

Future of Pediatric Dentistry in India: Scope, Opportunities, and Emerging Trends

Ramya Ramanathan

MDS, Pedodontics, Goa Dental College & Hospital

Abstract

Pediatric dentistry in India stands at a critical inflection point, driven by an unprecedented disease burden, expanding postgraduate education, rising parental awareness, and rapid technological disruption. With over 400 million children and an Early Childhood Caries (ECC) prevalence exceeding 46% nationally, the specialty faces both extraordinary challenges and remarkable opportunities. This article examines the current landscape, market dynamics, workforce expansion, the newly constituted National Dental Commission, technological innovations, and policy frameworks shaping the future of pediatric dentistry in India. Drawing upon recent epidemiological studies, market analyses, bibliometric research, and official government notifications, we present a comprehensive assessment of the specialty's scope across clinical practice, academics, research, and entrepreneurship. The findings indicate that pediatric dentistry in India is transitioning from a niche clinical service to a multidimensional discipline with robust growth potential, though significant barriers related to geographic maldistribution, cost, and awareness persist.

Keywords: Pediatric dentistry, India, Early Childhood Caries, National Dental Commission, dental workforce, artificial intelligence, dental education, teledentistry

1. Introduction

Pediatric dentistry, formally designated in India as **Pedodontics and Preventive Dentistry**, represents one of the most dynamically evolving specialties within the nation's oral healthcare ecosystem. As the discipline responsible for the oral health of children from infancy through adolescence—including those with special healthcare needs—it occupies the intersection of clinical dentistry, child psychology, public health, and emerging digital technologies.^{1,2}

India, home to over **400 million children**—the largest child population globally—faces a disproportionately high burden of Early Childhood Caries (ECC), coupled with a historically underserved pediatric dental infrastructure.³ The national pooled prevalence of ECC has been estimated at **46.9%**, with regional studies reporting even higher figures in certain populations.^{4,5} Despite this staggering disease burden, treatment rates remain critically low, with mean filled teeth scores as low as **0.02 ± 0.23** in certain populations, underscoring a profound gap between disease prevalence and care delivery.⁴

Simultaneously, India is witnessing unprecedented expansion in dental education, technological adoption, and research productivity. With **329 dental colleges**, **27,926 annual BDS seats**, and **7,357 MDS seats** across the country, the pipeline of dental professionals has never been stronger.^{6,7} Yet, the distribution of pediatric dental specialists remains geographically and numerically inadequate, with approximately **2,940 registered pediatric dentists** serving a pediatric population of over 400 million.⁸ This disparity between

need and availability defines both the challenge and the opportunity that characterizes the future of pediatric dentistry in India.

This comprehensive review examines the current landscape, future trajectory, and multifaceted scope of pediatric dentistry in India, drawing upon recent epidemiological data, market analyses, workforce statistics, technological advancements, and the newly operationalized regulatory framework under the National Dental Commission.

2. The Disease Burden: A Crisis of Unmet Need

The epidemiological profile of pediatric oral diseases in India presents a compelling case for the expansion of specialized pediatric dental services. ECC is not merely a dental condition; it is the **most prevalent chronic disease of childhood**, occurring at rates five times higher than asthma and seven times higher than hay fever.⁵ The 2015 Global Burden of Diseases study identified dental caries in primary dentition as the **12th most common disease worldwide**, affecting an estimated 560 million children.⁴

Regional data from India paints an equally concerning picture. A cross-sectional study conducted in Shimla, Himachal Pradesh, reported an ECC prevalence of **61.6%** among preschool children, with a mean decayed teeth count of 3.35 ± 3.56 and a strikingly low mean filled teeth count of only 0.02 ± 0.23 .⁴ Similarly, a study in Bhubaneswar, Odisha, documented an ECC prevalence of **54.78%** among 460 children aged 3–5 years.⁵ These figures are not outliers; they represent a national pattern of high disease prevalence coupled with minimal restorative intervention.

The clinical and socioeconomic implications of this burden are profound. Untreated ECC leads to pain, infection, impaired nutrition, speech difficulties, reduced school attendance, and diminished quality of life.⁵ Moreover, the low filled-teeth ratio indicates that the vast majority of affected children receive no treatment whatsoever, representing not merely a clinical failure but a public health emergency. This massive untreated patient pool constitutes the foundational demand driver for the future growth of pediatric dentistry in India.

3. Global Market Dynamics and India's Emerging Position

The global pediatric dental market is experiencing robust expansion, with India positioned as a key growth geography within the Asia-Pacific region. According to Market Research Future, the global market was valued at approximately **\$5.5 billion in 2024** and is projected to reach **\$8.5 billion by 2035**, growing at a compound annual growth rate (CAGR) of **4.04%**.⁹ Future Market Insights offers an even more optimistic projection, estimating the market at **\$12.4 billion in 2025** with a CAGR of **6.3%**, potentially reaching **\$22.8 billion by 2035**.¹⁰

The Asia-Pacific region has been identified as the **fastest-growing regional market**, driven by rising disposable incomes, increasing health literacy, urbanization, and expanding dental infrastructure.¹¹ For India specifically, the growth drivers include rising disposable incomes and urbanization, increasing parental awareness, expanding specialist workforce, and technology adoption.^{9, 10, 11, 12}

India's domestic market for pediatric dental services is further bolstered by its demographic dividend. With nearly **27% of the population below 14 years of age**, the absolute volume of potential pediatric dental patients exceeds that of many continents combined. This demographic reality, when mapped against the current specialist deficit, suggests a market opportunity of extraordinary scale.

4. Dental Education and Workforce: Expansion Amidst Inequality

India's dental education infrastructure has undergone remarkable expansion over the past two decades. The country currently hosts **329 dental colleges** with an annual intake of **27,926 BDS students** and **7,357 MDS seats** across all specialties as of 2025.^{6,7} The postgraduate landscape includes **276 dental colleges** offering MDS programs, with over **123 institutions** specifically providing training in Pediatric and Preventive Dentistry.^{7,13}

The specialty's academic roots in India trace back to **1979**, when the first MDS program in Pedodontics was established at Government Dental College, Amritsar.¹² Today, the specialty is taught at more than **204 dental institutions** nationwide, reflecting both historical commitment and contemporary demand.¹² The National Institutional Ranking Framework (NIRF) 2025 identifies premier institutions such as AIIMS Delhi, Saveetha Institute, Maulana Azad Institute of Dental Sciences, and Manipal College of Dental Sciences as leading centers for dental education.¹⁴

The overall dental workforce statistics appear favorable on paper. India now has **one dentist for every 3,846 people**—nearly double the density recommended by the World Health Organization (1:7,500).⁶ The Dental Council of India (DCI) had registered **376,721 dentists** under its ambit.⁶ However, these aggregate figures mask critical disparities:

- **Specialist scarcity:** Despite the large overall dentist population, the Indian Society of Pediatric and Preventive Dentistry (ISPPD) directory listed only approximately **2,940 registered pediatric dentists**.⁸ This yields a ratio of roughly **one pediatric dentist per 136,000 children**, a figure that is grossly inadequate by any international standard.
- **Geographic maldistribution:** The majority of pediatric dentists are concentrated in urban and metropolitan centers, leaving rural and semi-urban India—where approximately 65% of the population resides—chronically underserved.^{8,15}
- **Gender dynamics:** The dental workforce in India is predominantly female, yet leadership positions and specialist practice ownership remain male-dominated, reflecting broader structural inequities.⁶

5. The National Dental Commission: A New Regulatory Era for Pediatric Dentistry

In a landmark reform, the **National Dental Commission (NDC)** officially replaced the Dental Council of India (DCI) on **March 19, 2026**, marking a historic transition in the regulation of dental education and professional practice in India.^{16,17,18} The NDC was constituted under the National Dental Commission Act, 2023, which repealed the seven-decade-old Dentists Act, 1948, and dissolved the DCI with effect from the same date.¹⁹

5.1 Structural Architecture

The NDC operates through a **three-tier autonomous board structure** designed to ensure specialized, efficient, and transparent governance:¹⁹

1. **Undergraduate and Postgraduate Dental Education Board** – oversees all aspects of dental education, including curriculum development, faculty training, and recognition of dental qualifications.
2. **Dental Assessment and Rating Board (DARB)** – regulates institutional accreditation, assessment, and rating of dental colleges.
3. **Ethics and Dental Registration Board (EDRB)** – governs professional conduct, ethical standards, and maintenance of the online National Register of licensed dentists.

The Commission is led by **Dr. Sanjay Tewari** as Chairperson, with distinguished professionals appointed

to head each autonomous board.¹⁹

5.2 Implications for Pediatric Dentistry

The NDC's mandate carries several direct and indirect implications for the specialty of Pediatric and Preventive Dentistry:

Standardization of Specialty Education: The Undergraduate and Postgraduate Dental Education Board is tasked with determining minimum requirements and standards of dental education at both undergraduate and postgraduate levels, developing competency-based dynamic curricula, and framing guidelines for setting up dental institutions.¹⁸ For pediatric dentistry, this means the potential for **uniform, evidence-based specialty curricula** across all 204+ institutions offering the program, addressing long-standing concerns about variability in training quality.^{12,18}

National Exit Test (NExT-Dental): The NDC framework introduces a **National Exit Test** for dental graduates to ensure uniform competency standards.¹⁶ This is expected to address variability in clinical skills among graduates from different institutions, which can ultimately affect patient care and treatment outcomes—particularly critical in pediatric dentistry, where behavioral management and clinical finesse are paramount.¹⁶

Fee Regulation and Accessibility: The Commission is empowered to frame guidelines for **fee determination for fifty percent of seats in private dental colleges and deemed universities**.¹⁹ This measure aims to improve access to affordable dental education, which could expand the pipeline of pediatric dental specialists from economically diverse backgrounds.¹⁹

Promotion of Research and Innovation: The NDC is explicitly mandated to **promote research** and to **collaborate with industry and institutions for use of cutting-edge technology and hybrid education** to drive innovation.¹⁸ This aligns directly with the growing integration of AI, digital dentistry, and teledentistry in pediatric practice.^{8,18}

Online National Register: The Ethics and Dental Registration Board will maintain an **online and live National Register of licensed dentists and dental auxiliaries**.¹⁹ For pediatric dentistry, this creates a transparent, searchable database of qualified specialists—addressing the current opacity in specialist numbers and distribution, and potentially enabling better workforce planning.^{8,19}

Pediatric and Preventive Dentistry as a Recognized Specialty: The NDC's official website explicitly lists "**Pediatric and Preventive Dentistry**" among the recognized dental specialties under its regulatory purview, alongside Periodontology, Prosthodontics, Public Health Dentistry, and others.²⁰ This formal recognition reinforces the specialty's institutional legitimacy and paves the way for standardized practice guidelines, continuing education requirements, and specialty-specific research funding.²⁰

Preventive Care Emphasis: The NDC Act specifically mandates the Commission to **"promote preventive dental care services"** and to establish standards for community dental care.¹⁸ This policy orientation dovetails with the core philosophy of pediatric dentistry—prevention over intervention—and could catalyze school-based screening programs, community water fluoridation initiatives, and national ECC prevention campaigns.¹⁸

5.3 Transition Challenges

Despite its transformative potential, the NDC's operationalization is still in its early stages. Dental colleges and faculty must adapt to new regulatory requirements while ensuring uninterrupted academic and clinical activities.¹⁶ The success of the new framework will depend on effective implementation, coordination among constituent bodies, active stakeholder engagement, and institutional capacity building.¹⁶ The real

effects of these reforms will unfold over time, and their success ultimately depends upon collaborative efforts of regulators, educators, and professionals.¹⁶

6. Scope and Career Opportunities: A Multidimensional Profession

A postgraduate qualification in Pediatric and Preventive Dentistry opens diverse and expanding career pathways that extend far beyond conventional clinical practice.^{12,13} The scope can be categorized across four principal domains:

6.1 Clinical Practice

The most direct career trajectory involves establishing an **exclusive pediatric dental practice** or "dental home"—a concept increasingly embraced by Indian parents seeking specialized, child-friendly environments.^{12,13} Advanced clinical services now encompass conscious sedation and nitrous oxide administration, pediatric radiovisiography and digital imaging, endodontic microscopy for primary teeth, laser dentistry for pediatric applications, growth modulation and interceptive orthodontics, pediatric aligner therapy, dental trauma management and emergency care, and special needs dentistry (autism spectrum disorder, ADHD, cerebral palsy, Down syndrome).¹²

6.2 Academics and Research

Academic positions offer structured career progression through the ranks of lecturer, reader, professor, and head of department.^{12,13} Additional pathways include Senior Residency (three-year paid tenure in government hospitals and institutes), doctoral research (PhD programs in Dental Sciences at premier institutions), and research fellowships at the Indian Council of Medical Research (ICMR), National Institutes of Health (NIH), and international collaborations.¹²

6.3 Government and Defense Services

Pediatric dentists are eligible for commission in the **Army, Navy, and Air Force Dental Corps** through Short Service Commission (SSC) appointments.¹² Additionally, government hospitals, community health centers, and the National Oral Health Programme (NOHP) offer employment avenues in public sector delivery.^{15, 21}

6.4 Entrepreneurship and Industry

The emerging landscape includes corporate pediatric dental chains and franchise models, dental product development and pediatric-specific material innovation, teledentistry platforms focused on pediatric screening, dental software and AI tool development for pediatric applications, and continuing dental education (CDE) and training academies.¹²

7. Technological Disruption: Artificial Intelligence and Digital Dentistry

Artificial Intelligence (AI) and digital technologies are poised to fundamentally reshape pediatric dental practice in India. A cross-sectional survey of Indian pediatric dentists revealed that **47.4%** believe AI can significantly aid in early caries detection, while substantial proportions recognize its potential in treatment planning, behavior management, and orthodontic prediction.⁸

7.1 AI-Assisted Diagnostics

Machine learning algorithms trained on intraoral images can detect incipient caries, predict eruption patterns, and identify developmental anomalies with increasing accuracy.^{8, 22, 23} Smartphone-based AI applications now enable parents to capture images of their children's teeth and receive preliminary caries risk assessments, potentially democratizing early screening.⁸

7.2 Virtual and Augmented Reality

AI-driven VR/AR systems are being explored for behavior management, allowing children to experience immersive, anxiety-reducing environments during dental procedures.⁸ This addresses one of the most persistent challenges in pediatric dentistry—pediatric dental anxiety and phobia.

7.3 Growth Prediction and Orthodontic Planning

AI models can analyze radiographic and photographic data to predict dental development timelines, anticipate space maintenance needs, and optimize interceptive orthodontic interventions.²²

7.4 Teledentistry

The COVID-19 pandemic accelerated teledentistry adoption, and its application in pediatric screening, post-operative follow-up, and rural consultation continues to expand.²¹

However, significant barriers to technology adoption persist in the Indian context. The same survey identified **cost (51%)** and **lack of training (41.1%)** as the primary obstacles, followed by infrastructural limitations and data privacy concerns.⁸ These barriers, while substantial, simultaneously represent **market opportunities** for technology developers, training institutions, and innovative practice models.

8. Research Productivity: India's Rising Academic Profile

India is rapidly emerging as a significant contributor to global pediatric dental research. A bibliometric analysis of publications from 2005 to 2024 documented a dramatic expansion in research output, from **35 papers in 2005 to 508 papers in 2024**, representing an average annual growth rate of **16.87%**.²⁴

India's specific contributions are noteworthy:

- **Third globally** in total pediatric dentistry publications, with **349 papers** accounting for **8.66%** of global output, trailing only the United States and Brazil.²⁴
- **Second highest contributor** globally to research on neurodevelopmental disorders in pediatric dentistry, with **40 publications (12%)**.²⁵
- The *Journal of Indian Society of Pedodontics and Preventive Dentistry* ranks among the most prolific journals in the specialty worldwide.²⁵

This research momentum reflects improving academic infrastructure, increasing international collaboration, and growing recognition of India as a site for large-scale epidemiological and clinical studies. The research growth also enhances India's capacity to generate evidence-based guidelines tailored to its unique demographic, dietary, and healthcare contexts.

9. Policy Framework and Public Health Integration

The integration of pediatric oral health into India's broader health system has gained policy traction through the **National Oral Health Programme (NOHP)**, operational under the National Health Mission (NHM).^{15, 21} The program's architecture includes:

- **Primary Health Centers (PHCs):** Daily outpatient services, oral health education, and referral pathways
- **Community Health Centers (CHCs):** First referral units for complex cases, school-based screening camps
- **District Hospitals:** Specialist management, denture provision, fracture reduction, and orthodontic consultation
- **Convergence with RBSK:** Integration with the Rashtriya Bal Swasthya Karyakram (Child Health Screening Program) for school-based identification of dental diseases¹⁵

In Maharashtra alone, **288 functional dental clinics** operate across district hospitals, general hospitals, sub-district hospitals, and rural hospitals.¹⁵ However, financial allocation remains inconsistent, with expenditure varying dramatically from 0.38% to 80.11% of allocated budgets across fiscal years.¹⁵

A recent policy analysis emphasized the need for **medical-dental integration**, recommending unified oral health curricula, standardized screening templates, electronic health record interoperability, and prevention-aligned reimbursement mechanisms.²¹ The analysis specifically cited India's NOHP as an example of policy-driven integration in a resource-constrained setting, while noting that implementation remains heterogeneous.²¹

10. Challenges and Limitations

Despite the optimistic trajectory, several structural challenges constrain the field's development:

Geographic Inequity: The concentration of pediatric dentists in Tier-1 cities leaves vast rural populations without access to specialized care. Teledentistry and mobile dental units offer partial solutions but require sustained funding and infrastructure.^{8, 21}

Awareness Deficits: Cultural beliefs that "milk teeth do not matter" persist among significant population segments, delaying treatment until pain or infection becomes severe.¹²

Cost Barriers: Advanced technologies—AI systems, sedation equipment, laser units, and digital imaging—remain financially inaccessible for average Indian families and small practices.⁸

Regulatory Transition: While the NDC promises transformative reform, its recent operationalization (March 2026) means that detailed regulations, specialty-specific guidelines, and implementation mechanisms for pediatric dentistry are still evolving.^{16, 19}

Workforce Gender Dynamics: While women constitute the majority of dental graduates, systemic barriers limit their progression into specialist practice ownership and academic leadership.⁶

11. Conclusion

The future of pediatric dentistry in India is characterized by a paradox of extraordinary opportunity amidst persistent structural challenges. On one hand, the country presents an unmatched combination of **massive unmet disease burden, expanding educational infrastructure, rising socioeconomic demand, burgeoning research output, and technological innovation potential**. The global pediatric dental market's rapid expansion, with Asia-Pacific identified as the fastest-growing region, positions India as a critical node in the specialty's global future.^{9, 10, 11}

On the other hand, the **specialist workforce remains numerically and geographically inadequate**, with fewer than 3,000 registered pediatric dentists serving over 400 million children.⁸ Treatment rates are catastrophically low, and significant portions of the population remain entrenched in beliefs that devalue primary dentition.^{4, 12}

The operationalization of the **National Dental Commission on March 19, 2026** represents a watershed moment that could fundamentally reshape the specialty's trajectory.^{16, 17, 19} By standardizing education through competency-based curricula, introducing a National Exit Test, regulating fees to improve accessibility, promoting research and cutting-edge technology, and formally recognizing Pediatric and Preventive Dentistry as a regulated specialty, the NDC provides a robust institutional framework for growth.^{18, 19, 20} The Commission's explicit mandate to promote preventive dental care services aligns strategically with the core mission of pediatric dentistry.¹⁸

The scope for pediatric dentists in India is accordingly multidimensional and expanding. Beyond traditional clinical practice, opportunities now encompass academic leadership, defense services, public health implementation, teledentistry entrepreneurship, AI development, and special needs care.^{12,13} The integration of digital technologies—particularly AI for caries detection, growth prediction, and behavior management—promises to enhance both clinical outcomes and practice efficiency, though cost and training barriers must be addressed.^{8,22,23}

For aspiring pediatric dentists, the Indian landscape offers a rare convergence of **clinical need, market demand, academic opportunity, and technological frontier**. Success in this environment will require not only clinical excellence but also adaptability to digital workflows, entrepreneurial initiative to address access gaps, and commitment to evidence-based practice informed by India's growing research ecosystem.^{24,25}

The coming decade will likely witness the emergence of **pediatric dental chains**, the mainstreaming of **teledentistry and AI-assisted diagnostics**, the expansion of **school-based preventive programs**, and the development of **special needs dentistry** as a recognized sub-specialty.^{12,21} Policymakers, educators, and practitioners must collaboratively address workforce distribution, regulatory frameworks, and financing mechanisms to ensure that this growth translates into equitable oral health outcomes for India's children. In sum, pediatric dentistry in India is not merely a specialty with future scope—it is a specialty whose time has come, defined by an urgent public health imperative, a rapidly evolving professional ecosystem, a transformative new regulatory architecture under the National Dental Commission, and the potential to transform child oral health at a population scale.

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