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THE DENTCARE

Your Monthly Health Care Magazine

Brightening smile the world over

**UNDERSTANDING
ORAL CANCER**

TENNIS ELBOW

**TOOTH LOSS
AND ITS
CONSEQUENCES**

Special Interview with

Kerala State Police Chief

Mr. Loknath Behera IPS



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CELEBRATING THE SEASON

Christmas Greetings &
Good Wishes to you all



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Dear DentCareian,

December carries with it a wonderful opportunity for us to reflect upon the months that have gone by.

2018 will forever remain in our living memories as 365 days of great uncertainty.

The breathtaking regularity at which the world witnessed exceptional circumstances and the trying times that became an outcome of its inexplicable occurrence have certainly left a lasting impression that will redefine the minds of humankind.

It will be eternally remembered as a year that has been a real test of our will to endure and faith to resolve. The overwhelming grace of the Almighty has been the only constant – a gentle, yet reassuring reminder that He is with us, always.

For Dentcare @ Thirty, it has been the dawn of a new decade of hope and aspiration. Your lasting smiles have continued to brighten our lives, more than ever before.

Loss of teeth does have consequential bearing on overall health, not just oral health alone. It must be addressed promptly. Regular dental visits will help keep a check on your current needs. At Dentcare, we have every universal option available to ensure that your smile lasts for a lifetime.

This concluding edition of the year has on offer a little of everything possible to make you realize that there is much more to smiles than teeth, per se, including a soothing new outlook to our delightful script!!

We stand on the threshold of a new beginning. Let us piece the pearls of wisdom gained to put together an ornate 2019 that our Master Craftsman would be proud of.

Our own source of inspiration urges you to unearth your own "Inner Peace."

The Dentcare family reserves its warmest greetings of the Season. God bless you.

Yours truly,

Prof. (Dr.) George P. John

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FROM THE HEART



A PLACID PERSON OWNS INNER PEACE

We

live in a diverse world where all creation is unique in one way or another. The most miraculous thing is that 7.7 billion people living in this world are uniquely different from one another in appearance and character.

The universe is boundless, mysterious, and indefinable. But the greatest truth applicable to all human beings is that only a placid person holds inner peace forever.

Every human mind yearns for perpetual peace and knowingly or unknowingly tries all possible ways to obtain and sustain it forever. Some people turn into alcoholics or drug addicts while others develop new hobbies like collecting clothing, ornaments or vehicles; but the fact remains that none of these pastimes will help in acquiring never-ending peace.

Once, the Chieftain of a North American tribe told a story to his grandson about a terrible battle that goes on within every human being which involves two wolves. One wolf represents Evil, which personifies anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego while the other is Good, which embodies joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith.

The grandson thought about it for a while and asked his grandfather, 'Which wolf will win?'

"The one you feed", the old man replied. The wolf that gets nurtured in our spirit will win and the traits of that wolf will dominate in us for long. If we start feeding the second wolf, we will let out noble qualities, including enduring peace. We have the right to choose and develop the qualities of either the first or second wolf.

Good thoughts emanate from a virtuous mind, which helps weave great dreams. The dreams that we see today will materialize tomorrow. Hence it is important to foster noble qualities to make us capable of leading a meaningful and blissful life.

Only a good-hearted person can possess inner peace for long. We have to deliberately turn our minds to incredible goodness, along with a resolute faith in God to experience the infinite spark of real peace and happiness.

Let us develop a positive outlook by learning how to manage our thoughts and spread the light of peace, calmness and composure.

Wish the readers a merry Christmas and a prosperous New Year. ☺

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

TOOTH LOSS AND ITS CONSEQUENCES



Teeth are an integral part of the oral cavity and influence the appearance of an individual to a very great extent. The presence or absence of teeth can influence the way a person smiles, eats, speaks / pronounces words etc.

The loss of teeth can have a detrimental role on the food a person eats, since it would be difficult to chew certain solid foods that are necessary for the body. Tooth loss can also cause a huge psychological burden for most people as they find it hard to smile freely and confidently.

One of the biggest beliefs that are prevalent among people is that tooth loss is inevitable and is a part of ageing process. This is untrue. Tooth loss can be efficiently prevented and is not an inevitable outcome of ageing. Tooth loss can happen for several reasons.



Dr. Eric Mario Shailander A.

Consultant Periodontist
Bengaluru, Karnataka, India

Reasons for Tooth Loss

Congenital

This type of tooth loss occurs due to a genetic condition or a developmental defect in the formation of teeth. There can be situations where a tooth or multiple teeth may be missing from the oral cavity. This condition is called 'Hypodontia', which is referred to as the presence of less than the normal number of teeth in the oral cavity. 'Anodontia' is a congenital condition where there is the absence of the entire complement of teeth with no signs of development of even a single tooth.

Impaction

Tooth impaction usually occurs when there is no space available for the tooth to erupt into the oral cavity. This is commonly seen in relation to the third molars. A tooth impaction can also occur as a result of disruption in the formation of teeth. This can result in an abrupt cessation of the development of the root of the tooth, due to which the movement of the tooth towards the path of eruption gets prevented. Sometimes, during tooth development, an injury can cause the developing tooth to get encapsulated by a cyst either partially or fully, preventing it from erupting into the oral cavity. Even infections of the adjacent areas or the existing primary predecessor can cause a disruption in the eruption of its successor, permanent tooth. Ankyloses, which is the bony fusion of the alveolar bone to the tooth, can also cause the tooth to be impacted within the bone.

Tooth eruption involves a great deal of bone remodeling as well. This process allows the tooth to move within the bone until it erupts into the oral cavity. A disruption in the physiologic remodeling process can also prevent tooth eruption.

Dental Caries

Dental Caries, more commonly known as tooth decay, is one of the most common causes for tooth loss. Usually, Dental Caries starts off as a small niche that

allows food particles to get stuck in the teeth. As the bacteria feed on these particles, they release acids that cause damage to the tooth. When spotted early, Dental Caries can be addressed easily and the tooth can be restored with minimal effort. Dental Caries in advanced stages may require root canal intervention.

Periodontal Diseases

Periodontal diseases (gum disease) stands to be the most common cause of tooth loss. Various causes ranging from microbial to systemic conditions contribute to Periodontitis. Periodontal diseases cannot infect the tooth by itself, but it can cause severe infection, inflammation, and destruction of the supporting structures of the teeth.

Initial stages of Periodontitis can be managed successfully, but as the disease advances, prognosis significantly gets reduced. In very advanced stages, even surgical intervention will not help restore the affected tooth / teeth. In such situations, they may be required to be removed. Often, the affected teeth will fall out from the oral cavity spontaneously.

Trauma

Another major reason for tooth loss is trauma or injury resulting in luxation of the tooth and even its dislodgement from the socket. Sometimes, the tooth can be placed back and splinted, while on certain occasions, it has to be removed entirely, depending on the severity of the injury.

Strategic Extraction

There are situations where a tooth or teeth may have to be removed to facilitate certain treatment effectively. One of the commonest examples is the extraction of teeth (usually the 2nd premolars) from each quadrant to provide sufficient space for orthodontic correction of crowded teeth. Similarly, planning the replacement of missing teeth may also require the extraction of one or more teeth to facilitate the successful placement of a more stable and ideal prosthesis.

Consequences of Tooth Loss



Loss of Function

The main function of the teeth is to aid in chewing and mastication of food. Loss of teeth can significantly hamper this function.

Loss of Nourishment

Loss of function can prevent an individual from consuming certain types of hard food without a full complement of teeth. This condition can prevent the patient from ingesting certain types of food. As a result of this, the entire list of nutrients, required for proper growth, may not be available to these individuals. This can cause a deficit in nourishment to the body.

Change in Appearance

The facial features, especially the vertical dimensions of the face, the fullness of the oral and perioral regions, and facial expressions can change when teeth are lost. There can be a drooping or pouting of the lips.

Change in Phonetics

Speech and pronunciation can be significantly altered when teeth are lost, as there is a great difficulty in regulating airflow. Regulation of airflow requires a combined functioning of the lips and teeth. Absence of teeth can disrupt this balance.

Increased strain on Remaining Teeth

Teeth bear a lot of force during clenching or mastication. When the number of teeth reduces, the same amount of force is borne by the remaining teeth. This increases the load on the remaining teeth significantly resulting in a traumatic occlusion.

Migration of Adjacent Teeth

Over a period of time, adjacent teeth start migrating into the space created by the loss of a tooth, both from

the anterior and posterior sides. This migration can cause multiple complications. Firstly, it causes an increase in the interdental embrasures of the teeth adjacent to them. This becomes a niche where food impaction / lodgment occurs and can become foci for dental infections (both Caries and Periodontitis).

Secondly, this migration causes a disharmony in the occlusal relation with the antagonistic teeth in the opposite jaw, causing a traumatic occlusion. This can cause the cusps to wear off due to attrition, or even from subconscious clenching (bruxism). Thirdly, the teeth opposite to the edentulous space can also supra erupt into the edentulous space, which leads to masticatory insufficiency and Temporomandibular Joint (TMJ) disorders. This can again cause food impaction / lodgment and other complications.

Psychological Influence

A smile is the most beautiful expression of the human face. The loss of a tooth / teeth can have a psychological impact on the morale of the patient, as they can no longer smile freely or even speak confidently. Such individuals are usually very conscious of themselves and as a result, they seldom smile. Most often, they cover their mouth while smiling, and may even feel depressed or become introverts. They avoid speaking in public and social interaction, as they may have difficulty in pronouncing words properly and clearly.

Preventing Tooth Loss

Most of the major causes of tooth loss like Dental Caries and Periodontitis occur due to poor oral hygiene and maintenance. People who do not adhere to a healthy oral regimen and frequent dental visits can experience more incidents of Dental Caries and Periodontitis. Both these conditions can be addressed efficiently by following healthy oral practices and protocols. It is important to remember that prevention is always better than cure. ☐



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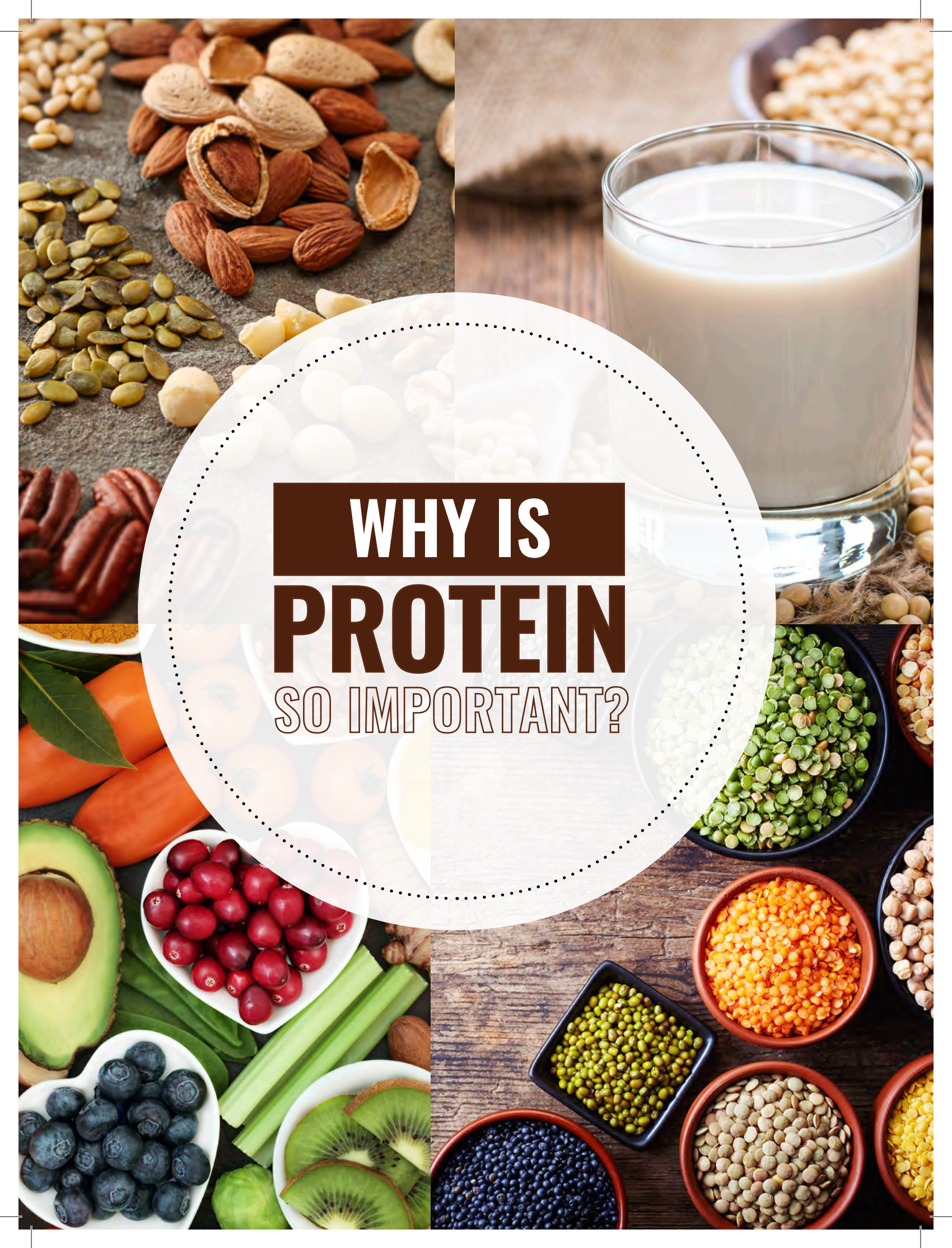
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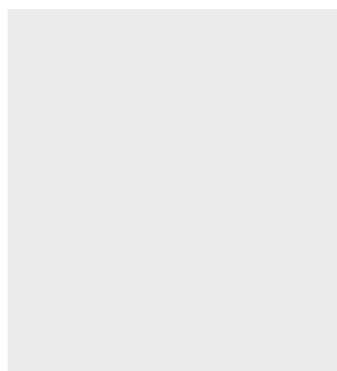
**WHY IS
PROTEIN
SO IMPORTANT?**



Proteins are fundamental components of all living cells, which contain many substances, such as Enzymes, Hormones and Antibodies that are necessary for the proper functioning of the human body.

Protein is an important nutrient needed for growth and maintenance of the human body. It helps repair and build tissues and coordinates your bodily functions, besides allowing metabolic reactions to take place in the body.

Protein has a large number of important functions in the human body. It is an essential macromolecule without which our body would be unable to repair, regulate, or protect itself.



Ms. Subhasree Prasanth
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Proteins are made up of hundreds / thousands of smaller units called Amino acids, which are attached to one another in long chains. There are twenty different types of Amino acids that combine to make a Protein. The sequence of Amino acids determines the unique three-dimensional structure of each Protein and its specific function. They play a central role in our biological process. Proteins catalyze reactions in our bodies, transport molecules, such as oxygen and keep us healthy in addition to transmitting messages from one cell to another.

Classification based on the Source of Protein Molecules

Since long, Proteins have been divided into two well-defined groups: Animal Proteins and Plant Proteins. Animal Proteins are the ones that are derived from animal sources, such as eggs, milk, meat and fish, which are called higher-quality Proteins because they contain adequate amounts of all the essential Amino acids whereas Plant Proteins are called lower-quality Proteins, since they have a low content limiting the amount of one or more of the essential Amino acids.

Therapeutic Relevance of Proteins

Proteins play a significant role in controlling Diabetes, Cancer, maintaining a healthy body weight and more. Intake of too much or too little Protein can lead to Protein imbalance.

Children and Proteins

Due to rapid growth and development in infancy, childhood, and adolescence, it is necessary to ensure that children / adolescents get adequate amount of Proteins from the food they eat. If children get too little

Protein from their diet, they can experience fatigue, decreased muscle mass, a weakened immune system, failure to gain weight and / or poor growth rate.

The Institute of Medicine, a nonprofit organization in the United States of America, has put forward Recommended Dietary Allowance (RDA) – the estimated amount of nutrients required for the maintenance of good health of individuals of each group and sex.

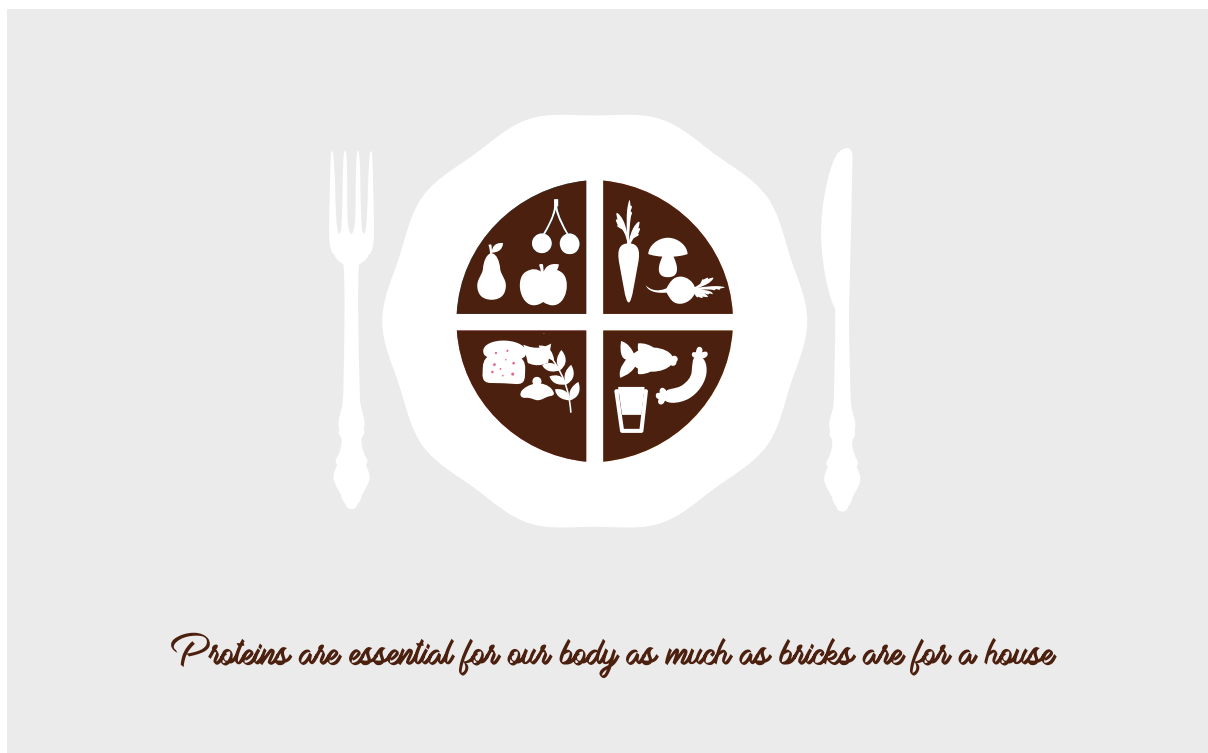
Some children, especially those experiencing rapid growth, young athletes and children who are tall for their age may require more Protein than the RDA. Along with Protein, Carbohydrates and Fats are also necessary for maintaining proper growth.

According to the Institute of Medicine, the Recommended Dietary Allowance of Protein for teenage boys is 52 grams per day or 0.85 grams of Protein per kilogram of their body weight.

Teenage girls should consume Proteins as per RDA; girls who are very active may be in need of additional Proteins in tune with the intensity of their physical activity. The RDA for girls aged 9 to 13 is 34 grams of Proteins per day while 46 grams for teenaged girls.

Conclusion

In general, Protein is essential for our body as much as bricks are for a house: too much or too little quantity of Protein is not recommended, as it can lead to a variety of health issues. For optimal health, get only the recommended amount of Proteins from nutritious, low-fat, low-cholesterol food sources. ☐☐





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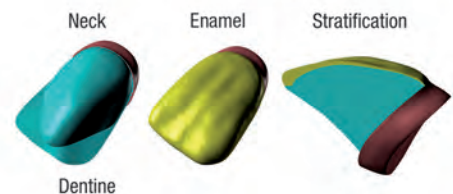
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Give more value to your job and to your patient
Use three layer tooth, use AcryLux



Three layers



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TIPS TO IMPROVE YOUR **DENTAL PRACTICE**

We feel elated when we get our Dental Degree Certificates, but the real battle starts only thereafter, especially when we open our own dental set-ups. I would like to put forward a few tips to improve our practice.

1 Treat every Patient equally

A patient who wants to go for a dental implant is as important as the one who visits you for a simple scaling. If a patient likes your service, he will definitely tell it to others. Hence, give equal importance to every patient and give your cent percent commitment to each one of them in terms of conversation, presentation, or in every aspect of your care / service.

2 Reduce Chair Side Work on the First Day

Patients are generally afraid of dental treatment and hence, the first appointment should be made as tension free as possible, as this will help you gain their trust; spend more time on conversation and help them get out of the dental chair as early as possible. This will subtly ward off their fear of dental treatment. Once a patient overcomes the fear and builds confidence in you, he will not miss the second appointment and then, you can certainly go forward with your treatment plan.

3 Eye-catching Visiting Cards

An eye-catching visiting card may be helpful in conveying the quality of service being rendered from your office, in addition to providing tangible information about yourselves and the timing of your service.

4 Always be on Time

Patient's time is as equally important as that of yours; if you are punctual, it will help you leave a good impact on your patients. If your patient is suffering from severe ache, they are not supposed to wait for your service for hours. They may prefer going to another dentist who is readily available. So you need to be available in your clinic as per the timings mentioned in your visiting card or hoarding.

5 Follow-up Calls and Care

Your job is not completely done once the treatment is over. You should make at least one call to the patient, may be one or two days later, to enquire about his condition, as he may develop dry socket or other conditions. Your call will not only help prevent the patient from misbelieving you but also help show your concern for the patient, in addition to helping build a long-lasting relationship between you and your patient.



Dr. Reena Balkrishna Joil
Dental Practitioner
Bhubaneswar, Odisha, India

6 Giving Incentives for your Employees

Giving incentives or a certain percentage of the proceeds of a day can motivate your staff to work hard. If your employees are getting their salary alone, they may not be committed to their work the way you expect of them. If they get incentives, it will definitely encourage them to work tirelessly, which in turn helps improve their productivity. Besides, they will always be punctual and will not feel bad, if they are required to work extra hours.

7 Giving Value to Frequent Calls

Yes, you should do that: you might have done everything possible to market your practice and hence, it is obvious that you are getting frequent calls from your patients; in fact, this is a good sign. It will be unfair to get annoyed at these calls; it is your duty to be polite to these callers. If you cannot do it by yourself, engage someone with good conversation skills.

8 Do not start with complicated Treatment

This is mainly for full mouth rehabilitation and pediatric cases. Sometimes the treatment plan consists of all kind of treatment like complicated extractions, root canal treatment, fillings and more. In such cases, it is better to start with the easier procedure first. Complicated treatment is challenging and may be time-consuming. This may intimidate the patient; so begin with simple treatment, as it helps keep off patient's fear.

9 Collect a Good Amount on the First Day

There should not be any loss for yourselves, if your patients do not show up for the next appointment. Besides, this will motivate your patients to visit you again, as they have already paid a large part of the treatment cost.

10 Be Consistent

Success is not possible without consistency. Maintain punctuality in your professional life. You should keep maintaining your energy level, as it helps you do your duty diligently.

Conclusion

The way you manage your dental office plays an important in the proliferation of your practice. Therefore, take necessary steps to make your practice appealing so as to ensure more patient inflow. ☑



7

BENEFITS OF REGULAR
DENTAL CHECK-UPS



Dr. Abraham John

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Teeth are one of the most vital parts of the human body. Negligence or ignorance of proper oral healthcare will lead to severe damage to the teeth and gums. With the advancement of technology and ready accessibility of dentists, it is quite easy to get dental check-ups done.

A random survey carried out a few years ago has revealed that more than 90% of adults had tooth cavities. This showcases that a large number of people are quite negligent of maintaining oral care and hygiene.

To avoid this scenario, it is imperative to go for a complete oral and dental check-up at least every six months. This will help detect dental and oral conditions, if any, at the earliest.

Let us see the top seven reasons why a good dental check-up is essential at least every six months.

1. Keeps your Smile Healthy

A good set of teeth helps provide for a more pleasing smile. Regular dental visits can be helpful in maintaining healthy teeth and a good smile. Today, it is observed that a lot of people have some form of dental problem or gum disease which can gradually contribute to several systemic conditions.

Visiting your dentist regularly will help you maintain a healthy smile and address any unwarranted dental issues immediately.

2. Enables Early Detection

Like adults, even children are subject to multiple oral problems, owing to their unhealthy eating practices and habits. Brushing your teeth twice a day will go a long way in keeping dental problems at bay; however, getting it regularly checked by a Pedodontist or a Family Dentist will help you detect oral problems at the earliest.

Early detection can help you avoid unnecessary dental bills in future, i.e., you need not have to spend a huge amount of money when the problems are too difficult to solve with simple procedures. In fact, you can nip the dental problem in the bud, if you go for regular check-ups.

3. Ensures Healthy Development of the Mouth and Teeth

We often ignore minor problems arising in the mouth, thinking that they would go away on their own. But in

fact, this may not be true always! When you feel a slight discomfort in your teeth or oral cavity, you should take the steps to consult your dentist to ensure that there are no dental or oral problems.

Bleeding gums, pain in the tooth, crooked or protruding teeth, etc. are the common dental problems that are seen in 'every other' individual today. For proper / healthy growth of teeth, it is better to consult your dentist and take his opinion.

4. Checks Plaque and Tartar build up

With regular wear and tear, there is a huge possibility of developing plaque and tartar on your teeth. Dentists are professionally trained to clean your teeth with advanced equipment or specialized tools and help you rid of plaque and tartar without causing any damage to the tooth enamel.

When plaque begins to develop on your teeth, it can lead to the development of tartar. Untreated tartar can eventually result in cavities. Without a regular dental check-up, it is quite impossible to remove plaque and tartar completely. Visiting your dentist regularly will help you get a healthy set of teeth.

5. Avoids other Health Problems

It is a proven fact that poor dental hygiene can lead to a number of systemic diseases, such as Osteoporosis, Heart Diseases, Endocarditis, Diabetes, Gum Disease, etc.

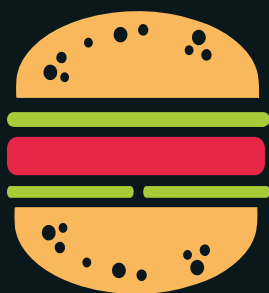
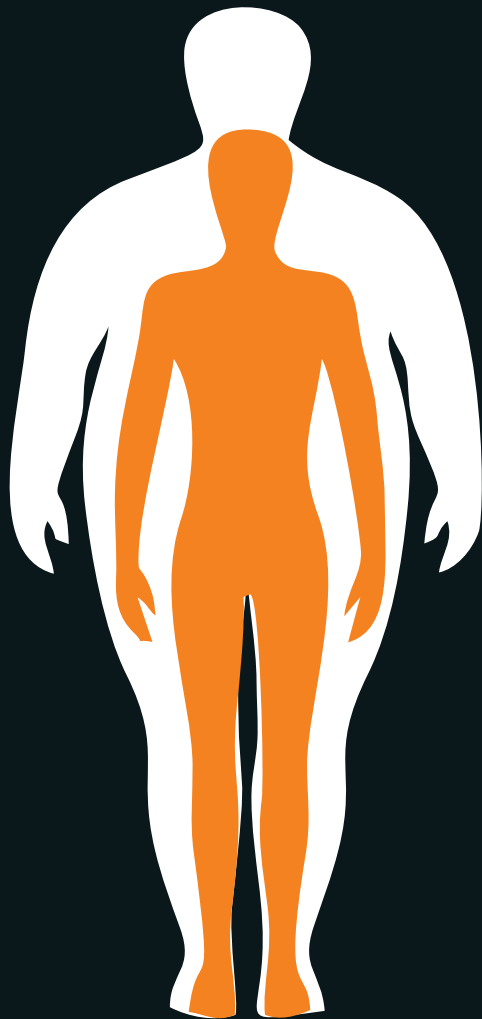
6. Can Save a Life

Today, the incidence of oral cancer has increased alarmingly. This is because of the absence of regular dental care and hygiene. Regular oral check-ups can be helpful in detecting oral cancer at an early stage. Schedule an appointment with your dentist and screen yourself for any health conditions.

7. Boosts Confidence

Last, but not the least, regular dental check-ups can lay the foundation for a healthy set of teeth in children. We should set a positive example for our children and help them get fully acquainted with the importance of regular dental check-ups and a good oral hygiene routine.

Regular dental check-ups will definitely help avoid painful and unwarranted problems later in your life. ☑



BESITY
AN AYURVEDIC
PERSPECTIVE



Dr. Tehreem Khan

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Obesity is a condition in which someone has accumulated too much fat in the body that it can have a negative result on his or her health.

Body Mass Index is a measurement derived from your height and weight. Though very useful in estimating your healthy body weight, it does not measure the percentage of fat in your body.

Ayurvedic Perspective of Obesity







As per Ayurveda, Obesity is termed as Sthoulya, an excessive accumulation of abnormal fats in the body,

which make patients appear with droopy buttocks, abdomen and breasts. The fat tissues get nourished and as a result, fats get abnormally deposited on the abdomen or other parts of the body, leading to low levels of energy in such individuals.

Causes of Sthoulya in Ayurveda

The causes of Sthoulya (Obesity) are clearly explained in ancient Ayurvedic literature. The reasons contributing to this condition, which are mentioned in ancient texts, are certainly relevant even in this era as well.

THE IMPORTANT CAUSES FOR OBESITY ARE

<p>— AVAYAM</p>  <p>It means not engaging in physical exertion and leading a sedentary lifestyle.</p>	<p>— MADHURA ANNAHA</p>  <p>It means overconsumption of sweet foods.</p>
<p>— DIVASWAPNA</p>  <p>It means sleeping in the afternoon, excessive sleeping or sleeping late at night.</p>	<p>— FOOD INTAKE</p>  <p>Intake of food before the digestion of the one taken earlier can gradually contribute to fat accumulation and Obesity.</p>
<p>— KAPHA AHARA VIHARA</p>  <p>It means that certain types of food like processed cheese, milk, yoghurt, junk foods, aerated drinks, along with sedentary lifestyles can increase Mucus (Kapha).</p>	<p>— LESS MENTAL ACTIVITY</p>  <p>Less mental activity can pave the way for Obesity.</p>

Obesity-related Diseases

As per Ayurveda, Obesity can make a person vulnerable to many health conditions like:



Time-tested Ayurvedic Regimen for Obesity

Dietary Regimen

Include plenty of millets and barley in your diet, in addition to green gram and horse gram, since they are ideal for weight loss. Vegetable soups are excellent to boost your energy levels. Fruits like papaya, apple, watermelon and seasonal fruits are effective in providing the nutrients required for your body.

Lifestyle Regimen

Go to bed early and wake up early. Brisk walking is very effective in reducing the risk of Obesity; a minimum of thirty minutes of exercise is ideal. Cardiopulmonary exercises like cycling, swimming and dances like zumba are helpful in burning calories and fat.

Your breakfast can be heavy while your lunch and dinner should always be light. Sleeping soon after taking meals is not recommended. Dinner should be taken two to three hours before bedtime.

You should not continue to sit at the workplace for hours. Do at least five minutes' walk or stretch your body after every hour. Simultaneously, do a lot of thinking activity and mental labor.

Ayurvedic Herbs for Obesity

Certain Ayurvedic herbs are effective in reducing the risk of accumulation of Fats and Obesity.

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- Amla or Indian Gooseberry
- Triphala Powder (Haritaki, Bibhitaki, and Amalaki)
- Administration of Honey in lukewarm water
- Alcoholic preparations that help cut back Fats and Kapha, such as Lohasavam (Anti-obesity medication) with a cup of warm water are used as after-food drinks

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SOFT IN TEMPERAMENT FIRM IN ACTION

Loknath Behera is an Indian Police Service (IPS) Officer of Kerala Cadre. He was inducted into Service in 1985. He is the current **State Police Chief and Director General of Police (DGP)** of Kerala State Police. He belongs to Odisha, India.

Mr. Behera was awarded the Presidential Medal for his Distinguished Services at the National Investigation Agency (NIA) in 2009 and became the first and only officer from the NIA to get the coveted honour.

Prior to the appointment as the State Police Chief and Director General of Police (DGP) of Kerala State Police, he served as the Director, Kerala Fire and Rescue Services.

On the special occasion of **Human Rights Day** (on December 10), he opens up his mind to 'The DentCare'.

01

What are the practical difficulties Police Personnel confront while dealing with human right problems involved in Law and Order Issues?

Police, the Civil Force, is the most visible arm of the Executive. Though the main tasks entrusted to Police Personnel are maintenance of Law and Order and prevention and detection of crime, there is practically no field where Police are not expected to contribute or intervene.

Due to the peculiar nature of our work, it may invite criticism from many sides. For instance, if strict action is taken by the Police against an accused, the kith and kin of the accused would be unhappy with Police and they may raise various allegations against the action of Police Personnel. Sometimes the complainant may not be satisfied with the steps taken by Police Officers on his complaint. Then also, there would not be any paucity of criticism.

Police Personnel are duty-bound to ensure and enforce the Rule of Law. A law and Order issue normally emanates when someone indulges in an illegal act by taking the Law into his own hands. Depending on the circumstances, Police may have to use force to disperse or take into custody the persons creating such issues. The degree of force used by Police would be proportional to the nature of assault from the miscreants.

In such situations, allegations are often raised against the violation of human rights by Police. There will be a lot of hue and cry from different vested interests against the action taken by Police Personnel. However not many voices are heard in the State against the violations of human rights by Police Personnel.

For instance, handcuffing an arrested person may be viewed as infringement of his freedom. Even the Kerala Police Act discourages handcuffing of an accused unless there are exceptional circumstances warranting the same. However, if the arrested person is a dangerous criminal and is allowed to move around without handcuffing, he may become violent and attack the escorting Police Personnel, leading to the infringement of their fundamental rights.

02

What are the measures taken by Police to curb and nab anti-national elements engaged in undermining the peaceful harmony of the State?

It would not be appropriate for me to divulge the details of the measures taken by Police to tackle such elements. However, we have a clear plan of action with which we have succeeded in checking the activities of those persons indulging in anti-national activities. It is a fact that there are many young people who are lured by various extremist groups through constant indoctrination and radicalization. We have recognized this danger sufficiently in advance and our efforts to de-radicalize such youths have so far paid rich dividends.

Our intelligence machinery is fully geared up to keep such persons under constant surveillance. We will be adopting a line similar to 'carrot and stick policy'. While continuing our efforts to de-radicalize and prevent these youth from succumbing to the fundamentalist and extremist ideology, we will not show any leniency towards those who are not ready to mend their ways.

“

Though the main tasks entrusted to Police Personnel are maintenance of Law and Order and prevention and detection of crime, there is practically no field where Police are not expected to contribute or intervene

03

Is there any human right violation in ISRO espionage case since it seems that Justice has been meted out to Mr. Nambi Narayanan after a lapse of 24 years?

The Honourable Supreme Court of India has recently passed an Order in this matter. Since the Honourable Court has also ordered a probe by a team consisting of a retired judge of the Apex Court, it is not prudent to comment on this matter. However, I always emphasize that Police Personnel should be more circumspect to avoid any human rights violations while they discharge their duties.

Compared to many other States in India, instances of human rights violations by Police Personnel are less in Kerala. The possibility of human rights violations by Police Personnel can be avoided by ensuring strict adherence to the legal provisions in letter and spirit. Training Programs for Police personnel is now being restructured and refined so as to inculcate proper attitude and sensitivity in their minds to respect the rights and freedom of general public. More emphasis is now being given to scientific means of investigation which help replace the barbaric custodial torture as a tool for making culprits confess to crimes.

04

Is there any defining moment that makes you feel most proud of?

I am extremely proud of the good works done by Police Personnel for the people in Kerala. Recently, State of Kerala had to encounter a massive natural calamity caused by floods. The levels of dedication and commitment shown by them to rescue people were widely appreciated by one and all.

Several valuable lives could be saved due to the timely intervention by Police Personnel. Many of them were directly affected by the flood and their families were in distress. However, they did not backtrack from their duties and continued to engage in rescue and relief operations.

I am extremely pleased with the efforts taken by Kerala Police in helping distressed people pull through the situation.

05

If a person gets frustrated with the dealings of Police Personnel, how can he reach you?

It is always open for anybody to contact me at any time if they have anything important to be brought to my notice. However, there is a hierarchical system in place with many senior officers posted at various levels who are capable of redressing any genuine grievances of the public. ☑

”

ALL HUMAN BEINGS ARE
BORN FREE AND EQUAL
IN DIGNITY AND RIGHT

HUMAN RIGHTS DAY
DECEMBER 10

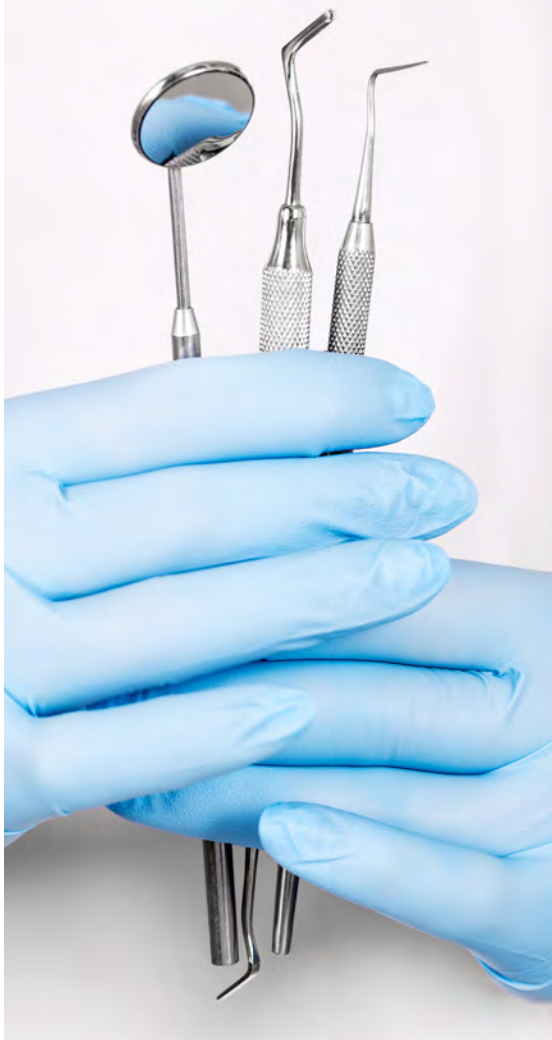
For The DentCare
Interviewed by
Ms. Nisha Philip Xavier



STERILIZATION OF INSTRUMENTS IN DENTAL PRACTICE



Dr. Sunil Kumar Abbot
Dental Practitioner
Hyderabad, Telangana, India



The aim of comprehensive oral healthcare must be extended to achieve not less than 100% sterilization of instruments used in dental practice. Instruments used for both invasive and non-invasive oral procedures require proper sterilization.

Oral Surgical procedures like extractions, apicoectomy, enucleation, marsupialization etc., require proper sanitation. While performing certain dental procedures like tooth / bone / tissue cutting, there is a risk of splashing of body fluids on the operator. It is very common that saliva gets splashed over the area of operation and hence, this area should also be disinfected completely.

While cutting bone, a continuous jet of water is used to prevent thermal necrosis of bone. The high speed rotation of the bur may result in blood splatter onto the face, eyes and gown of the operator or assistant. A protective eyeglass must be worn and should be thoroughly cleaned after every surgical procedure. The Operator's face should be thoroughly washed with soap and water and the eyes with water.


Care must be given for the proper disposal of needles and syringes used for local anesthesia. Instruments like Forceps, Artery forceps, Elevators, Spatulas etc. require proper cleaning followed by autoclaving to achieve 100% sterilization.

A hand-piece, which is the backbone of dentistry, gets contaminated with blood, mucous and saliva. A normal hand-piece gets damaged when it is boiled or autoclaved. Thus it is strongly recommended to buy autoclavable hand-pieces.

When a patient uses the spittoon, blood and saliva may get spilled on the operatory area. Sodium Hypochlorite (1:10 dilution of household bleach) is effective in disinfecting this area.

The instruments used for Root Canal treatment should be sterilized using a Glass Bead Sterilizer. Another effective agent for sterilizing dental instruments is Glutaraldehyde and Formaldehyde. Instruments can be kept in vapors of Formalin for 8 – 30 hours to achieve complete sterilization or be submerged in Glutaraldehyde solution for 7 – 10 hours. This will help kill the spores. But Glutaraldehyde and Formalin are toxic to humans. Therefore, these instruments must be thoroughly rinsed before using them again.

For routine dental examination procedures, hygienic hand washing can be achieved using an Antimicrobial soap and water. Alcohol-based handrubs, such as Ethanol and Isopropanol, are widely used at 70% concentration and have been proved to be safe and hygienic.

It is always recommended to follow Universal Precautions to minimize the spread of infections from and to the dental operatory. The use of Universal Precautions is very effective in achieving 100% sterilization in dental practice. 



Tennis Elbow affects 1 to 3% of the general population. Though this condition affects people of all ages, it is most common in adults between the ages of 30 and 50



TENNIS ELBOW

Tennis Elbow is one of the most common causes of elbow pain in the general population and among athletes. The medical terminology of Tennis Elbow is Lateral Epicondylitis.

Tennis Elbow is a painful condition of the elbow generally caused by overuse of the muscles and tendons around the elbow joint. This was first described by Dr. Henry Morris, the British surgeon in 1882.



Dr. Babu Joseph
Consultant Orthopedic Surgeon
Renai Medicity
Kochi, Kerala, India

Anatomy

Lateral Epicondylitis or Tennis Elbow involves the muscles and tendons of the forearm. The elbow joint is made up of three bones: the upper arm bone (humerus) and the two bones in the forearm (radius and ulna).

There are bony bumps at the bottom of the humerus called Epicondyles. The bony bump on the outside (lateral side) of the elbow is called the Lateral Epicondyle. The forearm muscles extend the wrist and fingers. The forearm tendons — often called Extensors — attach the muscles to the bone.

Extensor carpi radialis brevis is a muscle in the forearm that acts to extend and abduct the wrist. The Extensor carpi radialis longus is the muscle that controls movements of the wrist. Extensor carpi ulnaris is a skeletal muscle located on the ulnar side of the forearm, which acts to extend and adduct at the carpus / wrist from the anatomical position. Partial tears and degeneration of the fibers of Extensor carpi radialis brevis tendon can cause Tennis Elbow.

Epidemiology

Tennis Elbow affects 1 to 3% of the general population. Though this condition affects people of all ages, it is most common in adults between the ages of 30 and 50. Tennis Elbow affects men and women equally. The disease appears gradually, which affects the dominant arm in 75% of cases. The positive side is that 80% of sufferers will fully recover within a year while others require more invasive interventions, such as surgery. It most commonly affects one tendon in particular – Extensor carpi radialis brevis (ECRB).

Pathophysiology

This condition is primarily a degenerative overuse process of the Extensor carpi radialis brevis. It is seen in people playing racket sports like tennis, shuttle badminton, squash and cricket, to name a few. This is an occupational hazard for plumbers, painters, gardeners, etc. whose work involve frequent use of forearm muscles of the extensor group. It is mostly seen in housewives who indulge in washing and wringing clothes and doing normal household chores.

Clinical Features

The patient usually presents with pain at the outer side of the elbow. History of repetitive activity can be a reason for this condition. On examination, tenderness can be diagnosed at the lateral epicondylar region.

Radiology

X-ray is not usually advised; but it may become necessary to rule out the presence of a bony lesion or infection. MRI is not generally recommended for diagnosis.

Treatment

Relief of pain and inflammation is the primary goal of treatment. Avoid excessive use of forearm musculature. Oral non-steroidal anti-inflammatory drugs are prescribed as a first step. If there is no relief through oral medication, physiotherapy is generally advised.

Physiotherapy

Interferential Therapy (IFT), Transcutaneous electrical nerve stimulation (TENS) and Ultrasound therapy are the usual physiotherapy modalities chosen for Tennis Elbow. If there is no relief even after these therapies, Steroid injection at an interval of one to two months is recommended for the patient.

For Tennis players with this condition, careful evaluation of the size, weight and string tension of the racket is to be done. The string tension of 55 to 60 pounds (lbs) is ideal. Platelet-Rich Plasma (PRP) injection has been given to the Extensor carpi radialis brevis tendon; it has yielded fair to good results in some people.

Tennis Elbow is a self-limiting disease which goes off by itself in 8 to 10 months. Oral medication and Steroid injections can be tried in the meantime if the symptoms are severe.

Conclusion

Adequate rest is the first line of defense against Tennis Elbow. This condition can persist for long, if people do not take adequate precautionary / corrective measures, along with the intervention. A week of rest for the arm is often enough to make a significant difference in the condition. ☑



DENTAL TRAUMA IN CHILDREN



Dr. Kuntal Bhatt
Consultant Pedodontist



Dr. Darshita Bhatt
Dental Practitioner

Vadodara, Gujarat, India



Nearly 50 percent of children may have some or other type of injury to a tooth or teeth in their childhood. Many of these injuries are preventable. Tooth and mouth injuries often occur as a result of a fall, motor vehicle accident, contact sports, physical activity etc.

Needless to say that in most cases, tooth and mouth injuries are not life-threatening. But, injuries to the teeth and mouth can have long-lasting effects on the child's appearance and self-confidence. Accidents in childhood can occur when children engage in various kinds of sports or certain types of activities like cycling, swimming, skating etc.

When to seek help?

Whenever such an incident occurs, the affected child should receive dental attention, considering the gravity of the injuries.

Children with any of the following symptoms should be evaluated by a healthcare provider (depending on the circumstances, this can be done at the Dental / Pediatrician's office). It may be required to seek dental attention on an emergency basis, if there is:

- Pain, tenderness, sensitivity to hot / cold or pain while applying pressure on a tooth or teeth
- A broken, loose, or missing tooth after a trauma
- Bleeding in the mouth that does not stop even after applying pressure for 10 minutes
- Pain in the jaw while opening or closing the mouth
- Difficulty in swallowing or breathing
- Any object stuck in the mouth, cheek, tongue, or throat after a trauma
- A large or gaping wound inside the mouth or on the face
- A cut on the lip extending through the lips into the surrounding areas
- A child who is very weak / numb or has blurred vision / slurred speech after a trauma
- A child who develops fever [temperature $\geq 100.4^{\circ}$ Fahrenheit (F) / 38° Celsius (C)]; other signs of infection after a mouth or tooth injury, such as localized redness, pus, increasing pain etc.; or there are signs of more serious conditions like neck pain or stiffness and inability to open the mouth properly

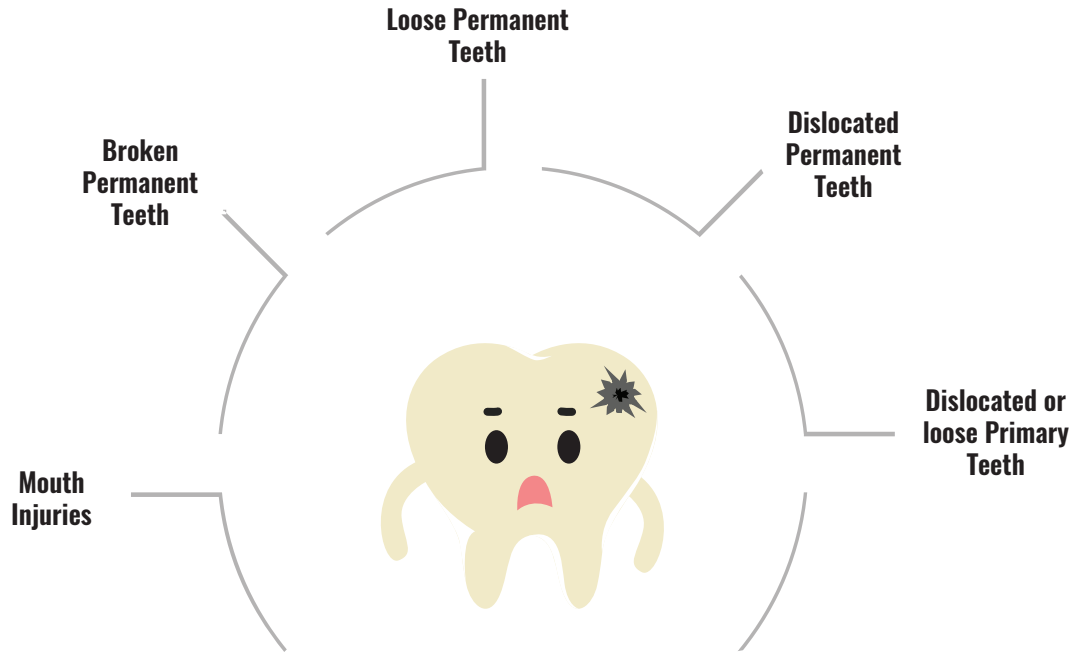
Possible Treatment Options

The treatment for dental injuries depends on the type of trauma and whether the injured tooth is a primary (baby / milk) or permanent (adult) tooth. Permanent teeth do not generally start appearing in the mouth before six to seven years of age. Primary (Baby / Milk) teeth look different from their permanent counterparts.

(1) Dislocated or loose Primary Teeth

The most common type of injury to the primary teeth is the dislocation of the anterior teeth (usually incisors). The management of these injuries also includes preventing future damage to the permanent teeth.

A loose primary tooth is generally left intact, but if it interferes with the bite, it is often removed. In many cases, a loose tooth will heal without any treatment. If the injured tooth or teeth are very loose, they are usually removed, as they can either fall out easily or choke the child, especially while sleeping.



DENTAL INJURIES IN CHILDREN

If the primary tooth is knocked out completely, it should not be placed back into the gums because of the risk of damage to its successor, i.e., the permanent tooth. Losing an anterior primary tooth early does not typically affect a child's speech or the position of the succeeding permanent tooth.

(2) Dislocated Permanent Teeth

If a permanent tooth is knocked out, it requires emergency dental care. The tooth should be placed back into the tooth socket as soon as possible, ideally before one hour and if it cannot be placed back within this duration, it should be stored in cold milk.

At least 85 percent of teeth that are put back into the tooth socket within five minutes survive successfully when compared to those teeth that are not stored in cold milk and are put back into the socket after an hour.

For the successful placement of knocked out teeth back into the socket, follow these steps to ensure an optimum treatment outcome:

- Handle the tooth carefully without touching the root of the tooth

- Rinse the tooth in saline or tap water to remove debris. The tooth should not be scrubbed or sterilized
- Place the tooth back into the socket, if possible
- If it is not possible to place the tooth into the socket, it should be stored in a container of cold milk. If cold milk is not immediately available, place the tooth in a vessel that contains the saliva of the child
- Consult a Pediatric dental surgeon for specialized treatment as soon as possible

Do not store the tooth in water, since this will reduce the chance of successful healing once it is reimplanted into the socket. If the knocked out tooth is kept in a container for long, the chance of survival is very remote.

(3) Loose Permanent Teeth

A loose permanent tooth that interferes with a child's bite requires emergency dental attention. This also requires prompt treatment. A Pedodontist is the best person to evaluate and treat children with loose permanent teeth.

(4) Broken Permanent Teeth

Broken permanent teeth can usually be repaired successfully. For the best possible outcome, the child should be taken to a dentist for treatment within two days of the injury. Broken teeth that are sensitive to hot or cold need to be treated urgently. Tooth fragments, if possible, should be stored in cold milk / tap water as they can sometimes be reattached. If tooth fragments cannot be reattached, these teeth may be repaired with Composite Resin, having the same shade as that of the child's tooth.

(5) Mouth Injuries

The evaluation and management of mouth injuries depends on the area and severity of the injury.

- Tears

Small wounds or tears inside the mouth usually do not require stitches. Tears of the flap of the skin under the upper lip (the frenulum) may also heal without a dental intervention.

- Cuts

If cuts on the tongue are large, especially in the tip, they often require sutures. Wounds that involve the outer part of the lips and extend into the flesh may also require sutures.

Home management of minor Mouth Injuries

Even minor injuries of the mouth can cause bleeding. To stop bleeding inside the lip, press the area against the teeth and hold it for several minutes. To stop bleeding of the tongue, hold the injured area between the fingers or with a piece of gauze / a clean cloth.

Applying pressure will help control bleeding within 10 minutes. It is normal to have a small amount of blood tinged saliva afterwards. Small wounds in the oral cavity usually heal within three days. But the area may appear pale or whitened for a few days.

Potential Complications

Most children recover completely from mouth and dental injuries without further complications. But prompt treatment and regular follow-ups are necessary in certain cases to ensure the best possible outcome. However, in complicated cases, the following things may happen:

Damage to the Permanent Teeth

This may include:

1. Discoloration of the tooth
2. Sensitivity to hot and cold
3. Complete loss of the tooth

Scarring

If the wounds in the lips are very deep, they may heal after leaving a scar. Tears of the tongue that do not heal properly can affect speech and swallowing.

Infection

This may include infection of the teeth, gums and the deep spaces of the neck and chest (which contain vital structures, such as the carotid artery and trachea).

Excessive Bleeding

This situation is not so common, but it can occur if there is injury to a major blood vessel.

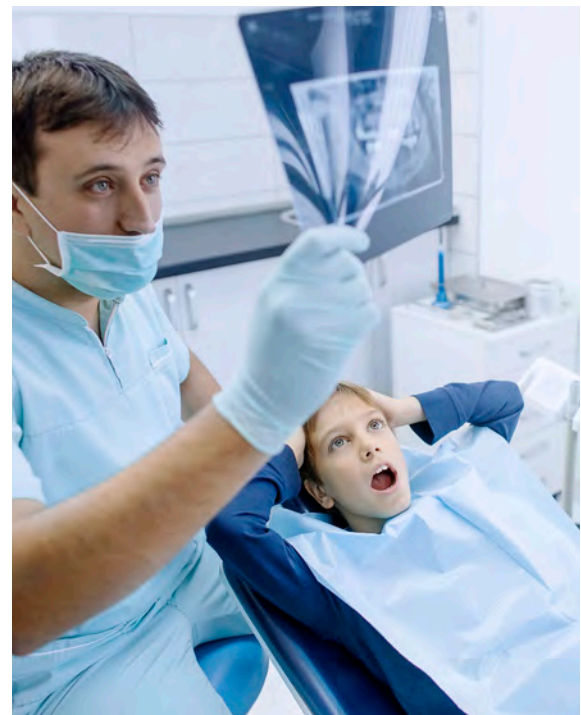
Prevention

One of the best ways to help parents reduce the chances of mouth and dental injuries in their children during recreational and sports activities is to make them wear a Mouth guard.

Mouth injuries can be prevented by teaching children not to put anything into their mouth, except food or drinks. It is also important that children learn to sit while they eat or drink anything.

Conclusion

Dental injuries are often unavoidable. Once it occurs, urgent measures should be taken to avoid further complications. ☐



TASTE OF CHRISTMAS



Preparation

Peel and grate Carrots and Potatoes.

Blend Sugar and Margarine at a medium speed in a flat beater to make it a creamy mixture. Add Raisins, Dates, and Nuts to the mixture. Blend grated Carrots and Potatoes and combine it with the creamed mixture.

Mix Flour, Baking Soda, Cinnamon, Cloves and Nutmeg in a large bowl and add creamed mixture to it.

Portion this creamed mixture into greased muffin pans. Cover each filled pan with a paper. Steam it for 40 – 45 minutes. Garnish with Holly Leaf and whole Cranberries and serve with Vanilla Sauce as a Christmas Pudding.

Christmas Pudding

Ingredients

Carrots, raw, peeled	600 grams
Potatoes, raw, peeled	600 grams
Sugar, granulated	1kilogram
Margarine	1kilogram
Raisins	600 grams
Dates, chopped	600 grams
Nuts, chopped	350 grams
Flour	450 grams
Baking Soda	4 tablespoons
Cinnamon, powdered	1tablespoon
Cloves, powdered	1tablespoon
Nutmeg, powdered	1tablespoon
Salt	50 grams

Lamb Shank

Ingredients

Lamb Shank	4 - 5 numbers
Garlic Cloves	4 numbers
Lemon Pepper	1 tablespoon
Salt	1 teaspoon
Olive Oil	2 tablespoons
Onion, sliced into rings	1 medium
Green Bell Pepper, thinly sliced	1 medium
Tomato Juice	500milligrams
Red wine	½ cup
Worcestershire Sauce	1 tablespoon
Bay Leaves	2 numbers
Sugar, granulated	1 teaspoon
Oregano Leaves, dried, crushed	1 teaspoon
Coriander, ground	½ teaspoon
Allspice, ground	½ teaspoon
Paprika	½ teaspoon



Preparation

In a baking dish, arrange Shanks and make slits in Shank meat; thinly slice Garlic Cloves and insert into slits. Season all sides of Shanks with Lemon Pepper and Salt. Roast it at 180° Celsius (C) in an oven for 1 hour. Pour Olive Oil in a saucepan and sauté Onion, Bell Pepper and chopped Garlic Cloves. Then add Tomato Juice, Wine, Worcestershire Sauce, Bay Leaves, Sugar, Oregano, Coriander, Allspice and Paprika. Cover it with a lid and simmer for 10 minutes, to prepare gravy. Add the cooked Lamb Shanks to the gravy. Then cover and cook for ½ an hour on medium flame until meat is tender. Serve it hot with Rice. ☑



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

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UNDERSTANDING ORAL CANCER



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

Cancer can be defined as ‘an uncontrollable growth of cells that invade normal cells and cause damage to surrounding tissue’. Oral Cancer can appear as an ulcer or growth in the mouth that does not heal or resolve on its own. It includes Cancers of the lips, tongue, cheeks, floor of the mouth, hard and soft palates, sinuses and pharynx (throat).

Incidence of Oral Cancer

Oral Cancer is the sixth most common Cancer worldwide, affecting large number of people across the world. Despite advances in the medical field, majority of people succumb to the condition owing to late diagnosis and treatment.

In spite of the remarkable advancements in surgical techniques, radiation technology and the addition of

combined chemotherapy and radiotherapy etc., Oral cancer still remains as a deadly disease worldwide; almost two-third of cases with this condition are detected only in the advanced stages of the disease. Preventive measures have to be taken to reduce the incidence and mortality of Oral Cancer and for better survival.

What are the Signs and Symptoms of Oral Cancer?

Anorexia, fatigue, weight loss and constant fever may be the first signs of this condition. It is imperative to go for check-ups if a person suffers from a chronic painless ulcer which does not heal for long; lump; pain, bleeding, numbness, difficulty in swallowing; bleeding from the mouth etc. Immediate medical care is necessary if a person suffers from extraoral symptoms like Altered Voice, Facial Asymmetry, Skin Lesions, Facial paralysis, Nasal Bleeding etc.

Who needs to get Oral Cancer Check-ups done?

Any patient with the above symptoms is a candidate for Oral Cancer check-up.

Other Risk Factors

Patients who are in the habit of Smoking, Chewing Paan Masala, Supari and Tobacco, Alcohol consumption, along with Poor nutritional status and Exposure to Human Papilloma Virus (HPV) are at high for Oral Cancer. Besides, patients with ill-fitting dentures, sharp teeth, history of radiation therapy and certain genetic composition are also at high risk for the condition.

What does Cancer Screening include?

Cancer screening includes:

- Thorough oral check-up by your oral physician
- Use of superficial Stains and Dyes at suspicious areas to detect Cancer
- Fine Needle Aspiration (FNA) and studying the sample cells under microscope
- An oral biopsy (taking a section of the mass and studying under microscope) of the suspicious lesions
- Computed Tomography (CT), Magnetic Resonance Imaging, Color Doppler Ultrasonography etc. are useful tools to detect Oral Cancer

Treatment

The principal objective of treatment is to cure the patient of Cancer. The choice of treatment depends on the size and location of the lesion, the presence of local bone involvement, the ability to achieve adequate surgical margins and the presence or absence of metastases (spread of tumor).

Surgery

If the tumor has extended to the lymph nodes in the neck, Commando surgery of the neck might be required. Radiation therapy becomes necessary when there are residual cancer cells after surgery.

Chemotherapy and targeted therapy are used together with therapeutic techniques of radiation and surgery for the proper management of Oral Cancer, especially in advanced stages.

Conclusion

A thorough, systematic examination of the mouth and neck will help detect Oral Cancer at an early stage, which helps improve prognosis and treatment outcome.

The early detection, diagnosis and treatment of Oral Cancer significantly reduces morbidity and enhances prognosis. 



Stop Smoking & Stay Healthy

**Smoking causes
92% of Oral Cancers**



Instructions for Denture Wearers

Excessive salivation as well as the feeling of a foreign object in the mouth is normal during the first few weeks of denture wearing. Meanwhile, a few sore spots may appear inside the mouth, if the dentures are worn for 24 hours. But this condition can be easily addressed with very little effort in the next appointment. Learning to speak with a new denture in place requires some patience. Reading aloud is a very good way to enunciate distinctly.



Dr. Abhishek Banerjee
Dental Practitioner
Kolkata, West Bengal, India

For easy digestion, proper chewing of food is very necessary but it requires special instructions if you are wearing dentures.

- Chew slowly and use both sides of your mouth simultaneously to prevent the denture from moving
- Food should be ingested in smaller quantities for the first few days after denture placement, which is helpful in providing proper adaptability of the denture
- Chewing of soft food (easy to swallow) will allow the patient to have a proper synchronization in both the jaws, along with proper jaw movements
- Gradually return to normal eating habits
- For proper adaptation of dentures, avoid eating hard food and adopt a soft and non-fibrous diet initially.

Caring for your Dentures

Use a denture brush and a mild soap or denture cleaning paste, to clean the denture regularly. Do not use hot water to clean it. Handle the denture carefully to avoid it from falling which could break it.

Take the denture out of the mouth before bedtime and keep it in water. Food particles that are trapped under the denture can cause inflammation of the gums. Therefore, keep the dentures and your oral cavity clean and hygienic. Wearing ill-fitting dentures for too long without appropriate corrective measures can cause several unfavorable oral conditions. Make sure to get the denture checked by your dentist at least once in six months. ☐

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BIOMETRIC GADGETS FOR A FLAWLESS BITE



Dr. Prafulla Thumati
Senior Professor



Dr. Shwetha Poovani
Professor

Department of Prosthodontics
Rajarajeswari Dental College and Hospital
Bengaluru, Karnataka, India

If you experience frequent headaches or pain in the Temporomandibular Joints (TMJs), have any discomfort while chewing or experience Tinnitus (ringing or clicking sound in the ears), you need not look any further as there is a permanent remedy at hand. Harnessing the versatility of technology and services that enforce the usage of biometric devices, the core causes of occlusion can be addressed effectively.

This technology is non-invasive and will make your dental visit a more pleasant experience, besides helping your dentist provide a higher level of care. With the advancement of this technology, a state-of-the-art biometric gadget helps the dentist select appropriate procedures for many conditions, such as Orofacial pain, Temporomandibular Joint Disorders as well as common dental problems.

Potential Consequences of Poor Occlusion

- Sensitive teeth
- Orofacial pain
- Temporomandibular Joint Disorder
- Certain types of chronic headaches
- Pain around the neck and shoulders
- Popping sounds in the ears
- Pain on chewing

The following biometric devices help assess the occlusal discrepancies and TMJ disorders of patients, along with facilitating the dentist to take a proactive approach for patient care.

T- Scan

A T-Scan III Software (Fig.1) helps analyze the order of the occlusal contacts, along with measuring their force percentage.

T-Scan III helps provide digital occlusal data, such as the details of the initial tooth contact, the order of all the contacts that occur after the first occlusal contact, and the amount of relative force generated during each occlusal contact. This device helps observe the gradual changes in 'relative force', which occurs during the entire process of contact evolution. With the help of this information, a dentist can improve the occlusion by altering the sequence of a poorly contacting tooth into one with a smoothly occluding tooth contact.

Electromyography (EMG)

EMG (Fig.2) is a surface Electromyography unit that helps evaluate the muscles of mastication while at rest and in function. A gum based tape known as Surface tape electrodes are placed over the target muscles so that the electrical energy generated by the muscles can be effectively recorded. This current energy is precisely measured in micro voltage.

Linking of T-Scan and EMG

Synchronizing the clinical data of T-Scan with EMG (Fig.3), any alterations in muscular output can be determined instantaneously. This combination, synergistically contributes to the effectiveness of dental treatment.

Joint Vibration Analysis (JVA)

A JVA (Fig.4) is a remarkably accurate, non-invasive diagnostic aid that resembles a 'headset'. This device is placed over the patient's Temporomandibular Joints, helping the dentist to listen to the vibrations that are characteristic of the illness of joints.

A headset for Joint Vibration Analysis helps detect frictional interactions between internal cartilaginous surface in the TMJs, along with helping convert the information into a quantifiable data in a software, which can be cross-referenced to ascertain the health of the Temporomandibular Joints.

Jaw Tracker

A Jaw Tracker (Fig.5) is an instrument that helps record incisor point movements in three dimensions. The recorded data is used to receive valuable information on the functional state of the Temporomandibular region. It renders quantitative reproducible data of the duration, deflection and range of motion and also helps yield an unparalleled analysis of Mandibular kinesiology.

Till date, clinical assessment has been considered as the gold standard in treating Temporomandibular Joint / occlusal abnormalities. By employing these digital devices, we can functionally and objectively evaluate jaw joints to understand their dynamics and treat them using a holistic approach. ☑



Fig.1. Computer with Hardware of T-Scan



Fig.2. Electromyographic investigation to monitor TMJ disorders

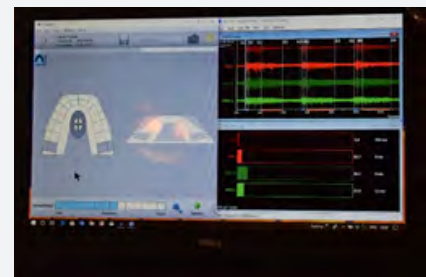


Fig.3. T-Scan with EMG

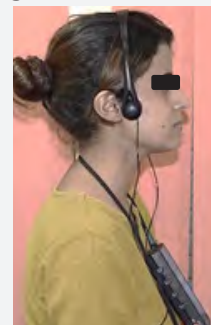
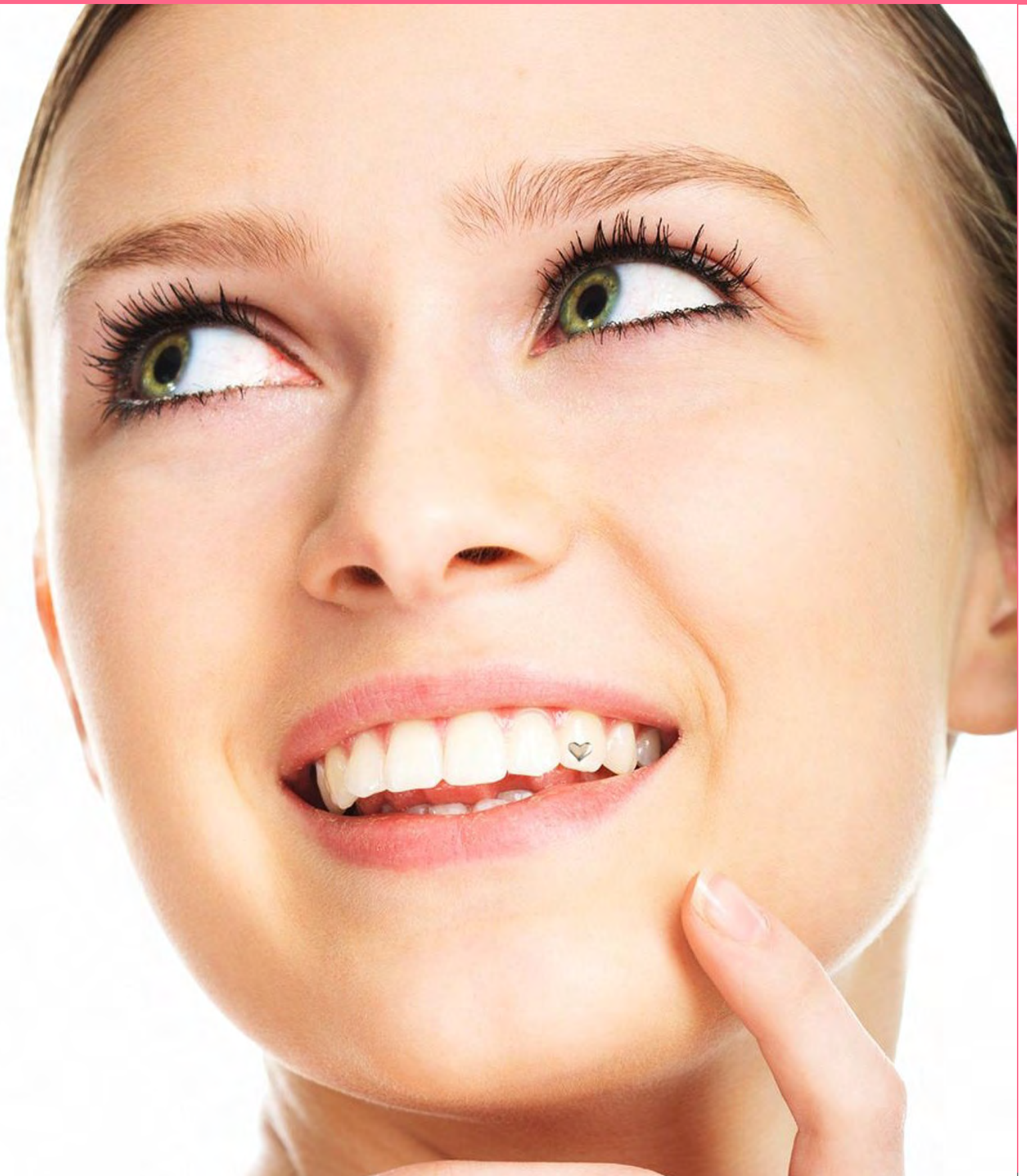


Fig.4. Joint Vibration Analysis



Fig.5. Diagnosing a TMJ disorder using the Jaw Tracker

TOOTH JEWELRY





Dr. Apoorva Kumar
Consultant Periodontist and Implantologist
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Now is the time when Dentistry and Fashion go hand in hand. Dentistry, which was once considered as a phobia, has now become a style statement. Today, almost everyone is increasingly self-conscious about their appearance and smile. Consequently, the use of Tooth jewelry has been gaining more importance and popularity nowadays.

Tooth Jewelry is not a recent trend; it was introduced during the Maya Civilization (1200 BC). Tooth Jewelry is one of the forms of self-expression and when it is worn, it can really add a special confidence to one's smile.

Tooth Jewelry is a cosmetic dental procedure where a diamond or another stone is attached onto the tooth surface to get a sparkling smile or make a person look more fashionable. These stones are glass crystals that come in many sizes, colors and shapes and can be quickly fastened to the teeth.

Some people prefer placing small stones in the center of their tooth while others elect to place a jewel-encrusted cap on their teeth. These glass crystals can be real 18-karat white gold, 24-karat or 22-karat yellow gold jewels, designed especially for dental use. Tooth Jewelry can be tooth gems, twinkles, tooth rings, or dental tattoos.

Now a days, people use Tooth Jewelry to enhance their aesthetics, along with improving their self-esteem and self-confidence. But there are certain complications associated with this and as a result, Tooth Jewelry is recommended for those people who maintain good oral hygiene practices.

What harm does Tooth Jewelry cause?

◀ Discoloration of teeth

Over the course of time, you might experience a slight discoloration on the area where a tooth gem is attached to.

◀ Damage to Enamel

Enamel covers the outer layer of the tooth. When removing tooth gems, it is possible that a small layer of your enamel might be removed, as the dental glue (to attach Tooth Jewelry) is very strong.

◀ Tooth Decay

It is easy for food particles to get stuck in the tooth gems, increasing the possibility for plaque development, which in turn, can lead to tooth decay.

◀ Gingival Inflammation

Swelling of gums and metal allergy can be possible when a person wears Tooth Jewelry for a year or more.

◀ Interferes with Oral Function

Tooth Jewelry may interfere with normal oral functions, such as speech and swallowing.

◀ Ulceration of the Lips

Tooth Jewelry may sometimes cause ulceration of the lips when lip function is hampered.

◀ Lung Injury

In a few cases, accidental aspiration of Tooth Jewelry can result in an injury to the lungs.

Important points to be noted

- ▶ For attaching Tooth Jewelry, tooth preparation should be avoided
- ▶ Tooth Jewelry, which does not require any tooth modification, is more advisable
- ▶ Proper sterilization techniques can reduce the risk of infection
- ▶ Brush your Jewelry and teeth twice a day
- ▶ Rinse your Jewelry with an alcohol-free rinse at least once a day

Newer advances and trends in dental procedures is making dentistry more interesting among patients as well as dentists. The general lack of awareness of the pros and cons of wearing Tooth Jewelry needs to be addressed by the dentists, including the possible short- and long- term complications. ☐



PREVENTION OF OROFACIAL TRAUMA IN SPORTSPERSONS



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Sports has become a global social phenomenon nowadays. Sports / regular physical activities increase brain function and support brain nourishment. This leads to greater energy levels and contributes to the overall ability for concentration.

Sports increase brain function and has a positive effect on the academic performance of student athletes. There are also other benefits of playing sports like improved health and physical fitness, building good relationships with those who are in the sports arena etc. But Sport also has negative effects like physical injuries, fractures, damage to the teeth and more.

Types of Intraoral injuries

Soft Tissue Injuries

- Contusion
- Abrasion
- Laceration
- Penetrating wounds

Ligament Injuries

- Concussion
- Lateral luxation
- Subluxation
- Intrusion

Periodontal Hard Tissue Injuries

- Crown fractures
- Root fractures
- Alveolar fractures
- Combination injuries
- Extrusion
- Avulsion
- Ankylosis

Role of Dentist in Caring for Patients Involved in Sports

Sports Dentistry is one of the most recent and upcoming fields in dentistry. It mainly includes prevention and management of sports-related orofacial injuries and associated oral diseases. The dentist can play an imperative role in making athletes, coaches and patients aware of the importance of preventing orofacial injuries in sports.

Preventive Strategies

Dental trauma from sports accidents may require lifelong restorative treatment, depending on the severity of the trauma. Preventive strategies form an important part of sports dentistry to help protect a sportsperson from an injury and help them prolong their sports career.

1) Education about Diet

Whether you are a competing athlete / a weekend sports player, the foundation to improved performance is a nutritionally adequate diet.

Regular consumption of sugar-rich and high acidic foods by sportspersons can lead to many conditions like Dental Erosion, increased incidence of Dental Caries etc. Certain unhealthy habits like brushing immediately after drinking highly acidic and sugar-rich foods / drinks can gradually contribute to Enamel Abrasion.

Athletes who are involved in endurance sports and take high calorie drinks / foods need to be advised about the preventive measures to be taken for their overall health like brushing teeth and gingival areas half an hour after the consumption of sugary drinks / foods (to reduce abrasion), the importance of hydration and good oral hygiene, the use of fluoride toothpaste, and the need for routine dental checkups.

A well-planned, nutritious diet is adequate to meet Vitamin, Mineral and Protein requirement for sportspersons.

2) Sports Mouth Guards

Sports Mouth guard helps protect teeth from injuries; there are claims that mouth guards help protect the Temporomandibular Joints (TMJ) and prevent neurological trauma (Concussion). Mouth guards are used in collision sports like Boxing, Kickboxing, Basketballs, Rugby, Lacrosse, Ice Hockey and more.

3) Face Shields and Helmets

Helmets are worn by boxers, cricketers, footballers, cyclists, skiers, baseball players, ice hockey and

lacrosse players and participants in motorsports. Helmets are mandatory or recommended for preventing injuries to the head, face and oral cavity.

4) Early Orthodontic Intervention

Providing early orthodontic treatment to deal with dental injuries is paramount. Sportspersons have relatively high risk for dental and orofacial trauma; timely and continuous treatment can improve treatment outcomes.

Conclusion

Members of the dental community should be aware of the risks of dental trauma during sports activities and it is our responsibility to identify, educate and provide athletes necessary preventive measures against oral / facial injuries. ☐





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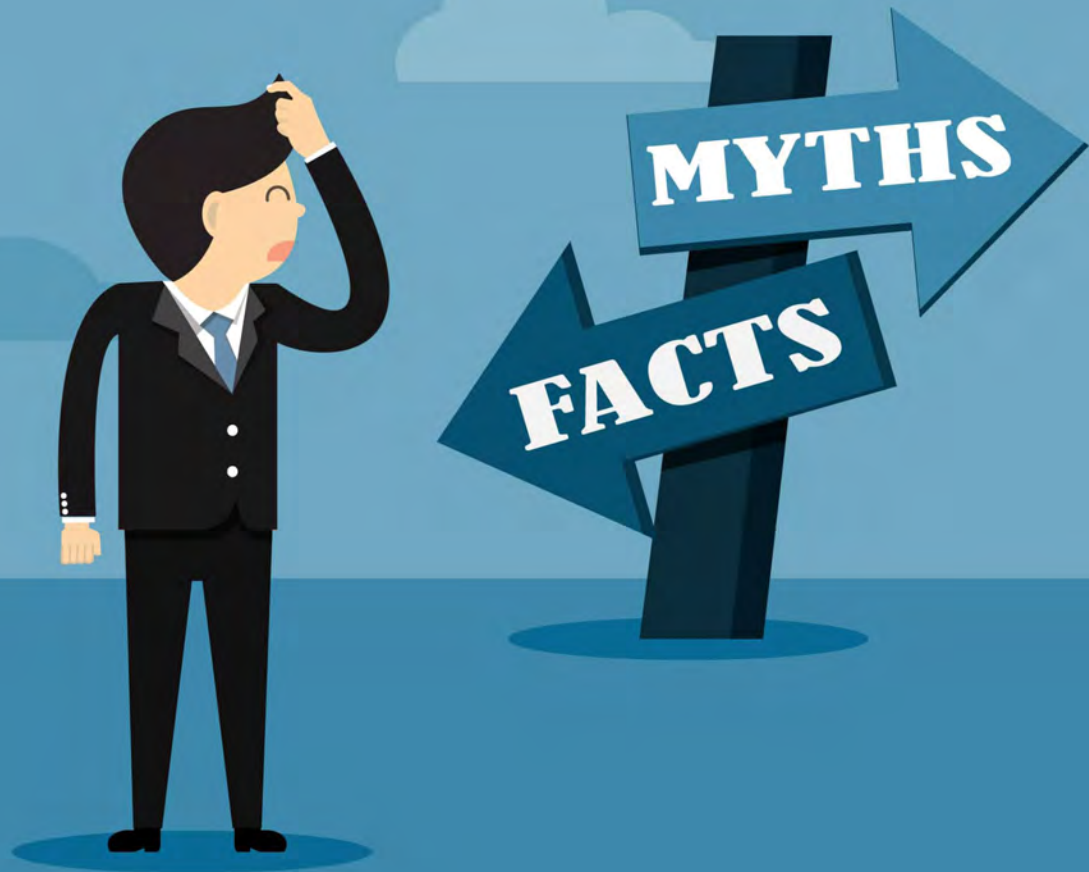
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COMMON DENTAL MYTHS AND FACTS

PART-1

Doctors have the moral obligation to answer a patient's queries. Dentists receive a lot of queries from their patients on oral conditions and treatment modalities. Queries may also include the experiences of patients who have undergone procedures for similar dental conditions.

Unfortunately, many of these myths and misunderstandings have stood the test of time. This article will help clarify some of the common myths / doubts / queries that are repeatedly asked by our patients and the general public.

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Amrita School of Dentistry
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1. Hard-bristled Toothbrushes give more Satisfaction while brushing and help in better Removal of Stains

Based on the thickness of bristles, various types of toothbrushes are available, namely hard, medium, soft and very soft. The bristles of hard toothbrushes are thicker than those of 'soft' and 'medium' ones. The more is the force applied to the teeth during brushing, the more does the enamel get worn off (a process known as abrasion) over a period of time. In due course, this may cause severe sensitivity of the teeth.

Medium and soft bristled brushes are ideal and recommended for people with normal set of teeth. Brushing twice a day with proper brushing angulation (head of the toothbrush at an angle of about 45 degrees to the tooth), along with covering all areas of the teeth and their associated structures are sufficient to reduce the amount of deposits on the teeth.

There are many brushing techniques recommended and one should adopt a technique that is suitable for one's oral conditions. Discuss with your dentist to identify the brushing technique that suits best for your teeth.

2. Enamel wears off after Professional Teeth Cleaning leading to Sensitivity

It is a misconception that enamel gets worn off after professional teeth cleaning (ultrasonic scaling). Mild vibrations from the cleaning instrument help remove the hard deposits (calculus) that are attached to the surface of the teeth as well as gums. Even if any enamel is lost, it will be at the submicroscopic level, which gets remineralized over a period of time.

Hard deposits (calculus) formed on the teeth generally cannot be removed by regular tooth brushing and hence cleaning (scaling) by a dentist is warranted. Professional cleaning of teeth is recommended only for hard deposits (calculus) and stains. For soft deposits, proper personal oral hygiene maintenance is enough. Also, the presence of calculus on the teeth can cause damage to the enamel.

3. The more the force of brushing, the cleaner your teeth will be

The more the force we apply while brushing, especially with hard-bristled brushes, the more is the amount of enamel getting worn off over a period of time. This eventually leaves the teeth with a 'scooped out appearance' close to the gums, causing sensitivity.

Ideally, brushing using a proper technique twice a day for 2 – 3 minutes is sufficient to maintain your teeth and gums strong as well as healthy. A toothbrush requires replacement once the bristles flare-up, which usually takes place in about 2 – 3 months.

4. Children need dental care and check-ups only after the Eruption of Permanent Teeth

Ideally, a child's consultation with a dentist should start even before the eruption of teeth. Proper care of the gums (gum pads) is essential for the eruption of healthy milk teeth. A child's teeth should be taken care from the time when the first tooth erupts in the oral cavity (usually at 6 – 7 months of age). It is important to have an infant's teeth assessed by a dentist to ensure that his / her teeth erupt and shed (exfoliate) at the right time. If not properly taken care of, the child may end up having early / late or irregular eruption of permanent teeth.

Unless children are brought to a dentist, common dental diseases like tooth decay and gum diseases go unnoticed, as they do not have any subjective symptoms. Usually, children are taken to the dentist only when they complain of having dental pain. By this time, their teeth would have been severely damaged, warranting a Root canal treatment (Pulpectomy or Pulpotomy) or removal of the teeth.

Routine dental check-ups can ensure prevention of common dental diseases in children, along with the early identification of diseases. It would enable a dentist to perform preventive procedures like Cleaning, Pit and fissure sealants, Fluoride application and any minor treatments like tooth filling. Healthy milk teeth pave the way for the development of healthy permanent teeth.

Although children and adolescents of today

have healthier teeth than their counterparts in the past, Tooth Decay (dental caries) is still a problem in some populations. Most of the decay occurs on the biting surface of the teeth and the interdental area. All these are preventable and treatable with minor procedures, if they are identified early. Hence, regular check-ups every 6 months / 1 year is recommended for children.

5. Powdered Charcoal / Salt / Lime juice cleanses Teeth more effectively than Toothpaste

Charcoal is made from coal, hardwood / softwood, peat or coconut shells. Powdered charcoal is one of the oldest tooth cleaning materials used. Charcoal has antibacterial and antifungal properties which help in fighting the germs present on the teeth and gums. But long term use of charcoal on the teeth can lead to 'wearing off' of enamel (abrasion) and staining, which gradually leads to severe sensitivity.

The typical size of abrasives present in toothpaste is 4 – 12 micrometers (μm) and the particle size of charcoal is 15 μm or more. Thus, wearing of enamel occurs faster with the use of charcoal. Toothpowders can be used, provided the particle size is small.

Salt definitely possesses antibacterial properties. Like charcoal, the use of common salt can cause abrasion and wearing of tooth enamel, which is due to the consistency and texture of common salt.

6. Lingual Eruption of Permanent lower Anterior Teeth is a sign of Crowding

The tooth bud of the permanent central incisor is located lingual to the roots of the primary central incisors. Therefore, when the lower central incisors start erupting, the roots of the primary incisors and the bone adjacent to them gets resorbed, causing the eruption of permanent incisors lingual to the primary incisors. These lingually erupted teeth will gradually move forward after the exfoliation of the lower central incisors. Growth of jaw bones and pushing force of tongue help the spontaneous correction of this condition. ☐

To be continued...



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AN OVERVIEW OF 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 from Germany, Switzerland, Europe and United States of America are selected for manufacturing its extensive range of dental prostheses.

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

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

DENTCARE ZIRCONIA

"One Product for Diverse Options"



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

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

unlimited characterization made available through more than 40 natural and lifelike shades.

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

DentCare Zirconia Variants are:

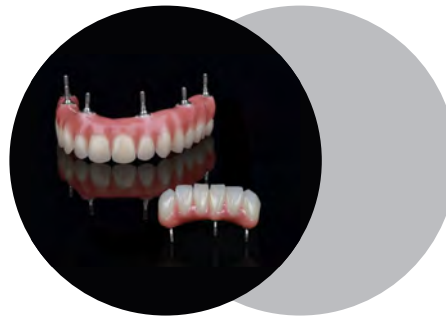
- DentCare Zirconia Platinum Plus
- DentCare Zirconia Platinum
- DentCare Zirconia Premium Plus
- DentCare Zirconia Premium Plus Full Contour
- DentCare Zirconia Premium
- DentCare Zirconia Premium Full Contour
- DentCare BruxCare
- DentCare Zirconia Classic
- DentCare Zirconia Classic Full Contour
- DentCare Zirconia Superlucent
- DentCare Zirconia Basic
- DentCare Zirconia Basic Full Contour

- DentCare Zirconia Translucent
- DentCare Zirconia Monolithic

Why Medical Grade DentCare Zirconia?

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

DENTAL IMPLANT PROSTHESES



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

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

.....

▪ **Screw-Retained Hybrid Dentures**

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

▪ **Implant-supported Overdentures**

They are available as Bar Attachment / Ball Attachment Overdentures.

.....

REMOVABLE PROSTHESES

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

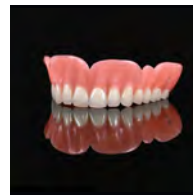
The range of removable prostheses available include:



DENTCARE FLEX



CAST PARTIAL DENTURE



BPS DENTURE



BIO DENTAPLAST

▪ **DentCare Flex**

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

▪ **Cast Partial Denture (CPD)**

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

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

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

▪ **Acrylic Removable Complete and Partial Dentures**

DentCare fabricates extremely natural looking Complete

and Partial Dentures using acrylic and denture teeth of the highest quality, imported from Germany and Italy.

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

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

▪ **Valplast**

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

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

▪ **Bio Dentaplast**

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

CAD/CAM DENTURE



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

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

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

All these are the epitome of this innovative concept.


DENTCARE ORTHODONTIC APPLIANCES



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

Conclusion

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

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

Smile confidently, go for DentCare Prostheses

A close-up photograph of a human eye. The iris is a light, mottled grey color. A small, white, rectangular object is resting on the surface of the iris, partially covering the pupil. The eye is looking slightly to the right. The surrounding skin and eyelashes are visible, with the eyelashes being dark and thin.

HEALTH ISSUES IN PREMATURE INFANTS

A premature infant is one who is born before 37 weeks of gestation. Some premature babies may develop serious complications that can sometimes cause death. Even though advancements in neonatal care have helped increase survival rates and reduced short- and long-term morbidity of premature infants, they have also increased the risk for blindness, deafness, chronic lung disease and Cerebral Palsy, in addition to causing developmental delay. More than 70% of total infant deaths occur as a result of prematurity.



Dr. Ullas Prasannan
Consultant Gynecologist
Thiruvananthapuram
Kerala, India

Perinatal Morbidity

Premature infants are at higher risk of disease related to immaturity of various organs. A few common complications include:

1. Respiratory Distress Syndrome

Respiratory Distress Syndrome (RDS) in premature infants is caused by an insufficiency in the production of pulmonary surfactant and / or structural immaturity of the lungs. Without pulmonary surfactant, the alveoli, where gas exchange occurs, would collapse during expiration.

2. Intraventricular Hemorrhage

Premature babies have fragile brain capillaries, especially in the germinal matrix area, which are highly susceptible to rupture, leading to intraventricular hemorrhage. In severe cases, hemorrhages can be fatal, result in irreversible brain damage or even in Cerebral Palsy.

3. Necrotizing Enterocolitis

Necrotizing Enterocolitis (NEC) is a medical condition in premature babies where a portion of the bowel dies due to the inflammation of the bowel wall caused by bacterial colonization. It can lead to bowel perforation, Sepsis (a life-threatening condition that arises when the response of body to infection causes injury to its own tissues and organs) or Peritonitis (an inflammation of the peritoneum, the tissue that lines the inner wall of the abdomen, which covers and supports most of the abdominal organs).

4. Long-term Outcomes of Prematurity

Long-term outcomes of prematurity include Chronic Lung Disease (Bronchopulmonary Dysplasia) due to alveolar and bronchial epithelial damage with chronic oxygen dependence, Pulmonary Hypertension as well as Vision and Hearing Impairments, along with Cerebral Palsy.

Cerebral Palsy is characterized by severe abnormalities of movement and posture accompanied often by Epilepsy and Mental Retardation, causing lifelong disability. Spastic Diplegia and Spastic Quadriplegia are the common varieties of Cerebral Palsy.

Premature infants are highly vulnerable to Cerebral Palsy, as they are highly susceptible to Brain Ischemia and Intraventricular Hemorrhage which in turn, lead to brain necrosis and degeneration.

Premature babies are also highly susceptible to Sepsis that activates the production and release of pro-inflammatory cytokines, causing extensive nerve damage and this in turn, culminates in Cerebral Palsy.

Premature infants also suffer from increased rates of neurosensory impairment, reduced Cognitive and Motor Performance, Attention Deficit Disorders and Psychiatric illness, along with academic difficulties.

Predisposing Factors

Maternal Genital Tract Infections are strongly associated with premature birth. Besides, evaluation of Fetal Fibronectin (FFN) in cervical-vaginal discharge will aid in the diagnosis of preterm labor.

Prevention of Preterm Labour

In women with evidence of Bacterial Vaginosis or other Cervical-Vaginal Infections in early pregnancy, treatment to eradicate such infections requires to be done routinely. Women at increased risk for preterm birth may benefit from routine screening and treatment of Bacterial Vaginosis. To make this procedure effective, it has to be done during the pre-pregnancy period in women with a previous history of preterm labor.

Progesterone Therapy

There is a 40% decrease in the rate of preterm labor with Progesterone Therapy in women with a short cervix or history of preterm labor. Progesterone is given from 16 – 36 weeks of pregnancy.

Cervical Cerclage

This is done prophylactically in women with a short cervix and / or history of preterm birth, to reduce the risk of preterm labor.

Early Assessment of Preterm Labor

Measurement of cervical length using Transvaginal Ultrasound is routinely used to assess the risk of preterm labor. Cervical length not less than 25 millimeters (mm) at 22 – 24 weeks of pregnancy is associated with a seven-fold increase in the risk of preterm labor.

Diagnosis of Preterm Labor

A pregnant woman with recurrent abdominal or pelvic pain, which persists for several hours, is highly vulnerable to preterm labor. Patients at increased risk must have an ultrasound or vaginal examination, twice a week, from 24 weeks of pregnancy, to make an early diagnosis of preterm cervical effacement and / or dilatation.

Antenatal corticosteroids

Glucocorticoids help promote surfactant synthesis and lung maturation in preterm infants. This helps reduce the incidence of Respiratory Distress Syndrome by 50%. Glucocorticoids have a similar maturation effect on other organs like the brain, kidneys and gut. Glucocorticoids are generally given between 24 and 34 weeks of pregnancy.

Antibiotics

Antibiotics are useful in cases with premature rupture of membranes to prolong pregnancy and prevent Sepsis. Women who go into preterm labor should be offered Antibiotics to prevent the transmission of Group B Streptococcal disease to their offspring.

Tocolytic Therapy

Tocolytic Therapy is generally given in an attempt to delay preterm delivery for 2 to 7 days. Although Tocolytics have not been shown to improve neonatal outcomes, they can delay preterm delivery long enough for Antenatal Corticosteroids to be administered or for the mother to be transported to a tertiary care facility. In premature neonates, Antenatal Corticosteroids help reduce morbidity and mortality.

Magnesium Sulphate for Neuroprotection

Magnesium Sulphate given before anticipated preterm birth helps reduce the risk of Cerebral Palsy in surviving infants.

Conclusion

The causes of preterm labor are diverse and multifactorial and it is not always possible to make a definitive diagnosis for each individual case. Preterm labor can pose serious risks for your baby. It is important to raise awareness of preterm birth among people, especially the women suspected or diagnosed with preterm labor and the availability of various interventions that can help prevent / delay preterm labor. ☐



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- PCC 28th Feb., 2019
- Conf. Dates 1st-3rd March, 2019
- Keynote Presentation
- Free-Papers
- WCOI Diplomate/Master Fellowship
- E- Papers & Symposiums

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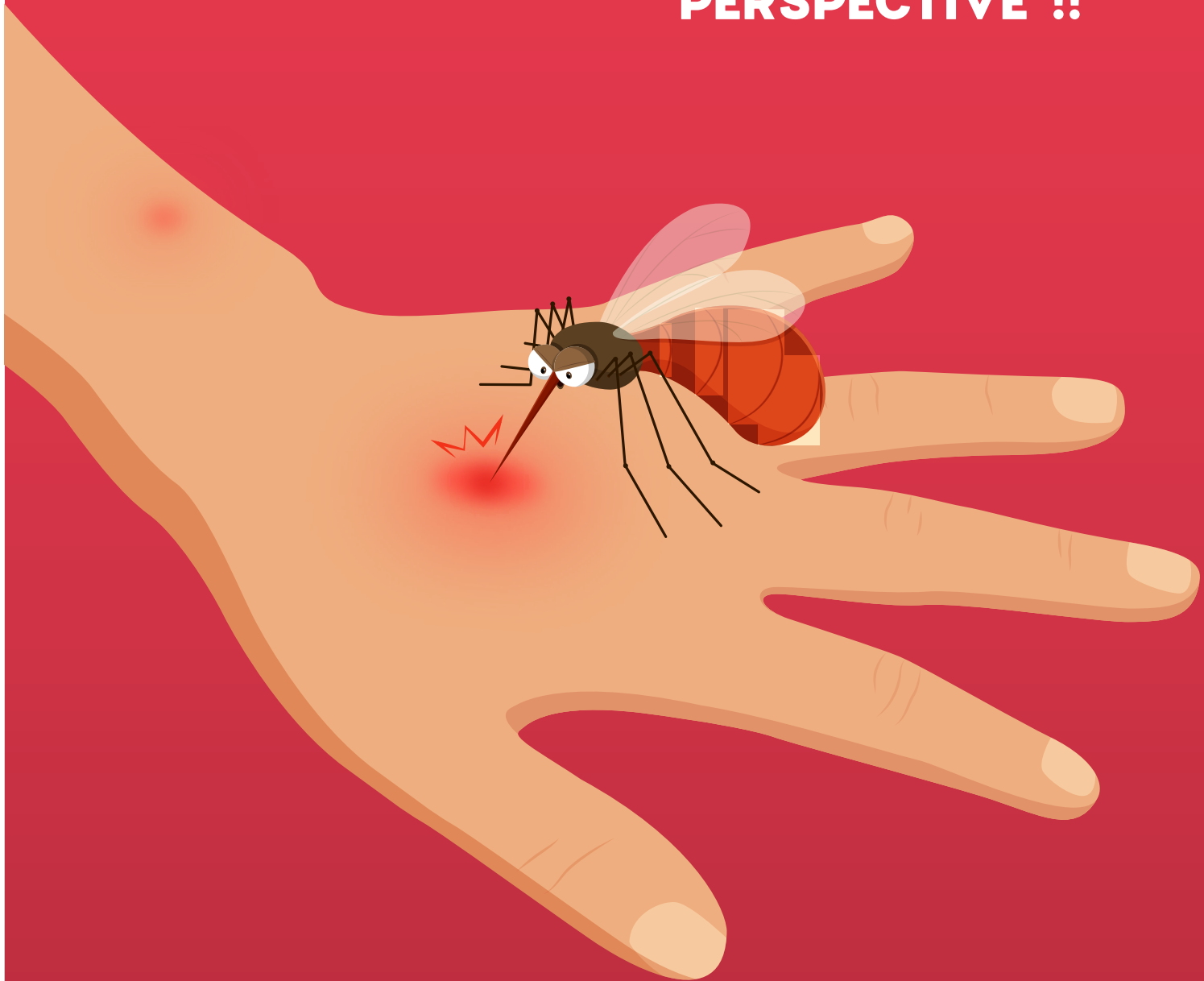
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DENGUE VIRUS: THE DENTAL PERSPECTIVE !!





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Dengue Fever (DF) is an acute infectious disease of viral origin and is transmitted to human beings through the bite of the female *Aedes aegypti* (mosquito). Dengue Fever has now become an important public health problem. It is estimated that around 2.5 billion people worldwide live in areas which are prone to the transmission of Dengue Virus. Annually, 100 million cases of Classical Dengue Fever and 500 million cases of Dengue Hemorrhagic Fever are reported globally, with an average fatality rate of 5 to 20%.

This viral infection shows a variety of clinical presentations and its accurate diagnosis is very difficult. In most cases, laboratory tests are more dependable. Typical symptoms of this infection are High Fever, Headache, Back Pain, Muscle and Joint pains (ankles, knees, and shoulders), Metallic taste in the mouth, Loss of appetite, Vomiting, Diarrhea, Abdominal pain, Rashes etc. The World Health Organization (WHO) has notified that severe Dengue Fever can gradually lead to organ dysfunction.



WHAT IS DENGUE VIRUS?

Dengue Viral infection has become one of the major emerging infectious diseases in the world. Over the past 20 years, Dengue Fever and Dengue Hemorrhagic Fever (DHF) have dramatically spread across the world.

Dengue Viruses are transmitted by mosquitoes of the genus *Aedes* (e.g., *A. aegypti*). The principal vector, *Aedes aegypti* is found across the tropical and subtropical regions. As a peri-domiciliary mosquito, it is well adapted to urban life. It typically breeds in stagnant water or containers that collect rainwater.

The majority of DHF cases are reported from Asia, where it is a leading cause of hospitalization and death among children. The reasons for the widespread prevalence of this epidemic include increased urbanization with substandard living conditions, lack of vector control, climatic change, virus evolution etc.

HOW TO DIAGNOSE DENGUE FEVER / DENGUE HEMORRHAGIC FEVER?

Dengue Fever is an acute febrile illness (a rapid onset of fever and symptoms, such as headache, chills, muscle and joint pain) of 2 – 7 days duration with two or more of the following manifestations:

- ❖ Headache
- ❖ Retro-orbital pain
- ❖ Myalgia / Arthralgia
- ❖ Rashes
- ❖ Hemorrhagic manifestations
- ❖ Leukopenia (reduced number of white blood cells)

In children, DF is usually mild. But in some adults, DF may be a classic incapacitating disease with severe bone pain coupled with prolonged fatigue and depression.

DENGUE HEMORRHAGIC FEVER

Dengue Hemorrhagic Fever is characterized by increased vascular permeability, hypovolemia and abnormal blood clotting mechanisms. DHF has symptoms similar to those of Dengue Fever, but after several days the patient becomes irritable, restless and sweaty. The illness often begins with a sudden rise in temperature accompanied by facial flush and other Flu-like symptoms. This fever usually continues for two to seven days and can be as high as 41°C, possibly with convulsions and other complications.

In moderate DHF cases, all signs and symptoms abate as soon as the fever subsides. In severe cases, the patient's condition may suddenly deteriorate after a few days of fever, leading to a drop in his temperature, followed by signs of circulatory failure and the infected person may rapidly go into a critical state of shock, known as Dengue Shock Syndrome (DSS). This condition is characterized by bleeding that may appear as tiny spots of blood on the skin (petechiae) and larger patches of blood under the skin (ecchymoses). DHF can also be diagnosed by Positive Tourniquet Test.

TREATMENT



So far, no specific therapeutic agents exist for Dengue Infection. The treatment for this condition is symptomatic. Mild or Classic Dengue Fever is treated with Antipyretics (Paracetamol) and Fluid replacement. Most cases can be managed on an outpatient basis. Aspirin, Non-steroidal anti-inflammatory drugs and intramuscular injections must be avoided, due to the possibility for bleeding.

Platelet and Hematocrit determinations have to be repeated at least every 24 hours to promptly recognize the development of DHE. Patients with a platelet count less than 100,000 should be hospitalized, as they are at a higher risk of developing DHE. The critical period is usually on the day of defervescence (abatement of fever), typically 4 – 7 days after the onset of this illness.

PREVENTION



Effective control of Dengue Fever still remains elusive. Public health efforts must focus on vector control and community-based programs to keep the environment free of its potential breeding sources. Live attenuated Tetravalent Dengue Vaccine is found to be immunogenic and safe, but it requires further clinical trials to ensure its effectiveness.

Care should be taken not to leave trash, pots, or containers that can fill with rain / polluted water as they may offer breeding grounds for *Aedes aegypti*.

CONCLUSION

There is no Antiviral therapy or Vaccination available for Dengue Fever at present, leaving early detection and symptomatic treatment with Fluid Resuscitation as the only option for the management of this condition. Surveillance and prompt reporting of this infection are imperative in controlling Dengue Viral infections. ☐



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Dr. P. Sanjay Reddy
Dental Practitioner
Hyderabad, Telangana, India

It was an enticing experience to visit DentCare Lab. The dedication and commitment of all the technicians is admirable. When I visited the place, the hospitality of the DentCare management and staff was uncommon, as they always maintained a high level of decorum and geniality in every aspect. I really appreciate the empathy and dedication of every employee of the lab. ☑

Meeting Expectations



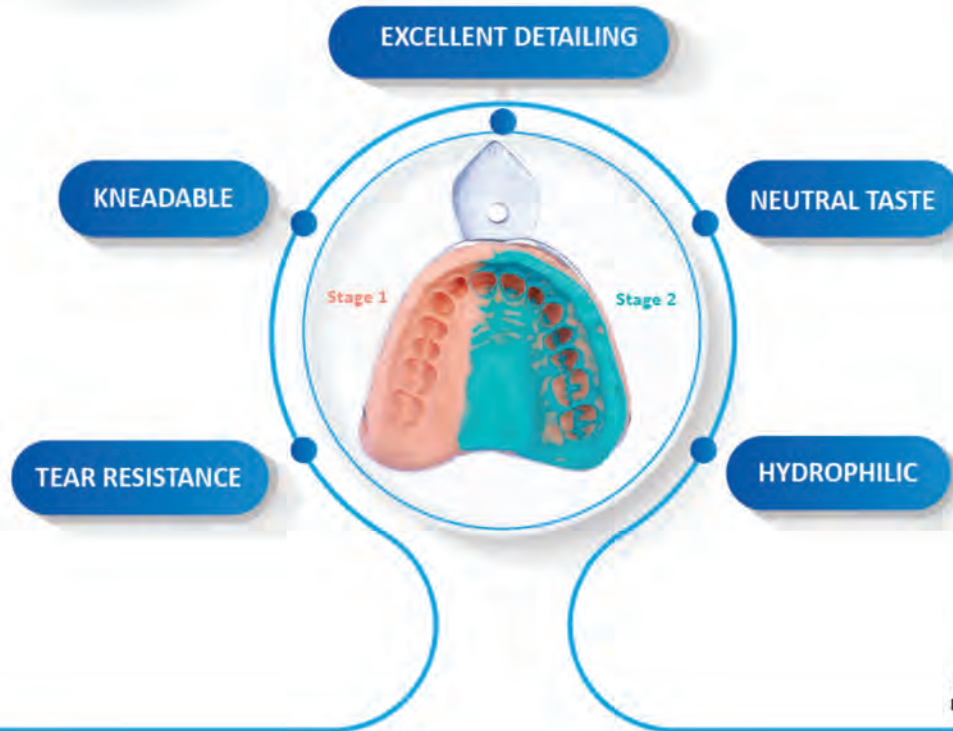
Dr. Manan N. Buch
Consultant Prosthodontist
Vadodara, Gujarat, India

I visited DentCare Dental Lab in the month of July 2018, to attend a workshop on CAD / CAM Dentures. I was thoroughly impressed and amazed at the work culture and dedication of all employees. I am absolutely sure that the prostheses I get are of the best quality as they are from DentCare Dental Lab. They always provide the best quality products to achieve greater precision and optimum esthetics.

I will certainly recommend this Lab to anyone who wants to get state-of-the-art prostheses. We are fortunate to have this kind of a lab in India. The workshop on CAD / CAM was well organized. The course content was quite enriching and enlightening. The lab visit and the workshop were a great learning experience for me. ☑



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