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Your Monthly Health Care Magazine

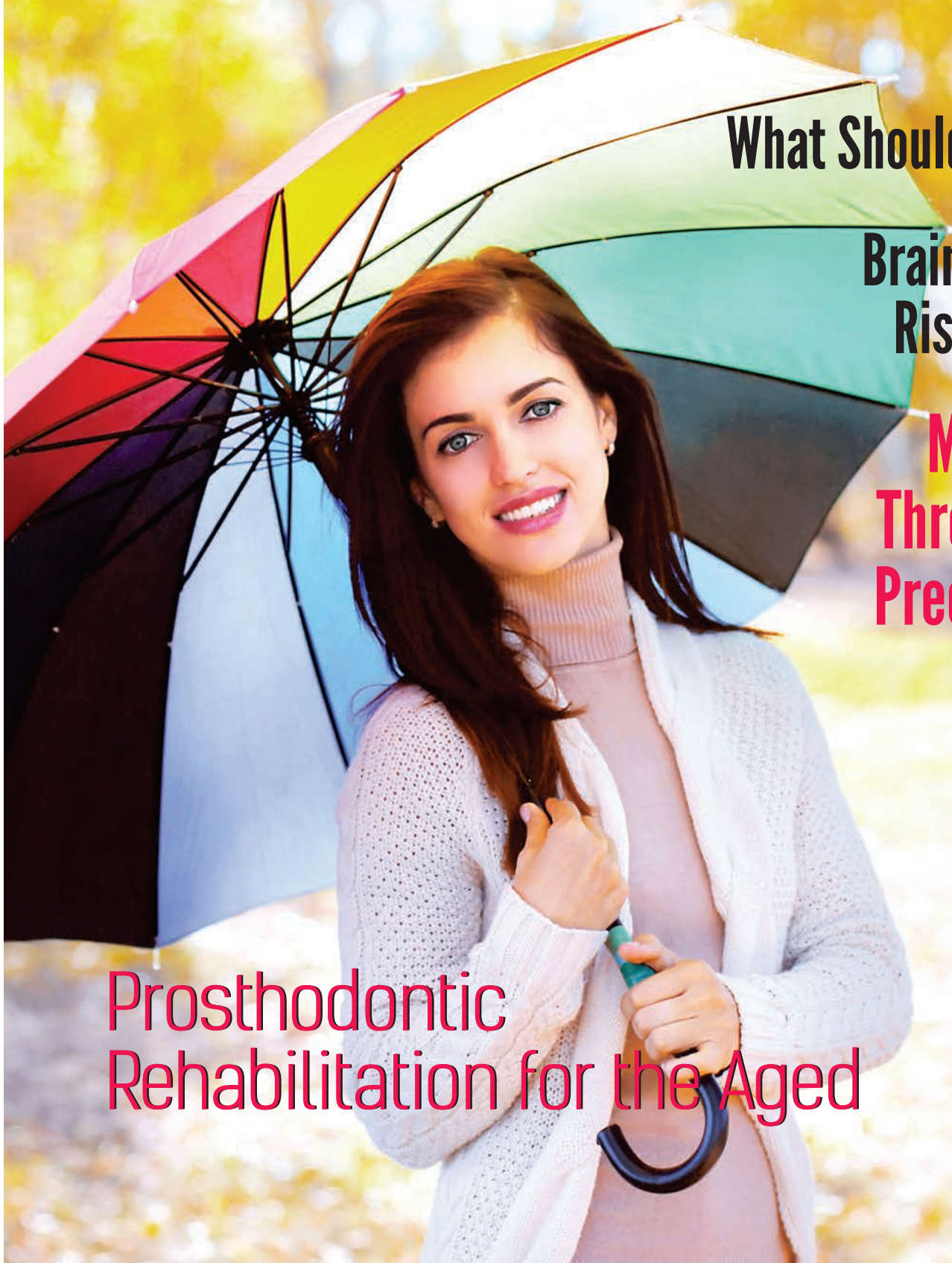
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**Epilepsy:
What Should I Know?**

**Brain Tumors:
Risk Factors**

**Monsoon:
Threats and
Precautions**

**Prosthodontic
Rehabilitation for the Aged**





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Dear Reader,

Every season has a reason. June sings the tune of new beginnings.

Certainly the air is filled with an immense sense of joy, hope and excitement, not withholding a sense of prevailing caution as well.

There is so much to look forward to as a family turns a new leaf— heralding what may be aptly termed as the gift of a new dawn in the lives of our children. The leaves of our pages too promise nothing short of its worth.

From the renewed drive against Tobacco, to the unswerving desire to conserve our environment, to giving a little of our very own through life saving blood, The Dentcare carries many reasons to ensure that this season stays well intentioned.

When it comes to health, there is more to it than meets the eye, especially as more risk factors continue to be identified for Cancer. The after effect of therapy against it does have a lasting influence on many lives, too.

Age is what seems to catching up on all of us. The sign of longevity is welcome, but not without its demands on health, whether it is after menopause or on the need for dental rehabilitation.

We need to be better prepared as we engage more geriatric patients or even attempt to solve the elusive puzzle called the Cleft Lip. For those lips seeking value addition, there is further hope.

Technology has added a unique dimension to Dentistry and has helped it reach out to the many in need. Brothers in arms, indeed!!

The generous rains have added new life to our parched souls. Welcome respite. Take nothing for granted, though – even dental radiography. There is a real threat you need to be aware about.

We share your exuberance @ The Dentcare. This is not without reason. Your loved ones deserve the warmest thoughts as they take guard for a new innings.

Yours truly,

Prof. (Dr.) George P. John

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Monsoon: Threats and Precautions

The rainy season is here. It is the perfect breeding ground for germs and bacteria which in turn lead to water borne diseases that affects a lot of people

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Brothers in Arms!

I write this article to address some concerns and mysteries about aligner practice. Many things have been said and discussed by those ill-informed and sometimes by those with vested interests. Misinformation and heresy are the tools of the weak and the wicked. I hope this article will shed light on the misconceptions and eradicate the ambiguities around aligner practice.



Dr. Tariq Ajaz Ansari
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Aligners and the Orthodontist

Aligners are an adjunct, a treatment modality used to align malaligned teeth, viz. diastema closure, corrections of deep bite, overbite and overjet besides, corrections of minor to moderate crowding of anterior teeth. Just as you would not use a fork to have soup, you cannot use an aligner on every orthodontic case. Aligners do have their limitations. Aligners cannot correct skeletal problems, treat mixed dentition cases or impacted teeth.

The new age Orthodontist has to understand that only a fraction of malocclusions can be treated with aligners, and from this fraction, a smaller percentage of the populace can actually afford the aligner treatment. The remaining patients would only be treated with conventional orthodontics. Rest assured, aligners can never replace an Orthodontist.

Sufficient scientific literature is available online for those genuinely interested in learning about the aligner's capability and those who wish incorporating aligners in their regular orthodontic practice.





Before DentCare Aligner Treatment



After DentCare Aligner Treatment

The DentCare Assurance

DentCare has on its aligner team; a panel of Orthodontists who examine every case that comes in for review: and a team of 30 highly trained and skilled technicians who ensure that the final finished product is of the highest quality and precision.

After all the necessary records are obtained, a preliminary assessment is made to check if the case is ideal for aligners. After which, a treatment plan is devised keeping in consideration, the treatment objective of the patient and the dental practitioner. The treatment plan is discussed among all the orthodontists on the panel, and only after a common consensus is reached, the final treatment plan along with the diagnostic setup is forwarded to the dental practitioner. They have a very strong system of checks and balances to ensure the best treatment outcome.

Need for change

The beauty of the human mind is its limitless capacity to adapt and function according to the ever changing environment. Failure of which would almost certainly push us into extinction.

This brings to mind, the story of Kodak. Those of us fortunate enough to have been born in the pre-digital camera age would remember taking the film roll to the nearest Kodak lab, the long wait in anticipation to actually see how the pictures have turned out.

When the digital camera entered the market, the executives at Kodak (in all their infinite wisdom) considered this to be a passing trend (even though the first digital camera was invented by the one who worked for Kodak) and refused to adapt to the new change in the consumer preference and continued


with their conventional film cameras. They continued to rely on producing films for cameras. Various companies like Canon, Nikon and Sony adapted to this new trend, leaving Kodak scrambling for the market share.

Much like the modern camera consumer, the modern dental patient is better informed and well aware of the various treatment options available. Those practitioners who are able to adapt to the patients' needs and provide various treatment options will be preferred and stand to benefit a great deal.

My experience with DentCare

My experience with DentCare has been like that of an avid International Indian traveller who has seen the world but has missed out on seeing the Taj Mahal right at home. To say that I was mesmerized by the sophisticated and advanced technology utilized by the laboratory, would be an understatement.

The methodical process of sorting out the orders from the moment it is received, to starting the manufacturing process, has been impeccably perfected. The staff is extremely professional and dedicated to their craft. The Lab maintains a high level of organization and cleanliness. There is a constant effort in perfecting existing technologies and a pursuit in advancements as they happen.

The milling machines, the 3D scanners and model printers and every conceivable hardware and software are directly imported from Germany, besides the raw materials. What I was surprised to hear about is that, the team gets trained in Germany and in other parts of Europe for educating themselves on advancements in techniques so that the final product delivered is of absolute perfection. 

MY EXPERIENCE WITH CLEAR ALIGNERS



Dr. Sam Paul
Consultant Orthodontist and
DentCare Clear Aligner Advisor
Kalpetta, Kerala, India

As an Orthodontist, I am especially interested in Orthodontic correction of facial deformities besides full mouth implant therapy, soft tissue lasers and smile designing. I was really complacent with my profession. Since aligners were not marketed well enough, I had only superficial know-how about aligner therapy during my initial stage of practice. Therefore, the imperativeness of aligner therapy was unheeded. But, my perception about this therapy changed drastically due to an incident that took place way back in 2008.

At that time when I was practising in Bombay, a lady of fame came to my office who asked for different options for correcting her malaligned upper front teeth. Without thinking further, I told her about the options in vogue; conventional orthodontic braces, ceramic braces and lingual orthodontics in addition to cosmetic treatment.



To my surprise, she asked me, whether I do aligners. Since, I was not so acquainted with aligner therapy; I casually started talking about aligner, highlighting its drawbacks. I felt that I could inculcate and convince her with my explanations. But, what amazed me is that I saw the same lady after one year wearing aligners.

Speaking honestly, this incident was an eye-opener. We cannot take the patient for granted. Time has gone when the doctor says something and patients believe in the same. If I do not provide the therapy, someone else will do it. Therefore, I made up my mind to learn more about Aligners.

I burnt the midnight oil and attended training courses on aligners in India and even abroad. After mastering the art, I started doing aligner therapy, somewhere around 2009. At that time, aligner therapy was very monotonous and cumbersome, as 3D technology was not associated with it and as a result, I had to do the procedure manually. For example, if a patient needed a series of 25 aligners, 25 models have to be duplicated manually.

Around 2014, when DentCare came up with Clear Aligners, I was really amazed and happy about it because I knew that, as in the case of any other product, Clear aligners from DentCare - which is the best and largest dental lab in Asia - will also be excellent. Since my visit to DentCare, I have the perception that they are highly professional and completely transparent. Their doors are open to perceive state-of-the-art manufacturing at any time and also to witness whatever material they are using and whatever procedure they are going around with.

So far, I have done around 20 to 23 cases using Clear Aligners from DentCare. From my limited experience, I can tell you frankly that aligner is an excellent orthodontic tool and an alternative for patients who want to do orthodontic treatment but do not want conventional braces.

With aligners, we have to remember two things. One is case selection. We cannot do all cases with aligners. For example, if a patient



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Before DentCare Aligner Treatment



After DentCare Aligner Treatment

comes with a complaint of missing tooth, different treatment options—Removable Partial Dentures, Fixed Partial Dentures or Implants are suggested. All these given options will not be suitable for every case. For instance, implant therapy which may be good for one but may not be suitable for another patient. In a similar way, aligner therapy cannot be done in every case.

Always seek the advice of the Orthodontist whether the case is suitable for aligner therapy or not. Only a specialist will be able to guide and help for proper case selection. After that, take the impression, photos and Orthopantomogram (OPG) of the patient and send it to the lab. Then, it will be very easy to find out the treatment plan and also to provide the aligner precisely as expected. Therefore, case selection is most important and an inevitable part of aligner therapy.

Another thing about aligners is that, we should ensure that the patient is wearing them. Usually, during the conventional orthodontic treatment, after completing the case, we give retainers to wear. 90% of patients do not wear them. The patient is supposed to wear it for achieving the expected result.

Similarly, for clear aligners, the patient should wear them as recommended by the dental practitioner or else the expected end result cannot be achieved.

DentCare Clear Aligners have special advantage compared to the aligners of other companies. They are being manufactured using the 3Shape Scanner—the best Model Scanner in the world apart from utilising the best Designing Software along with the best 3D model Printing System. More than that, DentCare Clear Aligners are manufactured with materials imported from Germany. DentCare sends the 3D model along with the aligners, free of cost. This enables the practitioner and the patient to see the transition of the tooth, in each stage and even the end result in advance.

DentCare also provides a kit along with aligner, containing: WearSchedule—instructions for wearing the aligner, Patient Manual as well as a Cleaning Brush and Box for keeping the aligner when it is not in use.

DentCare Clear Aligner is manufactured after taking the opinion of a panel of Orthodontists from India and abroad. ☐

A close-up photograph of a woman with long, wavy brown hair and blue eyes. She is holding a white ceramic mug with both hands and looking off to the right with a thoughtful expression. The background is a bright, out-of-focus indoor setting.

Be Healthy
After Menopause



Ms. Subhasree Prasanth
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Menopause is a natural biological process which every woman has to face in her life. It is the time when menstruation stops and fertile life (child bearing capacity) for a woman comes to an end. Even though she ceases to be fertile, she can stay healthy, vital and sexual.

Menopause is not a process which occurs overnight, but a gradual one. Before it sets in, there is a transition period which is called the premenopausal period. This period is a different experience for each woman.

During this period, women may experience irregular periods, vaginal dryness, night sweats, hot flashes, mood changes, weight gain, slowed metabolism, thinning hair, dry skin etc. During premenopause, the menstrual period will occur once in every two to four months for a period up to one to two years.

Menopause is caused by a fall in the amount of the hormone, Estrogen, produced by the

ovaries. Menopause happens in women in their 40s or 50s. The average age of menopause is 51 years.

In India, early menopause has increased recently. About 4% women are attaining menopause between the ages of 29 and 34 and about 8% between the ages of 35 and 39. This is because of the change in food habits and increase in hectic lifestyles.

Menopause and Weight Gain

Menopause and weight gain tend to go hand in hand; due to a combination of factors including decreased Estrogen, slower metabolism and life style factors like poor diet and lack of exercise.

Due to lower hormone levels and natural aging process, many women are likely to gain extra pounds in their 40s and 50s. Weight gain may sometimes lead to higher levels of cholesterol, high blood pressure and immune resistance.

Healthy eating habits during Menopause

We all know that during menopause, Estrogen levels drop and slow down while the effect of Progesterone becomes more dominant. There can be a gut reaction to help our body adapt to the situation and hence women should ensure that they are getting enough of the right food to provide specific nutrients to keep their health during menopause and beyond.

A healthy nutritious diet will support healthy menopause and general health during this time. Although there is no special diet that women going through the menopause need to follow, it is particularly important that they have a healthy, balanced diet with regular meals, as irregular eating can make the symptoms worse.

Include food that helps maintain hormone levels

Phytoestrogens such as Isoflavones found in soya bean, tofu, soya milk, soya flour and other soya based products are associated with health benefits.



A healthy nutritious diet will support healthy menopause and general health during this time

Gamma Linolenic Acid (GLA) is an essential fatty acid found primarily in vegetable oils that helps regulate hormone balance and promotes menopausal health.

Include food rich in antioxidants

Oxidative stress is caused by an imbalance between the production of reactive oxygen and the ability of the biological system to detoxify or repair the resulting damage early.

Antioxidants such as vitamin A, C and E help support the body from free radicals. Papaya, tomatoes, carrots, sweet potatoes, winter squash, cantaloupe, kiwi, apricot, spinach, kale, collard greens, turnip green, raw seeds, almonds, broccoli etc. are rich in antioxidant vitamins.

Vitamin E helps maintain heat regulation capacity of the body besides reducing the breakdown of the body's Progesterone. Almonds, spinach, sweet potato,

avocado, wheat germ, sunflower seeds, palm oil, butternut squash, trout (a type of fish), olive oil etc. are rich in Vitamin E.

Make your immune system strong

Healthy immune system helps reduce infections and other infectious diseases. Foods rich in Vitamin C, Zinc, Iron, Copper, Vitamin B complex, Selenium, Vitamin E etc. help maintain a healthy immune system in our body.

Whole grains, cheese, chick peas, pumpkin seeds, soya beans, wheat germ, fish, lentils, green leafy vegetables, citrus fruit, dried fruits etc. will help maintain a high immune system.

Include more fiber

Fiber helps maintain healthy cholesterol balance, maintain weight, prevent constipation etc. Whole grains, pulses, vegetables and fruits are rich in fiber.

Drink plenty of water

Keep your body hydrated to maintain fluid balance and body temperature. Take more than 10 cups of fresh water per day. Reduce the intake of stimulants such as coffee and tea which can hinder the absorption of nutrients and produce heat in the body. Avoid carbonated drinks.

Cut down fats and sugars

Too much saturated fat increases the amount of cholesterol in the blood, which increases weight and leads to obesity which in turn leads to heart diseases.


Too much of sugar in your diet increases your blood sugar level which may lead to diabetes.

Exercise Regularly

Regular exercise, walking, jogging, yoga etc. help keep your mind and body fresh, cool and fit.

Keep in mind

Good nutrition helps maintain a healthy and beautiful life after menopause.

- Consume calcium rich food
- At least have three servings of iron rich food a day
- Eat enough fiber
- Dine with more fruits and vegetables
- Drink plenty of fresh water
- Cut down the intake of sugar and fat
- Reduce weight or keep weight normal
- Never skip meals
- Have meals on time 





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SOLVING THE PUZZLE CALLED CLEFT LIP

After a 9-month long wait to greet the new born, the birth of a child with a cleft lip wreaks havoc on the psyche of the entire family.

More than the pathological implications of the anomaly, it is the ignorance about the treatment options, besides the stigma and superstitions associated with it which make the parents' and the child's life miserable.

Many a time they are unaware of the fact that, with timely intervention, correct nutrition and supportive therapies, these children can grow up to lead near-normal lives.

The comprehensive management of a child with a cleft lip/palate anomaly involves a multidisciplinary team consisting of Pediatrician, Plastic surgeon, Dental Surgeon, ENT Surgeon and Speech Therapist, each one playing an indispensable role throughout the growth of the child.

Why my child?

This is often the first question that the parents of an affected child ask the treating Physician.

In spite of the advances in the fields of embryology and genetics of cleft lip/palate, a definite answer to this question is often indiscernible. Cleft lip/palate occur at an incidence of one in every thousand live births in South Asian countries including India. Gene mutations

are often the culprit and can be passed on in certain families from one generation to another, while they can be a sporadic occurrence in some.

Maternal use of anti-acne medications like Tretinoin and antiepileptics like Sodium valproate are said to increase the risk of cleft anomaly in the baby. Advanced paternal age is another recognized risk factor.

Cleft lip and cleft palate can occur in isolation or together. These can also be associated with congenital anomalies of the heart or the kidney; hence screening by a Pediatrician for systemic anomalies becomes a must.

Isolated cleft palate can be associated with impaired development of the lower jaw and breathing difficulties in the newborn—a condition called Pierre-Robin syndrome which warrants emergency management.

What are the implications of cleft lip/palate on a child?

Though cosmetically less disfiguring, cleft palate causes greater physiological disturbances in a child than cleft lip. The defect in the palate interferes with efficient suckling by the infant while breast feeding. Due to the abnormal open communication between the nose and the mouth, swallowed milk gets aspirated into the airways, leading to breathing difficulties and repeated chest infection.



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Insufficient nutrition leads to growth impairment and poor weight gain. When the child cannot feed at breast, mothers resort to formula feeding early on, making the child prone to recurrent diarrhea and allergies. Poor health delays surgical intervention, as such children are often not fit to undergo surgery under anesthesia.

Parents need to be counseled about the correct methods of feeding a child with cleft lip/palate. Breast milk is indispensable for normal physical, psychological and immunological development of a child. Hence, every attempt should be made to encourage breast feeding. The child should be nursed in a head-up position to reduce chances of milk entering the airways.

Following every feed, the child should be burped to let out swallowed air. For

those babies unable to suckle, expressed breast milk should be given using feeding devices specially designed for the cleft like Mead-Johnson feeder or Haberman feeder.

Traditional feeding vessels like "palada" or "gokarnam" or a regular feeding bottle with the nipple hole enlarged can also be used. This will help the child swallow without too much effort. Whatever be the feeding device, special care should be taken to disinfect it before and after every feed.

Recurrent ear infections are common among such children. Unless managed properly, they can result in permanent damage to hearing and thereby delay in speech development. Weight gain should be monitored fortnightly by a Pediatrician to keep track of the child's physical development.

Maternal use of anti-acne medications like Tretinoin and antiepileptics like Sodium valproate are said to increase the risk of cleft anomaly in the baby. Advanced paternal age is another recognized risk factor





When does the child have to undergo surgery?

A child with cleft lip/palate will require multiple staged surgeries from infancy up to adulthood. Consulting an expert in facial plastic surgery in the newborn period itself helps in better planning of future surgical interventions.

Repair of cleft lip is undertaken when the child is three months old in an otherwise healthy child. Cleft palate is repaired between 11 and 18 months. This has to be done before the child starts speaking. They require speech therapy from 2 to 5 years of age.

At 4 to 5 years, a few children with poor speech due to a short palate may need a pharyngoplasty surgery for speech improvement. Nowadays, with the anterior palate repair technique (that we are doing with the cleft lip correction) we rarely see cases that have a bony gap in alveolus that mandates a bone grafting surgery to facilitate the eruption of adjacent tooth buds.

With completion of facial growth around 16 to 18 years, cosmetic surgery for the nose (rhinoplasty) and the lip (secondary lip revision) are undertaken. These complete the spectrum of surgeries are required for the cleft lip / palate patient.

Why is the dental surgeon essential for the cleft lip child?

In the newborn period, if "pre-surgical orthodontics" is given, width of the cleft palate can be reduced and aligned. Beginning within a few weeks after birth, this method of molding the upper jaw with specially designed dentures can be continued till cleft lip repair surgery.

Children with cleft palate are at a higher risk of dental abnormalities such as missing teeth, tooth decay and malaligned teeth. This requires intervention by a Pedodontist. As the child grows older, Orthodontists and Maxillofacial Surgeons have to be consulted to correct the problems like narrow palate, flattening of upper dental arch and malaligned teeth.

Cleft lip/palate cannot be termed as a sinister diagnostic condition. It is the awareness and dedicated care of the parents that decide the child's future well-being. Timely intervention and coordination among the Pediatrician, Plastic Surgeon and Dental Surgeon will help the child overcome the anomaly and enable the child to lead a near-normal life, as a healthy and productive member of the society. □□



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Love Yourself: Save the Environment

World Environment Day - 5 June 2017

Cleaning up the environment may seem like too big a problem, but all you need to do is just start at home and work your way up. If everyone did their small part, the whole world would quickly become a cleaner place.

Let us show our love and gratitude to "Mother Earth" on this World Environment Day – Let us take a pledge and act.

Recycle

Recycling is an excellent place to start from. If we could not recycle, there would be so much trash on the ground that we could not see our own feet!

Recycling is great. Think about it, when you recycle paper, it improves the oxygen levels. When you recycle plastic, new things can be made from it, such as bottles or carpets. When you recycle aluminium, new cars can be made from it! Recycling benefits you and everyone else.

Recycle waste products

Many waste products like glass, plastics, aluminium and paper can be recycled instead of being disposed of in the dustbin. This will prevent any air pollution accumulated on burning these products. You can also use reusable towels and bags rather than using disposable plastics or bags.

Recycle glass

Recycled glass reduces related air pollution by 20 percent and related water pollution by 50 percent. If it is not recycled, it can take a million years to decompose.

Recycle old cell phones

The average cell phone lasts around 18 months which means 130 million phones will retire each year. If they go into landfills, the phones and their batteries introduce



toxic substances into our environment. There are plenty of reputable programs where you can recycle your phone, many of which benefit noble causes.

Conserve energy

Lesser the resources we use like water and energy (eg. electricity in your lights), lesser the resources we need to take from nature and thus lesser the energy we need to produce.

Fun Fact: If you have a leaky faucet that leaks one drop per second – that amounts to 650 wasted gallons of water per year! It adds up!!! Also, remember to turn off the lights when you leave the room.

Both of these not only help the environment, but also save your money. You may not have to pay unaffordable bills now, but when you get your own house someday, you will! It is better to start good habits now while you are young.

Use Earth-friendly products

Another way to help is by using products that do not hurt the environment. Buy toiletries from companies that do not test their products on animals. Check the

labels for "no animal testing."

To help keep the water clean, do not buy products that have the words "Toxic", "Danger" or "Warning," on their labels. If they do, they are probably harmful to you and the environment. There are tons of earth-friendly products and home-made recipes you can use to help save your environment and clean up at the same time!

Donate toys, books or CDs that you do not want anymore

Only throw things away if they just cannot be used any more. Take them to a nearby charity home or to kids who are under privileged. Who knows, when you go there you might find something you do want!

Recycling is an excellent place to start from. If we could not recycle, there would be so much trash on the ground that we could not see our own feet

Drive your car less

You can drive your car less and acquire other means of transportation instead. Many countries recommend repairing of leaks in air conditioner of your car that adversely destroys the upper layer of ozone atmosphere.

Turn off computers at night

By turning off your computer instead of leaving it in sleep mode, you can save 40 watt-hours per day.

Wrap Creativity

You can reuse gift bags, bows and event paper, but you can also make something unique by using old maps, cloth or even newspaper. Flip a paper grocery bag inside out and give your child stamps or markers to create their own wrapping paper that is environmentally friendly and extra special for the recipient.

Rethink bottled water

Nearly 90% of plastic water bottles are not recycled, taking thousands of years to decompose. Buy a reusable container and fill it with tap water, a great choice for the environment, your wallet and possibly your health. The Environmental Protection Agency standards for tap water are more stringent than the Food and Drug Administration standards for bottled water.

Plant a Tree

It is good for the air, the land, the shade of your home and saves on cooling (plant on the west side of your home). They can also improve the value of your property.

Make it meaningful for the whole family and plant a tree every year for each member.

Maintain a healthy ecosystem

It is the need of an ecosystem to have good interaction with green plants, organisms and animals in a healthy environment. This helps keep the entire ecosystem healthy and alive for many years together.

It is due to excessive air pollution and global warming that the entire ecosystem is negatively affected today. With a little change in your daily lifestyle, you can definitely help protect the entire planet with its ecosystem in a healthier way.

Reduce usage of chemicals and pesticides

It is always advisable to eliminate maximum household chemicals and pesticides that directly pollute the green environment. Instead you can make your own solutions for cleaning purpose using distilled vinegar, lemon and baking soda. There are many 'green' cleaning products available in the market which are environmentally friendly and conventional cleaners too.

Reduce carbon footprint

There are many ways to cut back carbon footprint causing excess air pollution. You can lower the temperature of your water heater, wash dishes manually instead of using a dishwasher, reduce the use of air conditioner or heater and buy energy efficient lights to lower the energy consumption and heat generation level.

Grow your food locally

Planting of food locally helps in reducing the overall commercial transportation of food items that require pesticides and preservatives to preserve them. These preservatives directly pollute the air.

It is also a proven fact that organic food is more sustainable than the one which is preserved using harmful pesticides and chemicals, thereby causing harm to the entire global ecosystem.

Avoid pollution

Try not to throw away trash or waste materials almost anywhere in and around your house. You must try to dispose off biodegradable as well as non-biodegradable wastes in a proper way and avoid littering it all over your home environment. Any excess air or water pollution can negatively affect you and your family's health while destroying the entire environment globally. ☑



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Gift a new dawn to your children

Children can achieve well at school when their family and friends take an interest in their school and schoolwork.

Getting involved in your child's education, even in the simplest way, shows that you care about their school life. Often, the more supported a child feels at home, the more effectively she or he will learn at school.

Whatever your lifestyle, or family situation, it is never too soon (or too late) to start helping a child develop a positive attitude towards learning. Most of the families do not find time to spend with their children due to busy schedule. There are ways of being involved in your child's education without feeling overwhelmed.

If you are a non-resident parent, it is equally as important to be involved in your child's learning too. This can give your child far greater goals and inspire them to try their best where they can.

How to get the best out of school?

Try to give encouragement and show appreciation of your child's achievements, whether great or small, as this can help boost their confidence. Teach them basic organisation and time management skills so they are not overwhelmed with projects or homework.

Be realistic and avoid putting your child under pressure by having over-high expectations. Let them develop at their own pace, but if you do have concerns, please speak to their teacher.

Try to give feedback rather than criticism, e.g. saying 'that did not seem to work' rather than 'you got it wrong'. This helps them think about where they went wrong and how they can improve in future, rather than just feeling like a failure.

Keep up with what is happening at the school

Finding out more about school life of your children and what they are learning shows your child how much you care about their education. Getting to know the school and the teachers are the best way of finding out more.

- Make sure your child gives you any letter that is sent home.
- Look out for notices and posters for parents.
- Try to make it to the fun events, like school fairs and to parents' meetings.
- If you are worried about anything, go and talk to a teacher. They will help.

Out of school support

Often parents like to introduce a variety of interests in and out of school too, so that children have the opportunity to explore other interests that they enjoy. Learn

together, do things together, visit interesting places, talk about things you have seen on television and encourage your child to ask questions. Support their reading development by having books, magazines and newspapers at home and let your child see you and other family members reading them.

When a child comes home from school, they may be tired. So, try not to fire too many questions of your child as soon as they walk through the door. They may be tired or hungry and not feel like talking. Be available to listen later if they want to talk.

Thinking ahead

Education is more than just Math, English and science. Your child's talents lie in sport, art, music, drama, computers, or anything else. You can always help them aim high by boosting their confidence.

- Encourage them to join after-school clubs or activities.
- Tell your child how proud you are when they do well.
- Let them hear you praising about them to other people.
- Talk together about their future and the kind of job they think they would enjoy.
- Ask them to help you with things they are good at.
- Help your child find someone to look up to—a relative, friend or celebrity.

If your child is struggling at school

If your child has Special Educational Needs (SEN), it is even more important to be involved so that you can understand what support your child is receiving at school and whether he or she is on target. You may hear terms that are unfamiliar and if this is the case,




you can always speak to the school or your Local Education Authority about what these mean.

Your child should have an Individual Education Plan (IEP) which is to be reviewed on a quarterly basis. This will indicate what support your child needs and how this is being met by the school. If your child does need extra help, find out from the school how he or she can be supported at home. This may be something as simple as allowing them to draw more often to help with fine motor skills etc.

Helping your child make new friends

If your child is worried about making new friends or is having trouble with an existing group of friends, this can add to any existing anxieties they may have around school or may even be the main cause of their concerns.

School and Parents

Young people live and learn in two worlds—home and school. The way the two connect and communicate can make an enormous difference to how children learn to manage in both places. If teachers, parents and young people all trust, listen and talk to one another, the final goal of helping children learn and develop to their best ability is most likely to be achieved. 



Oral Mucositis and Cancer Therapy

Oral Mucositis (mouth sores) occurs when cancer therapy breaks down the rapidly dividing epithelial cells lining the oral cavity leaving the oral mucosal tissue open to ulceration and infection.

It is probably the most common debilitating aftermath of cancer therapy, particularly chemotherapy and radiation. It can lead to several problems including pain and nutritional deficiency due to inability to eat and increased risk of infection from sores in the mucosa. It has a significant effect on the patient's quality of life and can be dose-limiting (i.e., requiring a reduction in subsequent chemotherapy doses).



Dr. Neethu Suresh

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It is estimated that around 40% of people receiving chemotherapy as part of their cancer treatment will develop some degree of Mucositis. It can be more severe in some people depending on the treatment used.

Based on the severity, there are the following grades of Mucositis

Grade 0: No Mucosal change

Grade 1: Soreness and /or erythema

Grade 2: Erythema, ulcers; patients can have solid diet

Grade 3: Erythema, ulcers; patients can have liquid diet only

Grade 4: Severe Mucositis –Nourishment is not possible

Mucositis is more common among certain types of cancer. For example, it is estimated that up to 97% of people who receive radiotherapy for head or neck cancer will develop some form of Mucositis. About 70% of people receiving high doses of chemotherapy who are undergoing a stem cell transplant (bone marrow transplant) will develop Mucositis.

Cancer therapy can not only affect the ability of cells to reproduce but also slow down the healing of the oral mucosa besides extending the duration of present Mucositis. When caused by chemotherapy, Mucositis is usually due to the low white blood cell count; when caused by radiation. Mucositis is usually due to the necrotic and inflammatory effect of radiation on oral mucosa.

Females are more prone to develop Oral Mucositis than males. Younger patients tend to develop Oral Mucositis more often than older ones who are treated for the same cancer with

the same regimen. This seems to be because of rapid rate of basal cell turnover noted in children. However, the healing of Oral Mucositis is also more rapid in the younger age group. Generally, patients with hematologic malignancies (blood cancer) have an increased rate of Oral Mucositis compared with those having solid tumors. This is to some extent related to the treatment regimens.

Signs and Symptoms of Oral Mucositis

- Red, shiny or swollen mouth and the gums
- Blood in the mouth
- Sores in the mouth, on the gums or the tongue
- Soreness or pain in the mouth or the throat
- Difficulty in swallowing food
- Feeling of dryness, mild burning or pain when eating food
- Soft, whitish patches or pus in the mouth or on the tongue
- Increased mucus or thicker saliva in the mouth



Factors that can increase the chance of developing and aggravating Mucositis

- Pre-existing tooth and gum diseases
- Poor oral hygiene
- Dry mouth (another after-effect of Cancer therapy)
- Smoking, chewing tobacco and drinking alcohol
- Poor nutrition and dehydration
- Concomitant viral and fungal infections
- Low body mass index
- Diseases such as Kidney disease, Diabetes or HIV/AIDS
- Previous history of Cancer treatment
- Chronic irritation from ill-fitting prostheses (dentures) or faulty restorations can predispose patients to the development of Oral Mucositis due to local irritation and trauma
- Mucositis is further complicated by nausea and vomiting that often occur with cancer therapy

Consequences of Oral Mucositis

- Pain
- Restricted oral intake of food leads to nutritional problems
- Acts as a gateway for microorganisms leading to infection
- Contributes to interruption of cancer therapy
- Increases the use of antibiotics and painkillers
- Increases the length of hospitalization
- Increases the overall cost of treatment

Prevention

You may not be able to stop Mucositis from

You should use a soft bristle toothbrush and brush your teeth 2 to 3 times each day

occurring but you can take certain steps before beginning radiation or chemotherapy treatment to help alleviate its side effects and symptoms.

The first step is to see your dentist after consulting your oncologist. If you wear dentures you will need to make sure they fit properly. All needed dental treatment should be completed at least one month prior to starting therapy to make sure your mouth has completely healed so as to prevent damage to your existing teeth, gums and jaw bones.

A good oral care regimen can help prevent or decrease the severity of Mucositis and the development of infection through open mouth sores. A good mouth rinse aids in removing debris and keeping the oral tissue moist and clean; but be careful to avoid alcohol containing mouthwashes. Plain salt water is one of the best and most cost effective mouth rinses.

Another important aspect of caring for your mouth is proper brushing techniques and oral hygiene. You should also avoid alcohol and irritating foods such as those that are spicy, hot, acidic and coarse.

You should use a soft bristle toothbrush and brush your teeth 2 to 3 times each day. This will help keep the mouth moisturized and prevent infections. It is important to brush gently. Let your toothbrush air dry between brushings. You should use mild tasting toothpastes containing fluoride. If your toothpaste is too irritating, you can use a solution made by dissolving 1 teaspoon of salt in 4 cups of water or mixing 1 teaspoon baking soda in 2 cups of water.

Other ways of maintaining a healthy Oral Care Protocol include:

- Rinse your mouth five or six times a day for one to two minutes each

[Use one of the following solutions when you rinse:](#)



- ✦ One teaspoon (five grams) of salt in four cups (one liter) of water
- ✦ One teaspoon (five grams) of baking soda in eight ounces (224 milliliters) of water
- ✦ One half teaspoon (two and a half grams) of salt and two tablespoons (30 grams) of baking soda in four cups (one liter) of water. This solution has a double benefit of cutting through some of the severe phlegm/ mucous production that is a by-product of the treatment and is of helping in clear it.



- If you smoke, it is extremely important to stop it. Your doctor will help you quit smoking and overcome withdrawal symptoms
- Avoid toothpastes with whitening agents
- Limit the use of dental floss. Do not use if your platelet count is below 40,000 per microliter of blood
- Do not use lemon or glycerin swabs or toothbrushes without soft bristles
- Increase your fluid intake
- Try to include foods high in protein in your diet
- If you wear dentures, remove them whenever possible to expose the gums to air. Loose fitting dentures can irritate the mouth and the gums and should not be worn. Do not wear dentures if mouth sores are severe
- Sucking on ice chips will help numb the area and give a soothing effect

Treatment

The symptoms of Oral Mucositis usually begin 5 to 10 days after starting chemotherapy or 14 days after starting radiotherapy. Mild Mucositis resolves within one to two weeks after the cessation of cancer treatment but in case of severe Mucositis, it may take much longer time to resolve and will usually require hospital treatment for monitoring and nutritional support. It is important that cancer patients should look out for signs of Mucositis which

should be treated as soon as possible, once diagnosed.

People receiving cancer treatment should examine their mouths at least once a day for redness, sores or signs of infection. The healthcare team should be notified if you notice worsening sores, white patches, pus, a “hairy” or thick feeling tongue or bleeding in the mouth.

Some easy remedies include chewing ice chips / gum or sucking sugar free candy. If these do not work, there are artificial saliva products that your physician can prescribe. Since your saliva barrier is compromised, you should avoid eating or drinking products containing sugar to prevent cavities. Mucosal protectants and chemo protective agents could be used after consultation with your oncologist.

Controlling pain from Mucositis

Pain is a significant problem related to Mucositis and warrants early intervention. Use topical or systemic analgesic agents according to the instructions of your doctor. One of the issues of using topical agents is the inability to effectively coat all areas and that the pain relief may be brief.

In patients with Mucositis who do not achieve pain relief with topical agents, systemic analgesic agents may be necessary. It is important to not use any medicine containing alcohol because it will burn the mouth. For concomitant fungal, bacterial and viral infections, your doctor will prescribe oral medications such as antibiotics or antifungals to eradicate them. ☐



BRAIN TUMORS: RISK FACTORS

World Brain Tumor Day - 8 June 2017

Most brain tumors are not linked with any known risk factors or are not known to have any obvious cause. Even if a person has a risk factor, it is often very hard to know how much it contributed to the tumor. Many factors contribute to the risk of brain tumors.

Radiation exposure

The best known environmental risk factor of brain tumors is radiation exposure; most often from radiation therapy to treat some other condition. Before the risk factors of radiation were known, children with ringworm of the scalp (a fungal infection) were sometimes treated with low-dose radiation therapy, which increased their risk factor of brain tumors, as they got older.



Dr. Arun Oommen
Consultant Neurosurgeon
Ernakulam, Kerala, India

Nowadays, most radiation-induced brain tumors are caused by radiation to the head, given to treat other cancers especially for Leukemia. These brain tumors usually develop around 10 to 15 years after radiation exposure. Radiation-induced tumors are still fairly rare, but for the increased risk (as well as the other side effects), radiation therapy to the head is given only after carefully weighing the possible benefits and risks.

The possible risk factor from exposure to imaging tests, such as X-rays or Computerized Tomography (CT) scans, is not known for sure. Some studies claim that it may increase risk factors of tumors like meningiomas and gliomas. These tests give off much lower levels of radiation than those give off in radiation treatments; so if there is any increase in risk factor, it is likely to be negligibly small.

Immune system and drugs

People with impaired immune systems have an increased risk of developing Lymphomas (cancers of lymphocytes) of the brain or the spinal cord. A weakened immune system can be congenital (present from birth) or it can be caused by treatments for other cancers, treatment to prevent rejection of transplanted organs or due to diseases such as AIDS.

Giving the cancer drug,

Methotrexate, into the fluid around the spinal cord (intrathecal methotrexate) for the treatment of Leukemia has been shown to increase the risk factor of brain tumors. But any increase in risk of factor brain tumor from cancer treatment is small compared to the one of not having taken treatment for cancer.

Postmenopausal women who are taking Hormone Replacement Therapy (HRT) or Oral Contraceptives may have a slightly increased risk factor of developing meningioma, but more research is needed to confirm this.

Family history

Most people with brain tumors do not have a family history, but in rare cases (5%), brain cancers run in families. In general, patients with familial cancer syndromes, tend to have growth of many tumors, when they are young.

Some of these familial cancer syndromes and the associated brain tumors include Neurofibromatosis type 1 and type 2 (Schwannomas, Meningiomas, Gliomas, Neurofibromas, Ependymomas), Tuberous sclerosis (Subependymal Giant Cell Astrocytomas), Von Hippel-Lindau Disease (Hemangioblastomas), Li-Fraumeni Syndrome (Gliomas), Gorlin syndrome (Basal Cell Nevus Syndrome), Turcot Syndrome and Cowden Syndrome.

Other factors

Environmental factors such as exposure to solvents, pesticides, oil products, rubber, vinyl chloride (a chemical used to manufacture plastics), petroleum

The possible risk factor from exposure to imaging tests, such as X-rays or Computerized Tomography (CT) scans, is not known for sure



products and certain other chemicals have been linked with an increased risk of brain tumors.

Exposure to Aspartame (a sugar substitute) and infection with certain viruses (Epstein Barr Virus, Human Cytomegalovirus, Polyomavirus) have been suggested as possible risk factors but research on these still continues.

Factors with uncertain, controversial, or unproven risk of brain tumor

Cell phone use

This has been the subject of a great deal of debate in recent years. Cell phones give off

radiofrequency (RF) rays, a form of energy on the electromagnetic spectrum between FM radio waves, radar and satellite stations and those used in microwave ovens. Cell phones do not give off ionizing radiation, the type that can cause cancer by damaging the DNA inside cells. The phones with built-in antennae are held close to the head when being used, might raise the risk factor of brain tumors.

In 2011, International Agency for Research on Cancer (IARC) classified mobile phone radiation as Group 2B—possibly carcinogenic: that is possible to have risk of carcinogenicity; so additional research into the

long-term, heavy use of mobile phones needs to be conducted.

- ✦ Studies to date provide no indication that environmental exposure to RF fields, such as, from base stations, increases the risk factor of cancer or any other disease.
- ✦ There are some inconclusive studies that Cell phone users have a mild increased risk of malignant gliomas and acoustic neuromas.
- ✦ Tumors are more likely to occur on the side of the head where the cell phone is held.
- ✦ One hour of cell phone use per day may increase tumor risk after ten years or more. The same is true in the case of children, who are increasingly using cell phones.
- ✦ Cell phone technology also continues to change and it is not clear how much risk the cell phones may bring in.

All these need to be proved with further research and studies.

So, as of now, recommendations to reduce such risk factors can be by;

- ✦ Using an earpiece, such that, the cell phone is held away from the head
- ✦ Avoid continuous use for more than 15-20 minutes
- ✦ More use of texting
- ✦ Do not use telephone in a car without an external antenna.
- ✦ Avoid using cell phones in fast moving objects like vehicles, lifts etc.
- ✦ Encourage people who use phone continuously like Receptionists, Call Centre workers etc. to utilize land phones





Body size and exercise

People with overweight may have a slightly higher risk of meningioma than those without overweight. But being overweight does not seem to affect glioma risk. Children weighing 4kg or more at birth have a small increased risk factor of some brain tumor, compared with lighter babies. Taller people might have an increased risk, but the evidence on this is still mixed.

Studies that look at food and drink in relation to risk factor of brain tumor are not felt to be reliable. This is because brain tumors are relatively rare and measuring diet accurately is very difficult. People who are physically very active might reduce the risk factor of brain tumor, but the evidence is mixed.

Head injury

Some studies have shown a link between head trauma and meningioma, but not one between head trauma and glioma.

Power lines

Several studies have looked at whether living near power lines increases the risk factor of brain tumors but they have not found an increased risk.

Children weighing 4kg or more at birth have a small increased risk factor of some brain tumor, compared with lighter babies. Taller people might have an increased risk, but the evidence on this is still mixed


Diet, Smoking and Alcohol

Some studies of diet and vitamin supplementation seem to indicate that dietary N-nitroso compounds may raise the risk factor of both childhood and adult brain tumors. Dietary N-nitroso compounds are formed in the body from nitrites or nitrates found in some cured meats, cigarette smoke and cosmetics.

It is not yet clear whether smoking increases the risk factor of brain tumor. But some studies have shown increased risk factors of some types of brain tumor. Drinking alcohol does not seem to increase risk factor.

Factors that may reduce risk

There is some evidence that people with allergies, such as, eczema, asthma and hay fever may have a slightly reduced risk of brain tumors, particularly gliomas. This might be related to an increase in immune system activity.

Aspirin and other anti-inflammatory drugs probably do not increase the risk factor of brain. Some trials have found a slight decrease in risk factor. But these trials were not designed to look specifically at the risk factor of brain tumor and so more research is needed. 



Lip Reshaping

Perfectly aligned lips enhance our smile and semblance as they have a significant role in conveying our emotion and attractiveness.

Our lips may be pouty, plump, thin, wide, cleft etc. Such lips mar our charm and sensuous appeal and hence reshaping of lips plays vital role in elevating our facial aesthetics. Different methods of treatment are adopted to reshape the lips.

Lip enhancement

This cosmetic procedure is done to improve the contour of the lips, by making them fuller and plump.

Fillers

Fillers are injected into the lips usually after local anaesthetic cream application and will last from 9 to 12 months depending on the type of filler used.

Initially, the lips look rather swollen but this settles over 48 to 72 hours as the local anaesthetic wears off and some of the fillers are absorbed. Usually gels containing Hyaluronic acid are used. Commonly used brands are Restylane, Restylane Perlane, Juvederm Ultra etc. Hyaluronic acid is a component of the human body and hence it will rarely produce allergic reactions.

Fat transfer

Fat transfer is performed under local anaesthetic and involves taking a thin strip of fat and the dermis (lower level of the skin) from the abdomen and sliding it into the lip through two tiny incisions.

Initially, the lip looks rather swollen but this settles over 48 to 72 hours as the local anaesthetic wears off and some of the fat is absorbed. Sutures are removed (if not dissolving) in 7 to 10 days.



Dr. M. S. Jayasekhar

Consultant Plastic and Cosmetic Surgeon
Thiruvananthapuram, Kerala, India

The scars will need moisturising (with a bland moisturiser) and massaging for at least one month to help with the final result.

Lip Reduction Surgeries

Lip reduction surgeries are performed to achieve a harmonious relationship between two lips that will enhance the facial profile. Surgical reduction of the lips is done by making incisions on the inside of the lip which is normally not visible. The excess tissue is removed and red part of the lip is then rolled to the inside of the mouth and sutured with dissolving sutures. This procedure is usually done under local anaesthesia as a day procedure.

Patients should expect that recovery from this surgery will take about two weeks. Initially, there may be some pain, swelling, and bruising. These will gradually disappear over the first several weeks following surgery.

Temporary numbness or tingling sensation of the lips is common. Patients should sleep with their head elevated for the first few days and should refrain from vigorous activities. A soft diet is recommended for several days until the lips get healed.

Lip Lift Surgeries

Removing extra skin and lifting of the lips will help those with loose excess skin or people who have a downward-sloping mouth. To lift the upper lip, an incision is made under the nose and the skin is shortened to pull up the lip. Very fine sutures are used for this procedure and removed after five days. Complications

Patients should expect that recovery from this surgery will take about two weeks

after lip lift surgery include: numbness, pain, lip lengthening, smile deformities and scarring.

Dark Lips

Chronic exposure to the sun, habits like smoking of cigarettes and alcohol abuse, diseases like anemia, cyanosis, anticancer chemotherapy drugs and antimalarial drugs can all cause increased pigmentation and darkening of the lips.

The following treatments are effective for correction of Lip hyperpigmentation:

- **Hydroquinone**— This is one of the most effective treatments for hyperpigmentation of the lips. Hydroquinone is known as a skin lightener. It can significantly reduce the amount of melanin in the lips. About 2% to 4% hydroquinone cream can be used.
- **Kojic Acid**—acts by blocking the production of colour producing pigment, melanin.
- **Fractional Laser Treatment**—While other lasers can only attack the pigments in the superficial layer of the skin, fractional lasers can penetrate, by tiny light pinpoint, into the dermal and epidermal layers of the skin and can burn away the excess pigments.
- **Chemical Peels**—A chemical peel's depth of penetration depends on the type of chemical used, its strength and length of time the agent stays on your lips. Chemical peeling has to be done carefully by experts and will need repeated sessions of peeling until we achieve the degree of desired skin lightening. ☐

MY EXPERIENCE WITH DENTCARE



Dr. P. Sudhakar
Consultant Implantologist
Chennai, Tamil Nadu, India

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I have been practicing as a specialist in Endodontics and Implantology since 1999. My association with DentCare dates for the past eight years and have visited the lab twice. Ever since the visit, my perception about them has soared.

The serenity and tranquility of the lab and the fraternity and unison of the staff are unique and beyond words. I have felt that DentCare introduces the latest technologies in dentistry related to a lab, as soon as they come in vogue. With state-of-art manufacturing, products of DentCare live up to

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I am quite satisfied with DentCare's pattern of work. The photographs that I send by mail for shade match, the sintering CAD/CAM facility, the turn around the time and the special section for implants have all added to my comfort level with them.

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Blood is drawn from a willing individual and is given to someone who needs blood transfusion (after cross-matching) due to disease or a life threatening situation. This act is known as blood donation. It is a voluntary and safe procedure.

We have 4-6 liters of blood in our body. If you are a healthy adult, you can donate blood and save a life.

Conditions when blood transfusion is necessary

Blood transfusion may be required when there is severe bleeding after an accident, during surgery, after abortion, childbirth etc. Blood or its components are also given for diseases that require blood components like severe Anemia, Leukemia, Haemophilia, Thalassemia etc. In some situations like poisoning, burns, shock and drug reaction, blood transfusion may save the life of the patient.

Within 24 hours of blood donation, your body recuperates the lost fluids and after several weeks your body retrieves the lost red blood cells. Both men and women can donate blood.

There are different types of blood donation. Whole blood is donated which is then separated into its components like red cells, plasma and platelets. Platelets and Plasma may also be collected separately from the donor.

Blood is collected in plastic bags containing a fluid (anticoagulant) which prevents blood from getting clotted. Usually blood banks draw 450 ml of blood. Outside the hospital (during blood donation camps) 350 ml blood is drawn. This blood along with the anticoagulant fluid in the bottle or bag is called one unit of blood.

Eligibility to be a Blood Donor

- ◆ You must be above 17 years of age (between 18–55 years)
- ◆ You must weigh at least 50 kg
- ◆ You must be in good health

Blood Groups and Compatibility

Your blood type (group) is inherited from your parents. The two main blood group systems in blood transfusion are ABO system and Rh (D) system.



Give Life:
Donate Blood

14 June
World Blood Donor Day



Dr. (Maj.) Nalini Janardhanan
Specialist in Family Medicine
Hadapsar, Maharashtra, India

In ABO system, there are 4 groups – O, A, B and AB. In Rh(D) system there are 2 groups – Rh(D) Positive and Rh(D) Negative.

Your group and Rh factor (Rhesus Status) will be tested before blood transfusion. During blood transfusion only compatible blood is used. In about 5-6% of transfusion, complications can occur due to transfusion reactions (both immune and non-immune types) due to incompatibility reactions: some of which may be fatal.

A pre-transfusion compatibility testing is done as follows:

- ◆ ABO and Rh grouping of the patient
- ◆ Antibody screening of the patient's serum to detect antibodies
- ◆ Selecting the donor blood of the same ABO and Rh group
- ◆ Cross matching of the patient's serum against the donor red cells to confirm compatibility

In blood transfusion, the one who gives blood is called donor and the one who receives blood is called recipient. One can receive blood from a donor of the same group.

- ◆ A group can receive blood only from A or O and can donate to A or AB
- ◆ B group can receive blood from B or O and can donate to B or AB
- ◆ AB group can receive blood from any blood group. So AB group is called Universal Recipient. But AB group cannot donate blood to any group other than AB.
- ◆ O group can give blood to any blood group. So O group is called Universal Donor. But O group can receive blood only from O group.
- ◆ Rh negative patients should not receive Rh positive blood (especially in cases of

women of child bearing age).

One is fit to donate blood, if

- ◆ Blood Hemoglobin is not less than 12 gm
- ◆ No major operations in last 6 months
- ◆ No blood donation in last 6 months
- ◆ No blood transfusion within last 1 year
- ◆ No pregnancy within last 1 year
- ◆ No Malaria in last one month
- ◆ Free from severe asthma, hypertension and bleeding disorders
- ◆ Free from diseases due to virus infection like Hepatitis
- ◆ Free from sexually transmitted diseases like syphilis, AIDS etc.

One is Unfit to donate blood, if

- ◆ Pregnant or likely to be pregnant
- ◆ Had a tattoo or piercing within last 1 year
- ◆ Have been to the dentist in last 7 days
- ◆ Feel unwell at the time of donation
- ◆ Taking antibiotics
- ◆ Had recent attacks of infections like Jaundice, Typhoid, Malaria and Rubella.
- ◆ Have undergone major surgery (should not donate blood for 6 months)
- ◆ Have history of epilepsy (fits), psychotic disorders, abnormal bleeding tendencies, severe asthma, cardiovascular disorder and malignancy (cancer). They are permanently unfit for blood donation

Blood donation is equally beneficial both to the recipient and the donor to live a longer and more productive life. Therefore, those who are eligible to donate blood should come forward with alacrity. ☐





making work easy



Review: My second IDS adventure with Renfert

How time flies: two years ago, I experienced my first IDS as a Marketing Manager at Renfert. At that time, I had only been with Renfert for half a year and the impressions gained at the fair were a great help in becoming familiar with the dental world.

Today I would still not describe myself as an old hand in the dental business and I still discover new things about this wide-ranging sector. But this time I knew what one week of the “Internationale Dental Schau” in Cologne means.

While I was mainly responsible for the digital media at the fair in 2015, I had the opportunity to get involved in all aspects of the tradeshow organization this time round at the IDS 2017. Together with Heike Möllenberg (Head of Marketing at Renfert) we started organizing the IDS back in 2016. It is impressive to see what runs in the background of a company’s presence at a tradeshow and it is really awesome when (nearly) everything which was planned runs smoothly, just as you planned it.

making work easy

Our theme for IDS 2017 was “making work easy”. For the very first time, we could brand our booth entirely in line with our new corporate design. After thinking, planning and organizing for such a long time, it was really satisfying to see how the tradeshow booth was erected and the Renfert products found their places in the various product areas one after another. It is still stunning for me, how complex our Renfert world is.

Thanks to our new products the tradeshow started with a bang from day one! Above all our two new dental extraction units SILENT EC2 and SILENT powerCAM EC made a very good impression, in addition our innovation, the EASYview 3D microscope, which was presented at IDS for the first time succeeded in turning many heads. The biggest reward was the sparkling eyes of the numerous visitors, who we welcomed at our booth.



EASYview 3D in action



New product: EASYview 3D



Christian Lang



Guidance at the booth



Renfert extractions



Clinical Area

Like a big family

Of course, IDS is not the only event to experience as a Marketing Manager at Renfert. Besides the yearly Fachdental tradeshows in Frankfurt, Leipzig or Munich, there are many other opportunities to get to know the dental sector and the people working within it. It was great to see all the familiar faces again at IDS: August Bruguera, with whom we

developed the GEO Expert waxes in the last two years, employees of other dental companies and competitors, dental technicians and dentists. And of course sales representatives, who plan and implement great activities with us every year and who join us every IDS for our two Dealer's Night events to review the last year, celebrate and to make new contacts. What inspired me the most was the friendly and fair interaction: just like a big family.



Renfert Team

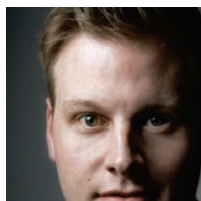


Renfert Dealer's Night



Momentum for the next two years

The impressions, images and emotions of the IDS shape and motivate. I am happy, that the successful IDS 2017 helped us to gain great momentum for our next projects: marketing campaigns for new products, online projects and tradeshows. And of course I am already looking forward to the next IDS and to a further five exciting days in Cologne. See you (at the latest) in March 2019.



Christof Elben, Online Marketing Manager at Renfert. Besides Web and Social Media he is responsible for content creation and videos.



MONSOON: Threats and Precautions

The rainy season is here. It is the perfect breeding ground for germs and bacteria which in turn lead to water borne diseases that affects a lot of people. That is exactly the reason why you see very few people in office. They may not be enjoying a trek on some remote mountain.

Health problems such as cold, flu, malaria or gastroenteritis are on a rise as people indulge in a lot of junk food, get wet in the rain just for the fun, use wrong footwear etc.

Diseases related to monsoon are of various types:

- Water Borne: Cholera, Typhoid, Hepatitis A
- Vector-borne: Malaria, Dengue, Haemorrhagic fever
- Due to exposure to water/rain: Hypothermia, Respiratory tract infections, Leptospirosis
- Due to exposure to water/rain: Respiratory tract infections, Leptospirosis
- Sudden Drop in temperature may influence one's health especially of those who are allergic to cold or in asthmatics

Chikungunya is transmitted similarly to dengue fever and causes an illness with an acute febrile phase lasting two to five days

> Viral respiratory tract infections are on the rise as we tend to get wet very often which again leads to bacterial infection

Leptospirosis is an infectious disease that can occur in humans. High risk factors include close association with animals and dirty water.

Diarrhoea results from viral infections, bacterial infections or parasitic infestations. These pathogens typically reach the large intestine after entering orally through ingestion of contaminated food or water, oral contact with contaminated objects or hands and so on.

It can be managed by maintaining fluids by using oral rehydration therapy. If this treatment cannot be adequately maintained due to vomiting or the profuseness of diarrhoea, hospital admission may be required for intravenous fluid replacement. In severe cases, it can lead to shock (low blood pressure) and kidney failure.

Malaria is a mosquito-borne disease caused by a parasite. People with malaria often experience fever, chills and flu-like illness. Left untreated, they may develop severe complications and die.

Dengue fever is a disease caused by viruses that are transmitted to people by mosquitoes. Dengue fever usually causes high fever (about 104 F-105 F), skin rash and pain (headaches and often severe muscle and joint pains). The disease has also been termed "break bone" or "dandy fever" because the unusually severe muscle and joint pains can make people assume distorted body positions or exaggerated walking movements in an effort to reduce their pain.

Chikungunya is transmitted similarly to dengue fever and causes an illness with an acute febrile phase lasting two to five days, followed by a longer period of joint pains in the extremities; this pain may persist for years in some cases.

Drowning is the leading cause of death in cases of flash floods and coastal floods. Glass debris and nails found in all sorts of floods cause small lacerations or punctures. Sometimes fatal injuries can occur during evacuation or during cleanup activities.

Electrocution and electric shocks can take place when there is flooding.

Road traffic accidents are heightened during the Monsoon season which



brings increased riding hazards for motorcyclists. Riders should know and practice proper risk management.

Prevention

- Monsoon is the time when dirty water mixed with sewage and soil can cause infections. Overflowing ground water can contaminate tap water too. Make drinking water safe by boiling, filtering and by using ultraviolet purifiers to ensure its purity. Or just stick to bottled mineral water to protect yourself against water borne diseases.
- Prevent stagnation of water near your house, in flower pots, coolers etc. All sources of water such as wells and storage tanks should be covered and cleaned to avert breeding of mosquitoes and prevent mosquito borne diseases. Use insect

repellents, disinfectants and take precautions to stay away from mosquitoes, flies, cockroaches and termites. Dried neem leaves, camphor or cloves emit fresh odour.

- Clean your salads and leafy vegetables under running water, steaming them is the best way to get rid of germs. Soaking the greens in salt water for about 10 minutes can help remove germs. Avoid eating roadside food items such as cut fruits, chaat, pani puris or salads. Eat only freshly cooked food.
- During monsoon, special attention is required to prevent fungal feet. Keep them dry.
- Opt for open shoes during hot and humid days to prevent fungal feet.
- Do not wear wet clothes for

Wash your hands before handling food, after eating food and after visiting the toilet

long to prevent fungal infections of the skin or nails.

- Diabetics should not walk bare foot since the soil on which they walk is a reservoir of all types of germs.
- Wash your hands before handling food, after eating food and after visiting the toilet.
- Avoid motorcycling in the rain if possible. Those who must ride should take extra precautions.
- Slow down. Rain causes oil in the road to rise to the surface. Water and oil make the road both wet and slick. ☞



DENTAL CALENDAR THIS JUNE - JULY

05 - 10 June
Montreux
Switzerland

93rd Congress of the European
Orthodontic Society
Montreux Music and Convention Centre

☎ + 41 21 962 20 00
📄 + 41 21 962 20 20
💻 www.eos2017.ch

08 - 10 June
Krakow
Poland

ICOI Europe Congress
DoubleTree by Hilton Hotel

☎ + 1 973 783 6300
📄 + 973783 1175
💻 www.icoi.org

09 - 12 June
Beijing
China

The 22nd China International Dental
Exhibition and Scientific Conference
China National Convention Centre

☎ + 86 10 88393917
📄 + 86 10 88393924
💻 www.sinodent.com.cn

12 - 13 June
London
United Kingdom

24th World Congress on Dentistry and Oral Health
Holiday Inn

☎ + 800 014 8923
💻 www.conferenceseries.com

22 - 24 June
Orlando
USA

Florida Dental Convention
Gaylord Palms Resort and Convention Centre

☎ + 850 681 3629
📄 + 850 561 0504
💻 www.floridadental.org

10 - 12 July
Kuala Lumpur
Malaysia

28th Asia Pacific Congress on Dental and Oral Health
Seri Pacific Hotel

☎ + 603 4042 5555
📄 + 850 561 0504
💻 www.dentalcongress.com

12 - 15 July
Las Vegas
USA

Academy of General Dentistry
Caesars Palace

☎ + 1 888 243 3368
📄 + 1 312 335 3443
💻 www.agd.org

17 - 18 July
Munich
Germany

23rd Global Dentists and Pediatric
Dentistry Annual Meeting
Holiday Inn

☎ + 49 89 4803 6215
📄 + 49 89 448 7170
💻 annualmeeting.conferenceseries.com

19 - 22 July
Rio de Janeiro
Brazil

The 23rd Rio Dental Meeting
Riocentro

☎ + 21 2502 6237
📄 + 21 2504 5760
💻 www.ciorj.org.br



Tobacco: A Threat to Development

“The believing we do something when we do nothing is the first illusion of tobacco”.
Ralph Waldo Emerson

Tobacco smoking and consumption of smokeless or chewing tobacco affects the lives of billions of people, posing an enormous public health challenge in its complexity, scale and impact, both at an individual and nationwide level.

Tobacco use is a threat to any person, regardless of gender, age, racial, cultural or educational background. It brings suffering, disease and death, impoverishing families and national economies.

It is necessary to ban or stop use of tobacco on a global basis as it leads to many illnesses such as lung cancer, oral cancer, chronic obstructive lung disease, heart attacks, strokes, chronic heart diseases, emphysema etc.

Tobacco can be in any form such as cigarettes, bidis, cigars, creamy snuff, kreteks, gutkha, chewing tobacco, hand rolling tobacco, pipes etc. Each year, the tobacco epidemic kills an estimated 6 million persons worldwide, including about 600,000 who die because of second hand smoke exposure. If the current trend continues, this number is expected to reach 8 million deaths annually by 2030.

To draw global attention to the tobacco epidemic and the preventable death and disease it causes, World Health Organization and its member states passed a resolution on 15 May, 1987 to celebrate an annual event **World**

No Tobacco Day (WNTD) on 7 April, 1988, which was later changed to **31 May**.

It encourages effective actions to reduce tobacco consumption in any form all across the globe. Every year on 31 May, WNTD is celebrated with a different theme to cover the broad range of measures within the WHO Framework Convention on Tobacco Control (WHO FCTC).

The theme for World No Tobacco Day 2017 was **"Tobacco – a threat to development."** This year's campaign demonstrates the threats that the tobacco industry poses to the sustainable development of all countries, including the health and economic well-being of their



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citizens. It proposes measures that the governments and the public should take to promote health and development by confronting the global tobacco crisis.

Global Goals with Tobacco Control

- In addition to saving lives and reducing health inequalities, comprehensive tobacco control contains the adverse environmental impact of tobacco growing, manufacturing, trade and consumption.

Tobacco growing requires large amounts of pesticides and fertilizers, which can be toxic and pollute water supplies. Each year, tobacco growing uses 4.3 million hectares of land, resulting in global deforestation between 2% and 4%. Tobacco manufacturing also produces over 2 million tons of solid waste.

- Tobacco control can break the cycle of poverty, contribute to ending hunger, promote sustainable agriculture and economic growth, and combat climate change. Increasing taxes on tobacco products can also be used to finance universal health coverage and other development programs of the government.

Tobacco use costs national economies enormously through increased health-care costs and decreased productivity. It worsens health inequalities and exacerbates poverty, as the poorest people spend less on essentials such as food, education and health care.



It is not only governments who can step up tobacco control efforts: people can contribute on an individual level to making a sustainable, tobacco-free world.

People can commit to never take up tobacco products. Those who do use tobacco can quit the habit, or seek help in doing so, which will in turn protect their health as well as people exposed to second-hand smoke, including children, other family members and friends. Money not spent on tobacco can be, in turn, used for other essential uses, including the purchase of healthy food, healthcare and education.

Every year 8.2 million people die from cancer, at least 1.6 million or 20% of these are tobacco related. India is home to 86% of world's oral cancer cases.

Through **Tobacco Intervention Initiative**, the Indian Dental Association with government support is trying to create a tobacco free India, thus improving the oral health of Indians by the year 2020.

It organizes oral cancer detection camps for screening of early cancer cases, tobacco de-addiction counseling and awareness lectures highlighting the negative effects of tobacco through audio-visual aids.

There is also need to rehabilitate farmers by cultivating alternate crops in place of tobacco. Other measures advocated for tobacco control are raising tax rates on tobacco up to 300% to deter the poor from tobacco use, removal of cottage industry tag for bidi and gutkha, better awareness creation of harmful effects of passive smoking, enlargement of pictorial warnings, proper counseling and treatment therapy of tobacco addicts and deglamorizing of tobacco.

Voice of Tobacco Victims is another campaign which portrays tobacco trade as crime against humanity. This campaign played pivotal role in ban of Gutkha (flavored chewing tobacco) all over India and smokeless tobacco in several states in country. It also led to a campaign for raising taxes on all tobacco products. It has been recognized as one of the most powerful campaigns by WHO for tobacco control in 2011.

Cancer deaths due to tobacco are preventable. Oral cancer is curable, if detected early and dentists can play a major role in detecting early signs of oral cancer. We must commit to further reduce tobacco use so that a tobacco-free world becomes a reality. ☐

It is better to back from tobacco before tobacco backs you to the grave.

Online Dentistry



Dr. Arshee Hashmi
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With the new mantra, “Digital India” hitting the market, there will be a complete revolution coming up in India. In this new era, dentists should also infiltrate the “ONLINE” trend in dentistry.

I will be discussing here as to how we can merge dentistry with the online portal and discover “ONLINE DENTISTRY”.

A short and simple meaning of online is to get connected to the computer. THAT'S IT!!!

But how you grow yourself as a dentist with this small communicating unit is the major task.

Ways of going online

- ☞ Create Websites
- ☞ Through Apps
- ☞ E-mails
- ☞ Inculcating software and so on

To illustrate, let me show you some statistic data of a few big online hitzz

Online Portal	Users
Facebook	142 million
Twitter	23.5 million
Linkedin	30 million

It is clear from this that more and more people are going online day by day, be it a social media site, shopping site, professional site and so on.

Benefits of going online

- ☞ **From the patient's point of view**
 - ☞ Chat
 - ☞ Frequently Asked Question (FAQ)
 - ☞ Images
 - ☞ Patient records
 - ☞ Reports
 - ☞ Appointments
- ☞ **For the Clinic**
 - ☞ Maintaining accounts

- ☞ Indent management
- ☞ Case records
- ☞ Images / Radiographs
- ☞ Daily updates
- ☞ Revenue

Here are few questions to be answered before marketing your clinic

- ☞ In which city do you reside?
- ☞ Exact location of your clinic.
- ☞ Local apps and social media running in your locality.

If you have answered all the above questions, you know what exactly you have to do.

This is how it goes!!!

- ☞ Know your city, area and locality before promoting your clinic online and proceed accordingly.
- ☞ Search on the net for strategic data and prepare a rough chart for it.
- ☞ Once you are satisfied with your search results and data, go ahead for online marketing.

Remember –Target the right crowd for your dental services.

Online partnership

Online partnership will promote your website and will increase Search Engine Optimizer (SEO) of your website.



Online partnership will promote your website and will increase Search Engine Optimizer (SEO) of your website

There are several ways to do online partnership like

- ☞ Exchange of content.
- ☞ Link exchanges.
- ☞ Advertisements and so on.

Communication

- ☞ Promote live chat option with your patient.
- ☞ Answer their queries online.
- ☞ You may also make a list of FAQs and highlight them on your website.
- ☞ This makes it easy for the patient to understand the treatment and procedures.

Contribution to Dental Field


As a dentist you must have done

many special cases:

- ☞ Make a note of these special cases with images and radiographs and make a proper presentation.
- ☞ Launch them on an online portal like website, apps, web magazine etc.

As I have previously mentioned, you can also have online partnerships and contribute these cases to other websites. Your case study will definitely benefit on an academic level and also contribute to the dental field.

Do not limit your growth in Dentistry.

Explore more on online dentistry. "The more you explore, the more you will discover". 

EPILEPSY: *What Should I Know?*



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Epilepsy, which is also called seizure disorder, is a disorder of the brain. A person is said to have epilepsy when he or she has had two or more seizures.

A *seizure* (*Greek-seize=to take control of*) is a change in normal brain activity where there are abnormal discharges occurring in the brain cells and this manifests as abnormal movements in the body and person with seizures can lose consciousness. Some seizures can be just a “stare” or wandering movements or talking irrelevantly. But the most feared ones are those that cause falls and injuries.

How long can a seizure last?

Usually, a seizure lasts a few seconds or up to a few minutes. It depends on the type of seizure. In such short-lasting seizures, one need not panic. Sometimes, it can happen multiple times a day and in succession; the person remains unconscious in between the attacks which are more dangerous. The person can even become totally unconscious for hours together and during such time the vital functions like breathing, heart rate and rhythm etc. can be affected. Such people need intensive care in a hospital.

What are the major types of seizures?

Seizures for the ease of understanding can be divided into two – **Generalized seizures and Focal seizures.**

Generalized seizures, also called Grand Mal Seizures, affect both sides of the brain and manifest as jerky movements of both sides of the body which usually last for 2 to 3 minutes; following which patients may get frothing from the mouth and usually fall asleep which is called a postictal state.

Some persons can fall into a state of confusion after the seizure wherein they, without their knowledge will speak



Understanding the type of epilepsy is crucial for the proper treatment, to choose the proper medicine and also to decide whether surgery is required to make the patient seizure free

irrelevantly, run around and remain in this state for few minutes or even up to 1 to 2 hours. In this type of seizure, tongue bite, falls with injuries, fractures and other minor or major injuries are possible. Some of the generalized seizures like Absence Seizures of childhood can just manifest as a staring spell that last a minute or two, even though the discharges in the brain are seen on both sides.

Focal seizures on the other hand are subtler with just an aura (premonition) of various types like fear, abnormal sensation in the stomach, bad taste or can be a stare followed by smacking, chewing or swallowing movements with loss of touch with surroundings. The patient after the seizure remains amnesic (forgets what happened). This variant is classically seen in a type of epilepsy called Temporal Lobe Epilepsy which is the most common type of Focal Epilepsy.

What causes seizure(s)?

A single seizure can occur in anyone's life due to several reasons and it is not to be labeled as epilepsy. A single seizure could be related to high fever, low blood sugar, alcohol intake or alcohol/ drug withdrawal, head injury or a transient condition like

an infection of the brain called Encephalitis.

All of these cause a single or even a few seizures and are called acute symptomatic seizures or situation related seizures which may not become epilepsy in future life. Generally, only a permanent insult to the brain like a scar, shrinking of a part of the brain, tumors, certain genetic diseases or any trauma causing a major impact on the brain result in multiple seizures which then become unprovoked and result in epilepsy.

How common is epilepsy?

Epilepsy is one of the most common conditions affecting the brain. According to the World Health Organization (WHO), there are nearly 50 million people with epilepsy worldwide and 80% of them reside in developing countries.

Among them, nearly 12 million are in India, amounting to nearly one-fifth of the global burden. The estimated proportion of people with active epilepsy all over the world (i.e. if affected person has had at least one seizure in previous 5 years, regardless of antiepileptic drugs excluding single seizure, acute symptomatic seizure and febrile seizure) at a given time is between

4 and 10 per 1000 people. However, in low and middle-income countries the proportion is much higher, between 7 and 14 per 1000 people.

How is epilepsy diagnosed?

The most important key that aids a doctor to diagnose epilepsy is the story which is called "history" given by an eye witness who narrates it in the best way possible. These days, people have handy mobile phones which can capture these events in a video format and show the doctor.

Based on this, there are tests like the graph of the brain (called electroencephalography or EEG) and scan of the brain, preferably MRI scan which help the diagnosis. Besides, there are other modern facilities like video-EEG which give specialized care in epilepsy wherein the person's seizure(s) are recorded with simultaneous EEG running parallel to it to understand the type of epilepsy.

Understanding the type of epilepsy is crucial for the proper treatment, to choose the proper medicine and also to decide whether surgery is required to make the patient seizure free.

To be continued... 



Old age should be regarded as a normal, inevitable biological phenomenon. Elders above 65 years (old age) have health problems as a result of the aging process, which calls for special consideration.

Problems vary with the patient and the dental condition, so suggestions must be tailored to meet the patient's specific needs. The purpose of this article is to describe management of a contemporary denture patient and to make recommendations for solving complete denture problems.

Preprosthetic Care

Long-term denture use, especially of a poorly maintained or ill-fitting denture, can lead to tissue trauma and chronic soreness. These conditions must be corrected before new denture fabrication by use of tissue rest, tissue conditioning or preprosthetic surgery.

Adequate tissue rest by way of denture removal for a period of days is a common method of correction. The use of tissue conditioners is the next procedure that can help return the tissues to a healthy condition. Tissue conditioning therapy is often a requisite to surgical procedures and can provide suitable modification of an existing complete denture for use during the treatment phase.

Preprosthetic surgery may be viewed as a questionable treatment recommendation by an experienced denture wearer unaware of the deleterious tissue response that has developed. One of the more frequent treatment recommendations is the surgical management of large tuberosities.

Failure to recognize and manage enlarged tuberosities may impede the clinician's ability to develop proper vertical dimension and occlusal plane orientation. Both of these considerations impact the forces applied to the denture bases during function and parafunction. Denture base movement and lack of stability is a common cause of soreness and lack of retention.

Prosthodontic Rehabilitation for the Aged



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Another preprosthetic procedure frequently overlooked is soft tissue removal from the superior and lingual surfaces of the retromolar pad. This procedure provides a firm retromolar pad with a shallower slope in the molar area. When unrecognized, this region may be distorted during impression making, potentially resulting in tissue impingement and patient soreness.

The removal of redundant tissues covering a sharp or highly resorbed residual ridge or augmentation of redundant tissue with artificial materials has fallen into disfavor because of frequent complications.

Treatment planning for partially edentulous patients with teeth of good prognosis

As rates of edentulousness decline, clinicians are faced with treating increasing numbers of older partially dentate patients. If prosthodontic replacement of teeth is required, the majority receive **removable partial dentures (RPDs)** to

meet functional and aesthetic demands. There is always a biological price associated with RPD provision, but the risk of disease can be reduced if patients maintain a good standard of oral hygiene and their previous dental history indicates a low risk of disease.

Given the propensity for RPDs to complicate plaque control, it is vital that they are designed using hygienic principles. RPDs constructed with a cobalt-chromium framework can be used to minimize gingival coverage and ensure that components do not encroach on root surfaces.

Frameworks for dentures should not be overly complicated and minimal number of components needed to provide adequate retention and support should be provided. Ideally, unless additions are planned, **cobalt chromium frameworks** should be favored over acrylic denture bases.

Acrylic RPDs often gain retention through extending over the soft tissues or engaging with the embrasure spaces of remaining teeth. They can be unhygienic and cause trauma to the soft tissues, thus their use should be limited where possible. Some researchers have suggested that older adults have different functional needs from young patients and therefore do not need a complete natural dentition.

The concept of '**minimally invasive dentistry (MID)**' has also been proposed as an effective and acceptable form of dental management for older adults. In addition to caries prevention strategies and conservative management of cavities, this strategy also includes the use of **resin-bonded or cement-retained bridges** to maintain shortened dental arches where anterior teeth are missing.

The use of bridgework instead of RPDs has been shown to be an effective means of replacing missing teeth with a reduced maintenance burden. Especially in partially reduced dentitions with (almost) sound remaining teeth, resin-bonded bridges offer a good treatment alternative to RPDs. They are comparatively easy to place, are relatively inexpensive and well accepted by the patient. The biological price is low compared to conventional bridges and RPDs.

Glass fibre-reinforced composite bridgework can also be used to restore patients with a shortened dental arch. Fibre-reinforced composite, resin-bonded bridges can be made both directly in the mouth by the clinician or indirectly in a dental laboratory. However, for use in the management of partially reduced dentitions in the elderly, this is compensated for by the relative ease with which they can be repaired and extended, if necessary.



These functionally-oriented treatment strategies aim to reduce the burden of maintenance for older adults. It is essential that the remaining natural dentition has a good long-term prognosis and that the patient is sufficiently motivated (and physically able) to be able to maintain a good standard of oral hygiene and thus reduce the risk of further tooth loss.

Treatment planning for partially edentulous patients with teeth of poor prognosis

In certain clinical situations, it is very likely that the patient will eventually lose all of his/her natural teeth. These situations can include: questionable patient motivation, advanced periodontal disease, poorly controlled caries, advanced tooth wear and financial considerations.

For any prosthetic treatment, a definite recall system should be established depending on the patient's degree of cooperation. This is essential in order to obtain a satisfactory prognosis. In a patient with poor oral hygiene, immediate dentures, overdentures and overdentures with precision attachments play an important role.

The goal of **immediate denture** therapy is to maintain satisfactory appearance and function during the post-extraction phase of

treatment. When providing immediate replacement dentures, the patient must also be advised that immediate dentures are intended to be temporary and will probably have to be replaced after 6–12 months.

Maintaining key teeth: Overdentures

Providing an older person with his/her first complete replacement denture can be a difficult experience for both clinician and patient. One possible alternative to complete tooth loss is the retention of a number of strategically important teeth and the utilization of overdentures. Overdentures have proven to be very successful, especially in the mandible where bone resorption can severely compromise denture stability and retention.

Overdentures convey a number of important advantages

By utilizing teeth to retain the prosthesis, alveolar bone is preserved, thus reducing loss of vertical dimension and lip support. There is also greatly enhanced support for the denture.

Through the retained roots, sensory feedback and proprioception are maintained, helping to provide an awareness

of jaw-space relationships and improving chewing efficiency.

Saving some of the remaining natural teeth can convey huge psychological benefits to the patient. As well as making the denture feel more secure, patients are comforted by the fact that they still retain some of their own natural teeth.

As the oral health of older adults improves, it seems likely that older adults will be less likely to accept that tooth loss is an inevitable part of the ageing process. Consequently, retaining some portion of their natural dentition will be of great benefit. They can be useful if partial denture construction is proving difficult, for example in cases with unsuitable abutment teeth or where saddles have conflicting paths of insertion.

Overdentures can prove successful in hypodontia cases as well as cleft palate or surgical defect cases. With non-carious tooth surface loss, an increasing problem amongst older patients, overdentures can be used as diagnostic or definitive prostheses to restore teeth. Planning for overdentures requires the careful assessment of potential abutment teeth. The prognosis for the retained teeth should be good and they should be considered restorable.

Patients for whom overdentures may be indicated are often not ideal dental patients. They will have lost teeth due to a combination of disease susceptibility and neglect. Vigilance is therefore essential and a program of intensive maintenance will be required.

Unfortunately, caries and periodontal disease are common problems associated with overdenture abutments. In addition, if an adequate thickness of acrylic is not provided over the abutment teeth, the prosthesis can be susceptible to fracture.

In cases where retention is severely compromised, the clinician can consider the use of **precision attachments** to enhance denture retention. A precision attachment is an interlocking device, one component of which is fixed to an abutment, while the other is incorporated into a denture or bridge.

Precision attachments can be particularly useful when providing elderly patients with a complete denture for the first time. They can also be utilized successfully in patients with poor muscular control, including those suffering from Parkinson's disease or a post-cerebrovascular accident.

Treatment planning for completely edentulous patients

Despite falling rates of edentulousness, many elderly patients still require prosthodontic replacement of all their natural teeth. Successful provision of complete dentures, even for patients with experience of wearing previous prostheses, can be challenging as many have resorbed alveolar ridges and postural jaw relationships.

However, many patients can be successfully managed using conventional complete replacement dentures when fundamental prosthodontic principles are applied. Care should be taken to ensure that dentures are well extended, especially in the mandible, to take advantage of retention from the retromolar pads and that balanced articulation has been achieved.

Patients who present wearing existing complete dentures which have proved successful can be candidates for copy dentures or at least incorporation of the successful features into new conventional dentures.

Precision attachments can be particularly useful when providing elderly patients with a complete denture for the first time

With the predictability of osseointegration, there has been a growing shift towards the routine use of **implants** to stabilize complete removable prostheses. This is driven by the fact that implants can overcome many of the functional, psychological and physiological consequences of edentulousness.

Implants help to preserve alveolar bone and bite force is increased when compared with conventional complete dentures. This may enable the patient to chew food with a higher nutritional value, which is important for general health. However, providing **implant supported prosthodontics** involves more complex and lengthy treatment procedures than conventional care.

Prior to implant placement, careful planning is required to assess the width and height of the alveolar ridge present. Bone augmentation may be required prior to implant surgery, if insufficient bone levels are present to support the implants. Patients suffering from any condition that precludes a minor oral surgical procedure, for example, poorly controlled diabetes mellitus, blood dyscrasias or immunological compromise would be unsuitable for implant placement.

Amongst elderly patients, particular attention should also be paid to any history of head and neck radiotherapy and use of

bisphosphonate medications. Whilst not universally considered an absolute contra-indication, patients who smoke should be advised that the failure of implants and postoperative complications are much higher in smokers than non-smokers.

In addition, as with other prosthodontic treatment options, **implant-retained dentures** require careful maintenance from both the patient and clinician. Implant-retained prostheses have been a major advance in the treatment of patients with denture wearing difficulties and offer the possibility of overcoming many of the problems associated with conventional replacement dentures.

Evidence suggests that implant-retained mandibular overdentures should be considered as the first choice of treatment for edentulous patients. However, for many elderly patients who could benefit most from implant-retained prosthodontics, they remain financially prohibitive.

Conclusion

Functionally-orientated and minimally invasive treatment strategies can enable older patients to maintain natural teeth and avoid the need for a removable prosthesis. For those patients who will lose natural teeth, key teeth should be preserved to support overdentures or a careful transition to edentulousness should be planned. □

Dental Radiography

Revisited

Dentists use X-rays to help evaluate and definitively diagnose many oral diseases and conditions that are not visible during a clinical dental examination.

How often X-rays should be taken depends on specific factors such as an individual's current oral health, age, risk for disease and any signs or symptoms of oral disease. The dentist must weigh the benefits of taking dental radiographs against the risk of exposing a patient to X-rays, the effects

of which accumulate from multiple sources over time.

Dentists adhere to the "ALARA" (As Low as Reasonably Achievable) principle, a phrase coined in 1973 by the International Commission on Radiologic Protection (ICRP). Radiation dosage is expressed as effective dose, a term applied to estimate the radiation risk in humans. The most radiosensitive organs are bone marrow, thyroid gland, brain and salivary glands.



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Effective Dose Exposures from Medical Examinations and Procedures

Type	Average Effective Dose (Adults) in Millisieverts (mSv)
Intraoral X-Ray	0.005 mSv
Dental panoramic radiography	0.01 mSv
Chest radiography	0.1 mSv
Dental computed tomography	0.2 mSv
Mammography	0.4 mSv
Upper G.I. tract radiography (including fluoroscopy)	6.0 mSv
Coronary computed tomography angiography	12 mSv

Effective Radiation Doses for Dental Radiographic Examinations

Type of Exposure	Average Effective Dose (Adults) in Millisieverts (mSv)
FULL MOUTH SERIES - 18 IMAGES	
With PSP storage or F-speed film and rectangular collimation	0.035 mSv
With PSP storage or F-speed film and round collimation	0.171 mSv
Bite wing (4 images) with PSP storage or F-speed film and rectangular collimation	0.005 mSv
CONE-BEAM COMPUTED TOMOGRAPHY	
Dentoalveolar CBCT small and medium field view	0.011-0.674 mSv
Maxillofacial CBCT with large field of view	0.030-1.073 mSv

From the tables seen, we can observe that the risk of occupational exposure in a dental setting is far lower than that in hospitals and medical offices.

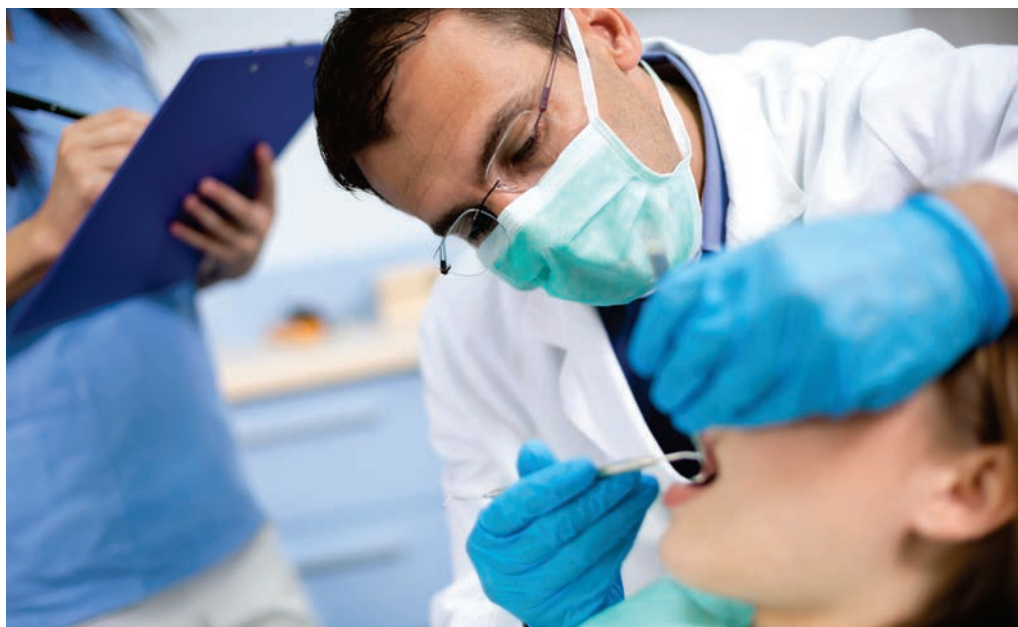
According to the National Council on Radiation Protection and Measurements (NCRP) 2009, the occupational exposure limit is 50 mSv in one year, although, lifetime occupational effective dose is limited to 10 mSv times the number of an individual's age. For pregnant dental personnel, the

radiation exposure limit is 0.5 mSv per month.

Safety Measure Guidelines

For Children

American Dental Association (ADA) promotes **Image Gently** to improve safe and effective imaging care of children worldwide, an initiative to “child size” radiographic examination of children in medicine and dentistry.



Requirements

- Select X-rays for individual needs, not as a routine
- Use the fastest image receptor available
- Use cone-beam CT/CBCT only when necessary
- Collimate the beam to the area of interest
- Always use a thyroid collar/shield
- “Child-size” the exposure time

For Adults

Similar to Image Gently, **Image Wisely** is a program to limit the X-ray exposure in adults to only that which is needed.

Requirements

- Inspection and testing for the facility: X-ray machine, radiation monitoring equipment and radiograph processing equipment
- Permits or licensing
- Supervision of personnel
- Use of dosimetry (TLD) badges
- Training or certification
- Dental office design and radiation shielding
- Record keeping

For Pregnant Women

The ADA recommends the use of aprons and thyroid shields for pregnant patients, and dosimeters and work practice controls for pregnant operators.

Studies of pregnant patients receiving

dental care have affirmed the safety of dental treatment. Patients often need reassurance that prevention, diagnosis and treatment of oral conditions, including dental X-rays (with shielding of the abdomen and thyroid) is “safe during pregnancy”.

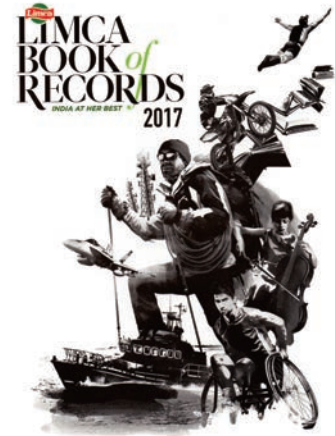
Digital radiography has many advantages but one of the concerns associated with digital radiography is that the individual taking the radiograph may increase the dose of X-ray exposure in an effort to diminish the appearance of image noise.

Cone-beam computed tomography (CBCT) produces a three-dimensional image of maxillofacial structures, with uses in Oral and Maxillofacial Surgery, Orthodontics and Endodontics. A drawback of CBCT imaging is the radiation exposure it requires.

CBCT in dentistry is the single major contributor of diagnostic radiation and recent publications have expressed concerns regarding the safety of this imaging procedure in children.

As with other radiographic modalities, CBCT imaging should be used only after a review of the patient's health and imaging history and the completion of a thorough clinical examination. Dental practitioners should prescribe CBCT imaging only when they expect that the diagnostic yield will benefit patient care, enhance patient safety or improve clinical outcomes significantly.

Hence with the basic knowledge and proper precautions, dental radiography can be counted as safe. ☐



ACCOLADE

Longest live oral health education programme

Dr. Vinod Mathew Mulamoottil of Thiruvalla, Kerala, a Senior Lecturer in the Public Health Department of Pushpagiri College of Dental Sciences, has been conducting Pushpavani Arogyam on Radio Macfast 90.4 FM every Wednesday from 9.00 am-10.00 am since February 23, 2012. Dr. Mathew, one of his students and an RJ are the participants in the programme. Each of the 3- part episode in Malayalam ends with a phone - in session during which Dr. Mathew clears doubts of the listeners. He had completed 213 episodes as on June 29, 2016. (Cross reference—Medical Sciences chapter)

A NEW HOPE FOR ALLERGIC PATIENTS



Immunology Research Wing of the University of Queensland, Australia has come up with a single treatment modality – Gene Therapy – to give life-long protection from lethal allergies, especially Asthma.

A team led by Associate Professor Ray Steptoe at the UQ Diamantina Institute has been able to 'turn-off' the immune response, which causes allergic reaction in animals.

Usually when allergies flare-up, the symptoms a

person experience, result from immune cells, known as T-cells, reacting to protein in the allergen; develops a form of immune 'memory' and become very resistant to treatment.

They have now been able to erase the memory of these T-cells in animals with gene therapy; de-sensitizing the immune system, so that it tolerates the protein.

The next step is to replicate the findings using human cells in the laboratory. For that blood stem cells have to be used and allergen protein regulating gene should be inserted and finally put them back into the recipient. These engineered cells produce new blood cells which express the protein and target specific immune cells, subsiding the allergic response. The eventual goal of this study is to develop a single injected gene therapy, which would replace short-term treatments for allergy. Currently people suffering from severe asthma or food allergies are focused in the study. All these findings have been published in JCI Insight. This study has brought a new dawn to those suffering from chronic and lethal allergies.



*Product
Profile*

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.

DentCare Clear Aligners make the cut as they serve as invisible, removable splints born out of thin, transparent plastic. They can be easily changed every two weeks, sparing users the tedious task of heavy maintenance.

Comfort Ensured – Quality Guaranteed

We have put forward the most sought after treatment solution to counter the drawbacks of dental braces!

Each DentCare Clear Aligner is unique as it is customized for the patient's teeth.

Remove them while eating or drinking. They permit pursuit of one's own regimen of oral hygiene measures. 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.

During treatment, each DentCare Clear Aligner is replaced following the prescribed sequence as the teeth move – little by little, week by week – until they have gradually straightened to their final position.

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.

DentCare has on board a panel of expert Orthodontists who are proficient to guide us through the toughest of cases. The panel would verify and ensure correctness during the plan formulation stages itself and thus ensure that the required result is achieved.

The product also comes with clear cut instructions for both the clinician as well as the patient.

Advantages for the patient

- No metal brackets or wires which may cause irritation or friction inside mouth
- Almost invisible and transparent splints
- Hygienic as it can be taken off easily to clean
- Easily removable—does not affect eating habits
- Simple and precise planning process
- Highly biocompatible
- Hassle free speech and smile
- Blends with lips and cheeks
- Final result can be visualized in 3D before treatment starts
- Fewer and shorter appointments required
- Time saving correction of misplaced teeth
- Replacement aligners at minimal cost

Indications

- For diastema closure
- For correction of minor to moderate front teeth crowding
- To correct deep bite
- To correct over jet
- To correct open bite

Prior to beginning the process of planning and designing a DentCare Clear Aligner, a perfect understanding of the patient's chief complaint and the proposed treatment plan is absolutely necessary.

For better treatment planning and optimal clinical result, detailed information is critical. Complete evaluation is provided by DentCare to help achieve better execution of cases.

Acceptable Impressions

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

Intraoral scans of upper and lower teeth may be emailed to ***aligner@dentcaredental.com*** with details of the patient and name of the doctor.

You may also choose to send impressions with Polyether but impressions with Polyvinyl Siloxane (PVS) are preferred. A one-step heavy/light body impression is the most efficient option for a DentCare Clear Aligner case.

Acceptable Bite Registration

Bite registration is absolutely necessary to reproduce the inter-arch relationship. This would help to establish the patient's occlusion in the laboratory and ensures that the treatment is carried out within the parameters of the initial occlusion.

A bite registration silicone is the material of choice for bite

registration as it gives excellent details of the occlusal contacts without rebound effect.

Digital Case Records

In order to proceed with the designing, it is mandatory to send us digital records of the patient. Ideally, a CBCT or CT is preferred. However, an Ortho pantomogram (OPG) along with Lateral Cephalograph would suffice.

Photographs

Photographs as mentioned below are mandatory.

Intraoral

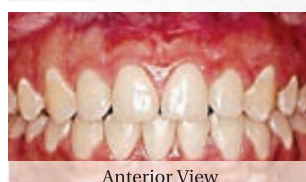
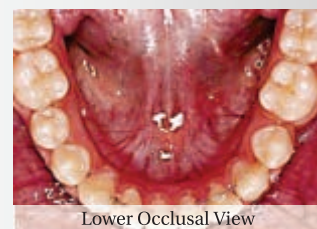
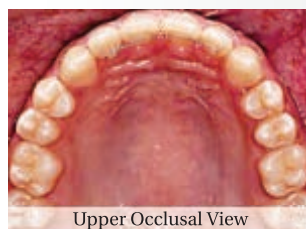
1. Upper occlusal view
2. Lower occlusal view
3. Left Lateral view
4. Right Lateral view
5. Anterior view

Extraoral

1. Lateral view
2. Anterior view

How does it work?

The treatment consists of a revolutionary system which integrates the latest software and 3D CAD / CAM technology.



The patient models are scanned with a high-tech 3D digital scanner. The software assists in analyzing the treatment requirements and thus supports in planning and mapping out all intermediate stages necessary to reach the predetermined goal.

The number of aligners required is ascertained. At each transitional stage, only minor tooth movement is effected and assists to progressively reposition the teeth. After two weeks, the next set of aligners should be used. The treatment process thus advances accordingly.

Each DentCare Clear Aligner must be put on for at least 20 hours a day for two weeks. This slowly pushes the teeth into positions planned by the dentist. Treatment time varies based on the complexity of the tooth movement planned.

When should you wear it?

We recommend wear of a DentCare Clear Aligner everyday as per the dental clinician's instructions or as instructed in the DentCare Clear Aligner schedule. Remove it only when you eat, drink or brush / clean your teeth. When you are not wearing the Aligner, place them in the case provided.

Each DentCare Clear Aligner must be put on for at least 20 hours a day for two weeks. This slowly pushes the teeth into positions planned by the dentist

How do you wear them?

- Soap-wash your hands thoroughly before handling the Aligners.
- Handle only one Aligner at a time.
- Never bite the appliance into place. Bites can distort or break your Aligner. Always use fingers to place the Aligners in your mouth.
- When inserting, gently push the Aligners over your front teeth. Then apply pressure with your fingers, on top of the left and right molars until they snap into place.
- Make sure each Aligner is fully seated. There should not be any space between the edge of the tooth and that of the Aligner. If the Aligner is not settled in place, teeth will not move properly and the next Aligner will be even further off. This can waste many weeks of treatment.

How do you remove them?


To remove DentCare Clear Aligners, pull them off simultaneously on both sides of the back teeth first and then gently lift from the front teeth.

How do you clean them?

Clean the Aligners prior to each insertion using the soft brush provided and rinse them with water.

Things to remember

- Never expose the Aligners to heat; they will get distorted and become loose fitting.
- Never forcefully bend or twist the Aligners to adjust or get them off.
- Never boil to clean or sterilize the Aligners.
- Never remove the Aligners unless it is very necessary.
- Never use any sharp object to remove the Aligners.
- Never use denture cleaners to clean your Aligners.
- Never soak the Aligners in mouthwash.

With DentCare Clear Aligners, you have on board with you, an innovative product from the lab partner most trusted by thousands of dental clinicians worldwide. 



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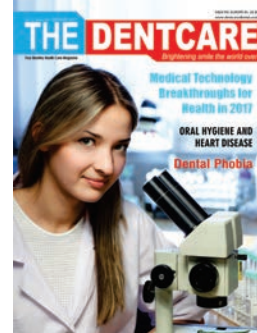
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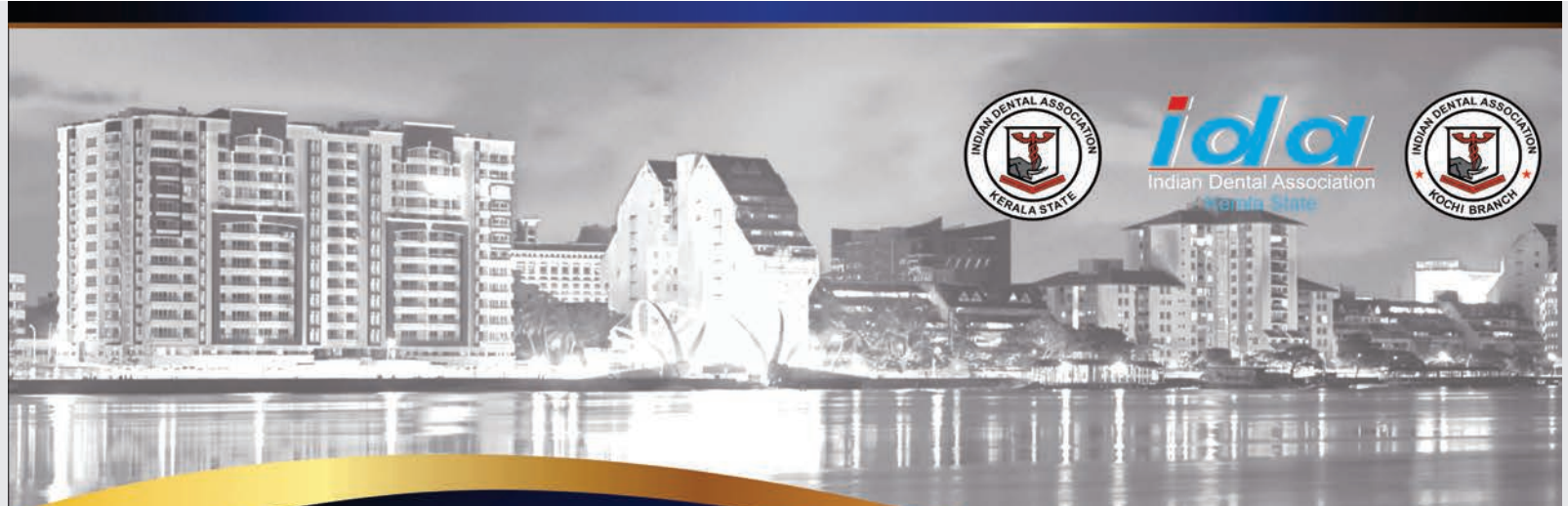


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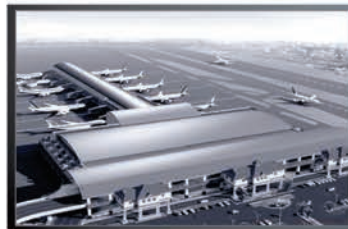
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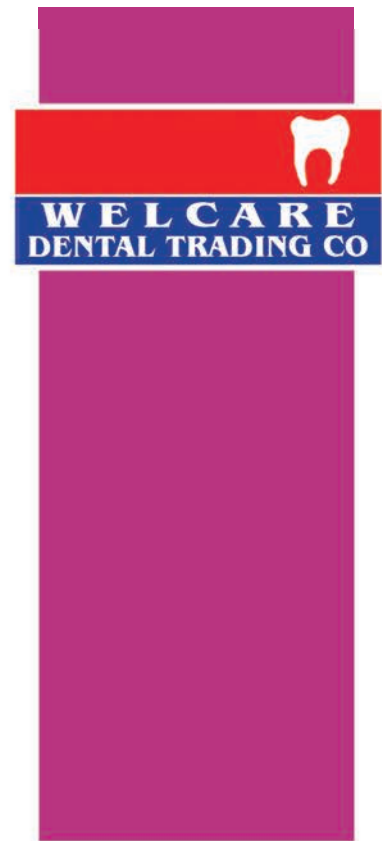
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