A visit to your Dentist, when this takes place, will enable him to see exactly where the dentures are too long, and he will give you immediate relief. Your dentures may require several such adjustments as only a little at a time will be taken off, for if too much is removed, the dentures may become too loose. Your Dentist will try to cover as much of your gum or ridge as possible to give you maximum suction; therefore, he will relieve only those areas where he can see a sore spot appearing. In the first few weeks your upper denture settles up, and your lower denture will settle down. Even if you do not develop a sore spot in the first few days, when your dentures begin to settle, they may start to press too hard on some spots, and this irritation must be relieved.



*"Sore Spot — the original mole hill that feels like a mountain"*

Some people start complaining that the dentures hurt even before they walk out of the Dentist's office, and they try to point out approximately where the spot is. It is very difficult for anyone to point out exactly where such an area might be. It is best to wear the denture at least overnight so that a red spot will develop. If you persist and the Dentist starts trying to relieve the area, he will only be guessing, and the spot where you think it is, and where it really is, may be some distance away.

All sore spots are not caused by dentures that are too long. Sometimes there is a high spot on one particular tooth where every time one bites or chews his food, it causes an uneven pressure to be exerted on the denture and as a result a sore spot will form. This is one reason why you should not attempt to trim down your own dentures. Your Dentist will check and find this high spot and level it off with the rest of your teeth, and this will take the pressure off the sore spot immediately. If you had cut away your own denture, much of the fit would be unnecessarily lost.

Many people do not want to wait a sufficient length of time to allow their gums to heal. When the dentures are inserted over sore gums, the patient may experience some pain in wearing dentures at first. This soreness will disappear when the gums toughen up and heal. This may take several weeks, especially when immediate dentures are made. When the remaining teeth are extracted and the denture put right in, there is an initial period when the patient will have to more or less endure this discomfort until his gums toughen up.

Some people have the bad habit of biting or chewing their teeth all day, testing to see if the dentures still hurt their gums. If one does this, his gums will continually be sore. Even with your natural teeth, if you started chewing or biting on them all day, soreness would appear. The only time to chew on your teeth is when you eat.

Some people have what is known as a "knife edge ridge." That is, their gums on the lower jaw are small, come up to a point like a knife, and have very little gum tissue covering the bone. These people usually have much soreness and may need more adjusting than the average patient. It usually takes them longer

to learn to eat, for it is difficult chewing when the gums are tender. As soon as your Dentist has made the necessary adjustments, and the gums toughen up, most of these people will get along reasonably well. There is a small percentage, however, who may never be free from soreness, regardless of what the Dentist may do. There is little that anyone can do in these cases.

As the gum tissue changes shape, the dentures may become loose, and loose dentures are apt to cause sore spots. This can be remedied only by having your Dentist refit them.

## CHAPTER 15

### FIT OR LOOSENESS

The fit of a set of artificial dentures is the most controversial factor between the Dentist and his patient. The fit, as most people do not know, is not the most important part of a denture. There are many people who get along successfully with their teeth even though the fit is poor, but they have become accustomed to control their teeth, so that as far as they are concerned, their dentures are tight and fit perfectly. On the other hand, there are a few people whose dentures fit properly, but who complain that their teeth do not fit. Really this is because the patient has not allowed enough time to become accustomed to their new teeth.

More important than fit is the patient's ability or will to learn the tricks that are necessary for controlling dentures.

Again, most people fail to realize that there is a big difference in mouth conditions. Some mouths are ideally suited for wearing dentures, and others have very difficult problems, such as very little gum or ridges, very high muscles under the tongue in the floor of the mouth, or tight lips and cheeks. Look at your lower ridge. Then open your mouth wide and see what happens to the tissues around the ridge. You will see, when you open wide or yawn, why your lower denture comes up. The amount of tightness you will get out of a set of dentures depends on the individual mouth condition.

If there is a leakage so that air can get underneath a denture, even though the fit is good, it immediately loses its suction. In coughing or sneezing or even when talking, if one is not careful about maintaining control over his dentures, he might even blow them right out of his mouth. Even when one is drinking water, he has to be careful about not letting the liquid get underneath the denture, for this will float them loose. Sometimes after one has had dentures, the gums change slightly so that there is a leakage of air. This can be easily remedied by your Dentist, but if you should start using one of the many denture adhesives to keep your dentures in place, this will cause your gums to shrink even more, and soon your teeth will not fit, and they will need to be remade.

The bite, or the way the upper and lower teeth come together, is about the most important thing in keeping dentures in place. If one has an upper denture against lower natural teeth, the tremendous added pressure makes the upper gums shrink more, and as a result the denture will loosen up faster. The number and

position of remaining natural teeth on the opposite jaw has a lot to do with suction. If you have just six teeth left, or if you have more teeth on one side than the other side, this will cause an uneven pressure to be exerted, and



*"At times you might feel like doing this"*

the gums will shrink more on one side than the other. This will cause the denture to continually rock loose. One should have a partial denture made so that the bite exerts an even pressure on the full denture, with the result of a minimum of shrinkage and looseness. If one wishes, he can move his lower jaw around to make his natural teeth strike the artificial upper, thus making the denture work loose. If with your own natural teeth, you bring your lower jaw out so that you hit only one tooth, you would eventually loosen up that tooth.

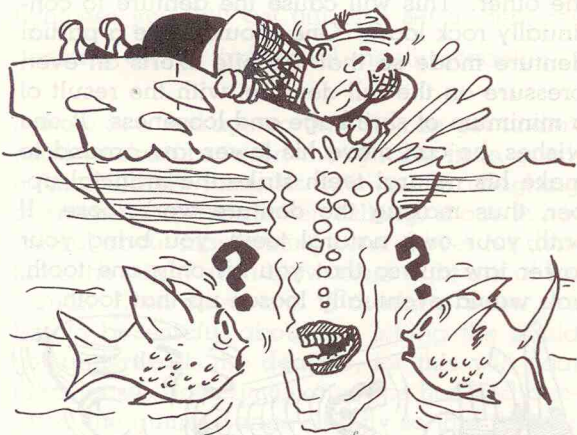


*"You've never lived till this happens"*

It works out fairly well to have an artificial upper denture against lower natural teeth, but to have an artificial lower denture against upper natural teeth does not work out as well. The tremendous pressure brought to bear on the lower gums causes them to shrink away to almost nothing. Usually a lot of soreness and looseness will result. It is usually found that the lower front teeth are about the last ones to decay, and by the time most people need a

lower denture they already have an upper denture and are ready for both.

It takes anywhere from a few weeks to 12 months for gums to heal completely after extractions. The gums shrink during healing. Dentures made during this time usually have to be refitted before too long. Many people do not wait the prescribed length of time and want their teeth soon after extractions. These people may have to use some denture powder or adhesive. This will act as a cushion for the tender gums and also will help keep the den-



"What would a fish do with yours?"

ture in place by taking up the slack when the gums shrink. The use of some form of adhesive also makes the gums shrink faster because of tight pressure. This procedure should only be used on the advice of your Dentist.

If teeth have been out for a long time, it is more difficult to fit dentures so that they will be tight. The reason for this is all the tissues, cheeks, and lips sink in and tighten up. Then, when dentures are put in, all of these tight tissues keep pushing the dentures loose. With deter-

mination one will eventually learn to master his dentures, and this taut tissue gradually will loosen up.

Many people who suffer from various illnesses may find that their gums change very rapidly, and they may have trouble with loose dentures. During the day if there is a change in blood pressure, the tightness of a denture may vary. In the morning the dentures may feel tight, and as the day progresses, they loosen. There isn't anything that can be done in these situations, but these people will have to get along as best they can.

If dentures are left out over night or even for a few hours, when they are put back in the mouth, they will be loose at first, but will gradually tighten up to what they were. The reason for this is that the gums tend to relax after the pressure of the denture is removed, and when the dentures are put back, the gums will have to conform again to the shape of the denture.

If a denture is too long, this will also make it loose. The spot where it is too long will push the denture out of position. This is very easily remedied, for a sore spot will usually form where the denture is over-extended.

When one is talking, the denture will sometimes loosen up. A good remedy for this is to pause, swallow, and press your teeth together slightly. This will keep the denture seated firmly.



## POWDER, PASTES, PADS, LINERS

When one first receives a new set of teeth, he may find them loose as he is not accustomed to controlling the dentures. The Dentist may advise the patient to sprinkle a small amount of powder on his dentures for the first few days. This will help hold the dentures in place until the patient becomes accustomed to wearing the teeth. Then he must stop. Most people will not need to use any form of adhesive and will be better off without it. It only should be used on the advice of the Dentist.



*"See your Dentist first before trying these"*

Also, with a new set of teeth, a patient may find that they fit so tightly that he may have difficulty taking the denture out, especially the upper. After a short while this situation remedies itself. Human tissue can stand only so much pressure, and if there is too much pressure the tissues will shrink away, and the denture will loosen up. The shrinking process goes on until the day we die, and the more pressure we exert the more shrinkage we have. That is why we should become accustomed to wear our dentures only as tight as the Dentist can make them.

Many people are not satisfied with the way their teeth fit. They feel that teeth were meant to stay in position, regardless of what you do, so they begin to use one of the various powders to hold their dentures firmly. The dentures will fit tightly as we have just described, but the added pressure will make the gums shrink faster, and the dentures will become loose. After a while the amount of powder will have to be increased in order to do any good. As the denture becomes more loose, the patient is continually swallowing more powder. He will now start looking for something better. First he will change brands of powder, but to no avail. Then one day he is induced by a friend, or he reads some ad in the paper, advising him to use one of the many plastic liners or pads. A "reline your denture at home" deal! Now, instead of relining a denture every four or five years, they have to be relined every 2 to 5 weeks. This is a very destructive to the gums, for a ridge that would usually last the average person a life time will last only a few years. After the gums are gone, no powder or paste will hold the denture in. By now they are looking for a miracle or some unique invention that will enable the dentist to make a denture stay in position. There is very little that can be done now but follow any suggestions or recommendations your dentist may make. The degree of help he is able to offer will depend on the exact conditions that are present.

F I N I S

**Don't Forget!  
See Your Dentist Regularly.**