ARASU DENTAL CARE

MULTISPECIALITY DENTAL CLINIC · COIMBATORE

The Complete Guide to Orthodontic Treatment

Braces, clear aligners and jaw correction — explained simply, with realistic timelines and transparent costs for Coimbatore patients.

A patient handbook prepared by the orthodontic team at Arasu Dental Care, led by **Dr. P.S. Sree Cumar** (MDS Orthodontics, MBA, F.P.F.A. USA, F.W.F.O. USA) — Dentist of the Year, South Region, Economic Times Healthcare Awards 2023.

- How to tell whether you or your child actually need treatment
- Every appliance option compared — metal, ceramic, self-ligating, lingual, aligners
- The right age to start, for children, teenagers and adults
- A step-by-step walkthrough of the full treatment journey
- Transparent cost ranges in Coimbatore and what each price includes
- Retainers, relapse and how to protect your result for life

R.S. Puram · 129, W Sambandam Rd, Coimbatore 641002 · +91 88380 22157
Saibaba Colony · 160, NSR Rd, Coimbatore 641011 · +91 74491 88777
Open all seven days, 10:00 AM – 8:30 PM · arasudentalcare@gmail.com · WhatsApp +91 96007 56297

CONTENTS

What's inside this guide

This guide is written for patients and parents in Coimbatore who are considering orthodontic treatment and want to understand it properly before committing. Read it end to end, or jump to the section you need.

> **How to read the cost and timeline figures in this guide**
>
> Every number here is a **range**, not a quotation. Orthodontic treatment is highly individual — two patients with what looks like the same crowding can need very different appliances, durations and fees. Individual results and timelines vary based on the complexity of the case, age, bone and gum health, appliance type, and how consistently instructions are followed. Prices are subject to individual consultation. Please treat this guide as education, and your consultation as the place where your actual plan and fee are confirmed.

A note on why we wrote this

Orthodontics is one of the few dental treatments that lasts a year or more, costs a meaningful amount, and depends heavily on the patient's own cooperation. Patients who understand what is happening to their teeth tend to finish treatment more comfortably and maintain the result better.

So rather than a brochure, we have written the guide we wish every patient could read **before** the first appointment.

SECTION 01

Why tooth alignment matters — beyond appearance

Most people book an orthodontic consultation because of how their teeth look. That is a perfectly good reason. But alignment is also a functional and long-term health question, and it is worth understanding both sides before you decide.

What straight, well-fitting teeth actually do for you

- **They are easier to keep clean.** Crowded and overlapping teeth create spaces a toothbrush and floss cannot reach properly. Plaque that stays in those areas is a recognised contributor to tooth decay and gum disease.
- **They spread bite forces evenly.** When teeth meet the way they are designed to, chewing load is shared. When a few teeth take a disproportionate load, they are more prone to wear, chipping and sensitivity over the years.
- **They reduce strain on the jaw joint.** A bite that forces the lower jaw into an unnatural position to make teeth meet can contribute to muscle fatigue and jaw joint symptoms in some patients.
- **They support clearer speech and comfortable chewing.** Significant gaps, open bites or protrusion can affect certain sounds and make biting into food awkward.
- **They make future dental work more predictable.** Implants, crowns and veneers all perform better when the underlying bite is sound. Orthodontics is often the groundwork, not the finish.

> **The honest version**
>
> Not every mild irregularity needs treatment. A slight rotation that is easy to clean and causes no functional problem may be perfectly reasonable to leave alone. A good orthodontist will tell you that. Our approach at Arasu Dental Care is to explain what treatment would and would not change for you, so you can decide — we do not recommend appliances for the sake of it.

The confidence side, stated realistically

Many of our adult patients describe a change in how freely they smile in photographs, at work, and at weddings. That matters, and we take it seriously as a treatment goal. What we will not do is promise a specific appearance outcome. We plan toward a result that is functionally stable and naturally aesthetic for *your* facial proportions, and we show you the plan before we start.

Individual results vary based on the starting position of the teeth, jaw relationship, age, bone and gum health, and patient cooperation with appliance wear and hygiene instructions. Consult with our dentists for a personalised assessment.

Why treatment is not only for teenagers

Teeth can be moved at almost any age, provided the gums and supporting bone are healthy. Adults now make up a substantial share of orthodontic patients across India, and clear aligners and tooth-coloured appliances have made treatment far more acceptable for working professionals. What differs in adults is not whether teeth can move, but the planning: existing crowns, missing teeth, gum condition and jaw-joint history all have to be factored in.

SECTION 02

Signs that orthodontic treatment may help

You do not need to diagnose yourself. But the following are the observations that most reliably lead to a useful orthodontic consultation.

In adults and teenagers

- Teeth that overlap, twist or sit visibly out of line
- Gaps between teeth that trap food or that you dislike in photographs
- Upper front teeth that protrude noticeably, or that hide the lower teeth completely when you bite
- Lower teeth that sit in front of the upper teeth when you close
- Front teeth that do not touch when the back teeth are closed
- Repeated food packing between the same two teeth
- Gums that bleed in one crowded area despite good brushing
- Uneven wear — one or two teeth looking flattened or chipped
- Jaw joint clicking, morning jaw tightness, or headaches around the temples
- Difficulty biting cleanly into food with the front teeth
- A midline that is visibly shifted to one side when you smile

In children — what parents should watch for

- Baby teeth lost much earlier or much later than siblings and classmates
- Permanent teeth erupting behind or in front of the baby teeth
- Thumb-sucking or tongue-thrusting continuing past around age four to five
- Persistent mouth breathing, snoring, or lips that do not close comfortably at rest
- A lower jaw that appears set back, or a chin that appears to jut forward
- Difficulty chewing, or a preference for chewing on one side only
- Teeth that meet on the wrong side of each other on one side of the mouth

> **The single most useful thing a parent can do**
>
> Have your child assessed by an orthodontist by **around age seven**. Most children need no treatment at that stage. But it is the age at which the first permanent molars and incisors are usually in place, which lets us see jaw growth direction, crowding trends and habits early — while growth can still be guided rather than corrected later. An early check-up is an assessment, not a commitment to braces.

Symptoms that need attention sooner rather than later

Book an appointment promptly — rather than waiting for a routine review — if you notice a tooth becoming loose without injury, gums receding around a crowded tooth, jaw locking or an inability to open fully, or a bite that has visibly changed in a short period. These are not always orthodontic, but they should be evaluated.

Medical disclaimer: this guide is general information and does not replace clinical examination, radiographs or professional diagnosis.

SECTION 03

The eight orthodontic problems we treat most often

Understanding the name of your problem makes every later conversation easier. These are the patterns we see most frequently at both our Coimbatore branches.

Condition	What it looks like	Why it is worth correcting
Crowding	Teeth overlap and twist because the jaw does not have enough space for all of them.	The most common reason for treatment. Overlapped surfaces are difficult to clean, raising decay and gum disease risk.
Spacing	Visible gaps between teeth, most often between the upper front teeth.	Food packing and gum irritation, plus an appearance concern for many patients.
Overbite (deep bite)	Upper front teeth cover the lower front teeth excessively when biting.	Can cause the lower teeth to wear the upper teeth, and in severe cases the lower teeth bite into the palate.
Increased overjet	Upper front teeth project forward horizontally.	Significantly raises the risk of trauma to the front teeth from falls or sport.
Underbite	Lower teeth sit in front of the upper teeth when closing.	Affects chewing efficiency and facial profile; in growing children may need early jaw guidance.
Crossbite	Upper teeth bite inside the lower teeth on one side or in the front.	Can shift the lower jaw to one side to allow closing, contributing to asymmetric growth and joint strain.
Open bite	Front teeth do not meet even when the back teeth are fully closed.	Makes biting into food difficult; often linked to thumb-sucking or tongue posture habits.
Midline shift	The centre line between the upper front teeth does not match the lower, or the face.	Often a sign of an underlying space or jaw discrepancy rather than a problem in itself.

Skeletal versus dental — the distinction that changes everything

Two patients can present with the same-looking front teeth for entirely different reasons. In a **dental** problem, the jaws are well related and only the teeth are out of position — these cases generally respond well to braces or aligners alone. In a **skeletal** problem, the upper and lower jaws themselves are mismatched in size or position, and moving teeth alone can only compensate so far.

This is why records matter. A clinical look at the teeth cannot reliably separate the two. An OPG radiograph, a lateral cephalogram and — where indicated — a CBCT scan let us measure the jaw relationship rather than guess it.

> **Why this matters for growing children**
>
> In a growing child, a skeletal discrepancy can often be guided using **dentofacial orthopaedic appliances** — devices that influence how the jaws grow, rather than only moving teeth. That window closes as growth completes. The same discrepancy in an adult may require either dental compensation or, in more marked cases, a combined orthodontic and surgical approach. Identifying which category a patient falls into is one of the main purposes of the first consultation.

SECTION 04

Your treatment options, compared

There is no single superior appliance — there is the appliance that suits your case, your routine and your budget. Here is what each one genuinely does well, and where it falls short.

Metal braces

Stainless steel brackets bonded to the front of each tooth, connected by a wire that is adjusted periodically. The most established and versatile option, capable of handling complex tooth movements including rotations, extraction space closure and significant bite correction.

Suits: almost any case, all ages, and particularly complex ones. **Trade-off:** most visible option; requires care with hard and sticky foods.

Ceramic (tooth-coloured) braces

The same mechanics as metal braces, with brackets in a tooth-shaded ceramic that blends with enamel. Noticeably more discreet at conversational distance.

Suits: adults and older teenagers who want fixed braces without the metallic look. **Trade-off:** brackets are bulkier and more brittle than metal, elastic ties can pick up stain from tea, coffee and turmeric-rich food between visits, and the fee is higher.

Self-ligating braces

Brackets with a built-in sliding clip instead of elastic ties, so the wire is held with less friction and no elastic modules.

Suits: patients who want fewer components to clean and, in many cases, somewhat longer intervals between adjustment visits. **Trade-off:** higher cost; the extent of any time saving is case-dependent and should not be assumed.

Lingual braces

Fixed braces bonded to the inner (tongue-side) surface of the teeth, making them essentially invisible from the front.

Suits: adults in client-facing professions for whom visibility is the deciding factor. **Trade-off:** the highest fee, an adjustment period for speech and tongue comfort, and demanding hygiene. Requires specific operator expertise.

Clear aligners and Invisalign

A series of custom, removable transparent trays, each worn for roughly one to two weeks, moving teeth in small increments. Planned digitally from a scan or impression, so you can usually see a simulation of the intended movement before starting.

Suits: mild to moderate crowding, spacing and relapse cases; adults who need to remove the appliance for work or events; patients who prefer no fixed brackets. **Trade-off:** results depend almost entirely on wearing the trays **20–22 hours a day**. Aligners left in a case do not move teeth. Some complex movements still need fixed appliances or attachments.

Myofunctional and growth-guidance appliances (children)

Removable or fixed devices used in growing children to correct habits such as thumb-sucking and tongue thrust, to hold space where a baby tooth is lost early, or to influence jaw growth. Often used in an early "phase one" before full braces later.

Suits: children roughly aged 7–12 with habit or developing-jaw concerns. **Trade-off:** depends on the child wearing it as instructed; may be followed by a second phase of treatment.

Option	Visibility	Typical duration*	Removable	Best suited to
Metal braces	Most visible	12–30 months	No	All case types, including complex
Ceramic braces	Discreet	12–30 months	No	Adults wanting fixed but subtle
Self-ligating	Metal or ceramic	12–28 months	No	Fewer components, fewer visits
Lingual braces	Invisible from front	18–30 months	No	Visibility-critical adults
Clear aligners	Nearly invisible	6–24 months	Yes	Mild–moderate cases, disciplined wear
Growth appliances	Varies	6–18 months	Usually yes	Growing children, habits, jaw guidance

**Durations are typical ranges reported for straightforward to moderate cases and are not applicable to every patient. Individual treatment time varies with case complexity, biological response, appliance compliance and attendance at scheduled adjustments. Your orthodontist will give you a case-specific estimate after records.*

SECTION 05

The right age to start — children, teens and adults

Ages 7–10 · the assessment window

Around age seven, the first permanent molars and incisors are typically in place. That is enough for an orthodontist to evaluate jaw growth direction, arch width, crowding trends and habits. The majority of children assessed at this age are simply reviewed periodically and treated later.

Where early (interceptive) treatment *is* indicated, it usually addresses: a crossbite causing the jaw to shift sideways, severe protrusion of upper front teeth that raises injury risk, a persistent thumb or tongue habit, or the early loss of a baby tooth where space needs holding. Acting in this window can reduce the complexity of later treatment, though it does not always remove the need for it.

Ages 11–16 · the classic treatment window

Most comprehensive orthodontic treatment happens here. Nearly all permanent teeth have erupted, growth is still available to work with, and tooth movement is generally efficient. Practically, it also tends to fit school timelines better than later years.

Adults · any age, with the right groundwork

There is no upper age limit for moving teeth, provided the foundation is healthy. What adult treatment requires first is a thorough assessment of gum health and bone support, because moving teeth in the presence of active gum disease is not advisable. Existing crowns, bridges, implants and missing teeth all shape the plan — implants, for example, do not move, so they must be planned around.

Adult treatment is frequently interdisciplinary. It is common for orthodontics to precede implants, veneers or crowns so that teeth are positioned correctly before permanent restorations are made. Having orthodontists, implantologists, periodontists and prosthodontists in one clinic makes that sequencing considerably simpler to coordinate.

> **A realistic note for adults**
>
> Tooth movement in adults is generally somewhat slower than in adolescents, and gum recession or bone loss from earlier years does not reverse with alignment. Treatment can still substantially improve function, cleanability and appearance — it simply starts from a different baseline. We will show you your radiographs and explain what is achievable in your specific situation before you commit.

When treatment should wait

We will advise postponing or sequencing treatment differently if there is active tooth decay requiring restoration, untreated gum inflammation, a tooth needing root canal treatment, or during certain phases of mixed dentition where waiting for eruption gives a better result. Stabilising oral health first is not a delay tactic — it protects the result.

Consult with our dentists for a personalised assessment. Individual suitability varies based on gum and bone health, existing dental work and general medical history.

SECTION 06

Your treatment journey, step by step

Here is exactly what happens from your first phone call to the day your appliance comes off — and beyond.

1 Consultation and clinical examination

We listen to what is bothering you first, then examine the teeth, gums, bite and jaw joint, and assess your facial proportions. We discuss your medical history, any previous dental work, and habits such as clenching or grinding. If treatment looks appropriate, we explain the likely direction before proceeding to records. *Duration: 30–45 minutes.*

2 Diagnostic records

Accurate planning needs measurable data: an **OPG** (full-mouth radiograph) to see all teeth, roots and developing teeth; a **lateral cephalogram** to measure the jaw relationship; intraoral and facial photographs; and either digital scans or impressions of your teeth. A **CBCT** scan is added where impacted teeth, root positions or airway assessment require three-dimensional detail. *Duration: 30–40 minutes.*

3 Treatment planning and case discussion

We analyse the records and prepare a plan: which appliance, whether extractions are needed, expected sequence and duration, and the fee. You will be shown what the records reveal — not simply told a conclusion. Where more than one reasonable approach exists, we lay out the trade-offs of each and let you choose. Nothing begins until you have understood and agreed the plan. *Duration: 30 minutes.*

4 Preparatory dental work, if required

Any cavities are restored, gum treatment or professional cleaning is completed, and planned extractions are carried out. All extraction and surgical procedures are performed under appropriate local anaesthesia for a comfortable experience, with sedation options available for anxious patients.

5 Appliance fitting

Fixed braces: teeth are cleaned and conditioned, brackets are bonded individually, and the first wire is placed and secured. Nothing is drilled and no anaesthesia is needed. *Duration: 60–90 minutes.*
Aligners: small tooth-coloured attachments are bonded where needed, the first trays are fitted and checked, and you are taught insertion, removal, cleaning and the wear schedule. *Duration: 45–60 minutes.*

6 Active treatment and review visits

With fixed braces, you are typically reviewed every 4–8 weeks for wire changes and progress checks. With aligners, trays are changed at home every 7–14 days as instructed, with clinic reviews roughly every 6–10 weeks. Elastics may be added at certain stages to correct the bite — these depend on you wearing them as directed, and are one of the most common reasons treatment runs longer than estimated.

7 Detailing and finishing

The final phase refines the fine detail: settling the bite so teeth interdigitate correctly, levelling gum margins, and closing any remaining small spaces. It can feel slow because the visible change is subtle — but this stage is what separates a result that looks aligned from one that also functions and holds.

8 Appliance removal and retention

Brackets are removed, remaining adhesive is polished off, and the teeth are cleaned. Final records are taken and your retainers are fitted or made the same day or shortly after. Retention begins immediately — see Section 08.

9 Long-term review

We review retainer fit and stability periodically after treatment, alongside routine dental check-ups and cleaning. Teeth have a lifelong tendency to shift; scheduled reviews are how small movements are caught while they are still easy to address.

> **The three things that most affect how long your treatment takes**
>
> **1. Complexity** — how far teeth must travel, and whether jaws as well as teeth need correcting. **2. Biology** — bone remodels at different rates in different people, and this is not something either of us controls. **3. Compliance** — aligner wear hours, elastic wear, appliance care and keeping appointments. The third is the one factor entirely within your hands, and in practice it is the most common reason estimated timelines are exceeded.

SECTION 07

Living with braces or aligners: comfort, food and hygiene

What the first week actually feels like

Fitting braces or aligners is not painful. What follows is: teeth typically feel tender and sensitive to biting for **three to five days** after fitting and after each wire change, because the teeth are under gentle continuous pressure. Most patients manage comfortably with soft foods and, if needed, a simple analgesic recommended by your dentist.

Brackets may also rub the inner cheeks and lips in the first week or two. Orthodontic wax, supplied at fitting, covers any sharp spot until the tissues adapt — and they do adapt. Aligner patients often report a slight lisp for the first few days that resolves as the tongue adjusts.

Foods to avoid with fixed braces

- Hard items — ice, nuts, hard boiled sweets, papad edges
- Sticky items — chikki, toffees, chewing gum
- Whole hard fruits and raw carrot — cut into pieces instead
- Sugarcane and corn on the cob — strip the kernels off
- Crusty bread and hard biscuits bitten with front teeth
- Frequent sugary and carbonated drinks

The principle is straightforward: cut food into smaller pieces, chew with the back teeth, and avoid anything that requires force from the front teeth. A broken bracket means an unscheduled visit and lost treatment time.

Hygiene — the part that protects your result

Braces create additional surfaces for plaque to accumulate around. Poor hygiene during treatment can leave permanent white decalcification marks on the enamel where plaque sat against the tooth — visible only once the braces come off, when it is too late to reverse easily. This is avoidable, and it is worth the effort.

- Brush after every meal, angling the brush above and below the brackets — allow a full two minutes
- Use an interdental brush to clean between brackets and under the wire daily
- Use floss threaders or orthodontic floss at least once daily
- A fluoride mouth rinse, if advised by your dentist, adds useful protection
- Continue professional cleaning appointments during treatment, not just after

Aligner-specific care

- Wear for **20–22 hours daily** — remove only for meals and brushing
- Drink only plain water while trays are in; hot drinks can distort them and sugary drinks trap sugar against the enamel
- Brush your teeth before reinserting after any meal or snack
- Rinse and gently brush trays daily with cool water — not hot water
- Always store trays in their case. Wrapping them in a tissue is the single most common way patients lose them
- Keep your previous tray until the next one is confirmed to be tracking properly

Sport, playing wind instruments and travel

Wear a mouthguard for contact sports — we can advise on one suitable for use over braces. Wind instrument players usually adapt within a few weeks, and wax helps initially. If you travel frequently, tell us at the planning stage so review intervals and aligner batches can be arranged around your schedule.

When to call us between appointments

A loose or broken bracket, a wire poking the cheek that wax will not settle, a lost aligner or retainer, an appliance that no longer fits, or pain that is worsening rather than easing after the first few days. Call the branch treating you — **R.S. Puram +91 88380 22157** or **Saibaba Colony +91 74491 88777**, open all seven days, 10:00 AM–8:30 PM.

SECTION 08

Retainers — the part most people underestimate

Teeth are not set in stone. They sit in bone, held by an elastic network of periodontal fibres, and those fibres retain a memory of the previous position for a long time after treatment. Left unretained, teeth drift back — and lower front teeth are usually the first to show it.

Relapse is not a treatment failure. It is normal biology, and retention is the recognised way to manage it. This is why we are direct with patients about it before treatment starts rather than after.

Types of retainer

- **Fixed (bonded) retainer** — a thin wire bonded behind the front teeth, invisible from the front and working continuously without any effort from you. Requires careful flossing around it and periodic checks to confirm it is still intact.
- **Removable clear retainer** — a transparent tray resembling an aligner, worn to a schedule. Discreet and easy, but only effective when actually worn.
- **Hawley retainer** — an acrylic plate with a wire across the front. Durable, adjustable, and long-lasting, though more visible.

Many patients are given a combination: a bonded wire on the lower front teeth with a removable retainer on the upper arch.

A typical retention schedule

Phase	Typical instruction	Why
First 3–6 months	Full-time wear except for eating and brushing	Bone and fibres are still reorganising; this is the highest-risk period for relapse
6–12 months	Nights only	Tissues have largely stabilised; nightly wear maintains the position
Year 2 onward	Nights only, several nights a week, long term	Age-related drift continues throughout life, independent of past treatment

Retention protocols are individualised. Your orthodontist will give you a schedule based on your case; some cases require longer full-time wear. Individual results vary.

Caring for retainers

- Rinse with cool water after each wear and brush gently — never with hot water, which warps them
- Store in the case, always. Not in a napkin, not in a pocket
- If a retainer suddenly feels tight, wear it more, do not force it, and call us — tightness means teeth have begun to move
- If it cracks, does not seat, or is lost, contact us promptly. A replacement made within days is far simpler than re-treatment later
- Bring your retainers to routine dental check-ups so we can confirm fit

> **The one sentence to remember from this guide**
>
> Treatment aligns your teeth; **retention is what keeps them aligned.** Patients who commit to their retainer schedule are the ones who still like their smile a decade later.

SECTION 09

Orthodontic treatment costs in Coimbatore

We publish ranges because we would rather you arrive informed than surprised. Orthodontics is priced by case, not by menu — but you should know the territory before you walk in.

Braces — indicative ranges at Arasu Dental Care

Appliance	Indicative range	Notes
Braces treatment	From ₹30,000	Starting point for straightforward cases
Metal braces	₹30,000 – ₹50,000	Varies with complexity and duration
Ceramic (tooth-coloured) braces	₹35,000 – ₹70,000	Aesthetic brackets, higher material cost
Self-ligating braces	₹50,000 – ₹80,000	Clip mechanism, fewer components
Lingual braces	₹70,000 – ₹1,00,000	Fully customised, bonded behind the teeth

Clear aligners and Invisalign

Treatment	Indicative range	Notes
Clear aligners — overall	₹40,000 – ₹3,00,000	Priced by number of aligners and complexity
Clear aligners — mild case	₹50,000 – ₹70,000	Limited crowding or spacing, fewer trays
Clear aligners — complex case	₹1,50,000 – ₹3,00,000	Extensive movement, more refinement stages
Invisalign at Arasu Dental Care	From ₹80,000	Brand-specific aligner system
Invisalign — Coimbatore market range	₹80,000 – ₹2,50,000	City-wide context, for comparison

Diagnostics and supporting procedures

Item	Indicative range	Notes
Consultation	₹300 – ₹500	Clinical examination and discussion
IOPA radiograph	₹200 – ₹300	Single-tooth view
OPG (full-mouth radiograph)	₹400 – ₹600	Standard orthodontic record
CBCT scan	₹1,000 – ₹4,000	Where 3D assessment is indicated

Scaling and cleaning	₹1,500 – ₹3,000	Often required before appliance fitting
Simple extraction	₹1,500 – ₹3,500	Where extraction is part of the plan
Root canal treatment	₹5,000 – ₹7,000	If a tooth needs treatment beforehand

All prices are indicative ranges and are subject to individual consultation. Final fees are confirmed only after clinical examination and diagnostic records. Prices are current at the time of publication and may be revised.

What typically influences your fee

- **Case complexity** — the extent of movement required and whether the jaw relationship needs correcting
- **Appliance chosen** — the single largest variable, as the tables above show
- **Treatment duration** — longer cases mean more review visits and materials
- **Extractions or preparatory work** — restorations, gum treatment or extractions where indicated
- **Diagnostics** — whether CBCT is required in addition to standard radiographs
- **Retainers** — confirm at planning whether these are included in the quoted fee

What to ask before you agree to any orthodontic fee

1. Is this the total treatment fee, or the appliance fee only?
2. Are records, radiographs and review visits included?
3. Are retainers included, and how many sets?
4. What happens if a bracket breaks or an aligner is lost — is there a replacement charge?
5. Are extractions, cleaning or fillings extra?
6. What is the payment schedule, and is EMI available?
7. What is the fee if refinement aligners are needed at the end?

Payment options

We accept **cash, UPI, debit and credit cards, and net banking**. **EMI options** are available to spread longer treatments across the treatment period, and we accept applicable insurance where cover exists. Orthodontic fees are commonly structured as an initial payment followed by instalments aligned with your review visits — ask us to write the schedule down so you know exactly what falls due and when.

SECTION 10

When alignment and jaw pain (TMJ) are connected

The temporomandibular joints connect your lower jaw to your skull just in front of each ear, and they work every time you speak, chew or swallow. When those joints or the muscles around them are strained, patients describe clicking, tenderness, restricted opening, headaches around the temples, or morning jaw tightness.

The relationship between bite and jaw joint symptoms is genuinely complex, and honest clinicians say so. A poor bite is not the sole cause of every TMJ problem — clenching, grinding, stress, posture and previous injury all contribute. Equally, a bite that forces the jaw to shift sideways or backwards to allow the teeth to meet can place the joint under sustained strain.

What assessment involves

- Examination of joint sounds, movement range and muscle tenderness
- Analysis of how your teeth meet and whether the jaw shifts on closing
- Radiographic and, where indicated, 3D imaging of the joint
- A history covering clenching, grinding, stress and any past jaw injury

How it is typically managed

Management is usually staged, beginning conservatively: patient education and habit awareness, jaw exercises, a custom bite splint or night guard, and where appropriate laser therapy for muscular symptoms. Orthodontic correction is considered where the bite itself is identified as a contributing factor — not as an automatic first response to jaw pain.

> **Why we mention this in an orthodontics guide**
>
> TMJ care is one of Arasu Dental Care's flagship specialisations. Our founder, **Dr. P.S. Sree Cumar**, is both an orthodontist and a TMJ pain specialist, and members of our periodontal team hold advanced laser qualifications relevant to joint and muscular symptoms. If you have both alignment concerns and jaw discomfort, they can be assessed together rather than in separate places — which matters, because the treatment decisions interact.

Individual results vary based on the underlying cause, duration of symptoms and adherence to the management plan. Consult with our dentists for a personalised assessment. This guide does not constitute a diagnosis.

SECTION 11

How to choose an orthodontist

Orthodontic treatment lasts a year or more and is difficult to undo. It is worth a careful decision. Here is what actually distinguishes one provider from another.

Qualifications — read them properly

An orthodontist holds an **MDS in Orthodontics and Dentofacial Orthopaedics**, a three-year postgraduate specialisation after the BDS degree. General dentists can and do provide some orthodontic treatment, and that may be appropriate for simple cases — but for complex movement, jaw discrepancies, growth guidance or surgical cases, specialist training matters. Ask directly which qualification the person treating you holds. A clinic confident in its team will answer without hesitation.

Diagnostic thoroughness

Be cautious of any plan quoted without radiographs and records. Crowding that looks identical in two mouths can have entirely different causes, and only measurable records distinguish them. A proper diagnostic workup is the difference between a plan and a guess.

How options are presented

You should be shown more than one reasonable approach where more than one exists, with the trade-offs of each stated plainly — including cost, duration and limitations. A clinic that presents only its most expensive appliance, or that pressures you to commit at the first visit, is telling you something about how it operates.

Access to other specialists

Adult orthodontics regularly overlaps with gum treatment, implants, root canals and restorative work. Where all of those specialists work under one roof, sequencing is coordinated in one place rather than through referrals between clinics — which reduces both delays and the risk of plans conflicting.

Practical fit

You will be attending review visits for a year or more. Clinic location, opening hours and how easy it is to reach someone between appointments are not minor considerations — they determine whether you actually keep to your schedule, which in turn affects your result.

> **Questions worth asking at your consultation**
>
> What is your diagnosis, and what are the records showing? · Which appliance options are suitable for me, and why do you recommend this one? · How long will treatment take, and what would extend it? · Will extractions be needed? · Who exactly will treat me at each visit? · What is the total cost, and what is included? · What retainers will I need afterwards? · What happens if the result needs refinement at the end?

Why patients across Coimbatore choose Arasu Dental Care

- **Specialist-led orthodontics** — founder Dr. P.S. Sree Cumar (MDS Orthodontics, MBA, F.P.F.A. USA, F.W.F.O. USA), a Fellow of the World Federation of Orthodontists and Senior Lecturer at RVS Dental College, supported by additional MDS-qualified orthodontists including Dr. Sneha K Achuthan (Gold Medallist, Meenakshi Ammal Dental College) and Dr. Uthayana Raaja
- **Recognised clinical authority** — Dentist of the Year, South Region, Economic Times Healthcare Awards 2023

- **A genuine multispecialty bench** — orthodontics, oral and maxillofacial surgery, periodontics, prosthodontics, implantology, endodontics and paediatric dentistry, all in-house
- **Open all seven days, 10:00 AM – 8:30 PM** — review visits that fit around work and school
- **Two central locations** — R.S. Puram and Saibaba Colony
- **Transparent pricing** — written plans and fee structures, discussed before treatment begins
- **Comfort-first care** — sedation options for anxious patients, and a team experienced with nervous adults and children
- **Established since 2017** — a unit of the Arasu Medicals Group

SECTION 12

Frequently asked questions

Does getting braces hurt?

Fitting braces does not hurt — nothing is drilled and no injection is needed. Teeth typically feel tender for three to five days afterwards and after each adjustment, as they begin to move. Most patients manage comfortably with soft foods and a simple analgesic if required.

How long will my treatment take?

Most comprehensive cases fall between 12 and 30 months, and limited cases can be shorter. Your orthodontist will estimate your duration after reviewing records. Individual timelines vary with complexity, biological response and how consistently instructions are followed.

Will I need teeth extracted?

Not always. Extractions are considered when there is insufficient space in the jaw for all the teeth to be aligned, or when the front teeth need to be moved back significantly. Where space can be created by expansion or other means, we will explain those alternatives. Any extraction is discussed and agreed before it is carried out.

Are clear aligners as effective as braces?

For mild to moderate crowding, spacing and relapse cases, aligners can achieve comparable results when worn 20–22 hours a day. For complex rotations, significant bite correction or large extraction space closure, fixed braces generally remain more predictable. The honest answer depends on your specific case — which is what the consultation determines.

Can I get braces if I have crowns, implants or missing teeth?

Usually yes, with planning. Natural teeth and most crowned teeth can be moved; implants cannot, as they are fused to bone, so they must be planned around. Missing teeth may mean space is either closed or preserved for a future implant or bridge. This is exactly where having orthodontists, implantologists and prosthodontists in one clinic helps.

Is there an age limit for orthodontic treatment?

No, provided gums and supporting bone are healthy. We treat adults across a wide age range. Gum health assessment comes first, because moving teeth with active gum disease is not advisable.

My child is seven. Is that too early to see an orthodontist?

It is the recommended age for a first assessment. Most children need nothing at that stage and are simply reviewed periodically. The value is in identifying the minority who benefit from early intervention while jaw growth can still be guided.

Will braces damage my teeth or enamel?

Braces themselves do not damage enamel when hygiene is maintained. The real risk is plaque sitting around brackets, which can leave white decalcification marks. Thorough daily cleaning and regular professional cleaning during treatment prevent this.

Can I play sports or a wind instrument with braces?

Yes. Wear a mouthguard for contact sports — we can advise on a suitable one. Wind instrument players generally adapt within a few weeks; wax helps in the early days.

What if a bracket comes loose or a wire pokes me?

Call the branch treating you. Cover a sharp spot with orthodontic wax in the meantime. Do not attempt to cut or bend a wire yourself. We are open all seven days, which usually means a prompt appointment.

How often will I need to visit the clinic?

Typically every four to eight weeks with fixed braces, and roughly every six to ten weeks with aligners. Missing scheduled visits is one of the most common reasons treatment extends beyond the original estimate.

Will my teeth move back after treatment?

They will tend to, without retention. That is normal biology rather than a failure of treatment, and it is precisely why retainers are prescribed. Wearing your retainer as instructed is what maintains the result long term.

Can adults get treatment done discreetly?

Yes — ceramic braces, lingual braces and clear aligners all reduce visibility considerably. Which suits you depends on your case complexity and budget, and we will discuss the trade-offs.

Does insurance cover orthodontic treatment?

Cover for orthodontics varies substantially between policies, and many Indian dental policies exclude treatment considered cosmetic. Check your policy terms directly. We accept applicable insurance where cover exists, and offer EMI options where it does not.

Can I switch from braces to aligners partway through?

Sometimes, though it is not always clinically sensible. Discuss it with your orthodontist rather than assuming — the appropriate answer depends on which movements remain outstanding.

Will treatment change my face?

Correcting significant protrusion or a jaw discrepancy can produce visible changes to lip support and profile, which is often part of the treatment goal. Mild alignment cases usually change the smile rather than the profile. We will discuss the expected changes honestly at planning, using your records, before you decide.

SECTION 13

Your pre-consultation checklist

Bringing the right information to your first appointment makes the visit considerably more productive.

What to bring

- ☐ Any previous dental radiographs, OPGs or CBCT scans, even if a few years old
- ☐ A list of current medications and any medical conditions
- ☐ Details of any previous orthodontic treatment, including retainers you still have
- ☐ Your dental insurance details, if applicable
- ☐ For children — school timetable and any earlier dental or orthodontic reports

What to think about beforehand

- ☐ What specifically bothers you? Note it down — appearance, function, or both
- ☐ Have you noticed jaw clicking, headaches, clenching or night-time grinding?
- ☐ Are there events in the next two years where appliance visibility matters to you?
- ☐ Realistically, how consistently could you wear a removable appliance 20–22 hours a day?
- ☐ What budget range are you working within? Tell us — it genuinely helps us plan appropriately
- ☐ Which branch and appointment timings suit your routine over the long term?

What you should leave with

- ☐ A clear explanation of your diagnosis, and what your records show
- ☐ The treatment options suitable for your case, with the trade-offs of each
- ☐ An estimated duration and the number of expected visits
- ☐ A written fee structure, including what is and is not covered
- ☐ Clarity on whether retainers are included
- ☐ Answers to every question you brought, without feeling rushed

Ready to find out what's actually needed?

Book an orthodontic consultation at either of our Coimbatore branches. We will examine, take the records your case requires, and explain your options plainly — including the option of doing nothing, where that is reasonable.

R.S. Puram — 129, W Sambandam Rd, Coimbatore 641002 · **+91 88380 22157**
Saibaba Colony — 160, NSR Rd, above Donuts Cake Shop, Coimbatore 641011 · **+91 74491 88777**
WhatsApp **+91 96007 56297** · arasudentalcare@gmail.com · Open all seven days, 10:00 AM – 8:30 PM

SECTION 14

About Arasu Dental Care

Arasu Dental Care is a multispecialty dental clinic in Coimbatore and a unit of the Arasu Medicals Group, established in **2017**. We operate two branches in R.S. Puram and Saibaba Colony, open every day of the week from 10:00 AM to 8:30 PM.

Our approach is straightforward: explain the condition, present the options, be transparent about cost, and let the patient decide. Patients should leave feeling they are in safe hands — not that they have been sold a treatment.

Our orthodontic team

Dr. P.S. Sree Cumar — MDS (Orthodontics & Dentofacial Orthopaedics), MBA, F.P.F.A. (USA), F.W.F.O. (USA). Founder and Managing Director; Orthodontist and TMJ pain specialist. MDS from A.B. Shetty Memorial Institute of Dental Sciences, Mangalore. Fellow of the Pierre Fauchard Academy and Fellow of the World Federation of Orthodontists (USA). Senior Lecturer at RVS Dental College and Hospital. *Dentist of the Year – South Region, Economic Times Healthcare Awards 2023.* Clinical expertise across myofunctional appliances, fixed appliances, clear aligners and temporomandibular disorders.

Dr. Sneha K Achuthan — Orthodontist. MDS from Meenakshi Ammal Dental College and Hospital, awarded a Gold Medal for Academic Excellence. Fixed braces, clear aligners and smile correction for adolescents and adults, with an emphasis on meticulous planning and facial harmony.

Dr. Uthayana Raaja — BDS, FOI. Orthodontist specialising in Dentofacial Orthopaedics and Oral Implantology. MDS and PhD from A.B. Shetty Memorial Institute, with advanced implant training from Goethe University and Sebha University. Fellow of the Pierre Fauchard Academy; member of the Indian Dental Association and Indian Orthodontic Society.

The wider specialist team

Orthodontic treatment often needs support from other specialities. In-house, our patients have access to periodontists and implantologists (Dr. Harita U.S., Dr. Arathi Anil, Dr. Prathusha, Dr. U.B. Rajasekaran), a prosthodontist and implantologist (Dr. Ashwin Kumar), an oral and maxillofacial surgeon (Dr. P.R. Gouthaman), an endodontist and cosmetic dentist (Dr. Kanmani Preethi), and general dentists (Dr. Neela, Dr. Abinaya) — so that gum treatment, extractions, root canals, implants and restorative work can be sequenced alongside orthodontics without referral elsewhere.

Visit us

Branch	Address	Phone
R.S. Puram (main)	129, W Sambandam Rd, R.S. Puram, Coimbatore, Tamil Nadu 641002	+91 88380 22157
Saibaba Colony	160, NSR Rd, above Donuts Cake Shop, Saibaba Colony, Coimbatore, Tamil Nadu 641011	+91 74491 88777

Hours: Monday to Sunday, 10:00 AM – 8:30 PM · **WhatsApp:** +91 96007 56297 · **Email:** arasudentalcare@gmail.com

Related reading on our website: Orthodontic treatment in Coimbatore · Invisalign treatment · Teeth alignment: braces and clear aligners · Paediatric dentistry · TMJ disorder treatment · Dental implants

Important information

Medical disclaimer. This guide is provided for general patient education only. It is not a diagnosis, a treatment plan, or a substitute for professional dental advice. No clinical decision should be made on the basis of this document alone. Always consult a qualified dentist or orthodontist for assessment of your individual condition.

Results. Individual results vary based on case complexity, age, jaw relationship, bone and gum health, appliance type, biological response and patient compliance with wear and hygiene instructions. Treatment durations and outcomes described here are typical ranges and are not applicable to every patient. No specific outcome is promised or implied. Consult with our dentists for a personalised assessment.

Pricing. All fees stated are indicative ranges current at the time of publication and are subject to individual consultation, clinical examination and diagnostic records. Ranges may be revised without notice. Ask for a written treatment plan and fee structure before commencing treatment.

Privacy. Patient information shared with Arasu Dental Care during consultation and treatment is handled confidentially and used only for clinical care, appointment coordination and, where required, statutory purposes. Clinical photographs or records are used for educational or promotional purposes only with the patient's explicit written consent.