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THE DENTCARE

Your Monthly Health Care Magazine

Brightening smile the world over

What is Food Impaction in the
Oral Cavity?

Dry Socket
Etiology, Prevention
and Management

**Healthy Eating
for the Youth**

Special interview with:
Mr. Pinarayi Vijayan
Chief Minister of Kerala





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MD'S MESSAGE



No Short Cuts to Real Success

Mr. John Kuriakose
Managing Director, DentCare Dental Lab Pvt. Ltd.

The youth of today are typically distressed and anxious. Consequently, they are easily subject to short-temper, loneliness, depression, and abomination, besides getting carried away by emotions. Since many of the youngsters find it difficult to cope with their family members, they are often tormented by a guilty conscience. Being under the pressure of high ambitions, almost all youth, irrespective of gender, are afflicted by emotional trauma.

They satisfy their narcissistic tendencies by boosting themselves on social media by posting radiant selfies to keep themselves in the limelight; but after that instant gratification, they again sink into the depths of despair, due to their unmet and unending desires.

Some of them strive for meteoric success and amass wealth overnight by 'hook and crook', but they often fail miserably. A few of them are drawn to alcohol and substance abuse mainly because of the pressure from their friends and endanger their lives while some fall in romantic relationships and drop out of studies and spoil their 'promising' lives. This is the true vision of the youth of the modern world.

It is right and necessary to nurture high ambitions in life. But to get overnight success in life is quite impractical.

I shall relate a true story. A young man named Albert was a student of 'Business Management Studies' in a renowned college in the neighboring State. After a year in college, negative thoughts began to overpower him and many of his fellow students. A number of questions started to pop up in their minds. "Would we get employment and better salary, after studies?" "Would we need to discard the course half way through and chose another one?" They were all in utter predicament that they gradually lost interest in studies and started playing truant.

A few days later, Albert met with a motorcycle accident. His parents brought him back and admitted him to a hospital in their hometown. "You need to be hospitalized for two weeks", the Doctor said.

Albert spent his time in the hospital by looking aimlessly out of the window. He saw the branch of a rose, planted outside the wall, dancing in the wind and touching the windowsill. Two days later, he saw a small bud and in a week the bud bloomed into a beautiful rose flower.

He observed that it took seven days for a bud to grow into a beautiful flower. This spectacle opened his inner eye and changed his perception unprecedentedly. Though a rose plant is thorny and is not so charming, with blooming flowers, it can spread fragrance and provide a visual treat to the passers-by.

He realized that everything takes its course and success often comes with a price, besides there being no short cuts to real success. This perception changed his mind-set. Thereafter, he made up his mind to study earnestly with focused attention so that he could become a helping hand to his parents. He resumed his studies with renewed strength and strived incessantly and untiringly. He passed the examination with flying colors and got a campus placement with salary and perks beyond his expectations. Had the negative thoughts overpowered him, he would not have completed his studies and obtained the coveted placement.

I would like to tell youngsters that God loves each and every one. All the more, your lives are priceless. Your life should be fruitful for yourselves, your parents and the society. Therefore, lead a straightforward and committed life with endurance and resolute faith in God. ☐

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EDPRESS



Dear Reader,

You remain in August Company with The Dentcare!!

400 thousand smiles give us credible reason to believe so. True testimony to our resolute commitment towards transforming lives by brightening them, world over.

Noteworthy, I can vouch, as there is no shortcut to real success.

We continue to espouse the fact that lasting smiles are born out of flourishing oral health. General health would be immensely benefitted too, by paying undivided attention to this aspect of your personal hygiene. Should you give it a second thought then??

These pages will gear you to unearth new options to recapture your smile in a matter of days or in manifold ways.

There is also a world of discovery in store for the youth.

Capture the wealthy truth behind watching what you eat as well as sticking by the watch when it comes to when you eat!! Healthy realisation, I would choose to persist upon, given the pace at which life seems to be eating away what is precious important, especially from the mundane lives of the younger souls.

We have reserved a piece of magic though to tickle your culinary sense.

For addicts, Nomophobia is the key word this season. Without doubt!!

Every experience shared is indeed a moment of truth for all of us here @ Dentcare. It fills us with 'New Zeal' to extend the warmest Nömöskar.

Your continued patronage replenishes the faith and the joy we share while restoring our belief that it will continue to thrive in the days to come.

God bless our Nation, always. Jai Hind.

Yours truly,

Prof. (Dr.) George P. John

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CAUTION: When viewing the techniques / procedures, theories and materials that are presented, you must make your own decisions about specific treatment for patients and exercise personal professional judgment regarding the need for further clinical testing or education and your own clinical expertise before trying to implement new procedures.

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The Association between **ORAL & GENERAL HEALTH**

The Oral cavity has long been regarded as a window to systemic health. Our mouth is full of microbes and is under constant bacterial attack. Recent research has shown that oral health can also affect systemic health and overall well-being.

For years, a dental visit was only considered either for relieving tooth pain or improving the smile. Albeit, it is now an established fact that any oral infection can affect the entire body and similarly, a systemic condition can affect the oral cavity as well, making oral care an utmost necessity.



Dr. Sanchita Kant
Consultant in Oral
Medicine and Radiology
Pune, Maharashtra, India

Systemic conditions that affect Oral health

Diabetes

It is now an established fact that Diabetes and Periodontal disease are interrelated. For people with Diabetes, there are increased chances of oral infection and abscess formation as result of lowered immunity. Hence, it is very difficult for these people to control their blood sugar levels, when they suffer from gum disease as well. Studies indicate that keeping gums healthy can help manage blood sugar levels, thus reducing risk of diabetic complications like retinopathy, neuropathy and nephropathy.

Prolonged antibiotic administration

The long-term use of strong antibiotics can lead to increased chances of an opportunistic fungal infection known as Candida. It is characterized by white coloured curd-like plaques associated with burning and pain, especially over the tongue and palate.

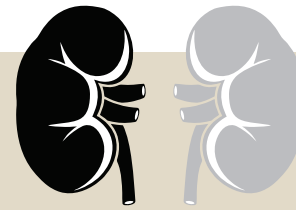
Certain drugs and conditions

Antianxiety medications, antidepressants, chemotherapeutics, radiotherapy, Human immunodeficiency virus (HIV) infection, organ transplantation, inflammatory conditions and autoimmune conditions like Sjögren's disease can cause reduced secretion of saliva and result in increased chances of tooth decay.

Certain inflammatory conditions have also been associated with frequent mouth ulcers and reduced salivary production, affecting overall quality of life.

Osteoporosis

It involves a gradual weakening of the bones, leading to the loss of



Renal diseases can cause reduced saliva secretion, causing increased dental decay and gum problems

the bone and teeth. The drugs used to treat osteoporosis may also carry a risk of damage to the jaw bones.

Kidney Disorders

Renal diseases can cause reduced saliva secretion, causing increased dental decay and gum problems. Kidney disorders also pose an increased risk for bleeding. Decalcification of bones, over a period of time, can loosen your teeth and result in tooth loss.

Liver Disorders

Liver disorders may also lead to prolonged oral bleeding and poor wound healing.

► Your oral health can influence medical conditions

Cardiovascular disease:

Research suggests that poor oral health can be linked to increased chances of cardiovascular stroke. Heart disease, atherosclerosis, high blood pressure and stroke have been associated with the infection of the oral cavity. Oral pathogens have now been linked to platelet aggregation and thus initiating thrombus (clot) formation.

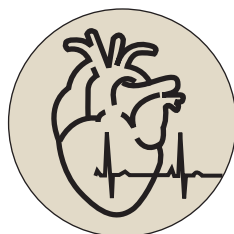


Cardiovascular disease

Endocarditis:

Endocarditis is a term used for the infection of the lining of the heart (endocardium). The bacteria from the mouth can enter the blood stream and damage the lining of heart.

For patients suffering from endocarditis, it is essential to have proper antibiotic cover, prior to dental treatment.



Endocarditis

Pregnancy and birth:

Hormonal changes during pregnancy can cause altered immune response. Also altered diet can enhance bacterial growth, increasing the chances of Periodontitis (gum disease). Periodontitis has been linked to preterm birth and low birth weight of infants. The toxins produced by bacteria in the mouth can enter the blood stream and affect the foetus inside the uterus.

It is essential to meet your dentist before planning for pregnancy, to avoid complications or discomfort during pregnancy.

Other conditions like rheumatoid arthritis and pneumonia have also been linked to poor oral health.



Pregnancy and birth

Recommendations for maintaining good oral health

- ✦ Brush your teeth at least twice a day with fluoridated toothpaste.
- ✦ Replace your toothbrush every three to four months or when the bristles are frayed.
- ✦ Eat foods that promote cleansing or remineralization to enable teeth to resist cavities.
- ✦ See your dentist at fixed interval, to catch oral disease early.
- ✦ Visit your dentist before planning for pregnancy.
- ✦ Make sure that you have cleaned all your teeth properly. Since the wisdom and irregular teeth are harder to clean, it increases the chances for infection / cavities.
- ✦ Avoid the use of tobacco and limit your alcohol intake.
- ✦ Visit your dentist and physician to see that your medical conditions are under control.
- ✦ Bring all medicines / prescriptions you take during appointment.

If you have certain medical disorders, specialized oral and dental care might be required. If necessary, your dentist will refer you to an Oral Medicine Specialist. Taking care of your oral health can be an investment in your overall health. 📌

Invest in oral health today for a healthier tomorrow



Healthy Living

Man, blame thyself for all the new maladies,
Afflicting us and 'newer ones' that come;
Just learn to toil from Ants and Honeybees;
A healthy life of body and mind welcome.

Diseases most stem from our laziness;
The excess speed of work can cause some more;
Luxury is not the same as happiness;
Man's venturesome heart and lifestyles make the core.

The environs polluted is another cause;
Stress, accidents, cancer, old age can kill;
The cure evades and man is at a loss;
The mind's 'milieu', body and soul are all ill.

Reset your life and strive to be healthy;
Good body, mind and 'theism' make you wealthy!



Dr. John Celes is the pseudonym of **Dr. A. Celestine Raj Manohar**, an Indian Doctor who has specialized in General Medicine. He was the Dean and Professor of General Medicine at IRT Perundurai Medical College, Tamil Nadu, India. He is a versatile writer who has composed more than 4000 poems, of which 200 plus poems pertain to Medicine. His poems have been published on the famous website 'PoemHunter.com' which has given him international recognition as a poet. 📌

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Panoptic in Every Move; Heading for Statesmanship

Mr. Pinarayi Vijayan is the 22nd Chief Minister (CM) of Kerala, India. The Government led by him has devised comprehensive action plans, such as Aardram Mission, Education Rejuvenation Mission, Haritha Keralam Mission and Livelihood Inclusion and Financial Empowerment (LIFE) Mission to lift the State to the realm of prosperity.

In an exclusive confab with 'The DentCare', the Chief Minister speaks up on the Mission and Vision of his Government that caters to the varied hopes and aspirations of the people of the State at large.

1) What are the major accomplishments of this Government towards Youth Empowerment?

The Government is committed to ensuring the safety and development of young people of the State. By creating more employment opportunities for the youth, encouraging business start-ups and conducting awareness campaigns, the Government is leading them in the right direction.

There is no ban on the creation of Posts or filling up of

vacancies in the Public Sector. To reduce the problem of unemployment, more than 13000 posts have been created in the Government sector, disregarding the financial constraints being faced by the State. Within a short span of two years, this Government could provide employment to 70000 youth through Kerala Public Service Commission (PSC) alone.

Special considerations are given to business start-ups of young people. An amount of ₹ 1.10 crore has been set apart in the Annual State Budget for the fiscal year

2018-19 for the empowerment of the youth and to raise awareness about the rights of the youth, gender equality, dignity of labor, cybercrimes, alcohol and drug abuse, sexual violence against women etc.

2) What is Aardram Mission aiming at? What are the achievements so far accrued in this regard? Are there any other initiatives being taken up in Health Sector?

The Kerala Government Initiative, Aardhram Mission aims at providing comprehensive and quality healthcare services at all levels in the State. It is imperative that all state-of-the-art facilities in the healthcare sector should be made available to the Public Healthcare System as well. For that, it is vital to introduce infrastructure development and better healthcare services in all Government hospitals.

As on now, 170 Primary Health Centers have been upgraded to Family Health Centers. The availability of the required number of doctors in these hospitals has also been made certain. Along with this, all Medical College Hospitals have also been provided with advanced equipment.

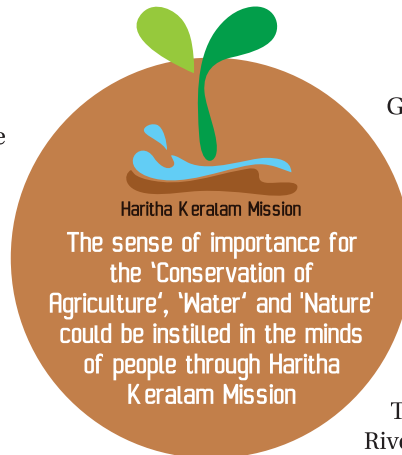
A Cancer Center at par with international standards has already been inaugurated at Kochi, Kerala, India. Steps are underway to start Oncology Department in all Medical College Hospitals. Apart from that, Catheterization laboratory (Cath lab) facilities have been introduced in 8 District Hospitals and Dialysis Units have been opened in 44 Taluk Hospitals.

Trauma Centers are also being established in Taluk Hospitals and it is expected that this facility will be fully functional within two years. Efforts are also being made to facilitate Government Hospitals to provide cost-effective and family-centered healthcare services to the people of the State at large.

The age-long notion of getting quality healthcare services from private sector hospitals alone has started to change with the enhancement of facilities in Government Hospitals.

3) What is Nava Keralam Karma Padhathi (NKKP) and what are its objectives?

The Pinarayi Vijayan-led Government of Kerala has launched the massive programs – **Aardram Mission, Education Rejuvenation Mission, Haritha Keralam Mission, and LIFE (Livelihood Inclusion and Financial Empowerment) Mission**, to change the face of the State. It has been envisaged to implement these programs in tune with the 'Literacy Mission' and Janakeeyasoothranam (People's Planning) of the State, with the help and involvement of Local Self



Government Institutions.

With the ardent steps for the rejuvenation of Water Bodies from Ponds to Rivers, adopting new techniques for the implementation of Waste Management and planting Trees, Haritha Keralam Mission is steadily advancing with People's Participation.

The rejuvenation of many Wells and Rivers, including Varattar (a tributary of Pampa River), Meenachil River and Nila, a tributary of Bharathapuzha has been successfully completed. So far, 9200-kilometer-long Rivers and rivulets have been rejuvenated; 5000 new ponds have been made and thousands of ponds and wells have been revamped and recharged.

An extent of 3000 hectares of arable land has been irrigated. Intensive efforts are being made to extend paddy cultivation in more than 25000 hectares of land, including barren one. Along with this, more than 15000000 saplings have been planted and more saplings are still being planted.

'Waste Management at Source' has been effectively implemented in more than 2 lakh houses. The sense of importance for the 'Conservation of Agriculture', 'Water' and 'Nature' could be instilled in the minds of people through Haritha Keralam Mission.

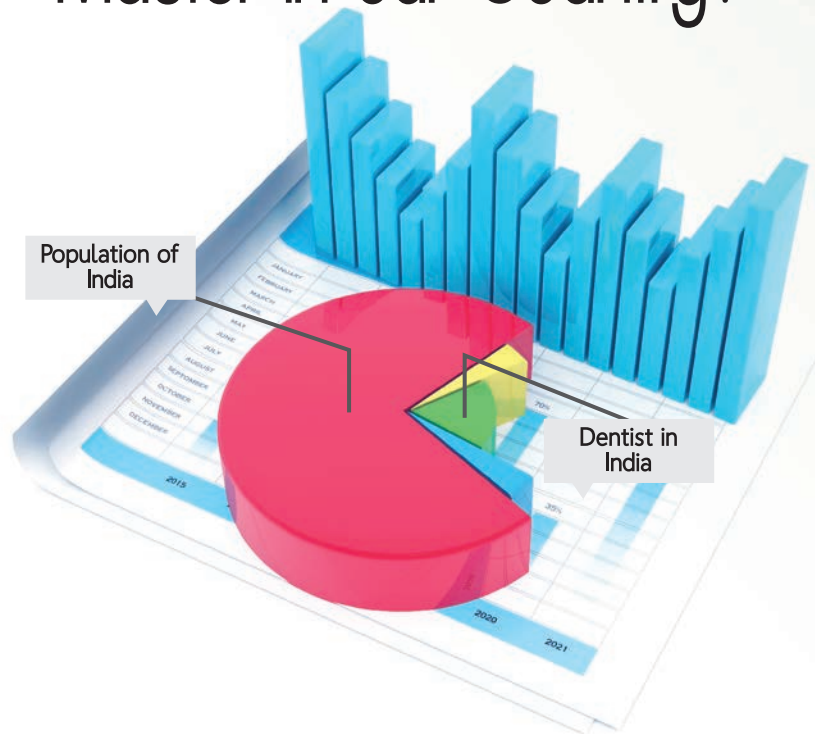
LIFE Mission envisages a comprehensive housing scheme for all the landless and homeless families in the State, along with a provision for pursuing their livelihoods. The construction of housing complexes under this project is now steadily progressing. Under the scheme, preferences are given to those families that are included in the 'list of the homeless' prepared by Local Self Government institutions.

4) What is Kerala Infrastructure Investment Fund Board (KIIFB)? What all infrastructure facilities are intended to be developed in your tenure as the Chief Minister?

To overcome the dearth of funds for developmental activities and ensure sustainable development, the State of Kerala has reconstituted Kerala Infrastructure Investment Fund Board (KIIFB), a Special Purpose Vehicle (SPV) for mobilizing and channeling funds for infrastructure development. It is an unprecedented 'Kerala Model' for raising funds of ₹ 50000 crores outside of the State Budget in five years, to invest in the productive sectors. Within two years, we could make it possible to accord clearance for Project Proposals amounting to ₹ 20000 crores. ☑

For The **DentCare**
Interviewed by **Ms. Nisha Philip Xavier**

Is Dentistry a Bachelor or Master in our Country?



Dentists whether a bachelor's or master's degree holder, in the present scenario in India, is in a dilemma about their future prospects. According to Dental Council of India (DCI), the total number of registered dentists in the country comes to 253326. The total number of Dental Colleges in the world is around 900, of which 342 are in India, as of 2015. Every year, 37000 fresh dental graduates are passing out from Dental Colleges. The total number of post graduate seats in 240 dental colleges in India is 5896.

The population of India is approximately 1352754493 and the Dentist-population ratio in the country is 1: 5339. This shows that there is only one dentist for more than five thousand people. Still we say that we do not get enough patients in our clinics or income from our practice and most of us even opine that Dentistry has so much of recession and saturation in the country.

The reason for this situation is that most of the dentists in the country prefer the urban population to the rural population. This uneven distribution of dentists in urban and rural areas accounts for the deficiency of dentists in rural areas and increase in the number of dentists

If dentists give equal importance to set up practices in rural areas as well, the problems of both dentists and 'patients in rural areas' can be solved in a better way




Dr. Rahul Tiwari
Consultant Oral and Maxillofacial Surgeon and Fellow in Orthognathic Surgery
Jubilee Mission Medical College Hospital and Research Institute
Thrissur, Kerala, India



Dr. Heena Tiwari
Dental Practitioner
Kondagaon, Chhattisgarh, India

in urban areas. If dentists give equal importance to set up practices in rural areas as well, the problems of both dentists and 'patients in rural areas' can be solved in a better way.

No wonder there is less awareness among the population in rural areas regarding oral hygiene measures and dental treatment. Therefore, it is our moral responsibility to spread awareness and help people in rural areas maintain healthy teeth and oral cavity.

Government of India and Indian Dental Association (IDA) should come up with the requisite measures to see that everyone in the country gets proper dental care / treatment. Also, there should be a system to provide insurance coverage for dental treatment as well, for enabling every patient, including those from low economic strata in the country to get proper dental care, since they are too poor to afford high dental bills. 

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Lunch 1-4 PM	Lunch 1-4 PM	Lunch 1-4 PM	Lunch 1-4 PM	Lunch 1-4 PM
Hands-on: 1) Rubber Dam 2) Microscope 3) Access upper molars with MB2, calcified canal	Hands-on:Under Microscope 1) Cleaning and Shaping with 3D Shapers 2) Obturation-WVC 3) Fiber Post placement	Hands-on: Under Microscope 1) Retreatment 2) Seperated Instrument Under Microscope 3) Fiber Post Removal under microscope	Hands-on: Endodontic Surgery under Microscope 1) Apicectomy under microscope 2) Retrograde Filling 3) Perforation Repair	Hands-On:Under Microscope 1) Management of Complex Canals 3-4PM Certification Program

*Exercise will be based on Natural teeth brought by the participants .They can chose maxillary molars , Calcified Canals etc.

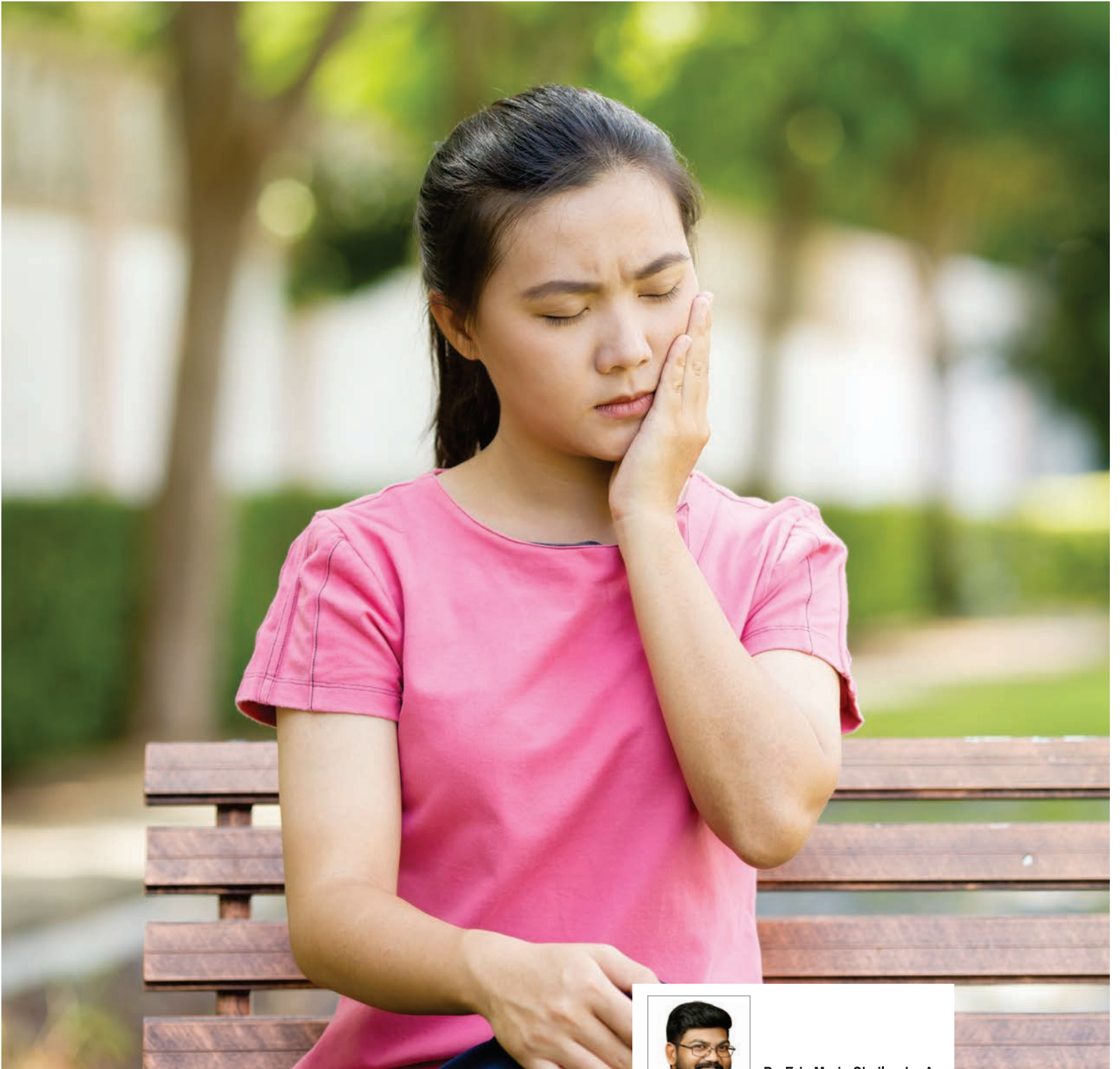


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Dr. Eric Mario Shailander A.
Consultant Periodontist
Bengaluru, Karnataka, India

What is Food Impaction in the Oral Cavity?

Role of natural embrasures in the oral cavity

All teeth are in contact with their adjacent counterparts under normal circumstances, except third molars, which are in contact with the tooth ahead of them only. The surface area of contact is very minimal. These areas are called 'contact points'.

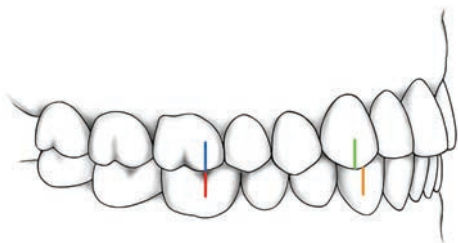
The surfaces of teeth curve away from the contact points and cause interproximal embrasures between teeth just below the contact points which are referred to as 'spillway spaces'. The spaces above the contact points extend onto the incisal and occlusal surfaces beyond the marginal ridges and join the cusps and ridges.

They serve the following functions by:

- a) Providing spillways for food during mastication
- b) Helping teeth to accommodate the masticatory forces, especially while chewing food
- c) Preventing food from being forced into the contact area
- d) Making the area between teeth easier to clean

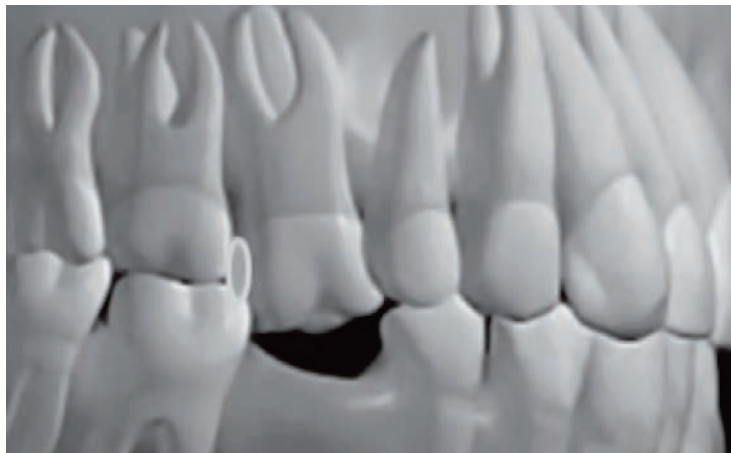
Food Impaction

Food impaction is defined as the forceful wedging of food into the periodontium (supporting structures) by occlusal force. It can occur either in the interproximal, facial or lingual surfaces of the tooth. It has a significant role to play in the maintenance of oral health.



Food Impaction can be prevented by:

- a) The integrity and location of the proximal contact which prevents forceful wedging of food in the interproximal spaces.
- b) The contour of occlusal surface established by the marginal ridges and related developmental grooves normally serves to deflect food from interproximal spaces.



Etiological causes of Food Impaction

1 Class I - Occlusal wear

The occlusal surfaces of teeth have ridges, cusps and convexities to keep the food from flowing off the occlusal table. Attrition occurs with wear and tear. This causes the food to spill beyond the occlusal table and the occlusal forces from the opposing tooth cause the food to get forcefully wedged (impacted) into the interproximal spaces. This can also happen with the most distal teeth that have an overhanging antagonistic tooth extending beyond the distal occlusal surface.

2 Class II - Loss of proximal contact

This can occur when a tooth is lost or a missing tooth has not been replaced for long, causing the adjacent teeth to drift towards the edentulous space. This creates a gap in the proximal areas of teeth that migrate in relation to their existing neighboring ones.

3 Class III - Extrusion beyond the occlusal plane

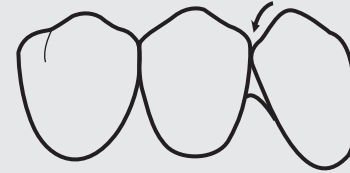
When a missing antagonistic tooth is not replaced for a long time, it can cause the opposing tooth to supra-erupt into the edentulous space, causing a step deformity in the occlusal plane with a loss in the proximal contact with its adjacent teeth. These are the places where food generally gets impacted.

4 **Class IV - Congenital morphological abnormality**

Any congenital morphological abnormalities in size, shape, form, and position of a tooth leading to an open contact can result in the forceful wedging of food. A rotated tooth, a tooth with pronounced surface curvature, a tilted tooth, or a tooth that is out of the arch can also be associated with food impaction.

5 **Class V - Improper restorations**

An improperly restored tooth or a poorly fabricated prosthesis can result in the loss of the structural integrity of the proximal contact point. A gap in the interproximal area or more apically positioned contact point can facilitate food impaction. Poor occlusal morphology of restorations can accentuate the action of the plunger cusp. Such restorations can cause iatrogenic harm rather than adding benefits.



Food impaction due to a tilted tooth

b. The marginal ridges help maintain the movement of food along the occlusal table and away from the interdental spaces. The marginal ridges should be redefined appropriately.

c. The occlusal morphology also plays an important role in keeping food from getting impacted in the interproximal spaces. A flatter occlusal surface can also accentuate food impaction.

d. The vertical relationship of a tooth with the occlusal table and the adjacent and opposing teeth should be evaluated and addressed, if necessary, to maintain ideal or close to ideal relationship.

3. Ideal contact points should be created with restorations or prostheses and missing teeth should be replaced to prevent drifting, migration or supra-eruption of the adjacent teeth.

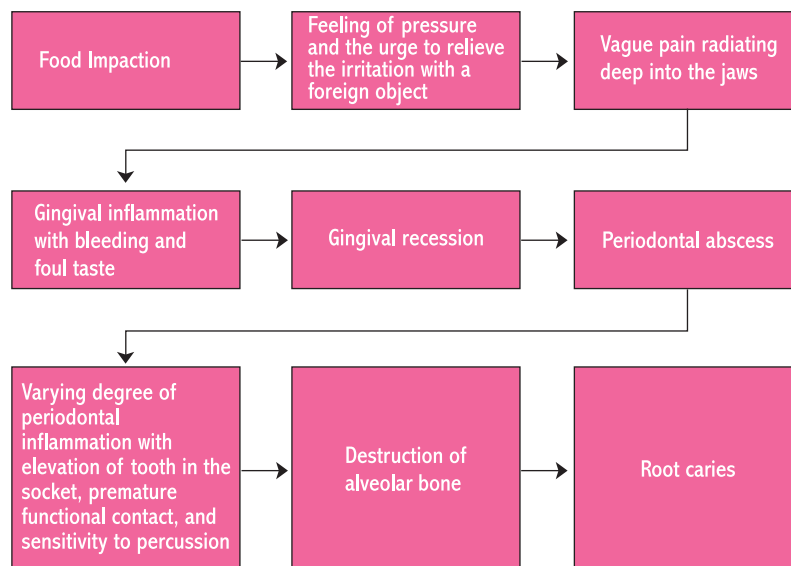
4. Severely misaligned teeth should be subjected to orthodontic management.

Conclusion

It is crucial for a clinician to be observant so as to diagnose food impaction and identify and treat its etiology. One must be able to distinguish between food impaction (forceful wedging of food) and food lodgment (passive accumulation of food in the spaces).

Good oral hygiene plays the most crucial role in eliminating food impaction and lodgment and hence, it should always be emphasized upon. [10]

Signs and symptoms-based sequelae of food Impaction



Prevention and Treatment

1. Periodontal management

Management of inflammation and infection in the gingiva and the periodontium is crucial and should be meticulous. Treatment approach may include scaling, root planning, oral hygiene maintenance regime, surgeries, etc.

2. Morphological adjustments on the tooth surface

a. Plunger cusps are the functional cusps responsible for forcefully wedging food into the interproximal spaces. A plunger cusp is identified and enameloplasty is done to round it off to reduce the wedging action.

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Ocular complications of Diabetes are an 'end-organ' response, causing hyperglycemic effects on the eyes, including cataract, glaucoma, extra ocular muscle palsy, dry eyes and Diabetic Retinopathy (DR)

Diabetes mellitus (DM) is a lifestyle disease characterized by chronic hyperglycemia with disturbances of carbohydrate, protein and fat metabolism. Majority of diabetic patients fall into two broad categories: Type 1 Diabetes (T1-DM) and Type 2 Diabetes (T2-DM).

Type 1 Diabetes happens when there is an absolute deficiency of insulin secretion, due to the destruction of pancreatic beta cells. Type 2 Diabetes, which is more prevalent, is a long-term metabolic disorder that is characterized by high blood sugar levels, insulin resistance, and relative insulin deficiency. Either type produces changes in small blood vessels (microangiopathy) as well as in large blood vessels (macroangiopathy).

Can Diabetes cause **BLINDNESS?**

Diabetes mellitus (DM) is a lifestyle disease characterized by chronic hyperglycemia with disturbances of carbohydrate, protein and fat metabolism

Advanced Diabetic eye disease includes the entities, such as vitreous haemorrhage, neovascular glaucoma and traction retinal detachment



Dr. Thomas Cherian
Senior Vitreoretinal Surgeon
and Consultant Ophthalmologist



Dr. Anu Joseph
Consultant Ophthalmologist

Angamaly, Kerala, India

Ocular complications of Diabetes are an 'end-organ' response, causing hyperglycemic effects on the eyes, including cataract, glaucoma, extra ocular muscle palsy, dry eyes and Diabetic Retinopathy (DR).

India is home to more than 72 million diabetic patients with an overall prevalence of Diabetic Retinopathy of 17.6%. World over, there are approximately 93 million people with Diabetic Retinopathy. The number has become so large that the World Health Organization (WHO) has declared DR as the fifth leading cause of blindness and one of the important causes of 'preventable blindness'.



Save your Eyes from damage due to Diabetes

With proper intervention at the right time, 90% of visual loss due to DR can be prevented. In a study to assess DR in Asian Indians with 'young-onset diabetes', it was found that the prevalence of DR was 53.3% in the people with T1-DM and 52.7% in those with T2-DM.

Various symptoms of DR include blurred vision, watering, floaters, distorted images, poor night vision etc. Clinical features of DR, on a detailed fundoscopic examination, may have one or more of the features, such as microaneurysms, hard exudates, cotton wool spots, macular edema, neovascularisation, preretinal haemorrhage and vitreous haemorrhage. Microaneurysms (small saccular capillary outpouchings) appearing as discrete red dots are considered the hallmark of DR changes.

Intraretinal haemorrhages are seen in patterns like Dot-and-blot (Dot-and-blot hemorrhages tend to occur deeper in the retina where the cells run vertically) / Flame shaped haemorrhages (Flame shaped hemorrhages are more superficial in the ganglion nerve fiber-layer, and are associated with hypertension and venous stasis.)

Hard exudates are composed of lipoprotein and lipid filled macrophages with a yellow waxy appearance. Cotton wool spots are greyish-white patches of discoloration representing nerve fiber layer infarcts.

Based on the severity of these changes, Diabetic Retinopathy is

classified into Non-Proliferative Diabetic Retinopathy (NPDR) and Proliferative Diabetic Retinopathy (PDR).

NPDR is further classified into mild (having at least one microaneurysm / dot-and-blot haemorrhages), moderate (having changes more than in 'mild ones' but less than in 'severe ones') and severe (any one of the following three features – microaneurysms and intraretinal haemorrhages in all four quadrants, venous beading (Venous beading occurs when the walls of major retinal veins lose their normal parallel alignment and begin to appear more like a string of sausages) in two or more quadrants, intraretinal microvascular abnormality in at least one quadrant).

PDR includes neovascularisation, preretinal haemorrhages etc. The frequency of follow-up visits varies in each stage: for 'mild changes', review is recommended annually whereas for 'moderate ones', it is twice a year and for 'severe ones', it is every four months.

Advanced Diabetic eye disease includes the entities, such as vitreous haemorrhage, neovascular glaucoma and tractional retinal detachment. Some other causes of significant visual loss in DR include Diabetic macular edema, Clinically Significant Macular Edema (CSME) and Ischemic maculopathy.


Various modalities of treatment like Intravitreal Anti-Vascular Endothelial Growth Factor (VEGF) injections, laser photocoagulation and vitreoretinal surgery play a role in the management of Diabetic Retinopathy.

Once the treatment has started, regular follow-ups are mandatory to see that the disease is kept well under control. Keeping in mind these

'adverse events', all T1-DM patients should do retinal examination within five years of its diagnosis and every year thereafter, whereas in the case of T2-DM, retinal examination should be done at the time of diagnosis and every year thereafter. When diagnosed in the early stages, DR changes can be averted with proper treatment and timely follow-ups.

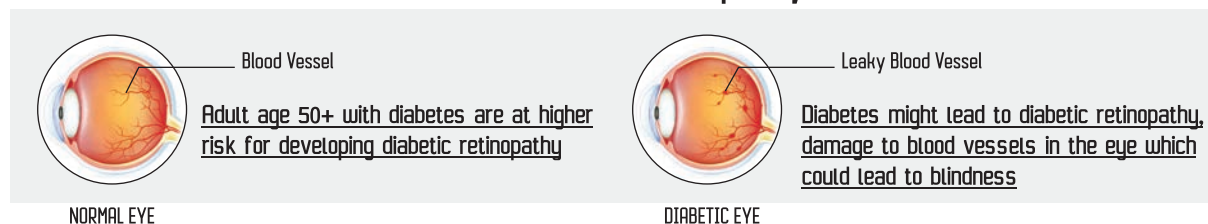
Retinopathy per se may not produce any visible symptoms, so retinal examination should be done right from the time of diagnosis and be continued annually thereafter. Here comes the importance of screening of DR and patient education. The patient should be educated on the importance of maintaining near normal blood glucose, blood pressure and lipid levels.

With the advancement in technology, digital retinal photography has become a trend in DR screening. Retinal photographs are graded manually by a trained person / Retina Specialist. The patients should also be elaborated on the severity of the disease with the help of their retinal photographs by comparing them to those of a person without this condition.

Patients with DR changes are referred to an Ophthalmologist for a detailed evaluation. The 'take away message' is that improved patient education, proper DR screening and appropriate treatment will go a long way in reducing the prevalence of diabetic eye disease, a global health menace. 



Diabetic Retinopathy





Dr. Varun Menon P.
Assistant Professor
Department of Oral and Maxillofacial Surgery
Jubilee Mission Medical College and
Research Institute
Thrissur, Kerala, India

The Myth and Reality of **OROFACIAL CLEFT** Part - II

What are complications of a Cleft lip and Cleft palate?

There are a number of complications that may affect infants and children with Cleft lip and palate (CLP). These include the following:

Feeding problems

Because of the anatomical defects, it may be very difficult to breastfeed newborn infants successfully. The abnormal separation of the upper lip makes it very difficult for the newborn to obtain a good seal that is necessary for a successful nursing experience.

Infants with Cleft lip / palate generally have feeding difficulties. For effective feeding, specialized bottles and nipples are necessary. Those children with a Cleft palate, sometimes, may be fitted with a removable artificial palate very early in life. This device limits the possibility of passage of liquids through the Cleft into the nostrils and helps facilitate efficient sucking on the specialized nipple.



Ear Infections / Hearing Loss

Children with Cleft palate are more likely to have recurrent ear infections and associated fluid accumulation in the inside of the eardrum. To limit these problems in children with Cleft palate, Pressure Equalization Tubes (PETs) can be placed through the eardrum during their early months.



Speech problems

It is natural that the malformations associated with Cleft palate and lip can impact articulation. The most common problem is that they have a nasal quality in the voice. Timely corrective surgery may lessen these speech problems. Most children with Cleft lip and / or palate prefer speech therapy to surgical intervention.



Dental problems

Children with Cleft lip and / or palate commonly have problems with missing and malformed teeth. These children generally require orthodontic treatment and maxillofacial surgery when the upper and lower jawbones (maxilla and mandible) have impaired function, such as improper placement and abnormal positioning of permanent teeth.

What are the treatment options for a Cleft lip and Cleft palate?

For the successful treatment outcome of an infant or child with Cleft lip and / or palate, it requires patience of both the patient and their parents. Several years of multiple surgical procedures generally become necessary to provide a satisfactory outcome.

The optimal timing of lip and palate surgery is a controversial topic. Each surgeon or Center has his / its own treatment protocols. 'Literature' supports for primary repair of a Cleft lip ranges from 2 days of life to 1 year. But the majority of Centers still recommend the 'traditional timeline' between 3 and 6 months for the repair of Cleft lip / palate.

We ideally conduct the surgeries of Cleft lip at 6 months of age and Cleft palate at 11 months, just when the baby starts the initial speech: but there can be some variations depending on the development and health of the child.

Besides cosmetic repair, one or more surgical procedures are usually necessary to achieve both effective lip functions. The repair of Cleft palate allows better feeding and weight gain and helps reduce the frequency of hearing loss and recurrent ear infections.

Timely repair of the palate defect along with speech therapy helps develop good speech. This also promotes the appropriate development of the upper jaw (maxilla) and other facial bones.

Approximately, at 7 – 8 years of age, a bone graft is performed to further support the upper jaw structure and aid in speech articulation. Orthodontic Braces are generally required to straighten permanent teeth and Rhinoplasty procedures are done for the correction of Cleft nose deformity at different stages, depending on the nature and severity of the deformity.

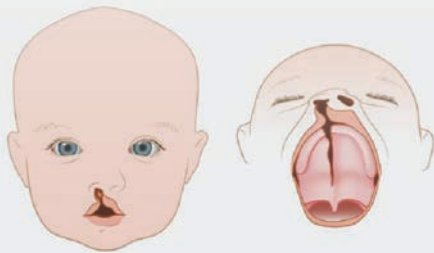
For the effective treatment for Cleft lip and Cleft palate, it requires many surgical procedures and speech therapy sessions, besides consultations with many medical Specialists, for achieving the anticipated treatment outcome, with regard to appearance and function

What is the prognosis for a Cleft lip and Cleft palate?

For the effective treatment for Cleft lip and Cleft palate, it requires many surgical procedures and speech therapy sessions, besides consultations with many medical Specialists, for achieving the anticipated treatment outcome, with regard to appearance and function. The coordination between multiple healthcare team and the parents are also necessary for effective medical management.

The members of the healthcare team generally consist of:

- ⊙ Plastic Surgeon
- ⊙ Oral and Maxillofacial Surgeon
- ⊙ Orthodontist
- ⊙ Pedodontist
- ⊙ Prosthodontist
- ⊙ Otolaryngologist / Ear, Nose and Throat doctor [ENT]
- ⊙ Speech Pathologist / Therapist
- ⊙ Audiologist (Hearing Specialist)
- ⊙ Social Worker / Psychologist
- ⊙ Geneticist
- ⊙ Nurse Coordinator



It requires patience of both the 'infants or children with Cleft lip and / or palate' and their parents for obtaining a successful treatment outcome



Is it possible to prevent a Cleft lip or Cleft palate?

The large majority of infants experiencing Cleft lip or Cleft palate do not have a genetic predisposition or obvious risk factors. During pregnancy, there are problems that may increase the likelihood of producing a newborn with Cleft lip and / or Cleft palate. These may include the following:

- ⊙ Certain medications to prevent maternal seizures or migraine headaches
- ⊙ Certain medication that are used for chemotherapy
- ⊙ Smoking cigarettes
- ⊙ Alcohol consumption
- ⊙ Lack of folic acid supplementation prior to conception and during pregnancy

Around the world, regarding Cleft lip and palate (CLP), the myths and beliefs of people are different in different cultures. Potential research is in progress to increase the existing knowledge of CLP. A better understanding of CLP patients is necessary to help improve the life of these people. Perhaps even more importantly, a greater sensitivity is required to handle the psychological needs of these patients and their families, along with attaining better treatment outcome.

To eradicate the stigma, discrimination and isolation associated with CLP, efforts must not only be focused on the society (extrinsic factor) but also on the affected individuals whose perception of CLP has been defined by the society at large. Individuals with CLP should be considered as people with 'facial difference' rather than people with 'disability'. Let us try our best to put the smile on their face. ☺

*Stills from the Workshop conducted @ DentCare on
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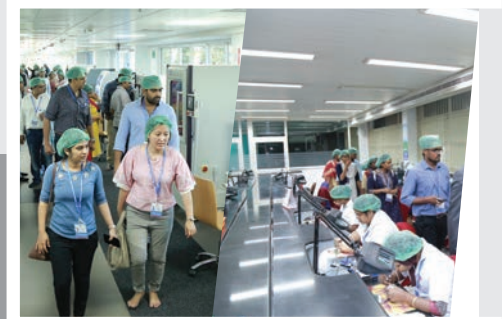
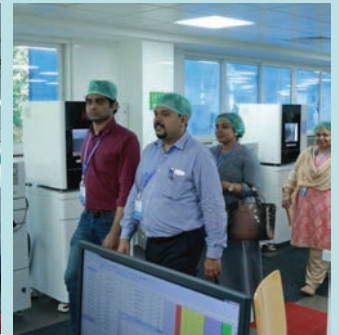
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A healthy diet for young adults is always a subject of concern. In modern times, life is fascinating for the youth with lots of new generation tasty food stuffs like pizzas, burgers, different types of non-veggies, fried snacks and lip-smacking pastries etc.

'Let food be thy medicine and medicine thy food' said Hippocrates, the Father of Medicine.

It is usually observed that misconception and 'beauty and figure consciousness' have always been the guiding forces for the youth in choosing their diets or following dietary habits. Time, stress, income and lifestyle are the main contributing factors that tend to influence one's food habits.

Youngsters are more in need of balanced food for their proper growth and development and also to



Dr. Lizmitha Godwin
Assistant Professor and Head
Department of Home Science
Morning Star Home Science College
Angamaly, Kerala, India

meet their energy requirements. But what to eat and what not to eat is still a question for youngsters.

Due to a very busy lifestyle, snacks and soft drinks to satisfy their hunger and thirst have deprived them of the necessary nutrients required for life. This faulty selection of foods brings in a lot of lifestyle diseases which make them unhealthy. So youngsters should be aware of the importance of a balanced diet.

Healthy Eating For the Youth



“Let food be thy medicine and medicine thy food” – Hippocrates, the Father of Medicine

What to eat?

Considering the nutritional needs of youngsters, the basic focus should be on the quality / right choice of food stuffs and their ingestion in appropriate quantities, at a set time. For the selection of right food, you can use a 'food pyramid'; a pyramid-shaped depiction of recommended daily servings for different food groups. The food should be balanced and be consumed proportionately.

A balanced diet should contain all the nutrients needed for your body. It should have macronutrients like protein, carbohydrates and fat along with micronutrients like Vitamins and Minerals. Each nutrient has its own role to play. Your plate should have all these groups.

Foods rich in Nutrients

Carbohydrates

A good source of energy is present in plant foods, such as cereals, millets and pulses. Almost a half of our energy requirements should be met by Carbohydrates. But the selection should be healthy from whole grains, including brown rice, millets and oats that have a higher nutritive value. They are also a great source of fiber. A 'complete meal' should contain both soluble and insoluble fibers which help in digestion.

Proteins

Proteins are the main components which help build new tissues and repair old ones. Hence, 30 to 35% of your diet should contain Proteins. Protein rich foods are pulses, egg, and meat. Vegetarians can choose dals and pulses, milk, cheese and yogurt and soya beans.

Vitamins and Minerals

Vitamins and Minerals play various roles in the human body, which help boost your bone strength, general health and 'wound healing' / immunity. These micronutrients help promote metabolism, nerve and muscle functions and cell production. Thirteen essential vitamins are required for the proper function of the body.

Not eating enough fruits, vegetables, beans, whole grains and fortified dairy foods may increase the risk for health problems, including heart disease, cancer, and poor bone health (osteoporosis). Besides, it helps in good vision, strong bones, blood cell production and coagulation of blood. These also help maintain healthy skin and nerves. The foods with rich sources of Vitamins and Minerals are whole grain cereals, vegetables, fruits, fish, meat, egg, nuts, legumes and dairy products.

Fats

Fats provide energy for your body and help store Vitamins and synthesize hormones. Fats help absorb Vitamins and insulate your body. But its consumption should be restricted, as vegetable oil used in cooking is a major source of visible fat.



eat more
vegetables &
fruits each day

Eat wisely and moderately

Breakfast should be the heaviest with a combination of cereals and pulses. It is not wise to skip breakfast in terms of dieting. As the term suggests, you are breaking a long fast. So, you should certainly have breakfast and your plate should be filled with cereals, pulses, fruits and a glass of milk. Ensure that you have all the Nutrients in your breakfast plate. Never eat your food in a hurry, as 'slow eating' improves your digestion.



Healthy Breakfast dishes

Have sufficient quantity of fruit juice between your breakfast and lunch. Your lunch should have rice or other cereals as the main dish with more varieties of vegetables and protein-rich foods, such as dal / meat / fish, including salads with sprouts and green leafy vegetables. Your plate should be balanced with adequate amount of Vitamins and Minerals.

Your dinner should always be the lightest meal with juice, fruits or salads. Fill your plate with greens to load up on Vitamins and Minerals. Limit the intake of Carbohydrates. It is also better to have your dinner two hours before bedtime.

Foods for beautiful Skin

Have plenty of fruits, especially pomegranate, berries, kiwi, strawberry, cranberry and black berry. Green tea is also good, as it has medicinal properties and is rich in antioxidants. Green tea also helps in digestion, prevents cancer, and improves heart and mental health.

Dark chocolate helps boost your brain power by dilating blood vessels and bringing in more oxygen to the brain. Pumpkin is full of Nutrients. Walnuts and Kale are also good for the skin.

Foods for Immunity

The foods that improve your immunity are honey, mushroom, garlic, gooseberry, lemon and all types of fruits.

Foods for muscle and bone growth

The foods rich in Protein and Calcium are fish, meat, egg, nuts, cheese, yogurt, salmon, tuna etc. which stimulate muscle and bone growth.

Healthy Food Habits

Do's

Keep a set time for having food with at least three hours gap between the main meals. The timing should be scheduled in the following ways:

- Breakfast by 8 o'clock
- A cup of juice by 11 o'clock
- Lunch by 1 o'clock
- Tea with light snacks by 4 o'clock
- Dinner between 6 and 7 o'clock

Don'ts

- Talk while having food
- Take water during meals
- Eating fried, stale and street foods will harm your health and can cause cancer

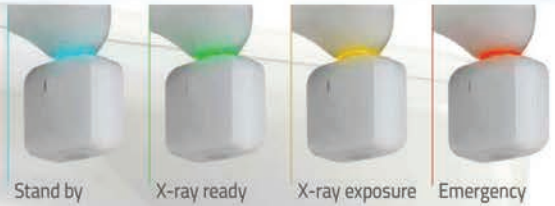
Healthy tips

- Rather than swallowing, chew your food well and enjoy the taste
- Enjoy your meals with your family
- Eat plenty of salads and fruits
- Hydrate your body with adequate amount of water ☑



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NOMOPHOBIA

Nomophobia is the fear of being out of mobile phone contact. Nomophobia is everywhere in industrialized nations. This term is an abbreviation for 'no-mobile-phone phobia'

Reality of life

Our phones have become an extension of ourselves. They are often the first things we reach for when waking up from sleep.

We live in a time where Social Media like Facebook, WhatsApp, Twitter, YouTube, etc. have become an integral part of our life. It has become more than just a means of communication or entertainment. It has turned into a virtual log of all our thoughts, memories and feelings shared with people both known and unknown.





Ms. Mercy Deva Priya
 Assistant Professor
 Department of Psychiatric Nursing
 Smt. Nagarathamma College of Nursing
 Bengaluru, Karnataka, India

NO-MOBILE PHONE-PHOBIA

Start progressively reducing the amount of time spends on using your cell phones



The addiction of children to mobile phones is so pervasive that CHILDLINE, a non-government organization (NGO) in India that operates telephone helpline services for children in distress and Child Welfare Committee (CWC) receive at least 15 complaints in this regard every week.

What is Nomophobia or No - mobile - phone - phobia?

Nomophobia is the fear of being out of mobile phone contact. Nomophobia is everywhere in industrialized nations. This term, an abbreviation for 'no-mobile-phone phobia', was coined during a study conducted in 2008 by the 'UK Post Office' which commissioned YouGov, an international Internet-based market research and data analytics firm, to evaluate the anxieties suffered by mobile phone users.

In the study, it was found that nearly 53 percent of mobile phone users in England tend to become anxious when they 'lose their mobile phone', run out of power / battery or have no 'talktime balance' / network coverage.

The study conducted in 2163 people revealed that men suffered more from Nomophobia. It was also found that about 58 percent of men and 47 percent of women suffered from Nomophobia and an additional 9 percent felt stressed when their mobile phones were off or out of coverage area.

A real-life story

It was published in 'Indian Express', an Indian newspaper on 24th May 2017.

A 12 year old boy would remain glued to the Smart phone daily till late night. His parents were separated and the child was staying with his mother. Disturbed by her son's habit, she took him for rehabilitation; it was found that child was addicted to pornography.

This story depicts a true scenario of children's addiction to mobile phones. Since kids are more vulnerable to getting addicted to watching pornography, video games, Facebook, WhatsApp, morphing the images etc., parents should take steps to deter their children from getting addicted to such habits.

Worldwide scenario of adolescent's vulnerability to Smart phones

The people in the age group of 25-34 are found to have the highest Smart phone usage rate of 62%. 50% users of Android Smart phones and 43% of Apple iPhones are younger than 34 years. 53% of Smart phone users are males while 47% are females.

Youngsters are driving Smart phone markets in India. Teens in the age group of 16-18 years using Smart phones have shown a rapid rise from 5 % in 2012 to 25% in early 2014. In 2013, there were around 51 million Smart phone users in urban India and the rate of rise from the year 2012 was 90%.




81%
 of people never turn their phone off even when in bed

India is ranked with the second highest number of mobile phone users, with the figure standing above one billion. According to Economic Times, a business newspaper, 50% children and teenagers in India are prone to spinal problems, due to the high use of mobile phones.

According to a study (2012), cell phones are possibly the biggest non-drug addiction of the 21st century and that college students may spend around nine hours or more everyday on their mobile phones,

which can lead to overdependence on such technologies; a driving force of modern life. It is a perfect example of the 'paradox of modern technology' which is both freeing and enslaving.

A research study conducted by Lilavati Hospital and Research Centre, Mumbai, Maharashtra, India, reveals that 79 percentage of population between the age group of 18 and 44 have their cell phones with them almost all the time, with only two 'waking hours' without their cell phones on hand.

Ways Smart phone affects health

- Eye strain
- Computer vision syndrome: dry eyes, difficulty in focusing and double vision
- Text neck / neck pain and damage due to stress and pressure triggered by texting and browsing continuously
- Sleep disturbance
- Aggression
- Panic anxiety
- Separation anxiety / anxiety of being separated
- from others
- Phantom phone vibration disorder (PPVD), i.e., a perception that one's mobile phone is vibrating or ringing when it is not ringing
- Physical symptoms – trembling, sweating and nausea
- Depression
- Poor cognitive development
- Less exercise
- Stress

Warning signs

1. Constantly checking phone for no reason
2. Feeling anxious or restless at the thought of being without cell phone
3. Avoiding social interaction for spending more time on phone
4. Waking up in the middle of the night to check the Smart phone
5. Decline in academic or work performance
6. Easily get distracted by emails or Smart Apps



Coping with Smart phone Addiction

Dr. John Grohol, a visionary pioneer in online mental health, while publishing the first commercial mental health portal 'Psych Central', has suggested a few strategies which enable people to cope with mobile phone addiction.

A Few Strategies

1. Track your Smart phone use

The more you keep track of the time you spend messaging or talking on your cell phones, the better you will be able to restrict its use.

2. Start the 'weaning'

Start progressively reducing the amount of time spends on using your cell phones.

3. Focus on what you are doing

Turn the cell phone off, or at least putting it out of sight, when engaged in a face-to-face conversation with another person.

4. Turn it off

Set a time to switch off your cell phone in the evening and switch it on in the morning. ☑



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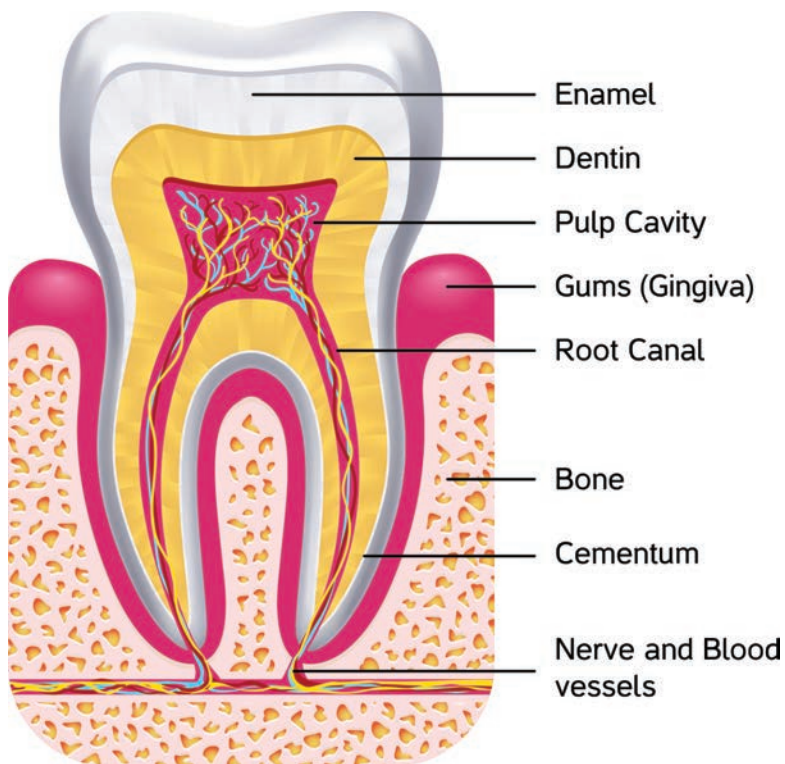
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BIODENTINE:

DENTINE IN A CAPSULE!



Biodentine, a 'Dentine Replacement Material', was introduced by Septodont, a Dental Pharmaceutical Company in the United States of America (USA) in 2009. It has a wide range of clinical applications, including pulp capping, apexification, repair of root perforations and resorptive lesions and retrograde fillings and also as a dentine replacement material in restorative dentistry.

Uses of Biodentine

In the Crown portion, it is used as:

- ⊙ Permanent dentin restoration under composites or Inlay / Onlay
- ⊙ Temporary dentin / enamel restoration
- ⊙ Restoration of deep and / or large coronal carious lesions (sandwich technique)
- ⊙ Restoration of cervical radicular lesions
- ⊙ Pulp capping
- ⊙ Pulpotomy

In the Root portion, it is used as:

- ⊙ Repair of root perforations
- ⊙ Repair of furcation perforations
- ⊙ Repair of perforating internal resorption
- ⊙ Repair of external resorption
- ⊙ Apexification
- ⊙ Root-end filling in endodontic surgery (retrograde filling)

Benefits of Biodentine

- ⊙ Easy handling
- ⊙ Excellent anatomic form
- ⊙ Very good marginal adaptation
- ⊙ Very good interproximal contact

Physical Properties of Biodentine

Composition

The powder component of the material consists of Tricalcium and Dicalcium silicate, calcium carbonate and oxide filler and zirconium oxide. Tricalcium and Dicalcium silicate are indicated as main and second core materials respectively, whereas zirconium oxide serves as a radiopacifier.

The liquid component of Biodentine, on the other hand, contains calcium chloride that serves as an accelerator and a hydrosoluble polymer that serves as a water reducing agent.

It has also been stated that the fast setting time, a unique characteristic of the product, is achieved through increasing its particle size, adding calcium chloride to the liquid component, and decreasing its liquid content. The setting time of the material is as short as 9 – 12 minutes.

Anti-bacterial Properties

Due to the high alkaline pouvoir hydrogen (pH), Biodentine has inhibitory effect on

microorganisms. In addition, the alkaline change leads to the disinfection of surrounding hard and soft tissues of the oral cavity.

Elastic modulus

Biodentine has an elastic modulus of 22.0 GigaPascal (GPa), very similar to that of the dentine, which is at 18.5 GPa.

Compressive strength

The compressive strength of Biodentine is about 220 MegaPascal (MPa) which is equal to the average for dentine of 290 MPa.

Microhardness

As per Vickers Polymer number (HVN), a method to measure the hardness of materials, the microhardness of Biodentine is the same as that of the natural dentine.

Bond strength

Biodentine is a weak restorative material in its early setting phase. In case of a laminate / layered definitive restoration, the placement of the overlying resin composite must be delayed for more than 2 weeks to ensure that the material undergoes adequate maturation to withstand the contraction forces from the resin composite.

Radiopacity

Biodentine, when used in the region of dentin, is not adequately visible in the radiograph.

Manipulation

1. Take a capsule of Dentine and gently tap it on a hard surface to loosen the powder.
2. Open a capsule and place it on the white capsule holder.
3. Detach a single-dose container of liquid and gently tap on the sealed cap to force all the liquid down to the container.
4. Be careful that no drop of liquid falls out of the single-dose container.
5. Pour 5 drops from the single-dose



Dr. Dilshad Cawas Motishaw
Post Graduate Student



Guided by
Dr. Abhinav Diwan
Professor

Department of Conservative Dentistry and Endodontics
Sri Rajiv Gandhi College of Dental Sciences and Hospital
Bengaluru, Karnataka, India

container into the capsule.

6. Close the capsule. Place the capsule on a mixing device, such as a triturator.

7. Mix for 30 seconds.

8. Open the capsule and check the consistency of the material. If a thicker consistency is preferred, wait for 30 seconds to 1 minute. Do not exceed the time.

9. Collect Biodentine with the instrument supplied in the box. Depending on the desired application, you may handle Biodentine with an amalgam carrier, a spatula or a Messing Root Canal Gun. Rapidly rinse and clean the instruments to remove any residual material.

Setting Time – approximately 12 minutes

Biocompatibility of Biodentine

Studies show that Biodentine is a biocompatible material, as it is not cytotoxic and allows the proliferation of pulp cells and gingival fibroblasts.

Biodentine helps promote healing when it is placed directly in contact with the pulp by enhancing the proliferation, migration, and adhesion of the human dental pulp stem cells, confirming the bioactive and biocompatible characteristics of the material.

Conclusion

Biodentine is a promising material compared to other calcium silicate dental materials. It is a biocompatible and an easily handled material with short setting time. Biodentine has the potential to revolutionize the management of deep cavities in operative dentistry, whether or not the pulp is exposed.

The compressive strength, elastic modulus, and microhardness of the material are also comparable to that of the natural dentine. The material is stable, less soluble, non-restorable, hydrophilic, easy to prepare and place and produces tighter seal and has greater radiopacity.

To summarize, it is an efficient alternative to Mineral trioxide aggregate (MTA) to be used in a variety of indications in endodontics, dental traumatology and pediatric restorative dentistry. ☑

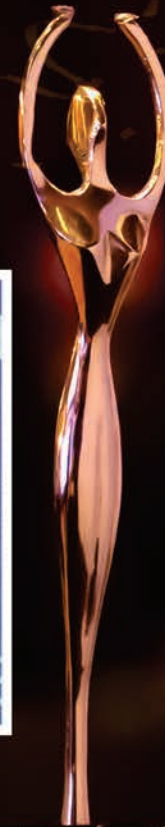


Mr. Saju Kuriakose (Director), on behalf of DentCare Dental Lab Pvt. Ltd., receives the 'Certificate of Commutation' from the hands of **Honorable Justice Mr. Hrishikesh Roy** (Acting Chief Justice of Kerala High Court) for inspiring 2000 employees of DentCare to sign the Pledge and join the 'People's Mediation Centre' (PMC).

OUR PROUD MOMENTS



The KMA Excellence Award 2018 for 'Outstanding Manufacturing Innovation' is being received by **Mr. Saju Kuriakose**.



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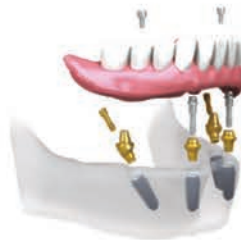
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Eating at a Set Time

Eating meals and snacks at a set time every day can help promote your digestion. It is ideal to:

- ❑ Eat your breakfast within an hour of waking up
- ❑ Eat your last meal at least three hours before bedtime
- ❑ Give your stomach ample time (at least 3 to 4 hours) to digest the food



Dr. Mathews Baby
Senior Lecturer



Ms. Merin Sunny
Intern

Department of Public Health Dentistry
Mar Baselios Dental College
Kothamangalam, Kerala, India

Morning

Do not skip Breakfast

It is reported in the Journal of the American Heart Association that the researchers from Harvard T.H. Chan School of Public Health, United States of America, after studying the health outcomes of 26,902 male health professionals aged between 45 and 82, over a period of 16 years, discovered that the men who skipped breakfast had a 27% higher risk of heart attack or death from heart disease than those who honored the morning meal.

According to these scientists, skipping breakfast may make you hungrier and likely to make you eat larger meals, leading to a surge in blood sugar levels. Such spikes can pave the way for diabetes, high blood pressure and high cholesterol levels, which in turn, snowball into a heart attack.



Reduce eating Sweets

What you eat in the morning is important for setting your blood-sugar pattern for the rest of the day. “If you eat whole grains that contain fat and protein, your blood sugar levels can slowly rise up / go down. If you eat something refined / processed like an overly sweet cinnamon roll, that is the worst thing you can eat,” says Judy Caplan, a registered dietitian nutritionist of the United States of America. “You get an insulin spike, and then your blood sugar levels drop too low; so you get hungry again. That is why people get into a cycle of overeating junk foods.”

To ease your body into a more consistent blood-sugar pattern, try some oatmeal, whole wheat toast with almond butter, or an omelet with spinach and avocado. Judy Caplan's favorite breakfast is a baked sweet potato with a little bit of cinnamon and a small bit of butter.



Impacts blood pressure



Triggers production of stress hormones



Slows down your metabolism

Afternoon

Fuel up at the right time

In the 1960s, Adelle Dav, an American Nutritionist and Author, popularized the mantra “Eat breakfast like a king, lunch like a prince and dinner like a pauper.” It is because 'fueling up' makes sense earlier in the day, when your body needs more calories for energy. But in many European countries, the largest meal of the day is in the afternoon.

Evening

Do not overdo it

Calories get burned up no matter when you eat them; so theoretically it is okay to eat after dark. But if you eat a heavy dinner, you are not likely to get rid of those calories before you 'turn in'.

“What you do not burn off is more likely to be stored as fat, as you are less liable to be active towards the end of the day. Eating too close to bedtime increases your blood sugar and insulin levels, which may cause you to have a hard time falling asleep. Therefore, your last meal should be the lightest of the day and should be eaten at least three hours before you go to sleep.” says Tracy Lockwood, a registered dietitian at F-Factor Nutrition, New York, United States of America.

There is another reason that late-night eating, after dinner,



“Ideally, you want to give yourself fuel before you do harder labor,” says Judy Caplan. “If you are used to eating a smaller meal for lunch and a larger one in the evening, you can still fill up with a hearty meal that contains significantly fewer calories. A fairly large meal that is full of salad and vegetables is big in volume but low in calories”.

Eating the majority of your day's calories in the first part of the day is not only more natural for your system, but it is also scientifically proven to promote weight loss and increased energy

is not a good idea. In most cases, what you eat involves sweet treats, such as ice cream and other desserts that can send blood sugar levels soaring right before bedtime. This can lower the levels of melatonin, a hormone which may make you feel tired, making you harder to fall asleep.

“A boost of energy coming from your dinner consisting of pasta, rice or bread can act as a short-lived stimulant, making you feel more 'awake' immediately after a meal,” says Lockwood, a registered dietitian nutritionist. “Also, it is not recommended to lie down immediately after a meal, especially a big one, since it increases your chance for acid reflux.”



Keep it light

“If you visit Europe and other countries where people are not generally obese, you can see them eating very late in the night, but they are not necessarily overweight. This is because they are typically very active and are chiefly not eating a huge and heavy meal,” says Caplan. “Instead, it may be avocado or other fruits as side soup.”

There is clearly no formula for a healthy eating plan that applies to everyone for maintaining a healthy weight and avoiding illness; but paying attention to both what and when you eat might be a good option to start with.

Types of Eating Disorders

There are three common types of Eating Disorders.

Anorexia Nervosa

It is a psychological illness with devastating physical consequences. The men and women suffering from this condition will typically have an obsessive fear of gaining weight, a refusal to maintain a healthy body weight and an unrealistic perception of body image. Many people with Anorexia nervosa will fiercely limit the quantity of food they consume and view themselves as overweight, even when they are clearly underweight.

Anorexia can have damaging health effects, such as brain damage, multiple organ failure, bone loss, heart problems, and infertility. The risk of death is highest in the individuals with this disease.

Follow the Traditional Approach to Eating

Bulimia Nervosa

Bulimia Nervosa is characterized by repeated 'binge eating' followed by behaviors that compensate for the overeating, such as forced vomiting, excessive exercise, or extreme use of laxatives or diuretics. Men and women who suffer from Bulimia may fear weight gain and feel severely unhappy with their body size and shape.

These people typically resort to binge eating and purging in secret, creating feelings of shame, guilt, and loss of control over eating. Bulimia can have injuring effects, such as gastrointestinal problems, severe dehydration, and heart problems resulting from an electrolyte imbalance.

Binge Eating Disorder

Individuals suffering from Binge Eating Disorder (BED) will frequently lose control over his or her eating. Different from Bulimia nervosa, episodes of binge eating are not followed by compensatory behaviors, such as purging, fasting, or excessive exercise. Because of this, many people suffering from BED may be obese and at an increased risk of developing other conditions, such as cardiovascular disease.

Men and women who struggle with this disorder may also experience intense feelings of guilt, distress, and embarrassment, which could influence the further progression of the eating disorder.

Conclusion

Eating right is much more than just what you put in your mouth. Eating the majority of your day's calories in the first part of the day is not only more natural for your system, but it is also scientifically proven to promote weight loss and increased energy.

Enjoy three, balanced, satisfying meals a day to keep your blood sugar stable and your metabolism humming. By following this traditional approach to eating, and by eating a diet of fresh, whole foods, you will live longer, feel more energized, and help maintain the body you love! 🍷

Chicken Magic



Celebrity Chef Vivek Tamhane
Member, Canadian Culinary Federation
Author, Culinary Consultant and Entrepreneur
Mumbai, Maharashtra, India

San Francisco Chicken

Ingredients

1200 grams of Chicken, cut into small pieces	2 tablespoons Sherry
300 milligrams of Water	2 tablespoons Soy Sauce
2-3 Green Pepper, cut into thin strips	2 tablespoons of Margarine
2-3 Onion, cut into thin strips	20 grams of Ginger
1/2 teaspoon grated Orange Rind	1 tablespoon Brown Sugar
50 milligrams Orange Juice	1 tablespoon Corn Flour
	1/4 cup of slivered Almonds

Preparation

Place chicken on the cooking rack in a pressure cooker. Add water. Cover with green pepper, onion, and grated orange rind. Close pressure cooker lid securely. Place pressure regulator on vent pipe. Cook for 8 minutes and then, leave the cooker alone and let the pressure come down naturally.

Meanwhile, prepare orange sauce by mixing together orange juice, sherry, soy sauce, ginger, brown sugar, margarine, and corn flour. Stir continuously as you cook the mixture over a medium heat until it becomes thick.

Remove chicken and vegetables to heated platter. Spoon orange sauce over chicken and sprinkle it with slivered almonds. You can also garnish it with orange slices. ☑





What is Halitosis?

It is a noticeably unpleasant odor in the breath of an individual. Synonyms for Halitosis are fetor oris, oral malodor and bad breath. About 25% to 50% of people across the world suffer from oral malodor that creates a feeling of anxiety and depression. Moreover, they maintain a safe distance while talking to a person face to face.

The Dentist and Gastroenterologist have a major role

to play in the diagnosis and treatment of Halitosis or bad breath.

Concerns of bad breath may be divided into genuine and non-genuine causes.

Genuine Halitosis is a condition in which a noticeably unpleasant odor is present in the breath whereas non-genuine Halitosis is a psychological

condition in which patients complain of having the existence of Halitosis.

About 85% of malodors come from inside the mouth. When Halitosis is chronic, it cannot be solved by good brushing and mouthwashes. Halitosis is viewed as a social taboo and those with this condition may be stigmatized.

The causes of Halitosis may or may not be of dental origin. If it is associated with oral cavity, it might be due to: Gingivitis, Periodontitis, Tonsil stones, Salivary stones, low salivary secretion, Tonsillitis, Dental caries or Abscesses.



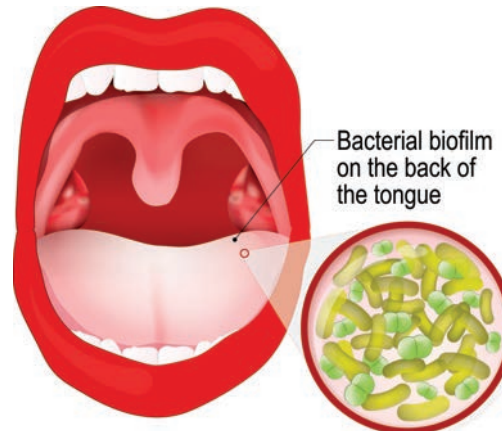
Dr. George Lazer
Dental Practitioner
Kollam, Kerala, India

Signs and Symptoms

- Noticeably unpleasant odor is present in the breath of an individual.
- It may result in Anxiety and may show symptoms of Obsessive-compulsive Disorder.
- A person with bad odor may desist from speaking openly to others face to face.

Causes of Halitosis

- Deep carious lesions causing food impaction and stagnation
- Recent dental extraction sockets
- Acrylic dentures
- Oral infections
- Ulcers
- Fasting
- Stress / Anxiety
- Reduced salivary flow
- Smoking
- Alcohol consumption
- Medications causing Xerostomia
- Diabetes mellitus
- Gastric problems



Differential Diagnosis of Halitosis

Mouth

In 90% of cases with Genuine Halitosis, the origin of odor is the mouth itself. This is known as Intraoral Halitosis / Oral Malodor / Oral Halitosis. This may be due to:

- Oral lesions caused by viral infections; for example, Herpes simplex
- Eating garlic, onion, meat, fish, cheese, smoking, or alcohol consumption
- Odor-producing biofilm on the back of the tongue created by gum disease
- Faulty dental work
- Food impaction
- Abscesses
- Unclean dentures

Tongue

When any part of the tongue is relatively dry and uncleansed, this creates a habitat for anaerobic bacteria.

Gums

Genuine Halitosis can be due to certain conditions of the gum, such as:

- Gingivitis
- Periodontal pockets
- Supragingival and subgingival debris and calculus
- Methyl mercaptan [methanethiol], a colorless gas with smell of rotting garbage caused by periodontal / gingival disease

Systemic Diseases causing Malodor

- Diabetic mellitus
- Lower respiratory tract infection
- Kidney infection / failure
- Carcinoma
- Fish odor syndrome (Trimethyl laminuria)
- Metabolic disorders

Halitophobia

One quarter of people seeking professional advice on bad breath have either an exaggerated concern of having bad breath known as Halitophobia / delusional Halitosis or Olfactory reference syndrome (ORS).

Types of Malodors

- Type 0 – Physiologic
- Type 1 – Oral
- Type 2 – Airway
- Type 3 - Gastro-oesophageal
- Type 4 – Blood- borne
- Type 5 – Subjective

Diagnosis

1. Halimeter Test

The Halimeter test can detect several volatile gases which are created by bacteria mainly in the colon. A Halimeter is a portable sulphide monitor used to test for the levels of sulphur emissions in the mouth air.

2. Gas Chromatography

Being the most accurate, reliable and reproducible method to measure Volatile Sulphur Compounds (VSCs), Gas Chromatography can separate and assess the various compounds in the exhaled air, saliva or tongue coating, before their decomposition. However, this test requires an apparatus requiring investment.

3. BANA test

It is a chair-side test that helps detect three main bacteria that cause gum disease, namely, *Treponema denticola*, *Porphyromonas gingivalis*, and *Tannerella forsythia*. It uses a strip composed of benzoyl-dL-arginine-2-naphthylamide that becomes blue when there are bacteria in the exhaled air.

4. Beta-galactosidase test

Beta-galactosidase enzyme is released by bacteria to break down proteins. This test helps detect the enzyme, Beta-galactosidase with greater speed.

Management / Treatment

- Routine dental check-up every six months, including full mouth oral prophylaxis
- Brushing of teeth twice a day and rinsing mouth using mouthwashes
- Controlling medical factors, including blood sugar levels and reducing the use of drugs causing Xerostomia
- Quitting the habit of smoking and alcohol consumption
- Use of Sialogogues and vitamin C supplements, when the salivary duct is blocked, to induce salivary flow
- Cleaning tongue while brushing teeth
- Dental flossing
- Getting treated for dental caries
- Using mouth sprays
- A natural remedy for Halitosis is chewing of cardamom ☞

Use of Sialogogues and vitamin C supplements is used when the salivary duct is blocked, to induce salivary flow



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HEADGEARS: The Magical Straps

A Headgear is an orthodontic appliance that is recommended by the Orthodontist when a child's jaw has not grown in the proper direction or dimension according to his / her age. It takes support from his / her head, neck or chin and helps move his / her jaws according to the direction of force, over a period of time.

Why is Headgear used?

Sometimes, Braces alone are not sufficient to align your dentition into the correct position. This is especially when:

- More space is required in your mouth for the braces to do their work
- You have a trouble with your bite
- Your jaw has not grown in the proper dimension / direction
- One of your jaws has grown more than the other



Dr. Keval Patel
Consultant Orthodontist
Ahmedabad, Gujarat, India

When you have any of these problems the Orthodontist will recommend using a Headgear along with braces to achieve the balanced growth of your jaws as well as proper alignment of your dentition.

Major Components of a Headgear

1. Face-bow

A face-bow or J-Hooks is fitted with a metal wire onto the Headgear tubes attached to both upper molars. It extends out of the mouth and around the patient's face.

2. Head cap

It consists of straps fitting around the patient's head. This is attached with elastic bands or springs to the face-bow.

3. Attachment

The Attachment mostly consists of rubber bands, elastics or springs which help join the Face-bow and Head cap together. They also provide the force to move the upper teeth / jaw backward or restrict the forward growth of the upper jaw and allow the normal growth of the lower jaw.

Types of Headgears

○ Occipital / High pull headgears

An Occipital / High pull headgear obtains support from the back bone of your head. It is usually recommended for children with a gummy smile, long face or protruded / intruded teeth. A High pull headgear will help reduce your gummy smile and reduce the facial height by pushing your upper jaw upward / backward.

○ Cervical / Low pull headgears

A Cervical pull headgear obtains support from the neck. It is recommended for children with short face or when the Orthodontist wants to push the upper jaw / dentition downward and backward.

○ Combi pull headgears

A Combi pull headgear is advised for a child when it becomes necessary to push his / her jaw / dentition backward and upward. By setting outer Face-bows at varying angles and lengths, the Orthodontist can push or tilt the upper jaw or dentition in the required direction.

○ Reverse pull headgear or Facemask

Different from other Headgears, a Reverse pull headgear performs an opposite action. It helps pull the upper jaw forward and downward to match the lower one. It is advised in those cases where the lower jaw is properly developed while upper one is not so developed. A Reverse pull headgear takes support from the chin and forehead to restrict the growth of the lower jaw and pull the upper one forward and downward.

A Reverse pull headgear has a 'head support cup' and chin cup; besides a vertical rod is passing through it. It has hooks that help pull the upper jaw downward and forward with the help of extra oral elastics.



The child should be instructed not to allow anyone to manipulate / grab the Headgear while it is in the mouth, to prevent the injury to the mouth or distortion of the Face-bow



Wearing time / Schedule

- ⊙ Usually Headgears need to be worn for 10 – 12 hours per day for 9 – 12 months. The duration depends on the severity of the problem, duration of wearing and the age of the patient.
- ⊙ Usually, Headgears are advised to be worn immediately after evening meals, as the growth hormone gets secreted in the early evening; but you should not wait until your child falls asleep.

Forces and mechanisms of Headgears

- ⊙ Among all the mechanisms for Headgear, the spring mechanism is preferred to elastic or strap one as this mechanism delivers the constant force that can be easily documented and adjusted.
- ⊙ Initially, low force should be applied, while delivering a

Headgear. Gradually, you are advised to increase the force in the subsequent appointments.

- ⊙ Usually, 12 – 16 ounces (350 – 450 grams) of force per side shall be applied, while delivering a Headgear.

Instructions for the use of Headgears

- ⊙ A child should place and remove the Headgear under the supervision of his / her Orthodontist until he / she learns to handle and adjust the Headgear properly.
- ⊙ Headgears need to be worn late in the evening or before bedtime.
- ⊙ The child should not wear it during vigorous activities, such as bicycle riding, swimming or contact sports.
- ⊙ The child should be instructed not to allow anyone to manipulate / grab the Headgear while it is in the mouth, to prevent the injury to the mouth or distortion of the Face-bow.
- ⊙ The fitting of the Headgear and orientation of Face-bow shall be checked by the Orthodontist at regular intervals for getting better outcomes. [6]



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A Related Scenario of **Depression and Oral Health**



The World Health Organization (WHO) defines **Depression** as, 'Multiple persistent physical symptoms with no clear cause, low energy, fatigue, sleep problems, persistent sadness / depressed mood, anxiety, loss of interest or pleasure in activities that are normally pleasurable'.

National Institute of Dental and Craniofacial Research defines **Oral health** as, 'a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores and birth defects, such as cleft lip and palate, periodontal (gum) disease, tooth decay and loss, and other diseases / disorders that affect the oral cavity'.

Oral health does not merely include healthy and germ-free teeth but it also it takes into consideration various



Dr. Iram Fatima Khan
Dental Practitioner
South Delhi, New Delhi, India

other tissues related to teeth like gums, palate, the lining of the mouth and throat, the tongue, lips, salivary glands, the chewing muscles, nerves, and the bones of the upper and lower jaws.

Oral Health Related Quality of Life is 'a multidimensional construct that reflects, among other things, people's comfort when eating, sleeping, and engaging in social interactions and their self-esteem as well as satisfaction with respect to their oral health'. It is an individual concept and is associated with psychological and social factors and experience of pain or discomfort.

Depression and Orofacial Pain

Temporomandibular disorders (TMD) share many features with other common chronic pain conditions. Most of the growing pool of evidence supports the view that for a successful outcome, treatment of chronic temporomandibular joint disorders requires a multidisciplinary approach with a strong focus on psychological factors. This, however, does not eliminate the possible role of occlusal problems as the risk factor for TMD.

Depression is directly related to both the physical and psychosocial functioning of the facial pain of patients.




Depression and Oral health

The studies on oral health and dental needs of hospitalized psychiatric patients mainly show

Depression is directly related to both the physical and psychosocial functioning of the facial pain of patients



Good Oral Care includes:

-  Brushing for 2 minutes, twice a day
-  Flossing everyday
-  Regular dental check-ups

that the oral health of these patients is relatively poor, and that there is a major need for dental treatment, depending on the severity of oral diseases. When compared to the general population, depressed patients showed a higher level of tooth decay, with fewer filled and more missing teeth.

There is a higher risk for dry mouth; mucosal, lip, and tongue lesions; and coronal smooth surface caries among adults with chronic mental illness. Several human and animal studies suggest an association between stress and periodontal disease.

However, the concepts of stress and depression are biologically related, and there is substantial evidence that alterations in the stress hormone system play a major causal role in the development of depression. Poor periodontal conditions in patients with depression and other mental disorders may be due to their negligence towards personal hygiene, as these persons are least interested in the daily chores. So there are higher chances of caries, attachment loss as well as bone / tooth loss.

Emotional stress also causes Acute Necrotic Ulcerative Gingivitis (ANUG), an oral disease with swollen or bleeding gums. Tricyclic Antidepressants and Selective Serotonin Reuptake Inhibitors (SSRIs) are the medications given to patients with depression, which account for the reduction in the secretion of saliva in the mouth and this in turn, increases the chances of dental caries. ☐

Ask the Expert

Q Doctor, my name is Subalaxmi. I am Twenty-Three-years old and getting married next month. My teeth are yellow. Can you propose some simple teeth whitening tips to be tried at home?

Dear Subalaxmi, first of all my congratulations. Here are a few simple, effective tips to try at home:

Avoid staining beverages.

Coffee, soft drinks, alcohol, fruit juice, sweetened beverages etc., can stain your teeth. If you cannot absolutely go without them, drink them through a straw, as studies have shown that it will help prevent beverages from touching and staining your teeth.

Use Whitening Toothpaste

With abrasives and oxygen bleaching agents, Whitening Toothpastes can help lighten your teeth. These products typically take at least two weeks before you can see any visible

difference in the color of your teeth.

Use Teeth Whitening Kits with Molded Trays and Bleaching Gels

Here is how to whiten your teeth at home in a few days. These products can help lighten your tooth / stains quickly and perhaps evenly. 'Brush-on Whiteners' / 'Teeth Whitening Pens' / 'Teeth Whitening Strips' are not so effective, since they can miss the cracks between teeth leaving large / spotty stains visible. By contrast, Molded Trays hold the 'teeth bleaching gel' firmly and evenly on to the tooth, which help remove the stains and discoloration, resulting in brighter and whiter teeth.



Q Hi Doctor, I am Michael, I will be turning 'Fifteen' next week, I fell down when I was playing and ended up with a cracked tooth. Will it heal on its own or should I consult a dentist?

Dear Michael, whether your tooth cracks from an injury or general wear and tear, you can experience a variety of symptoms ranging from erratic pain when chewing food to a sudden pain when your tooth is exposed to very hot or cold temperatures.

In most of these cases, the pain may come and go after a while and hence, it is very difficult for your dentist to locate the tooth that causes the discomfort. If you experience these symptoms or suspect a cracked tooth, it is best to see an Endodontist as soon as possible. Endodontists are specialized in saving cracked teeth. The sooner your tooth is treated, the better the outcome will be. Once treated, most cracked teeth will continue to function as they should, for many years, enabling pain-free biting and chewing.



Q

Respected doctor, my name is Sabina Fathima and I am 16 years old. My problem is misarranged teeth and I do not like the look of my teeth. But I do not want to put Braces. Is there any other way to get my teeth aligned?



Dr. Aparna Babu
Periodontist and Implantologist
Mumbai, Maharashtra, India

Dear Sabina Fathima, 'Clear Aligners' are one of the easiest options for straightening your teeth without the traditional metal braces. 'Retainers' and 'Expanders' are also used as orthodontic appliances, depending on your alignment needs. While straightening teeth without braces is not for everyone, you may be a good candidate for 'Clear Aligners', if you have any of the following orthodontic conditions:

Limited overcrowding

Crooked teeth can be a cause of your embarrassment and is one of the most common reasons that prompt people like you to opt for orthodontic therapy. If your teeth are slightly crooked from minor overcrowding, you can straighten your teeth without braces i.e., using Clear Aligners. Once your teeth are straightened, a Fixed Retainer will help hold your teeth in the correct place.

Bite Misalignment

Did your Dentist or Orthodontist tell you that your bite is misaligned? If so, you may have a condition known as malocclusion. 'Orthodontic Retainers' or 'other orthodontic appliances' will slowly help realign your bite. The correction of your bite alignment will help reduce the strain on your teeth, jaws and muscles, along with minimizing your risk for certain conditions, such as broken tooth, Temporomandibular joint(TMJ) pain etc.

Narrow Upper Jaw

If your top teeth are crooked, the problem may be due to narrow upper jaw. Rather than braces, your Orthodontist may recommend the use of 'Expanders' to create space for your teeth to move them into their designated position. These Expanders are virtually invisible and you may experience very little discomfort when they are being adjusted. ☺

'Clear Aligners' are one of the easiest options for straightening your teeth without the traditional metal braces

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DRY SOCKET:

Etiology, Prevention and Management

One of the most common postoperative complications of the extraction of permanent teeth is Dry Socket. Moderate to severe dental pain, gingivitis around the margins of the extraction socket, exposure of alveolar bone in the socket, coupled with partially or completely destroyed blood clot and necrotic debris in the socket are all associated with Alveolar Osteitis (AO).

Several other conditions, such as Localized Osteitis,

Postoperative Alveolitis, Alveolitis Sicca Dolorosa, Septic or Necrotic Socket, Localized Osteomyelitis, and Fibrinolytic Alveolitis, are linked to Dry Socket.

Incidence

The incidence of Alveolar Osteitis is 3 – 4% following routine dental extractions, but it ranges from 1 – 45% after the removal of mandibular third molars. Dry socket symptoms usually occur 2 – 3 days after a tooth extraction.

One of the most common postoperative complications of the extraction of permanent teeth is Dry Socket



Dr. Jessica Kaur Pahwa
Dental Practitioner

Aurangabad, Maharashtra, India



Dr. Tejashri Patil
Dental Practitioner

Etiopathogenesis

1. Oral Microorganisms

Bacteria play a role in the breakdown of clots. This is supported by an increased incidence of Dry Socket mostly seen in the patients with poor oral hygiene or higher pre- and postoperative microbial counts, especially anaerobic bacterial counts and also in the presence of periapical infection, pericoronitis or periodontitis.

2. Physical dislodgement of clots

It has been substantiated that the physical dislodgement of blood clots caused by manipulation or negative pressure, such as sucking on a straw, would be a major contributory factor to AO.

Contributing / Risk Factors

Oral Contraceptives

Garcia et al. (2003), after conducting studies in 267 women, of which 87 were taking oral contraceptive pills, found that Dry Socket occurred more frequently in those who were taking oral contraceptives (11%) than in those not taking oral contraceptives.

Smoking

Due to the introduction of a foreign substance that acts as a contaminant in the surgical site, and / or the suction applied

to the cigarette may dislodge the clot from the socket, resulting in an interruption in the healing process.

Trauma

The complications during extraction can damage the alveolar bone cells, causing inflammation of the alveolar bone marrow, leading to the subsequent release of direct tissue activators into the alveolus, where they may precipitate fibrinolytic activity, playing a major role in the pathogenesis of AO.

Gender

AO occurs more frequently in females than in males, due to the hormonal factors. Sweet and Butler (1938) in a study found that the incidence of Dry socket in females is 4.1% more compared to that of in males.

The incidence of Alveolar Osteitis is 3 - 4% following routine dental extractions, but it ranges from 1 - 45% after the removal of mandibular third molars. Dry socket symptoms usually occur 2 - 3 days after a tooth extraction



Bacteria play a role in the breakdown of clots. This is supported by an increased incidence of Dry Socket mostly seen in the patients with poor oral hygiene or higher pre- and postoperative microbial counts

Prevention

Preventive Measure	
Antibacterial agents	<p>Systemic antibacterials, such as penicillin, clindamycin, erythromycin, and metronidazole.</p> <p>Betadine and the topical application of clindamycin in Gelfoam. Topical tetracycline powder, aqueous suspensions of tetracycline, tetracycline on gauze drain or tetracycline-soaked Gelfoam sponges.</p>
Antiseptic agents and lavage	<p>15 ml of a 0.12% Chlorhexidine (CHX) starting 2 days after tooth extraction. Solution-soaked Gelfoam.</p> <p>9-aminoacridine saturated in Gelfoam and a gauze sponge saturated with Whitehead's varnish (a combination of iodoform, balsam toluatan, and Styrax liquid in a base liquid).</p>
Antifibrinolytic agents	<p>Para-hydroxybenzoic acid (PHBA).</p> <p>Tranexamic acid (TEA).</p> <p>Propilic ester of the p-hydroxibenzoico acid (PEPH).</p>
Steroid, anti-inflammatory agents	<p>Topical application of a hydrocortisone and oxytetracycline mixture.</p>
Obtundant dressings	<p>Eugenol-containing dressings.</p> <p>Butamben.</p> <p>Alvogyl paste.</p> <p>Bismuth Subnitrate, Bismuth Iodoform and Paraffin Paste (B.I.PP).</p> <p>Petroleum jelly and Balsam of Peru.</p>
Clot support agents	<p>Poly(lactic acid) (PLA) treated tetracycline.</p> <p>Oxidised Regenerated Cellulose.</p> <p>Kaltostat, a Fibrous mesh which works by forming Calcium Alginate.</p> <p>Chitosan - a naturally occurring cationic polysaccharide.</p>
Low Level Laser Therapy	<p>Diode laser irradiation.</p>
Anesthetic agents	<p>Bupivacaine Hydrochloride.</p> <p>Articaine.</p> <p>Mepivacaine.</p>

Management

The use of Platelet-rich Fibrin (PRF) applications in oral and maxillofacial surgery was first described by Dr. Joseph Choukroun, who collected and centrifuged autogenous whole blood in standard blood tubes and produced Platelet-rich fibrin (PRF) clots. PRF basically consists of a fibrin matrix, leukocyte cytokines and growth factors.

Transforming growth factor beta [TGF- β], Epidermal growth factor [EGF], Fibroblast growth factor, [FGFs], Keratinocyte Growth Factor [KGF], Insulin-like growth factor [IGF], Platelet-derived growth factor [PDGF], Interleukin-8 [IL- 8], Tumor necrosis factor alpha [TNF α], Connective tissue growth factor [CTGF] and Granulocyte macrophage colony stimulating factor [GM- CSF] have been used to stimulate both soft and hard tissue healing.

In the study report, he described PRF as a natural fibrin-based biomaterial favorable to microvascularization and guide to epithelium migration, besides helping protect open wounds and accelerating wound healing. ^[8]



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Over the past 30 years, we have dedicated ourselves in contributing to healthy, confident smiles for over 40 million patients and to the delight of more than 40 thousand dentists around the globe.

The range of services DentCare has to offer is unique and comprehensive; its product portfolio comprises individual Dental Crowns and Bridges, Implant restorations and Partial / Full denture prostheses. The company strongly believes that technology, hand in hand with art, fused with latest know-how, results in dental restorations with greater precision, aesthetics and functionality.

DentCare Zirconia

"One Product for Diverse Options"



The paradigm shift in dentistry for lifelike restorations that mimic natural tooth structure based on perceived and actual aesthetic and functional patient demands has led DentCare Dental Lab to offer DentCare Zirconia – a Revolution in Metal Free Prostheses.

DentCare Zirconia is biomedical grade Zirconia made in Germany. Available in diverse options, the DentCare Zirconia range of products assure natural feel and functionality, unmatched aesthetics and unlimited characterization made available through more than 40 natural and lifelike shades.

It is manufactured using an innovative Computer Aided Design / Computer Aided Manufacturing (CAD / CAM) technology offering perfect fit and marginal adaptation to the final product. This unique material provides full scope for cement retained crowns and bridges on natural teeth (up to 16 units as a single restoration) as well as cement and screw retained solutions for implants (single and multiple-unit).



DentCare Zirconia Variants are:

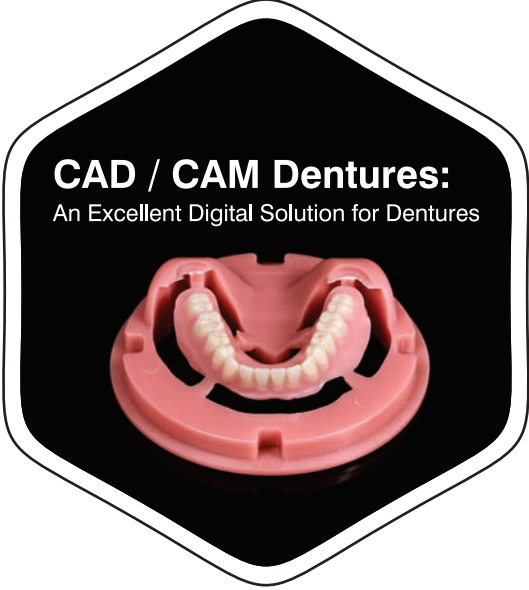
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Conclusion

DentCare strongly believes that technology, hand in hand with art, results in dental prostheses of greater precision and quality.

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Letters to Editor

magazine@dentcaredental.com
nisha.arun@dentcaredental.com
Editor in Chief, The DentCare
DentCare Dental Lab Pvt. Ltd.
NAS Road, 130 Junction
Muvattupuzha, Ernakulam
Kerala, India 686 661

Subscriptions & Advertising Inquiries

thedentcare@dentcaredental.com
Subscription, The DentCare
DentCare Dental Lab Pvt. Ltd.
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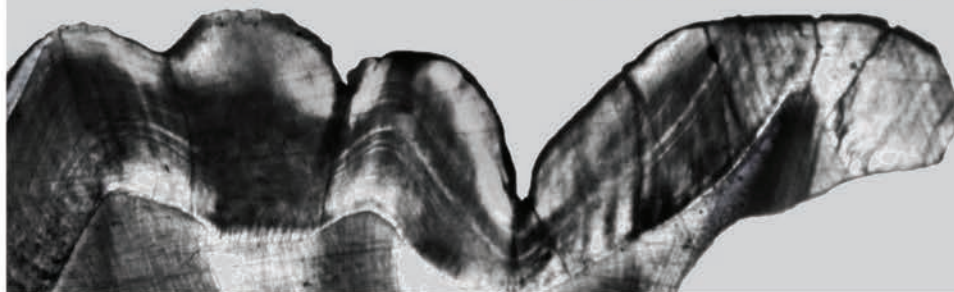
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Dr. Praveen Mathai Mathew
Dental Practitioner
New Zealand

⇒ JOURNEY TO EXCELLENCE



DentCare Dental Lab New Zealand has indeed helped fill the void of 'quality and affordable dental work' with prostheses of superior quality at competitive prices which in turn has resulted in the enhancement of my productivity and greater patient satisfaction. Trios intra-oral scanner helps me to get back the dental prosthesis from the lab in no time.

I congratulate DentCare Dental Lab on becoming the first Indian Dental lab to start functioning in New Zealand.

Keep up the good work. ☑



Dr. Sudipto Das
Dental Practitioner and Oral Implantologist
Kolkata, West Bengal, India

⇒ MEETING THE EXPECTATIONS



My association with DentCare Dental Lab started three years after my inception into practice, when they started their operations in the North Eastern region of India. Since then, I have found them to be very professional and punctual. The latest technologies and well equipped machinery have helped uplift the practice and deliver first-rate services to my patients.

With the introduction of the newest therapies in the field of dentistry, the anticipation of patients is very high and consequently, we as professionals can live up to their expectations only due to our close association with a world-class dental lab like DentCare.

Completely professional – the committed attitude of the lab technicians and supporting staff, the ensuing high-end quality prostheses and prompt services are some of the attributes that make DentCare stand apart from their competitors.

I wish them more success in the coming years so as to enable them to come up with innovative products and services that help us meet the ever-changing needs of patients.

I deem it as a privilege to have been associated with DentCare. ☑

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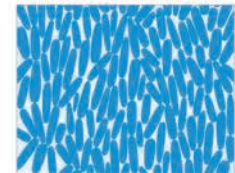
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