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THE DENTCARE

Your Monthly Health Care Magazine

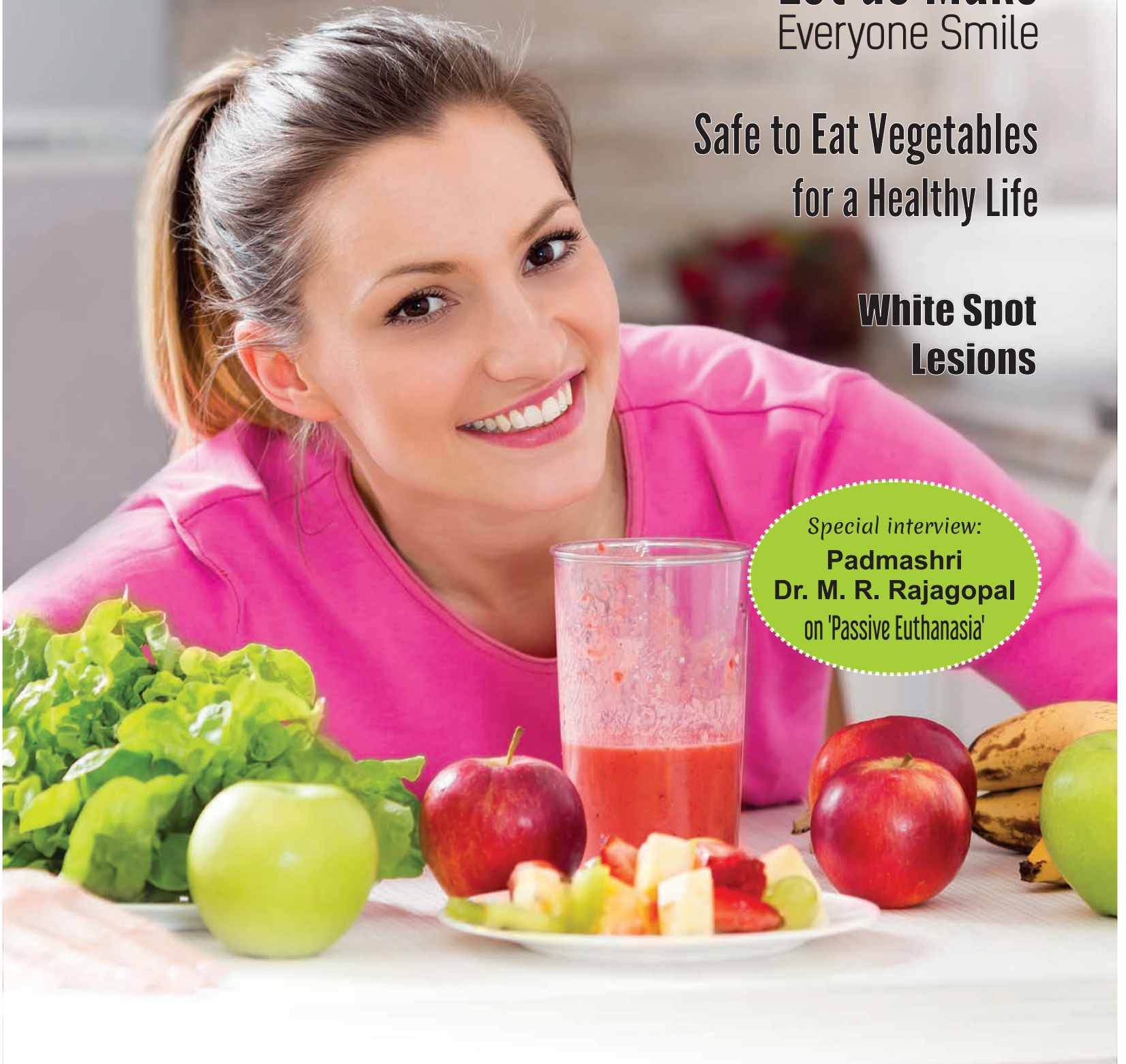
Brightening smile the world over

**Let us Make
Everyone Smile**

**Safe to Eat Vegetables
for a Healthy Life**

**White Spot
Lesions**

Special interview:
**Padmashri
Dr. M. R. Rajagopal
on 'Passive Euthanasia'**



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Your Monthly Health Care Magazine *Brightening smile the world over*

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Yours truly,

Prof. (Dr.) George P. John

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Scaling the Peaks of Success with a Changed Mind-set

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

A person's personality reflects his true self. Factors like heredity, environment, culture, education, situations, friends, relatives, family background etc. play a major role in the formation of a person's personality and character. The inborn traits of a person may not take him to the path of success. However, things would change, if he chooses the right direction with a positive frame of mind.

A positive transformation in one's character is definitely possible with appropriate guidance. A shift in character towards positivity would help one lead a fuller and meaningful life. Stories of reputed personalities, who scaled the peaks of success by transforming their attitude positively, have gained room in history and are a real source of inspiration for the young and old alike.

Let me take you through an interesting story which would surely open yourselves up to the opportunities around you.

There was a poor old woman, who lived with her son, Gopal, in a small ruined hut. She was too old to work and hence, they had to beg for a living. One day, Gopal was sitting around the corner of the street with an alms bowl. When an old ascetic passed by, he eagerly stretched out his hands and begged for offering.

The hermit stared at him for a while and said, "Why cannot you

earn a living by doing some work?"

"I do not have any skills. I am too feeble to do any work and poor", replied Gopal, pointing at his ruined hut.

"There is a treasure stashed in the land surrounding your hut. Just try and dig it out. I shall come back after a couple of weeks", the hermit said robustly and made his way.

Gopal jumped to his feet and strode homeward. He did not find reasons to disbelieve the hermit. He made up his mind to try his luck. There was absolutely nothing in his mind, except the hidden treasure. With a borrowed spade, he finished digging the entire land, but he failed to detect the riches. It seemed that all his dreams were in vain.

Being not ready to give in, he eagerly waited for the arrival of the hermit. The following day, the hermit came that way. On seeing Gopal, he said affirmatively,

"You will get a huge treasure soon, if you sow seeds on the delved land".

Gopal absolutely believed the wise hermit. He unhesitatingly borrowed some seeds from his neighbor and sowed them on the land. Fortunately, he got a high yield and price for the crops. Only then, he realized the true implication of the word '**hidden treasure**'.

This was a turning point in his life. He started working hard in the small piece of land he had. The quick stint of success he tasted raised his enthusiasm. He soon started farming on the lands taken on lease, from his neighbors. Within a few years, he became a successful farmer.


This story could be a fact or fiction. Had Gopal discarded the words of the hermit at once, he would never have become rich and successful in life.

Importantly, what we see here is a transformation in the boy's character and actions. He began to dream high and started living a responsible life.

A person can transform his character only if he realizes the need and makes changes accordingly. Along with this, he should dream high and work towards it.

The American philosopher, Ralph Waldo Emerson once remarked "**The only person you are destined to become is the person you decide to be.**"

You will succeed in life, only if you set your goals and strive relentlessly to get them into reality.

I can assure you that if you diligently toil with stubborn faith in God, you can taste the sweetness of success. Let us dream high and work hard to make it come true. May God bless each and every one of you. 

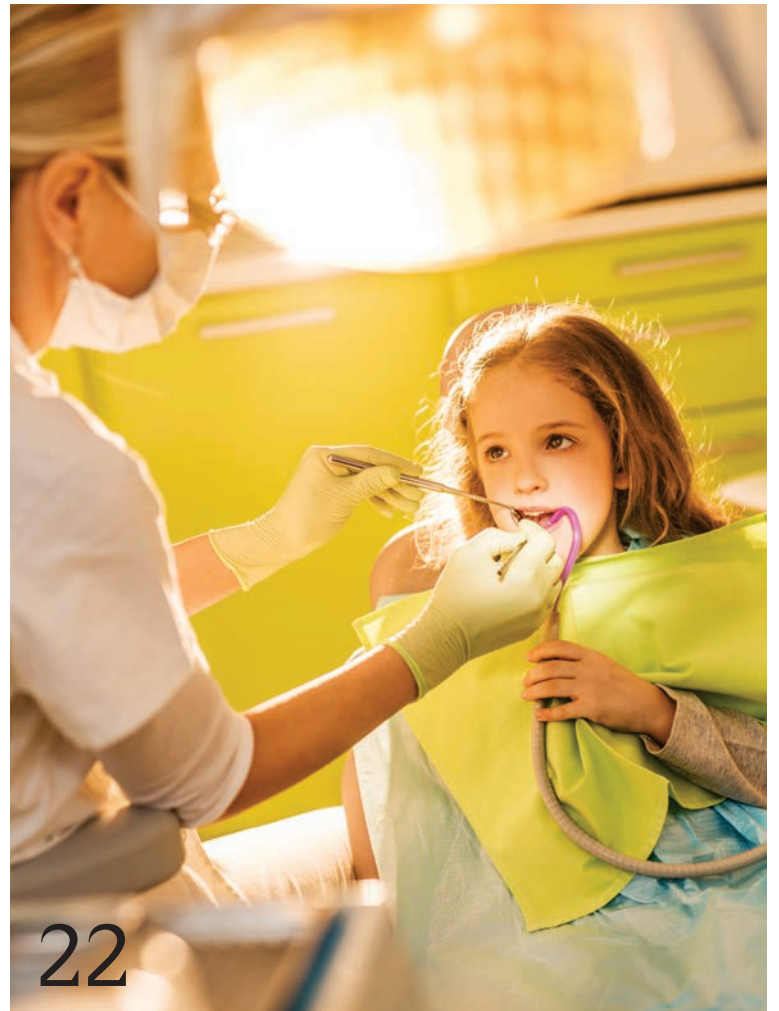
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MESSAGE

On the auspicious occasion of World Health Day, I pray that all of you remain in the best of health and inspire others to lead a healthy life.

On the World Health Day, the World Health Organization (WHO) emphasizes on making all people aware of and conscious about the importance of maintaining their health. This day is celebrated with many different festivities by organizing many international, regional and local events. This day help makes people across the world to pay attention to and understand the importance of health.

Health is an important thing in our life. We know the saying "Health is Wealth" and it is truly so. If a person is rich but has poor health, there is no much use of his wealth.

People should have good health to lead a happy and better life. Health is the main factor for your good performance in all fields in life. If a person is healthy, he / she can perform well at work, be mentally relaxed and healthy and keep away from many diseases like hypertension (High Blood pressure).

For maintaining good health, a person should follow a healthy diet, nutrition, and exercise. To help spread the importance of health and draw people's attention towards health, World Health Day is celebrated on the date of 7 April every year.

It is a day observed worldwide by government and non-government organizations, focusing on promoting healthier living habits that increase the life expectancy of people around the world. There are organized activities, pledges and support plans, such as conferences for health workers, informational displays for children and young people, public marches and demonstrations, as well as free or easy access to medical tests. Debates on related topics, art exhibitions, essay writing, competitions and award ceremonies are being organized on World Health Day.

I would also like to share the basic theme of Indian Medical Association (IMA). "HEALTH FIRST" - "Healthy Profession for Healthy Nation."

As the National President of IMA, my focus is on strengthening the organization, so as to make it the sole voice of entire fraternity on health policies of our country.

I wish all success to 'The DentCare' in disseminating the significance of general and oral health along with the issues of public interest.

National President
Dr. Ravi S. Wankhedkar
Indian Medical Association (IMA)



HALITOSIS: AN ISSUE OF CONCERN?

Halitus is derived from the Latin word 'halitus' which means 'pathologic alteration of one's breath'.

Human breath is a highly complex and a volatile mixture of various gases and compounds having varying odours.

Bad breath is a common complaint being faced by individuals of all age groups. It affects both men and women alike. It is also known by other terminologies like fetor oris and oral malodor.

However, diagnosing or judging oral malodor is very subjective. It can significantly vary from person to person. What a person considers bad breath may not seem to be the same for another.

People suffering from bad breath have social and psychological concerns which make a negative impact on their lives.



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

What are the causes of Bad Breath?

Based on the source or origin of malodor, it can either be from an oral or a non-oral source like the gut. Irrespective of the source, odour is caused by various volatile gaseous compounds like sulfur compounds, aromatic compounds, nitrogen-containing compounds, amines, short-chain fatty acids, alcohols, phenols, aliphatic compounds and ketones.

Out of these compounds, volatile sulfur compounds (VSC) are of prime concern, as they are the main compounds associated with bad breath. They are mainly hydrogen sulfide and methyl mercaptan. They are usually produced by bacteria when sulfur-containing amino acids and sera are broken down by enzymatic reactions.

Some of the common bacterial species that produce VSCs are *Peptostreptococcus anaerobius*, *Fusobacterium nucleatum*, *Bacteroides* spp. (more than one unidentified species), *Eubacterium* spp., *Fusobacterium periodonticum*, *Prevotella intermedia*, *Porphyromonas gingivalis*, *Treponema denticola* etc.

Other Types of Halitosis

Pseudo-halitosis

This can be due to odours from recently consumed diet or exist over a period of time in individuals who consume particular types of food that can cause an increase in unpleasant odours.

Foods like onions and garlic and beverages like coffee along with habits like chewing or smoking tobacco can influence the odour of breath. Consumption of alcohol can also significantly alter the smell of one's breath.

Halitophobia

It is an unnatural fear or a false perception of having bad breath. People who have halitophobia persistently worry about their bad breath.

Assessment of Halitosis

1. Organoleptic Analysis

The oldest and the most conventional method of detecting or measuring unpleasant odour is by smelling the exhaled air of the nose / mouth or sniffing a dry sample with the nose, which is considered to be the gold standard for measuring and assessing bad breath.

It is a practically cheap and effective method. However, the examiner needs to regularly keep himself calibrated and the patient should avoid the intake of foods, which can hamper the test, 48 hours prior to the examination.

Some individuals are informed of bad breath by their friends or family members while most of them notice it by themselves.

2. Gas Chromatography

Being the most accurate, reliable and reproducible method to measure VSCs, gas chromatography can separate and assess various compounds without decomposition from the samples of exhaled air, saliva or tongue coating. However, this test requires an apparatus requiring investment.

3. Sulphide Monitor

It is a more portable option than gas chromatography, which helps measure sulfur-containing gases in exhaled air.

4. Chemical Sensors

This is the easiest method for measuring sulfur compounds from the periodontal pockets and tongue surface. Chemical sensors, also called 'electronic nose' helps produce results almost similar to those of the organoleptic method.



Foods like onions and garlic and beverages like coffee along with habits like chewing or smoking tobacco can influence the odour of breath. Consumption of alcohol can also significantly alter the smell of one's breath

5. BANA Test (referring to the enzymatic breakdown of [N-benzoyl-dL-arginine-2-naphthylamide])

It is a chair-side test that helps detect three main bacteria that cause gum diseases, namely, *Treponema denticola*, *Porphyromonas gingivalis*, and *Tannerella forsythia*. It uses a strip composed of benzoyl-dL-arginine-2-naphthylamide that becomes blue if organisms are present.

6. Quantifying β -galactosidase Activity

Beta - galactosidase enzyme is released by bacteria to break down proteins. This is the initial step in oral malodor production.

7. Salivary Incubation Test

This method involves the organoleptic analysis of odour from saliva that is incubated under controlled conditions. This helps rule out the external factors like smoking or consuming certain specific foods and beverages and use of cosmetics that can influence oral malodor.

8. Ammonia Monitoring

A special monitor helps measure the amount of ammonia produced by bacteria in the mouth and also gives its exact levels and influence on oral malodor.

9. Ninhydrin Method

This method helps measure the levels of amino acids and light weight amines that are formed as a result of bacterial putrefaction

of peptides and glycopeptides in the mouth.

Management of Oral Malodor

a. Self-care Products

Masking agents like chewing gums, mints, toothpastes, mouthrinses, and sprays can decrease odour to a certain extent by masking halitosis with a pleasant fragrance.

Chewing gums and lozenges can increase salivary flow and as a result, a considerable improvement in oral malodour can be observed. Chloride and zinc-containing mouthrinses help prevent the volatilization of the unpleasant odour.

But, all these approaches are helpful in reducing externally caused malodor only.


b. Professional Intervention

Effective treatment of halitosis requires the identification of the exact cause, as this may be associated with respiratory, gastrointestinal and hepatic, renal, endocrine or hematological diseases.

However, the most common causes of halitosis in the mouth are due to the increase in the number of bacteria. This can be evaluated by:

- Appropriately assessing and managing gum diseases like necrotising ulcerative diseases or aggressive and chronic periodontitis.
- Monitoring and promoting good oral hygiene.
- Treating existing decay and cavities.
- Replacing old restorations.
- Replacing old unsuitable prosthesis having lodged food particles.
- Addressing conditions like xerostomia, pericoronitis, ulceration and malignancies.

Conclusion

Frequent dental visits with prophylactic and preventive procedures can go a long way in preventing oral malodor. Besides, maintenance of good level of general and oral health is also helpful in alleviating bad breath. 





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in my Experience




Dr. Koshi Philip
Professor and Head
Department of Orthodontics
Government Dental College
Thiruvananthapuram, Kerala, India

I was invited as a Guest Speaker at the 10th International Dental Students Conference held at St. Gregorios Dental College, Chelad, Kothamangalam, Kerala, India on 15th and 16th December, 2017.

Mr. John Kuriakose, Managing Director of DentCare Dental Lab, was there at the inaugural ceremony, who spoke about the early days of his life and the ways in which DentCare was set up. I was really impressed by his simplicity and open-mind in disclosing the problems being encountered by him during childhood and the earlier days of the lab. I was also really impressed by his steadfast faith in God.

After the inaugural function, we had a brief discussion and he invited me to visit the lab. The following day, on my way back home, I got an opportunity to visit DentCare. Even small things like keeping a personalized name board at the entrance of the lab to welcome a guest were really astonishing to me.

I spent about almost an hour at the lab. Mr. Saju Kuriakose, brother of Mr. John Kuriakose took me along the lab and briefed me about the latest facilities. I was really amazed at the sophisticated machines and volume of work being carried out at the lab. 

Safe to Eat Vegetables for a Healthy Life

Infestation of insect pests and diseases is a major threat for the production of vegetables. Though several organic options are available, farmers still rely on chemical pesticides for the management of pests and diseases. Application of these pesticides leaves toxic residues in vegetables and consumption of vegetables with higher levels of pesticide residues may lead to adverse health effects to the consumers





Dr. R. Chandra Babu is the Vice Chancellor of Kerala Agricultural University, Thrissur, Kerala, India and his area of interest is in research on 'Genetic improvement of rice for water-limited environments'.

He did his post-doctoral study in Texas Tech University, Lubbock, United States of America (USA) on genomics-assisted breeding (GAB) for drought resistance in rice under the Rockefeller Foundation's International Program for Rice Biotechnology.

He was a Visiting Scientist at the University of Missouri-Columbia, Rutgers University, New Jersey, and Duke University, USA and International Rice Research Institute, Philippines. He was a Fulbright-Nehru Senior Fellow in Cornell University, USA. He is also an Adjunct Professor at University of Tokyo, Japan.

Introduction

A wholesome and nutritious diet definitely comprises of vegetables and fruits. Vegetables are a rich source of minerals, vitamins, dietary fiber, antioxidants, etc. Though vegetables are an essential part of our diet, presence of residues of pesticides is a major concern for consumers.

In Kerala, 46724 hectares of land are being used for vegetable cultivation with a production of about 15 lakh tonnes. The annual requirement of vegetables in Kerala is around 20 lakh tonnes. A quarter of the State's requirement is met by bringing vegetables from neighboring states, such as Tamil Nadu and Karnataka.

Infestation of insect pests and diseases is a major threat for the production of vegetables. Though several organic options are available, farmers still rely on chemical pesticides for the management of pests and diseases. Application of these pesticides leaves toxic residues in vegetables and consumption of vegetables with higher levels of pesticide residues may lead to adverse health effects to the consumers.

Pioneering work on the detection of pesticide residues in food commodities in Kerala is being carried out in the Pesticide Residue Research and Analytical Laboratory, College of Agriculture, Vellayani., Thiruvananthapuram. The lab has accreditation of National

Accreditation Board for Testing and Calibration Laboratories (NABL).

In order to have a constant monitoring mechanism of pesticide residues in food commodities, Government of Kerala formulated a project with the convergence of Department of Agriculture, Kerala Agricultural University, Kerala State Horticultural Development Corporation Ltd. (Horticorp), Vegetable and Fruit Promotion Council Keralam (VFPCCK) and the State Horticulture Mission (SHM-Kerala). The project was carried out at Pesticide Residue Analysis Laboratory, College of Agriculture, Vellayani.

Current Scenario

The monitoring of pesticide residues initiated in the year 2012-13 at Vellayani has helped us identify major vegetables in which pesticide residues were detected. The test results are available in the websites of Government of Kerala, Department of Agriculture and Kerala Agricultural University. The project also envisaged to monitor pesticide residues in vegetables produced by farmers under the supervision of Department of Agriculture.

The vegetables, which are produced under the technical supervision of Department Officials, are branded as 'Safe to Eat'. This has enabled the farmer to get better price for their vegetables.



The important vegetables and the percent samples contaminated with pesticide residues, identified through the project, are given below.

No.	Vegetable	Percent samples with pesticide residues
1.	Mint leaves	62%
2.	Vegetable cowpea	45%
3.	Yellow capsicum	42%
4.	Coriander leaves	26%
5.	Red capsicum	25%
6.	Bajichilli	20%
7.	Beet root	18%
8.	Violet cabbage	18%
9.	Curry leaves	17%
10.	Green chilli	16%
11.	Cauliflower	16%
12.	Carrot	15%
13.	Red amaranth	12%
14.	Cluster beans	12%
15.	Green capsicum	11%
16.	Green amaranth	11%
17.	Gooseberry	11%
18.	Bitter gourd	11%
19.	Drumstick	9%
20.	Snake gourd	8%
21.	Brinjal	8%
22.	Beans	7%
23.	Salad cucumber	7%
24.	Oriental pickling melon	6%
25.	Ginger	6%
26.	Bhindi	5%
27.	Coccinia	4%
28.	Tomato	4%

The above data shows that the most contaminated vegetables are mint leaves, vegetable cowpea, capsicum and coriander leaves. Major pesticides detected were bifenthrin, triazophos, chlorpyrifos, cypermethrin, ethion, methyl parathion, profenofos and quinalphos. Among these pesticides, triazophos, methyl parathion and profenofos are banned in Kerala.

The study also revealed that the vegetables, such as Ash gourd, Smooth gourd, Pumpkin, Bottle gourd, Bush beans, Cluster beans, Chow chow, Ridge gourd, Water melon, Colocasia, Dioscoria, Elephant foot yam, Green peas, Radish, Potato, Raw banana, Onion, Tapioca and Sweet potato were 100% pesticide free.

The publication of these results helped create awareness among people about the hazards of pesticide residues in vegetables and gave a fresh impetus to vegetable cultivation in the state. Homestead vegetable cultivation, grow bag vegetable cultivation and terrace cultivation of vegetables became popular in urban as well as rural households.

Vegetable production, which was 9.10 lakh tonnes in 2012-13, increased to 15.32 lakh tonnes in 2014-15. Comparison of monitoring data over the years also reveals that the extent of the contamination of pesticide residues in vegetables

decreased by the year 2016-17.

Strategies to mitigate pesticide residues in vegetables

A combination of steps will enable us to reduce the chances of the intake of pesticide residues.

Growing vegetables in our own backyard or terrace is one such strategy to ensure that the vegetables we consume are free of pesticide residues.

Mint can be easily cultivated in pots. Every household can grow a curry leaf plant. Green amaranthus, vegetable cowpea, bhindi, coccinia and brinjal can also be easily cultivated in our households. Infestation of thrips and mites are a major problem in the cultivation of chillies. Cultivation of tolerant types like bird chilly will help in the reduction of thrips and mites infestation.

Adoption of prophylactic organic measures will help us protect our crops from probable infestation of insect pests and diseases. Weekly sprays of 2% neem oil emulsion are one such strategy to reduce the chance of insect pest infestation. Caterpillar damage in vegetables can be easily managed by spraying 5% neem seed kernel extract.

The age old tobacco decoction is effective against aphids. Entomopathogenic fungi like *Lecanicillium lecanii*

are effective against sucking pests like mealy bugs, whiteflies, etc. Another fungi *Beauveria bassiana* can be sprayed for the management of fruit flies, caterpillars and beetle pests.

Conservation and release of parasitoids like *Trichogramma* and predators like coccinellids, syrphids, rove beetles, etc. will naturally decrease the pest population.

Disease infestation can be effectively managed by fortnightly sprays of beneficial bacteria like *Pseudomonas fluorescens*. Soil application of *Trichoderma* enriched organic manure will help protect crops from soil borne fungi.

Selection of pest and disease resistant varieties of crops for cultivation, crop rotation, crop diversity, weed management, water management, nutrient management, trap crops, etc. are also effective strategies to reduce pest and disease incidence, thereby reducing the use of toxic pesticides in crops.

Various physical methods like soil solarization, use of light



traps, pheromone traps, yellow sticky traps and blue sticky traps will enable us to reduce the disease and pest incidence in vegetables.

Certain decontamination techniques can be fruitfully employed in your kitchen itself. Thorough washing of vegetables is a simple and effective strategy to reduce pesticide residues. Tamarind, turmeric powder, vinegar and salt solution can also be used for decontamination of pesticide residues in vegetables.

Dipping vegetables for 5-10 minutes in 2% tamarind solution (20 g / litre of water), 1% turmeric powder (10 g / litre of water), 2% vinegar (20 ml / litre of water) or 1 % salt solution (10 g / litre of water) was found to decontaminate residues by 60-80%.


Kerala Agricultural University has developed 'Veggie Wash', to reduce the levels of pesticide residues in food commodities by 60-70%. Veggie Wash diluted @ 10 ml per litre of water will help reduce pesticide residues.



Way forward

Safe food is the right of every citizen. Proper utilization of available space in every household for vegetable cultivation will help ensure safe food. This will also reduce the reliance on neighboring states for vegetables.

Promotion and adoption of Good Agricultural Practices (GAP) among farmers will help reduce pesticide use among commercial vegetable farmers.

You should opt for those vegetables which are found to be pesticide free in your diet. Decontamination can also be practiced in your household with the help of vinegar, turmeric, tamarind, etc. A combination of all the strategies will help provide safe to eat and healthy vegetables for your daily use. 



Importance of Paediatric Dental Care

Tooth decay in infants and toddlers is often referred to as Baby Bottle Tooth Decay, or Early Childhood Caries. Children need strong, healthy teeth to chew food, speak and have a good-looking smile.

The first tooth that comes in a child helps predict if his permanent teeth come in correctly. It is important to start infants off with good oral care and hygiene to help protect their teeth for long.

You can prevent your baby from getting cavities or developing what is called Baby Bottle Tooth Decay or Early Childhood Caries by beginning oral hygiene routine within the first few days after birth. Clean or wipe your baby's mouth / gums with a clean gauze pad, as it helps remove plaque that can harm the erupting teeth.

When a child's teeth start to come out, brush them gently with a child size toothbrush and a small amount of fluoride toothpaste, about the size of a grain of rice. For bottle feeding, use only formula milk or pumped breast milk and avoid using sugary beverages, such as juice or soda. Infants should be bottle fed before bedtime and naptime.

Dental Emergencies

Accidents can happen anytime, anywhere. If you know how to handle a dental emergency, you can help save your child's tooth from being damaged. If dental emergencies happen, it is important to take your child to a Dentist or a Trauma Center as soon as possible.

Tips for dealing with dental emergencies

- ✧ Keep a knocked-out tooth moist at all times. If possible, place the tooth back into its socket without touching the root; if not, place it between the child's cheek and gum, or in milk. Then, visit your dentist right away.
- ✧ For a cracked tooth,

immediately rinse the mouth with warm water to clean the affected area. Put a cold compress on the face to keep the swelling down.

- ✧ If your child bites the tongue or lip, clean the area gently and apply a cold compress.
- ✧ For toothaches, rinse the mouth with warm water.
- ✧ Gently use dental floss to remove any food particles caught between teeth. Do not put aspirin on the aching tooth or gum tissue.
- ✧ For object stuck in the mouth, try to gently remove it with a floss pick; do not try to remove it with sharp or pointed instruments.



Dr. Isha Malhotra
Consultant Cosmetic
Dentist and Implantologist
Gurgaon, Haryana, India

Thumb-sucking

Sucking is a natural reflex and infants and young children may suck thumbs, fingers, pacifiers and other objects. It may help relax or make them feel happy.

Most children stop sucking by the age of four. If your child continues thumb-sucking even after the permanent teeth have come in, it can cause problems with the tooth alignment and bite.

The frequency, duration and intensity of a habit will help determine if dental problems occur in future. Children who rest their thumbs passively in their mouth are less likely to have difficulty than those who vigorously suck thumbs.

If you are worried about your child's sucking habits, talk to your Dentist or Paedodontist.

Space Maintainers

Space Maintainers help keep the space open for permanent teeth to erupt. Your child may need one if he or she loses a baby tooth prematurely, before the permanent tooth starts erupting. If a primary tooth is lost too early, a permanent tooth can erupt into that empty space, instead of where they ought to.

When more adult teeth start coming in to the mouth, there may not be enough space for them. To prevent this from happening, a Dentist may recommend a 'Space Maintainer' to keep open the space left by the missing tooth.

Sealants

Sealants act as barriers to protect

your child's teeth in cavity-prone areas. They are usually applied to the chewing surfaces of back teeth and sometimes used to cover deep pits and grooves. There is no discomfort or pain involved in a dental sealant procedure. As long as the sealant remains intact, the tooth surface will be protected from decay.

Sealants usually hold up well under the force of normal chewing, but in some cases, the procedure has to be repeated due to wearing away of sealants. Both primary and permanent teeth can benefit from sealants. Ask your Dentist, if sealants will help your child.

Mouth Guards

Mouth Guards can help protect your child from a dental emergency. They should be worn whenever your child is participating in contact sports and recreational activities. Mouth guards cushion blows that would otherwise cause broken teeth, injuries to the lips and face and sometimes even jaw fractures. If your child participates in such pastimes, ask your Dentist about custom-fitted mouth protectors.

Malocclusion

Malocclusion or bad bite is a condition in which one's teeth are crowded, crooked, out of alignment, or the jaws do not meet properly. This may become particularly noticeable between the ages of 6 and 12 years, when a child's permanent teeth start coming in. If crooked or crowded teeth are not treated early, a bad bite can make it difficult to keep teeth and gums clean, leading to

the risk for cavities and gum disease.

Malocclusion can also:


- ❖ Affect proper development of the jaws.
- ❖ Make the protruding teeth at risk for chips and fractures.
- ❖ Affect eating and speaking.
- ❖ Make some teeth wear faster than properly aligned teeth.

Anesthesia and Sedation

Your Dentist may recommend administering anesthesia or sedation for your children to relieve pain and help complete dental procedures safely.

Conclusion

When your child's first tooth appears, talk to your Dentist about scheduling the first dental visit.

Healthy oral habits and dental hygiene is the key to a lifetime of good dental health. Encourage healthy eating habits. 

You can prevent your baby from getting cavities or developing what is called Baby Bottle Tooth Decay or Early Childhood Caries by beginning oral hygiene routine within the first few days after birth. Clean or wipe your baby's mouth / gums with a clean gauze pad, as it helps remove plaque that can harm the erupting teeth

AUTISM



Dr. Neena Shilen
Consultant in Developmental Pediatrics
Kochi, Kerala, India

Autism is a neurodevelopmental disorder which affects communication skills, speech and language along with causing repeated behaviors, lack of social skills and sensory problems.

Incidence of autism is increasing at an alarming rate; 1 out of 68 children suffers from autism.

Autism is not a mental illness. It is a lifelong disorder. Some patients with autism may appear to have mental retardation, behavior disorder, problem with hearing etc.

Most kids with autism are intelligent and have excellent right brain skills like very good memory, quick in grasping things and good observation of details. Besides, some have advanced skills to operate mobile phones, tablets, computers etc. You need not tell them anything about how

to operate these gadgets; they will learn it by themselves.

Autism Spectrum Disorder (ASD)

A child with Autism Spectrum Disorder (ASD) may have these problems:

- ↻ May not respond to their name.
- ↻ Avoid eye contact or seem to look through you.
- ↻ Have delayed speech and language skills (e.g. child may be able to say 1 to 10 or A to Z or even sing songs and rhymes but will not express his needs by words).
- ↻ Do not mingle with other children and want to be alone. Some might want friends, but not know how to develop friendships.
- ↻ May not point at objects with index finger by 14 months of age. To express

interest or needs, they point by the whole hand and not by index finger. (eg. point at an airplane flying over or pointing at dog or other animals. They usually take the parents hand and lift it up or take them to the spot).

- ↻ Do not have joint attention i.e. they will not look to where you point at, instead, look at your hand.
- ↻ Do not play "pretend" games (pretend to "feed" a doll) by 18 months of age.
- ↻ Have trouble in understanding other people's feelings or talking about their own ones. As they cannot express themselves, they have tantrums, behavioral issues or excessive crying.
- ↻ May repeat words or phrases over and over (echolalia) (eg. If you ask "What is your name?", they

will repeat the same instead of telling their name).

- ✦ Give unrelated answers to questions.
- ✦ May be lost in their own world or stare into space.
- ✦ Have sensory problems or unusual reactions to the way things sound, smell, taste, look, or feel.
- ✦ Some children with an ASD are very sensitive to touch and may not allow to be cuddled.
- ✦ Shadow playing, hand watching, twisting fingers and counting fingers.
- ✦ Teeth grinding and tongue twisting.
- ✦ Blinking, poking into their own or others eyes, excessive interest in flickering lights, mirrors etc.
- ✦ Self-stimulatory behaviors (e.g., flapping arms over and over), tapping over the chin, tapping on head, spinning, rocking).
- ✦ May eat nonfood items like dirt or rocks (this is called pica).
- ✦ May have problems like chronic constipation or diarrhea.

All children with autism may not show same symptoms. All symptoms of autism may not be present in a patient. Some symptoms may come and disappear while new ones may arise at times. Even if these symptoms appear occasionally, they should be taken seriously. But, do not panic, as children without autism may also show some of these symptoms.

Communication

Some patients can speak but only in monotonous way. Others cannot speak at all or only very little. About 40% of children with an ASD do not talk at all; about 25%–30% speak a few words from 12 to 18 months of age and then lose the ability.

Regression of speech at any age is a sign of autism.

They may have these problems:

- ✦ Do not understand jokes, sarcasm, or teasing.
- ✦ Self-talking.
- ✦ May not wave goodbye.





✎ Facial expressions, movements and gestures may not match what they are really intending to do. For instance, they may smile while saying something sad.

They might say "I" when they mean "you," or vice versa. Their voice might sound flat, robot-like, or high-pitched. They might talk a lot about something they really like, rather than have a back-and-forth conversation.

Development

Skill development in children with ASD differs in different areas. They may have delay in language, social and learning skills, while their ability to walk and move around will be almost the same as that of normal children of the same age group.

They might be very good at putting puzzles together or solving computer problems.

They might also learn a hard skill before learning an easy one. For example, a child might be able to read long words but may find it difficult to tell the sound of "b".

Physical

They may look normal and may not have any typical or abnormal physical appearance. They usually have a large head with prominent forehead. They may have minor features like flared ears and hypotonic muscles.

Treatment


A combination of medical treatment with occupational, behavioral and speech therapies with vitamins, food supplement and diet modification gives better results than therapies alone.

If heavy metals are detected in the body, chelation therapy should be done to remove them.

If left untreated, they may become mentally retarded, as they are not able to express even what they know and the teachers may think that they have not learnt anything. So, further teaching to a higher level may not take place or they may be taught the same things again and again.

Early detection and early intervention is the key to successful treatment.

For early detection, developmental assessment should be done at 1 year, 18 months, 24 months and 30 months of age.

If you catch them before 3 years, the success rate in treatment will be very high. 

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Challenges of Behavior Management in Dentistry



Management of patient behavior is an integral component of dental practice and the challenges vary according to the age and overall health of patients.

Behavior Management Techniques (BMTs) are a set of procedures aimed at enhancing children's useful coping skills, achieving complete willingness and acceptance of dental care and ultimately reducing their perception that the dental situation is overwhelming or dangerous.

Approaches for behavioral management have changed considerably during the second half of the 20th century, with an increasing emphasis on communication and empathic skills.

To date, a wide variety of behavior management techniques are available to dental practitioners, namely; tell-show-do, desensitization, modeling, positive reinforcement, voice control, distraction, parental presence / protective stabilization, non-verbal communication, hand-over-mouth, sedation and general anesthesia.

Behavior management techniques have been classified as pharmacological against non-pharmacological, communicative (communication and communicative guidance) versus advanced behavior guidance techniques and universally accepted against non-universally accepted ones.



Dr. Mathews Baby
Senior Lecturer



Dr. Jeena Mammen
Intern

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

Types of Cry

According to Elsbach (1963), there are four types of cry. They are:

a) Obstinate Cry

A child shows temper tantrums to thwart a dental situation.

b) Frightened Cry

It is usually accompanied by torrent of tears and convulsive breath-catching sobs.

c) Hurt Cry

It may be loud and frequently accompanied by a small whimper.

d) Compensatory Cry

It is a droning monotone that a child makes to drown out the noise of the dentist's drill.

Types of Fear

Types of fear that are commonly seen are:

☞ **Fear of Specific Stimuli**

Typically, the triggering factors for dental fear are; injections, sound / sight / smell of the drill or handpieces, white coat, dental procedures, dental set up, etc.

Treatment for this condition involves gradually exposing the patient to the feared stimuli, encouraging him to use relaxation strategies during the course of treatment to manage his anxiety levels. This method is called 'systematic desensitization'

and the fear will extinguish over time.

☞ **Fear of Medical Catastrophe**

Patients may fear that untoward incidents / medical emergencies will happen during the course of treatment. Often, these patients will report of having allergy to local anesthetics, particularly those that contain epinephrine or similar vasoconstrictor.

For addressing this type of fear, a full medical history of the patient and gradual exposure to stimuli are necessary. After explaining the relationship between anxiety

and autonomic symptoms, the dentist may then offer to inject a very small amount of anesthetic with epinephrine to see how the patient feels. If the patient feels increased autonomic arousal, the dentist can encourage the use of relaxation skills to slow down heart rate and breathing.

Generalised Dental Anxiety

Patients suffering from generalized dental anxiety respond very well to reassurance techniques, which are used before, during and after the procedure, to help alleviate their anxieties.

Distrustful of Dental Personnel

Dental practitioners should ask the patient if they may tilt the patient back in the chair and use particular instruments for an examination. All steps in the process should be explained to the patient so that he or she may know what is happening throughout the appointment.

Patients in this category may wish to watch the procedures using a hand mirror, although not all patients will wish to do so. When presenting a treatment plan, all options should be presented verbally or in writing, with the emphasis on the patient's role in ultimately deciding what treatment to pursue.

Treating people with health issues

Autism

Communicative and pharmacological management



techniques along with physical restraints will go a long way in treating patients with autism.

Dementia

The impact of dementia and associated behavioral problems on the oral health of long term care-facility patients is increasing. The provision of oral hygiene care for these cognitively impaired patients is difficult and complex.

Epilepsy

Patients with developmental disabilities and epilepsy can be safely treated in a general dental practice. A thorough medical history should be taken and updated at every visit. A good oral examination to uncover any dental problems and possible side effects from antiepileptic drugs are necessary.

Hypertension

Most dentist realize that hypertension often leads to cardiovascular problems, renal disease and strokes, which in turn, increase the risk for complications, both during and after dental procedure. Oral and systemic side effects may also arise from the medicines used to treat hypertensive patients.

Hemophilia

Difficulties in the management of a hemophiliac dental patient include the following:

- ✦ Dental neglect necessitating frequent extractions
- ✦ Trauma and surgery
- ✦ Factor VIII inhibitors (recombinant FVII a is an alternative Solution)
- ✦ Hazards of anesthesia and injections
- ✦ Risk of Hepatitis B, liver disease and HIV infection
- ✦ Anxiety and drug dependence

Diabetes

➤ **Patients with well-controlled Diabetes**

Patients with well-controlled diabetes should use the following preoperatively.

- ✦ Anxiety reduction protocol without deep sedation
- ✦ Daily medication
- ✦ Morning appointments

At the clinic:

- ✦ Immediate treatment to be given
- ✦ Orange juice to avoid

hypoglycemic attack

- ✦ Maintain verbal communication
- ✦ Atraumatic extractions
- ✦ Ascertain if patient has insulin reaction

Knowledge and management of insulin shock and postoperative antibiotic therapy and care are also necessary.

➤ **Patients with uncontrolled Diabetes**


Medical consent and control of blood glucose levels are necessary prior to the dental procedure.

Conclusion

A broad range of techniques is available for the non-pharmacological management of dental fear and anxiety. Ideally, these techniques should not be applied in a 'cookbook' fashion, but should be integrated into a broader and more comprehensive approach for patient management.

Patients with low or moderate fear can be effectively managed with good communication skills, empathy, careful treatment and some basic non-pharmacological approaches, such as relaxation or distraction.

More fearful individuals may require more time and effort, employing different techniques before going for dental procedures. Use of sedation is also effective in managing the fear of some patients.

Deeper understanding of fear management techniques is required for identifying and addressing the concerns and anxieties of patients, so as to carry out the dental procedures successfully. 



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Padmashri Dr. M. R. Rajagopal, an Anesthetist by profession, is better hailed as “**Father of Palliative Care in India.**” He is the founder and Chairman of Pallium India, a national registered charitable trust aimed at providing quality Palliative Care and effective pain relief for patients in India. He is the Director of Trivandrum Institute of Palliative Sciences (TIPS) which is designated as a World Health Organization Collaborating Centre (WHOCC) in the area of “Training and Policy on Access to Pain Relief”.

In 2018, Government of India honored Dr. Rajagopal with **Padma Shri Award.**

He is also the prime mover in the creation of “**National Program for Palliative Care (NPPC)**” by the Ministry of Health, Government of India.

In a tete-a-tete with “**The DentCare**”, he speaks up on the need for effective pain relief and Palliative Care in India.

Q *Can you define Palliative Care?*

World Health Organization (WHO) defines Palliative Care as an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems – physical, psychosocial

and spiritual.

Palliative Care:

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten nor postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support

system to help patients live as actively as possible until death

- Offers a support system to help the family cope during the patients' illness and in their bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated
- Will enhance quality of life and may also positively influence the course of illness
- Is applicable during the early stage of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, including investigations needed to better understand and manage distressing clinical complications

My only additional point of explanation is about the word "life-threatening". Palliative Care is not only about prolonging life. If someone's

life is confined to four walls, it is also a life-threatening situation, in the larger sense.

Q *What inspired you to divert attention towards Palliative Care?*

Actually it started with the management of pain; when I was doing medical education, I had seen a lot of patients in harrowing pain. Later, when I started my practice, I thought of doing something to alleviate the sufferings and agonies of patients and hence, I just started doing it.

Gradually, I understood that it was not only physical pain that made one's life uncomfortable but many associated things like social, spiritual and mental problems as well. I bumped into the concept of Palliative Care and gradually, it became my path.

I have done 'anesthetic nerve block' and similar things, but found that they do not work for

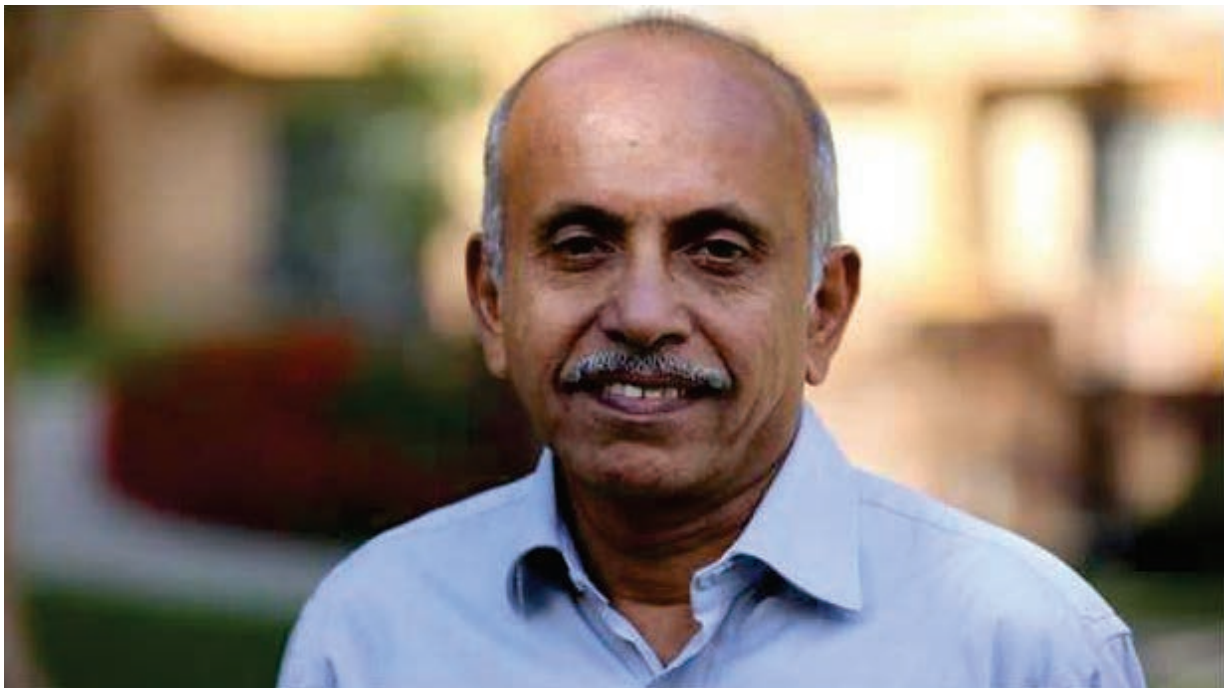
all problems and that some patients do not have the means to buy expensive medicines. Therefore, with my colleagues, I started an organization to support people for more than their medical needs.

Q *What has been your biggest challenge in Palliative Care?*

Challenges, hurdles and barriers continue to be there. Even now, less than five percent of people of India have access to pain management and Palliative Care and the situation is truly abysmal in the country.

Public awareness about Palliative Care is very poor and even among medical professionals in most parts of the country as well. If somebody is rolling in pain from cancer, his family members do not know what is to be done to mitigate his pain, when low-cost solutions are available all across the country.

Palliative Care can be provided to



a person even before he is diagnosed with a disease and it could be continued all through his life. Unfortunately, those who are suffering are too weak to raise their voice and demand their rights. So, we have to raise our voice for them.

Palliative Care is not a small issue; the suffering associated with life-limiting diseases is a serious and tremendous one, which we should address with due consideration.

It is a major shift from the established approach of medical system, particularly in our country where the system concentrates entirely on curing diseases rather than addressing sufferings.

Imagine the pitiable plight of doctors in India who were ignorant about the usage of morphine tablet for two generations! They not only lacked the experience, but most of them might not have even seen a morphine tablet as well! Creating awareness, sensitizing the medical fraternity and teaching medical students about the importance of pain and Palliative Care and training them to put their knowledge into practice are all helpful in propagating quality Palliative Care.

If you could promote one single piece of Legislation that you believe would create an important and meaningful change in the area of Palliative and end-of-life Care, what would it be?

In 2016, Government of India put up a draft Law on its website for protecting terminally ill patients and medical practitioners. It needs a revision to make it more viable and effective. The aspect

of law that I would recommend is similar to that which was passed in Canada where Palliative Care is made an essential right of every individual.

In the Constitution of India, 'Life with Dignity' is described as a 'Right', but obviously it is not sufficient to meet the needs. Individual rights should be protected and advanced directives ought to be made binding on doctors and simultaneously, the cruelty of needless prolongation of the dying process of terminally ill patients with futile artificial support shall be stopped.

I believe that it is possible to pass the same Legislation in India, but the vitiating factor is lack of awareness and professional education. Palliative Care is cost-effective; as financial requirement is very minimal compared to curative procedures. Actually, we have the proof that effective and timely use of quality Palliative Care will help save a large amount of money of patients and their family as they need not have to resort to expensive and aggressive procedures.

We should all try our best to make pain relief and Palliative Care a Right of every citizen in India. Denial of access to pain relief and Palliative Care is a violation of human rights, especially when simple inexpensive solutions are now possible and feasible.

We cannot call ourselves a cultured society unless we do away with our callousness, ignorance and bureaucratic tangles that inflict excruciating sufferings on our fellow human beings.

Once the comprehensive Legislation gets passed, it should have the three elements. One has

been partly achieved in 2014 with the Amendment of Narcotic Drugs and Psychotropic Substances (NDPS) Act of India. With its implementation, a critical step has been achieved in reducing the needless sufferings and allowing millions to have access to pain relief.

Secondly, there should be a 'National Palliative Care Policy' with a framework for its implementation.

Thirdly, there should be a 'Palliative Care Training and Education Program for Medical and Nursing Students', as many junior medical professionals are underprepared to perform Palliative and end-of-life Care.

What advice would you give to young physicians who do not seemingly give importance to Palliative Care?

We should learn to accept that the duty and responsibility of a doctor is not only to cure but also, as the 14th century aphorism says, to relieve sufferings and give comfort to patients. Secondly, all young doctors are faced with a challenge to become a part of the system which concentrates on an objective of making money and hence, they do not support a treatment procedure that will not fetch adequate returns.

For up to one third of people, an incurable disease and the treatment associated with it add sufferings for many reasons including the cost of treatment. We have proof that up to one third of people of our country have become poor due to diseases and the enormous expenses expended for the treatment. Do we want to be a part of the system that adds sufferings and poverty?

Palliative Care is not a small issue; the suffering associated with life-limiting diseases is a serious and tremendous one, which we should address with due consideration

Young doctors are faced with a challenge of either becoming a part of medical system which impoverishes patients and families or a rebellious system that destroys their career because they do not have lucrative opportunities ahead.

I honestly believe that there is a middle course, neither becoming a part of a system that is outright unethical and obviously causing sufferings nor a system that relieves pain and alleviate sufferings.

There would be many hospitals and doctors who practice ethical medicine and relieve sufferings rather than causing it. Working with them may fetch you less amount of money, but there would be enough to live on. Besides, there would be peace of mind and complacency.

Recently, the Constitution Bench headed by Chief Justice of India (CJI) Dipak Misra said

Q “Passive euthanasia and advance living will be permissible”. What is your opinion in this regard?

The judgment of the Supreme Court pertaining to the validity of “advance medical directives” is reassuring. It reiterates the value of life, not only in its length

but also in its quality, accepting death as the inevitable culmination of life and ensuring some preservation of dignity to its very end.

But the procedure, which has been laid out for its implementation, is so cumbersome for the person who needs the withdrawal of artificial life support.

The judgment of Supreme Court was all about "passive euthanasia" only. This is a misnomer. Euthanasia, which refers to deliberate ending of life, and 'allowing natural death' are entirely different. We are only talking about the withdrawal of artificial measures that prolongs the dying process of a patient with a terminal / incurable illness.

Regarding the prolongation of dying process, possibly on a ventilator with considerable sufferings, I have prepared my own advance medical directive requesting that in the event of a life-limiting disease, I should not be subjected to aggressive medical interventions.

With the recent Supreme Court judgment, it is true that my advance directive has become potentially valid and legally binding on the medical profession.

To benefit a patient with terminal illness, the procedure needs to be safe and reasonably practical. But

the procedure for the withdrawal of artificial life support is almost unmanageable. A medical board should certify that the treatment for a terminally ill patient is futile and then, his family members will have to approach the district collector, who in turn, has to appoint a separate board, which will have to meet and issue necessary certification.

After that, the family members of the patient have to go to the Judicial First Class Magistrate who, on his part, has to look into the matter and personally visit the patient before issuing necessary orders permitting the withdrawal of artificial life support.

Without any doubt, the proposed Legislation pending with the Government of India will have to make practical recommendations for the smooth implementation of advanced medical directives.

But that is not enough. To die with dignity, a terminally ill patient should have access to Palliative Care, so that his sufferings can be relieved to a certain extent and his fears or anxiety can be alleviated and that he can die a natural death in the presence of his kith and kin. ☞

For The DentCare
Interviewed by Ms. Nisha Philip Xavier

Do you have those annoying white spots on your teeth that you want to get rid of?

Have you ever wondered if this is normal as you have had this ever since you remember or maybe you have just noticed it recently and it does not hurt? I have heard grandma tales in childhood that these white spots were signs due to drinking too much milk!

White spots are areas indicating the demineralization of your teeth which is nothing but early signs of tooth decay.

Yes, in fact, if you have these spots, it means that your teeth are very much prone to decay. Perhaps, you may wonder how the disease caught you? One of the main reasons for white spots is poor oral hygiene. When your oral hygiene is par average or compromised, white spots start appearing, which indicate the need of better oral care and dental hygiene.

This is how the disease occurs. When you do not regularly brush or floss your teeth, this may lead to accumulation of plaque. Plaque is made up of sugar and starch, with which bacteria in the mouth feeds on, leaving behind acids that eventually decompose your tooth structure.

Oral hygiene is often compromised in individuals wearing braces, which leads to accumulation of plaque around your braces.

Another thing that can cause white spots on your teeth is intake of too many acidic foods, such as sour candy, lemons and vinegar. Also, fizzy drinks, such as soft drinks, carbonated drinks and lemonade can cause these white spots.

Fluoride exposure is another important factor. If you are residing in a community with

exposure to drinking water fluoridation, taking fluoride supplementation, using too much amount of toothpaste, or have swallowed toothpaste in childhood, there is the possibility of dental fluorosis.

They commonly occur bilaterally and present with a thin, diffuse opacity to the entire area of the tooth surface. The lesion depth varies from superficial to deep into the enamel, based on the severity of fluorosis. Another cause might be hypomineralization

and hypomaturation lesions which may present on well-demarcated margins, affecting your tooth / teeth, with symmetrical distribution.

Enamel Hypoplasia is yet another cause which happens due to injury or infection to your milk teeth in early childhood, which in turn, has affected your permanent teeth. Hypoplasia is characterized by diffuse opacities of white and yellow discoloration, often accompanied with pitting and loss of enamel structure.



White Spot Lesions



Dr. Mayakha Mariam
Dental Practitioner
Pathanamthitta, Kerala, India



Treatment

The treatment plan is devised after close examination of the tooth surface to know if the lesion is active. Active lesions, white in color, are dry opaque, and porous, which are seen in areas where dental plaque accumulates.

Inactive lesions are located above the gingival margin. Though shiny in appearance with smooth surface, they are hard in consistency.

Causes of White Spot Lesions

White spots occur in individuals with compromised oral hygiene or in those who wear braces. The condition will go beyond control if it is left untreated for a long period.

About 75% of small lesions will regress six months after debonding, if you use anticariogenic mouthwash or toothpaste.

Remineralization can occur from the available minerals in saliva and fluoridated medicaments along with good oral hygiene.

On the other hand, if white spots occur in individuals with compromised oral health, it will further increase the discoloration of the affected areas, which in turn, deteriorate the condition and may lead to cavities.

Treatment Stages

White Spot Lesions can be remineralized by:

1. Avoiding acidic foods and drinks and by incorporating calcium rich food in your diet. Also, make sure, you get enough vitamin D from sunlight.
2. Removing plaque deposits by brushing your teeth, especially before going to bed, as bacteria will actively attack your teeth even at night.
3. Using of fluoride toothpaste and fluoride mouthwash twice a day.
4. Using highly concentrated topical fluoride gel or varnish application by your dentist.
5. Casein Phosphopeptide Amorphous Calcium Phosphate (CPP-ACP) is another medicament, which is derived from milk casein that enhances the formation of calcium phosphate crystals. It can be professionally applied onto tooth surface. The cream helps repair white spot lesions.
6. Microabrasion treatment also helps remove the superficial non-cariogenic lesion on teeth as well as white spots.
7. Tooth whitening can be done to mask the spots. It only helps blend the lesion in with the natural dentition. It is good only for cosmetic correction and not for the restoration of enamel defects.
8. In severe cases, affected teeth

are covered with Cosmetic Veneers.

Preventive measures for those who wear braces

The following are the preventive measures that help avoid the incidence of the condition:

- ✦ Modify your diet by avoiding fizzy drinks.
- ✦ Make sure to keep your teeth and braces clean.
- ✦ Always wash your mouth after eating or drinking.
- ✦ Brush your teeth properly in the way explained by your dentist.
- ✦ Even if you skip brushing in the morning, you should invariably brush your teeth in the evening to remove bacteria from the mouth.
- ✦ Using fluoride toothpaste and mouth wash is also very good for oral good oral health.

Conclusion

White spot lesions can cause functional and cosmetic concerns, which are due to demineralization or other causes. If you find a white spot lesion, you should seek medical intervention. The foremost thing is that you should resort to natural cures by improving oral hygiene, bringing changes in diet and using fluoride toothpaste and mouthwash.

Restorative treatment is indicated when conservative approaches are unsuccessful in removing or masking white spot lesions.



YOGA:



A Healthy way of Life



The importance and influence of Yoga is steadily increasing day by day in our lives. It makes one feel physically and mentally stronger and more flexible than ever. No matter your age, size or fitness level, Yoga can help your mind, body and spirit.

Yoga is an ancient practice designed to meet you where you are. It will give you tools like learning to surrender, being able to let go and growing to love and appreciate yourself.

The practice of Yoga has got greater significance in the modern world as people are always stressed and burdened with a sense of emptiness due to many reasons like a hectic and unbalanced life; giving more importance to personal life than family or public life, lack of service-minded attitude, lack of understanding the emotions of other people, giving more importance to one's own happiness, etc.

"I wish I could return to my childhood", this was the

unfulfilled dream of many well-known people like Jawaharlal Nehru, the former Prime Minister of India.

In the past, childhood days were filled with beautiful moments when children fluttered around like butterflies without stress or tension. But now, there is a paradigm shift in the life of children. Nowadays, childhood has become a period of burden and misery. To many, childhood is a night mare.

We start sending children to school too early and compelling them to study hard from dawn to dusk, when they ought to have been allowed to engage in different types of games.

Furthermore, teachers are now more obsessed with the image of their schools while parents are overanxious about their children scoring higher marks. As a result, children are forced to be preoccupied with scholastic matters that they have little time for enjoying the happy moments of life.



Dr. Abdul Rahman Poilan
Consultant Ayurvedic Physician
Kannur, Kerala, India

Little children are compelled to act like a machine commuting to and from school and spending many hours at home doing school assignments and curriculum activities. All these add to their pressure, gradually affecting their mental and physical health. Besides, they have little time to interact with their friends as a result of which their survival capacities get reduced.

In every sense, children of the new generation are facing innumerable challenges in life.

What is Yoga?

Yoga means union of mind, body and soul.

There are so many definitions for Yoga. "Chitta Vritti Nirodha Yoga" means to quiet the movements of the mind. If a person is able to control his mind, he is a Yogi. A healthy mind lives only in a healthy body.

The concept of body and mind is unique in Ayurveda and their relation is compared to 'ghee in a pot.' Here, ghee is the mind while the pot is the body. If the ghee becomes hot, the pot also becomes hot and vice versa. So, both mind and body should be healthy for living a healthy life.

By performing 'Asanas', the body will get invigorated, leading to mental health. Asanas are controlled by breath while Exercise is not. It is the main difference between Asana and Exercise. Breathing will help control mind.

Patanjali and Hatha Yoga are the basic classifications of Yoga. Newer types / classifications are based on institutions, persons etc.

Yoga is an ancient practice designed to meet you where you are. It will give you tools like learning to surrender, being able to let go and growing to love and appreciate yourself



Maharishi Patanjali wrote the book **Yoga Sutra**. He gave more importance to mind control (Dhyana) than Asanas (to be seated in a position that is firm, but relaxed).

Hatha Yoga gives importance to Asanas and Pranayamas (the formal practice of controlling the breath, which is the source of Prana, or vital life force). Both these Yogas help reach the goal of Moksha (self-acceptance and the consciousness of oneness with all existence).

Four Levels of Yoga

- 1) Physical Body
- 2) Energy Body
- 3) Mind Body
- 4) Spirit Body

Physical Body Level is the first stage of Hatha Yoga where 'Asanas' come. The second is Energy Body level where 'Pranayama' comes. This is

also known as Kundalini Yoga.

The third is Mind Body Level where control of mind ('Dhyana') comes, where from Patanjali Yoga starts.

The fourth is Spirit Body Level or Raja Yoga. The end result of Raja Yoga is Samadhi which means self-actualisation.

There is also one more level of Yoga which is called Bhaktha Yoga or Bhakthi Marg where one bequeaths everything to God.

The aim of both Yoga and Ayurveda is to make people physically and mentally healthy.

Ayurveda says "**Shareeram Adhyam Khalu Darma Sadhanam**", i.e., body is the foremost means for doing Dharma (Good activities).

So, to make a body healthy, Ayurveda has formulated both daily and seasonal regimens. If we follow these regimens, they

The aim of both Yoga and Ayurveda is to make people physically and mentally healthy

will help make your body and mind healthy and energetic.

Health is Wealth


Most of the diseases are due to body mind imbalance which is called '**Psychosomatic Diseases**' like cancer, blood pressure, ulcer, Diabetes and Asthma.

In this busy world, nuclear families have no time to share their feelings and as a result, they are forced to suppress their own emotions and problems which in turn, cause changes in the energy level, leading to many diseases.

In the past, Yoga was practised in some families and certain religious sects. Now, it is considered as a health promoting technique. Hence, everyone should practice Yoga.

Yoga therapy can help solve many problems / diseases of your body. Chronic diseases including body pain, psoriasis, migraine, stress, insomnia, blood pressure etc., can be addressed through Yoga therapy.

In my last thirty years of experience in practice, I have understood that when we combine Ayurveda treatment with the Yoga technique, patients easily get relief from different diseases.

When we combine Ayurveda treatment with Yoga practice, it can help rid of a number of ailments including chronic ones, besides, making us lead a healthy and happy life. 



“A Cut of Kindness: Hair Donation Camp”

DentCare in association with Indian Red Cross Society, Muvattupuzha and Y's Menettes Club of Muvattupuzha Towers conducted a hair donation camp for Cancer patients in which over 300 employees from DentCare donated their hair.



Helping Children

Overcome Fear of the Dentist



Dr. Ammar Rushdi Abdelfatah
Consultant Pediatric Dentist
Kingdom of Saudi Arabia

be aware of different techniques and methods that help overcome the child's fear of dentists.

A mother can choose one of the cartoon characters that her child likes, which has a semblance to a dental clinic. After that she can give him coloring pens and tell him stories about the importance of dental visits to prevent tooth decay while they are coloring the drawings.

Moreover, she can tell her kid about the materials that the dentist uses and how it is like the ones in the drawings, which does not hurt at all.

Also, one of the effective ways that mothers can use is rewarding her kid with presents that look like the dentist's materials.


A mother can play with her kid by pretending to be a dentist / a patient.

Never miss to mention that the Dentist uses the same materials without causing any pain and tell the dentist that her kid has the same materials which are with him.

Mothers can also buy a gift and ask the dentist to give it to their kids as a reward if they behave well while they are in the dentist's chair.

With the use of these tips, mothers can easily get rid of the kids' fear of dentists and encourage them to visit the dental clinic without any hesitation.

The earlier a child visits the dentist, the more the benefits it can fetch. This not only helps ward off further dental problems, but also enables your little ones to develop a good rapport with their Pediatric dentist. Besides, it will kill children's fear of the dental clinic before it becomes too late.

Furthermore, mothers should never forget to tell the little ones that they used to visit the dentist regularly when they were kids. 

Parents can use different techniques to boost their children's self-esteem and build their confidence from a very young age. The more diverse your methods are the better results they will bring.

One of the modern scientific methods used is to help your children participate in activities or things which frighten them more and encourage them as soon as they have completed them.

Activities like drawing pictures similar to dental clinics / materials and coloring them, telling different stories about the drawings in an interesting way etc. will go a long way in overcoming the child's fear of visiting the dentist.

The essential role is for mothers who are the source of safety and assurance for their kids. They need to



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Orthodontist



Cash Flow Management in Dental Practice

PART II





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Cash flow is the lifeblood of any business. It is the money that comes into and goes out of a business or practice. It is the generation of income and payment of expenses.

Do you know Profits and Cash flow are not the same?

1. Whenever a transaction happens, it is immediately recorded as profit in the profit and loss statement or income statement, even before the money is actually collected from the customer.
2. Whereas, after a transaction when cash comes into our hands from the customer, it is recorded in cash flow statement. I shall elucidate in detail with examples.

Case 1

Negative Cash Flow

1. Suppose, you are running a dental lab where 100 doctors give regular orders every month. When the lab takes the order, processes it (say, makes crown) in the lab and delivers it to the doctor with an invoice, in the financial statement (of the lab), it is recorded as a sale and shown as income in the profit and loss statement of the lab.

But did the lab collect the money from the doctors? No. It has given the doctors a credit period of 30 days to pay their fees. Even though the lab got the customer, processed the order and billed the customer, it has

not yet received the bill amount from the dental clinic.

2. In reality, the cash flow statement of the lab will not show any increase in cash because all the doctors will pay the amount only after a credit period of 30 days (credit period is normally given for helping the customers but it is the riskiest thing in any business).
3. Now, the suppliers for the dental lab, who provide raw materials on credit, will ask the dental lab for money because it has already bought and stocked the materials for processing the doctors' orders.
4. The owner of the lab has to arrange money to pay the suppliers within the due date. Also, the owner has to pay staff salaries, Electricity bills (of the lab), petrol expenses for the delivery boys and other expenses or overheads.
5. The Dental lab will be in a state of Negative cash flow cycle for 30 days till the Doctors clear their dues and the lab earns profits only after 30 days.
6. In the income statement of

To safeguard your practice from cash flow issues, maintain an account balance equivalent to a minimum of two months of operating expenses. This provision will help you save from unexpected stalls to cash flow

the dental lab, it is shown that it has earned the money. But, the amount is still pending from the doctors. If the doctors do not pay the money even after the credit period, the lab owner has to run the lab with money from sources.

Case 2

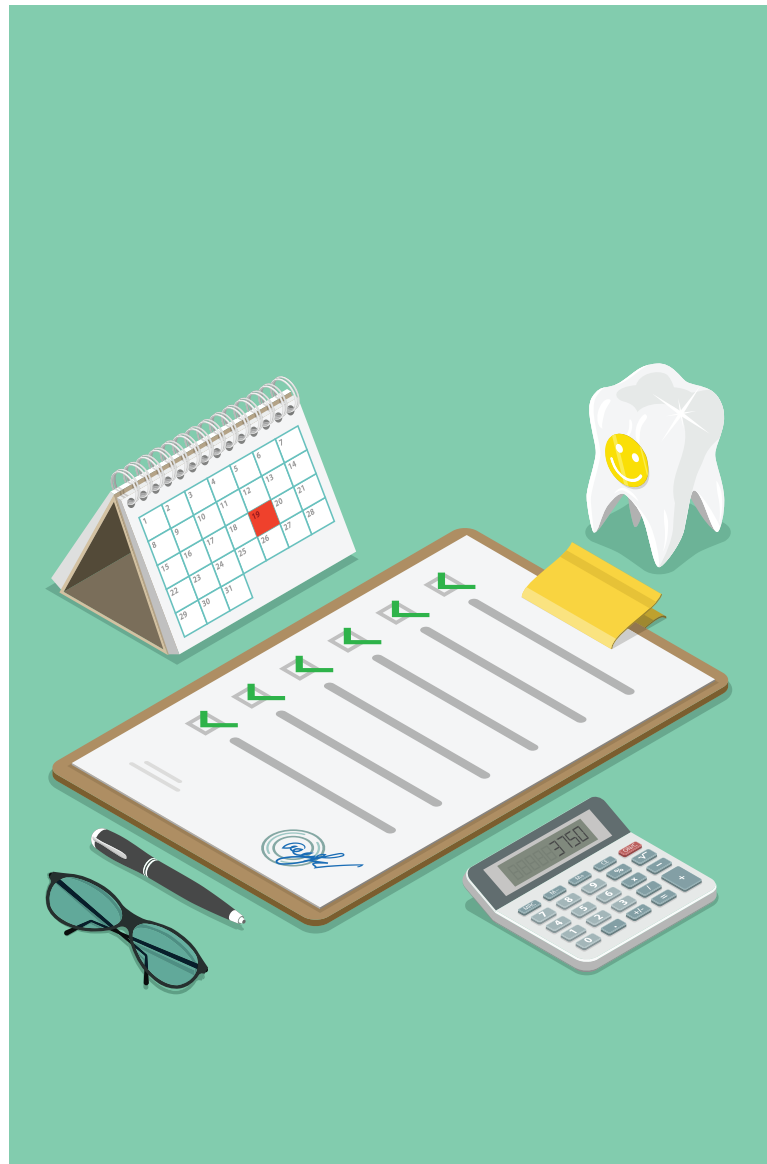
Positive Cash Flow

Let us take the example of a Dental clinic. Suppose all patients in your Dental clinic pay money for their treatments immediately and that you are paying money to the suppliers and lab at the end of your credit period. Now, you have 'excess cash flow' or 'positive cash flow'.

Suppose, you take a decision to buy some new gadgets for your clinic seeing the surplus cash available with you and without realizing your future outstanding dental lab bills, your existing credit card bills etc. Also, some emergency happens in the family after you bought the equipment, an unexpected expense happens through a dear friend, a relative ask for some financial help or suddenly your car breaks down and all the money is spent. Alas!! Your tension mounts.

At the end of the credit period, the lab owner, material vendor and other people will start calling you for payment. Also, your dear staff will ask for their salary, but all your money has been exhausted, either due to the purchase of gadgets or your friend who had asked for help.

This is the problem being faced by most of us. We have minimal negative cash flow as almost all patients pay us immediately except a few orthodontic cases. But, most of our problems are due to positive cash flow effects and poor awareness of effective utilization of cash.



So, the preparation of a 'cash flow projection statement', which shows your financial future for the next one year, is very much mandatory before taking any financial decisions. A cash flow projection statement, where all the receivables and future expenses are listed, will help you take better decisions.

1. Not Keeping a Cushion of Cash in Hand

Hiccups in cash flow are a business reality. This may not be a big problem if you have a cushion of savings on hand. But, if your clinic runs in a 'zero balance account', low sales during festive seasons, cyclone and other natural disasters could mean instant

setback for your clinics.

To safeguard your practice from cash flow issues, maintain an account balance equivalent to a minimum of two months of operating expenses. This provision will help you save from unexpected stalls to cash flow.

2. Not taking Your Own Salary

The biggest blunder almost 90% of our dental friends and entrepreneurs do is that they do not take any salary from their net profits. Instead, they take all the net profit as their own money without setting apart any amount for the future growth of the clinic. They are squandering money



to buy expensive cars, go on expensive holidays and buy expensive gadgets without even understanding the financial basics that they are wasting their capital money which ought to have been invested on developmental purposes.

Therefore, frugality and simplicity in life is a key factor for entrepreneurial growth. Many start showing off the success of their practice by acquiring unnecessary symbols of wealth. You should never do so. Live on your salary and never take more than that. You should invest all the excess income created for the future growth of your business.

3. Spending too much on Inventory

Inventory means all materials ranging from implants, hand pieces, chairs, X-rays, microscopes for endodontics, etc. The most common mistake done by many entrepreneurs / Dentists is that they invest in everything, such as buying big Implant kits, lasers, etc. when there is

little scope for enough patients coming for treatment and paying the expected sum to meet the expenses towards the purchase of gadgets.

Conclusion

↳ Never Run Out of Cash

Running out of cash is the definition of failure in business.

↳ Cash is the Key Factor in Business

It is important to recognize that cash is what keeps your business alive like oxygen in the blood that keeps your body alive. Manage it with the care and due attention.

↳ Know your Cash Balance right now

It is absolutely critical that you know exactly what your cash balance is right now. Even the most intelligent and experienced person will fail if he or she makes decisions in business using inaccurate or incomplete cash balance statements.

↳ Know What is your expectation about your Cash

Balance after Six Months

This one question will transform the way you manage your business. This question will help you know whether you are managing your business or your business is managing you.


↳ Cash flow Problems do not just happen

Usually, cash flow problems in business do not happen all of a sudden. If you take all decisions in business as per your cash inflow and outflow statements, the problems will never happen in your practice.

↳ You should invariably have Cash Flow Projections

Pay the bills on or before the due date. Do not feel overconfident that you are smart in financial matters by delaying payment until after the due date. Develop a reputation with your vendors for paying them on time.

Take adequate measures to eliminate your cash flow worries so that you are free to pay attention to your practice. 📌



The changes in lifestyle, especially in dietary patterns, are so drastic that people show little inclination towards conventional eating habits. The increased rate of urbanization has also played an important role in making our surroundings more polluted / contaminated.

When the effect of unhealthy living patterns surpasses the immune defenses of the body, some manifestations like sneezing may precipitate.

There is a sharp increase in the number of patients who visit general practitioners and allergy clinics with the complaint of sneezing.

Allergic Rhinitis

It is an Immunoglobulin E (IgE) - mediated immunologic response of nasal mucosa to allergens.

It is an inflammation of the nasal mucosa, characterized by sneezing, watery nasal discharge and nasal obstruction as well as itching. Associated symptoms are itching in the eyes, palate and pharynx.

Also, some people may get bronchospasm.

Allergic Rhinitis is divided into

two categories, which are:

1. Seasonal
2. Perennial

Etiology of Rhinitis

Inhalant allergens like pollen grains from trees and grasses, mold spores, house dust, insect debris, house mite etc. are the triggering factors.

Exposure to extreme cold air or long – term inhalation of harmful particles can also as allergens. Use of cosmetics like perfumes, powders, soaps etc. may also trigger allergy.

Food allergies are so common. However, people who like

eating cold foods and drinks, milk and milk products and tin foods are more prone to allergies. The use of egg, bread, biscuits, cake, cashew nut, drumstick and fish like mackerel, tuna, prawn and crab may also cause sneezing.

Inhalation of the substances that irritate the nasal mucosa triggers sneezing. Smell of chemicals or frying of food substances like chilly is also an inciting factor for sneezing.

Excessive exposure to sunlight, sudden change in temperature, altitude and humidity are also the causative factors.

Sneezing

Signs and Symptoms

Nasal Signs

Nasal signs are pale and edematous mucosal lining membrane, swollen turbinates and thin watery and mucus discharge.

Ocular Signs

They are edema of lids, congestion, allergic shivers.

Otologic Sign

Otologic sign is a retracted tympanic membrane.

Pharyngeal Sign

Pharyngitis or inflammation of the pharynx.

Laryngeal Signs

They are hoarseness of voice and edema of the vocal cord.

Frequent colds, persistent stuffy nose, loss of sense of smell, postnasal drip, chronic cough and hearing impairment are also seen in patients with perennial rhinitis, but it is not so severe.

Complications

- ↳ Recurrent sinusitis.
- ↳ Nasal polyp.
- ↳ Serous otitis media.
- ↳ Orthodontic problems.
- ↳ Bronchial asthma.

Vasomotor Rhinitis

It is an allergic rhinitis which usually persists throughout the year, but the tests for the disease are always negative.

Certain emotions also play a vital role in triggering Vasomotor Rhinitis.



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Allopathic Treatment

Allopathic treatment for rhinitis has a threefold concept of management:

1. Avoidance of precipitating factors.
2. Medical treatment.
3. Immunotherapy.

The first method helps give tremendous outcomes in preventing the recurrence of rhinitis. Even though medical treatment gives some relief, its disadvantaging factor is the unwanted side effects. Patients are compelled to gradually increase the dose of medicine which adversely affects the condition of patients.

The second one, though gives immediate relief, has adverse impacts due to the use of strong medicines which gradually deteriorate the quality of life of patients and as a result, they are gradually forced to live with lifelong medication.

The immunotherapy, though useful in some cases, is not a dependable method in all cases.


Apart from these, some surgical measures are also depended upon, but with minimum outcomes.

All these factors together make it necessary to explore newer horizons for safer and more effective management in other Systems, especially in Ayurveda.

Ayurveda has very effective treatment options for sneezing and correcting structural issues like turbinate hypertrophy, nasal polyp and deviation of nasal septum and chronic sinusitis of patients of all age groups.

Enhancement of immunity is also easy and safe in Ayurveda system of medicine.

Nasya or administration of drugs / medicated oil by the route of nasal cavity is of immense therapeutic value for the management of all types of sneezing.

Nasya plays an important role in preventing and curing the disorders of the head, neck, brain, eyes, ears, nose and throat. 



INTERVENTION FOR

ORAL SUBMUCOUS FIBROSIS



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Submucosal fibrosis is an insidious, chronic disease affecting any part of the oral cavity and sometimes even the pharynx. Occasionally, it is preceded by and / or associated with vesicle formation and is always associated with a juxta-epithelial inflammatory reaction followed by progressive hyalinization of the lamina propria.

The later subepithelial and submucosal myofibrosis leads to stiffness of the oral mucosa and deeper tissues with progressive limitation in opening of the mouth and protrusion of the tongue, leading to difficulty in eating, swallowing and phonation. Epithelial atrophy is seen in the advanced stages of the disease.

The World Health Organization (WHO) defines oral precancerous condition as “a generalized pathological state of the oral mucosa associated with a significantly increased risk of cancer”, accords well with the characteristics of Oral Submucous Fibrosis (OSMF).

Prevalence

Numerous studies reveal that the high prevalence of this disease is due to certain adverse geographical conditions.

A community-based epidemiological survey in three areas of India, including northern and southern parts, revealed the prevalence of OSMF in the following way; 0.36% in Ernakulam, Kerala, 0.04% in Srikakulam district of Andhra Pradesh (both in the south) and 0.16% in Bhavnagar, Gujarat, in the north.

Symptoms

Onset of the disease is insidious for a period from 2 to 5 years. The prodromal symptoms are a burning sensation in the mouth when consuming spicy foods, appearance of blisters, especially in the palate, ulcerations or recurrent generalized inflammation of the oral mucosa, excessive salivation, defective gustatory sensation and dryness of the mouth.

There are periods of exacerbation manifested with the appearance of small vesicles in the cheek and palate. The intervals between such exacerbations may vary from three months to one year.

Focal vascular dilatations manifest clinically as petechiae in the early stages of the disease. This may be a part of vascular response due to hypersensitivity of the mucosa

towards some external irritant like chilli or areca nut.

Petechiae were observed in about 22% of OSMF cases, mostly on the tongue, followed by the labial and buccal mucosa with no signs of blood dyscrasias or systemic disorders.

Histologically, they reveal a slightly atrophic epithelium with numerous dilated and blood-filled capillaries juxta-epithelially. As the disease progresses, the oral mucosa becomes blanched and slightly opaque and white fibrous bands appear. The buccal mucosa and lips may be affected at an early stage.

Oral mucosa is involved symmetrically and the fibrous bands in the buccal mucosa run in a vertical direction. The density of the fibrous deposit varies from a slight white area on the soft palate with no symptoms to a dense fibrosis causing fixation and shortening or even deviation of the uvula and soft palate.

The fibrous tissue in the faucial pillars varies from a slight submucosal accumulation in the both pillars to a dense fibrosis extending deep into the pillars with strangulation of the tonsils.

Equally important is the involvement of the pterygomandibular raphe, a site commonly reported to accentuate the extent of trismus. Another factor is the duration of the disease in the affected individuals, which depends on the subjective evaluation of signs and symptoms.

The protracted and insidious onset of the disease and its very slow progression make the objective diagnostic criterion difficult, especially in the earlier stages.

A factor which seems to be overlooked by many investigators while recording the extent of mouth opening is the acuteness of oral symptoms (persistent / recurrent stomatitis and glossitis).

Most investigators agree that patients with OSMF experience a protracted period of stomatitis and / or glossitis with remissions and exacerbations which must be taken into consideration, together with the age of the patient and the extent and site of fibrosis, when recording the extent of trismus.

Sometimes, fibrosis spreads to the pharynx and down to the pyriform fossae. Upon palpation, a circular band can be felt around the entire rima oris, and these changes can be observed in the lower lip.

With progressing fibrosis, patients may complain of having stiffness in certain areas of the mucosa, leading to difficulty in opening the mouth, inability to whistle, blow out a candle or swallowing foods. When the fibrosis involves the pharynx, the patient may experience pain in the ear.



The protracted and insidious onset of the disease and its very slow progression make the objective diagnostic criterion difficult, especially in the earlier stages

Precancerous Nature

The precancerous nature of OSMF was first postulated by Paymaster, who described the development of a slow-growing squamous cell carcinoma in one third of OSMF cases. The precancerous potential of the disease was also emphasized by other authors, based on clinical and epidemiological grounds.

The frequency of malignant change in patients with OSMF ranges from 3% to 6%. Utilizing this material and additional

ones from the same area, with a 15-year follow-up, Pindborg et al demonstrated malignant transformation at the rate of 4.5%.

The finding of a high frequency of OSMF among oral cancer patients in India (e.g., 40 among 100 oral cancer patients) has strengthened the postulated link between the two.

Important Findings

An international consensus has been reached, where it is stated that one of the following characteristics will be present in patients:

- Palpable fibrous bands.
- Mucosal texture feels tough and leathery.
- Blanching of mucosa together with histopathological features consistent with oral submucosal fibrosis (atrophic epithelium with loss of rete ridges and juxta-epithelial hyalinization of lamina propria).

Management

Products derived from areca nuts are carcinogenic, regardless of concomitant use of tobacco products. Thus, treatment of oral submucosal fibrosis should be focused on the cessation of detrimental habits like chewing.

If lesions are detected early, there is a good chance for a complete cure. A plethora of treatment strategies are there for addressing the condition like topical and systemic steroids, supplement of vitamins and nutrients, repeated dilatation with physical devices and surgery.

None of these treatment modalities has reached general acceptance and their long-term results are dubious. Malignant transformation of oral submucosal fibrosis has been estimated at the range of 7% - 13% and the incidence over a 10-year period approximately at 8%.

Proposed Treatment regimens for OSMF

Nutritional support

Supplementary diets recommended for OSMF patients are foods rich in high protein, calories, vitamins and minerals.

Immunomodulatory Drugs

Local and systemic application of glucocorticoids and placental extract are commonly used as an immunomodulatory drug.

Physiotherapy

Physiotherapeutic measures, such as forceful mouth opening and heat therapy have been recommended. The former has been almost discarded due to poor results and that it may accentuate fibrosis.

Heat therapy has been commonly used and the results have been described as satisfactory. It can be in the form of hot rinses, lukewarm water, or selective deep heating therapies like shortwave and microwave diathermy. The latter avoids the inadvertent heating of the superficial facial tissues like the skin and adipose tissue.

Drugs

Local injections of dexamethasone, hyaluronidase and placental extract have been found good. In vitro collagen from patients with OSMF, in contrast to normal collagen, is attacked rapidly by hyaluronidase. By breaking down hyaluronic acid, hyaluronidase lowers the viscosity of the intercellular cement substances and also decreases collagen formation.

Steroids and hyaluronidase are responsible for obtaining satisfactory results in patients with OSMF, who have severe limitation in mouth-opening.

If lesions are detected early, there is a good chance for a complete cure. A plethora of treatment strategies are there for addressing the condition like topical and systemic steroids, supplement of vitamins and nutrients, repeated dilatation with physical devices and surgery


Placental extracts (aqueous solution of human placenta) in the form of local injections and parenteral form have been tried with varied results. They can be separated into four different fractions: aqueous extract, lipoid extract, immune gamma globulins and tissue coagulants.

Only the aqueous extract of placenta acts as a biogenous stimulator by accelerating cellular metabolism (through the pituitary-adrenal-cortical axis), assisting in the absorption of exudate, stimulating the regenerative process and increasing the physiological actions of organs.

The other actions of placental extract are an anti-inflammatory and significant analgesic effect, increase in blood circulation and tissue vascularity, as well as arrest of tissue growth stagnation, metabolic degenerative conditions and lowered immunity response factors.

Surgical Management

Teeth extraction should be dealt with prior to any treatment for the management of patients with OSMF. This may help alleviate undue effects on the already inflamed and atrophied mucosa. Surgical measures, such as forcing the mouth open and cutting the fibrotic bands under anesthesia may create fibrosis and disability.

Submucosal resection of fibrotic bands and replacement with a partial-thickness skin or mucosal graft are found very effective. Surgical excision of the fibrotic bands with submucosal placement of fresh human placental grafts, followed by local injections of dexamethasone is recommended for cases with advanced OSMF. 

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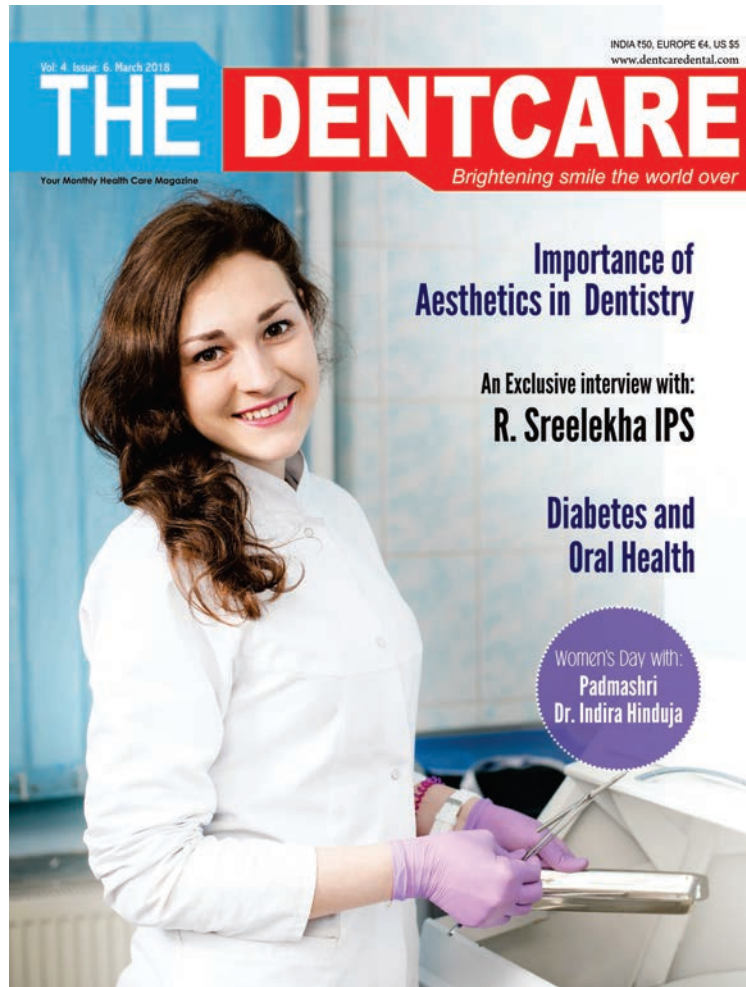
Great Reasons to Subscribe!

DentCare Magazine is a novel platform for sharing knowledge and information related to the medical world. Its focus is on dentistry, as dental health is an area of concern the world over, nowadays. This magazine carries articles on latest research findings and innovations in the field so that both professionals and the public at large will stay well-informed.

In comparison to others in the same field, DentCare is keen to sensitize its readers from a comprehensive perspective. It has already brought in a new idiom in professional publication which fights for a genuine and ethical style of practice in the medical sphere.

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

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



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Fulfil the Mission of Your Life

Tooth ache is not a problem but a symptom of an underlying problem. 'So too' are the violence and crimes that we see around us 'day in and day out'. They indicate a symptom and warn us of something that is deteriorating in human society; it is nothing but true values and ethics.

God said,

“And now we will make human beings; they will be like Us and resemble Us... So God created human beings, making them to be like Himself.” (Genesis. 1: 26-27).

Human beings are 'free' to take their own decisions. They chose 'sin' and thus, fell from the grace of God and got estranged from Him.

The two greatest commandments that Jesus Christ taught us are:

'Love the Lord your God with all your heart, with all your soul and with all your mind' and 'Love your neighbor as you love yourself'.

Therefore, let us to consider everyone in this world as our neighbors, especially those who are in need of our help.

You cannot see the Almighty God with your naked eyes. But, when you look at those who are on your right and left, in front and behind in the same way as you look at God, you can see the ever-living God in them.

Since God dwells in all human beings, we should love them, respect them and serve the God who lives in them. If you do so, your life will be rich and meaningful, like the one awaiting for you after death.

God has gifted each one of us with a mission. But, we have also got the freedom whether to fulfill the mission endowed with us with or not. When we respond to His mission and live a life accordingly in our families, communities, nation and world, we are

propitiating the God on one hand and making our families, communities, nation and world a wonderful abode on the other.


Let us introspect ourselves to detect the fundamental cause of the evils in our lives and make the necessary corrective measures to restore the image of God in ourselves.

Just as your incessant prayers sustained me during those hard days of captivity and kept me safe and sane, God will keep you safe and happy as well. Let us pray and work towards forgiving those who hurt and trouble us and strive for peace in the world and in our own lives.

We are all brothers and sisters and should stretch our helping hands and mind to those who are near us and those far, especially those who are in distress.

Let us try to eradicate the root cause of the evils that we see and hear around us. Let us lead a happy life after setting apart all our narrow-mindedness and bigotry and strive for religious harmony and social amity in the world.

Let us take steps to fulfill the Mission that God has bestowed in us.

With gratitude and prayers,
Rev. Fr. Tom Uzhunnalil 





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1



2



3



4

PLEASE CHECK My Teeth, Doctor??



Dr. P. Santhosh Kumar is a general dental practitioner for the past 32 years at Kanhangad, Kerala, India. Apart from that, he is a nature lover, bird-watcher and wildlife photographer who has travelled extensively through the jungles of India, Sri Lanka and Tanzania.

Wildlife photography is different from other fields of photography, as it is one of the most challenging forms of photography, involving the documentation of various forms of wildlife in their natural habitat. Furthermore, wildlife photographers require sound technical skills and good field craft skills since a particular scene may not be repeated or visualized and the environmental conditions are not under their control.

Wildlife photographers need extreme patience and a little bit of luck to capture the scene forever.

As a dental surgeon, I am always fond of taking pictures of animals with their mouth open. Here are some interesting ones:

- 1) Yawning cheetah - taken from Serengeti National Park, Tanzania.
- 2) Lioness - captured from Ngorongoro Crater, Tanzania. "See her missing lower left canine!"
- 3) Crocodile - taken from Kabini river, Karnataka, India.
- 4) Dhole (a ferocious wild dog) - captured from Kabini river, Karnataka, India.

Photography Gear used: Camera Body, Canon 450 D, 70 D, lens 100 - 400 mm. 



CYBERKNIFE:

A Revolutionary Radiosurgery System

Radiation therapy uses focused beams of intense energy to destroy cancer cells and reduce or control the growth of tumors.

Radiation therapy works by preventing targeted cells from multiplying. The CyberKnife-one of the most advanced forms of Radiosurgery-is a painless, non-invasive treatment procedure that delivers high doses of precisely targeted radiation to destroy

tumors or lesions within the body.

The CyberKnife results in potentially fewer complications than invasive surgery and often allows patients to have a better quality of life during and after treatment.

The CyberKnife Radiosurgery

The CyberKnife Radiosurgery is a treatment option for intervening the tumors / abnormalities in the

brain, neck and spine. It can also be used to treat the tumors in other parts of the body like lungs, pancreas, liver, prostate, kidney, etc.

The CyberKnife system's continual image guidance software allows us to deliver targeted doses of radiation, while automatically correcting for tumor movement. Since radiation beams adjust in real-time to the patient's breathing cycle, the



Ms. Fethin George
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Malankara Orthodox Syrian Church College of Nursing
Kolencherry, Kerala, India

system is designed to cause less damage to surrounding healthy tissue.

Prior to the procedure, a high-resolution computed tomography (CT) scan determines the size, shape and location of the tumor. The image data is then digitally transferred to the CyberKnife System's workstation, where we plan treatment to match the desired radiation dose to the tumor location.

Once treatment planning is complete, the patient is positioned on a cushioned table and the system's computer-controlled robot slowly moves around the table, targeting radiation to the tumor from various angles, which

helps spare surrounding healthy tissue.


The system's software allows us to track the tumor and continually adjust the radiation treatment to account for patient or tumor movement.

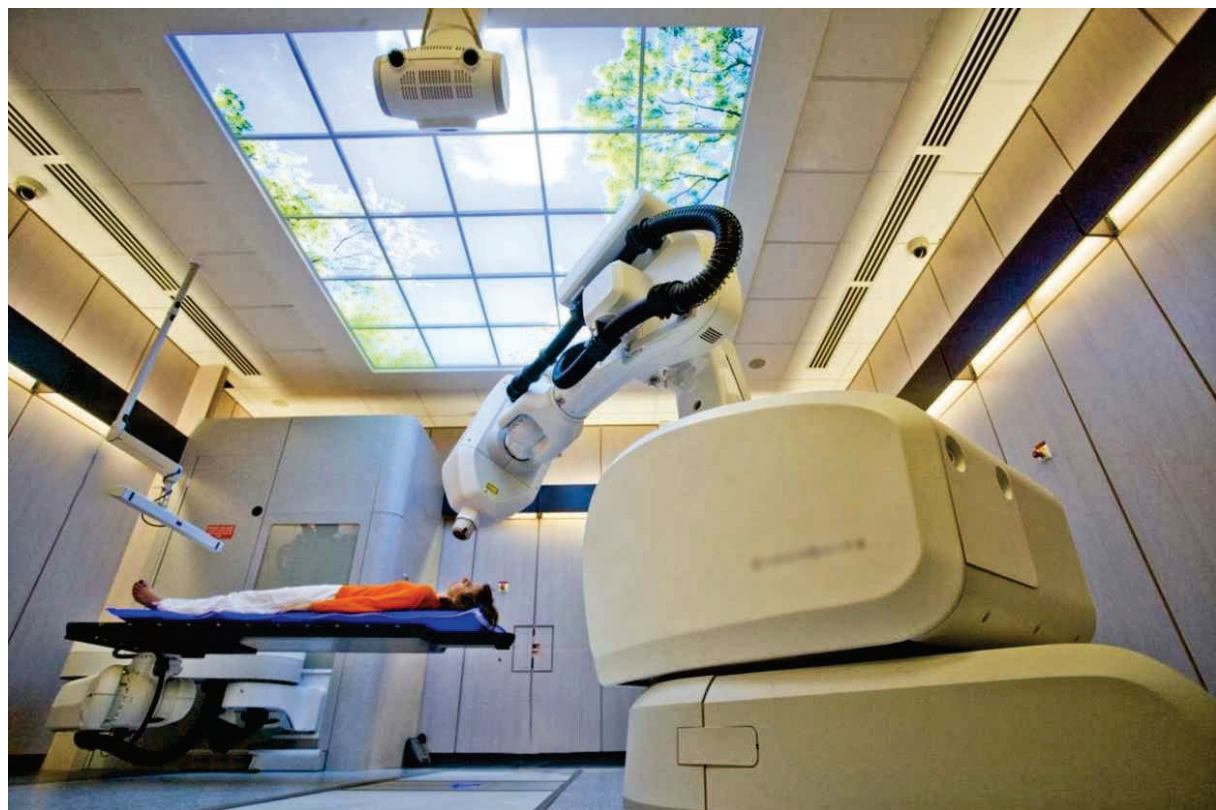
The system was invented by John R. Adler, Professor of Neurosurgery and Radiation Oncology, Stanford University School of Medicine, California, United States of America.

Duration

- The treatment time varies from 30 to 90 minutes.
- A patient may require one to five treatment sessions. It is generally done as an outpatient procedure.

Conclusion

In CyberKnife technology, robotic precision provides expected benefits, exceptionally very short treatment times, sub-millimeter accuracy and improved patient outcomes. It also enables treatment of multiple site tumors. The unmatched accuracy and tissue-sparing abilities of the CyberKnife System enable treatment of a wide range of cancers aggressively and with confidence. 



Gynecomastia



Dr. S. Unnikrishnan
Consultant Plastic Surgeon
Thiruvananthapuram, Kerala, India

Gynecomastia, also known as male breast enlargement, is a common condition affecting men of all age groups. Since it makes a man look feminine, Gynecomastia can cause embarrassment to those with this condition.

As a result of this condition, patients may lose self-esteem and may express signs of social withdrawal. Some of them may adopt a hunched posture to conceal their deformities.

The treatment of Gynecomastia helps the affected individuals feel better about their body and get over social inhibitions.

Causes of Gynecomastia

Gynecomastia can be attributed to diseases of the liver, aging, or certain tumors which secrete hormones. It can also be due to the ingestion of certain drugs like steroids. But, in the majority of cases, the causes behind this condition are unidentifiable.

Composition of Gynecomastia

Gynecomastia is composed of excess glandular tissues which are found deeper to the dark skin (areola) surrounding the nipple. There can be varying amounts of fat associated with the glandular tissue.

In some individuals, the excess fat deposits can be extensive and involve the lateral aspect of the chest. There can be loose, saggy skin in the cases of long-standing Gynecomastia. This is especially seen in individuals following massive weight loss.

Treatment of Gynecomastia

Gynecomastia is usually a benign condition. The treatment aims at improving the appearance of the chest. It is not possible to get rid of the excess gland by means of exercise.

Surgery alone gives the definitive cure. Surgery for Gynecomastia or Male Breast reduction is most often performed as an outpatient procedure by a qualified plastic surgeon.

Treatment Modalities

A plastic surgeon usually adopts three treatment modalities. They are:

1. Liposuction

Liposuction is a keyhole cosmetic surgical procedure. During the procedure, fat is aspirated with the help of small cannulas. A cannula is a small tube connected to a device which produces suction. It is inserted through small incisions which are usually smaller than 4 millimeters (mm).

2. Direct Gland Removal

The gland is firmer when compared to the fat. It is difficult to



remove the gland with liposuction cannula. The gland is directly removed with a small incision placed in the pigmented skin (areola) close to the nipple. After surgery, the wound is approximated with sutures.

3. Skin removal

This is a less commonly performed procedure. It is reserved for individuals with loose saggy skin. In such cases, the skin removal helps make significant improvement in the contour of the chest.

These three techniques are used in isolation or combination. The exact treatment plan depends on the clinical presentation of the Gynecomastia.

Anesthesia and Recovery

Surgery for Gynecomastia is carried out under local anesthesia or general anesthesia. During local

anesthesia, the area to be treated is numbed with a dilute anesthetic solution. Surgery for mild Gynecomastia is performed under local anesthesia. General anesthesia is recommended in severe cases and for those who suffer from 'surgery anxiety'.

After surgery, patients can go home on the same day and in severe case, after an overnight stay. Patients are advised to wear pressure garments which give a high degree of comfort and help reduce swelling at the operated site.

Most patients experience very little pain and discomfort after surgery. The sutures are removed after a week and after that the patients can resume their work.

Complications

Gynecomastia correction is a safe surgical procedure. Though complications are uncommon with breast reduction surgery, they may occur in certain cases.

Some of the complications of Gynecomastia surgery are:

1. Collections

It is due to the disruption of small blood vessels at the operated site. The incidence of collections can be reduced with the help of drains and pressure garments. Drains are small tubes which help evacuate the operated site. Drains are usually removed the day after surgery. Collections may delay recovery, but they will not affect final outcomes.

2. Infections

Infections are uncommon because Gynecomastia correction is a clean and simple procedure.


3. Residual Gynecomastia

Residual Gynecomastia occurs rarely and may require further procedures.

4. Prominent scars

The scars usually fade over time and will be almost invisible after a few months. But, in individuals with a history of prominent scars, they may remain visible for life.

Outcomes

Gynecomastia corrections help bring a high level of satisfaction to patients. Following surgery, there will be a reduction in the social inhibition associated with the deformity and an improvement in the self-confidence of patients. 

DENTCARE:

Product Overview



DentCare Dental Lab has embedded itself with an objective to bring together the world's preeminent branded materials of proven quality and high end technologies. Most recognized brands like Ivoclar Vivadent, Shofu, EOS, 3Shape, 3M ESPE from Germany, Switzerland, US, Europe are selected for manufacturing its extensive range of dental prostheses. Over the past 30 years we have dedicated ourselves in contributing to healthy, confident smiles for over 30 million patients and to the delight of more

than Thirty thousand dentists around the globe.

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

A Glance at DentCare's Array of Products

DentCare Zirconia

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

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.

DentCare Nova

DentCare Nova is India's leading Branded PFM (Porcelain Fused to Metal). Pure Cobalt-Chromium (Co-Cr) alloy, which is highly bio-compatible and completely free from Nickel, is used for its fabrication. The very

best ceramic material is used for creating tooth-like appearance which makes DentCare Nova truly natural looking for aesthetics and strong for functionality.

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

Benefits

- ▲ High strength and Natural aesthetics
- ▲ Pure Cobalt-Chromium (Co-Cr) alloy, completely free from Nickel and Beryllium

DentCare Clear Aligners

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

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

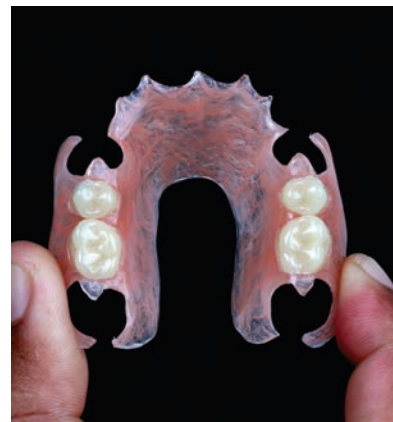
With DentCare Clear Aligners, the final outcome of the treatment may be visualized with the aid of 3D virtual simulation and a treatment plan can be formulated accordingly. The treatment consists of a revolutionary system which integrates the latest software and 3D CAD / CAM technology.



Each DentCare Clear Aligner is unique as it is customized for the patient's teeth. They can be easily changed every two weeks, sparing users the tedious task of heavy maintenance

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.



Benefits

- ▲ Aesthetically superior removable denture with full functionality and comfort
- ▲ Has the perfect degree of flexibility (semi-flexible) and is unbreakable
- ▲ No metal clasps; only tissue-colored clasps that blend with the gums
- ▲ More stain-resistant than other flexible acrylics
- ▲ Monomer-free and manufactured using Injection Moulding system
- ▲ Suitable for combination works (with Cast partials)

Available in three different shades- soft pink, dark pink and intense pink.

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.

Indications

- ▲ To replace several teeth in the same quadrant or in both quadrants of the same arch.
- ▲ Ideal for patients for whom Fixed Prosthesis or dental implants are not indicated.

1) Titanium Cast Partial Denture

Advantages

- ▲ Bio- Compatible
- ▲ Light weight (Comfortable fit)
- ▲ High Strength
- ▲ Longevity

2) Cobalt- Chromium Cast Partial Denture

Advantages

- ▲ Free from Nickel
- ▲ Co- Cr alloy frame work
- ▲ Enhanced Stability
- ▲ Cost effective
- ▲ Perfect in Fit
- ▲ Longevity

Dental Implant Prosthesis

Dental Implants are popular and effective for replacing 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 Prosthesis 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

Dental Implants are popular and effective to replace missing teeth and are designed to blend in with other existing teeth

with those of a removable denture. Patients regain self-esteem, confidence and can enjoy wider variety of food.

The variants available are:

- ▲ Titanium (Milled) with acrylisation - manufactured using CAD / CAM technology
- ▲ Titanium (Cast) with acrylisation
- ▲ Direct Metal Laser Sintered (DMLS) in Cobalt-Chromium with acrylisation - manufactured using CAD / CAM technology
- ▲ Cobalt-Chromium (Cast) with acrylisation
- ▲ Polyether Ether Ketone (PEEK) (Milled) with light cure composite - manufactured using CAD / CAM technology

Implant-supported Overdentures

They are available as Bar Attachment / Ball Attachment Overdentures.

Implant-supported Overdentures are offered in various material options namely

- ▲ Titanium (Milled) - manufactured using CAD / CAM technology
- ▲ Titanium (Cast)
- ▲ Direct Metal Laser Sintered (DMLS) in Cobalt - Chromium - manufactured using CAD / CAM technology
- ▲ Cobalt - Chromium (Cast)
- ▲ PEEK (Milled) with light cure composite - manufactured using CAD / CAM technology

DentCare Luminers

DentCare Luminers are veneers made by DentCare Dental Lab for teeth with no preparation or only minimal preparation. DentCare Luminers can be extremely thin compared to traditional veneers and are bonded to the tooth surface.

Benefits

- ▲ Vibrant and natural looking aesthetics
- ▲ Durable
- ▲ No or minimal tooth preparation is required

CAD/CAM Denture

DentCare is emerging with a new approach for the design and fabrication of complete dentures, the ground breaking CAD/CAM technology, which will please you and your patients in record time.

Combining the work steps in the dental practice and processes in the lab in to a single



workflow which stands for quality and economy. That is the Baltic Denture System. The quintessence of this innovative concept includes: 1) Less Manual Work 2) Predictable results 3) High quality materials and reproducibility 4) Reduced allergenic potential

Other prominent products from DentCare

- ↪ PEEK
- ↪ BPS
- ↪ DMLS
- ↪ Precision Attachment
- ↪ Cercon (Degudent)
- ↪ IPS e.max (Ivoclar Vivadent)
- ↪ Procera (Nobel Biocare)
- ↪ DentCare Mouth Guard Triple
- ↪ DentCare Anti-Snoring Device
- ↪ Acrylic Removable Complete and Partial Dentures
- ↪ Valplast
- ↪ Bio Dentaplast

Conclusion

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

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

Smile confidently, go for DentCare prostheses. 

Continuing Dental Education Program on **Treatment Planning and Designing for Cast Partial Dentures** conducted by Indian Dental Association, Malanadu Branch in association with DentCare.



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LET US MAKE Everyone Smile

All people in this world are worthy of honour and respect. Everyone wants to lead a dignified life. However, many people are living with unrepaired cleft lips and / or palate, due to extreme poverty. No one deserves to live in isolation or humiliation without identity.

What is Cleft Lip / Palate?

Cleft lip and cleft palate are facial and oral malformations that occur very early in pregnancy, while the baby starts developing inside the mother's womb. The condition occurs when there are not enough tissues in the mouth or lip area and also when those that are

already available do not join together properly.

A cleft lip is a physical split or separation of the two sides of the upper lip and appears as a narrow opening or gap. This separation often extends beyond the base of the nose, including the bones of the upper jaw and / or upper gum.

A cleft palate is a split or opening in the roof of the mouth, which can involve the hard palate (the bony front portion of the roof of the mouth) and / or the soft palate (the soft back portion of the roof of the mouth).

Cleft lip and cleft palate can occur on one or both sides of the mouth. Since the lip and palate develop separately, it is possible to have a cleft lip without a cleft palate, a cleft palate without a cleft lip or both together.

How are Cleft Lip and Cleft Palate diagnosed?

Since 'cleft' causes very obvious physical changes, a cleft lip or cleft palate can be easily identified. Prenatal ultrasound scan may help determine if a cleft exists in an unborn child. If the condition is not detected in an ultrasound scan prior to the baby's birth, a physical examination of the mouth, nose and palate will help confirm the presence of cleft lip or cleft palate, after a child is born.

Treatment

There are means to end this needless suffering – a surgery that takes as little as 45 minutes, with the compassion and generosity of people who can help the most marginalized people of the world with life-changing surgical care.

A Cleft surgery is usually carried out by a multidisciplinary team including Paedodontist, Paediatrician, Orthodontist and Oral Surgeon.



Dr. Raed Saeed
Consultant Orthodontist
Kozhikode, Kerala, India

Though most people know about free surgery programs being carried out across the world by different Charitable Organisations, there are still a few who do not know about them.

These 'free of cost' surgeries would mean a lot to the patients and their families, especially those who are economically very backward. These surgeries would entirely transform the world of the patients and help bring confidence and enthusiasm in their life.

There are many 'free of cost' surgery programs being carried out all over the world for Cleft patients, mainly by non-profit organizations, such as **Operation**

Smile, Smile Train etc. Most of them have operations in India, especially in rural areas and function in association with one of the major hospitals in each area. But, the distressing fact is that most of us do not know about them.

Conclusion

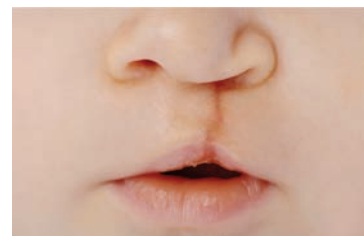
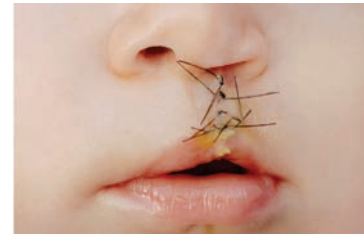
There are over a million children in India with untreated cleft lip / palate who find it difficult to eat, breathe and speak properly.

Cleft repair surgery is simple but the transformation it brings is profound and lasting.

Most of these International non-profit-making organizations provide training, funding and resources to empower local doctors to provide 100% free cleft repair surgery and comprehensive cleft care.

Therefore, we should work together to guide cleft patients to these centres.

Let us dream of and strive for a world where no child suffers from wanting access to 'free of cost' surgery for cleft lip / cleft palate.



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Hot Cross Buns



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

Ingredients

Milk	550 millilitres
Egg	4 numbers
Butter or Margarine	100 grams
Salt	25 grams
Bread flour	1 Kilogram
Sugar	80 grams
Lemon peel (finely shredded)	20 grams
Nutmeg (ground)	10 grams
Yeast	50 grams
Dried currants or dark raisins	20 grams
Dried or candied pineapple (finely chopped)	20 grams
Water	1 tablespoon


Icing

Sift powdered sugar
Vanilla extract
Milk (1 to 3 teaspoons)

Preparation

Add milk, egg yolk, butter, salt, bread flour, sugar, lemon peel, nutmeg, and yeast to 'bread machine pan' as per the instruction manual. Knead them manually or in a machine. When kneading is complete, remove dough from machine to a lightly floured surface. If you want to make dough easy to handle, knead dough in currants, pineapple and adequate amount of flour.

Divide dough into 9 equal pieces; form each one into a smooth ball and place on a large greased baking sheet. Cover; let it rise in a warm, draft-free place until almost double in size, i.e. after 15 to 20 minutes. With a sharp knife, cut a shallow cross in the top of each bun. Lightly beat egg white and water and brush on the top of buns.

Bake at 240 degrees Celsius (240 C) for 15 to 18 minutes. Remove them from sheet and cool on a wire rack. Place icing in pastry bag with small round tips. Pipe a cross of icing on top of each bun or drizzle buns with icing. 





Dr. Rose Ann Varghese
Dental Practitioner
Angamaly, Kerala, India

Yes! I'm a dentist
Dexterous in taking care of your teeth
Aw! "You are just a dentist"
These accost me when I preface
myself as a doctor

Yeah! It's true I'm helpless
With your heart problems
Equally a Cardiologist can't
Cater to your oral issues as well

I do get shattered at times
With your decrying satires
I do writhe now and then
In recurring pain in my back

But, the smile of my patients
Brightens me up all the way
'Thank you' I get at the table
Pushes me ahead with doing more

Oh Lord! I pray to thee
To blend tenderness in my skill
And deepen my love for the sick
Also reward me with my patients'
satiated smile

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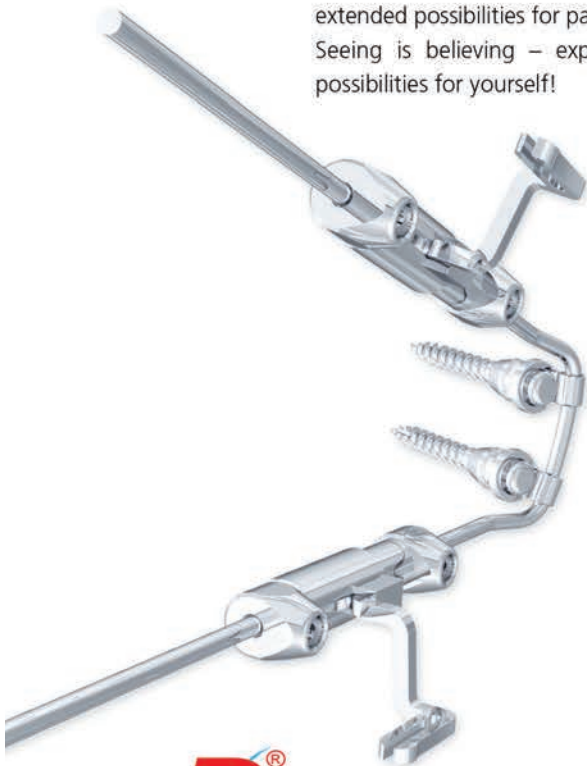


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... for skeletal anchorage!

The tomas[®] system, a leading system in skeletal anchorage for many years, together with the new amda[®] distalization appliance offer extended possibilities for palatal treatment. Seeing is believing – experience the new possibilities for yourself!

- The new tomas[®]-pin EP & amda[®]: optimally coordinated
- THE complete system for nearly all indications
- Quick and easy to fit
- Practical and hygienic for the patient

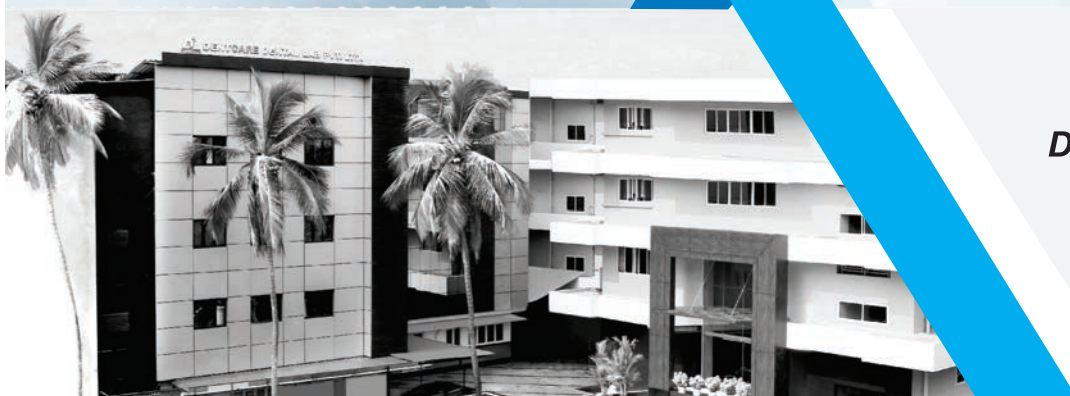


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