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THE DENTCARE

Your Monthly Health Care Magazine

Brightening smile the world over



**Dentist
Speak**

Neonatal
Surgery

**Miraculous
Children**

Digital Dentistry

FOCUS

Media turns Panoptic:

Interview with Johny Lukose



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Dear Reader,

Celebrations at 'The Dentcare' continue unabatedly.

Our passion to brighten smiles the world over is in itself an immense source for celebration in the lives of the Dentcare family.

Turning 50 from what began as “The First Impression” is yet another reason for us to believe in all humility that we owe you inexplicable gratitude for nurturing this publication with your tremendous generosity and enabling it to leave a “Lasting Impression”!!

This edition derives further meaning as it revolves around the “sweet” word, Child.

They are God's best gift to us. And just as much as we shape the content of these pages, Children need undivided attention.

Alarming are the signs we witness today. And deeply disturbing, I must add when the same amounts to the scars “our little miracles” are left with in the aftermath.

Our minds need to waken up. Our senses need to be vigilant. Our efforts need to be focused. Women and Children need better safeguards. If we can speak out as Dentists, so can you?

Sweet yet equally dangerous is the Diabetic Truth. What lies within all of us is a sleeping giant. Let it not turn out to be the surprise we least anticipated in our sedentary existence.

Detox is your best recipe for a healthy life. Give it a thought.

We urge you to act without further delay.

Yours truly,

Prof. (Dr.) George P. John

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JUSTICE (Retd.) P. SATHASIVAM
GOVERNOR OF KERALA



RAJ BHAVAN
KERALA

16 October 2017



MESSAGE

I am very happy to know that DentCare Dental Lab Pvt. Ltd., Muvattupuzha has been bringing out a magazine, **The DentCare** for the last four years.

It is commendable that **The DentCare** has been actively propagating the significance of oral health as well as dental hygiene by regularly updating its readers on the latest information pertaining to dental care.

I wish the magazine all success.

A handwritten signature in black ink, which appears to be 'P. Sathasivam', is written above the printed name.

[Justice (Retd) P. Sathasivam]

Dentist Speak



Think out of the box;
Think of Public Health! ➤

The Art and Science of
Practice Management ➤

Dentist-Laboratory
Communication in
Modern times ➤

Think out of the box; Think of Public Health!



“As a clinician, I can help one patient at a time; but as a public health practitioner, my actions can benefit millions”.

Many students and juniors would ask me: “Sir, what after BDS? Is Public Health a viable option?” “There is hardly any such MDS seat in the Government!” “There is no scope for Dentistry!” “There is no scope of clinical practice!” “There is no use of MDS!” “Is there good scope for Master of Public Health (MPH)!”

I would like to address some of these burning questions and also try to build a perspective amongst young Dental professionals.

The phase of choosing a career path is both exciting and troubling. The thought of endless possibilities / lack of opportunities and saturation in your choice can leave you overwhelmed.

You should remember that if you are good at something, no one can stop you from excelling at it. To make a wise career choice, you should know about your strengths and weaknesses. Play on them, to make an informed choice by yourself.

Dentistry offers good career paths, especially in the field

of cosmetic rehabilitation which will become one of the highest paying careers, in times to come. We all want a fruitful career that is both intellectually and financially rewarding.

With regard to the worrisome questions about the future of Dentistry and Public Health, you should understand that no one can predict their future.

If you are willing to put your heart and soul into Dentistry and strive forward, you will succeed in it. I have not met a single successful Dentist who succeeded by practicing with half a heart or taking shortcuts.

The same logic applies to Public Health. You should not select a career path just because the other path does not look promising. Follow your dreams.

As a dentist, you should always be committed to Dentistry. If you are leaving this and entering Public Health, expecting a miracle, then you are cheating by depriving Dentistry of a promising practitioner and giving Public Health a mediocre one.

Public Health is a growing field in India, with plenty of opportunities. In the present scenario, the old saying – 'Prevention is Better than Cure' stands out firm and true.

The focus is slowly shifting towards primary care. No matter how advanced our tertiary care is; a lot of discomfort and resources can be avoided, if we do not let the disease catch or progress in the first place.

As a BDS graduate, you have



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the capability of becoming the cream of Public Health professionals. Though you are trained in oral health, the foundation of health care was laid in first three years of your course.

It often happens that we forget or underestimate our capabilities. For me, Public Health enabled me to explore my maximum potential.

There are several courses that can be done after graduation – Masters in Public Health, Post Graduate Diploma in Public Health and Post Graduate Certificate in Public Health. All of these will enable you for a variety of career choices. Following MPH – a full-fledged professional course - you can move on to pursue Doctor of Philosophy (PhD) or Doctor of Public Health (DrPH); both of which are equivalent.

After completion of the Masters program, you can venture into a plethora of fields in Public Health which include Program implementation, Policy research, Health economics, Research, Monitoring and Evaluation, Epidemiology, Global health, Hospital management, Quality assurance etc. All these fields are vast in themselves and require full-time practitioners.

There are also several specializations in Public Health, offered by different


Universities, such as – Epidemiology, Maternal and Child Health, Environmental and Occupational Health, Policy research, Health economics and Global health.

As a Global health graduate, you can come by several opportunities around the world. Public Health is in dire need of doctors and medical professionals and they act as a perfect bridge between inter-disciplinary barriers of public health challenges.

Another question is – Who hires these graduates? Starting from the Government to United Nations (UN) Agencies to Non-Governmental Organizations (NGOs) like Bill and Melinda Gates Foundation and Johns Hopkins; everyone is headhunting for driven young Public Health professionals.

We come back again to what we discussed. Do not choose Public Health as a compromise or as a secondary option to anything else. Once you decide to be in it, it will absorb you faster than alginate absorbs water!!

To a Public Health practitioner, the world is his oyster; all you have to do is to think out of the box and take a leap of faith.

Hopefully, I will see you soon as a young Public Health practitioner making a difference! 

THE ART AND SCIENCE OF PRACTICE MANAGEMENT

Practice management, like dentistry, is an art as well as a science. It is a skill that must be acquired and nurtured by every practicing dentist.

While I was conducting lectures and courses many a time across the country, I have heard from dental practitioners:

“Why should I learn practice management? I know it already” or “I already have a good practice and I do not need practice management”.

This is the common response of many dental practitioners, when you talk to them about practice management.

Dentists generally think that practice management can be acquired naturally with time. And that you can improve yourself with years of experience in practice. This is utterly wrong.

The problem with experience-based learning is that you need to spend a lot of time and effort for acquiring expertise. You may get it right in the end, but the price you pay for it may be too much. And because the loss – due to non-mastery of practice management – is not easily quantifiable, you normally tend to ignore it.

Practice management is an art which must be acquired professionally and proactively. A small professional touch can make a big difference.

Dental practice is a profession from which you make a living, get recognition and create wealth. So, the earlier you learn the art of practice management, the faster you will be

able to achieve your goals in life.

Practice management is not only about making more money but it is all about living a great life i.e. maintaining a well-balanced one, in every sphere and enjoying it to the fullest.

One of the biggest benefits of learning the art of practice management is that it will be very easy for you to handle, manage and execute your dental practice.

In routine practice, many practitioners find it difficult to manage things like handling staff, patients and their objections, financial aspects of dental practice, managing time etc.

All of them ultimately adds a lot of stress to their life, which invariably affects their health as well as family life and that in spite of hard work, they are not at all internally happy.

Therefore, it is not a wonder that dentists are a few of the most stressed people in the world.

Dentistry in the 21st Century

Dentistry has become more demanding and challenging in the modern world of digital technology. The advances in technology and modernization have completely changed the scenario of dental practice.



Increased awareness about dental care among patients has added more challenges to the profession, in the modern era of information technology.

Patients today are more informed and skeptical as well as less trusting that make a dentist's job even tougher.

It has become mandatory to keep yourself updated with the latest treatment modalities. Modernization of a dental clinic has also added overheads towards running a practice like increased material cost, purchasing the latest equipments, increase in expenses towards staff salary, data maintenance, record etc.

Therefore, practicing dentistry has really become more difficult with each passing day.

The real Problem

Increasing number of practicing dentists has resulted in cut-throat competition; the biggest problem being faced nowadays. In our country, almost 25000 dentists are graduating every year and hence, there is tremendous

competition and struggle for survival.

For a general dental practitioner, the easiest way to attract more number of patients is to lower the treatment charges and focus more on prospective patients.

The unhealthy competition among dental practitioners has not only reduced the quality of dental treatment done to the patients but also spoiled the name of the profession.

For attracting more patients and also to flourish in practice, dentists today are unfortunately using unhealthy and even in some cases, unethical tactics. In such a situation, nobody is winning.

Therefore, everyone should strive hard to find a possible way to overcome this predicament. Unfortunately, there is no light seen at the end of the tunnel.

The Way out

As a dentist, instead of entering into this rat race, you should grow yourself clinically as well as personally. Indeed, you should focus keenly on self-development, so as to reach a height where you would become incomparable and your practice become invulnerable to competition. It may sound very difficult but it is certainly achievable, with proper practice management.

Dentistry is all about the 3 M's – Marketing, Management and professional Mastery.

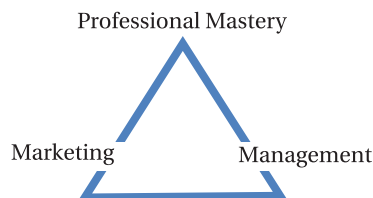
The problem is that nowadays, all practicing dentists are

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concentrating only on improving clinical skill. But, this alone is not sufficient; they should also give equal importance to marketing and management aspects.

We usually spend a lot of time, money and efforts for learning professional skills. What about marketing and management?



The illustration seen here wonderfully explains the importance of all the 3Ms, for a successful dental practice.

Marketing is the soul of every business and dentistry is not immune to it. Effective marketing will help patients opt for you over others, for their dental problems.

Once a patient comes to your clinic, it must be remembered that unless he accepts and gives consent for your treatment plan, you cannot show your clinical expertise.

This role is played by the second 'M' i.e. Management which helps conduct a successful patient consultation using the soft skills effectively. As the illustration shows, it is the soft skills coupled with your effective marketing which make the base of the triangle and on this foundation, the apex of treatment opportunity lies.

This means that none of these three things is less important. Professional mastery is what ultimately makes a patient happy at the end of treatment; but it all begins with your soft skills: management and marketing.

It is your inherent duty to do the best possible treatment for the patient. But, at the same time, you should also learn to balance personal and professional life along with the financial aspects.

Many dentists are very good clinicians but not so good businessmen. It is simply because they are not aware of the business of Dentistry, as it is not taught professionally.

So, as a dental practitioner, you must learn all the principles of practice management in order to have a successful career.

Practice management undoubtedly is the need of the hour! 

Dentist-Laboratory Communication in Modern Times

Communication is the most important factor in fostering a positive dentist-laboratory relationship. Poor dentist-laboratory communication ends up in the 'blame game', whereby each professional points the finger at the other, for the want of desired outcome.

The breakdown of mutual trust and respect will lead to hasty troubleshooting decisions, punitive alternative outsourcing, mistrust and severed relationships. But, this should not have any place in the day-to-day practice of the art and science of dentistry.

When we – dentists and laboratory technicians – create an environment of team approach within our individual workspaces, it would help foster a mutually supportive relationship, between our two disciplines; since we both rely so heavily on each other. This unique interrelationship is dynamic, maturing as well as evolving and should be lauded rather than suppressed.

In routine practice, dentists and laboratory technicians are used to relying on handwritten laboratory slips and phone calls to address questions. Usually dental works are picked up and delivered either by the owner or an employee of the laboratory.





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If a dental clinic as well as laboratory are physically close, treatment planning could be done face-to-face. But, if the offices are far apart, smart phone is the convenient means of communication.

If a custom shade is required, either the laboratory technician will have to go to the dental practice or the patient to the laboratory, even though advance shade tabs are available nowadays.

Whenever there occurs doubt, the work has to be sent back to the dentist for a review and as a result, the process gets delayed. This problem can be minimized with the help of a digital camera, with which a laboratory technician, before fabricating a restoration, can send a snapshot to the dentist and discuss about it. This is helpful, especially in complex restorative cases.

Video technology helps a dentist communicate with a dental lab online, no matter where the dental laboratory is located or the dental technician is working: just a call to switch on his or her internet video conferencing application.

So, a dentist can show his or her dental technician an inadequate articulation, deficient crown margins, swinging bridges and

everything else, pertaining to the case. The dental laboratory will be grateful not to be obliged to visit the dental office every time, if there is a (minor) problem with the case.

A new promising technology is digital impression, with which dental impressions are taken digitally and sent to a dental laboratory online, where the restorations are designed and milled.

It is now possible to take an impression digitally and send it immediately using internet to a milling center, while patient is still on dental chair.

Before a laboratory technician fabricates a restoration, he or she can check for adequate preparation in the Software and send the three dimensional (3D) model to the dentist, if any corrections are required. With the patient still on the dental chair, the dentist can modify the Case, if needed, and take a new impression and send it back to the laboratory for a review.

Similarly, even if everything is fine with the preparation, technician can send the final design of the prosthesis to dentist for a review. Full contour crowns can be fabricated, even without a physical model.

It is also possible to develop a digital working model with the digital impression that replaces the traditional Polyvinyl Siloxane (PVS) impression. This is especially helpful, as it allows multiple uses.

When a dentist scans for recording a digital impression, the scanner automatically matches the various shades and stores all the shade values together with the digital Impression. Hence, dentists can omit the extra manual step that becomes necessary for

taking visual shade with shade guides.


A dentist has the option to evaluate and highlight the relevant areas for the dental laboratory and send the complete shade information to the laboratory together with the digital impression.

With the latest innovations, the digital impression scanner has become a multifunctional digital solution that creates three dimensional (3D) digital impressions, measures color shades of teeth and takes intraoral high definition photographs; all in a single Device. This combined device, which can be effectively utilized by a dentist as well as laboratory technician helps design and fabricate restorations of optimal quality.

There was a time when communication between a dentist and technician was done by assumption. Hope that the days of writing “PFM (porcelain fused to metal) crown and shade” are over.

It is apparent that modern lab communication involves the triumvirate of dentist-patient-technician to achieve predictable results.

The dentists who demand quality results must find their voices and tell the technician what they want. The patients, who have high dental intelligence quotient (IQ), know what they want and expect their dentist-technician teams to deliver first-rated prosthetics and not mediocre outcomes.

All technicians must insist on a complete set of information from their dentists and encourage the means of communication that take advantage of these amazing changes in technology. 

DentCare

In My Experience

I am very much privileged to visit DentCare Dental Lab. It has inspired me to such a great extent that I do not have words to describe it. Each worker was so honest, sincere, hardworking and focused. Moreover, a clean and well-organized work zone was truly heartwarming.

It is absolutely astonishing to explore so many infinite machines and tools and above all, to see everything in order. The new dental technologies and quality materials are really staggering.

With DentCare, I have really found a good partner, which has enhanced my career, as my chair side time is considerably reduced and productivity has increased manyfolds.

Through all the years, I have found joy and excitement with every case I do with DentCare and would like to thank them for all the services that they have been doing for 30 years for the dental profession.

I am glad I came all the way to witness pure professionalism. 



Dr. Sushen Sharma
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Reminiscing the launch of 'The DentCare'



A SPECIAL TIME FOR CELEBRATION AND REFLECTION

We are proud to introduce the 50th issue of “The DentCare” to our Dear Readers.

The DentCare celebrates not only its impressive past but also its promising future.

Over the years, The DentCare has carved out a coveted place for itself as one of the best healthcare magazines, with our unwavering adherence to a set of sacred principles, decorum, diction and propriety that we diligently abide by in every single aspect of this publication.

The DentCare proliferates itself as a trendsetter in the dental fraternity.

Dear Readers, you have made this compilation a reality and are the reason to keep us going with your substantial incitement and contributions. We always endorse your aspirations and ensure that the content published merits your attention, rises up to your expectations and delivers the values we stand for.

It is with immense complacency, we extend our warmest gratitude to the Dear Readers who have consciously helped The DentCare thrive as a full-fledged magazine and affirm that we will keep persevering to inspire you and strive for even greater heights.

Be the Cure; not the Reason for Disease



Dr. Ammar R. Abdelfattah is a Specialist Pediatric Dentist with extensive experience in dental care for infants, children and adolescents. His field of expertise encompasses the management of patients with behavioral problems and special needs. He is extremely passionate about providing oral health education through positive and painless dental experiences.

Tooth decay is the result of an infection with certain types of bacteria that use sugars in food to make acids. Over time, these acids can make a cavity in the tooth.

If left untreated, tooth decay can lead to the gradual loss of the minerals that form the tooth, including calcium or phosphate. Over time, the lesion can grow through the outer enamel layer to infect the underlying dentin or even the innermost pulp and as a result, the tooth loses its vitality.

Obviously, there is a huge gap in the proportion of children with tooth decay in developed and developing countries.

There is a huge decline in the proportion of children with tooth decay in developed countries due to many reasons: timely treatment, sustainable prevention programs and many other important strategies.

On the other hand, developing countries are mired in tooth decay. This raises a number of questions: Is it because of eating habits,



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Specialist Pediatric Dentist
Kingdom of Saudi Arabia

Tooth decay is the result of an infection with certain types of bacteria that use sugars in food to make acids. Over time, these acids can make a cavity in the tooth

carelessness or lack of awareness?

Whose responsibility is it to spread the awareness about tooth decay? What is the role of mothers in preventing the risk of cavities? What is the role of schools in checking this? What are the main steps and strategies needed to be implemented to get over the ghost of tooth decay?

Food – a Double-edged Sword

Undoubtedly, food is an essential element for the growth of children. So, mothers are keenly looking for good-quality food, to be given in right quantity for their children.

Still, some mothers miss the very important fact that certain types of food, their texture, the frequency of eating and the way of cleaning the tooth etc. affect oral health and result in tooth decay.

The Role of Mothers

Food is a double-edged sword; certain types are good while others are bad. Useful

foods help in the growth of a child, while the bad ones result in many health problems. Mothers need to be aware of the good-quality food required for their children and should keep an eye on their eating habits.

Food

Mothers, who offer carbohydrate and sugary foods, increase the chances of their children getting tooth decay, than the ones who offer milk products and fiber foods, such as fruits and vegetables. The latter provides the vitamins required for their oral health, increases the resistance against decay and stimulates the secretion of saliva, necessary for digestive functions.

Food Texture

Rye bread stimulates chewing, strengthens the muscles of the jaws and rubs the tooth, while soft bread gets easily broken down into sugar by saliva. But, it gets stuck into the crevices between teeth, resulting in cavities.

All mothers should keep away from serving the sticky sugars such as, sticky candy, stuffed chocolate, caramel, cotton candy, baked desserts, nuggets and raisins that increase the risk of getting cavities.

Number of Meals

A child, who eats a lot of sweets at a time and

brushes his teeth, is less likely to get tooth decay than the one who eats small amounts, at different times during daytime. The bacteria in the second case are being constantly supplied with sugar while those in the first one do not find the required amount of sugar needed to produce acids.

Soda – the Delicious Danger

Not even adults can resist the temptation of drinking soda; may be because of the shape of the can, its sweet taste or its promotion. Imagine how it could be for a child!

We do not usually read the ingredients involved in the soda, otherwise we would stop drinking soda. As a result, we are not aware of its countless harmful effects.

Here is the dark truth behind the candy liquid and the ten reasons to skip it:

- It contains zero nutrients.
- It can lead to osteoporosis.
- It contains caffeine which leads to iron-deficiency anemia.
- It makes you lose your appetite.
- Causes indigestion.
- It makes you gain weight.
- It leads to digestive enzymes disorder.

- Weakens kidney function and leads to kidney stones.
- It causes carcinogenic diseases.
- It will damage your teeth.

Neither sugar nor acids are good for the tooth, especially for children; as sugar causes cavities and the acids in soda etch off enamel, resulting in tooth decay.

Healthy Alternatives and Techniques

A healthy generation with no tooth decay is what we desperately need at this time. The real change should start within each and every one of us, especially with mothers who could be an advisor to their children, in reducing tooth decay.

All mothers should ensure the good eating habits of their children and teach them about what is good as well as bad for their body and health.

Mothers can also use interesting techniques to attract the attention of children to healthy

foods: a change in presentation and cubes of brightly colored fruits are always fun and can make all the difference.

Let your kids drink water, natural beverages and fresh juices, instead of soda between meals. For children, unsweetened tea and milk are better for strengthening bones and the tooth.

Usually, kids are reluctant to clean their teeth on regular basis; so it is the mothers' responsibility to create new ways to attract them. Mothers can use different approaches to attract them for cleaning their teeth.

- Playing approach.
- Exhortation approach.
- Motivating approach.

Racing games are the best when it comes to playing approach; ask your child to reach a definite point before counting to three and finish his plate the first.

When it is time for lunch, tell the child that the winner is the one who finishes and brushes the tooth first.



Mothers should motivate their kids by bringing a colorful toothbrush or let them choose the one they like the most.

They can even use the exhortation approach. It is by giving rewards to induce the desired behavior. Mothers can reward their children with small gifts when they successfully complete the task.

Mothers should also ensure the healthy eating habits of their children, from the beginning of schooling, as there is no monitoring system at school canteens, where unhealthy foods, such as potato chips, soda and candies are made available for the students.

Therefore, it is imperative that all mothers should send their children to school with packed lunch.


Shared Responsibility

Schools should have a monitoring system at the cafeteria to see that junk or harmful foods are not being dispensed.

Moreover, Schools should promote awareness among parents and children about healthy foods, using modern scientific methods and visual applications.

Let us not forget the important role of teachers in providing the required guidance and support to children about the importance of oral health and hygiene.

If you are ready to follow these tips on a regular basis, they would help keep the baby as well as permanent teeth of your children in good condition besides preventing tooth decay.

Mothers should also ensure that their children receive prompt treatment for the problems as soon they are being diagnosed. 



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Start Your Day with Detox Water

Detox water helps eliminate the toxins present in the body and helps the detoxifying organs (liver, kidneys, lungs and skin) fulfil the task more easily, without being overloaded.

What is better than Detox Water?

Detox water is definitely flavor infused water which cleanses your body.

I used to be really bad at drinking water though I know it is the worst habit ever and that is why, I started making infused water by adding some flavor to the water, packing with nutrients.

It helps in weight loss; gives a glowing skin and also helps you beat the heat. It is also a good replacement for sugary beverages. So here is what you need to know, to fancy up the water with your favorite combinations of fruits, vegetables, spices or herbs; to help you stay hydrated all year round.

There is no specific way to make infused water; you can add any of your favorite ingredients. For my infused water, I used a Mason jar, lemons, oranges, berries, mint leaves, ginger and rosemary. Add your combinations with cold water and place it in the refrigerator for a minimum of two hours or overnight to achieve the best flavor.

You can also infuse water in room temperature and serve it with ice. I try to use my infused water on the same day, as some of the ingredients may change its taste and get spoiled, as time goes by.

Generally, lemon and orange infused water lasts longer, but they can create a bitter taste, after a while. If you do not finish the water in a day, filter the solid ingredients out and then, you can keep the water intact, up to two days, in a refrigerator.





Dr. Prima Wilfred
Dental Practitioner and Behavioral Health Specialist
San Diego, California, United States

Infused water is not just flavor packed, but it is so pleasing to the eyes, to see the different colors in your water. So pop in a straw and enjoy this flavor packed water on the go, in a beach or on a warm summer day.

Here are five of my favorite combinations.

Strawberry, Lemon and Mint

This is my favorite and I make this frequently because these ingredients are always there in my kitchen. For this, I used a few mint leaves, half a lemon and 2-3 sliced strawberries. Strawberries always give you that sweetness plus more Vitamin C than orange.

You all probably know that lemon is filled with collagen building vitamin C; great for boosting the immune system and helps maintain a flat belly. Also, I love the flavor it gives. Mint leaves soothe the stomach and aids in digestion.

Lime, Mint, Cucumber and Ginger

This combination, packed with nutrients, is a great cleanser for your system and helps eliminate bloating. Cucumber is packed with 95% water and helps in hydration and detox. Plus, it is rich in silicon which helps boost skin elasticity and moisture. For this, I used

half a lime, a few mint leaves, half a cucumber and a few slices of ginger.

Blueberry, Mint and Orange


This combination is packed with antioxidants and Vitamin C. Blueberries provide you with antiaging properties: Vitamin C and E. For this, I used 7-8 blueberries, a few mint leaves and half an orange.

Rosemary, Lemon and Blueberry

This is another combination, packed with antioxidants and Vitamin C. I used two sprigs of rosemary, 7-8 blueberries and half a lemon.

Watermelon, Ginger and Lemon

Watermelon is the fruit you must incorporate, during the warmer months. As we all know, 90% of watermelon is water and provides immense hydration and has antioxidant properties, besides being a good source of iron. I used 3-5 scoops watermelon, half a lemon and a few slices of ginger.

Be creative and make infused water with any of your favorite combinations, because the possibilities are endless. Hope you guys try them out and love them as much as I do. Stay hydrated and detoxified! 



*Stay
hydrated and
detoxified*



making work easy



lay:art: a user experience

Ivoclar Vivadent New Zealand's Deona Grobler-Murray has documented her experiences with our lay:art brushes and mixing trays. We are happy to publish them on our blog.

What a refreshing, clean and artistic feeling the Renfert lay:art range brings to us in dental technology... it combines beautiful design with such clever functionality that it turns even the mundane into something special. Every ceramist needs a bit of daily inspiration for creating beautiful and natural restorations and Renfert gives us just that in the lay:art range. There is a choice for every requirement and taste.

lay:art trays

I love the lay:art crystal aqua. Wetting of ceramic via the foam moistening strips is made easy through the uniform capillary effect. It is easy to keep clean as the strips are resistant to the formation of mold. It is also very practical by providing a surface of counter pressure when picking up your porcelain with your brush. The glass surface is super smooth and a very eye friendly neutral grey

colour which further enhances the pleasure of working.



Deona Grobler-Murray with her lay:art mixing tray.

The lay:art tropic and tropic pro provides a fine, continuous moistening ceramic tray with or without wells in a small or large layout depending on the ceramists liking and individual requirements. The ceramic surface is smoother than ever before, is kinder to your brushes than before and provides a white working surface for those who prefer it.

The lay:art natural trays are a beauty to behold...each piece uniquely crafted from semi-precious agate stone...collecting these can become a hobby! It gives the creative and truly artistic side of every ceramist the opportunity to mix colours and shades to their hearts content on a surface that is inspired by nature.

The lay:art crystal is your classic glass tray redefined and will appeal to the more classically practical among us to arrange their shade and stain materials in an efficient way on the segmented grey glass surface.

For those who prefer wells, the newly designed drop shaped wells of the lay:art color tray are a wonderful design feature. They are sharp

edged at the back for wiping your brush and tapered at the front for the controlled pick-up of your stains.

lay:art brushes

The lay:art Style range of brushes offer ceramists an impressive choice in size, shape and therefore technique and personal style is beautifully catered for.



Deona Grobler-Murray with a lay:art brush.

The sizes refer to the amount of porcelain and water used for different working stages. 'Slim or Bold' refers to the amount of moisture release – slim releasing less moisture for more delicate build-ups and bold releasing more moisture for build-ups using larger portions. The Cone version is extra firm for shaping areas like

the triangular ridges or mamelons. On micro build-ups on anterior IPS e.max Press restorations for example, I like using 4 Slim, 4 Cone, 2 and color (an intricate delicate tipped brush with many uses).

Renfert has researched the vast variety of individual requirements and we now have 10 extraordinarily high quality lay:art Style Kolinsky brushes to select from. These Kolinsky brush hairs have undergone a strict selection procedure, particularly gentle processing to ensure the outstanding properties of the brushes are achieved and maintained throughout manufacture and use – stability, resilience, durability and longevity. The brushes also contain about 20% more hair than usual but have tips that are finer. Brilliant.

This attention to detail in material selection, design and manufacture makes these brushes a level above others.

Thank you to Renfert for a range of products that reflect and support sophisticated working styles and foster the artistic work within our technically skilled profession!



Renfert Blog

The Renfert Blog is the heart of our Social Media strategy. Our blog is like a digital journal that offers you insights into Renfert, as well as articles on various dental topics and trends. With our content we aim to make your work easier and give you valuable inputs. For the launch we have focused on the topics Dental Technician Know-How, Dental Trends and Inside Renfert (news in and around our company). In future we will

develop further topics to create a dental knowledge platform. Feel free to comment on our blog, you have the opportunity after each article. Further Information on our Company visit us @ www.renfert.com



MIRACULOUS CHILDREN

“Children are great imitators; so give them something great to imitate.”

These are great words for each parent to remember.

In today's world of stiff competition, most parents forget that their children are human beings. They tend to use their children as a tool to benchmark their social status.

Well... I remember a lady who once told me, she planned her pregnancy in such a way that the child will be born in December, since the top-class international school where they plan to send their child has the cut-off date for school entry as on 31 December and by this way, the child will not lose a year.

Is this the way we need to have children? Planning schooling even before conception!!! I wonder what the condition of that child is now.

Now, as the child is born, the parents will be very busily planning the first three years of his / her life for achieving milestones. And, the parents will be proud and happy if their child achieves milestones or is at par with his / her peers.

But, if the child is slow in processing and learning, then most parents will not accept the fact that the child has a problem and will refuse to take the child for an assessment.

Some parents may get very anxious and will take the child for all sorts of the assessment, available at all the leading hospitals; subjecting the child through a lot of trauma.

But, the child can be spared of all this misery, if the parents show a positive attitude and take a wise decision at the right time.

Further ahead, as the child begins schooling, most parents urge him / her to perform the best in the class or top the class.

The child may have difficulty with learning mathematics or language. But, the parents expect him / her to come first. So it is round- the-clock studies and tuition for the child.

I remember a schoolmate of mine – who was crying bitterly at lunch break, one day – saying she got only 99.5% for mathematics. Well, my score was a lowly 60% and I was going home happy.

Why was she crying? Her answer shocked me. Her mother would beat her up with a leather belt, for losing half a mark.

Now, working as a clinical psychologist, I realize that many children suffer from various problems in different areas:

- ☑ Developmental and speech delay in infants and little children.
- ☑ In academics and socialization.
- ☑ Emotional, behavioral, cognitive disorders etc.


All these problems, if left

undiagnosed and untreated, will lead to more complex issues in their adolescent and adult life.

A team comprising of a Psychologist, Speech therapist, Rehabilitation as well as Occupational therapist and a Special educator working together at a Child Development Center; with united effort, will see wonders happening to infants and young children who are brought for different therapies; thanks to the timely intervention of Pediatricians, Physicians and other Doctors.

The end result in these therapies is as amazing; as the beautiful transformation of a caterpillar bound in a cocoon to that of a butterfly that can fly high on its own.

The team assesses each child and develops an intervention plan that is customized to bring out the best in the child. They give periodic sessions to parents to share the progress achieved in the child.

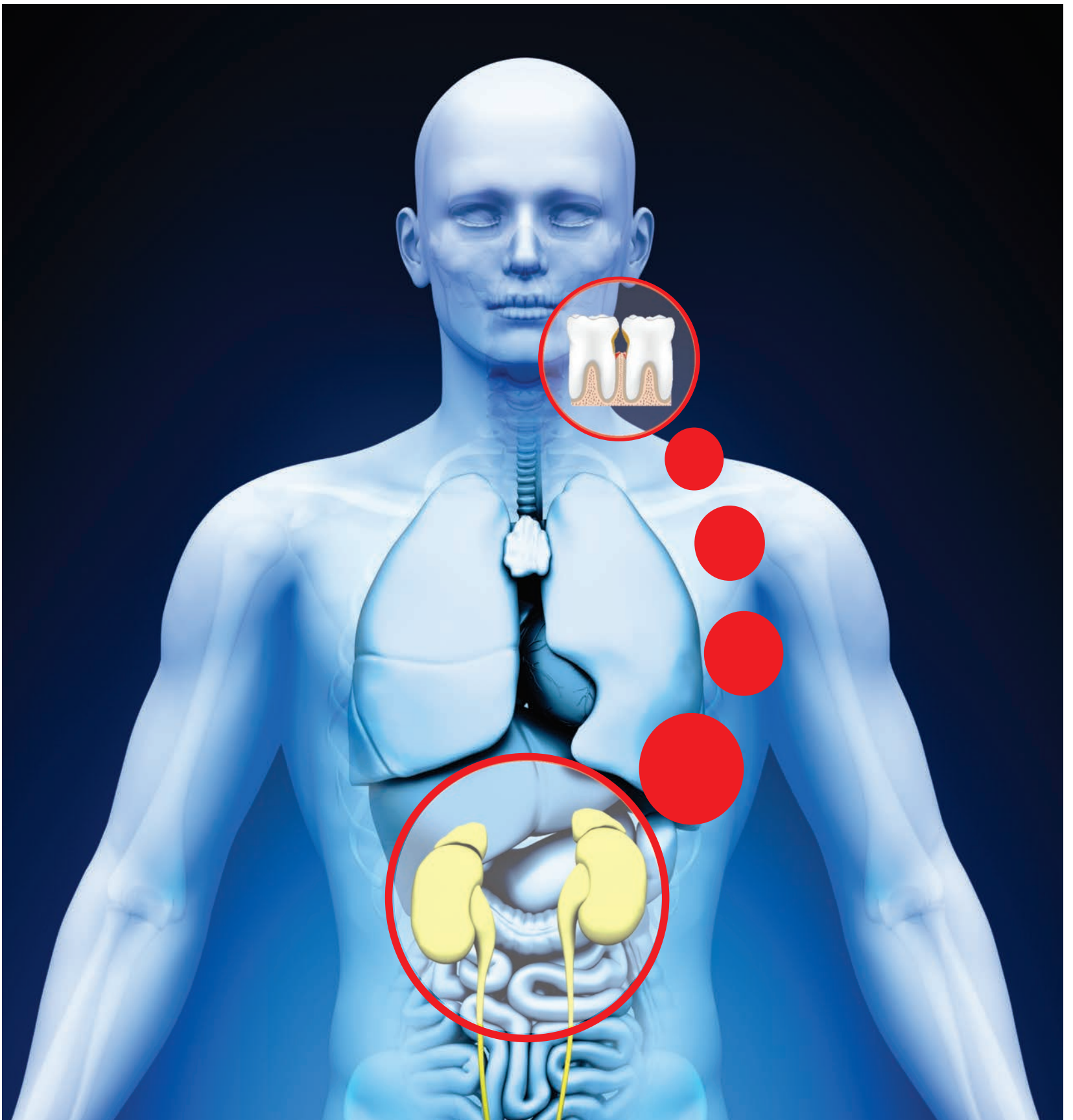
Each child is also reassessed regularly and the intervention plan is modified as and when required. The outcome of timely intervention is marvelous; which can result in the miraculous transformation to a wonderful and happy child, who can offer the greatest promise for the future. 



Ms. Sunayna Warriar
Clinical Psychologist
Pazhanganad, Kerala, India

“Children are great imitators; so give them something great to imitate.”
These are great words for each parent to remember”





Link Between Periodontitis and End-stage Renal Disease



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House Surgeon



Guided by
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Kidney failure (also known as Renal failure) is an uncommon condition, compared to Ischemic Heart Disease, Stroke, Diabetes and Cancer and therefore may appear to be a relatively minor public health problem.

The same goes for Periodontitis – a set of oral health problems which usually attacks the tissue surrounding the teeth – also taken lightly by the public as compared to cavities although it is proven that most populations do have this disease.

There is increasing prevalence of End-Stage Renal Disease (ESRD) in industrialized nations with recent advances in renal replacement technologies which have proven to prolong life expectancies which draws attention to this topic nowadays. Unfortunately, several studies have suggested that Periodontitis is especially prevalent and severe in patients receiving renal hemodialysis.

Renal failure is a process that expresses a loss of functional capacity of the nephrons, independent of its etiology. It is classified into acute, sub-acute and chronic renal failure based on its form of onset and above all, on the possibility for recovery of the structural lesion.

Acute renal failure develops in short time and dialysis is often needed to prevent permanent damage to the body while the cause is being found but on the other hand, chronic renal failure develops slowly and will eventually progress into end stage renal failure if it is left untreated.

Atherosclerotic complications, including myocardial infarction and stroke, are highly prevalent and associated with increased systemic inflammation in patients who have ESRD and are receiving renal hemodialysis maintenance therapy. ESRD is fatal without renal replacement therapy, which can be

provided by renal dialysis, peritoneal dialysis or kidney transplantation. Renal hemodialysis is the most common form of renal replacement therapy in adults and ESRD.

Patients receiving renal hemodialysis are in a state of chronic renal failure and has been associated with several oral problems including xerostomia (dryness of mouth), delayed tooth eruption, pulpal calcification but most studies has reported poor oral hygiene.

What the public fails to realize is that our mouths are full of bacteria. These bacteria along with mucus and other particles constantly form a sticky, colorless “plaque” on teeth. Plaque that is not removed can harden and form “Tartar” or “Calculus” that brushing does not clean. The longer plaque and tartar are on teeth, the more harmful they become. These periodontopathic bacteria cause inflammation of the gums called “Gingivitis”.

In Gingivitis, the gums become red, swollen and can bleed easily. When Gingivitis is not treated, it can advance to “Periodontitis” (which means inflammation around the tooth). In Periodontitis, gums pull away from teeth and form spaces (called “pockets”) that become infected. The body's immune system fights the bacteria as the plaque spreads and grows below the gum line. Bacterial toxins and the body's natural response to infections start to break down the bone and connective tissue that holds the teeth in place. If not treated, the bones, gums and tissue that supports the teeth are destroyed. The teeth may eventually become loose and have to be removed.

Several hypotheses have been forwarded to account for the correlation between Periodontitis and ESRD patients receiving hemodialysis.

1. Patients receiving renal hemodialysis are in a state of chronic renal failure, resulting in the uremic syndrome (retention of a large number of toxic compounds that are normally cleared by kidney). The uremic syndrome, in turn, has been associated with immune dysfunction, including defects in both lymphocyte and monocyte function that could permit the overgrowth of periodontopathic bacteria.

2. Nearly half the patients receiving renal hemodialysis also have Type 2 Diabetes. Historically, a strong correlation between Diabetes and Periodontitis incidence and severity has been reported in the general population.

3. The extreme psychological and time demands that renal hemodialysis imposes on patients with ESRD may decrease the priority of maintaining optimal oral hygiene and obtaining professional dental care. In support of this possibility, several studies have reported decreased use of dental services in renal hemodialysis populations.

4. Hemodialysis patients are repeatedly exposed to systemic anti-coagulation with high-dose heparin during blood purification procedures. This will predispose them further to gingival bleeding and facilitate bacterial colonization and growth, and may propagate periodontal disease.

Moderate-to-severe Periodontitis and atherosclerotic complications are prevalent in the renal hemodialysis population. Periodontitis has been associated with increased markers of systemic inflammation, including elevated C-Reactive Protein levels, and endothelial dysfunction, an early predictor of atherosclerotic complications, in the general population.

Some recent studies suggest effective periodontal therapy may decrease systemic inflammation and endothelial dysfunction. Therefore, Periodontitis in renal

hemodialysis populations may be a reversible source of systemic inflammation that can be managed through effective periodontal therapy.

However, whether treatment of moderate-to-severe Periodontitis in renal dialysis populations will result in decreased systemic inflammation and endothelial dysfunction and, more importantly, decreased incidence of atherosclerotic complications awaits the results of interceptive clinical trials in this population.

Because of the increased prevalence of plaque, calculus



formation and gingival inflammation in this population, the patient should be carefully instructed in the importance of effective oral hygiene procedures and examined at regular maintenance intervals to ensure optimal compliance.

The effectiveness of regular recall and maintenance visits for periodontal patients in the general population has been well documented and may be of even more importance in the renal hemodialysis population.

A primary objective of periodontal therapy is the local elimination of Gram-negative bacterial species and their products, which will also decrease systemic inflammatory burden. Periodontitis is common but largely preventable and is usually the result of poor oral hygiene. Daily brushing and flossing and regular professional dental cleanings can greatly reduce the chance of developing Periodontitis.

The patient receiving renal hemodialysis maintenance therapy is medically complex and


presents the dental practitioner with several challenges in the management of a periodontal condition. Infection and medical complications requiring hospitalization frequently occur. Accordingly, close communication between the dentist and nephrologist is essential to safely treat the patient receiving renal hemodialysis and to optimize management of the periodontal condition.

Anemia and possible clotting deficiencies should be evaluated in consultation with the patient's physician, and dental appointments should be scheduled the day after hemodialysis sessions in view of the heparin used during hemodialysis. Because fluid retention and resulting hypertension increases during intervals between hemodialysis sessions, dental appointments should be avoided on the day of dialysis prior to the hemodialysis.

Also, because of the high prevalence of hypertension in the ESRD population, care should be used with local anesthetics containing vasoconstrictors. The patient's current vascular access

site should be determined and avoided during dental treatment. For example, care should be exercised not to impinge on the site when monitoring blood pressure. The dosage and administration of drugs cleared by the kidneys may need to be altered with respect to decreased or absent kidney function.

Regardless of the poorly understood relationships between Periodontitis and renal disease, it is important for the public including dentists, patients, caretakers and general population to realize and take into account the importance of this co-relation and increase our efforts to prevent, detect and treat periodontal disease.

Treating periodontal disease may decrease the proinflammatory state in this population. It may also decrease the oral discomfort and improve nutritional status. Patient with periodontal disease may prefer liquids over solids owing to discomfort and this may also contribute to decreased nutritional status and volume overload. Both could potentially be improved by improving the periodontal health. 



Marking Global Footprints



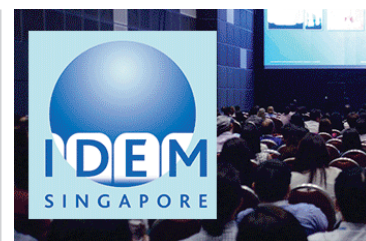
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If your baby has symptoms like drooling excessively or having choking episodes during breast feeding, consult a doctor immediately. This disease can be cured by Neonatal Surgery



NEONATAL SURGERY

There are lots of diseases in new born babies, which need surgical intervention during the neonatal period. Most of them are completely curable. Ignorance about these diseases will lead to lack of treatment or delayed treatment, which may even lead to death of the baby.

Anomalies during the intrauterine life of fetus will become diseases of new born babies, which need surgery in the postnatal period. We can see diseases which affect various organs of new born babies. For example, Cleft lip and Cleft Palate are the diseases affecting the face. There can be diseases affecting the oesophagus, diaphragm, intestines, rectum, anus, kidney and urinary tract. Many of these diseases have good prognosis.

Certain diseases can be due to a genetic reason. For example, diseases like Down's syndrome which is due to chromosomal problems. As part of these syndromes, the baby may be born with diseases which need neonatal surgical care.



Dr. Nirmal Bhaskar
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Some diseases are hereditary. If the age of the mother is more than 35 years, then the chance for birth of a baby with Down's syndrome is high. If the mother has the habit of smoking or drinking alcohol, the chances of anomaly are high.

Ladies, who are planning to conceive, should take Folic Acid and Vitamin B12 at least a month prior. That can reduce the incidence of congenital diseases. Pregnant mothers should only take medicines as per the advice of doctors.

An ultrasound scan during the antenatal period may help reveal abnormalities in the fetus. Some anomalies cannot be detected in an antenatal scan.

Usually three antenatal ultrasound scans should be taken. If there is any anomaly in the scan which needs neonatal surgery, delivery of such a baby should be conducted in a hospital with Neonatal Surgical Care.

Cleft Lip and Cleft Palate

Cleft lip and palate are birth defects that happen while a baby is developing in the uterus. From the 6th to 10th week of pregnancy, the bones and tissues of a baby's upper jaw, nose, and mouth normally come together (fuse) to form the roof of the mouth and the upper lip. If this does not happen properly, a baby could be born with a Cleft lip, Cleft palate, or both.

A Cleft lip affects a baby's appearance and can lead to feeding problems. Cleft lip is usually operated during the third month after birth. It is common for children who are born with a Cleft palate to have speech problems and feeding difficulties. A number of special bottle teats are available for babies who cannot generate suction and / or compression during feeding. They come in different shapes and sizes with several features. We can use spoon or Gokarna (A large brass spoon with a long snout) for feeding. Cleft palate should be operated before the child develops speech, which is before ten months.

Tracheoesophageal Fistula

The Oesophagus or food pipe is a tube like structure which connects the mouth to the stomach. Sometimes there can be a congenital anomaly of the oesophagus. Oesophagus can be divided into two halves, Proximal and distal pouches. Sometimes one or both pouches can connect with the trachea (wind pipe) through a fistulous track. This condition is called tracheoesophageal fistula.

If your baby has symptoms like drooling excessively or having choking episodes during breast feeding, consult a doctor immediately. This disease can be cured by Neonatal Surgery.



Congenital Diaphragmatic Hernia

Diaphragm is a wall which separates the chest cavity from abdominal cavity. If there is some defect in the diaphragm, the intestines as well as abdominal contents will be herniated from abdomen to thorax. This happens during the embryological period itself. Hence the space available for lungs to develop will be less, so the lung mass will be reduced.

These babies will be having respiratory distress soon after birth. Some babies may develop cyanosis. These babies will have a prominent chest as well as a scaphoid abdomen (sunken or boat

shaped). They need Intensive Care Unit (ICU) treatment. They have to undergo surgery once stabilized. Babies with adequate lung volume will survive.

Bilious vomiting in New Born Babies

Usually new born babies will vomit in white color and their vomitus will be the milk they had taken. Burping is done in this instance. The act of burping an infant involves placing the child in a position conducive to gas expulsion and then lightly patting the lower back so that the child burps. This will prevent aspiration of milk to respiratory tract.

If the vomitus of a new born baby is yellow or green in color, then it is called Bilious vomiting. Usually that indicates an obstruction to the bowel. Sometimes these babies will have abdominal distension.

Duodenal atresia, Jejunal and Ileal atresia etc. are congenital obstructive lesions seen at various parts of the small intestine. Babies with bowel atresia as well as malrotation of intestines will have bilious vomiting. All the diseases mentioned above can be treated successfully with surgery.

Defecation in New Born Babies

Meconium is the earliest stool of an infant. It is black in color. Usually babies will pass meconium within 24 hours. If they are not passing it in 24 hours, then a diagnosis of hypothyroidism is preferred.

Other reasons for delayed passing of meconium are Anorectal Malformation (the absence of an anal opening) and Hirschsprung's disease (Lack of nerve ganglia in the bowel). If the baby has delayed



passage of meconium, consult a doctor.

When an infant is born with either Anorectal Malformation or Hirschsprung's disease, it can be successfully treated by surgery. Some babies require temporary diversion via colostomy. Definitive surgery can be done before one year.

Urination in New Born Babies

New born babies pass urine within 48 hours of birth. For male children, the urine stream is checked. If there is a poor urine stream, there can be the possibility of a Posterior Urethral Valve. It is an obstruction in the urethra. Cystoscopy is the treatment for this disease.

If there is Hydronephrosis (swelling of kidney) seen in the antenatal ultrasound scan, a postnatal scan has to be performed. If there is repeated Urinary Tract Infection for a child, consult a doctor. The child may be having Hydronephrosis or Vesicoureteral reflux (VUR)- the backward flow of urine from the bladder into the kidneys. It should be treated first with medicine and if there


is no improvement, one can proceed with surgery.

Jaundice in New Born Babies

In new born babies, jaundice (yellowish discoloration) is not seen at the time of birth. Normally it is seen after the third day of birth. Usually it may subside in a week or two. It is called Physiological jaundice. In some babies Jaundice may persist for long time. If it persists for longer period or if a baby develops jaundice one or two months after birth along with passing pale / white colored stools, consult a doctor.

Sometimes it may be biliary atresia. It is a disease affecting biliary channels. Surgical treatment can be done for the disease. Sometimes a liver transplant is also needed.

Conclusion

Most of the diseases described above can be treated surgically. Timely and adequate treatment can save the life of these babies. If any new born shows the symptoms which are suggestive of the diseases already mentioned, a doctor should be consulted immediately. 



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DIGITAL DENTISTRY

Digital dentistry may be defined in a broad scope as any dental technology or device that incorporates digital or computer-controlled components in contrast to that of being mechanical or electrical alone. The main areas of digital dentistry are

- Computer-Aided Design / Computer-Aided Manufacturing (CAD / CAM)-both laboratory and clinician-controlled
- Caries diagnosis
- Computer-aided implant dentistry-including design and fabrication of surgical guides
- Digital radiography-intra and extra-oral, including cone beam computed tomography
- Intraoral imaging
- Lasers
- Occlusion and temporomandibular joint analysis and diagnosis
- Digital smile design
- Shade matching
- Photography-extra-oral and intra-oral
- Practice and patient record management-including digital patient education

Digital dental technologies help



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in patient consultation and in making the treatment provided to be quicker and with more immediate and detailed information than in past years. Such advancements enable patients to receive modern solutions to traditional dental problems. It is easier to collaborate with other dental and medical specialists, especially in cases requiring multi-disciplinary approach.

Each area of digital dentistry has advantages in comparison to the conventional device or technique. Yet, some of the advantages may be diminished by the increased cost or technique sensitivity.

Dentists are eager to incorporate proven digital technologies into their practices to provide leading-edge dental treatment that can be performed in a more efficient, effective and comfortable manner.

CAD / CAM

CAD / CAM technology enables dental restorations such as crowns, veneers, inlays and onlays to be fabricated using computerized milling technology. In-office CAD-CAM technology enables single visit restorations that would otherwise require two or three visits to complete. Alternatively,

the dentist may work with a dental laboratory that uses CAD / CAM technology to create the restorations.

Diagnodent

Diagnodent is a tool used for the early detection of cavities. The advanced technology uses sound pulse and laser to detect caries earlier than traditional methods allow, so that treatment can commence immediately, limiting the amount of dental decay. This helps preserve the maximum amount of healthy tooth structure.

Cone Beam Computed Tomography

This form of computerized tomography provides dentists with a quick 3-D image of a patient's oral or maxillofacial anatomy. It is the basis for implant surgical guides used when placing dental implants. Such pre-surgical imaging techniques have made implant placement easier and more predictable, which helps ensure greater treatment success.

Digital X-rays

Digital radiographs capture dental images through a sensor that processes the image onto a computer screen. Digital X-rays provide greater comfort than

traditional X-rays and reduce radiation exposure (four digital radiographs equal one "film" X-ray). Additionally, digital radiographs allow dentists to magnify images for greater diagnostic accuracy, ensuring more timely and appropriate treatment.

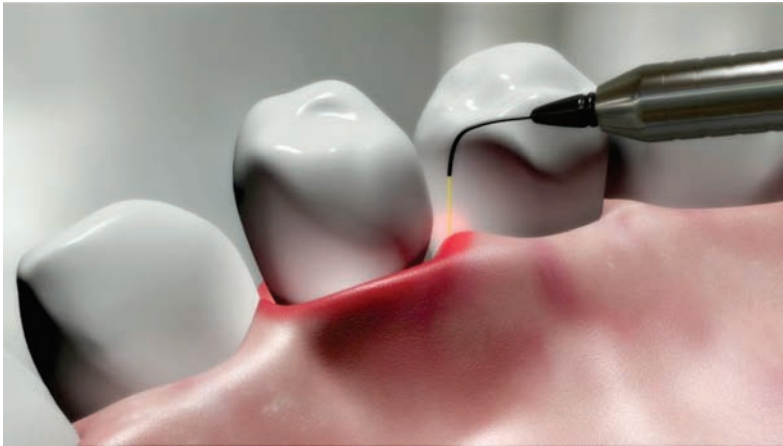
Intra-Oral Camera

Intra-oral cameras can produce accurate images of teeth and the supporting structures. This allows the patient, dentist and dental technician that might be involved in the treatment to see tooth defects. It also allows the patient to better understand the need for the recommended treatment. Patients can learn more about dental hygiene practices, including where to focus on brushing your teeth.

Dental Lasers

For hard tooth structure, soft gum tissue or both, dental lasers simplify procedures that once were complex and sometimes required patients to undergo painful healing periods. Causing less bleeding and trauma to surrounding areas, soft tissue lasers are a precision tool for many surgical procedures. Lasers have numerous applications in all specialties of dentistry.





the pressure of the liquid being injected rather than the needle itself. The slow and gentle delivery associated with The Wand often makes injections painless. The delivery holder is small and easy for the dentist to use.

Patient record management and Patient education


With a variety of appointment scheduling programs available, dentists today are making it easier for patients to make and keep their oral hygiene and treatment appointments via the Internet.

Additionally, communication programs make it easy for dentists to securely share information about a patient's case with their laboratories and specialists to ensure proper care and eliminate unnecessary patient office visits. Real-time computer consultations also are possible while patients are in the chair, so any esthetic or functional issues can be discussed and resolved.

Conclusion

Digital dentistry is more than just hype. When properly implemented and fully educated, return on investment can be excellent, increased joy in practicing dentistry can be experienced and better care for your patients can be delivered.

Digital technologies continue to aid dentists' efforts to ensure patients receive the best possible treatment under the most comfortable of circumstances.

The future of dentistry is now. If we wait for another few years to integrate these new dental technologies, we will be left decades behind. 

Optical Scanners

Optical scanners are used in dentistry to provide a digital map of the teeth, as well as to create a digital impression of the tooth's anatomy. Digital color maps help ensure accurate color analysis for determining the shade and custom characterizations of cosmetic restorations. Digital impressions offer patients the convenience of not having to suffer through traditional impressions involving unpleasant tasting materials, bulky and cumbersome trays and possible gagging.

TekScan (T-Scan)

This is a type of computer software which uses an ultra-thin electronic sensor to digitally evaluate a patient's bite relationships.

Digital Smile Design

Software used for designing smile involves the patients in the restorative or smile enhancement process, making them the 'co-designer' of their own treatment by sharing objectives, expressing their desires and expectations with the restorative team. The interaction between patient and dental specialist is improved by photos and videos taken at several steps of the treatment. The experiences all over the world have been tremendous.

The Wand

The Wand is a computerized tool that can deliver anesthesia in a slow and methodic manner. The sensation of pain often associated with an injection is caused as a result of





PERFECT SOLUTION FOR A BEAUTIFUL SMILE



Before



After



WORLD'S BEST CHOICE ALIGNER



Customized Ocular PROSTHESIS

A Customized Ocular Prosthesis / Prosthetic Eye is considered when one has to remove an eye due to eye cancer (for example Retinoblastoma in children), irreparable eye injury due to trauma and cosmetically disfigured eyeball with no hope of visual rehabilitation.

The service of two professionals is required for the success of a prosthetic eye surgery:

- ⊙ **Doctor** – An ophthalmologist with specialized training in ophthalmic plastic surgery / oculoplasty. The doctor is responsible for the surgical part of the procedure.
- ⊙ **Ocularist** - A person who designs the customized prosthetic eye after a surgical procedure.

To understand the concept behind the surgery, you may see the schematic diagram (Fig.1)-an orbital implant in place of an actual eyeball and an artificial eye is placed on top of the orbital implant.

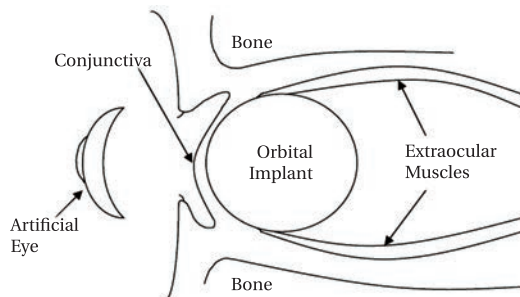


Fig.1

The surgery has two stages to get a good cosmetic outcome:

1. Stage I - Surgery

- ⊙ Done by an oculoplastic surgeon.
- ⊙ Eviceration / Enucleation with the orbital implant. This is the most important part of the procedure since 70% of the volume is contributed by the orbital implant.
- ⊙ Technique of the surgery may vary from surgeon to surgeon.
- ⊙ In the surgery, the eyeball is removed (Enucleation) or its contents are removed (Eviceration) and replaced with an orbital implant.

2. Stage II- Customized Ocular Prosthesis

- ⊙ Done by an ocularist specialized in the fabrication and fitting of an artificial eye.
- ⊙ This process is undertaken six weeks after the surgery; once the socket gets healed. At this stage, there is a covering over the orbital implant making it a smooth line socket.
- ⊙ An ocularist takes a mold of the empty socket and fabricates a customized ocular prosthesis, often made of light weight ceramic material.
- ⊙ The details of the eye are painted manually by looking at the other eye as well as using the photographs to compare, before being finalized for wear.



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Consultant Ophthalmologist
Bengaluru, Karnataka, India

© The fitting is done by an ocularist and is being confirmed by a surgeon.

The photographs of a patient with a deformed left eyeball, before and after the surgical procedures, have been illustrated here (Fig.2).



Fig.2

Six weeks after Evisceration (Removal of contents from the eyeball) with orbital implant, a customized ocular prosthesis is placed by the ocularist.

Post Enucleation Socket Syndrome

In certain cases, the eyeball would be removed in childhood, but the patient seeks surgery for an artificial eye only in adulthood. In such cases, the socket will be scarred and may not develop like a regular eye socket of a growing child.

There will be volume deficit (Orbital Hypoplasia) as well as surface deficit (Conjunctival Constriction) in such orbits. So, it will be difficult to place an ocular prosthesis in such an orbit.

The photographs of a patient with post enucleation socket syndrome can be seen here (Fig.3).



Fig.3

In such cases, the volume of the orbit need to be increased by grafting a Dermis Fat Graft (DFG) taken from the abdomen or the buttocks region, followed by a Mucous Membrane Graft (MMG) from the oral mucosa to increase the surface area of the conjunctiva.

Besides, the upper and lower eyelid fornices need to be reconstructed using Fornix Forming Sutures (FFS). The healing period, after surgical procedure, will be ten weeks after which an ocularist fits the patient with an ocular prosthesis.


The photographs of a patient with a post enucleation socket syndrome, before and after surgical procedures, are shown here. (Fig.4).



Fig.4

Ten weeks after the surgical procedures – Dermis Fat Grafting (DFG), Mucous Membrane Grafting, Fornix Forming and Sutures (FFS) – a customized ocular prosthesis is fitted to the socket.

It is vital to understand that having a prosthetic eye is just for cosmetic purpose and not for vision. This needs to be stressed and the patient needs to be counseled regarding the pros and cons of the surgery including some of the possible complications and the follow-up required, once the procedure completes.

Visible Cosmetic Outcomes can be achieved in many cases, even though the surgical as well as follow-up procedures are complicated. The efforts are absolutely worthy both to the patients and the surgeon / ocularist. 

THE DEADLY LUNG ATTACK

COPD is the 3rd chronic disease, after cardiovascular disease, cancer and diabetes, in terms of prevalence, incidence and mortality

Chronic Obstructive Pulmonary Disease (COPD) is a group of lung conditions that make it difficult to empty air out of the lungs because your airways have been narrowed.

COPD is a chronic inflammatory process in the lower airways and the lung parenchyma caused by many factors that trigger and maintain inflammation. It makes breathing very difficult. It affects up to 10% of the overall adult population and yet very few people know about it.

According to World Health Organization (WHO), it is currently the 5th cause of death and will be the 3rd at global level by 2030, unless we take appropriate preventive measures.

COPD is the 3rd chronic disease, after cardiovascular disease, cancer and diabetes, in terms of prevalence, incidence and mortality.

Extent of the Disease

COPD affects 5–10% of adults aged over 40 years, with a higher prevalence in men than women.

It is a major burden to many individuals, societies and healthcare budgets throughout the world.

Its impact is expected to rise both in industrialized and developing countries in the decades to come, due to the continued exposure to risk factors as well as the ageing population. People who live longer are more likely to experience the consequences of long-term exposure to COPD risk factors.

Causative Factors

The most important and modifiable aetiological factor for COPD is smoking.





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smoking is injurious to health 

Smokers have a higher prevalence of respiratory symptoms and lung function abnormality, a greater annual rate of decline in lung function and higher death rates from COPD than non-smokers.

Women may have more symptoms than men for the same number of pack-years. About 40–50% of lifelong smokers will develop COPD whereas only 10% in the case of never-smokers (someone who has smoked less than 100 cigarettes in life).

Passive exposure to cigarette smoke (second hand smoking) may also contribute to respiratory symptoms and impaired lung function.

However, not all smokers develop clinically significant COPD, which suggests that genetic factors may modify individual risk. Never-smokers are less likely to have COPD and have less severe disease than ever-smokers (those people who have smoked at any time in their life). Nonetheless, never-smokers comprise about one-quarter of COPD patients.

Untreated or improperly treated long-term asthma can lead to similar loss of lung function, leading to COPD. Other causes that can result in COPD are occupational and airborne exposures, indoor and outdoor

The most important and modifiable aetiological factor for COPD is smoking

pollution, especially the use of biomass fuels and the early life factors, such as smoking in mothers, frequent respiratory infections and asthma in childhood and genetic factors.

The Symptoms

The most important symptoms of COPD are breathlessness on exertion and chronic cough

with or without phlegm. The dyspnoea usually worsens over time, but is not often present in mild or moderate cases.

Cough may be dry or productive. Cough and phlegm may often precede dyspnea. Other symptoms include wheezing and chest tightness. As the disease progresses and becomes severe, patients may experience fatigue, weight loss and anorexia.

A characteristic of COPD is exacerbations or episodes of acute respiratory symptoms. The most common cause of exacerbations are viral or bacterial infections.

Increased air pollution also appears to precipitate exacerbations of COPD. Exacerbations accelerate the decline in lung function,

resulting in reduced physical activity, poorer quality of life and an increased risk of death. All these, in turn contribute to hike in the proportion of healthcare costs.

Patients with COPD often suffer from other diseases (comorbidities). Comorbidities contribute to the overall severity and manifestations of the disease. They can occur in mild, moderate or severe COPD and increase the risks of hospitalization and mortality of COPD independently.

Treating a Patient with COPD

Awareness of COPD and chronic lung diseases among people in general is very low. A lot of people think that the exertional breathlessness is mainly due to age related problems.

Prevention of COPD exacerbations is important. Several studies concluded that the use of influenza and pneumococcal vaccination can help reduce exacerbations of COPD.

Identification and reduction of exposure to risk factors are important steps in the prevention and treatment of COPD. All individuals who smoke should be encouraged to quit, regardless of their disease status.

In addition, smokers without COPD should be offered smoking cessation advice.

On a global scale, reduction of exposure to smoke from the combustion of indoor biomass, particularly among women and children, is important to reduce the prevalence of COPD.

Therapy with Medications

For people with COPD, medications can be used to relieve symptoms, stop it from progressing or treat an infection. Most of the patients take medications on a regular basis,

to make their breathing easier.

Inhaled long-acting medications (bronchodilators) are the cornerstone of treatment for COPD. The medicine inside an inhaler goes straight into the airways when you breathe in. This means that you need a much smaller dose than when you take medications or tablets orally.

With bronchodilators, the airways and lungs are better treated with little of the medications entering the rest of the body.

Oxygen Therapy

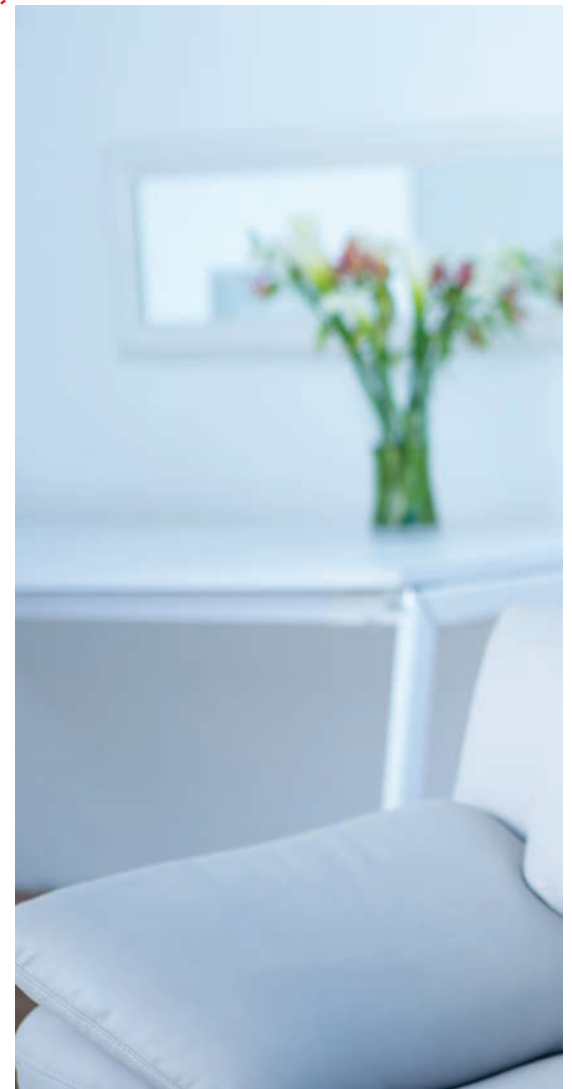
Patients in advanced stage of COPD need constant use of supplemental oxygen, as the damaged or blocked lungs cannot properly absorb oxygen. And hence, lungs often cannot distribute enough oxygen to the rest of the body.

Without sufficient oxygen, the organs of a person will not work properly. Supplemental oxygen increases the amount of pure oxygen a person breathes in. So, the lungs have more oxygen to absorb and distribute to the rest of the body. With oxygen, breathing is easier and a person is able to do more activities, without becoming short of breath.

Pulmonary Rehabilitation

Pulmonary rehabilitation is a six to twelve-week program including education, exercise and therapy for people living with lung disease. The goal of pulmonary rehabilitation is to reduce the symptoms, improve quality of life and increase physical and emotional participation in daily activities.

Pulmonary rehabilitation has been shown to improve shortness of breath, improve quality of life scores and reduce the number of hospitalizations and days in the hospital, for people living with lung disease.



Inhaled long-acting medications (bronchodilators) are the cornerstone of treatment for COPD



Pulmonary rehabilitation includes structured physical exercises, breathing exercises, teaching cough techniques for those who have a lot of phlegm, regular nutritional assessment and psychological counseling.

Exercise is essential to managing COPD. Without exercise, it can become more severe and breathing may become more difficult. Exercise strengthens all the muscles, including the ones used to breathe, can improve and maintain lung function, and makes people with COPD feel more confident in their

ability to do everyday activities and maintain their independence.

In the case of exercise, there are many things that people living with COPD can do on their own. Simple routines can be performed at home without any sophisticated exercise equipment, including walking, dancing and yoga.

It is also important to speak to a health care provider before beginning an exercise program. A health care provider will tell you what kinds of exercise are right for you and what will work the

best for your COPD.

Upcoming Surgical Treatment Modalities

Lung volume reduction surgery


Lung volume reduction surgery helps remove the parts of the lungs that are not working properly. By removing the most damaged parts of the lungs which are unable to efficiently process oxygen, the rest of the lungs and the surrounding muscles can work more efficiently.

COPD patients with severe lung damage may be the right candidates for lung volume reduction surgery.

Lung Transplant

People with COPD can be the candidates for lung transplant. Transplantation can be recommended for people who have very severe symptoms, difficulty in breathing most of the time or no relief of the symptoms from medical therapy.

Lung transplantation involves giving a person with COPD a lung from a person who has recently died. A single-lung transplant is done more often than a double-lung one and the both can be effective methods to improve breathing for people with COPD.

It is essential for people living with COPD to monitor their health. Keeping a list of the date and time of experiencing symptoms, reactions to treatments and exercise etc. with a health care provider can help people manage COPD more effectively and lead an active life as far as possible. 

Recipe for a Healthy Life!

Mr. Vivek Tamhane is a renowned Chef, Graduate in Hospitality Management (Cambridge, England) as well as Business Management (The International University, Missouri, U.S.A) with specialization in Bakery and Patisserie.

His recipes have been brought out in various dailies like Times of India, Maharashtra Times and Pudhari. He hosts the famous cookery show on NDTV Good Times with Prahlad Kakkar. His own Cookery Show is being telecasted on Marathi Channels and Zee TV. He is also the Judge of many catering shows in Mumbai.

This consummate recipe is from the Master Chef for your sensuous pleasure.



1: Apples

Apple is a natural toothbrush. It helps stimulate your gums, increases saliva in the mouth and prevents cavity build-up, as it cleanses the surface of your tooth.

2: Celery

Celery is the best choice to keep bacteria away from your mouth. Chewing celery helps in producing more saliva in your mouth.

3: Water

Drinking water with fluoride helps prevent cavities.

4: Cheese

Cheese contains calcium that strengthens your teeth.

5: Cocoa

Cocoa is also good for your teeth. It is filled with a substance which helps reduce gum inflammation.

6: Kiwi

Kiwi, a great source of vitamin C, helps to prevent periodontal disease.

7: Onions

Onions naturally cleanses your body and mouth by eliminating harmful bacteria. This action helps in preventing tooth decay.

8: Sesame seeds

These tiny seeds are rich in calcium.

9: Pears

Eat a pear daily to keep your tooth surface strong and healthy.

10: Whole grains

Whole grains, such as brown

rice, wheat, oats and buckwheat are a great source of complex carbohydrates, fiber and various vitamins.

11: Milk

Milk is one of the best sources of calcium. Choose skimmed or low-fat milk to keep your calorie level in check. It also contains vitamin D, which is good for bone health.

12: Green leafy vegetables

Dark green leafy vegetables like Broccoli and Bok choy, a type of Chinese cabbage are good sources of calcium.

13: Salmon

Salmon is a great source of omega-3 fatty acids and vitamin D.

14: Soy milk

Soy milk is an excellent source of calcium which can be easily absorbed by the bones.

15: Ragi

100 grams of dry Ragi contains around 330 mg to 350 mg of calcium which is good for improving bone health.

This recipe can be easily prepared with ingredients readily available in the market.





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

Grilled salmon with apple celery

- Salmon fillet 750 grams*
- ½ teaspoon black pepper powder*
- 1 spoon lemon juice*
- 2 tablespoons olive oil*
- 1 chopped stem celery*
- 2 finely chopped apples*
- 1 tablespoon chilli flakes*
- 1 tablespoon honey*
- Salt and oil*

In a bowl, mix pepper powder,

lemon juice, olive oil, chili flakes, honey as well as salt and marinate the fish in this mix.

In a fry pan on a low flame, pour some oil, sauté the celery and chopped apple until water is nearly absorbed. Keep it aside.

On a medium flame in a pan, grill the marinated fish. Once it starts cooking, pour over the celery, add apple mix on it and let cook until it starts getting dry.

Remove from flame and serve hot with breads.



Whole grain and Spinach paratha

- ½ cup brown rice*
 - ½ cup wheat flour*
 - ½ cup oats*
 - ½ cup buckwheat*
 - 5-6 cloves of garlic*
 - ½ tablespoon cumin seed*
 - ½ tablespoon sesame seeds*
 - 2 bunches of baby spinach*
 - 3-4 chopped green chilies*
 - Salt to taste, 2 tablespoons oil*
- Soak brown rice and buckwheat overnight.

Grind oats and mix along with wheat flour, grind soaked brown rice as well as buckwheat and mix to a smooth paste. Then, mix all together to form smooth dough.

In a pan with a little oil on a medium flame sauté the crushed garlic and cumin seed. Add salt as well as chopped baby spinach and sprinkle sesame seeds; cook until it becomes dry.


Make medium sized dough balls, pour stuffed spinach, mix into the dough and roll it to make paratha.

In a griddle on a low flame, roast it from both sides until it becomes golden brown.

Ragi soya milk and Kiwi smoothie

- ½ cup ragi flour*
- 500 ml milk*
- 200 grams sugar*
- 500 ml soya milk*
- ½ tablespoon cardamom powder*
- 2-3 kiwis chopped into medium sized pieces*

In a bowl mix soya milk, milk and ragi flour on a low flame, add sugar and cardamom powder and stir continuously till it becomes smooth and flour gets cooked, cool it down, add chopped kiwis and refrigerate it for 2 hours before serving.

It is not an exotic dish but it is a great dish with more nutritional value. 





Management of Depressive Disorders with Ayurveda

Mood disorders usually run an episodic course which may be either mania, depression or both. In the inter-episodic intervals, the person will be mostly asymptomatic

Depressive disorders are characterized by a persistent feeling of sadness and lack of desire to engage in pleasurable activities.

Mood Disorders

Mood disorders are also known as Affective disorders. They were formerly known as Manic Depressive Psychosis.

The main feature of mood disorders is the disturbance of mood which may be elevated as in manic episode or in depressive one and all other symptoms are secondary to it.

Mood disorders usually run an episodic course which may be either mania, depression or both. In the inter-episodic intervals, the person will be mostly asymptomatic. Mood disorders are quite common in our society wherein they are more commonplace than mania.

Depressive Disorders

Depressive disorders are the commonest psychiatric disorders. Majority of individuals suffering from depressive disorders, especially mild to moderate ones, are usually treated by a general physician. Nearly fifty percent of patients with depression never seek medical help and remain undiagnosed.

Clinical Features of Depressive Disorders

The clinical presentations of depressive syndromes are varied and can be subdivided into a

number of different ways. As per the severity of symptoms, the disorders can be grouped under mild, moderate and severe (major). The cardinal features will be present in a person at least two weeks prior to the diagnosis of depressive disorders.

The central features of these syndromes are:

- ⇒ Depressed mood.
- ⇒ Negative thinking.
- ⇒ Lack of enjoyment.
- ⇒ Reduced energy.
- ⇒ Slowness.
- ⇒ Physically unexplained pain, involving different body parts (vague somatic symptoms).
- ⇒ Forgetfulness.

Out of these syndromes, depressed mood is usually the most prominent symptom. However, it is a component of many psychiatric syndromes and is also commonly found in certain other somatic diseases, such as in infection like Hepatitis and some neurological disorders.

Anxiety symptoms, such as feeling tensed, difficulty in concentration, palpitations and restlessness can also be the co-morbid presenting symptoms of depression.

Suicidal ideas in depression, if expressed, should be taken seriously. Even if the depression may be mild, the possibility of suicide should be ruled out.

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Concept of Depressive Disorders in Ayurveda

Ayurveda conceptualizes mental disorders mainly in the purview of Rajas (The mode of Passion) and Tamas (The mode of Ignorance).

Even though all the three Doshas – biological energies found throughout the human body and mind – are involved in the pathogenesis of depressive disorders, Kapha dosha has got the prominent role. The symptoms, such as depressed mood and fatigue, lack of energy, slowness, hypersomnia, lack of enjoyment, hopelessness etc. are coming under Kapha dosha.

The anxiety features, such as restlessness, palpitations, vague body aches and problems in concentration can be attributed to Vata dosha.

While irritability, agitation and insomnia which are present in agitated depression can be considered under Pitta dosha.

The major symptoms, such as depressed mood, fatigue, lack of energy, negative thinking and difficulties in concentration are mainly Tamasika (slowing

down) in nature, while irritability, restlessness, insomnia are mainly Rajasika (speeding up).

Moreover, there is a strong role of Satvabala (mental strength) in the pathology of depressive disorders. According to Ayurveda, Heena satva (weak-minded) persons are more prone to develop mental disorders.

“Vishaada” and “Kaphaja Unmada”, which are included by Acharya Charaka while describing different types of Manasarogas, are the perfect terms to denote depressive disorders in Ayurveda; Vishaada for mild and Kaphaja Unmada for moderate to severe ones.

Management of Depressive Disorders

Ayurveda believes in holistic approach in the management of all mental disorders. Yuktivyapasraya Chikitsa (drug based treatment) and Satvavajaya Chikitsa (counseling and psychotherapy) are the prime measures of depression management.

Shodhana (elimination therapy), Shamana (pacifying

therapy), Medhya rasayana (intellect, mental health promoting therapy) and Satvavajaya (counseling and psychotherapy) are the treatment modalities which can be effectively adopted in depression management.

Role of Shodhana or Panchakarma (Elimination Therapy) in Depressive Disorders

According to Ayurvedic principles, there is an obstruction in the ManoVaha Srotas (channels of mind) in the pathology of all mental disorders, including depressive ones. So in order to clear up that obstruction, Shodhana therapy is very much essential.

The first line in the management of Depression is, Vamana (vomiting therapy) or Virechana (purgation therapy) in accordance with the symptomatology, either after proper Snehapana (oleation therapy – both internal as well as external) or even without Snehapana.

Role of Nasya (Drug Administration through Nasal Route) in Depression

Nasya, being one among the panchakarma procedures in Ayurveda, is very much effective in the management of depressive disorders. Nasya helps clear the mind by eliminating the Doshas, through a nasal route. A lot of research has been conducted to prove the efficacy of Nasya therapy for depressive disorders.

Common drugs used for Nasya for depressive disorders are Vilwadi gulika, Anu taila, Ksheerabala (101) taila and Panchagavya gritha.



Shamana Therapy (Pacification therapy)

After proper Shodhana, Shamana drugs can be administered.

- ⇒ Drakshadi Kashayam (kwatham).
- ⇒ Pancagavya ghritha.
- ⇒ Mahat Pancagavya ghitha.
- ⇒ Mahatikataka ghritha.
- ⇒ Chandanadi taila, Himasagara taila or Ksheerabala taila for application on the head.

These medications are prescribed based on symptoms exhibited by a patient.

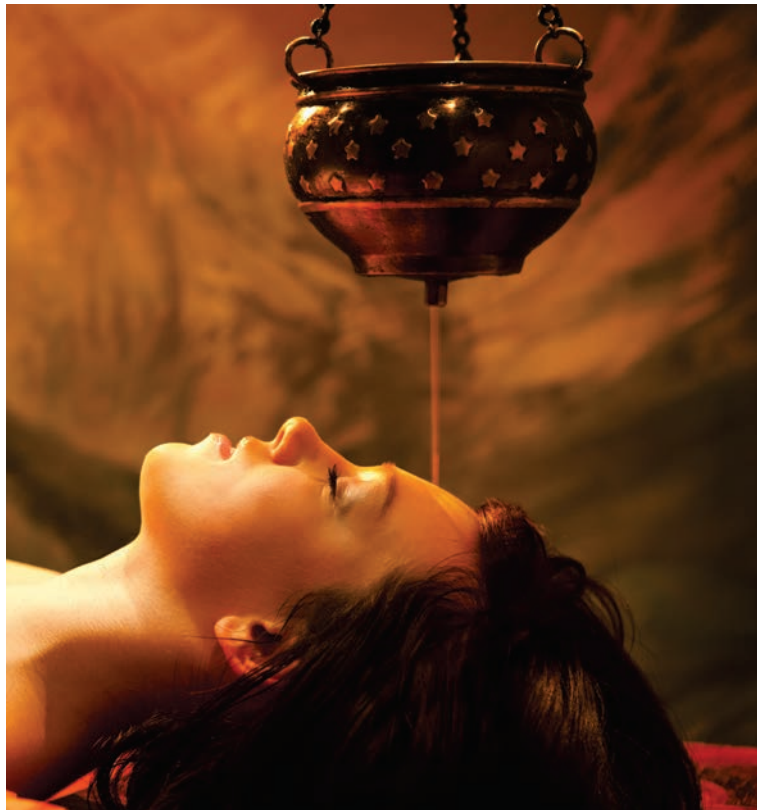
Role of Sirodhara (Pouring Liquids over the Forehead)

Sirodhara has got tremendous effect on pacifying depressive symptoms. It has got both medicinal as well as procedural effects. Sirodhara can be done with taila, takra or ksheera and the drugs selected for doing dhara are based on the symptoms shown by a patient.

There is so much literature being published regarding the efficacy of Sirodhara for depressive disorders.

Medhya Rasayana (Intellect Promoting therapy)

Medhya Rasayanas are mainly indicated as a shamana therapy for preventing further recurrence of the disease. Some of the useful Medhya Rasayanas, that are found effective in managing depressive disorders, are Aswagandha (withania somnifera), Sweta Sankhpusha (clitoria ternatea), Yashti (glycyrrhiza glabra), Mandookaparni (centella asiatica) and Vacha (acorus calamus).



Role of Satvavajaya Chikitsa (Counseling and Psychotherapy)

Heena Satva (weak minded) persons are more prone to develop depressive disorders. So to manage as well as prevent its further recurrence, mental strength (satva bala) of the patient has to be enhanced by doing different types of counseling and psychotherapy.


Yoga practice – pranayama (breathing exercise) and meditation – helps relax and release stress as well as strain. It enhances the satva bala in a person and also helps achieve overall mental health.

Role of Diet

According to Ayurveda, diet plays an important role in the management as well as

prevention of depressive disorders. There are a lot of food products that exaggerate the condition. So fried, over cooked and spicy food should be avoided.

Ayurveda says “Ahara sudhou satva sudhihi”; which means purity of mind comes from purity of food. So dieting is very vital in Ayurveda.

Even though depressive disorders are considered as serious mental disorders, they can be very well intervened with the proper use of Ayurvedic treatment procedures, without any noticeable complications. More than that, the mental strength of a patient can be considerably enhanced and the recurrence of the disorders can be minimized with Ayurvedic treatment. 

GLIMPSE OF A FEW DENTCARE PRODUCTS

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

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

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



DentCare Zirconia



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

DentCare Zirconia is biomedical grade Zirconia made in Germany. Available in diverse options, the DentCare Zirconia range of products assure natural feel and

functionality, unmatched aesthetics and unlimited characterization made available through more than 40 natural and lifelike shades.

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





DentCare Clear Aligners



Dental braces are now entering a brave new world of comfort and ease with DentCare Clear Aligners – a series of transparent aligners to realign teeth. Each DentCare Clear Aligner is unique as it is customized for the patient's teeth. They can be easily changed every two weeks, sparing users the tedious task of heavy maintenance.

There is absolutely no need to spend long hours at the clinic negotiating conventional brackets and wire adjustments. Patients and dental clinicians stand to gain numerous valuable hours. Consequently, the dental clinician also gets to spend quality, value-added time with each patient.

With DentCare Clear Aligners, the final outcome of the treatment may be visualized with the aid of 3D virtual simulation and a treatment plan can be formulated accordingly. The treatment consists of a revolutionary system which integrates the latest software and 3D CAD / CAM technology.

To proceed with the CAD / CAM procedure for processing an order of a custom made DentCare Clear Aligner, both upper and lower models of the patient's dental arches along with bite registration are required.



Direct Metal Laser Sintering (DMLS)



Direct Metal Laser Sintering (DMLS) is a certified system for the additive manufacturing of new generation Porcelain Fused to Metal (PFMs) using imported Laser Sintering Machines from EOS, Germany.

In this system, Computer Aided Designing / Computer Aided Manufacturing (CAD / CAM) is being used to produce metal frames by sintering highly biocompatible Cobalt-Chromium (Co-Cr) powder layer by layer. DentCare uses only CE certified alloy powder directly imported from the manufacturer.

Direct Metal Laser Sintering fulfils stringent requirements of strength and stiffness, corrosion resistance and process accuracy for dental prostheses, particularly those requiring high precision as in the case of Dental Implants.

Why DMLS?

- ☑ Good fit and high retention.
- ☑ Marginal adaptation is perfect; resists leakage.
- ☑ Cement usage is very low (due to uniform cement gap).
- ☑ Margins are incredibly thinner.
- ☑ The CAM process facilitates uniform space for ceramic layering and avoids ceramic chipping.
- ☑ Fabrication of long span bridges through sintering eliminates rocking.
- ☑ Crown fixing is easy (due to high precision).
- ☑ Metal structure is biocompatible and homogenous (due to conventional casting method).



EOS Laser Sintering Machines, Germany

Indications

- ☑ Single crown.
- ☑ Implant Prostheses.
- ☑ Short and long span bridges.
- ☑ Implant Hybrid framework (DC Hybrid).
- ☑ Telescopic Primary copings.
- ☑ Frame work to Receive Crown and Bridge.
- ☑ Key and Key way (Non Rigid Connector / Stress Breaking pier abutment).



DentCare Nova



DentCare Nova is India's leading Branded PFM (Porcelain Fused to Metal). Pure Cobalt-Chromium (Co-Cr) alloy, which is highly biocompatible and completely free from Nickel and Beryllium, is used for its fabrication. The very best ceramic material is used for creating tooth-like appearance which makes DentCare Nova truly natural looking for aesthetics and strong for functionality.

DentCare Nova is available in ceramic facing and full metal options also.

Why DentCare Nova?

- ☑ Pure Cobalt-Chrome (Co-Cr) free from Nickel and Beryllium.
- ☑ Biocompatible.

- ☑ Highly Durable.
- ☑ Resists leakage due to accurate marginal fit.
- ☑ Comparatively cost effective.


Indications

- ☑ In both anterior and posterior teeth.
- ☑ Crowns and bridges with up to 16 units possible.
- ☑ Implant prostheses.



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 passion in improving dental care. And this keeps us 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. 

Smile confidently, go for DentCare prostheses

Food for the Growing Child

Ensure the nutritional requirements of your child are met by providing three balanced meals a day, each containing something from each of the Five Food Groups, including two snacks. Get in to the habit of trying different types of protein, with each meal, along with a couple of different vegetables



Dr. Anitha Mohan
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The nutritional needs of a baby or toddler are obviously a priority. The food a child eats in early years can influence his dietary habits, in later years of his life. So, it is important to instill good eating habits and a healthy relationship with food, from an early age.

Once a child starts eating solid foods, some of them may be rejected. This is perfectly normal, but it is wise to try to get in to a good routine as soon as possible.

Ensure the nutritional requirements of your child are met by providing three balanced meals a day, each containing something from each of the Five Food Groups, including two snacks. Get in to the habit of trying different types of protein, with each meal, along with a couple of different vegetables.

The Food Groups that make up a balanced diet are:

- ✦ Protein rich foods like fish, meat and egg.
- ✦ Starchy foods supplying carbohydrates.
- ✦ Fruits and vegetables.
- ✦ Milk and milk products.

Proteins are essential for a number of important functions including growth, brain development and healthy bones. Out of the twenty amino acids, children need to get nine from foods, such as lean meat, yogurt, cheese and milk.

Children require a variety of nutrient-dense foods, such as fresh fruits, vegetables, whole grains, meat as well as fish and calories, for proper growth and development.

It is crucial that children are consuming the essential nutrients including adequate calcium. The way they eat influences their growth as well as health during childhood and beyond.



Aiming four portions of fruits and vegetables is a good starting point for children. The portion size depends on the age, size and physical activity of each child. So, there are no set rules. An early guide is that a portion of fruits or vegetables is the amount that fits in the palm of a child's hand.

Children get a lot of nourishment from milk and dairy foods, such as yogurt and cheese, as they contain calcium, protein and different types of vitamins as well as minerals required for the body.

Children need a certain amount of fat to grow and develop; too much of it is not recommended. Fats are the concentrated sources of energy for young children who are growing rapidly and physically very active.

Fats are also needed for the absorption of fat-soluble Vitamins – A, D, E and K.

Foods that help boost the immune system and brain function should be included in children's diet.

Soft drinks, sweets, confectioneries, biscuits, sugary pastry and desserts are high in added sugar and have poor-quality fats like trans-fat and salt. Children under five years of age should eat them once in a while. They should also restrict the overconsumption of high-fat, salt and sugar (FSS) foods.

Snacks are important to help keep a child's energy levels consistent as well as appetite satisfied. The more you can help guide your child when he is hungry, the better you will be able to judge how much food he should eat, as he grows older. When a child asks for food / drinks, check that he is not actually hungry / thirsty, as he can sometimes confuse his needs.


Dried Fruits like raisins and figs are good snacks when children want a sweet treat.

Intake of homemade soups, whole wheat bread with peanut butter, smoothies and juices are good to top-up your child's Vitamin C and folate; as they are important for the function of

the immune system, energy production and for preventing anemia. Fructose or natural sugar is also very good for children.

Breakfast is an important meal particularly for children, as it breaks the fast of the sleep hours and prepares them for school and increases their attention span. Skipping a meal or eating a hurried breakfast can adversely affect children's problem-solving skills. Traditional food is better than processed junk one and memory boosters.

Recent research shows that malnutrition of mild degree may have a detrimental effect on the cognitive development of children. Even short-term nutritional deficiencies influence a child's behavior, ability to concentrate and perform complex tasks.

Since children are growing rapidly and physically very active, their nutritional needs are high; so make sure that they get the right foods in adequate amount. 

The DentCare Spotlight

50th Issue Special



In Quest for Panoptic Role of Media in

PREVENTING VIOLENCE AGAINST WOMEN

The observance of **November 25** as **International Day for the Elimination of Violence against Women** seeks to raise awareness about violence against women and to show that prevention is possible.

Violence against Women is a social, economic, developmental, legal, educational, human rights, and health (physical and mental) issue.

90 percent of workers in DentCare are women and we all work in a culture of discipline which, we strongly believe, is a principle of greatness. We are really happy to work in a Safe and Secured environment.

But, are women really safe in our country? Do media / journalists have any role in raising awareness against violence?

Let us have a look what **Mr. Johny Lukose**, News Director, Manorama News, and anchor of the programme, "Nere Chove", has to opine on the issue.

1) Why is International Day for the Elimination of Violence against Women necessary?

Violence against women in all forms, whether domestic or non-domestic, continues to rise in spite of stringent laws like the Criminal Law (Amendment) Act 2013 and the Protection of Women from Domestic Violence Act 2005. This is not confined to the boundaries of India.

All around the world, women and the girl child are vulnerable to increased violence. Conflict zones are expanding. Women are the real victims of every conflict, whether domestic, political or militant. Fundamentalist organizations

like ISIS, BOKO HARAM, TALIBAN etc. consider women as an object for abuse and oppression. Even government controlled armed forces across countries do not consider women as equal human beings. For many, rape is a normal act of reprisal.

According to the recent economic survey report presented before the Parliament of India the growing number of crimes, including kidnapping, sexual assaults on girls and women, has reached appalling levels. Another alarming trend is that communities around the globe are rapidly becoming regressive and ultra-patriarchal when it comes to the rights and issues of the female.



All these warrant greater intervention from local, national and international rights activists and organizations to protect the basic human rights and dignity of women. We can make more and more laws, increase the number of courts to punish the culprits, but such measures alone cannot contain this menace. Awareness, among the lowest strata to the highest echelons of society and its sub groups is necessary to prevent violence against women. Observing an awareness day at the international level is an important step in that direction.

2) What do you think media is doing in terms of covering violence against women?

Until recently, violence against women was largely reported by focusing on individual events, without much of a social angle. But after the Nirbhaya incident and the resultant social uprising, the electronic media too started viewing and covering the complex causes of this menace in a big way.

Malayala Manorama has a 130 year old legacy of unflagging fight against injustice and inequality. We have stood for human dignity right from the beginning.. Ensuring a safe environment for women in society has been a mission for us. Manorama News has been a vociferous advocate of women's rights and dignity. This policy and line of thought have reflected in all our actions, reports, programmes and discussions.

When the Nirbhaya incident occurred, we



ensured continuous and uninterrupted coverage of the nationwide protest. We take up not just sexual assaults but all sorts of violence and discrimination against women in our news shows and highlight its root causes with expert opinion.

Meanwhile we take utmost care not to sensationalize such news and ensure that the victim is not harmed or stigmatized further in any manner. Our coverage of the recent actress assault case is an example in this regard. Our commitment on this is reflected in our work force as well, which includes women anchors, editors and reporters.

3) Can you put your finger on the problem? Why are women's issues so hard to get into the news?

One of the challenges we faced earlier was the reluctance of victims or their relatives to reveal the truth. Threats, ignorance, social stigma, poverty, family compulsions etc. hindered them.

Rape is one of the most under-reported crimes in the country because of the social stigma attached to being raped as well as to being a rape victim. Though the media's extensive coverage, campaigns and support make people a bit more aware and empowered, core issues remain unresolved.

Of late, more hurdles have emerged in the form of social media misuse and blaming through such platforms. A report by Amnesty International accuses countries the world over of failing to protect women, saying one in three of them continues to face violence in and outside their home.

Amnesty says millions of women are beaten, raped, murdered, assaulted or mutilated – only because they are women. At least one in three women faces serious violence, it says quoting a study based on 50 surveys conducted across the world. The report stresses that women are subjected to violence at the hands of the state or armed groups, the community or their own family.

Violence takes different forms. Today's situation warrants a more pro-active approach from the media, the police, the judiciary, the ruling dispensations, and social workers. The way news

media frames a story about violence against women can have a powerful impact on the way the public understands the issue.

Who or what is selected to appear in the news and how those individuals and events are portrayed matter. So we, the media have an added responsibility to be the torchbearers of change.

4) Do you see any progress that has been made during your incumbency period, in terms of coverage—the amount or the way violence against women is spoken about?

Yes. Substantial progress has been made during the last few years. Air time spent for news related to violence against women has increased as a direct consequence of increased crime reporting. Reporting crime is a good trend. But generally, this happens only when the victim has some kind of economic or political support. Rest of the people are still underprivileged in terms of access to justice. We need to empower them. We need to make them aware of their rights. Media can play the pivotal role in this regard.

5) What can we do as a society to discourage violence?

Spreading awareness is the solution, most will say. But the task of disseminating awareness presents itself as a tall order when there is not even a whisper of a healthy conversation around sex and relationships. A lack of respect for one another as humans is a factor that must be parceled in while seeking solutions on how to end everyday harassment of women, let alone violent crimes such as rape.

We should build a network of relevant agencies including police, governments, non-governmental organizations (NGOs) and media to disseminate necessary information to the largest possible audience. Elements which make the atmosphere vicious should be dealt with the way they deserve. Ensuring speedy justice is one of the crucial ingredients in enhancing the victim's confidence.

All necessary legislative as well as correctional measures must be implemented as early as possible. This needs to go beyond the setting up of special courts / tribunals to fast-track judgments through a system that monitors performance and outcomes. Indicators such as time taken to deliver

judgment from the initial date of filing of a First Information Report (FIR), Petition; number of days to deliver verdict and implement the judgement in full, should be adopted.


When world leaders adopted the Sustainable Development Goals in 2015, they recognized that ending violence against women and girls is a prerequisite for the achievement of the development agenda. Yet, the resources dedicated to addressing the issue do not match the scale of the challenge.

So governments across the world should provide adequate funds in this regard. Allocating adequate resources to prevent and address violence against women is not only a legal obligation and a moral imperative, but a sound investment too.

6) How can we diminish violence, not just punish it?

Cultural and social norms of patriarchal family and society are the root cause of violence against women. Traditions on this need to be repudiated to ensure gender justice. Women are victimized in the name of religion and tradition. It is difficult to change the conservative mindset of people but slowly we will have to try to change it.

Effective implementation of laws and clear concepts at the policy making level, can work wonders. So, violence against women, in any of its forms, should never be condoned or romanticized under any circumstances. Media has the power to help create healthy communities. Media should develop story lines, images, characters, programs, and products that promote healthy attitudes toward women, masculinity, relationships, and sexuality.

Media should provide fair and full coverage of women in politics, sports, business, health, and education. They should also encourage governments to implement the UN Convention on Elimination of All Forms of Discrimination against Women (CEDAW) and the Optional Protocol adopted in 1999 in letter and spirit. 

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

ARE ANTIBIOTICS ACTUALLY NECESSARY??

It is always a question in the clinician's mind whether to prescribe antibiotics post extraction or not. And, if the answer is yes, then which one is to be prescribed, as there are an ample number of antibiotics in the market, with various mechanisms of action and brand names.

Antibiotics are chemical substances available from a mold or bacterium that can kill microorganisms and cure bacterial infection.

Antibiotics are being used for years clinically and there is historical evidence of the medicine being used regularly by clinicians. Antibiotics are also used prophylactically and administered via various routes preoperatively, to prevent an infection which may occur postoperatively.

In routine dental procedures, performed under local anesthesia on a normal healthy patient, prophylactic antibiotics are usually not required.

In some dental procedures, where the chance of encountering blood is present, clinicians prefer to prescribe prophylactic antibiotics. Antibiotics, after a routine dental extraction, are prescribed to a

patient, to prevent postoperative infection and promote postoperative healing of the socket.

Extraction sockets are considered contaminated wounds. The organisms present in the oral cavity are a part of normal oral flora and are an unusual source of post extraction infection.

It is advisable to prescribe antibiotics in the case of a dental infection. Even prophylactic antibiotics are used in an infected case, prior to a dental extraction. If antibiotics are not prescribed prophylactically in an infected case, routine dental extraction may aggravate the infection.

Tooth extraction is defined as complete painless removal of a tooth with minimal trauma to the surrounding investing structures, so that the wound heals uneventfully and there will be no post operative prosthetic problems.

Different studies and a large amount of literature are now available regarding extraction, its etiology, techniques, pharmacology, healing and complications.

A double-blind randomized controlled trial was performed in one hundred and fifty cases. The patients were divided into two equal groups. The first group was given Metronidazole – an anaerobic antibiotic – for five days postoperatively and the second one was given identical looking placebo drugs rather than antibiotics.

The study showed that in the first group, there was 86% healing and 14% complications. In the placebo



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group, five subjects were found with a common complication of inflamed socket.

The study concluded that prescription of antibiotics, after routine intra alveolar dental extraction in a healthy patient, may not play any significant role in wound healing complications.

A review in a Nigerian population was done regarding indication for the extraction of 3rd molar tooth in 1763 cases. 89% of the cases were found uneventful with healed socket and 11% with complications due to dental caries and periodontitis.

The study also showed that there were some cases with post extraction complication of dry socket. A study on clinical evaluation of post extraction site wound healing also concluded the same with 11% of alveoli healing complications in 282 subjects with 318 extractions.


Similar studies, like in the Nigerian population, were also done in Chinese population, to evaluate the healing of post extraction sockets and it was found that 87.5% cases were uneventful with healed sockets and 12.5% with complicated ones. As a differentiation criterion, clean and sterile gloves were used for extraction.

A study in a population from Iraq concluded with 89.3% healed and 10.7% complicated sockets.

A controlled trial was done by Murali R. et al., to understand the need of antibiotics during a routine dental extraction, concluded with a contrast result in which pain and healing complications were found in 24% cases in the antibiotic group and 6% in the placebo group. The researcher has not mentioned the reasons for the complications.

A randomized controlled clinical study was done in 262 patients, after unequally dividing into two groups: group 1 with case and group 2 with control group. The investigators found 3% minor complications and delayed healing only in the group wherein antibiotics were not given.

A study on 520 patients, who were subjected to consecutive dental extraction surgeries, showed a common complication of pain.

There are many studies; all of which revealed the same result. From experience, knowledge and literature published, it is certain that if a patient is systemically stable with no infection, there is no need of antibiotics prior to or after a routine dental extraction procedure. 

Early diagnosis and institution of appropriate therapeutic measures yield the desired glycaemic outcomes and prevent vascular complications



Diabetes mellitus is a serious metabolic disease, affecting people of all geographic, ethnic or racial origin and its prevalence is increasing globally.

Burden from this costly disease is high in the low and middle income countries where the impacts of modernization and urbanization have brought in marked adverse changes in lifestyle parameters.

As per the estimates in 2017, out of the 422 million people with diabetes globally, more than 80

percent live in low and middle income countries. By 2040, this will rise to 642 million.

It is estimated that India will have 70 million adults with diabetes in 2017 and the second position among the top 10 countries with the largest number of diabetes. This number is predicted to increase to 109 million by 2035, unless steps are taken to prevent new cases of diabetes.

Primary prevention of diabetes is feasible and the strategies, such as lifestyle modification are

shown to be effective in populations of varied ethnicity. However, for the implementation of the strategies at the population level, the national programs which are culturally as well as socially acceptable and practical have to be formulated; but these are currently lacking in most of the developed and developing countries.

Early diagnosis and institution of appropriate therapeutic measures yield the desired glycaemic outcomes and prevent vascular complications.

Diabetes in India



Dr. Ashok Krishnan
Consultant Diabetologist
Palakkad, Kerala, India



Type 2 diabetes, which accounts for 85-95 per cent of all the diagnosed diabetes cases, has a latent, asymptomatic period of sub-clinical stages, which often remain undiagnosed for several years.

Asian populations in general, particularly Asian Indians have a higher risk of developing diabetes at a younger age when compared to the western populations. Therefore, it is essential to take steps to diagnose diabetes early so that the long-term sufferings of the

patients and the social burden can be considerably mitigated.

Risk Factors for Diabetes

Many studies have shown that awareness about diabetes and its complications are poor among general population, especially in the rural areas. There is an urgent need for creating awareness among population regarding diabetes and about its serious consequences.

Epidemiological data from India have shown the presence of a number of risk factors, which can be easily identified by simple non-invasive risk scores.

Major risk factors for type 2 diabetes among the people in Indian are the follows:

Positive family history of diabetes, age above 35 years, overweight and obesity, enlarged waist or upper body adiposity, presence of hypertension, recent weight gain, sedentary lifestyle and gestational diabetes.

Signs and Symptoms of Diabetes

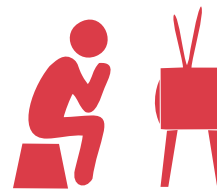
The signs and symptoms of diabetes are usually disregarded by many because of the chronic progression of the disease. People do not consider this as a serious problem because unlike many other diseases, the consequences of hyperglycemia are not manifested in the early stages.

People are not aware that damage can start several years before symptoms become noticeable. This is unfortunate because diagnosis of the early symptoms can help bring the disease under control immediately and prevent vascular complications.

Risk Factors for Diabetes



family history



lack of exercise



overweight

Warning Signs and Classic Symptoms

Considering the asymptomatic nature of type 2 diabetes in the early stages, it is essential to educate people about the warning signs of the disease.

Warning signs of diabetes are unexplained weight loss, frequent fatigue, irritability, repeated infections, dry mouth, burning, pain, numbness on feet, itching, reactive hypoglycemia, decreased vision, impotence, erectile dysfunction etc.

The classic symptoms of diabetes, such as polyuria, polydipsia and polyphagia occur commonly in Type 1 diabetes, which result in a rapid development of severe hyperglycemia and in Type 2 diabetes very high levels of hyperglycemia.

Severe weight loss is very common in Type 1 diabetes, but it is also found in type 2 diabetes, if the disease remains undiagnosed for a long period. Unexplained weight loss, fatigue, restlessness and body pain are also the common signs of undiagnosed diabetes.

Symptoms that are mild or have gradual development can also remain undiagnosed.

Screening Test for Diabetes

A person of Asian origin aged on or above 35 years with two or more of the above risk factors should undergo a screening test for diabetes. An oral glucose tolerance test (OGTT) is the most common screening test.

Fasting and 2-hour post glucose tests can identify impaired fasting glucose (IFG) (fasting glucose >110 - <125 mg/dl), impaired glucose tolerance (IGT) (2-hour glucose >140-

<200 mg/dl) and presence of diabetes (fasting > 126 and 2-hour glucose >200 mg/dl).

If a random blood glucose value is > 150 mg/dl, further confirmation by an OGTT is warranted.

Recently, glycosylated hemoglobin (HbA1c) has been recommended as the test for diagnosis of diabetes (>6.5%). Presence of prediabetes is indicated by HbA1c values between 5.7 - 6.4 per cent.

Screening for undiagnosed Type 2 diabetes is recommended at the first prenatal visit in a woman with the above risk factors, using standard diagnostic method criteria.

Screening for gestational diabetes (GDM) at 24-28 weeks of gestation is recommended for women who do not have previous history of diabetes, as GDM remains asymptomatic. A history of GDM carries a high risk for developing diabetes.

Significance of Identifying Prediabetes

The recent estimates of the International Diabetes Federation (IDF) indicate that there are more than 316 million people (6.9%) with IGT, all over the world. Among them, more than 70 per cent live in low and middle income countries. There are an estimated 77.2 million people in India with prediabetes.

Prediabetes is a condition in which the patients have high blood glucose level, but are not in the diabetes range. These people are at higher risk of getting diabetes.

Even prediabetic stages, such as IFG and IGT carry high risk for vascular complications. It is

also important to note that currently one third of those who have IGT are in the productive age, between 20-39 years and therefore, is likely to spend many more years at high risk of developing diabetes and / or complications of diabetes.


Some people with prediabetes experience reactive hypoglycemia 2-3 hours after a meal. This is a sign of impaired insulin metabolism and indicative of impending occurrence of diabetes.

Therefore, periodic medical check-ups in people with such signs or risk factors for diabetes would help reduce the hazards of undiagnosed diabetes. It would help improve the health status of a large number of people, who otherwise would be silent sufferers, from the metabolic aberrations associated with diabetes.

Conclusion

Awareness about the signs and symptoms and periodic screening especially in the presence of risk factors and warning signs of diabetes, would go a long way in preventing new cases of diabetes by providing an opportunity to intervene at the stage of prediabetes.

It is evident that diabetes can be prevented among prediabetic individuals by improving physical activity and diet habits. Such strategies will also help prevent the development of diabetic complications to a great extent.

Patient empowerment is vital in diabetes management. This can be done through patient education and sharing information on management and preventive aspects of diabetes. 

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LETTERS TO THE EDITOR



I chanced upon your magazine at Vasan Dental Care in Madurai. It was a pleasant surprise to see the visually appealing yet informative magazine. You've taken great care in proof reading. The white background on all pages was easy on the eye. Good quality paper, good collection of articles with variety (August issue) and good printing - you've also given importance to content over style, a rarity these days. Kudos to the team.

Mr. Abraham Mills

Madurai, Tamil Nadu, India

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