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Abstract: Caries above the gums cause more caries, while the gums below cause periodontal disease. Tartar accumulates in places where it is difficult to clean the teeth - retention points. First of all, the susceptibility to caries increases in these areas. These include the natural pits, fissures, proximal and cervical surfaces of the tooth.

Key words : dental caries, the spread of the disease, the intensity of damage to the teeth with caries, disease growth intensity. caries disease indicators.

Dental caries (Caries dentis) is a pathological process, this disease is observed after the eruption of teeth, it is characterized by demineralization and destruction of tooth hard tissue and the formation of a defect in tooth hard tissue. According to literature, this disease existed 2.5-3 thousand years ago. According to the BSST (WHO) nomenclature, tooth decay is assessed by 3 main indicators:

- 1) the spread of the disease;
- 2) the intensity of damage to the teeth with caries;
- 3) disease growth intensity. Caries disease indicators.

The spread of caries is one of the indicators of caries disease. The prevalence of caries is shown in the amount of 90%. For example, 60 out of 100 examined have caries, the prevalence of caries is 60%. For example, the prevalence of caries varies from country to country. From 40% to 90% in Bulgaria, 99% in the USA, 2% in Nigeria. In Uzbekistan, this indicator is 73-80.5%. The second indicator is the rapidity (intensity) of caries. In this case, the number of caries, fillings and extracted teeth (KPO) is determined in one examinee. For example, there are 100 students in the auditorium, all of them are KPO, and they are added and divided by the number of those who have been examined. The resulting number is called the intensity of caries. If all KPOs are equal to 170, then this number is divided by 100 and the average is 1.7. So, the intensity of caries is equal to 1.7. It was also determined that the intensity of caries in permanent and temporary teeth depends on the amount of fluorine (F) in drinking water: in areas where the amount of fluoridation is more than 0.5 ml/l, the caries indicator is low in the amount of fluoridation (0.5 ml/l) was lower compared to the areas. WHO (World Health Organization) recommends 5 levels of caries intensity (according to the amount of KPO in 12-year-old children): ● very low (0-1.1);

- low (1.2-2.6);
- medium (2.7-4.4);
- tall (4.5-6.5);
- very high (more than 6.6).

Low-intensity caries is observed in Switzerland, Burma, Mozambique, Africa, Sri Lanka, and Uganda. 0 (moderate level of caries - observed in Great Britain, Sweden, Argentina, Austria, Czechoslovakia and Finland. High level - detected in Norway, Germany, Yugoslavia, Mexico, Cuba, Iran, Chile. Very high level - observed in Japan. Intensity of caries in Uzbekistan It is equal to 3.64 (Yunusov Yu.Kh., 1986). From the above data, it is known that the spread and intensity of caries is different in different regions of the Earth, so it is influenced by several factors.

- ◆ Geographical location of the climate
- ◆ Food composition and flour and sugar products 50 years ago, 10 kg was consumed in 1 year, while in the 90s, it was 44 kg. But the most important thing is not the amount of sugar; its shelf life in the oral cavity.
- ◆ Impact of microblading on tooth enamel.
- ◆ Unsatisfactory oral hygiene
- ◆ General and accompanying diseases
- ◆ Low content of fluoride and mineral salts in drinking water
- ◆ Occupational injuries (injury, toxic substances, high temperature, m axidos, chevares, bottlers, mashash, smokers' caries).

It should be noted that this disease is very common nowadays. Approximately, up to 90% of the population on Earth has caries. Caries dentinum can be caused by many factors. Three of them are the main factors (primary factors):

- 1) tendency of tooth tissue to caries;
- 2) dental plaque {plaque};
- 3) constant contact with cariogenic factors.

In addition to these main factors, a secondary factor also plays a significant role in the origin of caries (saliva, its composition and quantity, the continuous effect of caries-forming substances, etc.). Disorders and anomalies of the pricus also play an important role in the origin of caries. These factors are important not only in the origin of caries, but also in its development. Dental plaque (Plaque) is a sticky structure and consists of bacterial cells and intercellular substance (matrix). There are two types of caries: supragingival (supragingivalis) and subgingivalis (subgingivalis). Caries above the gums cause more caries, while the gums below cause periodontal disease. Tarts accumulate in places where it is difficult to clean the teeth - retention points. First of all, the susceptibility to caries increases in these areas. These include the natural pits, fissures, proximal and cervical surfaces of the tooth. The development of tooth decay takes place in several stages. A film - pellicle (acquired pellicle) is formed on the enamel, it contains carbohydrates and proteins and its size reaches 0.1-1 μm . Microbes in the oral cavity gradually settle on this membrane. Initially, the bacterial colony forms a colony of bacteria due to the adhesion mechanism. At the same time, the number of bacteria increases and they occupy the entire surface of the tooth. Due to the increase of bacteria, the pellicle layer thickens. Initially, there are Gr (—) spherical microorganisms and aerobes in tooth enamel, and later anaerobic bacteria increase. 60-70% of developed dental caries consists of dense layer of bacteria, 30-40% is made of plaque. The composition of bacteria in the saliva is not the same, it depends on the

composition of saliva and diet. The effect of saliva as an environment surrounding the tooth. An adult normally secretes 500 ml of saliva per day, of which 200 ml is during meals. The remaining 300 ml of saliva is secreted at a rate of 0.3 ml/min during "quiet" time. Saliva moistens different areas of the oral cavity in different ways and at different speeds.

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