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# THE DENTCARE

Your Monthly Health Care Magazine

*Brightening smile the world over*

Dental Fractures

Nutrition for Children

Gaps Between Front Teeth

Female Health in A Modern World



## END-OF-LIFE CARE

Helping pass into calm  
Eternity with dignity

The Blue Whale Threat

Suicide Prevention:  
Towards Destigmatization





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# Contents



- 06 Nutrition for Children
- 10 Dental Fractures
- 12 Is Treatment for Varicose Veins Effective?
- 14 End-Of-Life Care
- 18 Suicide Prevention: Towards Destigmatization
- 21 Gaps Between Front Teeth
- 22 “The Blue Whale Threat”
- 24 “INSTASTOP”: A Ground Breaking Discovery
- 28 Sphenopalatine Ganglion Block using Tx360
- 32 Digital Health Revolution-TeleHealth
- 34 Candidiasis: A Disease of the Diseased
- 36 Role of Screening Diagnostic Aids in Oral Cancer
- 38 Marriages in Heaven and Divorces on Earth



- 42 Creating Heart-Healthy Environments
- 45 Microbial Flora in Odontogenic Infections
- 48 “Bread Without Butter”: Gender Equality in the Workplace
- 52 “To Bank or Not to Bank” Before Cancer Treatment
- 54 What I Learnt from Haruki Murakami
- 58 Dentcare Zirconia
- 62 Female Health in A Modern World



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*The Dentcare is immensely honored to have its pages embellished by a token of warmth expressed by the Honorable Chief Minister of Kerala – a well meaning gesture that has deeply touched our hearts, Sir.*

### Dear Reader,

Is this not reason enough for celebration this September?

Celebration derives true meaning when it comes straight from the heart. The heart truly deserves to be nurtured in a healthy environment, without doubt. I urge you to create one!!

And while doing so, do lend a piece of your heart to end-of-life care, as well.

A sound environment needs among the many reasons – healthy relationships. A marriage should be one and rather not the reason for what we are increasingly witnessing today. Gender equality could add vital contribution to this equation.

Love is the magical balm that can calm the disturbed mind, lest it contemplate the worst. It could also be our best weapon against the “whale of a threat” our innocent ones face in this devious world.

Bread without butter could never be better. Let us do more to make life less bitter. Good nutrition from a young age could be the befitting recipe. Female health can be an ingredient of paramount value, in these modern circumstances.

Life lessons are in store for you within, literally. So stay tuned. To bank or not on these sentiments is ultimately your choice.

Turn digital?? Why stand witness to the revolution that is definitely going to be 'the dental evolution', ultimately, when you can partake in it.

Whether it is in identifying dental fractures or offering cosmetic solutions to gaps between teeth, there seems to be a digital answer. Ground breaking discovery!!

Varicose veins have lasting options, currently while Instastop may have profound benefits to offer. Candidiasis could be an eye opener to an underlying concern. Do not ignore it!!

Diagnostic screening could halt Oral Cancer. And so could the right antibiotic in Odontogenic infection.

Reasons galore that merit a thorough investigation into our mindsets and definitive change in our lives.

Yours truly,

**Prof. (Dr.) George P. John**

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GOVERNMENT OF KERALA

**Pinarayi Vijayan**  
CHIEF MINISTER

No.1013/Press/CMO/17.

August 19, 2017.



MESSAGE

I am happy to note that the DentCare Dental Lab Pvt. Ltd. is publishing a monthly magazine, 'The DentCare'.

I hope that it will educate the public on issues related to oral health and dental hygiene and update them on the latest information and technologies that are leaving a mark in the field of dental care.

Wish you all the best.

**Pinarayi Vijayan**

# Nutrition for Children





**Dr. Mumtaz Khalid Ismail**  
Consultant Clinical Nutritionist  
Ernakulam, Kerala, India

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There is hardly a day without which a concerned mother does not come to me asking about the type of nutritious food a child should have, to maintain an optimum physical and mental development.

Malnutrition and mental development is a hot subject as there is high level of awareness about the effect of malnutrition on mental and physical development of a growing child. In a child, nutrition, growth, and development are interrelated and aberration of one aspect tends to influence the other significantly.

Every mother is delighted when her child eats well and worried, if it is otherwise. The word Nutrition is derived from 'Nutrire', which means 'to feed at the breast'; and breast milk is

considered the most balanced nutritious single food item specific for that age group.

Unfortunately, there is no single food product like breast milk that gives all the nutrition in required amounts to any other age group. This forces us to take different types of food to derive required nutrition at the required level.

School children will have a reasonably good appetite but what they eat mainly is nutritionally unbalanced. To overcome this, the meal should not only be nutritious but also be tasty. Including foods from the different food groups will help make the meals healthier. Around the time your child starts schooling, he or she will be growing and more active. Hence, children need a lot more energy

and nutrients for their body size than adults.

From 6 to 12 years, the rate of growth in children slows down and body changes occur gradually. This period of life is known generally as the latent period of growth. This is applicable mainly for boys. In girls, pre-pubertal acceleration of growth takes place during the latter half of this period. During this stage, girls usually outgrow boys.

The body's requirement of calories and protein increases steadily. Requirement of the nutrients for children increases from 7 – 12 years, as there is a gradual increase in need because reserves are being laid down for the demands of the approaching adolescent period.

The increased requirement of protein is needed to meet the demands of growth. Girls require more protein at 10 – 12 years than their male counterparts, since they attain puberty early. During this period, children require more calcium than adults to meet the demand for skeletal growth. Likewise, there is also an increased requirement of iron.

Breakfast is particularly important for school children. They have a tendency to skip breakfast, which is bad. This will make them weak, tired, and lethargic, which will result in lack of concentration.



Any cereal, such as muesli, oats, dahlia, wheat flakes, milk, steamed banana and fruits will make a good and quick breakfast. Those who have time in the morning can prepare whole wheat toast sandwich with a healthy filling like cheese, peanut butter, chicken, eggs or vegetables; or stuffed vegetable or cheese; or paneer rotis with curd; or puttlu-kadala, idli-sambhar for a very healthy and wholesome breakfast.

### Sweets and Candies

Let your children have occasional sweets. It is not going to cause much harm, if taken in moderation. The drawback of excessive consumption of sweets and candies is that they spoil appetite and cause tooth decay.

Sweets that contain fermentable carbohydrates adhere to the tooth surface

which is the major dietary factor influencing tooth decay. The cariogenic effect depends up on how long the sugar stays in the mouth. This is due to the stickiness of the carbohydrate. Encourage children to brush their teeth at least twice a day. Ice cream and cakes are marginally better than hard candies because there are at least some nutrients in the milk and grains.

Do you send your children to school every day with the same cheese, jam sandwich, rice, or noodles? Remember packed lunches should be nutritiously adequate. Packing lunch for your children can become either the most painful or most fun part of a mother's cooking.

Use your imagination and let your children help choose some items that will be included in the lunch. Children



Encourage children to brush their teeth at least twice a day



tend to eat better if they have a say in what they eat. Encourage your children to choose a variety of foods. Make sure they get a wide range of nutrients they need to stay healthy.

Preparing packed lunches can be time consuming but a little advance planning does help. Remember to include food items, such as cheese, curd, soyabeans, bean sprouts,



peanuts, eggs, chicken, fish, and vegetables. Include salad and vegetable sticks, such as carrots, celery, cucumber, or tomato in your child's packed lunch. Try giving your children fruit and vegetable as snacks between meals as well as part of the main meals.

Dinner is a good time to balance calories at the end of the day. Ideally breakfast and lunch should provide major portion of the calories and the balance should be from dinner and in between snacks.



### Key Points to note

- Food should contain high calories, protein, minerals, and trace elements.
- Since the calorie requirement is more during daytime, more calories must be provided accordingly.
- Preferred food items are cereals, milk and milk products, pulses, vegetables including green leafy vegetables, and fruits for vegetarians and egg, chicken, and fish for non-vegetarians.

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**Try giving your children fruit and vegetable as snacks between meals as well as part of the main meals**

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- For packed lunches, variety must be provided.
- Dishes should be quick to eat and nutritious.
- New dishes should be introduced at regular intervals.
- Involve children in food shopping and in preparing meals.

### Ways to promote healthy eating habits in Children

- Encourage your children to eat slowly and chew the food properly.
- Eat meals with the family as often as possible.
- Discourage eating while watching TV.
- Encourage a variety of delicious healthy food for meals and snacks.
- Set a good example for your children by eating a healthy and balanced diet.
- Do not place your children on a restrictive diet, without proper supervision.
- Do not use food to punish

your children.

- Occasional change of place and crowd will help overcome the monotony.
- Encourage children to enjoy fruits and vegetables by giving them different varieties from an early age.
- Do not add unnecessary sugar to drinks and foods.
- Do not give skimmed milk to children less than five years.
- Do not give whole nuts to children below four years since they may choke.
- Regularity in meal timing is essential.
- Tea and coffee should be restricted as they over stimulate the system.
- Salads can be made interesting for them by adding crushed peanuts or incorporating them in sandwiches.

Learning and applying this information can only make you a better parent and a well rounded person. You can do it. Good luck! 🍀



# DENTAL FRACTURES

**D**ental fractures are fractures of the upper and lower jaw bones which include the teeth as well. Dental fractures occur commonly in cases of accidents, trauma, domestic violence, sports injury, when you fall etc.

Due to any one of these reasons either a fracture of the upper jaw alone, lower jaw alone or both upper and lower jaw can occur. Fracture of the bone can also involve fracture of the tooth or avulsion of the tooth. Fracture of the jaw bone is the tenth most

common type of fracture which occurs in the human body.

## Signs and Symptoms

- Movement of the whole segment of the jaw
- Restricted mouth opening
- Swelling over the fractured jaw bone
- Laceration over the skin
- Paresthesia
- Deranged occlusion
- Pain

## Diagnosis

The fracture of the jaw bone can be identified by a dentist by a thorough clinical examination. In addition, the dentist would require X-rays like Orthopantomogram (OPG), Paranasal sinus (PNS), Occipitomenal (OM) and Posteroanterior (PA) mandibular view for identification of the extent of the fracture in the jaw bone.

Advanced Computed Tomography (CT) scans would

be required in cases of multiple fractures of the jaw bones to get a better picture of the fracture. Presently, there are 3D CT scans which give a three dimensional view or image of the face. This provides a perfect image of the jaw bones and the fractures which is very helpful for the Oral and Maxillofacial Surgeon in planning out the treatment.

### Treatment

Fractures of the jaw bone are fixed by the Oral and Maxillofacial Surgeon based on the type and extent of fracture. These specialists treat the fracture of the jaw bone through an open reduction or closed reduction method.

Fractures of the jaw are fixed by open reduction method by using metal plates and screws like Titanium or Stainless Steel plates and screws under general anaesthesia. These plates hold the fractured segment firmly and thereby promote healing of the fractured site.

The healing period would be around 4-6 weeks. Usually these plates need not be

removed after the reunion of the fracture, but if it gets infected, the plates will have to be removed.

In fracture fixation by closed reduction method, the upper and lower teeth would be wired for a period of four weeks to stabilize the occlusion. After the period is over, the wiring over the teeth would be removed.

During this period the patient will be on soft diet and extra care must be given to maintain good oral hygiene. After the complete healing of the jaw bone, treatment for the injured teeth is performed. A complete scaling of the teeth should be done to remove the hard deposits formed around the teeth and gums.

### Complications after surgery


- Swelling
- Pain
- Post-operative numbness
- Limitation of mouth opening
- Infection



**Dr. Benley George**  
Vice Principal  
Pushpagiri College of  
Dental Sciences  
Thiruvalla, Kerala, India

The complications after surgery are transient and will resolve gradually. Swelling over the surgical site will increase during the first 24 hours post-surgery and gradually subsides over a period of 3-4 weeks. Mouth opening exercises will improve the jaw stiffness and soreness within 2-3 weeks after surgery.

Infections, if present, after surgery would be treated by the Oral and Maxillofacial Surgeon through antibiotics. Numbness of the face or lips occurs due to an injury of the underlying nerve. This injury is transient and will resolve over a period of 6-12 months.

It can be concluded that Dental Fractures can be prevented to some extent. Individuals involving in contact sports can protect their face with helmets and mouth guards. Individual riding motor bikes should wear helmet to protect themselves from head and facial injuries which can be fatal. Individuals driving cars should wear seat belts to avoid injury to their body and face. Treatment for dental fractures by an Oral and Maxillofacial Surgeon will help in restoring the condition of the face to one that is as normal as possible. 

Fracture of the bone can also involve fracture of the tooth or avulsion of the tooth. Fracture of the jaw bone is the tenth most common type of fracture which occurs in the human body

# Is Treatment for Varicose Veins Effective?



**I**n the human body, oxygenated blood is carried away from the heart to the tissues in blood vessels known as 'arteries' and deoxygenated blood is carried to the heart in vessels known as 'veins'.

## What are Varicose veins?

The veins contain leaflet valves which ensure that the blood flows towards the heart, not in the opposite direction. But, when

these valves do not function properly, blood begins to pool in the veins rather than continuing toward the heart. The veins then enlarge and twist. The disease usually affects the veins in the leg; but it can occur elsewhere.

Varicose veins are most common in the superficial veins of the legs, which are subjected to high pressure while standing. Besides being a cosmetic problem, Varicose veins can be painful,

especially while standing for a long time. Severe long-standing Varicose veins can lead to swelling of the legs, venous eczema, skin thickening (Lipodermatosclerosis) and ulceration.

Varicose veins are the visible manifestations of an underlying problem. This disease affects more than 40% people, mostly young men.

## Causes and Effects

Genetics (having similar illness in the family), multiple pregnancies, obesity, sedentary life style etc. are the risk factors of Varicose veins. Large prominent veins in legs, limb swelling causing aches, tiredness and heaviness of legs, discoloration around the ankle are the early warning signs of Varicose veins. In the latter stages, these may also cause itching in the lower leg, formation of ulcer, bleeding from the veins, and cosmetic disfigurement.

## Exercise

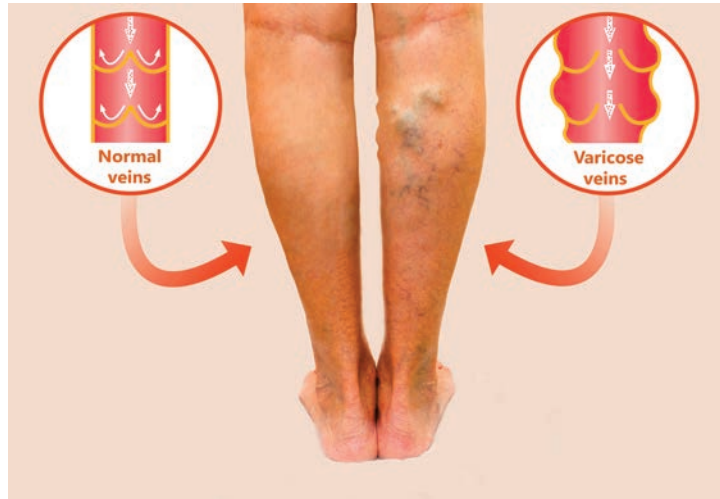
Varicose veins cannot be completely prevented, but there are many ways to improve vein health. Physical activity, such as walking, cycling, jogging, and swimming are the best ways to improve circulation, by pumping blood up the leg against gravity.

Not all patients require treatment for Varicose veins. If the patient has no symptoms or discomfort and is not bothered about Varicose veins; treatment may not be necessary.



**Dr. Sunil Rajendran**  
Senior Consultant Vascular Surgeon  
Kozhikode, Kerala, India

The veins contain leaflet valves which ensure that the blood flows towards the heart, not in the opposite direction. But, when these valves do not function properly, blood begins to pool in the veins rather than continuing toward the heart



However, if there are symptoms, treatment may be required to reduce pain, discomfort and to address complications, such as leg ulcers. Patients with mild Varicose veins are generally advised simple measures like exercises, avoidance of prolonged standing, and compression garments.


#### **Treatment**

There are no medicines to cure Varicose veins; but some tablets can provide temporary relief.

Broadly speaking, the treatment of Varicose veins involves either removal of the diseased veins through surgery or destruction of damaged veins through sclerotherapy or laser energy. Every other patient has various types of Varicose veins and treatment varies from person to person. So, an

innovative technique called “Vein mapping”, helps a surgeon arrive at the best plan for a particular patient.

Now, surgery has been largely replaced by laser treatment for Varicose veins, where a small laser fiber is inserted precisely in to the diseased vein. Then laser energy is applied to the diseased vein from inside and as a result the vein shrinks, and is absorbed by the body.

However, in certain cases, on the basis of vein mapping, in addition to laser, other modalities like hook phlebectomy and ultrasound guided foam sclerotherapy are needed to achieve the best result. With Precise vein mapping techniques and the state of art laser treatment, success rates of treatment of this disabling condition is very promising compared to yesteryears. 





**Ms. Kokat Krishna**  
Staff Nurse  
Department of Geriatric Care  
Yishun Community Hospital  
Singapore

# End-Of-Life Care

**I**t is a long dark tunnel. At the end of the tunnel, there is a FLASH OF BRIGHT LIGHT...

“I could not open my eyes. Then I heard people calling my name, asking me to wake up”.

This is a common statement that one would elicit after being revived from death. A short journey to death and end- of- life care...

The end of life or death is a topic often addressed with fear. In most of the instances, death does not have a complete closure, which prolongs the suffering of the dying person. There are a few components of the end- of- life care which help the dying to face death in a more acceptable way.

The first and foremost of it is Palliative Care which means health care provided to those with life-limiting illness as well as their families and is often provided by an organisation which is trained to do so. It enables the patients to spend their last days of life with dignity and good quality of life.

The next in line of end -of -life care is Pain Management. In Pain Management, medical care is provided for alleviating or reducing pain. To provide maximum relief to patients, pain should be assessed and addressed at regular intervals. This will help reduce pain and enable the patients to lead a quality

life as much as possible.

Symptom management also has a great part in end -of -life care. This helps to prevent or treat as early as possible the symptoms of a disease, side effects caused by treatment of a disease, besides psychological, social and spiritual problems of patients.

The dying may be presented with a variety of symptoms like fever, increased secretions, pain and decreased appetite; all these can be managed by pharmacological or non-pharmacological ways.

Ethical issue is another core aspect to be addressed in end of life. This helps the patient, families and the physician in making meaningful and morally acceptable choices with respect to end of life.

The emphasis on culture in end- of- life care of the individual helps to review and meet the cultural and spiritual needs. By embracing spiritual and cultural backgrounds of the dying may enable a more peaceful and meaningful death. Faith and spirituality helps reveal the greater picture of yourself and life, as every religion explains death and life in a very clear and transparent way.

Communication is another important component which helps resolve complexities of family relationships in the last days of an


**In Pain Management, medical care is provided for alleviating or reducing pain. To provide maximum relief to patients, pain should be assessed and addressed at regular intervals**

individual's life. It also helps the individual to have closure of his unmet needs. Communication is vital for the re-alignment of family structure, coping at the time of grief and also to have a better understanding of the expectations of the dying.

Loss, grief and bereavement are the sequence of mourning or reacting to death. The more significant the loss, the more intense your grief will be. Bereavement is the process of recovering from the death. Grief is a natural response to loss. An individual diagnosed with

terminal illness will experience a wide range of emotions, such as sadness, fear, anger, frustration, regret, and uncertainty may eventually be followed by feelings of acceptance and relief.

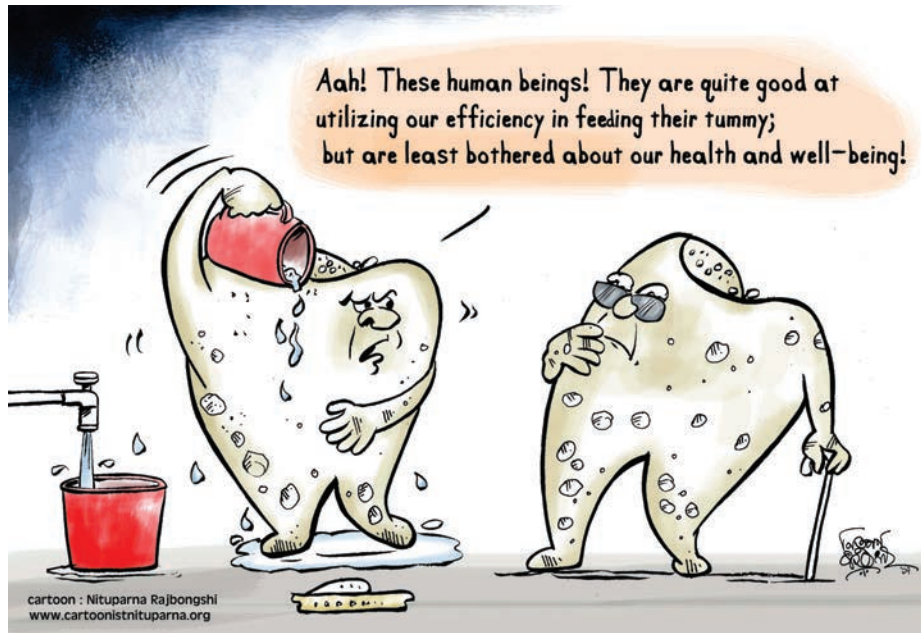
### Final hours

A dying person may be unresponsive but research proves that he can still hear. Caregivers may elicit cues / last wishes of the dying which pacifies and facilitates him to say good bye; that is the final closure of life which enables him to make a smooth journey into the next world. 



*Eternity  
So as the sun goes down into the west,  
So must a dying man go down into the grave.  
So as the sun rises up  
He too shall rise up, eternally.  
Though his body returns to the earth  
From whence he came,  
His spirit lives on.*

# The TOOTH BOOTH



cartoon : Nituparna Rajbongshi  
www.cartoonistnituparna.org

*Nituparna Rajbongshi is a cartoonist from Assam and has been associated with cartooning since 1997. Basically a political cartoonist, Nituparna also draws on significant contemporary social and environmental issues. His collections of cartoons entitled 'Aarchi' and 'Rekhare Kathare' adds popularity. He was also awarded with the Jugasangha Journalism Award (Political Category) in 2013.*



**Mr. Nituparna Rajbongshi**  
Professional Cartoonist  
and Journalist  
Kamrup, Assam, India



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# SUICIDE PREVENTION: TOWARDS DESTIGMATIZATION



**Dr. Edackad Mohan**  
Psychologist, Trainer, Teacher Educator  
and Educational Consultant  
Kollam, Kerala, India

**H**omicide and suicide are two sides of the same coin. Both are the outcome of an aggressive and devastating behavior. The only difference is that the torrent of homicidal aggression flows outward whereas that of the suicidal one flows inward.

Admittedly, suicidal behavior and self-harming tendency have been there throughout history. Suicides have mostly been seen as tragic in every society. Nevertheless, there are instances of idealized suicide like Seppaku (Harakiri) of Japan and Sati of India.

Self-killing of Patriots and Revolutionaries has been eulogized as valor and sacrifice, shown in the face of subjugation to the out-group might. Terrorist suicides like human bombings are the brand new suicides, the world is witnessing now.

In modern life, suicide has become rampant. It is a very grave psycho-social problem warranting urgent intervention with prevention as well as postvention.

World Suicide Prevention Day is observed on September 10 every year to promote worldwide

action to prevent suicide. The theme this year is: 'Take a minute, Change a life'. The theme echoes the need for an attitudinal change on the part of society.

The stigma and taboo attached to suicide is a massive impediment to intervening in this grave, complex problem. The stigma adds to the trauma experienced by the survivors and those who are close to the victim.

A thorough sensitization of the public as well as the gatekeepers of suicidal behavior is conceived integral to the suicide prevention package initiated by World Health Organization (WHO).

It is felt that society has a very significant role to play in supporting the individuals who are vulnerable to suicide. Such individuals should not be left unattended to by society. The sense of being connected to is pivotal in preventing suicide. Moreover, superstitions and myths linked to suicide should also be wiped out from the consciousness of the general public.

World Suicide Prevention Day

also focuses on prioritizing this global health threat in National Policies. International Association for Suicide Prevention co-sponsored by WHO has been playing a leadership role in observing the Day and organizing related activities since 2003.

## A world going suicidal

Every year, 800,000 people die from suicide all over the world. It means that every forty seconds a person dies by suicide. The number of suicide attempts is twenty-five times as many. It is happening regardless of region or phase of the life span.

Suicide is the second leading cause of death among young people aged 15-29 years. Most alarming as it is, the pity is that most countries have not so far put suicide prevention on their National Health Agenda. The mental Health Action Plan 2013-2020 initiated by WHO envisages reduction in the suicidal rate in the world by 10% by 2020.

The statistical observations made by the National Crime Records Bureau of India (NCRB) show that India has a steady increase in suicidal mortality as well as morbidity. The total number of suicides in 2015 was 133,623. It means that fifteen suicides take place every one hour in our country. Maharashtra stood first in suicide score followed by Tamil Nadu and West Bengal.

Suicide pact-Mutually agreed plan between two or more persons to die by suicide,



murder followed by suicide and suicides in farming sector are the new forms that point to the width and depth of the morbidity.

Despite these disquieting facts, some silver lining is in sight in our country. India has taken some bold steps to destigmatize this fatal behavior. The step towards decriminalizing

suicide is one among them. Section 309 of the Indian Penal Code lays down that any attempt to suicide a punishable crime.

But, with the passing of the Mental Healthcare Bill by the Parliament, attempted suicide has been decriminalized in India. Section 124 of the Bill states, "Any person who

attempts to commit suicide shall be presumed, unless proved otherwise, to have severe stress and shall not be tried and punished under the said Code."

The Law Commission Report on Humanization and Decriminalization of Attempt to Suicide observed that attempt to suicide may be

regarded more as a manifestation of a diseased condition of the mind deserving treatment and care rather than an offence to be visited with punishment.

According to the information provided by the State Mental Health Authority, Kerala faces a higher incidence of suicide among young people. Family suicide is also higher here than in other States. Family problems and mental illness figure as major reasons for suicide in the State. Alcoholism and drug abuse also contribute to the suicidal behavior.

In Kerala, suicide is seen more among male members of the society. Suicide is seen more among married persons than among the unmarried and the separated, contrary to the tendency in Western countries.

### **Concept of Suicidal Behavior**

Suicide is defined an act of deliberately killing oneself. Now, the concept suicidal behavior is used with a wider sense, in order to deal with all the dimensions of the act of suicide. The term suicidal behavior signifies a spectrum of behaviors, such as suicidal ideation, suicidal planning, suicidal attempts and the suicidal act itself.

It is noteworthy that the latest Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5) has 'suicidal behavior disorder' as a new category. Research findings confirm that suicide cannot be attributed to any single factor and it is a complex morbid state. As is clear from investigations, an interactionist approach holds water here. Social, psychological, cultural and other factors can interact with and lead a person to suicidal behavior.

### **Risk and Protective Factors**

There are Risk Factors as well as Protective Factors for suicidal behavior. The risk factors increase an individual's vulnerability to suicidal behavior. Some risk factors are related to the Health System and are difficulties in accessing as well as receiving health care and easy availability of the means for suicide. The persisting stigma attached to suicidal behavior is another risk factor. Added to this is the stigma connected to mental illness and substance abuse problems.

Inappropriate reporting of suicides by media is also found to be a risk factor. Because media tends to sensationalize suicides, especially if there is an element of public interest like politics and involvement of a celebrity. War and disaster are other risk factors.

Stresses of acculturation, discrimination, a sense of isolation, abuse, violence and conflictual relationships also contribute to suicidal risk. Some risks are seen at an individual level. They are identified as previous suicidal attempts, mental disorders, harmful use of alcohol, financial loss, chronic pain and a family history of suicide.

The protective factors, such as strong personal relationships the individual maintains, a personal belief system and positive coping strategies, help deter people from suicidal tendencies.

### **Preventive Strategies Suggested**

The WHO reiterates that suicide prevention requires a vision, a plan and a set of strategies. Preventive strategies are adopted in such a way that the

Protective Factors are strengthened. Suicide prevention focuses on empowering the vulnerable person by helping individuals to streamline their personal relationships, personal belief systems and positive coping strategies.

Generally speaking, the strategies comprise surveillance, means restriction, medial guidelines, stigma reduction, enhancing public awareness, training for gatekeepers, such as Health Workers, Educators, Police and the like besides crisis intervention services and postvention.

Admittedly, the risk factors are to be countered for organizing effective prevention. WHO has identified those strategies at different levels. Increasing the access to health care, promoting mental health, reducing the harmful use of alcohol, limiting access to the means for suicide and promoting responsible media reporting are the effective strategies.

Some Selective Prevention strategies, such as targeting vulnerable groups / persons who have suffered trauma or abuse, those affected by conflict or disaster, refugees and migrants, and persons bereaved by suicide tendencies have been suggested. Training of the gatekeepers and offering helping services, such as helpline are also recommended.

The strategies aimed at focusing on the vulnerable individuals comprise community support for specific vulnerable individuals, follow-up actions for those leaving health care facilities, education and training for health workers and adopting improved identification and management of mental and substance disorders. 📄

# GAPS BETWEEN FRONT TEETH

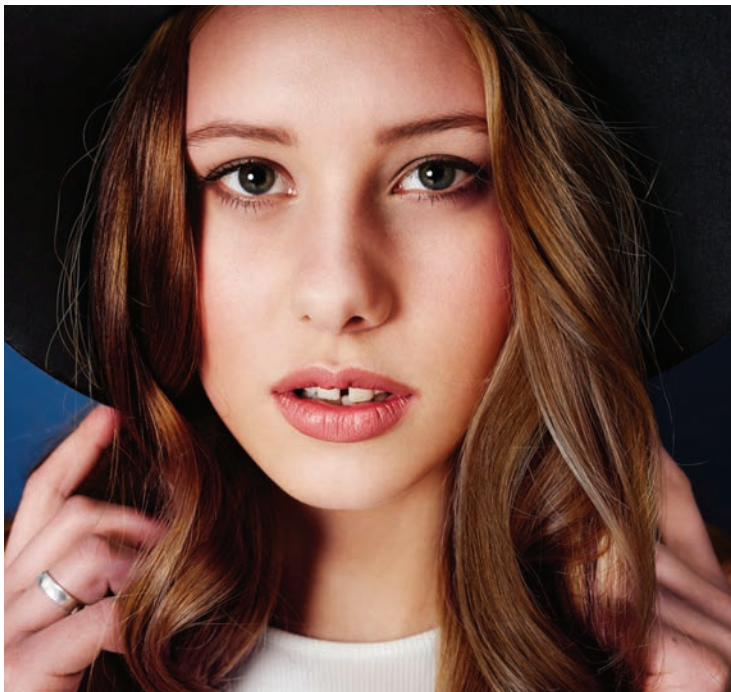


**Dr. M. Senthil Kumar**  
Consultant in Conservative Dentistry  
and Endodontics  
Velachery, Tamil Nadu, India

**G**aps between front teeth are commonly seen in children and adults. Spacing seen in the milk teeth in children is quite normal and good, because the space will accommodate the larger permanent teeth. In permanent teeth, however, it is a defect and needs to be corrected.

## Why do they occur?


- ✦ Teeth are small but the jaw size is large, thus leading to generalized spacing.
- ✦ A thick band of tissue (Frenal Attachment) from the upper lip may get attached between the upper incisors, thus causing spacing between them.
- ✦ Habits like thumb sucking, lip biting etc.
- ✦ It could be a hereditary problem.



## Why do gaps have to be closed?

- ✦ Gaps between the teeth give you a very unpleasant smile.
- ✦ Food tends to get caught between the teeth and this leads to bad smell, tartar formation, which in turn weakens the gums and reduces the bone support.
- ✦ Constant food accumulation can also lead to cavities between adjacent teeth.

## What can be done?

- ✦ Small gaps between the front teeth can be filled up with tooth colored filling material by increasing the width of the teeth marginally. The filling material merges perfectly with the natural tooth color.
- ✦ Slightly larger gaps can be closed by placing crowns. For this the natural teeth are reduced in size on all the sides and slightly larger crowns are placed to mask the defect.
- ✦ If you do not want to affect the size of the teeth, orthodontic treatment is preferred. This may be fixed or removable depending on the precise problem with your teeth and jaw. The duration of treatment to close spaces may vary from six months to more than a year, followed by retainers. 

# “THE BLUE WHALE THREAT”

**T**he Blue Whale Challenge – a suicide game where the player is given various tasks by an Administrator over a 50-day period, ranging from seemingly benign activities to self-harm and ultimately to commit suicide – is making headlines for its sinister nature nowadays

---

**Sri. Manoj Abraham IPS,**  
*Inspector General of Police,  
Thiruvananthapuram and  
Nodal Officer of Kerala Police  
Cyberdome* told “The  
DentCare” in an interview, the  
challenges being posed by this  
Online menace, the Blue Whale  
Game and proposes ways to  
curb the same.

## **1. What are the dimensions of the Blue Whale Challenges in the backdrop of the rampant Cybercrime scenario in our country?**

The Blue Whale Game is an Internet Challenge unlike other normal Video Games. The game consists of a series of tasks assigned to the

player by the Curator / Moderator / Administrator during a 50-day period, with the final Challenge requiring the player to commit suicide.

The Blue Whale Game mainly targets people who are depressed, lonely, psychologically weak and vulnerable. The Game spreads via links in WhatsApp / Facebook and other Social Media. It is noticed that some links similar to the Blue Whale were spread through the Internet and most of them are phishing and Malware.

## **2. How well are our Police equipped and prepared to meet the threats posed by Cybercrimes in general and the 'Blue whale Game' in particular?**

With the rapid change in technology and the increased complexity of the Digital World, the nature of Cybercrimes is changing and the frequency of the same is increasing day by day. Kerala Police has started the Cyberdome for strengthening Cyber Security.



Kerala Police Cyberdome is also conducting training and awareness programs to students and public through various media. Cyberdome releases Press Notes, Videos and Posters to develop awareness of Cybercrimes and dangerous games like the Blue Whale Challenge.

### 3. Would you explain the Situational Factors that prompt the young generation to perpetrate into Cybercrimes?

Free Hacking Tools and Video Tutorials are making it increasingly easy for young people to get involved in Cybercrimes. Anonymity and Financial gain are a key incentive for some offenders to indulge in illegal activities. Very little skill is needed to begin criminal activities Online and often they do not even consider or evaluate the legal entanglements and the potential repercussions of their actions.

.....  
**The Kids should be taught not to download anything (especially Applications) by the name 'Blue Whale' and similar ones, since a large number of Hackers are now active with Malicious Code Embedded Applications, to steal vital information from devices**  
.....



### 4. As of now, some cases of adolescent and youth suicide have been attributed to the so-called Blue Whale Game. To what extent can the veracity of the claim be ascertained?


In Kerala, some cases have been reported with children committing suicide after playing the Online Blue Whale Game. During the investigation by the Law Enforcement Agencies, no evidence was found to link them to the Blue Whale Game.

### 5. What are the precautions advised by the Police to save our young people from this Cyber killer?

It is important that parents teach their children about safe Online behaviour and talk to them, take interest in their activities, listen to them, help them share their thoughts and feelings, monitor their Digital behaviour and keep an eye on their Internet activities. It is also important to recognise the changes in the kids' behaviour like depression or other psychological problems.

The Kids should be taught not to download anything (especially Applications) by the name 'Blue Whale' and similar ones, since a large number of Hackers are now active with Malicious Code Embedded Applications, to steal vital information from devices. Most of our young people are curious about the Game now and they are trying to download things by the name 'Blue Whale'. Once they install the Malicious Applications, the Code will be injected directly into the root of their devices and this can never be got rid of.

If anyone notices such kind of incidents, he should inform Police Authorities about them; players or victims. The danger posed by the Game can be prevented only with the effective collaboration of the public as well as the Police Personnel.

Let us all work together to combat this dangerous threat. 

**For The DentCare**

*Interviewed by*

Ms. Nisha Philip Xavier

# “INSTASTOP”: A Ground Breaking Discovery



**Dr. T. N. Vasudeva Panicker**  
Consultant Gynaecologist and Anaesthetist  
Kodungallur, Kerala, India

**B**ackground: Maternal death due to uncontrolled bleeding associated with child birth is the single major killer of mothers. This catastrophe of death due to Post-Partum Hemorrhage (PPH) might have been prevalent in the world ever since the beginning of human race.

Though a host of newer treatments are available, nearly 60,000 mothers continue to lose their lives due to PPH alone in India while globally it stands at nearly 1.4 lakhs.

## “Is there a solution?”

Let me introduce a new and very simple invention to prevent and treat PPH with almost 100% success. Probably this could be the most important lifesaving invention in the history of Obstetrics and Gynaecology.

## Objective

- ⊙ To find out a safe, simple and sure technique for preventing and treating PPH thereby decreasing maternal mortality and morbidity.
- ⊙ To find out a method to treat

PPH in a low resource, primary care setup where even paramedical personnel including Auxiliary Nurse Midwives (ANMs) - in places where doctors are not readily available - can use this method in an emergency situation very safely and effectively to save the life of the mother.

## Introduction

Wound suction devices (eg: Redivac) are used to stop bleeding by surgeons in day to day practice. I have tried this in PPH, but have not been successful.

In July 2014, an article was published in International Journal of Women's Health and Reproduction Sciences (IJWHR) “Suction and Evacuation for Management of Postpartum Hemorrhage”. This article made me confident that the principle of suction hemostasis will work in PPH.

I, therefore, devised a radical Dilation and Curettage (D & C) cannula (Fig.1<sup>Ⓢ</sup>) and used it to stop bleeding in Abnormal Uterine Bleeding (AUB), Dilation and Curettage (D&C) and also in abortion.

A No. 10 and 12 MR cannula with multiple holes of different sizes (2mm to 8mm) was modified and tried in many patients to prevent and treat PPH very successfully. As a result, I calibrated the final version of this cannula in plastic and stainless steel. Negative pressure created inside the uterine cavity





Fig. 1. PPH Suction Cannula.



Fig. 2. PPH cannula inserted into the postpartum uterus with PPH.

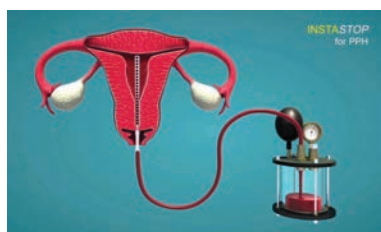


Fig. 3. Suction started and uterus is contracting.

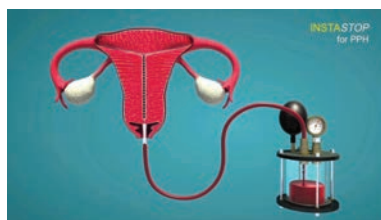


Fig. 4. Uterus contracted well and bleeding stopped completely.

resulted in stopping all the bleeding from the postpartum uterus including atonic postpartum hemorrhage and AUB.

### Methods

A specially made stainless steel or plastic cannula of 12mm diameter and 25cm length with multiple holes of 4mm diameter at the distal 12cm of the cannula was introduced into the uterine cavity through the vagina to reach the fundus. The cannula is connected to a suction apparatus and a

negative pressure of 700mm Mercury was produced.

### Result

The negative pressure offered by the suction resulted in sucking out all the blood collected in the uterine cavity. The quantity of blood sucked was 50 to 300 ml. When the collected blood was completely sucked out, the bleeding ceased. The suction was maintained for 30 minutes. Then the cannula was taken out slowly after releasing the suction. There was no further bleeding from the uterine cavity and the uterus was well contracted.


Five patients had fresh bleeding from the vagina even after connecting the suction. These were all found to have vaginal tears and suturing was done. In two cases where the bleeding was very heavy, the cannula got blocked by blood clots. This was observed by the continued bleeding from the vagina even though suction was maintained and no blood was coming in to the suction bottle. Immediately the cannula was replaced with another cannula and the suction continued until the bleeding stopped. So another cannula must be ready always. In two cases bleeding persisted even after starting the suction and suction bottle was getting filled up. On examination it was found that the cannula was not reaching the fundus.

So the suction was disconnected and the cannula reinserted up to the fundus and suction started again until the bleeding stopped. In spite of this, there is oozing usually from the cervix where the holes of the cannula may not reach. This bleeding can be stopped by suturing or by packing with dilute Vasopressin.S

“Probably this could be the most important lifesaving invention in the history of Obstetrics and Gynaecology”

### Conclusion

The strong negative suction produced in the uterine cavity by the special cannula resulted in sucking out all the blood and blood clots. Then the inner surface of the uterine cavity gets strongly sucked by the cannula. All the bleeding vessels including arterioles and sinusoids get sucked into the holes of the cannula, thereby mechanically closing them. The bleeding points are permanently closed due to clot formation within 30 to 40 minutes.

This is a very simple, safe, sure and inexpensive technique to control and cure PPH with absolute success. Instead of using the suction machine, a mechanical suction unit of ventose or Manual Vacuum Aspiration (MVA) syringe can be used. There were no complications and no failures observed by using this device. This life saving procedure will have a key role in bringing down maternal mortality in the world. 

## WELL- DESERVED RECOGNITION!



Mr. John Kuriakose, Managing Director, DentCare Dental Lab receives the Best PIA Award 2017 (DDU-GKY) from Shri. K. T. Jaleel, the Hon'ble Minister for Local Self Government, on 3 August 2017.

## EXPERIENCING EXCELLENCE ON VISITING DENTCARE



Dr. Manu Rathee, Dr. Ashu K. Gupta and Dr. Anil Tomer, Members of Executive Committee, Dental Council of India witnessing the excellence in the presence of Mr. Saju Kuriakose, Director, DentCare Dental Lab.

# DENTCARE IN MY EXPERIENCE

My relationship with DentCare Dental Lab began almost eight years ago



**Dr. Roshan Thomas**  
Dental Practitioner  
Thalassery, Kerala, India

Dental Practitioners and Dental Labs are interdependent as success of the professional life of a practitioner predominantly relies on the ability to obtain dental prosthetics of optimum precision and top-notch quality on time; whereas a Dental Lab is indebted to dental practitioners for vending out prostheses profusely.

My relationship with DentCare Dental Lab began almost eight years ago. Since then, I have maintained an ardent and amiable association with the Lab. I have had a very good opportunity to know the working pattern and standards of the lab.

They have a dedicated team of technicians and staff; committed and supportive, besides being perseverant and dexterous. Especially in situations, when I was treating anterior prosthetic rehabilitation, I used to send photographs taken along with the Grey Card. I have obtained excellent results in the tooth shades. Also, they are doing well in the field of Metal Free Ceramics (DentCare Zirconia). I am very happy with their Removable Partial Dentures (DentCare Flex) as well.

I really appreciate the endeavor of Mr. John Kuriakose and his dedicated crew in elevating the dental lab to world-class standards and in maintaining state-of-the-art precision.

May the Almighty God bestow His blessings upon them to take this lab to even greater heights. 🙏



# SPHENOPALATINE GANGLION BLOCK USING Tx360



**A**cute headache and Orofacial pain is a frequent chief complaint of patients presenting to dental offices. Even though there are many medications available to relieve pain, oral therapies often fail or are only partially effective, and the physicians often rely on intravenous therapies.

The ideal treatment option should be one that is fast acting, effective, avoiding intravenous access, and has minimal adverse effects.

The Sphenopalatine Ganglion Block is a minimally invasive procedure that can be used to treat patients suffering from such conditions.

## History

The Sphenopalatine Ganglion Block has been a treatment option for headache and orofacial pain from early 1900s. Alcohol and cocaine were the agents used initially to achieve the nerve block.

## Sphenopalatine Ganglion

The Sphenopalatine ganglion is a collection of nerve fibers that is found inferior to the nose within the pterygopalatine fossa.

It is a parasympathetic ganglion that contains sympathetic, parasympathetic, and sensory roots.

This collection of nerve fibers supplies the paranasal sinuses, lacrimal gland, mucosal glands of the pharynx and nasal cavity, the gingiva and the glands and mucous membranes of the hard palate.

Activation of the Sphenopalatine Ganglion causes parasympathetic – mediated vasodilation of the cerebral vasculature, producing cephalgia. Anesthetizing the ganglion is thought to attenuate this dilation, resulting in rapid relief from pain.



**Dr. Antony Juju Vincent**  
Dental Practitioner  
Kollam, Kerala, India

A Sphenopalatine Ganglion Block is a non-surgical procedure that can be used to manage certain types of headache, atypical facial pain, neuralgias, and other sympathetic pain conditions.

### How to perform Sphenopalatine Ganglion Block?

Sphenopalatine Ganglion Block is performed by anesthetizing the nerve bundles within the

Sphenopalatine Ganglion, so that pain sensation transmission is blocked, thereby reducing pain.

This block is most frequently done through a transnasal approach. This approach can be performed by either applying an anesthetic agent directly to the membranes within the nasal cavity or by inhaling the anesthetic agent. It is a minimally invasive procedure that can be performed in an out-patient set-up.

### Direct Application Method

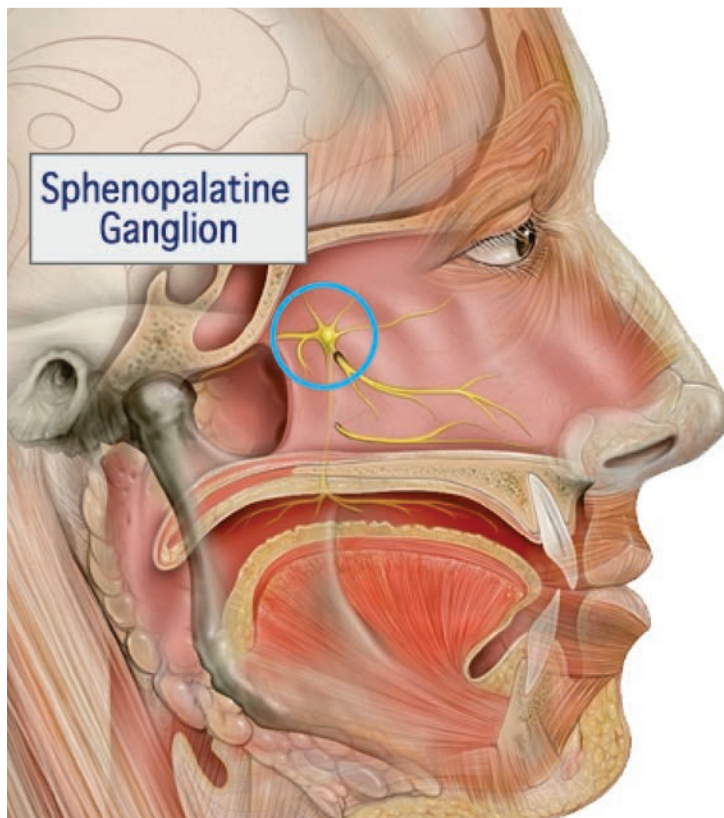
Direct access to the ganglion is blocked by its location deep in the nasopharynx, which makes the transnasal approach difficult. The physician uses a flexible endoscope along with a cotton-tip applicator to deliver the anesthetic medication. The patient is usually positioned on

his back with his nose pointed toward the ceiling.

A local anesthetic agent is then applied using a cotton-tipped applicator directly to the lateral part of the nasal cavity just above the nerve bundle. The applicator remains in position for approximately 20 to 30 minutes to allow for greater absorption. After the procedure is completed, the patient is monitored for pain. The application is repeated until the patient has achieved adequate pain relief.

### Inhalation Method

The anesthetic agent is administered without the use of the applicator. In this procedure, the patient is placed on his back with his nose pointed upward toward the ceiling. The physician inserts the anesthetic medication, usually a 2% viscous Lidocaine solution, into the nasal passage. The patient is instructed to inhale the medication until adequate pain relief is achieved.



Sphenopalatine Ganglion Block is effective in:

- Headaches
- Post – operative pain following oral surgical procedures
- Temporomandibular joint pain
- Herpes Zoster pain
- Sluder's neuralgia
- Paroxysmal hemicranias
- Head and neck cancer pain
- Complex regional pain syndrome
- Reflex sympathetic dystrophy
- Trigeminal neuralgia
- Vasomotor rhinitis

A Sphenopalatine Ganglion Block is a non-surgical procedure that can be used to manage certain types of headache, atypical facial pain, neuralgias, and other sympathetic pain conditions

#### **Tx360 (Tian Medical LLC, Lombard, IL)**

Tx360 is a device recently approved by FDA (U.S. Food and Drug Administration) which facilitates the procedure of anesthetizing the Sphenopalatine Ganglion. It is equipped with a flexible Microcatheter, inserted through

the nares, in close proximity to the ganglia in the posterior nasopharynx. Tip of the catheter has a small delivery port which is engineered to spray the medication superiorly, laterally, and anteriorly to the Sphenopalatine Ganglion. The procedure takes less than 10 seconds to perform in conscious patients in the seated position.

#### **Procedure**

- 1) Draw the desired solution into the provided syringe (0.5 mL of 0.5% ropivacaine and 2 mg of dexamethasone sodium phosphate). This is a one-time use device for both nostrils only.
- 2) Remove the u-shaped clip at the base of the push rod. Gently rotate the syringe onto the Tx360® device until a click so that syringe is locked onto the Tx360® device.
- 3) Gently turn and advance the syringe counterclockwise onto the track for the right nostril. The tip of catheter should slightly protrude out of the device.
- 4) Using the non-dominant hand, hold the Tx360® device firmly, then insert the tip of the introducer into the

patient's right nostril along the superior aspect of the palatine process of maxilla.

- 5) Advance the syringe into the device as the tip of the catheter further protrudes out of the introducer. You may feel a small bump indicating the limit.
- 6) Use the thumb on the dominant hand to press the push rod and spray. The device provides a sense of resistance when the push rod reaches the half-way point and 0.3cc of the solution is released into the nasal cavity.
- 7) Retract the entire apparatus out of the patient's nose in an instant.
- 8) Repeat the same process on the patient's left side.

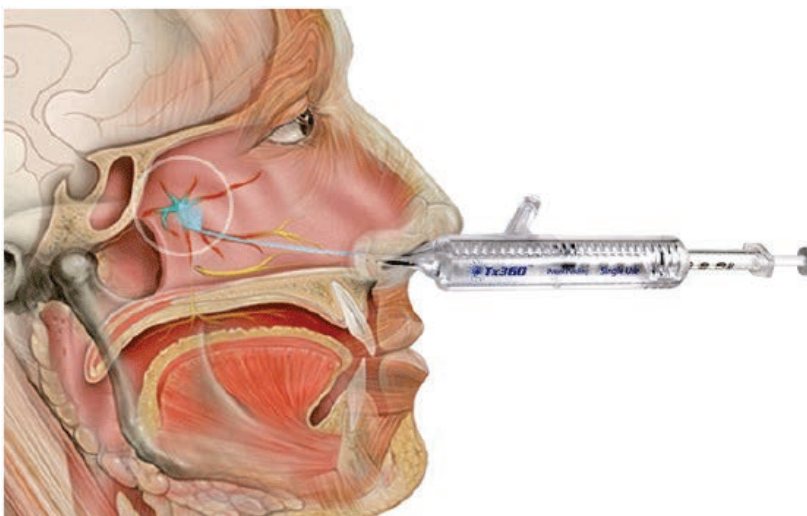
#### **Risk Factors during Sphenopalatine Ganglion Block**

Side effects associated with Sphenopalatine Ganglion Block are very rare. The most common side effect is development of bitter taste in the mouth. Other side effects include infection, allergic reaction, lightheadedness, seizures and nasal bleeding.

#### **Conclusion**

Sphenopalatine Ganglion Block is a minimally invasive treatment option for patients suffering from various conditions such as headache, migraine pain, and atypical facial pain.

Tx360 is an attractive option when utilizing the Sphenopalatine Ganglion Block for pain control as the risks associated with the procedure are relatively low and patients experience very rapid relief of their symptoms. <sup>12</sup>





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\*In Association With IDA Malabar Branch

# Digital Health Revolution – TeleHealth

**I**n this era where Digitalization-Integration of technology with the services. It has also helped healthcare sector to manage the patient details, history with single software providing easy management solution, Internet of Things (IOT)- Enables to interact with patients virtually through innovative technology helps to build strong communication pillar-has boomed the e-commerce market, the healthcare sector too is compelled to shake hands with this new mode of convenience. In the digital world where all the brands are promoted online, the healthcare sector has made an attempt to take its own stand.

Social Media has tremendously supported the engagement of healthcare providers and doctors to market their brands online. Connecting with patients on facebook, twitter and other media, sharing knowledge and information, FAQs, Do's and Don'ts for good health – media has provided a mode for constant touch and connectivity helping doctors to stay in the mind of patients.

Easy availability of Information and Communication Technology (ICTs) has led to a revolutionary change in the way patient's engage with doctors. The heavy demand for specialists who are capable of rendering the best of care and services, Telehealth /







**Dr. Sayma Memon**  
Consultant Periodontist  
and Implant Specialist



**Dr. Khusboo Modi**  
Dental Practitioner



**Ms. Dipika Jadwani**  
Health Management and  
Digital Marketing Specialist

Ahmedabad, Gujarat, India

Telemedicine is the latest concept accepted highly by patients. Serving healthcare remotely by the means of telecommunication, the term coined in the 1970s means 'healing at a distance'.

As simple as, a patient consulting a doctor for a 103 fever sitting at home, connecting via video calling, does give the personal touch. The concept originated with the aim to provide health services to villagers and other people who are facing scarcity of emergency medical services in rural or distant places. Telemedicine has achieved the growth level at a very early stage by following the digital trend – 'Click and Portal' model.

The pulse of Telehealth beats high because it has overcome

geographical barriers! Easy means of connectivity, saving on time and energy with no hospital visits and getting value-based services with peace of mind along with saving precious bucks has given brightness to Telehealth.

Research by the American Telemedicine Association reveals that it saves money, time and energy of patients, and providers compared to the traditional method.


Although cost and time effective services are being rendered by telehealth, doctors are able to manage handsome earnings with clinical support and minimal management. Going deeper into the Telemedicine field like – Teleradiology, Telepsychology, Telepathology, Tele dermatology etc. has

achieved record breaking success.

TeleDentistry has also not left its foot behind! Online Dental Consultation is great in demand for medication of pain and even, also for a second opinion of the doctor. Sharing our personal experience at the US Dental Center, people around the world would consult us online to discuss the medication, treatment plan, X-ray analysis or clinical symptoms and then visit the center for treatment in order to save time and energy.

Reaching the edge of infancy, the Telemedicine sector is expected to grow with a value of \$36.2 billion by 2020. More accessible in the developed countries like United States, developing countries are struggling for infrastructure to render telemedicine with best care.

The most surprising factor is that International Organisations and Multi-national companies have started offering Telemedicine services to their employees to save their precious time and use it for productive work!

Following the march of digitalizing, the 'Virtual Doctor' is really revolutionary for Digital Health! 



# CANDIDIASIS:

## *A Disease of the Diseased*

**O**ral Candidiasis / Candidosis, commonly known as Oral Thrush, is a group of disorders caused by a fungal organism, *Candida albicans*. The earliest reference to Oral Thrush was given by Hippocrates (B.C. 460-377), a Greek Physician.

*Candida* is a disease that affects any part of the human body. Importantly, *Candida* belongs to a group of “Normal commensals of the human body that can transform into an opportunist pathogen causing infection.” A commensal is defined as a form of relationship in which one organism (*Candida*) derives benefit while the other (the host – oral cavity) remains unaffected.

An opportunist pathogen is the one, which under healthy conditions induces no harm to the host, but takes an advantage of the opportunity when the host defense mechanisms and oral micro-environment are compromised. Thus, Oral Candidiasis is caused when *Candida* adheres to the oral mucosa, a prerequisite to initiate deleterious activity.

Why does this organism not cause an infection from the beginning?

Intact mucosal barrier, various oral

microflora that compete with *Candida* for available nutrients, flushing action and antifungal components of salivary secretion and host immune system all help control *Candida* proliferation. Multiple protective system failures result in an exuberant *Candida* infection. Thus, only when the host defense mechanism is faltered, *Candida* emerges as a “disease of the diseased.”





**Dr. Swetha Acharya**  
Associate Professor



**Dr. Darshika Gandhi**  
Post graduate Student

Department of Oral Pathology and Microbiology  
S. D. M. College of Dental Sciences and Hospital  
Dharwad, Karnataka, India

Candidiasis is a common and effectively treatable fungal lesion. The main goals of the treatment are elimination of systemic dissemination, symptomatic relief and reduction of Candida carriage.

### **Diabetes Mellitus and Candida Infection**

General health is the most important factor to ward off Candida infection because only in the presence of a systemic disease, local irritating factors can incite Candida infection, for example, Diabetes mellitus. It affects over 250 million people worldwide and is considered as the most common cause of Candida infection in the world.


Diabetes and inflammation go back a long

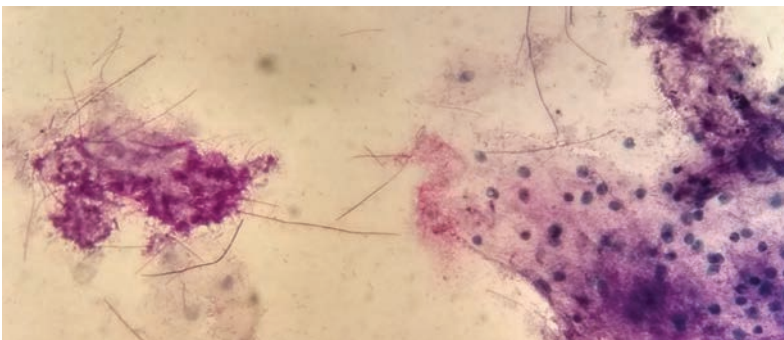
way and are known to induce many pathological changes, such as increased glucose level in saliva, decreased salivary secretion, vascular changes leading to delayed wound healing and slower repair of mucosa, besides inhibition of the phagocytic function of immune cells (immune cells recognize micro-organisms and kill them).

*Candida albicans* is the commonest species that mainly colonizes in diabetic patients with poor glycemic control. In non-diabetic individuals, the *Candida* carriage rate is about 30-50%, while it is estimated to be as high as 80% in diabetic patients.

Under glycemic conditions, which favor low pH (acidic), yeast cells (normal commensals are rounded, bud forms of *Candida*) convert themselves to hyphal forms (elongated tube like structures) which are responsible for adherence and invasion into the mucosa. The inflammatory and atrophic (thinned out epithelium) oral manifestations of diabetes along with metabolic and immunological changes are inclined to cause *Candidiasis*; which under the same pathological conditions, at a later stage, may undergo proliferation and lead to Cancer.

Prognosis of this infection lies in its prompt diagnosis and correct treatment. Dentists and General Physicians should educate patients to be cautious about such lesions and not to ignore any apparent change in the oral cavity. A timely visit to the Dentist aids in early diagnosis and simpler treatment.

Our mouth is a reflection of our health. Keep it clean and healthy; never put off visiting your Dentist in the presence of any symptom. 





# Role Of Screening Diagnostic Aids in Oral Cancer



**Dr. Akriti Singh**  
Post graduate Student  
Department of Oral and  
Maxillofacial Pathology and  
Microbiology  
I.T.S. Centre for Dental Studies  
and Research  
Muradnagar, Ghaziabad, India

Our lifestyle behavior accounts for the world's biggest threat to humanity namely "Cancer". Oral Cancer is the sixth most common cancer reported globally.

In India, it is more prevalent in males and is the fifth most common type of Cancer seen in females. Oral cancers are predominantly in the form of Head and Neck Squamous Cell Cancer (HNSCC) in India, Pakistan, and other Southeast Asian countries which results in 5% mortality of all cancers.

It includes following subsites: oral cavity, nasopharynx, oropharynx, hypopharynx, larynx, paranasal sinuses, nasal cavity and salivary glands. Usually the male to female ratio ranges from 2:1 to 4:1.

The most common causes of head and neck cancers are tobacco and alcohol, which work synergistically, and are responsible for 70-75% cases. In parts of Asia, betel quid chewing also plays a significant role in the development of malignancy.

The overall five-year survival rate of patients with HNSCC is about 40-50%. With the increase in prevalence of Oral Cancer seen worldwide, early screening and advanced diagnostic techniques are playing an important role in early diagnosis and treatment planning of patients. The 5-year survival rate of Oral Cancer remains low for the past 3 decades and delayed diagnosis has been suggested to be one of the major reasons.

Historically, the screening of patients for signs of oral cancer and precancerous lesions depends on conventional oral examination. A variety of commercial diagnostic aids and

adjunctive techniques are available to potentially assist in the screening of healthy patients, for evidence of otherwise occult cancerous change or to assess the biologic potential of clinically abnormal mucosal lesions.

Newer diagnostic aids such as Fluorescence spectroscopy, Raman spectroscopy, Elastic scattering spectroscopy, Differential path-length spectroscopy, Optical Tomography, Nuclear magnetic resonance spectroscopy, Auto-fluorescence spectroscopy, Enhanced dye fluorescence, Ratio imaging etc. have replaced the old techniques like toluidine blue and brush biopsy.

Presently the role of various genetic factors is gaining much more attention than the role of alcohol and smoking. According to the literature, apart from the tobacco and alcohol use, there are certain other factors responsible for oral cancer which include genetic and familial predisposition, immunosuppression, environmental factors etc. Genetic predisposition includes the mutation in the specific gene in an individual. Mutation in these genes can lead to the development of oral cancer.

In my routine practice, I have come across cases in which there is absence of any habit, in which case the role of genetics comes to the fore, for example the role of tumor suppressor genes like Tumor Protein (TP53). Non-invasive diagnostic aid such as Exfoliative cytology should be routinely practiced as a primarily screening technique for oral cancer.

It is well said that "there is CAN in a CANCER, because you can beat it"!! 🦷



# **Marriages in Heaven and Divorces on Earth**



**Ms. Nasnin Nasser**  
Guest Lecturer  
Department of English  
Bharat Matha College  
Thrikkakara, Kerala, India

**D**o you not feel miserable that this happened to your life?”

“Nowadays this is a common phenomenon. The divorce rate is ever going high.”

“The current generation is ignorant of the virtues of sacrifices and adjustments.”

Such is the barrage of sympathetic phrases and questions showered upon me when someone comes to know about my disastrous marriage which is revealed after much hesitancy. May be with an intention of demeaning life, they want to place you in that weird world of self-pity and self-blamed blight.

“Someone good will come next time”.

There comes the subsequent consolation and encouragement as if you are in a depressed class badly in need of psychological mending.


I am often confronted with these awkward situations embellished with grim words like “misfortune”, “fate”, “tragedy” and so on rather than acknowledging my “choice” to abstain myself from further suffering in a hopeless, meaningless marriage.

Ever since I have met with these confrontations, I am obsessed with the thoughts of some unspoken realities. Much is beneath the surface of often accused incompatibility, lack of adjustment and character flaws of the self-sufficient, independent and “arrogant” new generation. The part played by the institution of marriage and its strict compliance with the customs and prejudices of religion, caste and social status in the marriage market is always unaddressed.

The problem is not that far from understanding if we have a receptive mind and a perspective willing for change. There is an uncompromising notion that one should get married within a particular age limit. If it is not so, the society can go from such extremes like crucifying one's parents with relentless “Why is he / she still single?” questions to even suspecting one's sexual orientations.

The belief that education provides deeper understanding remains an illusion. As far as even well-educated parents are concerned, they are irksomely worried about the possibility of their sons and daughters falling in love with a person of another religion, culture or social status in an attempt to find their own partners.

The concern itself is a part of the larger power structure of how society will judge it. This in turn will



*why not have  
some patience  
and liberality till  
the advent of a  
right person !*

prompt them to compel their children to consider arranged marriage as the safest option. It will curb them from the dishonor of deviating from the centuries trodden path of tradition.

In an urge to safeguard their religion, culture and tradition and impart it to the future generations, it more often confines itself to the marriage of two families than the marriage of two minds.

You meet a total stranger one morning who in others' opinion may be an epitome of all virtues. He or she is praised even to the extent of you becoming dubious of your own discernment, even if the person appeals to you as someone downright against your taste. The feeling of incompatibility evident or not by interacting with the person within the time permitted before the formal lock is often ignored. The choice is to submit finally to the reluctance of disappointing your kith and kin and to say yes to a big fat wedding.

Family might have been flawless in "arranging" the perfect choice for you in all matters till date. It might have always been proved meticulous for you in the long run. But is that the case in choosing your soul mate where no one can judge and comprehend the character sync other than the two individuals who are about to embark on a

lifelong venture of living together?

I am here neither nurturing the utopian thinking of Mr. Perfect and Miss. Perfect for everyone nor am I railing against marital bliss, raising kids and sharing happiness. Neither am I downgrading the system of arranged marriages. There are plenty of surviving couples who had met through this formal procedure and fortunate enough to identify each other as made for each other.

Unfortunately, not everyone is fortunate enough. Nor am I endorsing love marriages which were proven a let-down in numerous cases as the initial deception vanishes as soon as they enter the reality of long term understanding and tolerance.

But fortunately not all of them were deceptions. To forgo adjustments and sacrifices is out of the question. But why not have some patience and liberality till the advent of a right person sans all discriminations with ample time provided?

Is it necessary to cling onto the age old traditions to butcher your sons and daughters, to make them appear like misfits and subject to this emotional distress in the name of societal norms and customs?

Beyond the question of necessity, is it 'just' to do so? 





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# Creating Heart-Healthy Environments



“India has the dubious distinction of being known as the Heart disease and Diabetes capital of the world” says Prof. Prakash Deedwania, University of California, USA. This message is based on a study that took place over a five-year period (2006-2010) which involved 6000 men and women, from 11 cities across various regions of India. The study was conducted under the chairmanship of Prof. Deedwania and Dr. Rajeev Gupta.

The Indian Heart Watch (IHW) study has revealed the truth behind prevalence, awareness, treatment and control of key risk factors that are driving the country's growing cardiovascular disease epidemic. The study assessed the prevalence of different “lifestyle” and biological cardiovascular risk factors across the country and the report shows that these risk factors are now at a higher level in India than in developed countries.

79 percent of men and 83 percent of women were found to be physically inactive; 51 percent of men and 48 percent of women were found to take high fat diets. About 60 percent of men and 57 percent of women were found to have a low intake of fruits and vegetables; while 12 percent of men and 0.5 percent of women were found to have a smoking habit.

Moreover, the prevalence of biological and metabolic risk factors was found to be high. Overweight and obesity was reported in 41 percent of men and in 45 percent of women. High Blood Pressure



**Dr. George Thayil**  
Senior Consultant Cardiologist  
Kochi, Kerala, India

(BP) was reported in 33 percent of men and in 30 percent of women; while high level of cholesterol was found in one-quarter of all men and women. Diabetes was reported in 34 percent of men and in 37 percent of women.

Approximately one-third of the study participants were found to have high blood pressure; only about half (57 %) were aware of their high BP; only 40 percent were on treatment and only 25 percent had adequate control. This is in contrast to most high- and middle-income countries where awareness level is more than 75 percent and high BP of more than 60 percent of people are brought under control.

Risk factors, such as smoking, high fat intake, and low fruit/vegetable intake were shown to be more common in

less developed cities; while physical inactivity was seen to be more prevalent in highly-developed cities. These results show that improving urban planning and overall living conditions are essential in curbing the rampant heart disease seen in India.

Most importantly people should be educated about the risk factors behind their unhealthy lifestyle. The results of the study showed that even among literate middle class urban Indians, there is low awareness and less control rates of these risk factors.

Most of the people think that the blocks in the heart vessels occur just a few days or weeks before a heart attack. Although the heart vessels are normal at birth, the atherosclerosis (deposition of fat particles and other components to the internal vessel wall making it narrow) process begins early in life.

Between the ages of 10 and 20 years 'fat streaks' are being deposited on the inner lining of the heart vessels.

Over the years, some of these fatty streaks grow into larger cholesterol plaques that can protrude into the artery lumen and harden the artery walls. Many men and women between the ages of 20 and 30 are unaware that the heart vessels are gradually accumulating cholesterol plaques which can one day rupture and cause a massive heart attack.

During the World Congress of Cardiology conducted in Dubai in 2012, the Global Cardiovascular Disease Taskforce, made up of leadership from the world's largest Cardiovascular Disease Organizations including American Heart Association, American College of Cardiology, European Heart Network, European Society of Cardiology, and the World Heart Federation, called upon 12000 delegates of World Congress of Cardiology, and the cardiovascular disease



community at large, to support the adoption of a global goal to reduce the death rate of premature non-communicable disease by 25 by 2025.

Nearly half of the deaths from Non-communicable diseases (17.3 percent) are due to heart disease, a number that fails to fully reflect the social and economic impact on families, communities, and countries. Yet non-communicable diseases, especially heart disease continue to be viewed as 'lifestyle' diseases primarily afflicting those in high-income countries.

In fact, the greatest heart disease burden falls on low- and middle-income countries where 80 percent of all heart disease deaths occur, and it is increasingly impacting people during their most productive years.

It is worthwhile to analyze the factors behind the spreading of pervasive heart disease in India during World Heart Day which is being celebrated every year on 29<sup>th</sup> September. Observance of Heart Day is a part of an

international campaign to spread awareness about heart disease and stroke prevention. This is the best day to quit smoking, get exercise and start healthy eating – all in the name of keeping your ticker in good working order as well as improving health.

Aim of the Day, is to improve health globally by encouraging people to make lifestyle changes and promote education internationally about ways to be good to your heart. Events are being organized by various charitable organizations to promote healthy hearts. They coordinate walks and runs, health checks, public talks, shows, and exhibitions - to name a few of the interesting and informative events – to mark the observance of the day.

This World Heart Day focuses on “Creating heart-healthy environments”. Small changes can make a big difference. So, on Heart Day, get involved; eat your fruits and vegetables; as both you and your heart will feel the benefits.



○ **Fuel your heart:** Eating and drinking well gives your heart the fuel it needs for you to live long. Replacing sugary snacks with healthier alternatives can reduce your risk of heart disease.

○ **Move your Heart:** Staying active can reduce your risk of heart disease and make you feel great. Getting plenty of exercise can reduce your chances of developing heart disease; it can also be a great mood booster and stress buster.

○ **Love your Heart:** Quitting smoking is the single best thing you can do to improve heart health. A year after you quit smoking, your risk of heart disease is about half that of a smoker's.

Yes, despite all negative environmental impacts on the health of your heart, you should realize that heart disease is preventable. Up to 85 percent of it can be prevented by modifying the risk factors.

On World Heart Day, share how you can invigorate your heart and inspire millions of people around the world to be heart-healthy. Hence, this year's theme is “Share the Power”. 📢



# Microbial Flora in Odontogenic Infections

**Dr. S. Hemakumar**  
Consultant Endodontist and  
Implantologist  
Chennai, Tamil Nadu, India

**K**nowledge about common bacteria that cause infection, and their resistance status, can assist in the selection of appropriate antibiotics. In the Indian population, few studies have assessed the bacteria that commonly cause orofacial infections.

## **Predominant Teeth**

The maxillary teeth were predominantly involved as a source of odontogenic infection. The buccal and submandibular spaces were the most common areas to be involved in infection.

## **Identification of Bacteria involved in Infection**

Gram positive bacteria were predominantly isolated relative to gram negative bacteria, as were cocci relative to rods. Aerobic and anaerobic were isolated almost equally.

Anaerobic streptococci were the most commonly isolated bacteria from odontogenic lesions, followed by staphylococcus aureus.

Other organisms like Escherichia coli, Pseudomonas aeruginosa,

Non-Hemolytic Streptococci and Klebsiella pneumoniae were also found in some cases.

Resistant cases may need to undergo culture and sensitivity reports.

## **Conclusion**

Orofacial odontogenic infections are polymicrobial, comprising of both aerobic and anaerobic bacteria.

Use of this knowledge can guide in the appropriate use of antibiotics at the onset of odontogenic infection. <sup>De</sup>



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# LEAN MANAGEMENT SUPPORTS US – FOR THE BENEFIT OF THE CUSTOMER!

Lean Management not only means process optimization but also strict customer orientation. It is like a large toolbox that contains many different methods to eliminate superfluous processes and “create value without waste”. Renfert also places emphasis on less waste in its work processes and added value for its customers. For this reason the company recently introduced Lean Management. What tools Renfert will use to implement the lean ideas, what this means for dental technicians and how this model can also be implemented in the laboratory is explained by Klaus Baschnagel, member of the Board of Management.

**Mr. Baschnagel, Lean Management philosophy means: “value creation without waste.” What do you hope to gain by implementing this concept?**

We want to continually improve our work processes with Lean Management and orient ourselves even more to the future and customer requirements. In previous years we have continually grown: more products, services, employees ...

We want to continue growing but be leaner in our processes. To do this we must identify superfluous activities and waste and eliminate them. Lean Management helps us achieve higher performance without additional expense.

**What type of waste is there?**

“Internal and external enquiries, overproduction, stock levels, unnecessary transport, movements and information as well as waiting times, complexity and wastage of resources etc. – all areas that also apply to dental technicians in their laboratory.

**Does this mean that the lean philosophy can also be transferred to the processes in a laboratory?**

Yes. You only have to think of stock levels! Dental technicians must ensure that their workflow is not interrupted unnecessarily. The real value creation, which technicians have, is the dental restoration. But they must also continually check, update and reorder their consumable and raw materials. This is no different at Renfert. The flow of goods and stock levels are optimized using the Kanban system, a lean tool.

**Can you give an example for optimizing the stock levels in the laboratory?**

Dental technicians should first record the average use of a specific material; for example three bottles per week.



Lean Management means identifying and eliminating unnecessary activities

Then the replacement time should be recorded; for example one week. This means: as basic stock for two weeks they must have six bottles in stock. To compensate for fluctuations they should increase the amount by a safety stock level. The total amount is halved and converted to the "two-box system": if the first container is empty, the second should be fetched from the store. This box is then the Kanban, the signal that stock must be re-ordered. All relevant information is on the box, so that the ordering process is easier.

**It is said: More than 70% of all projects fail due to lack of communication. How has your in-house communication changed since the introduction of Lean Management?**

We don't necessarily talk more with one another but rather more structured and in fact every day at a specific time. We have also introduced the "Shopfloor Management" system. In the morning employees of a particular process sector exchange ideas about

their work. Their results are then discussed a level higher on a second shopfloor and so on. Thus everyone knows in the shortest time whether the traffic lights are on green or whether action is still needed. This can also be easily implemented in the laboratory.

**What added value does Lean Management provide compared with a QM System?**

**6 steps to less waste**

1. Internal and external customer orientation
2. Concentration on value-adding activities
3. Organize a continuous process
4. Implement a demand-driven system
5. Standardize and document processes
6. Aim for perfection

We are not concerned with the end in itself with Lean Management but with increasing the added value for our customers. If we have waste in the production or administration, of course the customer does not want to bear these costs; and waste always leads to higher costs! We therefore want to operate as cost-effectively and efficiently as possible. We achieve our quality using a QM



*Klaus Baschnagel*

*Klaus Baschnagel has been with Renfert since 1984. After his apprenticeship as a precision engineer and further education as a technician and business ...*

system; with Lean Management methods we optimize by focusing on efficiency and cost-effectiveness – for the benefit of the customer.

**Can you give us an example of a lean change?**

We have changed the process for our 30 country-specific mailings. The working stages have been reduced, the interfaces minimized and communication improved. The process is now more slimline. Where we had a previous throughput time of approx. ten weeks, it is now only five! How does the customer benefit from this? We are more flexible, the contents are more up to date, and we can utilize the working time gained in other ways for our customers.

**What do you recommend as the first step to dental technicians who want to slim down their processes?**

Make employees aware of Lean Management and convey personal responsibility to them. They must learn to recognize waste in order to eliminate it. An initial topic could be "cleanliness and order at the workplace". Instruments or consumables are often searched for in the laboratory. The point should not be reached where a drawer contains too few items or too many useless articles.

**Which question do you ask yourself anew each day?**

Where do I waste my time and therefore also that of my customer?

**And how does it look at your workplace? Do you now have a "lean desk"?**

Yes, it now looks very tidy (laughing). For example I no longer have a tray. Everything is digital. I get fewer enquiries and can deal more consistently with my core tasks. My desk is therefore really leaner.

# “BREAD WITHOUT BUTTER”: GENDER EQUALITY IN THE WORKPLACE



**Mr. Momtaz Alsoh**  
Writer, Humanitarian and Philanthropist  
United Arab Emirates

**I**t is time to start discussing Gender Equality. Many preach about Gender Equality but, only a few know its exact definition.

Gender Equality, also known as Sexual Equality / Gender Egalitarianism, is the state of equal ease of access to resources and opportunities, including economic participation and decision-making, regardless of Gender.

Gender Equality is not only a Fundamental Human Right but a necessary foundation for a peaceful, prosperous and sustainable world as well.

Women as well as girls are entitled to live with dignity and freedom from want and fear. Gender Equality is also a precondition for achieving progress and reducing poverty.

Empowered women contribute to the health and productivity of families and communities, which in turn, improve prospects of the next generation.

Gender Equality is one of the objectives of the United Nations Universal Declaration of Human Rights (UDHR), which seeks to create equality before Law and in social situations, such as in democratic activities, in securing equal pay for equal work etc.

In practice, Gender Equality aims at acquiring and enjoying equal rights, opportunities as well as treatments in every sphere of life.

Gender Equity Index has been developed to quantify the concept of Gender Equality by

looking at the representation of men and women in a range of roles.

We are now living in a modern era. Women have caught up with men in terms of education. In fact, in many countries, women have actually surpassed men in terms of academic achievement.

When it comes to employment, there is still discrimination against women. Still, women in many instances are being paid less than men for the same work, even though both men and women possess the same level of education and the same years of experience.

The question today is: how to eradicate Gender Inequality in the workplace and how to be fair and just to women?

The answer is: all Employers should formulate a Gender Equality Policy in the workplace and the same should be implemented as a Right; to ensure that both males and females are treated as well as remunerated equally. The Policy of Equality should also be applicable in the Performance Reviews (appraisals) of employees, distribution of bonus, salary, increment and other entitlements.

It is fair and just to practice Gender Equality. It takes nothing more than the formulation of a Policy to ensure Gender Equality in the workplace. The Policy should be implemented through “SMART” mechanism, for getting the trust of all





employees and also for the employer to be respected at all times.

Gender discrimination exists in different forms. Male and female employees would be benefited if Gender Equality is practiced in the workplace; both in the Public as well as in Private sectors. Besides, this will help attract and retain talented personnel.

There is nothing better than working for an employer who respects and enforces Human Rights / Gender Equality. Those employers who include Gender Equality in their Quality Management System (QMS) could be a winner in the long run; as this will help boost the morale of employees and make them render optimum service.


Constitution of a Grievance Committee in the workplace is essential for the redressal of grievances of employees or if the Policy fails to mete out justice to employees. The action taken by the Grievance Committee should be kept as a secret for preventing retaliation, if any, against the employee who lodged the complaint / sought justice.

Gender Equality cannot be brushed away any longer; as it helps develop and mold a healthy society as well as a better business concern. And this in turn, paves the way for a healthy working environment.

Every father or mother would want to see his / her son / daughter succeed in his / her career. Every good husband /

wife would want to see his wife / her husband succeed in her / his career. Likewise, every good brother / sister would want to see his sister / her brother succeed in her / his career. Time has come for every employee / employer to see other male / female employees in the workplace succeed in their career.

Last but not least, it is fair and just to add a Clause to Labor Law which makes Gender Equality mandatory for all Companies, Organizations or Establishments.

Gender Equality is necessary for a healthy and sustainable world. So, enforcement of Gender Equality (by law) is the only way to ensure a SMART future. 



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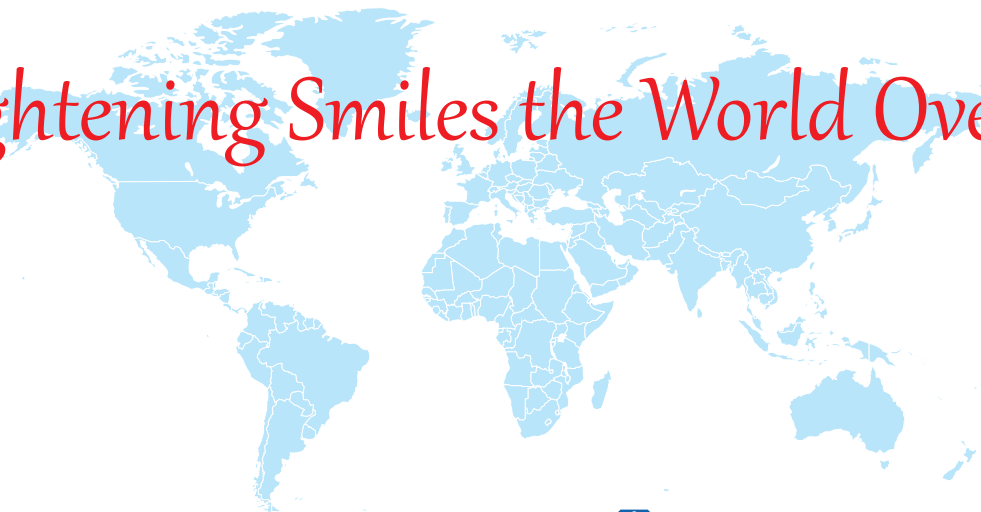
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# “To Bank or Not to Bank” Before Cancer Treatment

Certain Cancer treatments like Chemotherapy and Radiation can affect male / female fertility. Healthy sperms / eggs are collected and stored or cryopreserved at a Sperm and Zygote Bank before the treatment for Cancer, if it is likely to cause infertility, to allow men / women to have a chance for children in future, if they choose.

**Dr. Parimalam Ramanathan**, a Fellow of the Royal College of Obstetricians and Gynaecologists (FRCOG), London, provides answers to certain commonly asked questions about banking of eggs and sperms before the commencement of Cancer treatment.

## How does the diagnosis of Cancer impact an individual?

Diagnosis of Cancer is a stressful event both for patients as well as their families. Cancer can have an impact on the physical, emotional and social aspects of patients. The survival rates after Cancer treatment have increased globally due to many reasons like early detection of Cancer and advanced treatments leading to improved life span.

But Cancer treatments like Surgery, Radiation and Chemotherapy have consequences on reproductive ability and fertility. Fertility is an important aspect for a healthy quality of life.

## What are the Effects of Cancer Treatment on Fertility?

Cancer treatment can affect both the testes and the ovaries which have rapidly growing sensitive tissue. In most cases, infertility is caused by the treatment for Cancer, such as Chemotherapy and Radiation rather than the disease itself, especially Testicular and Ovarian Cancer.

## What is Fertility Preservation?

Fertility Preservation is the process of protecting or preserving sperms and eggs so that they can be used in future to allow patients to have children after Cancer treatment.



**Dr. Parimalam Ramanathan**  
Senior Obstetrician, Gynaecologist and  
Fertility Specialist  
Chennai, Tamil Nadu, India

### **What is the Importance of Fertility Preservation?**

With the changed trend in modern times, women are mainly focused on education and career rather than on a conjugal life. So, they get married later in life. The commonest form of Cancer in woman – Breast Cancer – is being diagnosed among many young women. Since Cancer treatment compromises fecundity, preservation of fertility is important for the survivor of disease so that they can have biological children later.

### **What are the Options for Fertility Preservation in Males?**

- Freezing of semen.
- Sperm retrieval using surgery in the testes or the epididymis.
- Donor sperm in future if the person declines fertility preservation or does not have living sperm.

### **What are the Options for Fertility Preservation in Females?**

- The most established strategy is to undergo a cycle of IVF and freezing embryos for later use.
- Egg Freezing.
- Freezing ovarian tissue for re-transplantation in future is still at experimental stage.



- In vitro maturation of eggs.
- Other options are use of donor eggs, surrogacy or adoption.

### **What are the Factors Influencing Fertility Preservation Treatment?**

- Type of Cancer.
- Time available for Cancer treatment.
- Patients' health and prognosis of Cancer.
- Type and dosage of Chemotherapy and Radiotherapy.

- The risk of sterility.
- Age.
- Partner status.
- Period cycle.

### **Who would you go to for Fertility Preservation?**

The Oncologist, Radiotherapist or any Doctor who treats Cancer would discuss this matter with the patient before the treatment for Cancer and refer the concerned individual to a Reproductive Endocrinologist for counsel / fertility preservation. <sup>De</sup>

# What I Learnt from Haruki Murakami



**Rev. Fr. Jose Suresh**  
Teacher  
Systematic Philosophy  
Thiruvananthapuram,  
Kerala, India

Reading Haruki Murakami changed the way I look at my life, especially his book *“What I talk when I talk about Running.”* Murakami is uncanny in bending reality to dreams, pulling their pitted strings together.

What he gets out of this is a mastery over reality that is subjective. He does not dive into the elements of our remote unconsciousness which we share with others. His domain is consciousness, which is our sole reason to be lonely.

Unconsciousness has its way of surviving by feigning or by being mad. But how does consciousness withstand its trauma of loneliness? Murakami answers that it creates fiction (idle thoughts) where reality is blended.

Man is a being that waits up on his chances, luck, alluring moments and ultimately on death. When is it going to happen? If not today, perhaps tomorrow. But when actually? Murakami wrote in his book *‘South of the Border, West of the Sun’*, “‘For a while’ is a phrase whose length cannot be measured. At least, by the person who is waiting.”

Do we gain an understanding of anything? What we call understanding, is not a misunderstanding from a different perspective? How should we have an understanding? Murakami has an advice, “understanding is but the sum of misunderstanding”. Nonetheless, one should have the talent to do so, to put together his misunderstandings.

Man learns the strange lesson of life when death is near. Death grows up to be a measure of our regrets. We should look closely at others death and learn to dissolve our regrets. Then we may be able to weep for our dead ones, dissolving their regrets. This is what Murakami tells in his book *“Dance Dance Dance”*.

“People die all the time. Life is lot more fragile than we think. You should treat others in a way that leaves no regret, fairly, and if possible, sincerely. It is too easy to not to make the effort, then weep and wring your hands after the person who dies.” In *‘Norwegian Wood’*, he also wrote that, “death is not the opposite of life but an innate part of life.”

I love Western philosophy more than Indian philosophy due to its hammer effect. If Indian philosophy is a gentle breeze, the Western philosophy is a whirlwind. If Indian philosophy settles us, Western philosophy unsettles us. Murakami perhaps is a man who loves storms more than gentle winds. He wrote in *‘Kafka on the Shore’*, “When you come out of the storm, you will not be the same person who walked in. That is what the storm is all about.”

Our biggest problem is that we expect too much love from life and we consciously probe



whether the person whom we love deserves our love. Murakami asks us to just love, even those who do not deserve our love, "If you can love someone with your whole heart, even one person, then there is salvation in life. Even if you cannot get together with that person."

Our poignancy about life is quite pointless. To be human is to be imperfect and sometimes worthless. We need to embrace this pointless thing about life and laugh away the foolishness that is to be human. "Remove everything pointless from an imperfect life and it would lose even its imperfection". We should not uproot our failings. Rather when we do so, we are uprooting our instincts.

Man's head lies positioned upward. Still its greatest utility lies in looking back. There is no use in going to the future if we cannot look back to our past. Perhaps we move forwards to look backward. "A person's destiny is something you look back at afterward, not something to be known in advance", writes Murakami.

Dreams may not become reality but reality can become a dream! This is something Murakami discovered, "When it is all over, it will seem like a dream." After all, dream makes you live on.

I am comfortable with the person who has belief contrary to mine. But I cannot stand people who question my beliefs. Nobody can fool a fool because he/she is already a fool. But one can fool a man who thinks himself/herself intelligent. "Nobody is easier to fool, than the person who is convinced that he is right."

According to Philosopher Heidegger, the greatest possibility of man is death. We need to order our life to become worthy of that possibility. Modern technology has provided man with so much possibility that has rendered man oblivious of his destiny. Murakami points to this exhausting nature of possibilities when he wrote "possibilities are like cancer. The more you think about them, the more they multiply and there is no way to stop them".

The proverb says that those who live by the sword will die by it. We all have specific forms wherein lies our particularity and individuality. We are going to die because of this particularity embodied in the form we possess. "No one could say how long life

would last.

Whatever has form can disappear in an instant." How can we deal with ephemeral quality of life? Murakami advises, "Life is so uncertain: You never know what would happen. One way to deal with that is to keep your pyjamas clean."

Are you that sort of person who easily gets irritated? Murakami is against you, "To get irritated is to get right ways lost in life".

I enjoyed his book on running, *What I Talk about when I Talk about Running* as much as his novels. This book is about his passion of running. He prides himself in becoming a marathon runner. He says it has shaped his life and his writing.

From a physical activity like running, Murakami creates an ethic exploring its philosophy like Somerset Maugham who wrote, "In each shave lies a philosophy" - pinpoints the relationship between body and mind that will be familiar to all long-distance runners: 'no matter how mundane some action might appear, keep at it long enough and it becomes a contemplative, even meditative act'.

Running, especially marathons, is an exhausting activity. It can leave cramps all over the body. Murakami pushed the limit of his endurance following the advice he got from a fellow runner: "Pain is inevitable. Suffering is optional".

Why is he passionate about running? Perhaps it has helped him to evict the changes that happen in life. Sometimes when I think of life, I feel like a piece of driftwood washed up on shore. I became envious of the way he was absorbing the surroundings while running, "As I run, the trade winds blowing in from the direction of the lighthouse rustle the leaves of the eucalyptus over my head."

Running defies gravity. But everything that runs out of gravity falls into a void, "I just run. I run in a void. Or maybe I should put other way: I run in order to acquire a void." It is in this void that our consciousness makes us aware of the fact that we are lonely.

Loneliness is a remedy as well as sickness. It is a double edged sword. So you must have mastery over its use, if not, it will hurt you badly. One cannot write without being solitary and solitude is painful like death.





**“I just cannot picture someone liking me on a personal level. Being disliked by someone, hated and despised, somehow seems more natural”, I felt relieved in finding a kindred spirit**

Murakami uses his daily running to his stride to put solitude in context, “That is what I basically believe, and I have lived my life accordingly. In certain areas of my life, I actively seek out solitude. Especially for someone in my line of work, solitude is, more or less, an inevitable circumstance.

Sometimes, however, this sense of isolation, like an acid spilling out of a bottle, can unconsciously eat away the person's heart and dissolve it.” I think it can happen to priests and nuns. If they do not manage their loneliness well, they can turn out to be quite heartless.

In running, he heals his wounds, “By running, it is like I can physically exhaust that portion of my discontent.” I may not have any share in Murakami's genius but I am definitely on par with his vice.

I always thought that I have a special talent to make others dislike me. When I read his confession that “I just cannot picture someone liking me on a personal level. Being disliked by someone, hated and despised, somehow seems more natural”, I felt relieved in finding a kindred spirit.


In running, Murakami is not seeking a physical strength. More than his muscles, his mind becomes active through a kind of relapsing. “As I run I tell myself to think of a river. And clouds. Essentially I am not thinking of a thing. All I do is keeping on running in my own cozy homemade void, my own nostalgic silence. This is a pretty wonderful thing. No matter what everybody else says.”

The best thing I can do in this world is reading what others have written. My greatest fear is dying without reading books like *The Man without Qualities*. I also write some things.

Compared to reading, writing is very hard, Perhaps more tougher than any physical activity.

That is why I am not up to it besides being not talented. What I admire in Murakami is his sincerity. Murakami in his sincerity, comforts and startles me. I am facing myself when I read these words of Murakami. “I look up the sky, wondering if I will catch glimpses of kindness there, but I do not. All I see is indifferent summer clouds drifting over the Pacific. And they have nothing to say to me. Clouds are always taciturn. I probably should not be looking up at them. What I should be looking at is inside of me. Like staring down into a deep well. Can I see kindness there? No, all I see is my own nature. My own individual, stubborn, uncooperative, often self-centered nature that still doubts itself that, when troubles occur, tries to find something funny, or something nearly funny, about the situation. I have carried this character around like an old suitcase, down a long, dusty path. I am not carrying it because I like it. The contents are too heavy, and it looks crummy, fraying in spots. I have carried it with me because there was nothing else I was supposed to carry. Still, I guess I have grown attached to it. As you might expect.”

Murakami is not in the rank of Kafka or Robert Musil. Murakami's success lies in his ability to make things visible, in transmitting his ideas clearly and without any fuss. He is unusually accessible. He surprises us with his ordinary gestures.

This is the greatest lesson I have Learnt from Murakami: “To be able grasp something of value, sometimes you have to perform seemingly inefficient acts.” Perhaps, that is what I do now. 

# DentCare Zirconia



**D**ENTCARE, a leader in the manufacture of dental prostheses for multiple decades has introduced an epochal masterpiece-DentCare Zirconia-a biomedical grade material from Germany, used for the fabrication of Crowns, Bridges, Customized Implant Abutments, Inlays and Onlays and Primary Telescopes. State-of-the-art technology from Germany, coupled with our highly skilled technicians make DentCare Zirconia Premium, the optimum solution for perfect dental prostheses, besides aesthetic and functional fulfillment being guaranteed.

DentCare Zirconia is an innovative all-ceramic prostheses made using the latest CAD/CAM technology. Unlike PFM (Porcelain Fused to Metal) or normal opaque zirconia restorations, the tooth-coloured substructure makes DentCare Zirconia highly aesthetic and natural. Substructures are available in fluorescent-effect shades, in 7-effect shades and in more than 40 vivid, warm and natural shades (all VITA shades are available). As a novum, all DentCare Zirconia Full Contour solutions are indicated for Bruxism.

**DentCare Zirconia:**  
“One Product – Diverse Options”

**DentCare Zirconia Variants**

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DentCare Zirconia Premium Full Contour  
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DentCare Zirconia Classic  
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DentCare Zirconia Monolithic

- Implant prostheses
- Primary telescopic crowns
- In bridges with up to 8 units, 4 and 2 continuous pontics may be given in anterior and posterior regions respectively
- In bridges with more than 8 units, 2 continuous pontics may be given in anterior as well as posterior regions
- In bridges with at least 2 continuous abutments, 1 cantilever is possible. (However, distal cantilever is not advisable; avoid cantilever in canine and molar regions.)

**DentCare Zirconia Platinum Plus**

**Benefits**

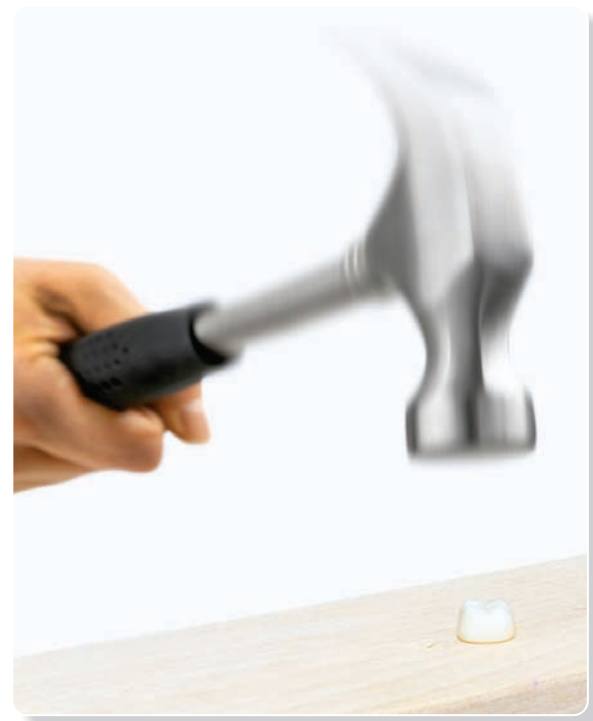
- Super Translucency
- Export Quality
- Free CAD/CAM Provisional is available
- Giroform Plastic base Model used
- CAD Image will be provided before Production Process Starts

**Why choose Medical Grade DentCare Zirconia?**

- Natural feel and functionality
- Unmatched aesthetics
- High strength
- Highly biocompatible
- Unlimited characterization made available through more than 40 natural and lifelike shades.
- The tooth-colored translucent substructure ensures that the natural tooth shade comes right from the internal framework level, unlike PFM or other normal zirconia systems with opaque frames.
- Designing and manufacturing using CAD/CAM assures outstanding marginal fit.

**Common Indications**

- Single Crowns
- Inlay and Onlay, Inlay Bridges



### DentCare Zirconia Platinum

#### Benefits

- Super Translucency
- Free CAD/CAM Provisional is available
- Giroform Plastic base Model used
- CAD Image will be provided before Production Process Starts

### DentCare Zirconia Premium

#### Benefits

- Flexural strength of 1550MPa
- Crowns and Bridges with up to 16 units are possible

### DentCare Zirconia Classic

#### Benefits

- Flexural strength of 1450MPa
- Crowns and Bridges with up to 16 units are possible

### DentCare Zirconia BruxCare

BruxCare crowns are monolithic solid medical grade zirconia restoration with no ceramic layering. They are designed specifically for the posterior teeth with more emphasis on strength making it the ideal restoration for bruxers, implant restorations and areas with limited occlusal space.

#### Benefits

- Glazed to a smooth surface to reduce plaque accumulation
- Low wear on opposing dentition
- Extraordinary strength-flexural strength of 1550MPa
- Monolithic material makes the restoration completely chip-proof
- No ceramic layering-staining technique only
- **Indications**
- Ideal for patients with Bruxism
- Up to 5 units as a single restoration
- An aesthetic alternative to PFM
- Ideal for bruxers who have broken natural teeth or



previous PFM restorations

- Suited for cases with less interocclusal space

### DentCare Zirconia Superlucent

#### Benefits

- Layering Technique
- Made from Cubic Zirconia block

#### Indications

- Bridge up to 4 units only, with single pontic till 2<sup>nd</sup> premolar
- Single crown in posteriors

### DentCare Zirconia Basic

#### Benefits

- Flexural Strength of 1450MPa

#### Indications

- Crowns and bridges up to 5 units (3 and 2 continuous pontics may be given in anterior and posterior regions respectively)
- In bridges with at least 2 continuous abutments, 1 cantilever is possible. (However, distal cantilever is not advisable; avoid cantilever in canine and molar regions)

### DentCare Zirconia Translucent

#### Benefits

- Full contour option can be used both in anterior and posterior regions



### Indications

Crowns and bridges up to 3 units

In bridges with at least 2 continuous abutments, 1 cantilever is possible. (However, distal cantilever is not advisable; avoid cantilever in canine and molar regions)

### DentCare Zirconia Monolithic

DentCare Zirconia Monolithic crowns are fabricated in full contour out of a single biomedical grade zirconia material. It eliminates the layer of porcelain over the crown thereby making the crown much stronger. It is a great choice for

posterior teeth as the restoration is very resistant to fracture and also strong.

### Benefits

- Suitable for patients with Bruxism
- It may be used in posterior regions
- No ceramic layering-staining technique only

### Indications

Crowns and bridges up to 3 units

Ideal for patients with bruxism

Suitable for cases with less interocclusal space

**DentCare Zirconia-a cornerstone in the field of prosthetic dentistry with an unmatched blend of artistry and technology.**

Today, medical grade DentCare Zirconia is the preferred option over other metal free restorative materials because of its remarkable strength, aesthetics and biocompatibility. Your preferences and desires are always an important element of consideration. Always choose quality products at an affordable price from DentCare.

Don't just settle for any dental restoration...

**Go for DentCare Zirconia!!** 📷

## Alluring Radiance From Nature

**P**eeping into Mother Nature is a wonderful feeling.

How many of you recognize that Nature itself is a remedy for a good looking skin?

Let us go through some useful information, some of which you may already be aware about.

Do you know Aloe Vera has internal benefits for your body?

It is a well known herbal remedy for your skin with enormous benefits for internal healing, cleansing and repair when it is consumed as a nutritional drink.

It is even attractive to know that "the incredible Aloe Vera" juice



when applied onto your face provides new flawless skin.

Aloe Vera extracts from the skin of its leaves and flowers can be considered as a good natural antioxidant. The medicinal values of Aloe Vera are endless. It is good for your teeth and gums.

Researchers have found that Aloe Vera tooth gel is effective and even better than the commercial tooth pastes in controlling cavity-causing oral bacteria.

Aloe shoot extract gives protection from ultraviolet irradiation as well.

It is because of its wide variety of uses; Aloe Vera is designated as a "**Wonder Plant**". 📷



# FEMALE Health in A MODERN WORLD

Women can shine like a star if they make small changes in their day-to-day activities. In this hurried and worried world, it is not easy to remain healthy



**Dr. Parvathy S.**  
Assistant Medical Officer  
Aneppil Sreedhanvanthari Ayurveda Hospital  
Kollam, Kerala, India

**W**omen are a delicate and beautiful creation and are the backbone of family. They are working relentlessly at home and in the office without adequate rest or balanced diet. This compromises their health; as a result, the boon of childbirth is becoming a curse for them.

### Changing Scenario

In this modern era, gynaecological problems and infertility play the role of a villain. Improper diet and regimen along with mental stress worsen the situation. And this includes improper sleeping pattern, excessive use of fried or junk food, lack of exercise, absence of proper nutrition and disturbed biological clock.

Casual or Over- the- counter Medication and poor compliance of Medical Prescriptions add up to the situation.

Deficiency of Vitamin D and Calcium may lead to joint pain, reduced alertness, depression and disturbed digestion which in turn, culminate in Diabetes, Hypertension, decreased immunity etc.

### Relevance of Ancient Practices

Ancient Practices like Rajaswala Paricharya (care during menstrual period) along with rest and special attention make women healthy, both physically and mentally.

Scientific prenatal and postnatal care (Garbhini Paricharya - Regimen for the Pregnant Woman and Sutika Paricharya - Post-delivery Mother care) paves the way for long term health of mothers as well as children in relation to their physical and mental wellbeing.

Neglecting these practices at the time of menstruation and during pregnancy, is the most common cause for major health problems.

### Better late than Never


It is never late to start afresh. Commence a new daily routine which makes you look and feel good. Schedule a timetable of daily activities with sufficient time for exercise and relaxation, as mentioned below.

- Follow a healthy Diet Plan and have food at the proper time.



- Include green gram, milk, ginger, garlic, asafoetida, sesame seeds, jaggery, gooseberry, dates, cow ghee etc. in your diet.
- Increase intake of fruits, salads etc.
- Never skip a meal.
- Drink plenty of water.
- Avoid overuse of sweets, chocolates, junk food, deep fried, oily and spicy food.
- Minimize heavy physical and mental exertion.
- Refrain from nap (daytime sleep). Proper night sleep is essential for physical and mental wellness.
- Give importance to posture while sitting, as there are chances for postural defects.
- Whenever a health problem arises, seek medical advice.
- Skin and hair should be given special care. Make sure of safety measures while using readymade cosmetics, as there are chances for allergy.

- Brisk walking for fifteen minutes in the morning help keep the body and the mind calm. It also helps absorb the sunshine vitamin (Vitamin D).
- Personal hygiene should be maintained, especially during menstruation.
- Yoga postures, such as Vajrasana, Pavanamuktasana, Bhujangasana, Surya Namaskar etc. help refresh the mind and the body.
- Meditation helps release the compounds that stimulate your natural mood, increase blood supply, cease stress and gives deep relaxation.

Women can shine like a star if they make small changes in their day-to-day activities. In this hurried and worried world, it is not easy to remain healthy. So, look back on our bygone days. We have a rich tradition that helps us look and feel better. Follow the path of Ayurveda – the Science of Life; reverse your illness to wellness and lead a healthy as well as quality life. 



### Why do Onions make you cry?

“A stinging sensation in the eyes is often followed by uncontrolled tears. Why would the humble onion, a key ingredient of your kitchen cause your eyes to well up?”

When you cut an onion, it releases a chemical irritant known as syn-Propanethial-S-oxide. This chemical mixes with certain enzymes in the onion to create a sulfur gas. These gases then get to your eyes and create a mild acid which irritates the eyes and releases tears.


### Brain Cells found to control Aging and prolonging life span.

Our brain may be to blame for the ageing seen in our body. Researchers at Albert Einstein College of Medicine, New York, found that a small cluster of stem cells in the brain seems to help mice stay

young and after injecting extra stem cells helps them to live longer. It is expected that the finding made in mice, may lead to newer strategies for warding off age-related diseases and extending lifespan in human beings.

### Negative impact of some action Video games.

A study published in Molecular Psychiatry, a scientific journal reveals that human-computer interactions, such as playing video games can have a negative impact on the brain. It can decrease the Grey matter \* in the brain. Violent video games may be the worst offenders.

\*Grey matter contains most of the brain's neuronal cell bodies. It includes regions of the brain involved in muscle control and sensory perception, such as seeing and hearing, memory, emotions, speech, decision making and self-control. 



# Royal Mutton Korma – An Indian Classic



**Celebrity Chef Anil Kumar**  
Culinary Director and Food Consultant  
Food Wise  
Dubai, United Arab Emirates

**C**hef Anilkumar was in charge of our former Prime Minister, Sri. A. B. Vajpayee's VVIP flight charters to many countries. The Master Chef hosts popular TV Cookery Shows like “The Treat” on Media one, “Tasty travels” on Flowers TV and “Prasadam” on Janam TV. He is famous for his “Healing Touch” menu for In flight Catering as well as 'Ayurvedic Recipes for Absolute Health' and is also the winner of many awards including the 'IFCA Mercury Award'.

This is an exclusive recipe from the Master Chef just for you to enjoy.

## Ingredients

Mutton Leg (cleaned and cut into 1 ½ inch chunks with bone): 1 kg

### Marinating

Fresh Green Chilli paste: 2 tbsp

Black Pepper (ground): 1 tsp

Green Cardamom (crushed): 2 tsp

Mace Powder: ½ tsp

Nutmeg Powder: ½ tsp

Turmeric Powder: 1 tsp

Salt (to taste): 2 tsp

Yoghurt (thick): 1 cup

### Cooking

Ghee: 3 tbsp

Cloves: 4-5 nos

Bay leaves: 2-3 pcs

Shallots (peeled and chopped): 100 gms

Red Onion (peeled and chopped): 100 gms

Ginger and Garlic paste: 2tbsp

Fennel seeds (ground): 2 tsp

Cashew paste\*: 50 gms

Saffron (soaked in 1 tbsp. milk): few strands (*optional*)

Fresh Ginger (juliennes): 1tbsp

## Method

- 1) Marinate the mutton cubes in the marinating ingredients; mix well and keep aside at least for 1 hour.
- 2) Heat the ghee in thick bottom *uruli (pan)*; add the cloves, bay leaves to make the oil fragrant.
- 3) Add the shallots and onion; sauté till lightly browned. Add ginger garlic paste and sauté till the raw smell goes off.

- 4) Add the ground fennel seeds, sauté for 2 more minutes and add the previously marinated mutton along with all marinate mix. Keep stirring and cooking for 10 minutes, cover with a lid and cook on slow fire for another 20 minutes – stirring twice in between.
- 5) Add the cashew paste and saffron in milk, cook stirring for another 5 minutes, put fire off and keep covered for 10 minutes before serving.
- 6) Garnish with ginger juliennes and serve with pulao or Indian breads of choice.

\* boil 1 tbsp. Cashew nuts in 2 tbsp. milk and make a fine paste 🍴



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09 - 10  
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21 - 23  
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10

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16 - 18  
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Editor in Chief, The DentCare  
DentCare Dental Lab Pvt. Ltd.  
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In comparison to others in the same field, DentCare is keen to sensitize its readers from a comprehensive perspective. It has already brought in a new idiom in professional publication which fights for a genuine and ethical style of practice in the medical sphere.

The magazine thrives on a close rapport with its readers. It is committed to catering to the broader interests of our nation and its people. The issues released so far stand testimony to this intellectual as well as moral commitment.

We will continue to strive towards achieving newer frontiers in professional literature.



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## An Investigation!!!

**W**here do birds go to die? Do you think it is a weird question?

But the answers are equally weird or probably there is no answer at all.

The world is colonized by flocks of birds but strangely, one never sees bodies of dead birds lying around. Hardly does one see bird remains left behind by a pigeon killed in flight by the Sharp Kite String during the Makar Sankranti Kite Festival.

But, lying around dead from a natural cause? Never! Indeed, rare to find the remains of dead birds.

So do birds live forever?

When no answer comes to mind, what does one do? Well for many unanswered questions, one does ask Google! That is exactly what I did. But Google had no logical answer!

To find an answer to my

question, I browsed bird watching sites, skimmed through ornithology resources, but unfortunately I received only vague and funny answers.

Then I came across a very interesting article on the 'Dying Pattern of Birds' and cited below was a controversial theory by the Bishop of Cork, Late Cornelius Lucey that begins with this question:

“Where do birds go to die?”

The Bishop challenged anyone to produce evidence of a bird that had died from a natural cause.

Bishop Lucey distinguished death from natural causes and death by a predator, or death through an accident. Death through accidental or deliberate means resulted in garbled bodies which we all have seen. But it is a fact that dead birds are so difficult to locate that scientists use birders to help track their population in order to estimate

the number of annual avian deaths.

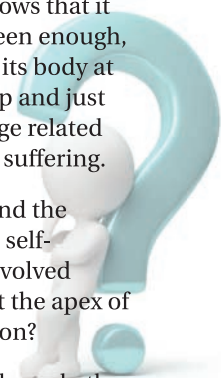
The Bishop, who had an exhaustive knowledge of the life-patterns of bees, conducted the study of birds, with the same enthusiasm. In the case of bees, the Bishop explained that bees died, by rising into the 'upper air', and there they literally were destroyed through a natural disintegration process.

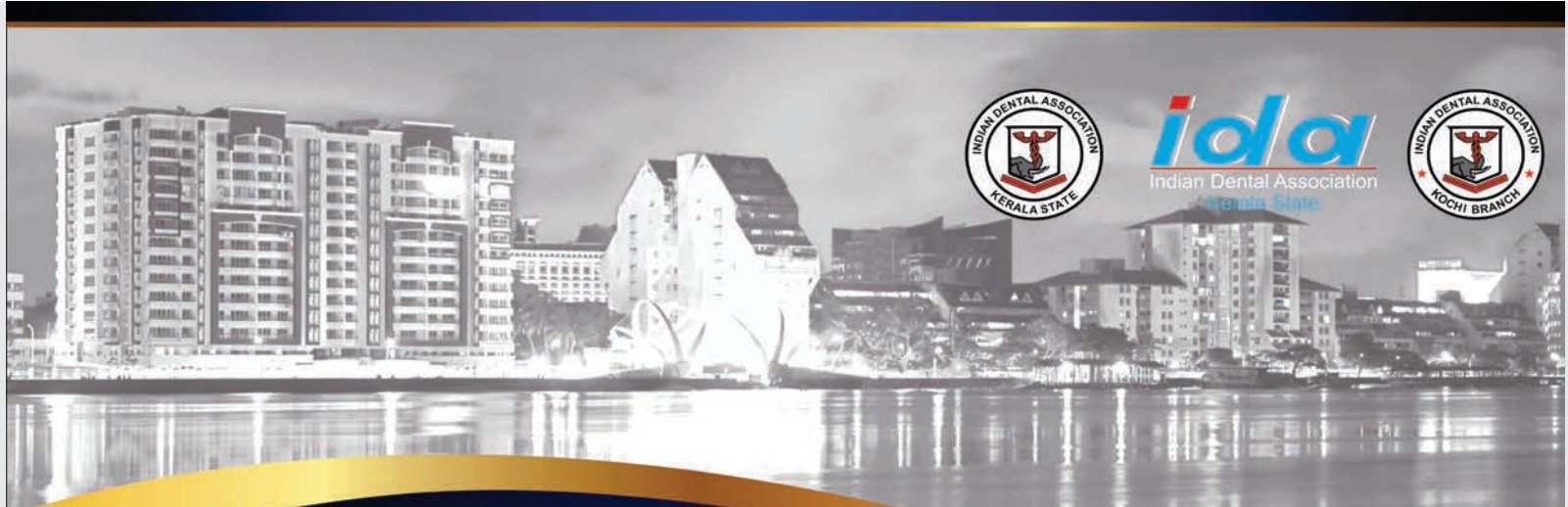
After the study of birds, he concluded that birds had an inner sensory device which told them when to migrate and like the bees, this inner sensory device told them when it was time to die, or when their life cycle was complete. On the forewarning of death, they too like the bees rise up higher and higher till they disintegrate in the upper air. This unpublished theory is the closest answer to my investigation.

This prompts the following thought: If we go by the Bishop's hypothesis on the dying pattern of birds for which as of date there is no counter solid scientific theory, then it would not be out of place to conclude that birds are at a higher plane than humans since the birds actually recognize when they are going to die, something that we, the human race are yet to know!

And when a bird knows that it has lived enough, seen enough, it can happily leave its body at will by flying high up and just disintegrating; no age related twinges, or pains of suffering.

Thereby, I stay behind the thought: Is Man the self-broadcasted most evolved living being really at the apex of God's earthly creation?

Or please tell me, where do the birds go to die? 



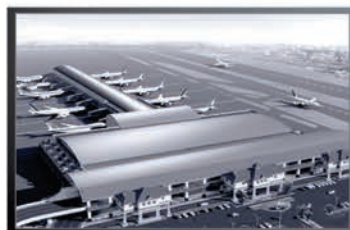
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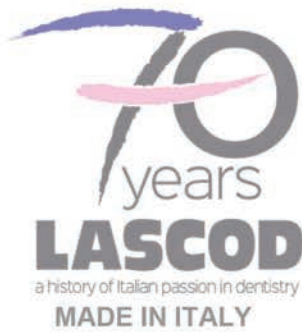
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