

INDIA ₹50, EUROPE €4, US \$5
www.dentcaredental.com

Vol: 4. Issue: 12. September 2018

THE DENTCARE

Your Monthly Health Care Magazine

Brightening smile the world over

60th
Issue

**Is it Expensive to
Go to the Dentist?**

**An Insight into
Oral Ulcers**

Together
We Shall Overcome

Special Interview with
Prof. (Dr.) K. V. Ramana Reddy





Smile Proudly & Confidently with DentCare Zirconia Premium

zirconia[®]

DENTCARE ZIRCONIA VARIANTS

- DentCare Zirconia Platinum Plus
- DentCare Zirconia Platinum
- DentCare Zirconia Premium Plus
- DentCare BruxCare
- DentCare Zirconia Classic
- DentCare Zirconia Superlucant
- DentCare Zirconia Basic
- DentCare Zirconia Translucent
- DentCare Zirconia Monolithic

DENTCARE DENTAL LAB PVT. LTD.
Muvattupuzha, Kerala, India

Medical Grade Zirconia **MADE IN GERMANY**
Manufactured Using German Technology

QUALITY CERTIFICATIONS **FDA** **CE**



facebook.com/dentcareindia



info@dentcaredental.com



twitter.com/dentcareindia



UNIQUE MENTORS

Sharpening Skills



**BUILD
YOUR
CAREER
ABROAD**

**GENERAL DENTISTS | SPECIALIST DENTISTS
DENTAL HYGIENISTS | DENTAL LAB TECHNICIANS**

- Training for health licensing exams (DHA, HAAD, MOH, ADC, NBDE, NDEB AND PROMETRIC Exams)
- Dataflow and exam registration assistance
- Online mock exams
- Study materials for specialist dentists
- Job assistance

We provide Training, Dataflow and Exam Registration for Medical Professionals.

**QUICK
CONTACT**

- 9846905789, 9447141596,
- 04844016008, 0484-4016018
- 9544774599
- uniquementorsin@gmail.com
- www.uniquementors.com



EDITORIAL BOARD

Publisher & Managing Editor	Mr. John Kuriakose
Editor in Chief	Prof. (Dr.) George P. John
Editor	Dr. Liney John
Assistant Editor	Ms. Nisha Philip Xavier
Feature Editor	Mr. Paulose E. K.
Technical Consultants	Dr. Anish Varkey John Dr. Ida Joseph Mr. Tarek Frank Feissali (Germany)
Editorial Coordinators	Mr. Jeevan Paul George Ms. Sonia Lonappan
Design & Layout	Mr. Arunesh Varghese Mr. Binu Varghese Mr. Biju Thomas Mr. Cyriac P. Kurian Ms. Abitha Paulose Ms. Divya Xavier
Photo Coordinators	Mr. Subin Joseph Mr. Jijo P. V.
Process & Support	Ms. Anu Prince
Legal Advisors	Adv. C. B. Mukundan Adv. Shiny Pelexy
Publishing Coordinator	Mr. Biju Mathew

BOARD OF DIRECTORS

Managing Director	Mr. John Kuriakose
Executive Director	Mrs. Jessy John
Directors	Mr. Baby Kuriakose Mr. Saju Kuriakose Mr. Joby P. Babu Mrs. Daisy Baby Mrs. Saly Saju Mrs. Bindu Bijoy

Dear Reader,

Man versus Nature!!

God's Own Country stood mute witness to the unforgiving wrath of Creation, this August.

The overwhelming response of humanity to this call of distress was the most evident and palpable sign of lasting relief for the souls who lost everything that life had offered them.

Traumatic memories continue to haunt as Kerala wakes up to a new beginning.

Words of gratitude remain unexpressed to those who opened their hearts in ways beyond measure. It was a deluge of human emotion and humane reaction. We could not have been so aptly blessed in such trying circumstances.

It gives ample reason to believe that all is not lost and that Together, we can overcome.

'The Dentcare' salutes the unflinching spirit of God's Own in the face of adversity.

It does reflect "Heart Healthy Living" in its truest sense. Physical fitness, though, would be the key to ensuring the longevity of this robust intention.

The alarming presence of Cardiac disease is a resolute warning for being better prepared in demanding situations that warrant emergency care.

So is the timing of dental needs, lest it turn out to be an expensive lesson.

Every milestone is a defining moment.

At 60, we are indebted to you for being the sole reason behind nurturing our dreams.

We have a feast of delightful content packaged in freshly brewed creative appeal to whet your appetite. A bowl of warm soup would be a worthwhile companion. Don't you agree??

Yours truly,

Prof. (Dr.) George P. John

Disclaimer: Neither "The DentCare" magazine nor any employee involved in its publication ("publisher"), makes any warranty, express or implied, or assumes any liability or responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed, or represents that its use would not infringe proprietary rights. Reference herein to any specific commercial product, process, or services do not necessarily constitute or imply its endorsement, recommendation, or favoring by the publisher. The views and opinions of authors expressed herein do not necessarily state or reflect those of the publisher and shall not be used for advertising or product endorsement purposes.

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

Printed and published by Mr. John Kuriakose on behalf of DentCare Dental Lab Pvt. Ltd. and printed at Fivestar offset Printers, Nettoor, Cochin - 40 and published at DentCare Dental Lab Pvt. Ltd., Nas Road, 130 Junction, Muvattupuzha, Ernakulam, Kerala, India - 686661. Edited by Prof. (Dr.) George P. John.

CONTENTS



What's in Store?

- 08** Is it Expensive to Go to the Dentist?
- 10** The Importance of Living a Heart-Healthy Lifestyle
- 14** An Exemplary Dental Professor
- 16** Oral Parafunctional Habits: Things you Should Know
- 18** Does your Child Need Dental Braces?
- 20** An Insight into Oral Ulcers
- 22** Know More about Baby Teeth
- 24** When Heart Attack Struck an Old Man! A Life Experience



- 28** Physical Fitness – The Way to Wellness
- 32** Marketing: Digital Versus Traditional
- 34** Oral Changes Associated with Tobacco Use
- 36** Work in Good Posture
- 40** Current Advanced Healthcare Systems in India
- 44** Collapsible Dentures
- 46** What is the Right Time for Orthodontic Treatment?
- 50** Holistic Spices: Know its Dental Medicinal Value
- 64** Bleeding Gums during Pregnancy





CAD/CAM DENTURE



Baltic Denture System Merz Dental, Germany

Manufactured Using German Technology

QUALITY CERTIFICATIONS



ISO 14001:2015



BS OHSAS 18001:2007



ISO 9001:2015



DentCare Dental Lab Pvt. Ltd.
Muvattupuzha, Kerala, India



www.dentcaredental.com



info@dentcareindia.com



facebook.com/dentcareindia



Together We Shall Overcome

Mr. John Kuriakose

Managing Director, DentCare Dental Lab Pvt. Ltd.

Last month, Kerala was hit by devastating flash floods which adversely affected the people across the State, putting them through a dreadful crisis and untold tribulation. More than 450 people lost their lives and tens of thousands of people were rendered homeless, besides making it difficult for a vast majority of the population to fend for themselves.

There was a total collapse of infrastructural facilities including many kilometers of roads. Extensive damage to crops and agricultural land caused irremediable hardship to the farmers. Sighs and lamentations continue to emanate extensively from the affected regions.

It will be a herculean task for the Government to decontaminate water bodies and reconstruct / renovate the damaged houses, roads, bridges, Government offices and other infrastructural facilities.

The worst flood that ever occurred in Kerala, generally referred to as the **Great Flood of '99**, which denotes the year 1099 Malayalam Era (ME) in the Malayalam Calendar as it was popular in Kerala, took place in the month of July in 1924. During that time, there was incessant and torrential downpour for three weeks. Rivers overflowed and eight districts of the present-day Kerala were submerged in the flash floods. The destructive flood claimed thousands of lives.

People of the last century bravely 'came through' the Great Flood of '99. Likewise, those in the present-day would also 'live through the setbacks' in unison. The People of Kerala, disregarding the barriers of caste, religion and social position, came forward to render assistance to and save the lives of those who were in peril. They have also set an admirable example of amity and unity by extending the hands of compassion, love and kindness, along with sharing food, dress materials and accommodation.

The Government machinery under the leadership of the Chief Minister of Kerala also rose to the occasion and oversaw the rescue and relief operations. People of other States of the country and those around the world have also rendered a helping hand to support the flood relief efforts.

It is no good crying over spilt milk or worrying about unprecedented traumatic events. Let us 'gird up our loins' and work shoulder to shoulder to outlive calamities and catastrophes, as these things have been sporadic in the world from time immemorial. Japan, Indonesia and China have witnessed frequent earthquakes and volcanic eruptions. Daring these natural calamities, people of these countries lead a successful life. Besides, the people of Kerala have 'pulled through' the after-effects of the Tsunami and Cyclone Ockhi.

A 'living testimony' of a hapless boy, who outlived the Great Flood of '99, still lingers in a small village of Kerala, India. The child lost his parents and brothers, as well as his hut in the flash flood. He was taken care of by his paternal grandmother. He was constrained to work in a small café to 'make ends meet'. After a few years, his granny also 'breathed her last'. He worked day and night with inextinguishable enthusiasm and finally became the owner of a group of hotels.

With his death, he left a rich inheritance of parental properties, along with the hard-earned life lessons from his harrowing experiences.

Calamities in rapid sequence and untimely deaths are really devastating. But we should learn to 'live through' them. We can definitely overcome the adverse effects of natural calamities, if we willfully work hard with focused attention and determination, along with unyielding faith in God. 'Time' will gradually efface the harsh memories of the dark days from our minds. Let us expect the true joy and goodness that God has prepared for us. ☞

IS IT EXPENSIVE TO GO TO THE DENTIST?



Dr. Rajat Sachdeva

Dr. Rajat Sachdeva
Director and Dean
Dr. Sachdeva's Dental Institute
New Delhi, India

Is dental treatment really expensive? Well, we all believe that it is a very subjective question, since it depends on the type and quality of treatment one needs / opts for. The more extensive one's damage is, the costlier one's intervention will be, especially when the procedure needs to be performed using the best materials and options available for ensuring the expected treatment outcomes.

In my very honest opinion, dental treatment is not expensive whereas 'Neglect' is! It is because patients often defer medical interventions, including regular dental check-ups, due to their hectic schedules / busy lifestyles or paucity of funds. If this kind of thing sounds familiar in your own home, you are not alone! Most of us have done the same thing, at one time or another, in our life: deferring regular dental check-ups / routine scaling procedures.

Even if a tooth irritates us; our gums become red / puffy or our gums bleed when we floss, we generally ignore it because we are 'too busy' or it is not a 'big deal' right now? Unfortunately, it can cost a lot more than that of 'the time' to be set apart for undergoing treatment for this condition.

If you are scared of dental care providers, it may make you keep away from taking treatment for your dental conditions, necessitating big dental bills in the future. You may entertain a number of excuses for avoiding a dental visit, but you have to pay the price for these kinds of 'lame excuses' at one time or another.



Reasons for avoiding the Dentist



Dental Phobia

'A trip to the dentist' is not typically an item included in your list of 'fun things to do'. In fact, some people become more stressed out than others in visiting a dentist. This well-recognized fear can lead to panic attacks and serious episodes of uncontrollable fear. When someone avoids a dentist at all costs, it can ultimately lead to serious oral health problems, heart disease and even stroke!!



Nothing currently Hurts

If you are not experiencing pain right now, that is wonderful! However, it does not mean that you are physically alright, especially if you have been avoiding a dentist for a long time. If you have a cavity that is not symptomatic, it probably means that the decay has not been deep enough to affect the nerve. The sooner you detect a cavity, the less time and money it requires for the restoration. The old saying, 'a stitch in time saves nine' is very worthwhile in this context.



I am too busy

We all have busy lives, but it is also imperative to make oral health a priority and hence, give it the due prominence. Maintaining routine dental check-ups will help you prevent serious and costly procedures that may arise in the future.

Delaying routine dental check-ups and cleaning and ignoring signs of tooth or gum problems may be common, but these things can be expensive. Therefore, deal with your dental problems as soon as they occur.

EXPENSIVE ?

Saving future dental bills, enjoying life and staying healthy, in addition to increased life span are some of the benefits you can reap, if you maintain good oral health. A toothbrush, toothpaste and some flosses, along with a commitment to use them a couple of times a day will help you keep the oral cavity healthy.

It is also important to visit a dental professional for 'preventive care', at least once in six months. Preventive care is by far the most cost-effective treatment option for all your dental problems.

One of the primary advantages of preventive care is that it is very much in the hands of the individual himself / herself. And this is truly empowering to patients.

The Cost of Avoiding the Dentist

Unhealthy teeth are most often expensive, as a large sum has to be expended for their restoration. The healthier a tooth is, the more expenditure it requires for the treatment. That is why, it is very important to go for appropriate intervention, as soon as you notice a dental prob-

The more extensive one's damage is, the costlier one's intervention will be, especially when the procedure needs to be performed using the best materials and options available for ensuring the expected treatment outcomes

lem. If you do not take care of your teeth properly, you have to 'pay the price' sooner or later.

A trusted dentist is your greatest ally in the fight for oral health. The cost of regular dental check-ups is meagre when compared to the cost of professional dental care, when it becomes necessary.

A problem that could have been solved / prevented with regular check-ups and flossing or a simple non-invasive treatment can turn into a painful and costly dental experience. For example, a periodontal disease or an infected root canal can result in tooth loss and implant-supported bridge procedure, if it is left untreated for long. The price of more serious dental problems can be alarmingly high!

You use your teeth every day to eat and smile. If you make dental care a priority, you will be rewarded with a healthier oral cavity and body, which in turn, helps reduce your chances of having to deal with more time-consuming, painful and expensive dental treatments in the future! ☑





THE IMPORTANCE OF LIVING A HEART-HEALTHY LIFESTYLE



Dr. George Thayil
Senior Consultant Cardiologist
Lourdes Hospital
Kochi, Kerala, India

One person dies of heart attack every 33 seconds in India. Currently, the country is witnessing nearly two million heart attacks a year and majority of the victims are youngsters.

Men living in cities are three times more prone to heart attacks than those living in villages. A study report of Sree Chitra Thirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, Kerala, India published recently in Lancet (a global health journal of the United States of America) shows that 28 percent of total deaths in India are due to heart attacks.

Kerala has the highest health facilities in India, which are corresponding to those of the developed countries like United States. Hence, people would generally expect a significantly lower incidence of heart ailments and other lifestyle diseases in Kerala; but ironically, they are higher in Kerala than in any other State in the country.

The 'age-adjusted death rate' from heart disease in the State is higher than that of developed countries. The prevalence of Heart disease in India has increased fourfold during the last 40 years. It has been observed that Indians are prone to developing Heart diseases at a younger age.

The dramatic increase in the development of Premature heart disease is due to a corresponding increase in the modifiable risk factors of lifestyle diseases. Many of these factors remain unrecognized, untreated or uncontrolled, despite the wealth of knowledge and availability of safe and effective medications. The contributing factors for developing premature heart diseases include unhealthy diet, sedentary lifestyles, heavy consumption of alcohol, lack of physical activity, air pollution and very high intake of saturated fat and Trans fat.

India is undergoing rapid nutritional transition, resulting in excess consumption of Calories, Saturated fats, Trans fat and 'Simple sugars', along with high intake of Salt and low consumption of Fibers. Such dietary transition coupled with sedentary lifestyles

has contributed to an increase in Obesity, Diabetes, Metabolic syndrome and Heart diseases.

The World Heart Federation (WHF) is leading the global fight against Heart diseases by focusing on low- and middle-income countries, through the united efforts of more than 200 member organizations across the globe. The World Heart Federation, with the help of these organizations, works to build global commitment to address the menace of Heart diseases.

World Heart Day was founded in the year '2000' to make people aware that Heart disease and stroke are the world's leading causes of death. It is observed on 29 September every year globally by organizing a variety of events and activities for making people aware of the importance of heart health, besides motivating them to take preventative measures to reduce the risk of cardiovascular diseases.

There has been considerable reduction in the death rate due to Heart diseases since 1960s and this could be achieved as a result of 'Preventive measures' rather than medical interventions.

There are two main approaches to the prevention of Heart diseases: **Population-based approach and Individual-based approach**. Population-based approach aims at reducing the risk factors across the entire population, while Individual-based approach emphasizes the identification of the individuals who are at high risk for heart attacks and aggressively addressing those factors that make them vulnerable.

Keeping the Heart young and healthy

How can you keep your heart young and healthy? Over an average lifespan, the human heart beats more than 2.5 billion times. There are many ways to keep your precious heart young. A few steps to keep your heart young and healthy are:

1. Eat healthy

It is said, '**You are what you eat**'. So eat always heart healthy diet. Always keep a check on what you eat and when you eat. A diet rich in vegetables, fruits, whole grains, sea fish and olive oil, along with fatless meat can help your heart beat for long.

Lead an active life to keep your heart and body strong and healthy

2. Maintain healthy Body Weight

Maintain healthy weight as obesity increases the risk of Heart diseases, High blood pressure, Diabetes etc. Measure your Body Mass Index (BMI) and keep it below 25, as Obesity and Excessive abdominal fat are deleterious. So reduce abdominal obesity to save your heart.

3. Aerobic Exercise and Yoga

Regular and adequate exercise is the best tonic for your heart. You need not be an athlete to do daily exercise. You can do simple exercises like walking, running, cycling, swimming, dancing etc. These are aerobic exercises which are very beneficial to your heart. You have to do these exercises for a minimum of 45 minutes daily. Yoga and Meditation are also great for your heart, as they help ease your stress, along with improving your heart strength.

4. Be Active

If you are unable to perform brisk exercises regularly, try to be active throughout the day. Take the stairs instead of the lift, mop the floor or walk to and from the workplace.

5. Say 'No' to Smoking and Alcohol

Quit smoking and use of tobacco products, as they can increase the incidence of Heart attacks, especially among younger population. There is a lot of false propaganda that consumption of alcohol in moderate quantity is beneficial to the heart. But Cardiology Associations / Organizations do not advocate alcohol as a savior of the heart. In fact, the habitual 'binge drinking' can kill your heart, as it can lead to deleterious Arrhythmia, High blood pressure etc.

6. Stress Management

When you cannot do your work properly / have a stressful work pattern, you tend to lose appetite and as a result, you may indulge in excess smoking and drinking. In such a situation, Stress management is extremely important. If you habitually drink alcohol for a long period, your lifespan will get reduced. Hence, Stress management is very important in keeping your heart healthy and agile.

7. Check your Family History

Genetic predisposition is the strongest risk factor for Heart diseases. It is a non-modifiable risk factor. Hence, you have to be extremely cautious to control other risk factors, if you

have any. If one of your parents had a heart attack before the age of 55 years, you have a high chance of developing the same unless you take the necessary precautions.

8. Sound Sleep

Lack of sleep worsens High blood pressure and Cholesterol levels. Sleep deficiency also leads to increased stress levels, raising the levels of inflammation in your body and further increasing heart related problems. A sleep of 7- 9 hours each night will help your heart stay healthy.

9. Get regular Health Screening

Go for yearly 'Executive check-ups' to know the levels of your Blood Pressure, Cholesterol and Blood sugar, along with Body weight so as to take corrective measures, if you find any variations.

10. Be happy always and maintain a Positive Attitude

Laughter is indeed the best medicine for your heart. Laughing for just 15 minutes daily can boost your blood flow by 25% and prevent arteries from hardening. 'Be happy' is the ultimate mantra to a healthy heart. To keep yourself always happy, mingle with people who have positive attitudes and avoid those who have a negative way of thinking.

Heart disease is the number one killer in the world, which take away the lives of 17.5 million people every year. By 2030, this number is expected to rise to 23 million. But the positive aspect is that it is a preventable disease. The 'InterHeart': a global study of risk factors for acute Myocardial infarction has shown that by modifying the nine risk factors, i.e., Smoking, High Blood Pressure, Diabetes, Poor food, Abdominal Obesity, Inactivity, Alcohol, Dyslipidemia and Stress, the incidence of Heart diseases can be prevented at least by 90 percent. The balance ten percent are non-modifiable risk factors like hereditary and genetic predisposition.

You need not unnecessarily fear about this mortal disease if you fervently undertake preventive measures. The cost of the treatments for Heart diseases has increased enormously. 'Preventive measures' are the most effective method to keep Heart disease at bay. Lead an active life to keep your heart and body strong and healthy. [\[E\]](#)



Bionic Surpassed by nature only

BioHPP® - „The material evolution“

BioHPP® is a PEEK-based, ceramic-reinforced high performance polymer. The torsion-resistant alternative to rigid substructure materials.

Easy to use. Outstanding properties. The solution.

- **Versatile** | BioHPP® - Wide indication range – from the abutment to substructure material.
- **Unrivaled** | BioHPP® - The off-peak elasticity is similar to that of cancellous bone
- **Superior** | BioHPP® - Patients are convinced by the fine bite and pleasant mouth feel.

For more information about processing with the *for2press*-System system and the properties that render BioHPP® a unique product in the dental market, call **(+91)08390813813 / 08390545813**.

BioHPP



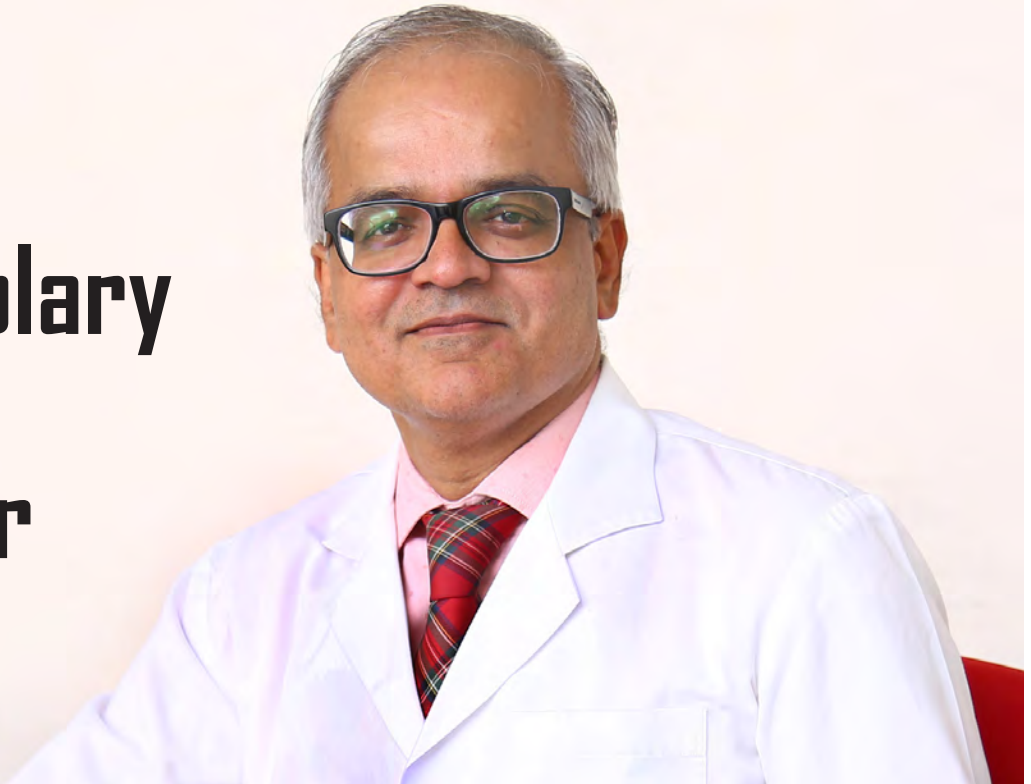
DENTAL INNOVATIONS
SINCE 1974

breident group



An Exemplary Dental Professor

Prof. (Dr.) K. V. Ramana Reddy



Prof. (Dr.) K. V. Ramana Reddy is a prominent Oral and Maxillofacial Surgeon and the Principal of Army College of Dental Sciences (ACDS), Secunderabad, Telangana, India. He has been conferred with the Chief of Army Staff commendation card (COAS) on Teachers Day in 2016, for his outstanding service to ACDS.

He has also worked with various Non-governmental Organizations (NGOs) in providing dental services to the rural community.

He completed Bachelor of Dental Surgery (BDS) from Osmania University, Hyderabad, India and Master of Dental Surgery (MDS) in Oral and Maxillofacial Surgery from Dr. N T R University of Health Sciences, Andhra Pradesh, India.

He was bestowed with Fellowship in Dentistry (FDS-RCS) from the Royal College Surgeons of England and Fellowship in Oral Surgery (FFDRCSI) from the Royal College of Surgeons in Ireland.

In a 'one-on-one' with **The DentCare**, he speaks up his mind.

1

What should be the ultimate goal of a Teacher? What message can you convey on Teachers' Day (September 5)?

The role of a teacher in society is both extremely important and valuable; a teacher should not only

impart knowledge but also help mold the character and personality of his / her students. A teacher should impart value based education to his / her students and 'go beyond the text books' to ignite the dormant traits in the students. From my 16 years of experience as a teacher and five years as a Principal, I can precisely say that a teacher must not be a preacher but a practitioner of discipline and values and should certainly be exemplary.

2

In your childhood, was there an urge within you that prompted you to pursue Dentistry for you to be successful in it?

I grew up in a township where all the buses would line up to 'pick up' the employees in Hindustan Aeronautics Limited (HAL), Hyderabad, Telangana, India. As a child, I fancied myself becoming a driver; but when I grew up, I wanted to become an orthopedic surgeon. Never have I dreamt of becoming a dentist: it happened by chance.

3

What all progressive changes have you brought about, after becoming the Principal of Army College of Dental Sciences?

After my assumption of charge as the Principal of Army College of Dental Sciences, the Institution got National Assessment and Accreditation Council (NAAC) Accreditation 'A' Grade. Moreover, there has

“

Artificial Intelligence is going to play a huge role in the future. Future dentists have to harness technology in the appropriate manner to stand out in their profession

”

been all-round development in infrastructure and clinical facilities, along with addition of Faculties and Post-graduate courses in Clinical Specialties, along with an enormous increase in patient flow.

Apart from that, a Memorandum of Understanding (MoU) was signed between the Employees State Insurance Corporation (ESIC) Medical College and Super Specialty Hospital, Hyderabad, India and Army College of Dental Sciences, enabling the exchange of Faculties, besides having access to the various training programs conducted in these institutions. Moreover, another MoU has been signed with the Biology Department of Birla Institute of Technology and Science (BITS) Pilani, Hyderabad, India to undertake research work in Oral Cancer.

All these achievements, in my belief, could be attributed to the sincerity, hard work, dedication, transparency and unified effort of the staff at ACDS, along with the overall support of Army Channels and our parent body, Army Welfare Education Society (AWES).

For the last three years, the Army College has been consistently enjoying the position as one of the top 25 dental colleges in the country. It is the one and only college in the States of Telangana and Andhra Pradesh coming under the top-level.

4

What do you see as the future of Dentistry?

Technology is advancing in a fast-paced manner making dentistry ‘doctor and patient-friendly’. The dental teaching methods and practices are getting refined day by day. The traditional teaching methods are being replaced by simulation-based methodologies. Artificial Intelligence is going to play a huge role in the future. Future dentists have to harness technology in the appropriate manner to stand out in their profession.

5

What advice would you like to give to budding dentists who want to open up a practice?

Be passionate and human. Work hard and enjoy what you do. Do service to the needy.

6

What do you feel unique about DentCare Dental Lab?

DentCare Dental Lab is highly professional with top-notch quality products and services, in addition to having well-trained staff. I am delighted to have connected with the lab. @

For The DentCare

Interviewed by Ms. Nisha Philip Xavier



Dr. Ramana Reddy with the students of ACDS



ORAL PARAFUNCTIONAL HABITS: THINGS YOU SHOULD KNOW



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

.....

A parafunctional habit refers to any abnormal behavior or functioning of any part of the body in a way that is not normal. In the mouth, they involve habitual behaviors like Bruxism, Thumb Sucking, or Tongue Thrusting.

Bruxism

Bruxism is the grinding of the tooth that occurs as an involuntary, chronic response. It usually occurs while sleeping. It may be caused due to increased stress, anxiety, sleep disorders or malocclusion. Over time, the tooth tends to wear down and cause significant damage to the temporomandibular joint (TMJ).

Bruxism can occur as a result of the side effects of certain medications like Antidepressants. Bruxism, due to sleep apnea, can be associated with snoring.

Patients with Bruxism usually complain of having headaches and sore / stiff muscles, especially on waking up, as these muscles undergo contractions during clenching / grinding of teeth.

A dentist usually looks for the signs of Bruxism like broken, chipped or worn out teeth, receding gum lines, broken / worn out fillings and teeth indentations on the cheeks or tongue, especially in patients with Macroglossia (large tongue). Dentists also check for a narrow airway which can occur when the jaws are not properly developed, or due to oversized tongue or tonsils.

The primary approach to eliminating the habit of Bruxism is to identify the associated causes and formulate a customized treatment plan to correct them. Concurrently, Muscle relaxants, Intramuscular Botox toxin injection, and Bite guards are employed to ease the biting force and reduce the load on the tooth. Facial massages and physiotherapy may help reduce the discomfort. Symptomatic relief medications are also provided in certain cases.

Thumb Sucking

Sucking reflex is an automatic response that helps infants in feeding. It gives them a sense of security and contentment. Many infants suck their thumbs when they fall asleep, since it gives them a sense of relaxation. This habit also helps in their functional growth process.

With age, these children usually grow out of this habit. However, this habit tends to continue in some cases. Sucking a finger or pacifier can significantly impair the development of orofacial structures.

During thumb sucking, the thumb exerts an upward pressure against the roof of the mouth and the upper front teeth, causing the palate to arch further and the upper front teeth to flare outward. This results in high-arched narrow palate with protruding upper front teeth.

Thumb sucking also results in anterior open bite and the position of the bite can vary depending on the teeth where the finger is placed. As a result of this, lower front teeth are pushed inward. This can cause a significant alteration in aesthetics, function and speech as well.

Management of thumb-sucking usually involves counseling, education and motivation of these children at a young age with regular reinforcement.

Habit-breaking techniques usually involve the use of mittens or fixation of a habit-breaking appliance in the palate where the finger is placed. Once an open bite occurs, it needs to be corrected orthodontically.

Tongue Thrusting

Tongue thrusting habits are common in babies. With age, the pattern of swallowing changes and tongue thrusting habits disappear. Persistence of this pattern, beyond four years of age, can be attributed to a parafunctional habit.

While swallowing, your tongue is positioned on the hard palate behind the upper front teeth and the lips are closed to create a seal. However, in patients with tongue thrusting habits, the tongue rests on the back of the upper front teeth. During swallowing, a forward and upward force is exerted on teeth, making them move forward and outward. This results in an anterior open bite. The lower teeth also tend to flare forward, depending on the severity of the habit. Because of the protrusive position of teeth, the lips will not close and hence, proper seal cannot be established.

There are many contributing factors for tongue thrusting. Any obstruction to the nasal passages can contribute to tongue thrusting and this will in turn, gradually change the anatomy of the face. Consequently, the face gets elongated and palate becomes high and narrow.

Other factors that contribute to tongue thrusting are thumb-sucking, difficulty in swallowing, Macroglossia, deformities in the development of the jaws, Neuromuscular abnormalities and Ankyloglossia (tongue-tie).

Dentists make certain functional assessments clinically to see if a tongue thrusting habit is present in a child. The signs of tongue thrusting in babies include:

- Mouth breathing (with dry, inflamed, reddened gingiva)
- Puckered lips while swallowing
- Open bite
- Drooling

Depending on the teeth where the pressure is exerted by the tongue, different malformations of teeth can occur. A detailed assessment of the pattern of teeth can help determine the type of thrust present in a child.

Anterior Open Bite

It is very common. As a result of anterior open bite, the lips cannot be closed properly and the tongue will protrude through the lips. Macroglossia is usually present in those with this condition.

Unilateral Thrust

In this condition, the tongue thrusts to one side of the mouth.

Bilateral Thrust

In this condition, the tongue thrusts to either side of the mouth. As a result of this, open bite occurs in the posterior teeth. Treatment is challenging for the patients with this habit.


Closed Bite Thrust

Due to closed-bite thrust, the upper and lower teeth tend to spread apart and flare out.

Mandibular Thrust

Mandibular thrust is usually associated with inherited abnormal growth patterns. The tongue is held low and forward causing the protrusion of the lower jaw.

Conclusion

Along with the treatment for tongue thrusting habits, the correction of alignment and rehabilitation of the jaws and teeth may also become necessary. As long as a parafunctional habit persists, teeth will keep moving away from their ideal position. Myofunctional / Corrective appliances may help a baby get proper tongue position and movements. 



Dr. (Maj.) Alok Kumar
Associate Professor
Department of Orthodontics and
Dentofacial Orthopedics
Awadh Dental College and Hospital
Jamshedpur, Jharkhand, India

DOES YOUR CHILD NEED DENTAL BRACES?

Identification of the problems related to a child's dentition is never an easy task for parents. Most dental problems usually go unnoticed till the child starts complaining of pain or discomfort. But by then, the problem would most probably have become so advanced that it may require elaborate treatment protocols.

In many cases, orthodontic problems are even more difficult to detect, as they normally do not cause any pain or discomfort and hence, the child seldom complains, unless he / she is being teased by his / her friends for having awkward looking teeth.

Many a time, parents tend to overlook these problems believing that they will correct themselves with time. In the meantime, the malocclusion will keep worsening, predisposing the child to traumatic injury to his / her teeth and face. It also causes undesirable psychological trauma to the child. So, it is important to 'set right' the malocclusion in children in the early stages itself.

The time and sequence of the eruption of milk teeth, their subsequent loss, and the eruption of their permanent successors are required to be carefully monitored. Most malocclusions occur as a result of deviations from the normal time and sequence of tooth eruption and loss.

Dental decay, if left untreated, often leads to early loss of milk / permanent teeth. This may lead to the loss of space in the dental arch, resulting in crowding

and irregular arrangement of teeth. So never underestimate the presence of the black spots on your child's teeth, as it can have far-reaching consequences.

Certain abnormal habits in childhood like thumb sucking, mouth breathing, and tongue thrusting, when practiced for a long period, can contribute to malocclusion of varying severities. But all these habits can be broken with timely intervention using suitable Orthodontic Appliances. Along with this, the developing malocclusion can also be effectively intercepted.


Another important causative factor for malocclusion is recurrent Upper Respiratory Tract Infection, which commonly manifests as cough and cold. Recurrent Upper Respiratory Tract Infection (URTI) causes perennial blockage of a child's nose and at times, it can also lead to the enlargement of adenoid glands. This forces the child to breathe through the mouth, instead of the nose, altering the resting position of the jaw and result in malocclusion.

The genes, which we pass on to our children, can at times become a reason for developmental deformity. Research has shown that certain malocclusions show strong genetic predisposition. So, if either of the parents or sibling is afflicted with malocclusion, it becomes all the more important to intervene it at the right time.

Harmonious growth of the upper and lower jaws, along with the harmony between jaw and tooth size is an important determinant for the development of normal occlusion. So, if you find that your child's jaws and teeth are out of proportion, it is time to consult an Orthodontist.

In addition to these factors, the obvious problems like crowding of teeth, spaces between teeth, improper bite, difficulty in chewing / biting or pronouncing certain syllables, pain and discomfort near the ear / temporomandibular joint (TMJ) are all pointers for malocclusion.

Fortunately, today, the specialty of 'Orthodontia' is sufficiently advanced that most of these problems can be corrected with timely interception.

However as always, 'time is of the essence'. Timely identification of the problems, along with necessary interceptive interventions can nip them in the bud. Therefore, it is recommended that you take your child for regular dental check-ups. A child's first orthodontic consultation should be not later than 7 years of age. A little bit of your time and effort today for your child will go a long way in helping your child wear a smile all through his / her life. 



AN INSIGHT INTO ORAL ULCERS

Oral Ulcers are a commonly encountered condition in the mouth. They are usually painful and can happen to anybody at any time. Most of the times, they are non-contagious, as they are mostly stress or immunologically related.

Oral Ulcers can also occur as a result of viral infections and can even be highly contagious. Certain rare systemic diseases can also contribute to the development of ulcers in the mouth. Oral Ulcers can be easily diagnosed by a Maxillofacial Physician.

Causes for Mouth Ulcers

The causes of Mouth Ulcers can be broadly divided in to two:

- Systemic factors
- Non-systemic factors

Systemic factors

- Lack of essential Vitamins, especially B12, Zinc, Folate and Iron
- Allergic response to oral bacteria
- Hormonal changes during menstruation
- Bacterial, viral or fungal infections

Non-Systemic factors

- Minor oral injuries from dental prostheses / braces, hard brushing, sports injury, accidental bite etc.
- Toothpaste and mouth rinses that contain Sodium lauryl sulphate
- Food sensitivity, especially to acidic foods like Strawberries, Citrus and Pineapples, along with other trigger foods like chocolate and coffee
- Emotional stress or insomnia



Dr. Adhiraj Roy
Consultant in Oral Medicine and
Radiology
Bengaluru, Karnataka, India

All Mouth Ulcers are not simple, but they may reflect certain deep-seated systemic conditions, such as:

- Celiac disease (a condition in which the body is unable to tolerate gluten)
- Inflammatory bowel disease (IBD)
- Behcet's disease (an inflammatory disorder that affects many parts of the body)
- Blood disorders like Cyclic neutropenia

Various Types of Ulcers and their Signs and Symptoms

Aphthae

It is the most common form of ulcer seen anywhere in the mouth with varying sizes. They are usually oval shaped and can be solitary or multiple. It can occur on the inner surface of the lips, tongue or the floor of the mouth. It is usually painful and would heal by itself in 10 to 14 days.

Herpetic Ulcers

They are minute ulcers seen on the gums, lateral border of the tongue and posterior part of the hard palate. The distinguishing feature of these ulcers is that they are associated with fever, malaise and myalgia. They usually linger on for 14 days and would subside by themselves.

Traumatic Ulcers

These ulcers are due to an injury to the oral mucosa resulting from accidental biting, dental braces, denture irritation, restorations or trauma from any sharp food or object. They generally heal by themselves, once the causative factors are intervened. Visiting a dentist will help identify and resolve the causes. If left ignored, they can aggravate to chronic non-healing ulcers or Carcinoma, due to their recurrence.

Acute large multiple Ulcers

These ulcers occur rarely. But when they occur, they affect extensively, requiring immediate clinical attention. Typically, they occur due to a sudden trigger of the immune system by an allergen. They usually mimic Erythema Multiforme or Steven-Johnsons Syndrome.

? How to get relief from Ulcers

Mouth Ulcers are usually painful and cause discomfort, but they do not require medications, provided they are of systemic origin or precancerous conditions / lesions.

A few Remedies for Mouth Ulcers

- Using a rinse of Saltwater and Baking soda
- Placing Milk of Magnesia or Antacid syrup on Mouth Ulcers
- Using over-the-counter Benzocaine (topical anaesthetic)
- By applying ice on Canker sores
- Using a mouth rinse that contains a steroid to reduce pain and swelling, provided it is prescribed
- Intake of nutritional supplements like Folic acid, Vitamin B6 and B12, and Zinc (if ulcers are of digestive tract origin). These supplements help fasten the healing process



Takeaway Tips to prevent Mouth Ulcers

Diagnosing the causes of Oral Ulcers is always a challenging task. A consultation with a Maxillofacial Physician helps you understand and identify the causes properly.

A healthy body helps you keep ulcers away. Have a balanced, healthy diet, including fruits rich in Vitamin A, E, C and B12, as they help protect your body from many diseases.

Quit smoking and chewing tobacco. Keep checking your mouth at fixed intervals for any abnormalities. [\[E\]](#)

KNOW MORE ABOUT BABY TEETH



Dr. Ishmeet Kaur
Dental Practitioner
Chandigarh, India

Every milestone in a baby's life, such as his / her first crawling, sitting, walking, uttering sounds etc., will keep you on your toes. And so will his / her first tooth eruption. It is important for a parent to know how to take care of his / her baby before, during, and after the eruption of the tooth.

You should start cleaning your baby's gums, a few days after his / her birth, by wiping with a clean, moist gauze pad or washcloth.

Do you know that your child is already born with underdeveloped teeth? These teeth develop from 'tooth buds' that are present under the gums. They usually erupt when a baby is around 6 months old and the process by which the tooth buds develop into teeth is termed as 'Teething'.

Common Symptoms of Teething

- Irritability
- Tender and swollen gums
- Drooling
- Trouble in sleeping
- Rejecting food
- A visible tooth below the gums

It is not important that every child experiences all these symptoms. If you notice all these symptoms together, it is sure that your child is teething.

If your baby has rashes, fever, diarrhea, and vomiting during teething period, do not dismiss it simply as a sign of teething and if these symptoms continue for more than 24 hours, consult your Pediatrician immediately.

According to American Academy of Pediatrics (AAP), a teething baby will try to put everything into his / her mouth to soothe his / her gums and hence, he / she probably gets sick, after coming into contact with bacteria / viruses.

Sore gums are common for a teething baby; so rubbing his / her gums with a clean finger, moist cloth or a cool teething ring can be soothing for the baby. Try to avoid over-the-counter benzene products for babies below 2 years of age.

The first teeth to appear are the two lower front teeth, followed by the two upper front teeth. By the age of 3 years, your baby gets all his 20 teeth. Although, some babies might not get their first tooth until they are 12 – 14 months of age.

As soon as the teeth come in, decay can occur; so start brushing your baby's teeth, once they begin to erupt into the oral cavity by using fluoride toothpaste in an amount not more than a smear or the size of a grain of rice.

Brush the tooth thoroughly twice a day (morning and night). Supervise your children's brushing to ensure that they use only appropriate amount of toothpaste.

For children aged 3 to 6 years, use a pea-sized amount of fluoride toothpaste. And when your child has two teeth that touch each other, start cleaning between his / her teeth as well.

WHY are Baby Teeth important?

Baby teeth are very important for a child's development and health. They help him / her chew, speak and smile properly. These teeth 'hold space' for their permanent successors. If a child's baby tooth is lost early, the permanent teeth can drift into the empty spaces, causing them to become crowded or crooked, especially when other permanent teeth do not get adequate space. So, it is important to take good care of your child's oral cavity.

WHEN to worry about late teething ?

It is perfectly normal that the tooth does not peep out when your child is 5 – 7 months of age. But if there is no sign of tooth eruption even after 18 months, consult your Pedodontist. There is no adverse effect of late eruption on child's overall development; instead it can be beneficial. If the tooth eruption is late, there is less chance for the milk tooth to get caries. [6]

“

A baby's toothless smile is cute, but you will definitely fall in love with your baby's 'toothed smile'

WHEN HEART ATTACK STRUCK AN OLD MAN!

A LIFE EXPERIENCE



Dr. Mayakha Mariam
Dental Practitioner
Pathanamthitta, Kerala, India



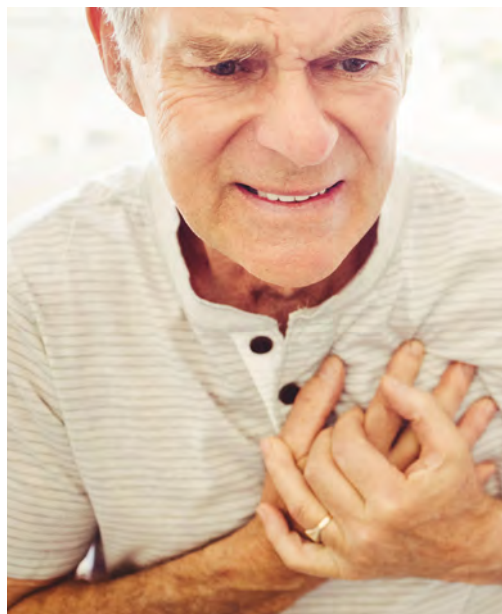
This incident happened on 17 February 2018 in a Kerala State Road Transport Corporation bus I had boarded when a man, aged around 57 years old had a heart attack episode. People on board stood motionless, as they knew not what to do. But I was hopeful that he could be resuscitated before being taken to the hospital.

I boarded this jam-packed bus just because it was the only one that could get me to the workplace on time. Halfway through the journey, I vaguely heard people saying, 'A man is sick, please stop the bus'. I stood on my toes to have a glance at the man who had by then become unconscious. I knew that he had been in a critical condition. I 'swam through' the crowd and screamed to make him lie down. The men, who sat on either side him, got up and made space to lay him in a horizontal position.

I reached over and grabbed his wrist looking for his pulse, but I could not feel any!! I asked for his companion, but there was none. He was on his own!

Meanwhile a lady in front me, handed over a bottle of water, I sprinkled a bit on his face hoping to

awaken him. But there was no response! I asked people around me to tell the driver to rush the bus to the nearest hospital. But the passengers were too eager to get down on their destinations that they did not give heed to it.



But after a while, they all realized the 'criticality' of his condition and the dying man was rushed to the hospital as fast as possible. I searched his pocket for identity and got a mobile phone and a lot of money, which was put back into his pocket, and handed the cell phone to a man beside me who called the last dialed number and conveyed the seriousness of his condition.

By then, a nurse and a lady doctor came forward to 'get him through'. We started Cardiopulmonary resuscitation (CPR). After a while, we could feel a light pulse. The bus bustled into a Specialty hospital. The attenders came in and the

patient was taken to the emergency department of the hospital.

There I stood motionless, wondering why no one had come forward to help the dying man. I was mortified by the thought that people were callous even when a man was on the verge of death!

Since I had undergone a basic training program on CPR, I fortunately knew what to do at that moment, when everyone else stood startled and apathetic. Who knows the same thing will not happen to your loved ones tomorrow! It is unlikely that there will be a nurse or doctor around to help them. Will you be able to take charge of the situation and save the lives of your loved ones? We know that we would do our best, but do you know precisely what to do in such a situation?

I shall give a brief account of the 'immediate care' to be given in emergency situations, which I have learnt from the CPR training program. I have also backed up my knowledge through discussions with the Head of Emergency Department of the college where I studied.

A heart attack is a medical emergency in which the supply of blood to the heart gets blocked, often as a result of blood clotting.

A heart attack is often mistaken for a cardiac arrest. While they both are medical emergencies, a heart attack occurs when there is a blockage of an artery or arteries leading to the heart, while cardiac arrest occurs when there is a complete cessation of the heart function. A heart attack can sometimes lead to cardiac arrest. The man in the bus had a cardiac arrest.

If there is a cardiac arrest, CPR should be started as soon as possible, since the brain can survive without blood supply for up to 6 minutes only.

The warning signs of heart attack given by the American Heart Association (AHA) are:

Chest discomfort

Most heart attacks involve discomfort in the center of the chest, which usually lasts for more than a few minutes. It can feel like uncomfortable pressure, squeezing, fullness or pain.

Discomforts in other areas of the upper body

These symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

Shortness of breath

It may be with or without chest discomfort.

Other signs

These signs may include break out in a cold sweat, nausea or lightheadedness.

Symptoms vary between Men and Women

The most common symptom of heart attack is chest pain or discomfort. Along with this, women are more likely to experience other symptoms like shortness of breath, nausea / vomiting, and back or jaw pain.

Treatment

It is crucial that a person's survival depends largely on how quickly he is taken to the hospital or given an effective CPR. The quicker one is given the treatment, the greater his / her chances of survival. These days, most heart attacks can be dealt with effectively if the patients are given timely / effective CPR / treatment.

During Heart Attacks

If someone experiences any of these warning signs, the first and foremost thing is to call for help or notify the 'Emergency medical services'. If you have a vehicle, rush the victim to the hospital as soon as you can. Sometimes, the patient might suddenly stop breathing and collapse. This is cardiac arrest and in this case, CPR should be administered immediately.

As a layman, you might not have heard about CPR. It is nothing but chest compressions and mouth-to-mouth breathing, which you might have seen the heroes of 'Movies' performing.

Everyone should know how to perform this act during an emergency. It is as important as knowing to swim if you want to save a drowning child. Find a CPR training course and get the training as early as possible.

When Heart Attack Strikes Yourself

Now you have understood what to do to save the life of another person. Have you ever thought what you can do if you yourself suddenly develop a chest

THE WARNING SIGNS

Although some heart attacks are sudden and intense, most of them start slowly, with mild pain or discomfort. Therefore, pay proper attention to your body. If one experiences any of the warning signs of heart attack, do not wait! Get medical help immediately.

! (Heart icon)

pain when no one is around you?

Here are some tips you need to do, once you know that your life is in danger.

- ❖ Regardless of whether you are alone or in the presence of others, the very first thing to do is to call for emergency medical services i.e. ambulance. You need specialized treatment, as quickly as possible, to revive the function of your heart.
- ❖ Stop whatever you are doing and proceed to a safe place for rest and call for medical help. For example, if you are driving, pull to the side of the road and call for help.

What to do while waiting for Medical Services

Take an Aspirin tablet, if you are not allergic to it; since it is the most commonly taken blood-thinning medication in the world. When taken during a heart attack, it helps improve survival, as it prevents the

if it is done under the supervision of a doctor: but this is not what happens in a Heart attack.

5. Applying pressure on the chest is not practically possible during a Heart attack. Similarly, applying pressure on the chest area during a heart attack is unlikely to help unless the person's heart has stopped beating. When this happens, you will collapse abruptly and Cardiopulmonary resuscitation should be administered ideally by someone who is trained in CPR.

“

Therefore, the one and only effective solution is to rush the person to the hospital without wasting a single second



clot from becoming bigger, giving the body a chance to break down the clot. Therefore, consider taking Aspirin tablet while waiting for the emergency medical services / ambulance.

What not to do during a Heart Attack

1. Do not take Nitroglycerin, as it only helps widen blood vessels and improve blood supply to the heart temporarily.
2. Self-medication with Nitroglycerin has not been shown to prevent Heart attacks or improve survival substantially during an attack. It is more useful for patients with Angina, a condition where the patient experiences chest pain or discomfort on exertion. If you have low blood pressure during the heart attack, taking Nitroglycerine could be dangerous.
3. The self-administered treatment such as coughing repeatedly is not effective.
4. In certain rare cases, where the heart beat is very slow from an abnormal reflex mechanism, coughing may help restore normal heart rhythm,

Takeaway

You may never know when you or the person standing next to you collapse. Just be ready to deal with the situation immediately without bewilderment. Handling a case with heart attack or cardiac arrest is not exclusively the duty of the professionals in medical field. Anyone can take up this course and learn to save the life of your loved ones.

Besides Cardiopulmonary Resuscitation (CPR) course, there is Basic Life Support (BLS) Certification course for healthcare providers while for laymen, there is Cardiopulmonary Resuscitation or 'Automated external defibrillator' (AED) training course.

It is pertinent that every human being should know what to do when they are in such unpredictable emergencies. Also, you should learn what to do yourself when you have a heart attack, especially when you are alone. Always have Aspirin on hand. Also, save the phone number of ambulance services in your phone contacts. ☑

Be a Hero and Save a Life !!



5th Global AMERICAN ACADEMY OF IMPLANT DENTISTRY CONFERENCE-2019

1ST ASIAN HARD AND SOFT
TISSUE SYMPOSIUM

FRI 1 SAT 2 SUN 3 2019
MARCH

VENUE: THE LEELA AMBIENCE
CONVENTION HOTEL, NEW DELHI -110032

"Rejuvenation and Regeneration -
Advanced Concepts
in Hard and Soft Tissue Grafts"

KEYNOTE SPEAKERS

- Dr. Jaime Lozada (USA)
- Dr. Joseph Kan (USA)
- Dr. Shanker Iyer (USA)
- Dr. Natalie Wong (Canada)
- Dr. Charles Goodacre (USA)
- Dr. Joseph Massad (USA)
- Dr. Bernee Dunson (USA)
- Dr. Stuart Orton Jones (UK)
- Dr. Jun Shimada (Japan)
- Dr. Jan Paulics (Sweden)
- Dr. Muzafar Bajwa (Germany)
- Dr. Hom-Lay Wong (USA)
- Dr. Izumi Yulchi (Japan)
- Dr. Alfredo Aragués (Spain)
- Prof. Ayala Stabholz (USA)
- Dr. Uoshima Katsumi (Japan)
- Dr. Adam Foleck
- Dr. Dwayne Karateev
- Dr. Rajiv M. Patel (USA)
- Prof. Marius Steigmann (Germany)
- Dr. David Resnick (USA)
- Dr. Jon M. Julian (USA)
- Dr. Darcio Luis Fonseca
- Dr. Jack Krauser (USA)
- Dr. Salah Huwais

SUPPORTING ORGANIZATIONS



CONFERENCE HIGHLIGHTS

PRE-CONFERENCE COURSES 28th FEB., 2019 | KEYNOTE PRESENTATION
FREE - PAPERS | TABLE CLINICS | E - POSTERS | SYMPOSIUMS
WCOI DIPLOMATE / MASTERSHIP | MEET THE MASTERS | EXHIBITION

SUPPORTED BY



**Register Online at
www.5gaaid.com**

And many more...!

REGISTRATION DETAILS

PERSONAL DETAILS

TITLE: _____
NAME: _____
ORGANIZATION: _____
POSITION/DESIGNATION: _____
ADDRESS: _____
CITY: _____ STATE: _____ PIN CODE: _____
FAX: _____ MOBILE PHONE: _____ EMAIL ID: _____

Please affix
Passport size
(2.5 x 3.50)
Photograph

ACCOMPANYING PERSON DETAILS

FIRST NAME: _____ LAST NAME: _____

REGISTRATION DETAILS

CATEGORIES	From 1 st May to 31 st October 2018	After 1 st November 2018
Indian Delegate	₹ 15,340*	₹ 20,060**
COMBO OFFER (Including 2 Nights In-house stay at Leela Hotel on Twin Sharing basis with breakfast and applicable taxes)	₹ 24,600	₹ 29,320
Student Delegate*	₹ 14,160*	NOT ALLOWED
Accompanying Person Indian	₹ 15,340*	₹ 17,700*
AAID Maxicourse Aluminous (India)	₹ 14,160*	NOT ALLOWED
International Delegate WCOI/AAID Member	\$ 400*	\$ 450*
International Delegate ICOI/AO/EAO/JAO/JSOI/JAMI/JAAI Member	\$ 450*	\$ 500*
International Delegate Non-Member	\$ 500*	\$ 550*
Accompanying Person Overseas	\$ 400*	\$ 500*

*GST Inclusive. **Subject to availability.

NEFT DETAILS

Name of Bank: Syndicate Bank
Address: MAMC Complex, Bahadur Shah Zafar Marg, New Delhi 110002, India
Name of the Account: 5th Global AAID Conference 2019
Account No.: 90682010133926
IFSC Code: SYN0009068

Please send your Deposit slip alongwith the registration form otherwise it would not be considered

Learning Current Concepts in Basic & Advanced Implantology !!

PAYMENT DETAILS

All DD & Cheques to be drawn in favour of "5th Global AAID Conference 2019"
Payable at New Delhi.

DD/Chq. No.: _____
Dated: _____
Amount: _____
Drawn on Bank: _____
- Please add 100INR for outstation Cheques
- All INR are Inclusive of 18% GST

CONFERENCE SECRETARIAT

Prof. (Dr.) Mahesh Verma | Chairman, 5th GAAID
Dr. Brij Sabherwal | Organising Secretary, 5th GAAID
Maulana Azad Institute of Dental Sciences, MAMC Complex,
Bahadur Shah Zafar Marg, New Delhi - 110 002 (India)
Tel.: +91-11-2323-3925 Fax: +91-11-2321-7081
E-mail: 5thgaaid@gmail.com, drvermahesh@gmail.com
Website: www.5gaaid.com

PHYSICAL FITNESS

THE WAY TO WELLNESS

Until a few decades ago, most people in India were poor / poverty-stricken. Though the situation has reversed considerably, the lack of awareness to wellness has diminished the expected outcomes of this improved scenario and contributed to a plethora of health problems.

Though the comforts we enjoy today are aimed at adding quality to the life, lack of awareness to fitness, along with our sedentary lifestyles and pleasure-seeking attitudes are turning these comforts into enemies.

Until a few years ago, recreational activities or physical exercise were considered as time-wasting activities, adding the risk of morbidity and mortality. As a result, the ratio of obese population in the world increased manifold.

More and more people are frequently visiting hospitals with lifestyle diseases. Lack of fitness is considered as one of the major factors that promotes obesity and lifestyle diseases.



Dr. Augustine George
Assistant Professor
Department of Physical Education
Government Arts and Science College
Elanthoor, Kerala, India

PHYSICAL FITNESS



WHAT IS FITNESS?

Fitness is a term often misunderstood in our society. World Health Organisation (WHO) developed 'the Global Recommendations on Physical Activity for Health' for highlighting the importance of physical exercise / activities. It is recommended that children aged 5 – 17 should do 60 minutes of moderate to vigorous intensity exercise / physical activity daily, while adults and elderly people should do at least 150 minutes of moderate intensity aerobic physical exercise in a week.

Types of Exercise

Based on the benefits derived, Exercise is divided into three types:

- Low intensity
- Moderate intensity
- Vigorous intensity

Exercise is classified as per the Maximum Heart Rate (MHR). The maximum heart rate means the maximum number of times a person's heart beat per minute during exercise.

In simpler terms, low-intensity exercise is the one in which a person is able to sing while doing exercise; moderate-intensity exercise is the one in which a person is able to talk but cannot sing while doing exercise and high-intensity exercise is the one in which a person cannot even talk.

Physical Fitness

Physical Fitness is divided into two: Performance related fitness and Health related fitness. Performance related fitness is for sportspersons whereas Health related fitness is meant for everyone else.

The five components that make up total fitness are:

- I. Cardiovascular Fitness
- II. Muscular Strength
- III. Muscular Endurance
- IV. Flexibility
- V. Body Composition

These components are required in adequate quantities to make an individual physically fit.

Cardiovascular Fitness

Cardiovascular fitness is the ability of the heart, blood cells and lungs to supply oxygen-rich blood to the muscle tissues and the ability of the muscles to use it for producing energy for body movement.

In simpler terms, it is the ability of the body to do a work for a long period. Cardiovascular fitness can be developed through aerobic activities, such as walking, jogging, cycling and swimming, if they are done for at least 30 minutes.

The most common exercise seen is walking. Walking three kilometres a day at the rate of one kilometre in 10 minutes is desirable.

Muscular Strength

Muscular strength is the ability of your body to develop maximum contractile force against a resistance in a single contraction. Muscular strength can be developed through high 'resistance training'. External weights (dumbbells / barbells) are often used for 'resistance training' than one's own body weight (push-ups / pull-ups) which are used in developing muscular strength.

There are 600 odd muscles in our body and it is important to develop the strength of these muscles. Muscles, when not used, decrease in size (muscle atrophy) and this in turn, decreases muscular strength.

Muscular Endurance

Muscular endurance is the ability of a muscle or muscle group to repeat a movement many times. It can be measured by the number of push-ups, pull-ups or abdominal curls you can take / make. This can be developed through resistance training.

Flexibility

Flexibility is the ability to move the body parts through their full range of motion around a joint. The more the range of motion is the better the flexibility will be.

Children are more flexible than older people. As we age, flexibility also declines. Until recently, there was a popular belief that flexibility cannot be improved in old age, but research has shown that it can be improved even in old age, even though the rate of improvement in flexibility varies. Stretching exercises, Yoga and Gymnastics are some of the exercises to develop this fitness component.

A number of study reports reveal that exercise and physical fitness are beneficial for a healthy living. There is a growing affirmation that a large number of diseases today are the offshoot of sedentary lifestyle. To be physically fit is the only solution to keep the lifestyle diseases at bay.

Moreover, physical fitness has an aesthetic or appealing aspect too. No brand of clothes will make you look smart unless your body is carved to the finest level. Therefore, fitness is worth developing. The only solution to the problem is to chalk out a flexible, self-motivating and self-enriching physical exercise plan that helps develop all the five fitness components.



Body Composition

Body Composition is the ratio between body fat and lean body mass (LBM). Lean body mass is the total weight of your body after subtracting the weight of body fat. Physical activity combined with balanced diet will help you achieve the ideal body composition.

To reduce fat, one has to go for calorie deficit diet. Reducing calorie intake and spending more calories through physical activities or sports are the practical formula to reduce body weight. However, the intake of nutrients should not be reduced.

There is a general conception that we do not require these so-called fitness components and 'grilling schedules'. Some even think that in the busy schedule or hectic lifestyle, there is no time for exercise.

Being a fitness enthusiast, I have seen many people beginning physical exercise with great determination only to drop after a few 'high-spirited efforts'. In fact, dropout in the fitness program is a major concern. A recent study came out with a conclusion that there are 90% dropouts in physical exercise. What makes people to stick onto a particular activity for a longer duration is the unquenchable desire for physical fitness.

It is also noted that group activities involving dear and near one makes them interesting and continuing. It will be interesting if you engage in physical exercise like Walking, Yoga, Jogging and Swimming with your friends / near ones. Physical activities and sports when done in groups not only help you develop required fitness components but also enrich your mental health, since it is the best Way to Wellness. [\[4\]](#)



Entire Range of Dental Consumables



Our Priority
Hygiene & Safety

Our Promise
Consistency & Quality

ORO is an international brand that promotes excellence in dentistry. With a wide range of products made with core values of safety and efficiency. ORO products comes with the promise of durability and consistent quality



Reach Global India Pvt. Ltd.

Office no. 1 & 2, Wing- A, Sai Raj Regency, above Andhra Bank, Pimple Saudagar, Pune 411027

Phone No: +91 20 27402351 Customer Care No: +91 9370788850/52/55

e-mail : dental@reachglobal.co.in www.dentaloro.com



MARKETING:

Digital Versus Traditional



Dr. Pooja Shah
Dental Practitioner
Ahmedabad, Gujarat, India

Are you a doctor, practice owner or an owner of a multi-specialty hospital? Do you typically rely on traditional marketing methods for your business / practice? 'If yes', you have got to read this.

Over the last one decade or so, the world has shown a paradigm shift from **analog to digital marketing approaches**. Nowadays, more and more people are consuming different kinds of information 'online'. Hence, digital marketing techniques are the best way to reach out to your targeted customers.

Digital marketing for dentists, is not just about reaching a larger audience, it is about delivering the right message to each person.

Traditional / Offline Marketing

Traditional advertising channels, such as Radio, Television, Newsprint etc. help increase awareness of your practice among the people of your community. The problem with 'offline' advertising channels is that they have to be 'paid for'. Currently, only a few people are actually searching for a dentist in these channels and hence, they have very little relevance nowadays.

If you are a practice owner, the amount you set aside for marketing goes towards increasing brand awareness rather than earning new patients. Another significant drawback of traditional advertising is that you cannot customize the message for each individual. It does not provide you the facility to modify your message based on the person reading or listening to it.

Digital Marketing

Digital Marketing channels have high relevance nowadays, as they precisely target the right customers. These channels facilitate interaction with customers / audience and ensure results-driven cooperation of these individuals.

There is a core set of 'tried and true' tactics that work for dental clinics and hospitals. The following approaches have been proven to be effective in expanding your business or acquiring new patients.

Traditional advertising channels, such as Radio, Television, Newsprint etc. help increase awareness of your practice among the people of your community



Search Engine Optimization and Marketing

People generally search on the Internet the various services that are being provided in their locality, as they chiefly prefer a hospital / doctor in their own locality.

About 45% of Google searches are for getting procedure information, e.g. Why dental implants? or for departmental enquires, such as Prosthodontics / Orthodontics etc.

1) Relevant digital content about Health conditions

Consumers / patients are eager to learn more about many conditions / diseases and their symptoms on the Internet. This means that hospitals have a huge opportunity to engage potential patients by providing these types of content. The format can be in the form of a Blog post / Article / Video or Infographics (representation of information in a graphic format).

2) Social media engagement with a 'Purpose'

Concentrate on providing useful health information to prospective patients and consumers in general, which can be in the form of an advice; e.g. How to maintain good oral hygiene? or What are the differences between Porcelain Fused to Metal (PFM), E-max and Zirconia dental crowns? These posts should always be meant to promote education and information.

3) Email marketing

Your Email marketing may provide information to your customers / patients about your new services and remind them to come in for regular check-ups.

4) Multichannel Marketing

Though Digital Marketing systems yield quicker returns than Traditional ones, if your practice has a healthy marketing budget, it is wise to reach prospective patients over as many channels as possible, including traditional ones.

Whether it be a Website, or Social media, it is essential to focus on the targeted tactics that help attract potential patients and help build their trust via your expertise and credibility. [@](#)

ORAL CHANGES

Associated with Tobacco Use

The best way to stay healthy is to adapt a healthy lifestyle and not to succumb to the habits of Tobacco use

It is needless to say what Tobacco is, as there are around one billion smokers in the world and in India, it is about 120 million. Besides cigarettes, Tobacco is used in the form of Gutka, Mawa, Bidis, Hookah, Chutta, Zarda, Khaini etc., which are very popular among people in different regions of India.

Tobacco was first introduced into India by the Portuguese, about 400 years ago and later on the British introduced modern commercially-produced cigarettes. Ever since, Tobacco use has been very prevalent in India.

Although Tobacco has been used for its euphoric effects or presumed stress relieving effects, it always comes at a price. Smoking or the use of Tobacco in any form can cause a number of side effects in the body.

The Oral cavity shows a variety of changes, as it is the primary recipient of Tobacco or its products. These changes may be simple, reversible changes in the beginning, but they can progress into lethal Oral Cancer.

Effects of Tobacco use

The use of Tobacco or its products may cause:

1. Discoloration of teeth
2. Non-cancerous changes in the oral cavity
3. Oral precancerous changes
4. Oral Cancer

Due to smoking or Tobacco use, there can be an excessive deposition of stains on the tooth surfaces, making the tooth look brown or yellow. This may result in unsightly appearance of teeth.

An association of smoking or Tobacco use with increased loosening of teeth has also been observed and this may ultimately result in tooth loss. Due to habitual smoking, the oral cavity can become dry and result in the loss of



Dr. Srikanth H. Srivathsa

Reader
Department of Oral Medicine and Radiology
Sri Hasanamba Dental College and Hospital
Hassan, Karnataka, India

cleansing action of the saliva, leading to an increased incidence of dental decay.

Some people are habituated to stuffing Tobacco in the cheek pouches, which may result in the recession of the gums, along with Smokeless Tobacco keratosis or a white mucosal lesion in the area of Tobacco contact.

Apart from smoke, heat from cigarettes or Bidis may stimulate the pigment producing cells of the oral cavity, resulting in increased coloration of the inner cheek.

This coloration or 'pigmentation' may be grey or dark brown and this condition is called **Smoker's melanosis**. A similar coloration of the palate has been termed as '**Smoker's palate**'. These conditions are relatively harmless and may even totally disappear after the discontinuation of this habit. Also, the gums may show an increased infection which may result in gingival recession.

Precancerous conditions are the conditions that are seen before the onset of a full-fledged Oral Cancer. These conditions include Leukoplakia, also known as white patches and Erythroplakia, also called as red patches. Commonly, white patches are seen on the inner cheek region and the palate, while the red ones occur on the floor of the mouth.

The presence of white patches may cause roughness in the inner cheek region and can be felt with the tongue by the patient. On the other hand, the red patches

may not give rise to any symptoms. Amongst the two types of patches, the red one is considered to be more dangerous, as about 15 – 50 % of them may turn into Oral Cancer.

Oral cancer may have a variety of presentations. It may be present as a non-healing oral ulcer for more than two weeks; painless ulcer, growth, or swelling; difficulty in opening the mouth / swallowing; or swelling of the lymph nodes. This condition is commonly seen in elderly individuals, around the age of 50 – 60 years.

Women tend to be less affected by these conditions, as they are exposed to Tobacco to a lesser extent than men, but women, especially in the rural areas, have the habit of stuffing betel leaves along with Tobacco, which may make them vulnerable to developing Oral Cancer.

Another cause of Oral Cancer is the concomitant use of Alcohol and Tobacco that acts as a synergist, increasing the risk of developing cancer.

Now, one may ask how to prevent the development of these conditions. The best answer to this is to refrain from using Tobacco in any form. Once there is a presence of oral precancerous conditions, the dental specialist will advise you to refrain from Tobacco use and may further prescribe certain medications, which may halt the progression of these conditions to Oral Cancer.

Certain laboratory tests and other investigations may also become necessary to rule out the presence of cancer. Once, Oral Cancer is detected, the patient is referred to an oncology center for the further management of this condition.

The best way to stay healthy is to adapt a healthy lifestyle and not to succumb to the habits of Tobacco use. Numerous healthy stress-busting techniques like yoga, aerobics, meditation etc. can be inculcated in your daily routine, along with a balanced diet to help you lead a healthy life. ☐



Greyish discoloration in the Oral Mucosa



Oral Cancer



White Patch in the Oral Mucosa

WORK IN GOOD POSTURE



Dental professionals are generally exposed to a variety of occupational hazards, such as chemical, biological and ergonomic hazards which can create musculoskeletal disorders (MSD). Many dentists often have to limit or even abandon their professional activities, which in turn, adversely affect their financial position or the quality of their lives.

For a successful dental practice, all dentists ought to have a healthy body. The musculoskeletal health of dental professionals has been the subject of numerous studies worldwide, and the studies have mainly focused on the pain being experienced by the practitioners. Since their workplace is often narrow, dental treatment is generally performed in a very 'inflexible working posture'.

Studies indicate that the pain on the back, neck and shoulders or arms is present in up to 81% of dental operators. Back pain is the most common complaint being experienced by them, followed by neck and shoulder pain, even though they all are generally mild.

Most dentists today work in a sitting position and treat their patients in a supine position. As a result of this, pain occurs not only in their back, but also in their neck, shoulders and arms. Though occasional neck or backache is not a cause for alarm, when regularly occurring pain or discomfort is ignored, the cumulative physiological damage can lead to an injury or a career-ending disability. Musculoskeletal pain, particularly back pain, has been found to be a major health problem for dental practitioners.



Dr. Mathews Baby
Senior Lecturer



Mr. Micheal Jo
Intern

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

Early symptoms of MSD

Some of the early symptoms of MSD are:

- Pain
- Swelling
- Tenderness
- Numbness
- Loss of strength

Other Symptoms are:

- Excessive fatigue in the shoulders and neck
- Tingling
- Burning (or other pain in arms)
- Weak hand grip
- Hand cramps
- Numbness / hypersensitivity in fingers and hands
- Clumsiness



Features of an Optimal and Healthy Posture

- Sit in an upright or stable posture.
- To get support for the arms and keep them close to the body while carrying out treatment.
- Height of the work surface should be adjusted properly.
- The back must be supported at the upper / backside of the pelvis so that as soon as the muscles become too weak to maintain an upright position, the back-rest will help ensure that the desired upright posture is maintained.
- Instruments have to be handled with the modified pen grip: with the first 3 fingers bent in a rounded form around the instrument and the last 2 fingers resting on a firm basis in or outside the patient's mouth. This posture is mandatory for a healthy working pattern.



Prevention

Some tips for working with good posture are:

- Maintain an upright posture
- Use an adjustable chair with lumbar, thoracic and arm support
- Minimize wrist movements and avoid excessive finger movements and alternate work positions between sitting, standing or leaning by keeping the back straight
- Adjust the height of your chair and the patient's chair to a comfortable level
- Consider horizontal patient positioning
- Position the adjustable light to avoid strain on the neck
- Temperature of workspace should not be too cold, as this may result in decreased blood circulation

Body Strengthening Exercises

A few Body strengthening exercises are:

- Stretching and strengthening the muscles around the back, neck, forearms and wrists will help them remain strong and healthy

- Do periodic stretching exercise at fixed intervals during working hours
- Giving proper rest to the hands is very important in preventing / reducing pain and fatigue
- To relieve eyestrain, look up from the task and focus the eyes at a distance for approximately 20 seconds at regular intervals
- Move the head down slowly and allow the arms and head to fall between the knees; hold for a few seconds; raise slowly by contracting the stomach muscles and rolling up and then, bring the head up gradually
- Rotate the head to reduce neck stiffness
- Do shoulder shrugging exercise to relieve shoulder strain



Exercises



Neck stretch

Gently pull your head to one side of your shoulder and hold it for three deep breaths and then repeat the action on the other side.

Hip stretch

Lie with your back on the floor, cross your ankle over your knee and pull your legs towards your chest, holding for three deep breaths. Then, repeat this on the other side.

Spinal twist

Sit cross-legged on the floor and gently twist to one side. Hold this position for three deep breaths, then twist to the other side and repeat the same for a few times.

Child's Pose

Lie face down with your knees tucked under you and your arms extended in front of you, with palms down on the floor. You should feel a stretch from your shoulders down to your lower back. Hold this position for three deep breaths.

Back stretch

Lie with your back on the floor and bring your knees up to your chest until you feel a stretch in your lower back. Hold this for three deep breaths.

Conclusion

Ergonomics along with regular exercises, relaxation techniques like meditation, biofeedback and proper nutrition will help the dentist combat stress and conserve productive energy, which in turn, will increase comfort and improve the quality of life, besides helping you lead a successful career.



AERB APPROVED



ISO 13495



BIS CERTIFIED



MADE IN INDIA

For that Perfect X-Ray

www.alerio.in



IATOME

ALERIO[®] X-RAYS

Sales and Service available throughout India
E-mail or call factory for local contacts

sales@alerio.in
0422-4220264



Premium DC X-Ray



Economy DC X-Ray



Portable X-Ray

Sales Contacts
MOBILE:887 00 11 990
MOBILE:994 34 75 551
PHONE: 0422-4220264
EMAIL: sales@alerio.in

Manufacturer, Sales, Service
IATOME ELECTRIC (I) PVT LTD
COIMBATORE, INDIA
www.iatome.in

MADE IN INDIA

CURRENT ADVANCED Healthcare Systems In India

There is an increased use of Information technology (IT) in various fields to increase productivity and cost efficiency, along with streamlining the entire process. In healthcare, the use of IT has contributed to better patient care, cost efficiency, and reduced clinical errors, in addition to standardizing the treatment protocols.





Mr. Neeraj Lal
Vice President and Cluster Head
Rainbow Children's Hospitals
Bengaluru, Karnataka, India

The use of information technology has played an important role in terms of Hospital management software and its possible integration, which have a range of uses right from patient appointment scheduling to the management of patient records. Gone are the days when patients and the hospitals had to make multiple calls to book and confirm the appointments, now everything is just 'One click away'.

It is no doubt that the bigger organisations have been immensely benefited by IT, but the smaller set ups have also been benefitted, as it facilitates clinicians to pay more attention to their medical practice by saving their valuable time which ought to have been set apart for the manual maintenance and retrieval of patient records as well.

The use of IT has reduced the dependence on manpower, to a greater extent, in bigger organisations, helping them maintain the continuity of Standard Operating Procedures (SOPs), despite high attrition rate in certain areas of hospital set-ups.

The benefits of IT in patient appointment scheduling, 'queue management' in Out Patients Departments (OPDs), Electronic maintenance of records, Patient education tools, remote access to patient records etc. have been very useful for both patients and doctors. Management Information System (MIS) has reformed the way organisations are dealing with their businesses, as it helps the management gather and analyze various data before taking 'decisive decisions'.

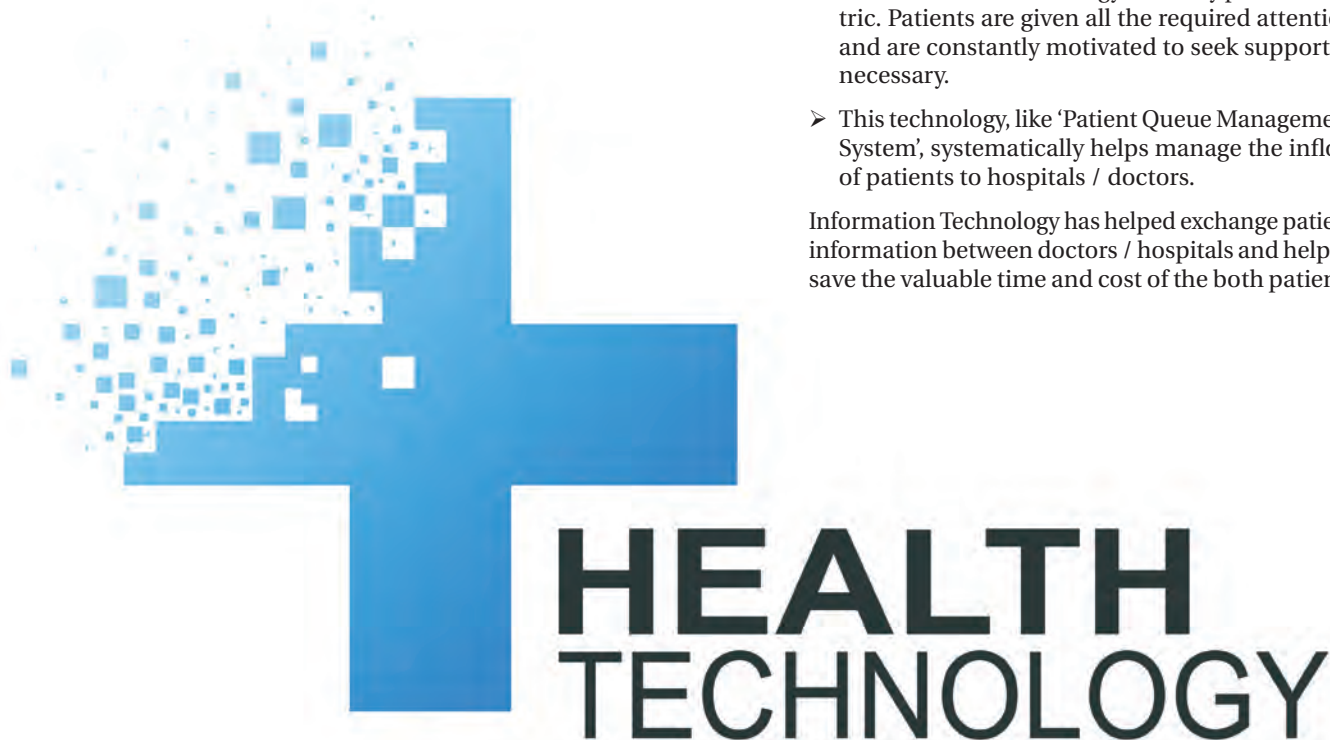
Patient care and management through Information Technology

The use of IT has revolutionized patient care. Now the large and small healthcare set-ups are dependent on 'Appointment Scheduling Platforms', which has helped replace the 'Conventional Call Systems', This system helps both the hospitals and patients to save time and money. This has helped reduce manpower, along with minimizing the errors and delays of Conventional Call Systems.

'Lead Management Software' has helped track patient flow, in addition to providing a wide opportunity for data analysis.

- This innovative technology is mainly patient-centric. Patients are given all the required attention and are constantly motivated to seek support, if necessary.
- This technology, like 'Patient Queue Management System', systematically helps manage the inflow of patients to hospitals / doctors.

Information Technology has helped exchange patient information between doctors / hospitals and helped save the valuable time and cost of the both patients





and hospitals. The patients, who are staying miles away from the doctor, can now have their first consultation with the doctor without even meeting him personally. This has also helped bring down the fear of doctors to a certain extent being faced by a few patients.

Hospitals have designed their own 'Personalized Apps' to help patients have access to personalized data. These Apps provide not only hospital information but also a lot of patient education content, which has been validated by the experts in the field.

IT has been very useful in the maintenance of patient records. Digitalization of records has helped save storage space, besides making their retrieval easy. These digital records are safe unlike the conventional paper records, which are susceptible to physical damage. Digital records can be accessed or shared remotely. The lab and radiology reports can also be scanned and stored. There is a newer technology to store radiology reports in the required resolution.

Follow-ups have been made more systematic by setting up timely notifications to the patients and doctors / hospitals. This is very useful in cases where the patients are asked for short-interval follow-ups, such as for vaccinations, chemotherapy, post-surgery follow-ups, physiotherapy, the study of slowly progressing chronic ailments etc.

Picture Archiving and Communications System (PACS)

It is a medical imaging technology that helps store, retrieve, and share the images produced by various medical hardware modalities, such as X-ray, Computed tomography (CT), Magnetic resonance imaging (MRI),

and Ultrasound. It also helps view images from remote locations.

This system uses a server to store images and allows facile access to high-quality radiologic images, including conventional (film) images, Computed tomography (CT), Magnetic resonance imaging (MRI), Positron emission tomography (PET) and other medical images, over a network.

Business Intelligence Tools

Business Intelligence Tools are very useful in analyzing the business trends within the company, in comparison to its competitors. These tools are placed on the top of the regular information systems to get data feed. These data, which have been extracted from the information system of the hospital, can give out various analytical reports that help analyze and improvise the organization.

Sometimes, these tools will also give information to an organization about its market placement amidst its competitors. These tools are extremely useful to plan and strategize marketing activities.

Conclusion

Many healthcare professionals are relying almost exclusively on IT to direct, retain, educate, monitor, treat and follow-up their patients. More than that, it is beneficial to patients as well. This innovation in the healthcare field is very dynamic and is warmly welcomed by professionals. [\[1\]](#)



**Tehno
Dent**

PROPHYLAXES, ENDODONTICS, RESTORATION
AND AUXILIARY DENTAL MATERIALS

DENTISTRY AT ITS BEST



INDIA

EXCLUSIVELY IMPORTED AND MARKETING IN INDIA
BY AKSHAR TRADING Co.

www.tehnodentindia.com | +91 99040 79977 | india@tehdent.org



Akshar
trading co.

“COLLAPSIBLE DENTURES”



Dr. S. Nasreen
Consultant Prosthodontist and
Implantologist
Chennai, Tamil Nadu, India

Prosthodontia, a branch of dentistry, does not just deal with the replacement of your missing teeth and related mouth and jaw structures, it also helps recapture your smile and boost aesthetics, in addition to providing positivity and building up your self-esteem.

Each patient is unique and hence, the same medical procedure may not suit for all patients presenting with the same clinical conditions. In such situations, we have to modify the procedures to meet the requirements of each patient. One such challenge, which we face in our practice, is a condition called Microstomia.

What is Microstomia?

It is a condition known as ‘Limited Mouth Opening’. This condition leads to reduction in the size of oral aperture which in turn, hampers proper diagnosis and dental treatment of the oral cavity.

Aetiology

Microstomia is not a disease; it is the manifestation of the consequences of certain conditions like:

- Cleft lip
- Radiation therapy
- Surgical treatment for Orofacial Cancer
- Trauma
- Burns
- Plummer-Vinson Syndrome (PVS)

- Scleroderma
- Oral submucous fibrosis
- Dental infection following third molar extraction
- Temporomandibular joint (TMJ) Disorders
- Damage to masticatory muscles

Diagnosis

There is no specific criterion for the diagnosis of Microstomia. In a normal mouth opening position, a person can position his / her three fingers (index, middle and ring) vertically between the upper and lower central incisors.

The distance between the edges of the upper and lower incisors is as follows:

- The mean maximum mouth opening is 51 – 60 millimetres (mm)
- The mean moderate mouth opening is 31 – 40 mm
- The mean mouth opening of a patient with severe Microstomia \leq 30 mm

Clinical features

- Difficulty in chewing, swallowing and speech
- Difficulty in maintaining oral hygiene
- Increased prevalence of caries
- Increased prevalence of periodontal disease
- Limited access to carrying out dental treatment

Each patient is unique and hence, the same medical procedure may not suit for all patients presenting with the same clinical conditions

Treatment options

- Surgical procedures
- Resection of bands, in cases with Oral submucous fibrosis (OSMF)
- Physiotherapy (Stretching exercises)
- Tongue blade therapy
- Modification of dentures (Prosthetic approach)
 - ⊗ Sectional / Split dentures
 - ⊗ Collapsible denture

opening was found to be reduced. On measuring, it was found to be 30 millimeters (mm).

Impressions were made using silicone putty impression material 'without the trays' and hand molded. Special trays and 'record bases' were sectioned and stabilized using die pins, sleeves and press buttons. After examining the relationship between the jaws, teeth arrangement was done; a collapsible denture was made for the patient using Silicone resilient soft liner material. The denture was easily compressible, making denture insertion and removal easy for the patient. Denture maintenance and post insertion instructions were given to the patient. Patient was instructed to come for regular review once in 6 months.

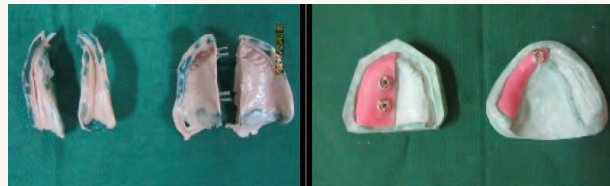
A Case Report

A 58-year old female patient presented to my practice, with a chief complaint of having reduced oral aperture. Clinical examination revealed that the patient was completely edentulous and her mouth

Whatever be the clinical situation, we can attempt to restore the condition of the patient to 'near normal' by providing the best treatment, after using the newer techniques and materials available. ☐



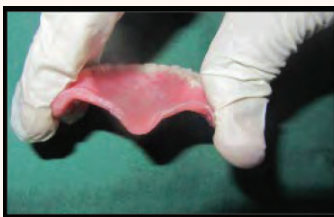
Limited mouth opening



Sectional trays and bases



GC resilient soft liner



Collapsible Upper and Lower dentures



Pre-op



Post-op

WHAT IS THE RIGHT TIME FOR ORTHODONTIC TREATMENT?



One of the most common questions that each practicing Orthodontist and / or dental clinician is asked by their patient is, 'What is the right age to start Orthodontic treatment?' The answer to this seemingly simple question, however, is often not so simple.

Alexandre Dumas, the famous French author who lived in the 19th century once remarked 'All generalizations are dangerous, even this one'. I think, what he stated two centuries ago is absolutely right even today.

Though veterans of the previous and present generations have helped us form guidelines to deal with the most general cases / issues, nobody has yet put forward any specific recommendations to help us deal with exceptional cases efficaciously.

Therefore, let us review the various factors to be taken into account / consideration before arriving at a logical conclusion, in dealing with exceptional cases effectively.

Orthodontics and Dentofacial Orthopedics, with its unforeseen advancements, offer a wide range of treatment options that help carry out Orthodontic procedures more effectively in patients of all age groups. Hence, this means that Orthodontic treatment can be carried out fruitfully in patients, irrespective of their age, provided they feel the need for the Orthodontic correction and have the required periodontal support.

A problem-oriented approach, along with a customized treatment plan that benefits patients and reduces treatment charge and time should be selected.



Dr. Ashwin Prakash
Consultant Orthodontist
Kochi, Kerala, India

The most important factors that should be taken into consideration by an Orthodontist before arriving at a conclusion regarding the right time to initiate an Orthodontic treatment are:

- i. The chief complaint of the patient and his / her desire to receive Orthodontic treatment
- ii. Age of the patient and residual growth available
- iii. Orthodontic triage: classification of the problems as moderate or severe
- iv. Single-phase or Two-phase Orthodontics

Chief Complaint and the willingness to undergo Treatment

The principal motivational factor to seek Orthodontic treatment in adults and children can be due to the desire to improve aesthetics. Those patients who seek Orthodontic correction should be ready to abide by the instructions of their Orthodontist and the parents of these patients need to be supportive throughout the treatment process, for the successful completion of the procedures / achieving expected treatment outcomes.

However, in my clinical practice, I have come across many patients having malocclusions that are aesthetically and functionally debilitating, who reject Orthodontic treatment outright, since it was not their chief concern. Also, I have come across a few cases where their parents refused an Orthodontic intervention, where they were warranted.

Since Orthodontic treatment is a time-consuming experience requiring financial involvement, the socio-economic background of the patients and their willingness to undergo the procedures are the most important determining factors.

I shall cite two case scenarios that will help elucidate on how these factors affect the decision of an Orthodontist in initiating Orthodontic procedures.

Scenario 1

Anterior open bite across three age groups

(a) A 14-year old girl presented with a chief complaint of an 'Anterior open bite' of 3 millimeters (mm). She was successfully treated with a 'Vertical pull headgear' after the extractions of first four premolars and MBT mechanics (Fig. 1A, 1B, 1C).

(b) A 24-year old male patient presented with a chief complaint of an Anterior open bite of 3 millimeters (mm). He was successfully treated by the intrusion of his molars and premolars using 'Miniplates', to facilitate a non-surgical correction (Fig. 2A, 2B, 2C).

(c) A 44-year old patient who wanted to replace his removable denture, refused an Orthodontic treatment, even though he had an Anterior open bite of 3 millimeters (Fig. 2D).

Scenario 2

Class II Skeletal growth pattern

(a) A 10-year old boy presented with a chief complaint of protruded upper incisors. But the patient's mother declined functional therapy (Fig. 3A, 3B).

(b) A 12-year old girl, who presented with a chief complaint of a posteriorly positioned lower jaw, underwent successful therapy with a fixed Twin-block (Fig. 3C, 3D).

These examples will make one concur with the words of Dr. Lysle E. Johnston, Professor Emeritus of Orthodontics, Saint Louis University, United States of America, "The only patient who actually needs Orthodontic treatment is the one who truly wants Orthodontic improvement".



Fig. 1 (A, B, C) A 14-year old female with 3mm anterior open bite

Fig. 1 (A) Pretreatment

Fig. 1 (B) Vertical pull headgear with fixed Orthodontic treatment and all first premolar extraction (MBT .022)

Fig. 1 (C) Post treatment



Fig. 2 (A, B, C) A 24-year old male with 3mm anterior open bite

Fig. 2 (A) Pretreatment

Fig. 2 (B) Upper molars and premolars intruded using a miniplate (inset)

Fig. 2 (C) Post treatment

Fig. 2 (D) A 44-year old patient with anterior open bite wanting the replacement of his missing upper front teeth only

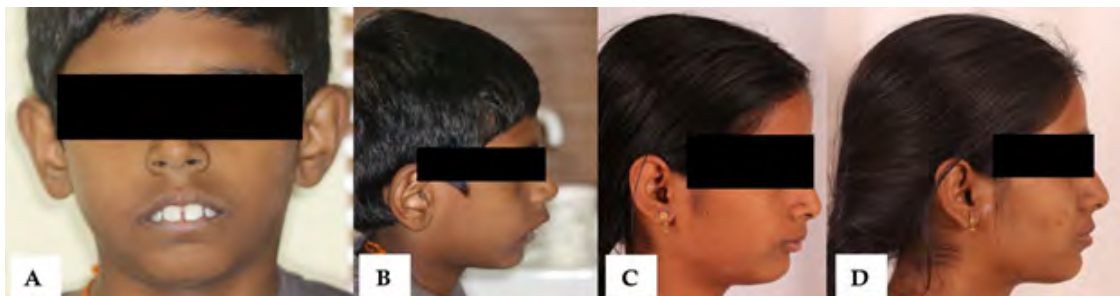


Fig. 3 (A, B) A 10-year old boy who refused early Orthodontic intervention, due to the belief that “with age, his jaw would get corrected automatically, as his father also had a strong lower jaw

Fig. 3 (A) Frontal Profile **Fig. 3 (B)** Right Profile

Fig. 3 (C, D) A 12 -year old girl who underwent successful fixed functional therapy with fixed Orthodontic appliance (MBT .022)

Fig. 3 (C) Pretreatment **Fig. 3 (D)** Post treatment

Orthodontic Treatment Options

Orthodontic treatment options can be broadly classified into:

- » **Growth modification**
- » **Camouflage Orthodontics**
- » **Orthognathic surgery**

The age of the patient is perhaps the most important factor that governs Orthodontic treatment planning, as it is an indicator of residual growth besides helping us know whether dentofacial orthopedics is possible.

Orthodontic Triage: Classification of the problems as Moderate or Severe

When an Orthodontist sees a young patient, particularly the one in primary or mixed dentition with a malocclusion, the first question that pops up in his/her mind is: “Is an early Orthodontic intervention needed?” or “Will a comprehensive treatment procedure, at a later stage, help solve the problem?”

Since the procedures for Orthodontic problems are not always exigent in nature, it would be prudent to minimize the early Orthodontic intervention to those cases that are unavoidable.

Early Orthodontic Intervention

The cases requiring early Orthodontic intervention include the conditions, such as developmental problems, significant skeletal asymmetry, anterior cross bite, excessive dental protrusion, maxillary and mandibular deficiency.

One-phase or Two-phase Orthodontics

The question whether One-phase or Two-phase Orthodontics is required, particularly in Class II skeletal cases, is a controversial topic in Orthodontics. Recent Randomized Clinical trials (RCTs) on One-phase and Two-phase Orthodontics, however, show that either option will help achieve similar treatment outcomes. This may tend an Orthodontist in advocating two-phase treatment as a better option.

Nonetheless, early Orthodontic intervention (One-Phase) is often necessary in many cases and should be initiated with a clear customized treatment plan. For example, the child in Fig. 3A and 3B, who was conscious of his protruded teeth, opted for an Orthodontic intervention.

Conclusion

Since the timing of Orthodontic procedures is a controversial topic, it would be wise for a dentist and patient (parents of a patient child) to follow these guidelines:

1. The Indian Orthodontic Society recommends that a child gets his first Orthodontic check-up by 6 – 7 years of age. But developmental abnormalities / other conditions may warrant an early intervention.
2. Early Orthodontic treatment (6 – 12 years of age) must be initiated with clear treatment plans. Developmental abnormalities, significant skeletal asymmetry, cross bites, excessive dental protrusion, maxillary or mandibular deficiency requiring myofunctional therapy are some of the problems that necessitate early intervention.
3. Orthodontic corrections should be taken up at the right time, as it is ‘better to be safe than sorry’.
4. Most Orthodontists prefer to start fixed Orthodontic treatment in the late mixed dentition (11 – 12 years) or in the early permanent dentition (12 – 14 years).
5. It is better to initiate ‘Distalization treatment’ before the eruption of maxillary second molars (before 12 – 13 years).
6. Maxillary expansion must be attempted before the fusion of the midpalatal suture.
7. With the increased use of ‘Fixed functional appliances’, Two-phase Orthodontics can be minimized. Some studies show that ‘Fixed functional appliances’ produce more dentoalveolar changes than skeletal changes and can produce changes up to a mean age of 17 years. However, it would be prudent to start functional therapy with the pubertal growth spurt of the child to produce maximum skeletal change.

Treatment timing is one of the most pertinent questions in Orthodontics and one rife with debate and controversy. The above guidelines need to be ‘taken with a pinch of salt’, as they are based on generalizations. Hence, a clinician must take each case on its own merits, study the periodontal growth and consult scientific literature before arriving at an evidence-based conclusion of determining the best timing to initiate Orthodontic treatment for each patient. ^[6]



Dr. S. J. Govindaraj
Consultant in Oral Medicine and Radiology and
Certified Implantologist
Bengaluru, Karnataka, India

.....

Holistic Spices:

Know its Dental Medicinal Value

Introduction

The wide impact of health in today's fast-paced world has been the deterioration of dental health, along with an epidemic rise of obesity and diabetes. The key to our health is the diet we consume, which has taken center stage in the modern world.

Current research trends look at holistic nutrition as a way not only to feed our body but to help it heal as well. Our own holistic culinary spices not only add aroma but also forms the base of all our dishes. If these spices are consumed in moderation, we can derive maximum health benefits.

Let us look at some of the world renowned holistic, exotic spices grown in Kerala, India, along with their healing dental potential.

Pepper

It is popularly known as the King of Spices, largely cultivated in the Malabar region of Kerala. Historians would say that it was the epicenter of trade from the ancient Phoenicians to the Greeks, Romans and Arabs of the past.

Dental Remedy

Black pepper and common salt mixed in equal quantity can relieve dental pain and when massaged over the gums, this helps reduce gum inflammation. Black pepper has anti-inflammatory and antibacterial properties, in addition to soothing analgesic effect. It is known to cure inflammation or infection of the gums.

Cardamom

Cardamom is also known as the Queen of Spices cultivated in Idukki district in Kerala.

Dental Remedy

It has antiseptic and antimicrobial properties and is a good source of Vitamin C, Potassium, Calcium and Magnesium. While Vitamin C helps relieve bleeding gums, Potassium, Calcium and Magnesium help promote the health of teeth and bones. It is also known to increase salivation and prevent bad breath.

Chewing of cardamom pods helps increase salivary flow and works as a carrier of vital minerals to remineralize teeth. Another important action is its antispasmodic action that helps relieve temporomandibular joint disorders (TMD). The presence of a powerful antioxidant, Glutathione, which can naturally detoxify mercury in the body, is an added benefit of this spice.

Clove

In Kerala, Clove is grown in Kottayam, Thiruvananthapuram, Kozhikode and Kollam districts. Clove is a truly loved spice since the medieval times, as it is known to deliver many dental benefits.

Dental Remedy

One of the main compounds of clove is Eugenol known for its powerful analgesic and antiseptic properties. Various published dental studies prove that clove essential oil had the same 'numbing effect' of the topical anesthetic agent, Benzocaine.

It can also be used topically before 'needle insertion', and also helps relieve pain in certain dental conditions like pulpitis and dental extraction complications like 'Dry socket'. By creating a harmony of good and bad bacteria in the mouth, it helps maintain a balanced oral biome.

Mouth is the home to 700 types of bacteria and hence, maintaining the growth of beneficial organisms is vital in producing hydrogen peroxide that helps keep harmful bacteria under control. According to a recent report, bacteria do not develop resistance to clove essential oil.

Cinnamon

Cinnamon has antimicrobial, antiviral, and antifungal properties, along with mild anesthetic ones. It is one of the most concentrated sources of antioxidants.

Dental Remedy

Rinsing your mouth with diluted cinnamon oil after you brush your teeth or using toothpaste that includes cinnamon essential oil can kill harmful bacteria and prevent cavities.

Ginger

Ginger is produced in the districts of Wayanad and Ernakulam, in addition to other places in Kerala. The Ginger produced in Kerala is considered to be the best in the country.

Kerala has a number of processing units for producing ginger oil and



oleoresins (concentrated liquid form of the spice). A large portion of these oils are exported and the remaining ones are utilized in the beverage and pharmaceutical industries.

Dental Remedy

Ginger is considered the worst 'nightmare of germs'. One of the interesting studies concluded by a Korean University research team has confirmed that an active ingredient in ginger called Raffinose (a biofilm inhibitor) helps reduce the production of Galactose that can eventually convert into sugar and contribute to biofilm formation.

Ginger also contains an anti-inflammatory substance called Gingerols that inhibit chemical mediators of inflammation. Application of ginger oil to the inflamed area around the tooth can reduce swelling / inflammation and pain. So it is clear that ginger contains both anti-inflammatory and antimicrobial elements.

Turmeric

Usually Turmeric farming is done along with ginger cultivation or used in 'crop rotation' in most areas of Kerala. Turmeric is most valued as an intercrop in coconut plantations. It is a well-known herb from 'the days of yore' for its medicinal value.

Dental Remedy

Turmeric has analgesic, antibacterial, anti-inflammatory, anti-tumor, anti-allergic, antioxidant, antiseptic and antispasmodic properties. It is a very strong antioxidant and protects against free radical damage. It helps reduce inflammation by lowering histamine levels and possibly increasing the production of natural cortisone by the adrenal glands.

The active constituent of Turmeric is known as Curcumin. A separate double-blind study has revealed that Curcumin was superior to placebo in alleviating post-surgical inflammation. Due to varied medicinal properties, Turmeric / Curcumin helps relieve many

Dental Remedy

Tamarind seeds can not only cure all teeth related problems but also clean nicotine stains on the tooth. Tamarind seeds and fruits have active compounds, such as Albuminoid and Tannin that inhibit bacterial activity, in addition to reducing the levels of calculus hardness.

More than that, the anti-inflammatory and nutritional properties of Tamarind help cure joint pain. The National Institute of Nutrition (NIN) has found that consumption of 10 grams of boiled Tamarind a day can help prevent skeletal fluorosis and dental fluorosis.

Nutmeg

Nutmeg cultivation in Kerala is concentrated in the districts of Thrissur, Ernakulam and Kottayam. Nutmeg and Mace are two different spices from the fruit of a single tree. It is considered as one of the highly prized spices known since ancient times for its aromatic, aphrodisiac and curative properties.

Dental Remedy

Nutmeg is often used as an ingredient in toothpaste. Active antibacterial components present in Nutmeg help fight certain conditions like Halitosis (Bad breath).



Turmeric is most valued as an intercrop in coconut plantations. It is a well-known herb from 'the days of yore' for its medicinal value

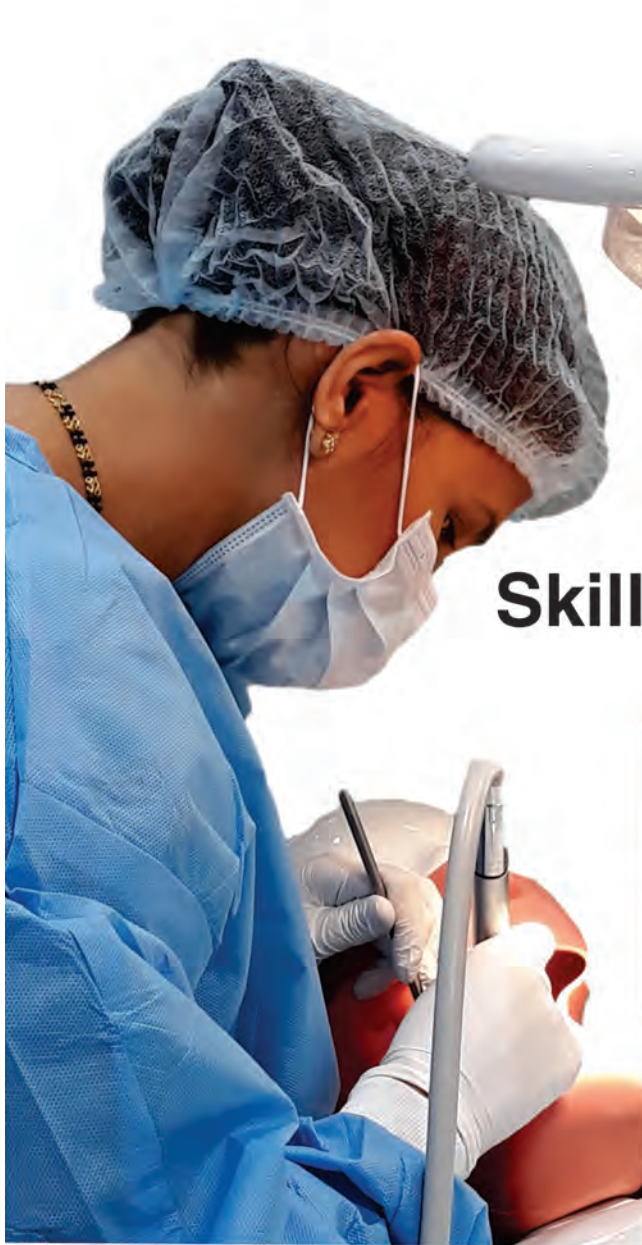


dental conditions, such as pulpal pain, periodontal problems, and precancerous lesions, along with certain conditions like Leukoplakia and Oral submucous fibrosis.

Tamarind

Tamarind is chiefly cultivated in Palakkad district. Tamarind contains tartaric acid, malic acid and potassium that help promote the health of oral cavity and the digestive system.

Foods we consume play a key role in determining our general health and overall well-being. The citation of Hippocrates, the Father of Medicine, "Let food be thy medicine and medicine be thy food", is very relevant for everyone, as foods not only help feed our body but help it heal as well. [1]



Academy of Advanced
Endodontics



Short Term Skill Enhancement Program

For Dentist @ Bangalore

Integrated Clinical Endodontics -4 Months Program Fundamentals to Advanced Clinical Practices

Endodontics-Basics to Advanced Rotary
Prosthodontics-Crown Bridges to FMR ,Post and Core
Aesthetics-Smile Design,Veneers,Bleaching ,Composites,LASERS
Periodontics ; Pedodontics ; Clinical Management
Patients will Be Allotted to Participants

Batch Scheduled : October 2018 , February 2019 , June 2019

Monday to Friday (10:00am to 4:00pm)

One Month Of Advanced Clinical Endodontic Program

- All Inclusive Program -(Endodontics,Prosthodontics, Post and Core,Veneers and Laminates)
- Live Demo On 70" HD Screen
- Clinical Patients Cases
- Post program Mentor ship by the Faculty
- Most Advanced Instrument, equipments, material
- Access to Digital Library

Batch Scheduled : December 2018 , April 19 , August 19

Monday to Friday (10:00am to 4:00pm)

5 Days Of Comprehensive Endodontic Program

- 10 Hrs Of Lectures
- 6 Hrs of Live Demo
- 15 Hours of hands-on
- Lunch and Beverages will be Provided
- All Instruments Will be Provided by the Academy

Batch Scheduled : 21st November 2018 ,January 19, April 19 ,July 19

2 Days Of Post and Core Buildup

Starts : 16th November 2018 to 17th November 2018

Tentative Dates for Next Program : January 2019 , April 2019

3 Days of Crown and Bridge Program

Starts : 18th November 2018 to 20th November 2018

Tentative Dates for Next Program : January 2019 , April 2019

Google



©2018 Google LLC All rights reserved.
Google and the Google logo are registered trademarks of Google LLC.

☎ 8 9 7 1 0 0 2 3 0 9
www.aae-india.com

Registered Address
Academy Of Advanced Endodontics
No 3125 , Double Road ,Indiranagar,
Bangalore -560038 E: info@aae-india.com

Healthy Soups

to Warm Your Soul



Apple and Barley Soup

Ingredients

2 large	Onions, sliced	4 – 5 numbers	Apples, chopped
2 tablespoons	Vegetable oil	1 bunch	Parsley, fresh, finely chopped
2 cups	Vegetable stock	1 tablespoon	Lemon juice
1 cup	Apple cider vinegar	1	Bay leaf
100 grams	Pearl barley (soaked in water)	Salt to taste	
2 numbers	Carrots, large, diced		
1 teaspoon	Thyme		

Using a small pot, sauté onions in oil over medium heat until they are brown. Add Vegetable stock, Cider, Barley, Carrots, Thyme, and Bay leaf. Cover and cook for 30 minutes or until Barley is tender. Add Apples, Parsley and Lemon juice. Cook for some time until Apples are soft.



Celebrity Chef Vivek Tamhane

Member, Canadian Culinary Federation
Author, Culinary Consultant and Entrepreneur
Mumbai, Maharashtra, India



Baked Potato Soup

Ingredients

- 4 numbers Large potatoes
- 2 – 3 tablespoons Butter
- 150 grams Whole wheat flour
- 300 milligrams Milk
- 4 numbers Green onions, chopped
- 1 cup Sour cream
- A pinch Pepper
- Salt to taste

Heat oven to 350 degrees and bake Potatoes until they are tender. Melt Butter in a saucepan. Slowly whisk Flour with a wire whisk until thoroughly blended. Gradually add Milk to Butter-flour dough, while stirring it continuously. Add Salt and Pepper and continue stirring.

Cut baked Potatoes into small cubes. When Milk mixture is very hot, add Potato, Green onion and Sour cream and whisk well. Heat thoroughly. Serve with Crusty French bread.

Cream of Asparagus Soup

Ingredients

- 300 grams Asparagus, fresh
- 1 – 2 numbers Onion, chopped
- 50 grams Whole wheat flour
- 2 cups Vegetable stock
- 4 cups Milk
- 1/2 tablespoons White pepper
- 2 tablespoons Garlic, chopped
- Salt to taste

Break off the tough ends of Asparagus. Blanch them in hot water and make a puree and set aside. Sauté onion and garlic in butter; when onions are brown, sprinkle flour. Continue stirring over low heat. Slowly add Vegetable stock and stir continuously, until thickened. Allow it to cool naturally. In a blender, pour Puree sauce with Milk and whisk it until smooth. Pour Puree to the pan. Add Salt and White pepper. Heat gently but do not let it boil. It is better to serve hot. [u]





AN OVERVIEW OF DC Products

DentCare Dental Lab has embedded itself with an objective to bring together the world's pre-eminent branded materials of proven quality and high-end technologies. Most recognized brands like Ivoclar Vivadent, Shofu, EOS, 3Shape, 3M ESPE from Germany, Switzerland, Europe and United States of America are selected for manufacturing its extensive range of dental prostheses.

Over the past 30 years, we have dedicated ourselves to contributing towards healthy, confident smiles in over

40 million patients and to the delight of more than 40 thousand dentists around the globe.

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

DentCare Zirconia

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

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

The range of services
DentCare has to offer
is unique and compre-
hensive



DentCare Zirconia - A Revolution in
Metal Free Prostheses



Dental Implants are an excel-
lent long-term option to replace
missing teeth

Dental Implant Prostheses

Dental Implants are popular and effective to replace missing teeth and are designed to blend in with other existing teeth. They are an excellent long-term option for restoring smiles with uncompromised functionality.

Different variants of Implant Prostheses are offered by DentCare and may be made available as Screw Retained or Cement Retained crowns/bridges.

- **Screw-Retained Hybrid Dentures**

'Hybrid denture' is referred to as hybrid because it combines the advantages of a fixed replacement with those of a removable denture. With this, patients regain self-esteem, confidence and can enjoy a wider variety of foods.

- **Implant-supported Overdentures**

They are available as Bar Attachment / Ball Attachment Overdentures.

Removable Prostheses

DentCare has incomparable Removable dental prosthetic solutions with impeccable precision to recapture your oral function, aesthetics and liveliness. We have a number of removable dentures that are durable and akin to your natural teeth.

The range of removable prostheses available include:

- **DentCare Flex**

DentCare Flex is an aesthetically superior semi-flexible removable denture which blends perfectly with the natural gum tissue; providing better looks, function and comfort. It can be used in both complete and partial denture cases.

- **Cast Partial Denture (CPD)**

Cast Partial Denture (CPD) is used in cases with multiple missing teeth. It can be removed and placed back by patients themselves. It is ideal for patients for whom fixed Prostheses or dental implants are not indicated. CPDs can be fabricated using Titanium and Cobalt – Chromium Alloy.

- **Bio Functional Prosthetic System (BPS Dentures)**

DentCare offers BPS Dentures from Ivoclar Vivadent that is a long-lasting and high quality option for dentures meant to reproduce the functions of natural teeth. The biofunctional set-up philosophy along with the Model Associated Positioning (MAP) of the artificial teeth in combination with the pressure injection molding procedure is the cornerstone of this system. BPS can be used in partial or completely edentulous cases.

- **Acrylic Removable Complete and Partial Dentures**

DentCare fabricates extremely natural looking Complete and Partial Dentures using acrylic and denture teeth of the highest quality, imported from Germany and Italy.

The main advantage of these dentures is that they are cost-effective, yet uncompromising in terms of quality. Additional teeth and denture base can easily be added to an existing Acrylic Denture.

It is also the product of choice for Immediate Dentures and for Temporary Dentures in Implant patients.

- **Valplast**

The strong, flexible nature of Valplast is perfectly suited to a variety of natural conditions in the mouth, simplifying design and enabling the flexible nylon resin to act as a built-in stress breaker, in order to provide superior function and stress distribution in Removable Partial Denture cases.

It is good for replacing missing teeth in small edentulous cases and should not be opted for in situations where teeth need to be replaced extensively.

- **Bio Dentaplast**

It is a high strength, injection molded, and biocompatible denture material.

CAD / CAM DENTURE

In tune with our unique heritage, DentCare, for the first time in India has introduced the future-oriented CAD / CAM Dentures using German technology and materials, which ensure good accuracy of fit and high patient satisfaction 'in two appointments'.

The Baltic Denture System process opens up a new way of manufacturing full dentures in a digital workflow. Combining the work steps in the dental practice and processes in the lab into a single workflow stands for quality and economy.

- Less manual work
- Predictable results
- High-quality materials and reproducibility
- Reduced allergenic potential

All these are the epitome of this innovative concept.

DENTCARE ORTHODONTIC APPLIANCES

DentCare has put forward a number of amazing Orthodontic Solutions – Removable, Habit Breaking Fixed and Functional Orthodontic Appliances of highest perfection and optimal precision; manufactured with high-end technologies as well as Medical Grade and CE marked materials from Germany; available at affordable rates and living up to the expectations of all classes of customers alike – to correct malocclusion and help resolve various aspects that could make a patient's face and mouth esthetically compromised.

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



DentCare Flex is an aesthetically superior semi-flexible removable denture

Conclusion

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

World-class products are the outcome of our incessant passion in improving dental care. And this helps us keep at the forefront of innovation. Our dental prostheses experts are passionate about exploring new ways to address challenges in enhancing the smile. All the materials we use in production have proven scientific quality and excellence. [10]

Smile confidently, go for
DentCare Prostheses

YOUR SUBSCRIPTION

The DentCare

() Yes, I would like to subscribe to "THE DENTCARE" magazine.

Subscription term:

- 1 Year (12 Issues) ₹600 /- at ₹ 540/- *Save 10%
- 2 Year (24 Issues) ₹1200 /- at ₹ 960/- *Save 20%
- 3 Year (36 Issues) ₹1800 /- at ₹1260/- *Save 30%

Mailing Information for Subscription:

Name : Mr./Ms./Dr. :

Address :

Pin Code : Email : Phone :

USE CAPITAL LETTERS

Payment Details

Cash / Cheque / DD No :

Date : for ₹ :

Name of Bank :

Bank Details

A/c Name : DentCare Dental Lab Pvt. Ltd.

Bank Name : HDFC Bank

A/c No. : 14862320000161

Branch : Muvattupuzha

IFSC Code : HDFC0001486

Please complete this order form duly and mail it with your remittance to
"THE DENTCARE" Subscriptions, NAS Road, 130 Junction, Muvattupuzha, Ernakulam, Kerala, India 686 661

DentCare Connect

Letters to Editor

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

Subscriptions & Advertising Inquiries

thedentcare@dentcaredental.com
Subscription, The DentCare
DentCare Dental Lab Pvt. Ltd.
NAS Road, 130 Junction
Muvattupuzha, Ernakulam
Kerala, India 686 661
+91 485 2835112 / 113
+91 9142021711

www.dentcaredental.com
facebook.com/dentcareindia
twitter.com/dentcareindia



DENT EVENT CALENDAR 2018

14-15

September

Los Angeles, USA

Los Angeles Dental Meeting and Expo

Hilton Hotel

☎ + 1 323 255 5848

☎ + 1 323 254 6622

🌐 www.ladentalmeeting.com

15-16

September

New Delhi, India

Delhi Dental Show

Pragati Maidan

☎ + 91 224 343 4545

🌐 www.delhidentalshow.org

24-27

September

Moscow, Russia

44th Moscow International Dental Forum and Exhibition

Fairgrounds Crocus Expo

☎ + 7 4 9 9 707 2307

🌐 www.dental-expo.com

27-30

September

Mumbai, India

Indian Society for Dental Research International Conference

DY Patil School of Dentistry

☎ + 91 986 965 2213

🌐 www.isdrmumbai2018.com

28-29

September

Abu Dhabi, UAE

International Aesthetic Dental Conference

Beach Rotana Hotel

☎ + 9 714 520 8888

☎ + 9 714 338 4193

🌐 www.index.ae

04-06

October

London, United Kingdom

British Dental Industry Association Dental Showcase

ExCeL Exhibition Centre

☎ + 0 207 501 6734

🌐 www.dentalshowcase.com

04-06

October

New Orleans, USA

Southern Association of Orthodontists

Sheraton New Orleans Hotel

☎ + 404 261 5528

☎ + 844 214 1224

🌐 www.saortho.org

06-07

October

Bengaluru, India

Expodent

Bangalore International Exhibition Centre

☎ + 91 959 918 9519

☎ + 91 982 506 5202

🌐 www.aditidental.co.in

12-14

October

Mumbai, India

World Dental Show

Bandra Kurla Complex

☎ + 91 22 4 343 4545

🌐 www.wds.org.in

24-25

October

Massachusetts, USA

18th Annual Meeting on Oral Care and Oral Cancer

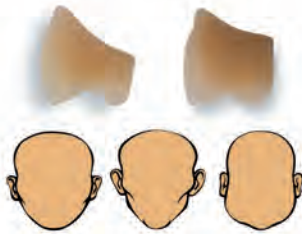
Hilton Boston Logan Airport

☎ + 1 888 843 8169

🌐 www.oralcare.conferenceseries.com



AcryRock



WHAT MAKES ACRY ROCK UNIQUE?

- 1** *USE OF HIGH
QUALITY RESIN FROM GERMANY*
- 2** *BEST VALUE FOR MONEY TWO LAYER TOOTH*
- 3** *CHOICE OF GEOMETRIC
AND ANATOMIC POSTERIOBS*
- 4** *AVAILABLE IN ALL SHADES
AND SIZES TO SUIT EVERYFACE*
- 5** *IT HAS FLUORESCENCE*
- 6** *QUALITY CHECKES TO BE PASSED THROUGH*
 - POLIMERISING TESTS/BLEACHING TESTS
 - OPACIFYING TEST
 - REISITANCE TO ACID TEST
 - HARDNESS TEST
 - SHADES CHECK
 - VISUAL TEST

**DON'T BUY CHEAP OR
LOOKALIKE TEETHSETS**

**BUY ONLY
AcryRock**

RUTHINIUM DENTAL PRODUCTS (P) LTD.

(100% Owned Subsidiary of Dental Manufacturing S.p.A. Italy)
208, New Delhi House, 27 Barakhamba Road, New Delhi. 110001
Ph: 011 - 2331 3500/4200, Telefax: 011 6630 2650
info@ruthinium.co.in

www.ruthinium.co.in

Contribution of DentCare Management and Staff towards rebuilding Kerala

Mr. John Kuriakose (Managing Director, DentCare Dental Lab Pvt. Ltd.) hands over a cheque of Rupees 25 lakhs to Shri. Pinarayi Vijayan, Chief Minister of Kerala, in the presence of Mr. Gopi Kottamurikkal (Ex-MLA) towards Chief Minister's Distress Relief Fund (CMDRF)





Educare Institute of Dental Sciences

Chattiparamba, Malappuram Estd. 2006 (Affiliated to Kerala University of Health Sciences. Approved by Dental Council of India & Govt.of India)

Courses Offered

- # BDS
- # MDS
- # Implant certified Course – 6 Months– Collaboration with SAINS University, Malaysia

Our Attractions

- # Speciality and Implantology Clinic
- # CBCT Diagnosis
- # ISO Certification
- # Student friendly Campus
- # High result in University Examinations
- # Well equipped Library

Contact No:

0483 2708353, 2705603, 2705602

Mob:

9946535777, 9072406000



EDUCARE INSTITUTE OF DENTAL SCIENCES, KILIYAMANNIL CAMPUS, CHATTIPARAMBA, MALAPPURAM-676504

Ph: 0483-2708353, 2705602/603, Web: www.educareinstitute.in

Bleeding Gums During Pregnancy



Approximately half of pregnant women have swollen, red, and tender gums that bleed while flossing or brushing. This condition is called **Pregnancy Gingivitis**, a mild form of gum disease.

Pregnancy Gingivitis is partly caused by hormonal changes that make their gums more sensitive to bacterial plaque. Gingivitis can leave the gums tender and swollen and make the gums bleed while brushing or flossing.

Complications

Gingivitis during pregnancy or at other times is a mild form of gum disease. But it can progress to Periodontitis, increasing the risk of preterm delivery, low birth weight or Preeclampsia.

Maintenance of good oral care before, during and after pregnancy can help prevent these complications and keep the baby as healthy as possible during gestation and after delivery.

Pregnancy Gingivitis is partly caused by hormonal changes that make their gums more sensitive to bacterial plaque



Dr. Rishika Ahuja
Dental Practitioner
New Delhi, India

Precautions

1. Proper oral care during pregnancy is the best way to prevent Pregnancy Gingivitis
2. Brush the tooth gently twice a day, with a soft-bristled toothbrush
3. Excess pressure on the gums can cause bleeding and hence, brush the tooth lightly
4. Avoid intensive brushing, as it can exacerbate inflammation
5. Limit sugary foods and those that stick to the tooth surface
6. Make sure that pregnant women get enough Vitamin C and Calcium, which are nutrients that promote the health of teeth and gums
7. Use alcohol-free fluoride mouth rinse

Pregnancy Tumor

Sometimes, pregnant women develop “Pregnancy Tumors” on the gums. These are often small lumps or nodules on the gums, which can bleed while brushing or flossing. This relatively rare lump is called Pregnancy Tumor or Pyogenic Granuloma. It is not cancer but rather just swelling that happens most often between teeth.

Pyogenic Granuloma is a smooth or lobulated exophytic lesion. The younger lesions are more likely to be red, due to a large number of blood vessels, while the older ones change into a pink color. These lumps are benign and usually go away after childbirth. [4]



Healthy Gums Gingivitis

AMALGOMER™ CR

Worlds Strongest Posterior Restorative
with compressive strength up to 426 MPa

IMPROVED

Made in UK 



Pack of 12g+5ml

Mixing Ratio
2 : 1
Powder Liquid

AHL
Advanced Healthcare Ltd
Chiddingstone Causeway, Tonbridge,
Kent TN11 8JU, United Kingdom
Web: www.ahl.uk.com

The first GIC technology designed to surpass the test properties of Amalgam Normative standards (ISO1559:2001) as well as GI Standard (ISO9917:1991).

For North Kerala Enquiries
KCK Dentals, Calicut
Ph : 0495 4020510

For Kottayam, Idukki, Ernakulam
Hi Dent, Muvattupuzha
Ph : 9497250144

AHlute



Glass Ionomer Luting
Cement (Powder/Liquid)

AHlute +



Resin Modified Glass Ionomer
Luting Cement (Powder/Liquid)

AHfil+



Glass Ionomer Aesthetic/
High Strength
Posterior Restorative



Exclusive Importer India : Welcare Dental

welcaredentals@yahoo.com | 0480 2751719, +91 9349124277 | www.welcaredentalonline.com

Experience DentCare

Experiencing Perfection



Dr. Nawneet
Dental Practitioner
Ranchi, Jharkhand, India



Experiencing Truth



Dr. Abi M. Thomas
Principal
Christian Dental College
Ludhiana, Punjab, India

Last month when I got an opportunity to visit DentCare, I had one question in mind, 'Is it worth travelling 2500 kilometers (km) to see a dental lab?' My insatiable longing to learn CAD / CAM dentures forced me to say, 'Yes, I am coming.'

The lab appeared to be just like any other lab with Aluminum composite and glass panels, but when I peeped through the glass from the 'waiting area' near the Reception, I saw a host of people working together without the 'whispers of existence'.

'How many people are working here? I asked with curiosity. 'Around 4000', was the reply. Truly incredible!

I realized that the success of DentCare lies in its extraordinary discipline and flawless management. Hats off to Mr. John Kuriakose, the Managing Director, DentCare Dental lab for elevating the lab to global standards with his comprehensive management plan, including 'apportioning responsibilities' and giving everyone their own identities.

The timings for a break, the spacious dining hall, the instructions to walk on the right side of the stairs, impressive signboards, punctuality, integrity etc. are some of the attributes that make DentCare stand out from the pack.

DentCare has taken latest technology in dentistry to all corners of the country. This is a service to mankind and also a remarkable achievement for the lab itself. They help and motivate dental practitioners to give our best to the patients.

I am looking forward to many more innovative dental prostheses like Crowns, DentCare Clear Aligners and CAD/CAM dentures from DentCare to enhance the 'smiles' of my practice. ☐



The visit to DentCare Dental lab was a life-enriching experience for me. At Christian Dental College, we relentlessly emphasize on three key areas – spiritual competence, professional competence and social relevance, for the all-round development of the students who enroll with us.

I was extremely happy to see that all these core values have been held in reverence and unfailingly practiced at DentCare. Also, I cannot but help congratulating the lab management for upholding noble values in their personal lives as well as at the corporate level.

I convey best wishes and prayers from the 'CHRIS DENT' family. ☐

Diversity in precision.

Dentaurum – Your partner in dental orthodontics.



For more than 130 years, the name Dentaurum has stood for outstanding quality, continuous innovation and a high level of responsibility regarding its orthodontic products.

As an owner-managed family company, we are active worldwide, whilst focusing clearly on our location in Germany. For "Made in Germany" means: innovative development and high-tech production methods for the manufacture of high-precision products for you.

Then, as now, orthodontists and dental technicians around the globe are impressed by our products and services. Find out why for yourself!



Our objective

- Precision technology and innovative strength
- Development and production in Germany
- Sustainability and environmental compatibility
- Commitment to quality and service

D
DENTAURUM

Cercon[®] Zirconia

Makes your patients smile



THE NEW ZIRCONIA FOR COLOUR ACCURACY AND PREMIUM ESTHETICS

- Premium esthetics even in monolithic restoration
- True colour technology
- Highest strength >1200 Mpa

Ask your nearest lab for Cercon Zirconia Crowns. For more details please visit www.cerconsmiles.com