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THE DENTCARE

Your Monthly Health Care Magazine

Brightening smile the world over

**Cosmetic
Dentistry**

**Is Obesity a Cause for
Infertility in Women?**

**Can Sinusitis
Cause Toothache?**

**Infant and Child
Dental Care**

Diet 4
Doctors and Hospital Staff





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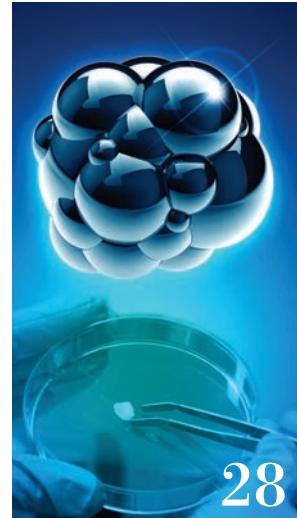
DentCare Dental Lab Pvt. Ltd.

Muvattupuzha, Kerala, India

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Dear Reader,

'The Dentcare' is Four.

Milestones apart, this journey would have remained bereft of its worthy intent, had it not been for your continued patronage over the years.

Without an inkling of doubt, you remain our sole reason for celebration this October.

The Dentcare salutes you.

We believe that dreams come true.

Over the last 48 issues, every word has been special, every page – a revelation, every issue – an eye opener. The dream we nurtured with you in mind is today a real life monthly experience that continues to tickle your senses, fuel new thoughts, touch more hearts and brighten even more smiles, the world over.

Herein, lies our constant provocation to reach out to you with the best that healthcare has to offer. And thus build a human bond that adds persistent value to this beautiful relationship.

None of this is possible without the benevolence of the Almighty.

Every aspect of Dentcare stands testimony to His abundance in ways that are truly beyond compare. This is our blessed reassurance and the only source of our immense fortitude.

Your enthusiasm to engage in the delightful content is not without sound reason. Let us not hold you back, even as we reserve our deepest gratitude for your personal warmth.

Yours truly,

Prof. (Dr.) George P. John

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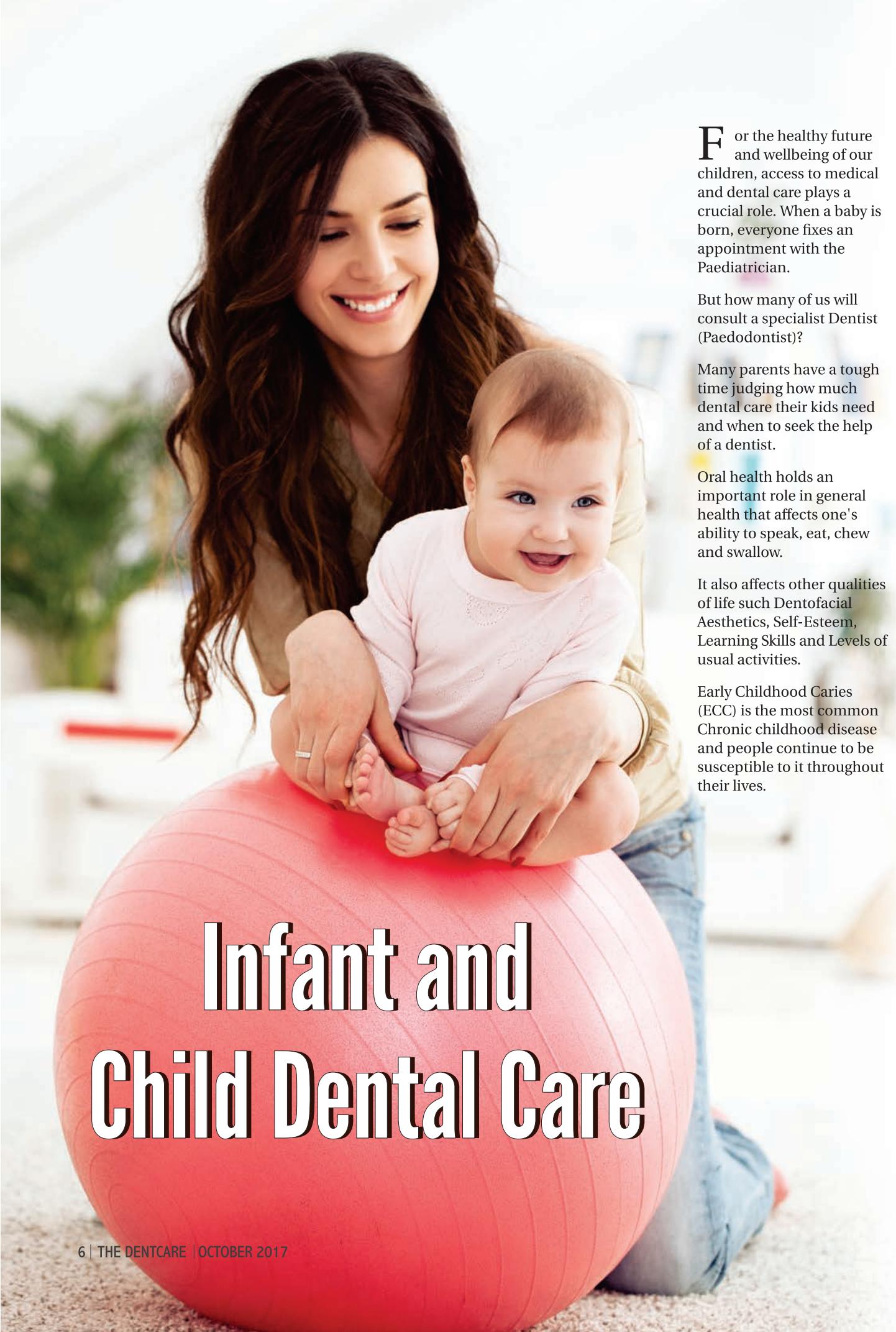
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Message

I am happy to know that DentCare dental lab Pvt. Ltd. Muvattupuzha is bringing out a magazine named “The DentCare”. It is glad that the magazine is being published for the last four years for the awareness of dental care field. I appreciate your initiative and wish you all success in this endeavour.

K K Shailaja Teacher



Infant and Child Dental Care

For the healthy future and wellbeing of our children, access to medical and dental care plays a crucial role. When a baby is born, everyone fixes an appointment with the Paediatrician.

But how many of us will consult a specialist Dentist (Paedodontist)?

Many parents have a tough time judging how much dental care their kids need and when to seek the help of a dentist.

Oral health holds an important role in general health that affects one's ability to speak, eat, chew and swallow.

It also affects other qualities of life such Dentofacial Aesthetics, Self-Esteem, Learning Skills and Levels of usual activities.

Early Childhood Caries (ECC) is the most common Chronic childhood disease and people continue to be susceptible to it throughout their lives.

Early Childhood Caries

In 2003, the American Academy of Paediatric Dentistry (AAPD) defined ECC as "The presence of one or more decayed (noncavitated or cavitated lesions), missing (due to caries) or filled tooth surfaces in any primary tooth in a child up to 71 months of age or younger".

Etiology

Early Childhood caries is a multifactorial disease.

Cariogenic microorganisms, such as *Streptococcus mutans* is responsible for initiation and development of ECC. *Streptococcus mutans* can be transmitted by vertical transmission, primarily through mother who has not undergone treatment for caries.

Inappropriate feeding practices,

such as bottle feeding at bed time or allowing the child to fall asleep with a bottle containing fermentable carbohydrates throughout the day have also been associated with the caries appearance.

ECC is also associated with demographic characteristics, oral hygiene practices, parental attitudes, educational status of mother, socio-economic status, temperament of the child, mouth breathing habit, siblings, pacifiers dipped in honey, children with chronic illness or special health care needs and

Dr. Cyriac Philip

Post Graduate Student

Department of Public Health Dentistry

Dayananda Sagar College of Dental Sciences

Bengaluru, Karnataka, India



other feeding habits, malnutrition, maternal nutrition, psychosocial issues, frequent use of medications and parenting practice.

Clinical Considerations

Initially ECC appears as white spots on the facial tooth surface adjacent to gingival margin.

When it progresses to cavities, it might turn to yellow / brown / black discoloredation.

ECC first affects the primary maxillary anterior teeth followed by the primary molars.

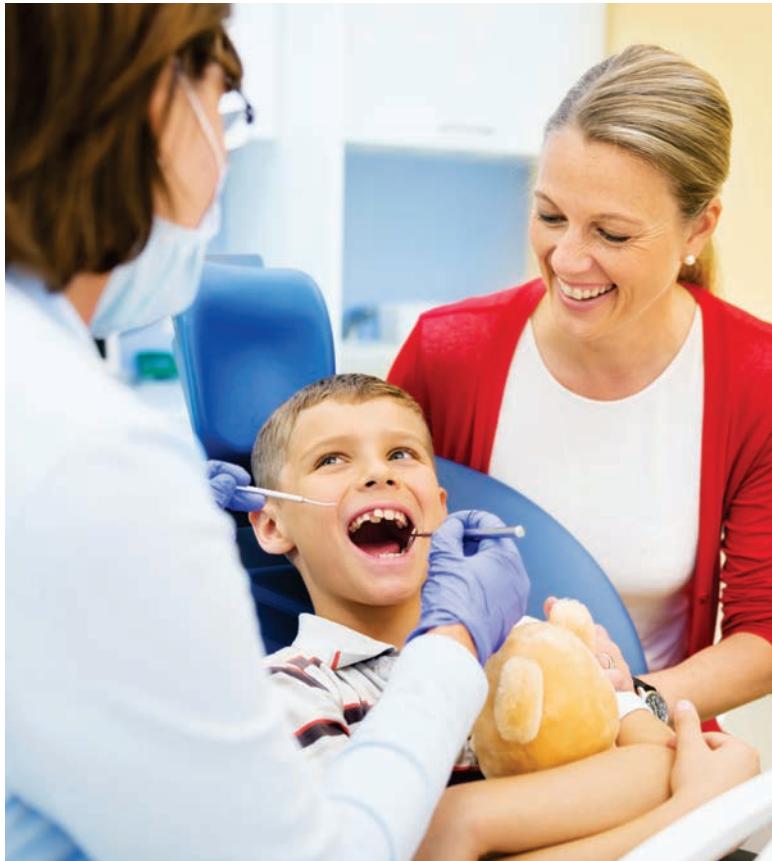
In children younger than three years of age, any sign of smooth surface caries indicates severe ECC.

Consequences of Untreated ECC

If ECC is left untreated, it can cause considerable pain, which can lead to difficulty in eating thereby resulting in nutritional insufficiencies causing reduced growth and development of the child.

If the extent of damage is very severe, it causes loss of the child's front teeth by age of two or three years. The child may suffer from further developmental delays involving speech articulation and pattern.

Again they can suffer from psychological trauma, from comments made by siblings, peers and even family members when their teeth are lost at an early age.





Early loss of primary teeth may affect the alignment of the permanent teeth and increases risk of orthognathic problems later in life.

Although ECC is not life threatening, if left untreated, it may lead to bacteraemia and children with severe ECC often require costly treatment with hospitalization under Sedation or General anaesthesia.

Management of ECC

Recommendations for parental oral health

Referral for a comprehensive oral examination and treatment during pregnancy is especially important for the mother.

Removal of active caries and restoration of teeth, in the parents suppresses the bacterial reservoir and minimizes the transfer of *Streptococcus mutans* to the infant, thereby decreasing the infant's risk of developing ECC.

Brushing with fluoridated toothpaste and flossing by the parent are important to help dislodge food and reduce bacterial plaque levels.

Avoid saliva-sharing behaviours (e.g. sharing spoons and other utensils, sharing cups, cleaning a dropped pacifier or toy with their mouth) can help prevent early colonization of *Streptococcus mutans* in infants.

Primary prevention of ECC should begin with prenatal education of parents on etiology and prevention of ECC.

Recommendations for the infant's oral health (Birth to 23 months of age)

Clean infant's gums with a damp washcloth after meals and before bed prior to tooth eruption; do not use toothpaste when performing oral healthcare before teeth have erupted.

Avoid putting infants to bed with a bottle containing any fermentable carbohydrates (e.g. juice, milk, all forms of sugars and cooked starches).

Avoid on-demand breastfeeding at night after the eruption of the first tooth.

Introduce infants to drink milk in a cup as they approach

twelve months of age which will help with the transition from the bottle.

Infant's First Dental Visit

The child's first dental visit should be within 6 months of tooth eruption and not later than 12 months of age.

Children (2 to 5 years of age)

After tooth eruption, clean the child's teeth with washcloth and progress to child size soft bristled toothbrush.

Start using toothpaste after tooth eruption (approximately 18 to 24 months of age), usually a pea-size amount of fluoride toothpaste is recommended.

Caregivers should demonstrate proper brushing technique and guide the child in brushing, reminding the child about the importance of proper oral hygiene.

Encourage children to eat regular nutritious meals and avoid frequent between-meal snacking.

The child should have a dental visit if teeth have not erupted by 12 months of age, and every 6 months thereafter.

Consult with the dentist about fluoride supplements for children 6 months of age or older, whose drinking water is less than optimally fluoridated.

Conclusion

Early Childhood Caries is a preventable disease that continues to negatively affect the oral health of infants and children. It is very important to give dental care to the toddler, even though his / her primary tooth will be exfoliated in future. 

DentCare in My Experience



Dr. Manu Rathee

Senior Professor and Head
Department of Prosthodontics
Pandit Bhagwat Dayal Sharma
Post Graduate Institute of
Medical Sciences
Rohtak, Haryana, India



The visit to DentCare lab was a pleasant experience that allowed me to witness the best practices in dental lab work. This interaction was a meeting which conformed to a high standard performance of dental lab support. The experience at the lab was to have an insight into the

intricacies being attended to at the finest level with advanced equipment and materials. The working environment reflected a truly professional and pleasant ambience with dedicated and skillful personnel. The lab is a world-class exemplary institution". ☺



Diet 4

Doctors and Hospital Staff





Ms. Mini Mary Prakash
Registered Clinical Dietitian
Thiruvananthapuram, Kerala, India

Doctors and Hospital staff are prone to both Communicable and Noncommunicable diseases. Unhealthy eating habits, irregular shifts and long working hours make them vulnerable.

We must focus on the preventive aspects of different diseases. We can prevent, postpone or delay noncommunicable diseases like hypertension, diabetes, coronary artery disease, cancer etc. by proper diet. A balanced diet rich in antioxidants helps prevent many diseases.

High cholesterol, obesity, acidity, insulin resistance and infections are the common troubles seen among hospital staff. We can come out of these problems by following a proper diet.

Too much of cholesterol in our blood can raise the risk of heart attack or stroke. High cholesterol is seen among these staff who skip their breakfast. Doctors and staff usually skip their breakfast due to lack of time.

If we consume a carbohydrate rich breakfast, then HMG-CoA reductase (3-hydroxy-3-methyl-glutaryl-coenzyme A reductase), officially abbreviated **HMGCR**, an enzyme in our body increases and thus reduces cholesterol synthesis. While skipping



breakfast the enzyme level decreases, so automatically the liver will produce more cholesterol to compensate.

Most of the cholesterol in our body is made by the liver. The rest comes from our dietary intake. Trans fat containing fried foods increases the cholesterol level. High fiber intake also helps reduce cholesterol. Fiber acts as a sponge, absorbing cholesterol in the digestive tract and carrying it out of the system. All fruits, vegetables, whole grains, oats bran, nuts, citrus fruits, beans etc. are rich in fiber.

Contrary to popular belief, nuts are among the healthiest natural foods. However too much of anything is bad. Nuts taken in excess can cause

indigestion and lead to weight gain. Fats present in nuts and seeds are a combination of Mono unsaturated fats (MUFA) and poly unsaturated fats (PUFA). MUFA have been shown to reduce bad cholesterol and increase good cholesterol levels.

Obesity is another health problem seen in hospital staff. If the food intake is higher than the energy requirements, obesity occurs. Reducing the intake of sugar, oil, coconut and fried foods helps reduce weight gain.

Drinking a minimum of 2-3 liters of water a day helps in flushing out harmful toxins from your body. The key to building stamina and energy is by regular exercise. This is the only way to burn calories and



keep you staying active throughout the day both at home and in the hospital.

Acidity is another health problem seen in hospital staff. Frequent eating causes lifestyle changes and work related stress. The stomach normally secretes acids that are essential in the digestive process. This acid helps in breaking down the food during digestion. When there is excess of acid produced in the stomach, it results in a condition known as acidity, heartburn, dyspepsia, bloating, nausea etc. Consuming a wholesome diet rich food can get rid of this trouble.

Hospital staff should include immunity boosters in their daily diet to boost the immune system. Eating protein rich food like fish, lean meat, low fat dairy products etc. serve the purpose. Vitamin C boosts immunity and also acts as an antioxidant. Citrus

Fruits, tomatoes, green leafy vegetables, lime juice etc. are rich in Vitamin C.

Vitamin A and Carotene should also be included as they help maintain the health of membranes lining your skin and internal organs. Dark green yellow and orange vegetables such as carrot, sweet potatoes, apricots, Mango, fish liver oils are rich in Vitamin A.

Vitamin E too has similar health benefits. Almonds, Spinach, Sweet Potato, Sunflower seeds etc. are Vitamin E rich foods.

Zinc rich foods, such as Lamb, Cashews, Yogurt, Mushrooms, Chick peas etc. helps strengthen the immune system.

Dietary modifications serve as a guide to make healthy food choices. The energy requirements based on activity levels for obese, normal and underweight are given below.

Energy requirements kilocalories / kilogram body weight / day

Activity	Obese	Normal	Underweight
Sedentary	20-25	30	35
Moderate	30	35	40
Heavy	35	40	45-50

Calorie value of some common foods

Finger chips (17 numbers)	-265 kcal
Vegetable Cutlet	-400 kcal
Samosa	-250 kcal
Chicken Biryani	-900 kcal
Puri	-250 kcal
Ladoo (100 g)	-400 kcal
Banana (Big)	-250 kcal
Mango	-150 kcal
Chips (200 g)	-600 kcal
Rice (1 Cup)	-170 kcal
Bread (2 slices)	-130 kcal
Appam	-100 kcal
Idli	-65 kcal
Paratha	-275 kcal
Sugar (1 tbsp)	-60 kcal
Milk (1 cup)	-120 kcal
Egg	-85 kcal
Coconut (15 tbsp)	-444 kcal
Groundnut (100 g)	-600 kcal
Dates (10 numbers)	-317 kcal
Arrowroot Biscuit (1 number)	-20 kcal



Planning your meals sets you up for success in your fitness goals. Small changes in diet can make a big difference. So plan your diet with healthy choices. 

Spoken From the Heart

As a Dental Practitioner, I have been maintaining an ardent and staunch relation with DentCare for the past many decades. From my prolonged experience, especially on the auspicious occasion when 'The Dent Care' – the Magazine from DentCare Dental Lab – meticulously completes four years of publication, I cannot but help recollect and scribble down a few things.

The Magazine – living up to the expectations of all classes of people – imparts myriads of information pertaining to dental and allied fields; disseminates new matters as well as the latest treatment modalities as soon as they come in vogue, besides emphasizing the imperativeness of oral health and hygiene.

All articles, particularly from experienced Doctors, are informative to those inside and outside the dental field. From the bottom of my heart, I fervently admire those who unflinchingly strive for this publication.

My relation with DentCare began since my inception into the field. All my prosthetic works have been entrusted with the lab. I am really content with their quality and timely service.

From my experience, I understand that all Doctors are impeccably satisfied with the quality of dental prostheses – which lives up to international standards – from DentCare that stride neck and neck with the best dental labs in the world.

Indian Dental Association, Kerala State is conducting – Suvarnolsavam 2018 – to mark the Golden Jubilee Celebrations of Kerala State Dental Conference. I fervently solicit the cooperation and presence of DentCare therein.

The wholehearted association of all Doctors is also expected. ☺



Dr. P. Mathew Varghese
Dental Practitioner
Kochi, Kerala, India



Sinususes are air filled cavities inside the human skull, lined by a mucous membrane. There are seven sinuses in the human skull, of which the Maxillary Sinus (Antrum of Highmore) is the largest of the paranasal sinuses. The volume of the sinus is approximately 15 to 20 milliliters in adults.

Sinusitis, an inflammation of the sinus mucosa, is a common problem which affects ninety percent adults at some point of time in their life. If we are experiencing dental pain in the maxillary posterior teeth, then it is appropriate to rule out Sinusitis as a source of the problem, before proceeding with a definitive dental procedure.

Maxillary Sinus

The maxillary sinus is located under the cheek prominence close to the molar teeth. In some cases, the roots of the teeth may extend into the sinus cavity.

Can Sinusitis Cause Toothache?

An infection causes swelling of the mucous lining of the sinus. The Sinus gets clogged with mucous, trapping the bacteria which continue to multiply therein. Further swelling and fluid collection leads to a building up of pressure inside the sinus.

When the roots of the upper molar teeth are in close proximity with the sinus area, the nerves supplying the teeth are affected by this pressure and the patient experiences a pain much similar to a toothache. This painful condition is called a Sinus Toothache.

The intensity of the pain depends on the extent of infection and the proximity of the root of the tooth to the Sinus Floor. Besides, infection from the Molar teeth may spread to the Maxillary Sinus.

Approximately, 10% of adult patients have Maxillary Sinusitis arising from a dental source.

How do you distinguish Sinus Pain from a Toothache?

Sinus Pain is very much similar to a common toothache. Normally, we may relate it to the tooth. The pain may be sharp or spontaneous. It is not easy to distinguish Sinus Pain from a Toothache.

Sinusitis may be expected:

- If you get a toothache in the upper molar tooth after a Cold and Rhinitis.
- If the pain gets aggravated while shaking the head (which is due to movement of the fluid inside the sinus and reduces while lying down.

Unlike a toothache, you will feel severe pain in the cheek area, when jumping to your feet, if you suffer from Sinusitis.

Common signs and symptoms of Sinusitis

○ Headache and Vomiting

- Nasal Congestion.
- Nasal Discharge.
- Tenderness over the Cheek area.
- Fever.
- Foul odor from the Nose.

Periapical X-ray image of the Maxillary Sinus will show the fluid inside the sinus and also the proximity of the root of the tooth to the sinus floor.

How can you get relief from Sinus Pain naturally?

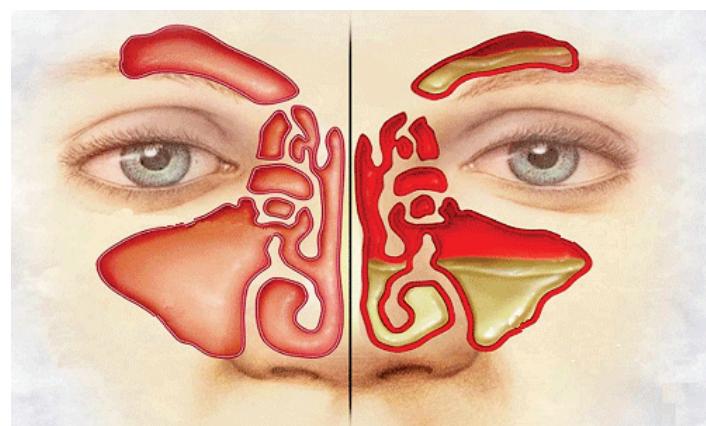
The first and foremost thing is to maintain the aeration of the Maxillary Sinus, after a cold or after an allergic inflammation. This can be achieved through steam inhalation, 4 to 5 times a day, to help keep the sinuses moist and to reduce inflammation.

For steam inhalation, position your head 30 – 40 centimeter away over a bowl of hot water and cover it with a towel.

Ensure that your eyes are closed throughout the steam inhalation and take several deep breaths while the inhalation helps clear lung congestion.

Normal

Sinus infection (acute sinusitis)



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Acute Sinusitis lasts only for a short period, less than four weeks. An acute infection is usually a part of a Cold or other Respiratory Infections.
Chronic Sinusitis lasts for more than twelve weeks or continues to recur

There are also Electric Inhalers; all you need is to add water up to the level indicated and switch it on.

You can also apply a warm cloth (Hot Compress) to the face, directly over the cheek and nose area, a few times a day.

Saline can be used as a Nasal Spray or Nasal Wash to maintain the moisture of the nose and the sinus, during the course of a cold or an infection.

Benefits of Steam Inhalation

- Clears the Nose and the Throat; relieves Nasal Congestion and Throat Irritation.
- Improves Blood Circulation to the Nose; a better circulation relieves headache and inflammation.
- As a Natural Expectorant, it helps remove secretion and lubricate the

respiratory pathway.

- Helps clean and rejuvenate your Nasal Mucosa.
- Helps relieve Asthma and Allergy.

Acute and Chronic Sinusitis

Acute Sinusitis lasts only for a short period, less than four weeks. An acute infection is usually a part of a Cold or other Respiratory Infections.

Chronic Sinusitis lasts for more than twelve weeks or continues to recur.

Organisms that cause Sinusitis

Sinusitis is mainly caused by *Streptococcus pneumoniae*; others include *Haemophilus influenzae* causing Common Cold, *Moraxella*, *Bacteroides* and *Staphylococcus aureus*.

Fungi and Virus may also play a role in causing Sinusitis.

Sinusitis with tooth infection is most commonly associated with *Peptostreptococcus*, *Fusobacterium* and *Bacteroides*.

Treatment

Conservative / Natural Treatment methods of Sinusitis include Steam Inhalation, Sinus Massage, Non-Steroidal Anti-inflammatory Drugs (NSAIDs), Antibiotics, Decongestants (Topical and Systemic), Antihistamines (sedating or non-sedating), Corticosteroids. Sinus Surgery is performed in severe cases of recurrent sinusitis. 





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GUM DISEASE



Dr. M. Senthil Kumar
Consultant in Conservative
Dentistry and Endodontics
Velachery, Chennai, India

Gum Disease refers to a group of problems that arise in the gap between the gum and the tooth referred to as Gingival sulcus.

Gum Disease is caused mainly by the excessive accumulation of plaque (debris) between the teeth. This can be identified by the presence of infection and inflammation in the Gums. The disease affects the Gum Line which may progress over time to affect the bone that surrounds and supports your teeth.

The Role of Plaque

Plaque (debris), the sticky colorless film of Bacteria that builds up on your teeth, is the major causative factor of Gum Disease.

Plaque accumulation causes inflammation of the Gums that become red, swollen and prone to bleeding; especially while brushing the tooth or biting on a hard substance.

Accumulation of Plaque

Plaque that sticks on to the tooth, gradually thickens, hardens and calcifies to become Calculus / Tartar and results in redness, tenderness, bleeding of the Gums accompanied by persistent bad breath and a bitter taste in the morning.

Symptoms of Gum Disease

- Bleeding of the Gums.
- Mobility of the Teeth.
- Receding Gums with

Exposure of Tooth Root.

- Sensitivity.
- Food particles getting stuck Between the Teeth.
- Swelling of the Gums.
- Pain in the tooth.

Periodontal Disease and Systemic Disease

Periodontal Disease affects your Oral Health.

Recent studies have shown that patients with untreated Periodontal Disease have a:

- Twice greater risk for Heart Disease.
- Thrice greater risk for Stroke.
- Seven and a half times greater risk to have Premature Babies with Low Birth Weight.
- 65% increased risk for Pancreatic Cancer.

Importance of Timely Intervention

Periodontal Disease is a curable disease. Surgical treatment can be avoided, if you detect the disease and seek the advice of a Dentist, at an early stage. With proper care and maintenance, your teeth can have a long healthy life. 



A Homage of Hometown



Mr. John Kuriakose, Managing Director, DentCare Dental Lab Pvt. Ltd. (being the first recipient) receives the Pennama Jacob Foundation Award 2017 from the most respected former Chief Minister of Kerala, Mr. Oommen Chandy, in a function held at Muvattupuzha, on 6 October 2017.

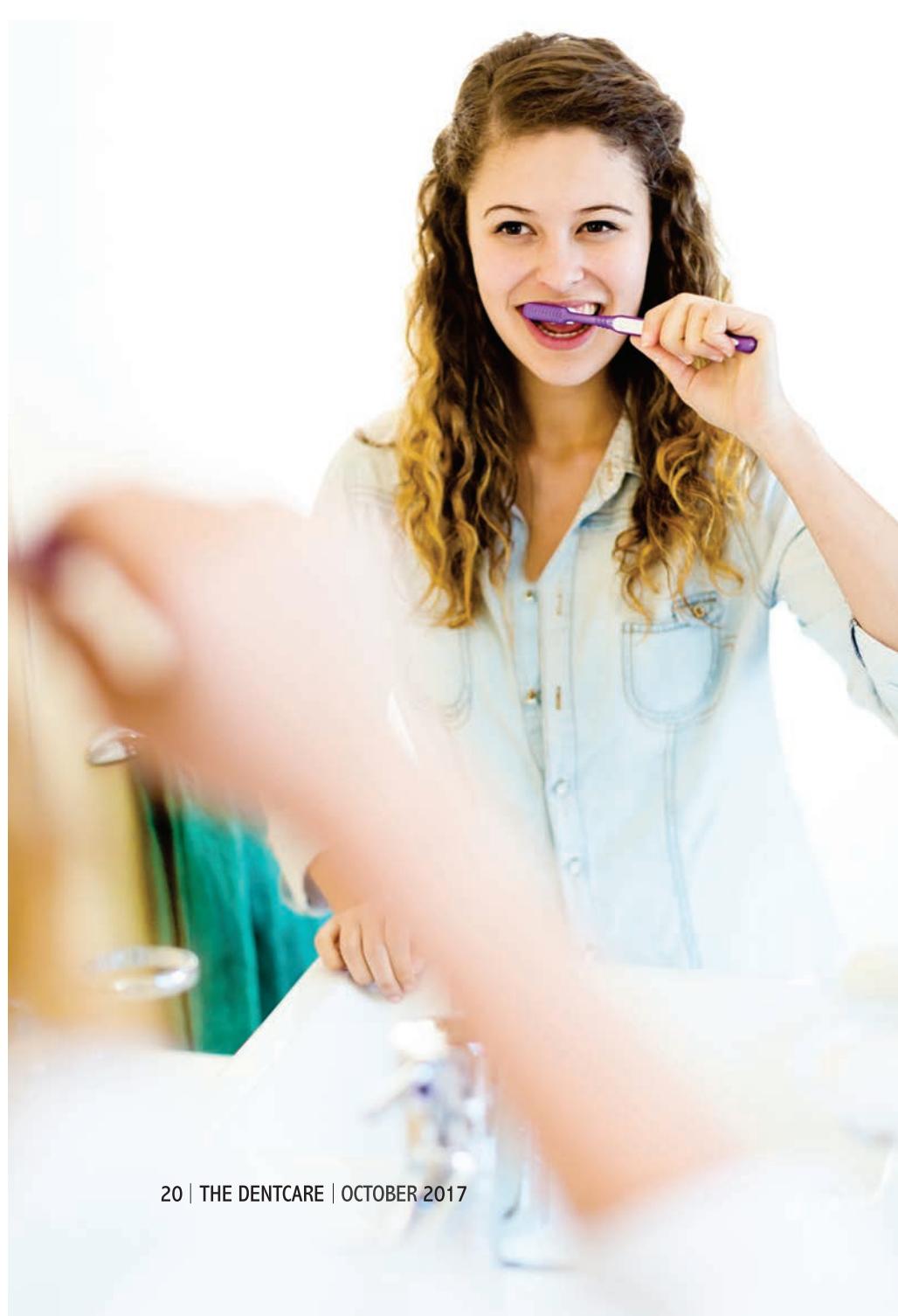
Visualizing the Magnificence



Doctors from different states in India display great astonishment at the outstanding product quality and advanced technologies at DentCare Dental Lab, on their visit.

Keep Your Teeth Clean and The ToothBrush Cleaner!

The use of a toothbrush has become a part of our daily routine. The regular use of toothbrush helps promote oral health and enables effective removal of plaque which in turn, helps to prevent periodontal disease



Dr. Apoorva Kumar
Consultant Periodontist
and Implantologist
Gurgaon, Haryana, India

A **Toothbrush** - We know all about it; we use it daily. But do we really know how clean the toothbrush that we use to clean our teeth is?

The use of a toothbrush has become a part of our daily routine. The regular use of toothbrush helps promote oral health and enables effective removal of plaque which in turn, helps to prevent periodontal disease.

However, these toothbrushes can also become contaminated with microorganisms and the survival of micro-organisms on a tooth brush can lead to recontamination of the mouth.

Contamination of a toothbrush is seen right from its initial use and increases with repeated use. A Toothbrush also gets contaminated with microorganisms present in the environment. It may also be

possible for microorganisms that are present in the environment where the toothbrush is stored to establish themselves on the brush.

Hence, there is an utmost need for standardized Guidelines to keep a Toothbrush clean and hygienic.

Toothbrush care

Design

It has been proven that bacteria get trapped inside the bristles of a toothbrush and the level of growth depends upon the type of bacteria and the design of a toothbrush. Frayed and closely placed bristles tend to trap and retain more bacteria.

Also, retention of moisture and oral debris in the bristles increases the growth of bacteria. Bacterial contamination is found to be low in a toothbrush with soft and round bristles than the one with hard plastic bristles.

Decontamination

A Toothbrush can become heavily contaminated soon after the use. A number of studies have shown that immediately after brushing, a toothbrush harbours a significant number of microorganisms.

Contamination of a toothbrush may lead to colonization of bacteria and could result in infection. Design, colour, opacity and bristle arrangement of a toothbrush are a major contributing factor in retaining microorganisms.

Hence, a toothbrush should be disinfected at regular intervals to help prevent infection of the mouth.



There are a number of decontamination techniques. Toothpaste, Mouthwash and Oral Antiseptics all decrease microbial load on a Toothbrush. The decontamination method of a toothbrush should be effective, cost effective and easy to implement.

Some of them are:

- ↳ Soaking a toothbrush in Listerine for 20 minutes prior to and after brushing decreases microbial load.
- ↳ Use of Toothpaste also reduces Bacterial growth on

a toothbrush.

- ↳ Overnight immersion of a Toothbrush in Chlorhexidine mouthwash is also highly effective in decreasing contamination of a toothbrush. Chlorhexidine is found to be more effective than Listerine in reducing microbial load.
- ↳ Vinegar, among household materials, is a good decontaminant, followed by Lime and Salt Water.
- ↳ 1% Sodium Hypochlorite is an effective compound for

It has been proven that bacteria get trapped inside the bristles of a toothbrush and the level of growth depends upon the type of bacteria and the design of a toothbrush

disinfection of a toothbrush.

Storage

- ↳ Use of a cap for a toothbrush increases bacterial survival.
- ↳ A toothbrush kept in closed containers results in higher bacterial growth than one exposed to air.
- ↳ A toothbrush exposed to a contaminated surface also results in higher bacterial growth.

Replacement

- ↳ American Dental Association, in 1996, recommended replacing a toothbrush after every 3 months.
- ↳ Patients undergoing Chemotherapy should

A toothbrush kept in closed containers results in higher bacterial growth than one exposed to air

replace their toothbrush after every 3 days.

- ↳ Patients subject to major Surgery should replace the toothbrush every day.

Do's

- ↳ A Toothbrush should be stored in an upright position if possible and allowed to air-dry.
- ↳ A Toothbrush should be disinfected at intervals. Although studies have shown that various microorganisms can grow on a toothbrush

with repeated use, evidence is lacking that bacterial growth on a toothbrush leads to health problems. However, cleaning the oral cavity with a contaminated toothbrush will do more harm than good. Thus, it is essential to disinfect a toothbrush at regular intervals for preventing reinfection of the oral cavity.

Don'ts

- ↳ Never store a toothbrush in containers as the number of bacteria on a toothbrush stored in open air, after use decreases more quickly than the one kept in containers.
- ↳ Rinsing a toothbrush with tap water results in continued higher level of contamination and biofilm formation.
- ↳ A toothbrush should not be kept covered.
- ↳ A toothbrush should not be kept in a bathroom, especially the one combined with a toilet, as this harbours a potential amount of pathogens.
- ↳ A number of toothbrushes should not be kept in one container as they rub against one another and result in cross-contamination.
- ↳ A toothbrush should not be shared among individuals.

Keeping a toothbrush clean and regularly changing it is an important part of maintaining a healthy mouth. 





PERFECT SOLUTION FOR A BEAUTIFUL SMILE



WORLD'S BEST CHOICE ALIGNER

Not a Bane but a Boon; Let them Blossom and Bloom



Ms. Surabhi Pandey
Author and Story Teller
NCR, New Delhi, India

A country, which took sixty years after Independence to witness the first woman take office as the (twelfth) President – has been subjected to a revolutionary transition over the past years.

India is a land of rich traditions, noble heritage and varied culture.

However, in the name of tradition, is it fair to keep women aloof? For how long will they be deprived of their basic rights like Education, Equal Pay, Freedom of Expression / Exploration and most importantly Freedom to Live a Life with dignity?

Does the Constitution of India not give these Rights – Right to Freedom of Expression (Article 19 (1) (a), Right to a dignified Life and Personal Liberty (Article 21) and so on to all citizens equally?

Are women in India not equally eligible to enjoy all

these Rights conferred by the Constitution?

Today, many decades after independence, the situation has improved greatly. There is no doubt about the fact that women are walking hand in hand with the “Stronger” Sex.

Now, there is an International Women’s Day (March 8) in addition to Conclaves, Movies, Journals, Books, TV Shows and so on (for women); so why not celebrate the amazing spirit of Womanhood?

A country which has put women in the back seat for long finally seems ready to give the “Weaker” Sex their due space.

However, the question is that why do women still need to take it from someone?

Let us see what all significant tasks have already been accomplished and what more has to be achieved.



The Right of a Girl Child to be born and Get Education

Killing a child only because it is a girl is one of the most illogical and disgusting practices ever heard of! And, the fact that it still prevails in urban and rural areas alike – baffles all.

There has never been a dearth of Schemes, Policies, Governmental as well as Non-Governmental initiatives to create awareness against Female Feticide and Homicide.



One of the most popular policies of the Government currently in vogue – Beti Bachao, Beti Padhao Yojana – has been launched on 22 January, 2015 by Mr. Narendra Modi, Prime Minister; this scheme addresses the crucial issue of the ever declining Child Sex Ratio (CSR). This National initiative is being run jointly by the Ministry of Human Resource Development, Ministry of Health and Family Welfare as well as the Ministry of Women and Child Development.

Under this scheme, the Government actively runs Social Awareness Campaigns promoting the idea of giving birth to girl children and preventing feticide.

This scheme initially focused on a Multi-Sector Action Plan in over 100 Districts all over the country. These districts were the ones with the minimum CSR records.

The Government has used all Media Platforms – Social Media, TV, Press and Radio – to promote girl child birth.

In the year 2015, the Hashtag – # Selfie with Daughter – was endorsed on various Social Media Communities. This campaign started when the Sarpanch of a village called Bibipur, Haryana posted a Selfie with his daughter, Nandhini on Facebook. This hashtag became quite a rage and was appreciated internationally.

In the year 2016, Miss Sakshi Malik, an Olympic Bronze Medalist was declared the Brand Ambassador of this Scheme.

After a child is born and develops the sense to comprehend and observe – the basic Right conferred as the citizen of a free, democratic and developing country – is the Right to Education

Though everything is said and done, we must understand one thing. Various schemes and policies of the Government will become a big zero if people as a whole do not do the needful. We need to awaken and understand that life on earth is not possible unless girls are born. We need to stop discrimination against our own kin on the basis of gender.

Doctors and Medical Practitioners should be ethical and honest to their profession. The Law will never penalize us for giving birth to a girl child. We must take a stand and let girls live.

After a child is born and develops the sense to comprehend and observe – the basic Right conferred as

the citizen of a free, democratic and developing country – is the Right to Education.

It is surprising to note that it took the Government more than fifty years, since Independence, to come up with the 'Right of Children to Free and Compulsory Education Act' or the 'Right to Education (RTE) Act', which was enacted on 4 August, 2009.

RTE lays down the significance of compulsory free education for children between 6 and 14 years of age. It is an Act promulgated by the Parliament of India observed under Article 21 A of the Indian Constitution. This Act does not discriminate kids on the basis of caste, creed or

gender. Then why do we?

We definitely have come a long way in terms of women education. Today, women have become Astronomers, Stand-up Comedians, Academician, Actresses, Entrepreneurs, Political Leaders, Professional Chefs and what not!

Gender Parity Index (GPI) report of the Ministry of Human Resource Development says that India is on the right path. So far, so good but is that all?

We have come a long way indeed, but an even longer path is still to be covered. The literacy rate of women, as per the Census, 2011 is 74.04 per cent while that of men is 82.14 per cent. So, women are still lagging behind in education.

All girls should be sent to school. They are not meant to be just born and married off. They ought to have an equal contribution in the overall development of the nation.

So, accept them and provide with proper education for a better and brighter India.

With wage disparity, a woman's struggle still continues.

Being born and getting educated are the worst hardships that women face in this country. No, it does not





end here. Even after seventy years after Independence, women are treated as slaves.

Women are slaves to their own narrow mindedness. Majority of Indians, including women, do not want to have a girl child; if they have them, they are reluctant to spend for their education.

And finally, if we are humane enough to have a baby girl, provide her with education and allow her to go out for work – a whole new level of struggle waits for her there. She meets the devil called **Wage Gap due to discrimination against gender.**

Gender Pay Gap in India is

among the worst in the world. A recent survey by a National Daily shows that India is one among the worst places for working women in the globe.

The Gender Pay Gap in India was estimated to be somewhere around 24.81 per cent, in 2013. According to the World Economic Forum, the Corporate Sector in India paid a woman hardly one-third than that of a man in the same position / for the same work.

Furthermore, this report reveals that the level of participation of women in the economy of India is very low. India stands among the ten bottommost countries of the world, in the report. This fact

clearly states that women are not only paid unequally but also not represented in a fair manner.

Even in the most glamorous and so-called open minded industries like Cinema and Television; actresses have been voicing against wage disparity. It is a surprising fact that there is an Act – the Equal Remuneration Act of 1976 – for quite some time to address this issue.

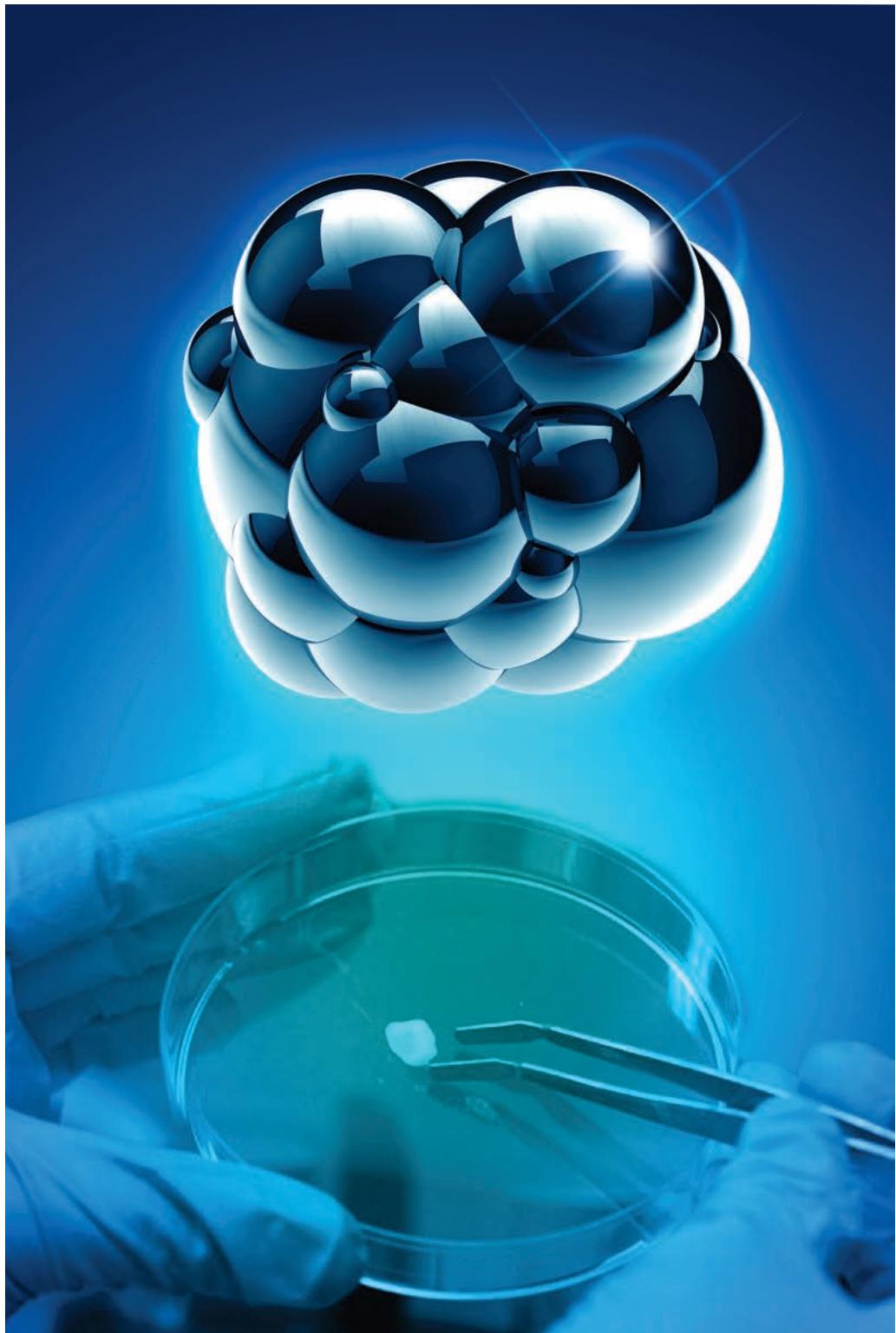
Within three decades of Independence, the Government came up with this Legislation aiming at equal remuneration to all workers irrespective of gender. This Act not only empowers women with the Right to Equal Pay but also gives them the power to challenge any inequality on the basis of gender; even in recruitment, training, appraisals and transfers.

However, there are certain limitations to this Act, as it does not take into account the situations like Menstruation Leave, Maternity Sabbatical and Marriage etc. So, it is high time to amend / reinforce this Act to make the Indian Job Market a better place for women.

Let us all take a pledge that we – men and women together – will in unison work towards the overall development of our nation, irrespective of gender.

The journey from a developing to a developed nation will be achieved sooner if we understand and respect women; give them what is due and allow them to render equal contribution in the progress of India. 

Let us all take a pledge that we – men and women together – will in unison work towards the overall development of our nation, irrespective of gender



Tooth Banking: A Biological Insurance

Stem cells are those that have the capacity for self-renewal and multilineage differentiation potential. Stem cells hold particular promise for unlocking life-saving secrets of the cell. They show potential for many different areas of health and medical research, and studying them can help us understand how they transform into the dazzling array of specialized cells that make us what we are.

This promising area of science is also leading scientists to investigate the possibility of cell-based therapies to treat disease, which is often referred to as Regenerative or Reparative medicine. The dual capacity of stem cells for self-renewal and for differentiation into particular types of cells and tissues offers great potential for Regenerative medicine.

The history of research on adult stem cells began about 40 years ago. In the sixties, researchers discovered that bone marrow contains at least two kinds of stem cells. One population, called hematopoietic stem cells, forms all the types of blood cells in the body. A second population, called bone marrow stromal cells, was discovered a few years later. Stromal cells are a mixed population of progenitor cells that generate bone, cartilage, fat, and fibrous connective tissue.

Today, stem cell biology is one of the most fascinating areas of sciences. However, like many other expanding fields of scientific inquiry, research on stem cells raises scientific questions as rapidly as it generates new discoveries. Postnatal stem cells have been



Dr. Amitha M. Hegde
Senior Professor and Head



Dr. Rachaita Chhabra
Post Graduate Student

Department of Pedodontics and Preventive Dentistry
A. B. Shetty Memorial Institute of Dental Sciences
Mangaluru, Karnataka, India

isolated from a variety of tissues including bone marrow, brain, skin, hair follicles, skeletal muscle and dental pulp. These cells are thought to possess great therapeutic potential for repairing damaged and / or defective tissues.

It has been shown that Stem Cells from Human Exfoliated Deciduous Teeth (SHED) represent a population of postnatal stem cells capable of extensive proliferation and multipotential differentiation.

The transition from deciduous to permanent teeth is a very unique and dynamic process in which the development and eruption of permanent teeth synchronize with the resorption of the roots of deciduous teeth. It has been suggested that the exfoliated deciduous tooth is similar in some ways to an umbilical cord, containing stem cells that may offer a unique postnatal stem cell source for potential clinical applications.

Breakthrough lifesaving medical treatments using stem cells are being discovered and will continue to emerge in the

decades to come. While stem cells can be found in most tissues of the body, they are usually buried deep, are few in number and difficult to separate from the surrounding cells.

Tooth banking is based on the firm belief that personalized medicine is the most promising avenue for treating the challenging diseases and injuries that could occur throughout a lifetime. Stem cell therapy has been used around the world to treat such conditions, and the full

promise of stem cell therapy has only been glimpsed so far.

Advantages of banking SHED cells

It provides a guaranteed matching donor (autologous transplant) for life. There are many advantages of autologous transplant including: Reduced risk of communicable diseases, No immune response and tissue rejection of the cells and Immunosuppressive therapy are not being required.

- ↳ Saves cells before natural damage occurs.
- ↳ Simple and painless for both child and parent.
- ↳ Less than one third of the cost of cord blood storage.
- ↳ SHED refers to adult stem cells which are not the subject of the same ethical concerns as embryonic stem cells.
- ↳ SHED may also be useful for close relatives of the donor, such as grandparents, parents, uncles, and siblings.

Tooth Eligibility Criteria for SHED Banking

Not all teeth hold the same potential. The teeth, especially primary incisors and canines with no pathology and at least one third of root left contain these unique types of cells in sufficient number.

Primary teeth distal to the canine are generally not recommended for sampling. Primary molars have a broader root base, and therefore, are retained in the mouth for a longer period of time than anterior teeth. Eruption of the posterior permanent teeth



generally takes a longer period of time to resorb the primary molar roots, which may result in an obliterated pulp chamber that contains no pulp, and thus, no stem cells.

In some instances, early removal of deciduous molars for orthodontic considerations (e.g. early intervention for space maintenance) will present an opportunity to recover these teeth for stem cell banking.

Commercial Aspect of SHED Banking

These cells can be best utilized for the patients from whom they are harvested, and to a certain extent, their immediate family and blood relatives. As such, it is inevitable that the key to successful stem cell therapy lies in being able to harvest the cells at the right point of development and to safely

Stem cell therapy is emerging as a revolutionary treatment modality to treat diseases and injury, with wide ranging medical benefits

store them until accident or disease requires their usage.

Needless to say, this means potentially storing for decades, and the cost and technical difficulty of doing this properly make stem cell therapy using one's own cells an uncertain bet still. This is one aspect but a strong lobby of researchers working with these cells considers banking of SHED as *Biological Insurance* and a ray of hope for the treatment of various ailments. Till date, tooth banking is not very popular but the trend is catching up mainly in developed countries.

Summary

Stem cell therapy is emerging as a revolutionary treatment modality to treat diseases and injury, with wide ranging medical benefits. SHED are stem cells found in the exfoliated deciduous / primary teeth of children. Recent studies show that SHED appears to have the ability to develop into more types of body tissue than other types of stem cells. This difference opens the door to more therapeutic applications. There is much research left to be conducted, but existing research has clearly shown that primary teeth are a better source for stem cells.

While the promise of immense scope and magnitude that stem cell therapies will have upon the population will only be fully realized in the future, dental professionals have realized that the critical time to act is now. The available opportunities to bank their patients' dental stem cells will have the greatest future impact if grasped while patients are young and healthy. 





IMPLANT & REMOVABLE PROSTHESES



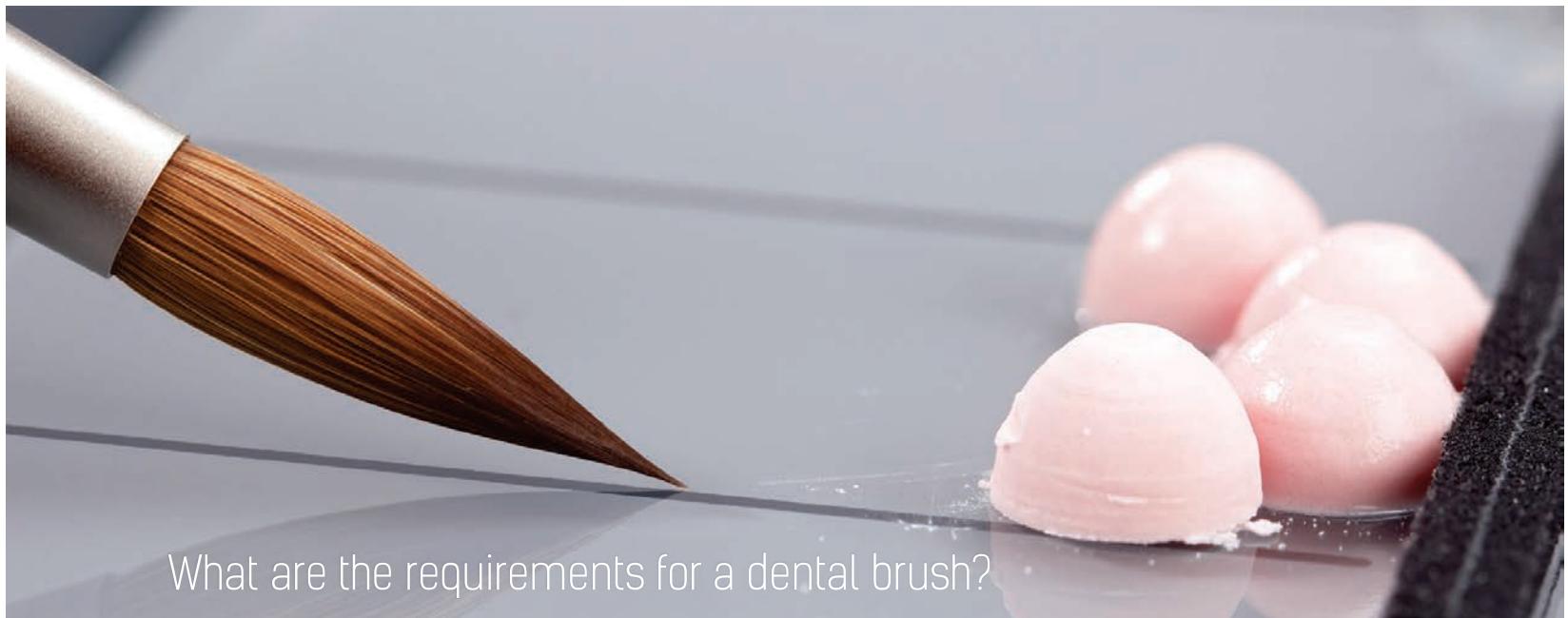
DentCare Dental Lab Pvt. Ltd.

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making work easy



What are the requirements for a dental brush?

At the very beginning of the porcelain brush technique there was only the standard Aquarell brush for artists. Then there were continuous individual adaptations for the dental sector, which did not really re-interpret the brush as a dental instrument.

lay:art style – The first brush specifically designed for the dental sector

The aim of our development was to create a genuinely new dental brush from scratch, which if possible perfectly fulfilled all of the requirements for optimal building up of porcelain. To do this I had to familiarize myself with brush manufacturing technology to find out how one brush is more suitable than another and how I can influence these properties during development. Simple Advertising claims were no longer sufficient, as from now on there are clear parameters on which the quality of a dental brush can be measured.

1. Every dental technician has his/her unique style of working

Firstly, I had to find out which requirements are stipulated by the majority of dental technicians and determined: all demand that they are able to continue using their special technique without compromise! An example: All have the same aim, i.e. consistently moistened brush with a perfect tip. Each technician, however, has developed her/his own, unbelievably quick routine, a completely individual and intuitive pattern of movements: brush in glass of

water, then shake, wipe on the foam or cloth, hit against the edge of the bench, taper to a point in the mouth etc.



The requirements for a dental brush are very special.

If a brush does not behave as it should, the whole process falters, the rhythm is lost and this costs time and nerves. Other sub-processes differ greatly depending on the technician, e.g. method of building up, way of holding the brush and the type of mixing

palette. It is impossible that one single brush could incorporate all of these differences.

Finding 1: I had to develop not one but several versions of a brush, so that each technician receives an instrument that optimally supports his/her special routine.

2. We place the highest requirements on the brush tip

These must be fine and at the same time stable. The tip must also have a very high tension force and in particular a very high service life, be easily shaped (taper) and not flare out. All of these characteristics however, are contradictory.

Finding 2: The traditional fabrication technique is the reason for this conflict. I therefore had to discard this tradition and develop a completely new concept to make these contrasts compatible. I was successful..

3. The most complex requirement was the moisture concept

The different, individual techniques as described in 1. have the biggest effect here. There are two major requirements when talking about moisture within the brush tip:

- Storage (the amount of water)
- Transportation (the flow from and to the brush)

We now therefore differentiate between a large and small water reservoir and between quick and slow water transportation. Why? The reason is again the individual technique. Depending on whether I shake the brush lightly or strongly, taper in the mouth or rotate it over dry or moist foam etc., I influence the moisture behavior and therefore the consistency of the porcelain. In addition, do you pick up a lot or little porcelain, do you apply longer or point wise on the tooth, do you have a self-moistening mixing palette or regulate the moistness in the brush etc? As you can see many variations are possible. With regard to the porcelain it could also be generally

stated: if the porcelain we pick up is very moist and of a very loose consistency, then the brush should absorb a little moisture, so that the porcelain is placed quicker and more controlled on the brush. If the porcelain is more dry and stiff (set) more moisture is required when picking up the porcelain, to make it looser and easier to pick up. Dental technicians who pick up large amounts of porcelain generally prefer greater moisture release than those who rather pick up small amounts.

Finding 3: In my investigation I was able to confirm Finding 1, as the versions of the brush must differ in their moisture handling. I was able to condense the large number of types of applications into 8 special moisture and shape concepts.

For the development of the lay:art style dental brush, this led to the following goals:

1. Invent a new brush manufacturing concept, which will meet the different and greater demands of the brush tip.

2. Design 8 brush shapes, which have clear differences but the tip is always the same.

In my next blog article I will show you how we considered these goals in the development of our lay:art style brushes.

Find out more at www.lay-art.de



Cim Özyurt



Mr. Cim Özyurt started his career in the dental field after graduating from the Cologne Dental Technician School in 1997. In the following years he specialised in well-known laboratories with focus on ceramic, crowns and bridges, implantology and model casting. In 2004 Mr. Özyurt decided to develop and brighten his skills and know-how in the dental industry, thus he became a member of the Renfert team. Cim Özyurt is dental technician and Product Manager at Renfert GmbH. Mr. Özyurt is well experienced in giving courses and lectures worldwide and as a member of the development team he was responsible for the design and development of the following top selling Renfert products: Pro-Fix pins, Ceramicus brushes, Bi-V-Pins, VibraX and Power Pillo. Due to his technical knowledge, Mr. Özyurt edited two Renfert "How to ... booklets" – Model Casting Manual and Geo Aesthetics which are well-known to dental technicians and dental students worldwide.



Lending STRENGTH to your TEETH, Adding LUSTRE to your SMILES...



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DentCare Dental Lab Pvt. Ltd.

Muvattupuzha, Kerala, India

Is Obesity a Cause for Infertility in Women?

New research shows that Obesity – a known risk factor for Ovulation problems – contributes to Infertility in women who have normal Ovulation.

During a year-long study, it has been found that women who were severely obese were 43% less likely to achieve pregnancy than those having normal weight or those who were overweight, but not obese.

Obesity and Infertility

Van der Steeg, a Researcher and his colleagues conducted studies in 3029 couples, who were having trouble in conceiving on their own.

All the couples had spent a year or more, trying to conceive spontaneously, but none had an obvious reason for a Fertility Problem; the Women were ovulating normally and had at least one functioning Fallopian Tube, whereas the Men had normal Semen Analysis.





Dr. R. Anupama
Chief Consultant in
Reproductive Medicine
Thiruvananthapuram, Kerala, India

They continued the study, until the couples achieved Pregnancy or started Fertility treatment.

In addition to Fertility details, the weight, height, and smoking status of the women were collected, at the beginning of the study.

The women were classified, based on their Body Mass Index (BMI), into Underweight, Normal weight, Overweight or Obese.

Based on the BMI, a woman with a height of 5 feet 6 inches having weight between 115 and 154 pounds was considered to have Normal weight (BMI of 18.5 to 24.9).

If a woman weighed between 155 and 185 pounds, she was considered to be Overweight (BMI of 25 to 29.9).

A woman would be considered Obese, if her weight was 186 pounds or more (BMI of 30+).

A vast majority of the participants in the study (86%) were either Normal weight or Overweight. Besides, 10% of them were Obese, with BMIs of 30 or more and had the most trouble in conceiving, during the year-long observation.

A woman with a BMI of 35 was

found to be 26% less likely to achieve a Spontaneous Pregnancy than the one who had Normal weight or was Overweight, but not Obese. A woman with a BMI of 40 or more was 43% less likely to get Pregnant.

Role of Obesity

This study has made it clear that Obesity affects fertility in women who even have normal Ovulation. Van der Steeg suggests that disruption in Leptin Hormone, that regulates appetite and energy expenditure, may disrupt a successful fertilization. Obesity results in an increased production of Estrogen and this in turn, interferes with Ovulation which, of course, is the basis of a successful Conception.

Ovulatory Disorders are the leading cause of female infertility, resulting in Hormonal Imbalance, disruption of Menstrual Cycle as well as Conception. Approximately, 15% of such problems are linked to Weight Disorders, mainly due to Overweight and Obesity.

High level of Estrogen, associated with Obesity, can also result in Precancerous Transformation (usually

Obesity results in an increased production of Estrogen and this in turn, interferes with Ovulation which, of course, is the basis of a successful Conception

reversible) in the Uterus. According to several studies, the women whose Obesity could be traced back to their childhood (childhood Obesity) have a greater risk of Amenorrhea; a condition in which Menstrual Cycle is absent.

Women who were Overweight or Obese are less likely to respond to Fertility Drugs, as excess weight interferes with the proper absorption of a variety of drugs used in infertility treatment. Obesity is a characteristic of Polycystic Ovary Syndrome (PCOS) and this may also affect even Male Fertility.



Diet is an important factor in the treatment of infertility



Treatment of Obesity

Many treatment options are available for Obesity. The foremost one is altering your Diet. Avoid food that is high in Saturation, Trans Fats or Sugar. Enrich your Diet with Whole Grains, Vegetables, Fruits and Food having Lean Source of Protein.

Fertility Diet:

Seeds, Nuts, Curd and Cottage Cheese

Physical debility and functional fault of organic nature can be cured by a simple and effective method of natural treatment; of which optimum nutrition plays a major role.

Fasting is the best method of treatment of the Disorders resulting from the toxins in the system. A three day fast should be undertaken at a regular interval by women who are unable to conceive.

Diet is an important factor in the treatment of infertility. This should contain Seeds, Nuts, Grains, Vegetables and Fruits. These foods should be supplemented with Milk, Vegetable Oils and Honey. Curd and Cottage Cheese are also recommended.

About seventy to eighty per cent of the Diet should consist of food in its natural uncooked state, as cooking

destroys much of the Nutritional Value of the most. It is excellent to consume Sprouts of Seeds, Beans and Grains in their raw form, as through Sprouting, the Nutritional Value improves or new Vitamins are created and the quality of Protein is improved.

Food to be avoided

Fatty or Spicy Food, Strong Tea, Coffee, White Sugar, White Flour, Refined Cereals, Fleshy Food, Greasy and Fried Food should all be avoided.

Exercise Regularly

Even moderate forms of exercise, such as Walking or Low-impact Aerobics are good for a healthy Weight Loss

Gastric Bypass Surgery

Many people who are Obese turn to Surgery for reducing their Appetite / Obesity.

Conclusion

Since the study has revealed that Obesity accounts for Infertility, both in Men and Women, efforts to maintain healthy weight is essential for restoring Fertility, especially in women.

Maintaining healthy Weight can play wonders in improving the chances of fertility / conception. 





Dr. Ammar Blich
Specialist Orthodontist
Dubai, United Arab Emirates

Q / A

When should I take my child to see an Orthodontist? What is the right age for it?

Orthodontic treatment at an early age is commonly known as Interceptive Orthodontics, and it can start as early as at the age of 6-7. At this age, teeth in the oral cavity are still developing and the jaws are still growing. Hence certain conditions, such as crowding, narrow arches and bad oral habits may be easier to resolve.

Early ORTHODONTICS and intervention are beneficial as a child's jaw is still in the growing



stage. Early treatment is useful when the dental arches and jaws are still in the developing stage. Functional orthodontic appliances can improve or treat these problems. Further treatment usually is needed later, but it could be shorter and less involved. Kids braces have improved a lot in the past couple of decades. Technology has made them more comfortable and attractive than the traditional braces.

Unhealthy Oral Habits: Bad oral habits, such as thumb sucking, tongue thrusting or mouth breathing seen at an early age can have a harmful impact on the development of teeth and jaws. All those habits, if addressed at an early age, can be easily treated using a simple orthodontic appliance called 'Habit breaker' which will result in normal development of teeth and jaws, thus avoiding a more complicated approach for treatment at an older age. ☺



FOOD LODGEMENT AND INTERDENTAL CLEANING – WHAT YOU NEED TO KNOW?



Dr. R. Venkitachalam
Public Health Dentist
Kochi, Kerala, India

Does food getting stuck between your teeth after a meal bother you? Do you have a tendency to poke between your gums with a toothpick or bobby pin? Do you feel a gnawing pain even after rinsing your mouth? All the above conditions, more commonly referred to as food lodgement, can be easily prevented and reduced by self-care measures.

Most patients prefer not to visit a dentist for minor problems like food lodgement until it

manifests as pain. Some patients resort to self-care techniques until the condition gets worse. Some of these techniques (like use of a toothpick or bobby pins) are deleterious if not used appropriately or with caution.

This article presents a brief insight into the causes of food lodgement, its effect on oral health and employing the appropriate self-care techniques based on the prevailing condition.

Causes of Food Lodgement

One of the main causes of food lodgement is the presence of 'gaps' between teeth known as interdental spaces. This gap can occur due to anatomical irregularities in the positioning of teeth (malocclusion), gum diseases, dental decay, fractured or faulty restorations, partially erupted teeth, post orthodontic treatment relapse and abnormal oral habits like tongue thrusting / thumb sucking.

While most of these conditions are treatable, immediate relief may not always be attainable in cases like malocclusion and gum diseases, as treatment takes considerable amount of time.

Effect of Food Lodgement on Oral Health

Quite understandably, food lodgement mainly affects the health of gums. Constant presence of food between the teeth can also lead to tooth decay by the action of micro-organisms and subsequent production of acids.

Bad breath, bleeding gums and sensitivity are the usually reported symptoms by the patient. If left untreated, it can lead to progressive reduction in the gum level (gingival recession), bone loss, loosened teeth (tooth mobility) and ultimately result in tooth loss.

Prevention

Effective self-care before consultation with a dentist can be achieved by proper rinsing (with water or mouth rinse) and the use of interdental aids. A basic knowledge of the tooth and its relationship to gums (gingiva) is vital for appropriate use of these aids.

Interdental aids

These are materials that are used in conjunction with normal tooth brushing to achieve interdental cleaning. Commonly available interdental aids in India are dental floss, toothpicks and interdental brushes.

Dental floss is the most commonly used interdental aid and consists of a thin / thick, waxed / non-waxed, single / multi-filament cord.

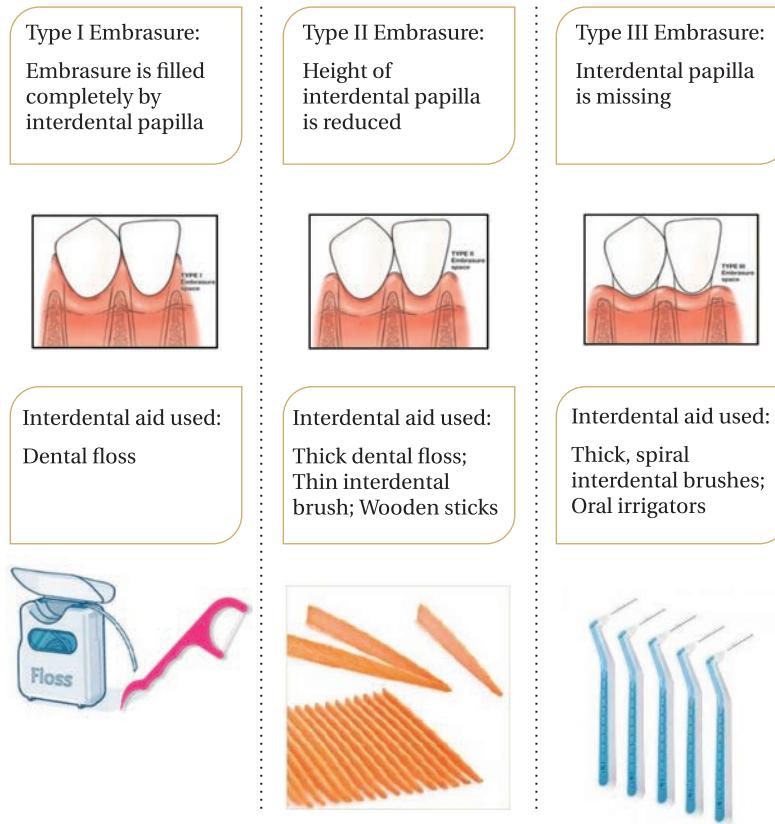
Dental floss generally is marketed as spools where a desired length of the material is taken, ends of which are wound around the index fingers and the filament is pushed beneath the tooth contacts and slid in an up-down direction.

This activity requires a learning curve as a result of which most users do not tend to make it a habit. However, several modified and user friendly designs of dental floss have made its use easier.

Interdental brushes are cone-shaped or cylindrical brushes with bristles mounted on a handle. They are more useful



Figure:



for Type III embrasures (see figure) where the brush can be slid into the space from the lateral aspect of tooth.

Though the use of **wooden sticks / tooth picks** after a meal for interdental cleaning is a common practice, it is generally not recommended due to the risk of injury to the gums. Even if used, it has to be used with a light touch and proper angulation.

More advanced interdental aids like **oral irrigators** are usually recommended by the dentist on a case-to-case basis.

Embrasures

These are pyramidal shaped spaces present beneath the contact points of teeth and gums. Under normal circumstances, this space is

occupied by interdental papilla (gums present between teeth). The type of embrasure determines the kind of interdental aid to be used. The figure seen here shows a broad classification of types of gingival embrasures and the indicated interdental aids.

In conclusion, it can be stated that food lodgement is a very common condition affecting the oral cavity. Though not a disease per se, it acts as a prelude to the initiation of dental decay and gum disease. The Dentists' consultation and opinion is recommended for identification and correction of the cause and selection of appropriate interdental aid for self-care. If left untreated, it can lead to worsening of oral health and ultimately lead to tooth loss. 

Upper respiratory tract infections are the most common infectious diseases reported. They include rhinitis, sinusitis, ear infections, acute pharyngitis or tonsillopharyngitis, epiglottitis, and laryngitis – of which ear infections and pharyngitis causes more severe complications



Respiratory Infections in Children & Ayurveda



Dr. Jithesh Madhavan
Associate Professor
Department of Ayurvedic Medicine
Vaidyaratnam P. S. Varier Ayurveda College
Kottakkal, Kerala, India

Acute respiratory infections (ARI) are a major cause of morbidity and mortality worldwide. They are responsible for one in five deaths among children under the age of five years, with pneumonia being the contributory cause in 90% of these.

About one-quarter of primary care consultations among children relate to their respiratory complaints. One may think of medical advice if the symptoms such as fever, reduced activity, rhonchi, cough with

vomiting, rapid breathing etc. are associated. ARI's in children take a heavy toll on life, especially where medical care is not available or is not sought enough.

Increased pollution of air, food and water, with disturbed immunity due to irregular food and lifestyle, adds to the increased prevalence in recent days. Upper respiratory tract infections (URI) are the most common infectious diseases reported. They include rhinitis, sinusitis, ear infections, acute pharyngitis or tonsillopharyngitis, epiglottitis, and laryngitis – of which ear infections and pharyngitis causes more severe complications.

Because most URIs are self-limiting, their complications are more important than the infections. The common Lower Respiratory Infections in children are pneumonia and bronchiolitis. The respiratory rate is a valuable clinical sign for diagnosing acute Lower respiratory infections (LRI) in children, who are coughing and breathing rapidly. The presence of lower chest wall indrawing identifies the nature of more severe disease.

To control ARIs, multisectoral intervention is essential, mainly in the four basic categories of the public health system, such as immunization against specific pathogens, early diagnosis and treatment of the disease, improvements in nutrition and safer environments. Children who have a cough for more than 30 days are referred for further assessment to tuberculosis and other chronic infections.



Ayurvedic approach to respiratory infections

During Balya (childhood), maturation of the dhatus (tissues) are taking place and this *stage* is characterized by active growth and development of the individual. The ultimate state contributed by the perfectly formed dhatus constitutes the Ojas – one of the three vital essences that together promote and sustain our physical vitality, mental clarity, and overall health and is the real representer of the immune system.

The functional components that do the bodily functions are called doshas. They are three in number – Vatha, Pitta and Kapha. Balya or childhood is the stage of life where the Kapha dosha dominates in the body and also Ojas has not attained the optimum level. Hence children are more prone to infections as a result of having an impaired immune system.

Balya or childhood, is a stage where minimal contributory factors lead to aggravation of the doshas, particularly in Kapha, leading to affection of the respiratory system. The functional aspects of the respiratory system like functioning of the oral mucosa, integrity of the epithelial cells, functional capacity of the lung, different volumes and capacities of lung varies in children

with adults. Even though protective reflexes like coughing, sneezing etc. guards the respiratory system from external hazards, the lack of immune status promotes the infections in children.

Pathological factors

In Ayurveda, the concept of entire process of digestive process, or *Agni*, is of vital importance. In fact, the strength of *Agni* in the body is among the most critical factors in determining overall health.

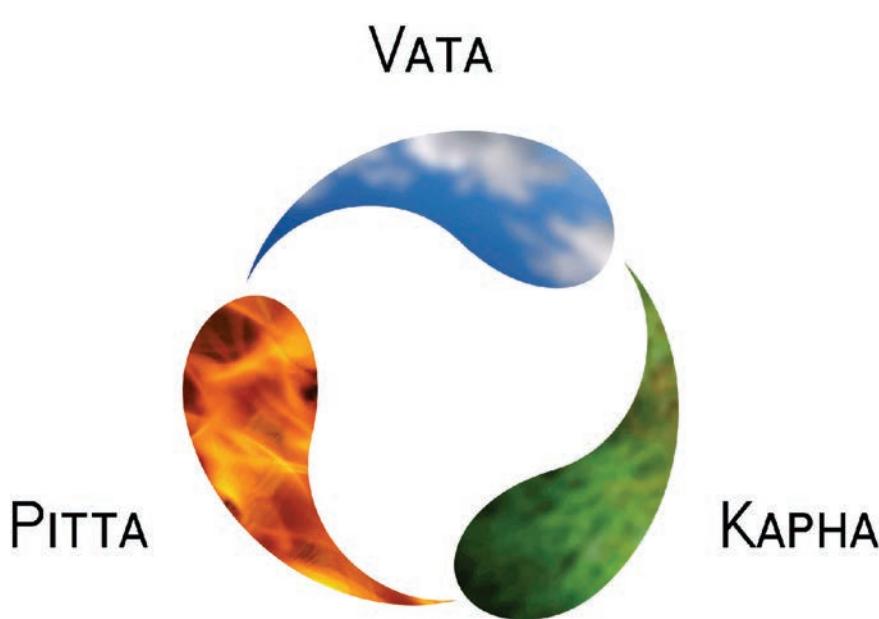
By contrast, *Ama* is a toxic, disease causing substance that forms as a result of impaired *Agni*, and that, in turn, hampers *Agni*. In this way, impaired *Agni* and the creation of *Ama* routinely enter into a vicious and self-perpetuating cycle. Unfortunately, the accumulation of *Ama* is extremely detrimental to our health; it can lead to all kinds of imbalances and is a causative factor in many a number of diseases.

Along with the same, *Snigdha* (oily), *Seetha* (cold in potency) and *Guru* (heavy) food results in *Agnimandya*, a condition in which food is not properly digested due to the diminished power of *Agni*. The body in this stage is susceptible to infections. The affection with *Krimi* or micro- organisms also leads to allergic manifestations and frequent infections in children.

The depletion of *Ojas* or immune status resulting from other diseases or recurrent infections also make the conditions worse as well as chronic. The main Doshas here in the conditions are Vatha and Kapha. In certain infections, Pitta is also involved in the pathology and hence to be considered in the Ayurvedic management principles.

Management principles

The management principles vary from case to case as per the *Prakriti* (Body Constitution), involved Doshas, Causative Factors etc. The correction of *Agni* to get rid of *Ama* is the prime thing to be done. Assessing, categorizing and managing Doshas, with specific medicines for each one





should also be performed.

In acute cases, we have to go for symptomatic approach i.e. treatment for fever, breathing difficulty, cough etc. as per the demand from the condition. Virechana Therapy Treatment targeted to expel increased Pitta Dosha out of the body – is applicable in chronic respiratory disorders with restrictive pathology like the Bronchial asthma, in a modified manner for children.

When there is obstruction to respiratory tract, fomentation of the chest after applying Karpooradi tailam (an Ayurvedic herbal oil) and drugs with expectorant effects, such as Adathoda vasaca, Acorus calamus, Piper nigrum etc. are the ideal drugs of choice. Yashtimadhu (Glycyrrhiza glabra) is the ideal drug in conditions associated with Pitta and it is also Kaphachedaka (expectorant).

Atropine containing drugs like Dhattura, and ephedrine containing drugs like Somalata can be used to reverse the Bronchospasm – sudden constriction of the muscles in the walls of the bronchioles caused by the release (degranulation) of substances from mast cells or basophils under the influence of Anaphylatoxins. Early treatment is to be done so as to prevent the infections from reaching the lower respiratory tract.

Rasayanas – a group of drugs potent for correcting metabolic errors are used to enhance the immune status. Drugs such as Piper longum, Withania somnifera, Tinospora cordifolia etc. are used after the acute episode to prevent upcoming infections. Suitable oils can be prescribed for the head in a continuous manner for a preventive aspect.

Diet correction is to be focused i.e. restricting Seetha (cold), Snigdha (oily), Guru (heavy), Madhura (sweet) food and to avoid refrigerated items, curd, exposure to dust, fumes etc. Reduce the use of cow's milk and promote the use of goat's milk if readily available.

Pranayama – The Art and Science of Vedic breathing - is very much useful in respiratory disorders, especially problems related to alteration of lung volume if continuously practiced. Minimal exercises, including games, that they are fond of is advised.

Respiratory complaints in childhood practice are very common and equally challenging to the physician. So a thorough clinical examination, perfect analysis of pathogenesis, with selection of specific approach based on Doshas explained above tends to yield a fruitful outcome.

Vyadhisamana Chikitsa (aiming symptomatic relief) during the attacks and Ojovardhaka Chikitsa (enhancing immune status) in between the episodes is the approach to be adopted, in brief. Thus, Ayurvedic management provides a safe, cost effective, natural and permanent cure to a child with respiratory affection. 

A woman with dark hair and a light green shirt is leaning over a young girl with long, dark, wavy hair. The woman is holding a white pill in her right hand and a clear glass of water in her left hand. The girl is looking down at the pill and the glass. The background is a bright, possibly kitchen or dining room, with a white tablecloth and some blurred objects.

Acetaminophen is a dose dependent hepatotoxin that can cause acute hepatocellular injury due to the P450 mediated oxidative metabolism of acetaminophen to the highly reactive intermediate metabolite, N-acetyl-p-benzoquinone imine (NAPQI)

Paracetamol: A Wonder Drug or a Drug of Hidden Tales



Dr. Manu K. V.
Dental Practitioner
Kalikkadavu, Kerala, India

Paracetamol (Acetaminophen) was first synthesized by Mr. Harmon Northrop Morse but had limited use initially due to the prevalent use of its contemporary, Phenacetin – a pain-relieving and fever-reducing drug – that was later withdrawn due to its influence on renal toxicity. It can be considered as the emperor of analgesics for its robust share in the drug market. It has an excellent safety profile and few drug interactions.

Drug companies and doctors have been propagating the sale of Paracetamol as a panacea. The long-term sequelae of analgesic abuse due to accidental overdose and therapeutic misadventures are now creating ripples of its lethal effects.

Consumption of different medications simultaneously more often contains this ubiquitous Paracetamol in some form, adding a viable route for over dosage. Label warnings on most packs of available Paracetamol brands are either silent on adverse drug reaction, permissible dosage or may leave the dosage to the doctor's discretion.

Paracetamol has been a

companion of mankind since a century but we are unable to figure out the exact mechanism of action till date.

Acetaminophen is a dose dependent hepatotoxin that can cause acute hepatocellular injury due to the P450 mediated oxidative metabolism of acetaminophen to the highly reactive intermediate metabolite, N-acetyl -p-benzoquinone imine (NAPQI).

Acetaminophen overdose is the leading cause of acute liver failure in the western countries. Staggered Paracetamol overdoses should be treated as high risk for the development of multiple organ failure.

NHS Guidelines say Paracetamol should be taken only if necessary in pregnancy with the lowest possible dose and a short duration. It could kick – start reproductive problems in the womb such as decreased testosterone production. Prenatal and infant Paracetamol exposures have independent positive association with development of asthma, neurodevelopmental and behavioral disorders.

Pain and fever is ubiquitous, universal and could be due to multiple causes. Popping pills

without knowing the root cause is just not the solution. Chronic pain is often mediated by central sensitizations and drugs like analgesics have no role to play in. Some of the adverse effects of the drug are often masked by our blind assumption of Paracetamol as the safest drug.

The vasoconstrictor properties of Paracetamol are often unheard of. Anorectal necrosis after Paracetamol abuse use in neonatology for closure of ductus arteriosus are two sides of the same drug. In the near future Paracetamol might play a dual role of analgesia and replacing adrenaline as a vasoconstrictor.

Prescription drug monitoring program, electronic program, electronic health records help in tracking the frequency of 'doctor shopping', date, time and amount of medication, though now what seems to be a fairy tale would soon be a reality if one needs to curb the menace of overzealous dispensing and consumption.

Physicians should lay a foundation by striking a chord between the benefit and harm and chalking out solutions for safety, efficacy and misuse of these pills. 



New Hope for Infertile Couples



Dr. Raguram Ganesamoni
Consultant Urologist and Andrologist
Adoor, Kerala, India

Normal semen contains a minimum of more than 15 million sperms per ml.

Azoospermia is a condition in which the semen contains no sperm.

A male with Azoospermia cannot father a child naturally.

Previously the only option for such a couple was to either use donor sperms or adopt a child.

However, with the advent of Micro-TESE (testicular sperm extraction), males with Azoospermia also can father their own child. In this procedure, testis is examined under a surgical microscope under 15 to 25 magnification.

The minute tubes inside the testis which produce sperms are called as seminiferous tubules. These tubules are searched under the microscope by an Andrologist (Urologist specialized in male infertility) for signs of healthy sperm production. Tubules that are more likely to contain sperms are retrieved for further examination by the Embryologist. This is a time consuming procedure requiring the combined efforts of the entire team. Once a good number of healthy sperms are found, the procedure is stopped.

Otherwise, the search is done on the other side of the testis. In

each attempt, a minute portion of tubules are retrieved for examination. Thus the damage to the testis is negligible. The retrieved sperms are further processed by an embryologist and are used for Intracytoplasmic Sperm Injection (ICSI) into eggs retrieved from the female partner.

It can be done as a day care procedure or with one-day admission. There is no significant morbidity for this surgery and excess sperms or embryos can be frozen for later use in case the first embryo transfer was unsuccessful.

Micro-TESE has given new hope for childless couples with Azoospermia.

Another cutting edge of surgical procedure is Micro-Varicocelectomy (treatment of male infertility). Varicocele is the most common cause of a low sperm count. Varicocele refers to abnormally dilated and tortuous testicular veins leading to poor blood supply and increased temperature inside the testis. This leads to reduced movement of sperm and low sperm counts. In the long run, it can also lead to permanent shrinkage of the testis.

Previously, Varicocelectomy was done with naked eye examination. However, since the blood vessels are very minute, there was a small risk of incomplete clearance and injury to important structures.

In Micro-Varicocelectomy, these small structures are examined under magnification using a surgical microscope and the procedure is completely done under microscopic guidance.

The advantages of this procedure are obvious, i.e., better vision leading to a more precise surgery and better outcomes. Thus, Micro-Varicocelectomy is considered the current gold standard in the treatment of Varicoceles. 

Nuts to Crunch

Deliciously Spicy, easy to prepare and completely addicting, Go for it!

Ingredients

1 large egg white
1/4 cup sugar
1/2 teaspoon cayenne pepper
1/2 teaspoon ground cinnamon
1/2 teaspoon ground nutmeg
1/2 teaspoon ground clove
1/2 teaspoon ground cumin
2 teaspoon sea salt flakes
2 1/2 cups assorted nuts

Preparation

Preheat oven to 180 degrees.
Beat egg white until soft and foamy.
Combine all remaining ingredients, except nuts. Whisk into egg white.
Put the nuts in the mixture until well coated.
Spread mixture in single layer onto an ungreased baking pan.
Bake until dry (about 10 – 15 minutes).
Let it cool completely before serving.
Break up the nuts and store in an airtight container for up to a week. 



DENTCARE: PRODUCT OVERVIEW

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

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

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



DentCare Zirconia: a Revolution in Metal Free Prostheses



A Glance at DentCare's Array of Products

DentCare Zirconia

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

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

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

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

DentCare Clear Aligners

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

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

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

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



DMLS (The Direct Metal Laser Sintering)

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

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

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



DentCare Clear Aligners:
unique in all aspects

DentCare Nova

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

looking for aesthetics and strong for functionality.

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

Benefits

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

DentCare Flex

DentCare Flex is an aesthetically superior semi-flexible removable denture which blends perfectly with the natural gum tissue providing better looks, function and comfort.

Benefits

- Aesthetically superior removable denture with full functionality and comfort
- Has the perfect degree of flexibility (semi-flexible) and is unbreakable
- No metal clasps; only tissue-colored clasps that blend with the gums

- More stain-resistant than other flexible acrylics
- Monomer-free and manufactured using Injection Moulding system
- Suitable for combination works (with Cast partials)

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



Precision attachments

DentCare Dental Lab offers Precision Attachments – a treatment modality which permits the flexibility of having a fixed-removable prosthodontic end result. This caters to the pressing demands of clinical situations wherein a completely

fixed prosthodontic option is practically unfeasible.

The patient can thus opt for a prostheses that would be generous in accommodating their requirement of having a “fixed” replacement, yet providing the dentist with the comfort of not compromising on the eventual treatment outcomes. Precision Attachments are an additional tool that can add to the smiles of a population that is growing in age and opting for lasting solutions to their dental health.



Bio Functional Prosthetic System (BPS Dentures)

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

Advantages

- Strong
- Clean
- Accurate
- Healthy
- Aesthetic
- Precision in fit
- Pressure injection Method

DentCare Luminers

DentCare Luminers are veneers made by DentCare Dental Lab for teeth with no preparation or only minimal preparation. DentCare Luminers can be extremely thin compared to traditional veneers and are bonded to the tooth surface. With DentCare Luminers, sensitive removal of the tooth structure can be reduced and in selected cases even avoided for certain non or minimal invasive smile enhancement treatment plans.

Benefits

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



Dental Implant Prosthetics

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

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

Screw-retained Hybrid Dentures

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

The variants available are:

- Titanium (Milled) with acrylisation—manufactured using CAD / CAM technology
- Titanium (Cast) with acrylisation
- Direct Metal Laser Sintered (DMLS) in Cobalt-Chromium with acrylisation—manufactured using CAD / CAM technology
- Cobalt-Chromium (Cast) with acrylisation

- Polyether Ether Ketone (PEEK)(Milled) with light cure composite – manufactured using CAD / CAM technology



Implant-supported Overdentures

They are available as Bar Attachment / Ball Attachment Overdentures.

Implant-supported Overdentures are offered in various material options namely

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

Polyether Ether Ketone (PEEK)

Whether a patient's prostheses are permanent, removable or screw-retained, PEEK is an innovative, premium prosthetic solution. Polyether ether ketone (PEEK) is a high-performance polymer which has been proven successful in many areas of medicine.

This semi-crystalline, high-

performance composite is also gaining an ever-increasing number of adherents and users in dentistry due to its remarkable properties. This material is bioinert, tissue compatible, non-cytotoxic, electrically non-conductive and thermally insulating with very good mechanical properties, high temperature stability and outstanding chemical-resistance. The chemical-resistance of PEEK prevents it from being attacked by saliva; there is no reaction intra orally.

Other prominent products from DentCare

- Cercon (Degudent)
- IPS e.max (IvoclarVivadent)
- Procera (Nobel Biocare)
- Zenostar (IvoclarVivadent)
- DentCare Mouth Guard Triple
- DentCare Anti-snoring Device
- CPD - Cast partial Denture (Titanium and Co-Cr)
- Acrylic Removable Complete and Partial Dentures
- Valplast
- Bio Dentaplast

Conclusion

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

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

Smile confidently, go for DentCare prostheses 

A Modern Ayurvedic Missionary Par Excellence



Dr. Edackad Mohan

Psychologist, Trainer, Teacher Educator
and Educational Consultant
Kollam, Kerala, India

theoretical and therapeutic foundations of the
indigenously developed Medical System of India.

Government of India honoured him by bestowing
Padma Shri Award, the fourth highest Civilian
Honour, upon him, in 2003, considering his
lifelong service to Ayurveda as a Scholar,
Researcher, Practitioner and Innovator.

Fascinated by his erudition, a large circle of
Medical Professionals, cutting across Systems,
meticulously listened to his words.

The Rise of a Legend

He was born on 17 November, 1932 in Kollam to
Dr. M. P. Krishnan Vaidyan and
Dr. P. Kalyanikkuttyamma. He had an
outstanding legacy of Ayurvedic scholarliness
from his ancestral lineage. Even in his teens, he
had been at ease with Ashtangahrudaya and
Sahasrayoga.

He used to describe himself as one born and
brought up in an atmosphere laden with the
aroma of medicinal herbs. Naturally, he had a
congenital trait for the Healing Craft.

His paternal Grandfather, Sri. Padmanabhan
Vaidyar was a renowned Ayurveda Physician. His
mother was adept at Ayurveda as well as Siddha
Medicine. His father was also a Physician who
later became the Court Physician of the
Travancore Royal Family.

He was a first batch student of Travancore
Government Ayurveda Medical College,
Thiruvananthapuram and secured first rank in
DAM. Soon after, he joined Government Medical
College, Thiruvananthapuram and passed MBBS
with flying colours.

His passion for Ayurveda was so ardent that he
preferred it to Allopathy and hence, he discarded

Padmasri Dr. K. Rajagopalan was a maestro in Ayurvedic Medical Practice and Research. Though he graduated both in Modern Medicine (MBBS) as well as in Ayurveda (DAM - Diploma in Ayurvedic Medicine), he took to being an Ayurvedic Physician, following his family tradition as well as his ardent passion for it.

Admittedly, he upheld Ayurveda, one of the Oldest Holistic (mind and body) Systems in the world, which has the potential to become the Medicine of the Future. He fought vigorously for it as a champion and polemically against the attempt at disparaging its true merit.

As a nationally acclaimed Physician, he gave solace to thousands of patients who sought his help. He was also a great Researcher having adherence to the ancient wisdom that laid the



Padmasri Dr. K. Rajagopalan was a maestro in Ayurvedic Medical Practice and Research. Though he graduated both in Modern Medicine (MBBS) as well as in

Ayurveda (DAM - Diploma in Ayurvedic Medicine), he took to being an Ayurvedic Physician, following his family tradition as well as his ardent passion for it

the Post of Assistant Surgeon offered by Government of Kerala. This surprised all because it was a time when Allopathy was considered as a Gold Mine for the aspirants of Medical Profession.

It may be construed that he might have had to prove that those who took to Ayurvedic Practice were not at all inferior to those who took to Allopathy. Even while being a staunch defender of Ayurveda, he never denigrated Allopathy and its advantages.

It is reasonable to assume that he found merit in the Methodological Practices of Allopathy, while having strong moorings on the Theoretical Perspectives of Ayurveda towards human well-being and health.

Dr. Rajagopalan started his Professional life as the Chief Physician at 'MP Krishnan Vaidyan Memorial Ayurveda Hospital', run by his own family, in Kollam city. As soon as he started his career as a Physician, he became a Member of 'All Kerala Ayurveda Mandalam', an organization dedicated to spreading and promoting the cause of Ayurveda. He later became the President of that Organization and continued in the capacity, for as many as twenty-five years.

A Tireless Pursuer

Being a voracious reader, especially in the sphere of Medical Science, he used to carry a number of books along, wherever he went. His colleagues would dub his car as a Mobile Medical Library. He kept himself abreast of even the most sophisticated therapeutic techniques and the latest pieces of medical information.

Surprisingly, he was ready to delve into the prospects of reviving Folk Medicine for the

benefit of mankind. He was to the core a humanist Medical Practitioner. His role model was the Sage, Charaka who wandered far and wide as an Ayurvedic Missionary.

Though he considered Ayurveda as a powerful weapon endeavouring to promote human health, he was not at all blindfolded about it. He was well aware of its limitations. So, he resorted to two things; one was to be broad-minded to accept the practical advantages of Modern Medicine in Diagnosis and Treatment as well as to use them in his Medical Interventions; the second was to empower Ayurvedic Medicine through Research and Practice.

Ever since he started his career, he had been nurturing an amazing interest in Research. He came to the national limelight with his bold and practical Proposal presented in the Ayurveda Mahasammelan held at Patiala in Punjab, under the patronage of the then Prime Minister, Smt. Indira Gandhi.

He claimed that Ayurveda could efficaciously be exploited for formulating safe contraceptives to be used in Family Planning Campaign. It was a time when India was pondering over the possible remedies to tackle the problem of overpopulation.

One of his best contributions to Ayurvedic Medicine is the Combination Medicine Technique. He conducted research on Life Style Diseases and was optimistic about finding a solution to the problem.

He developed an Ayurvedic Medication for Cancer with Black Cumin Seed. AIDS was his other area of interest. He both conceptualised and developed 'Medhakshaya', a treatment modality for AIDS.

He developed effective medications for Spondylitis and Disc Disorders. Till his death, he was the Honorary Research Director of Amala Ayurveda Medical College, Thrissur. Many a cancer patient got cured completely from their ailments with his treatment.

With his interest in Folk Medicine, he developed certain Medical Recipes for Abnormal Reduction in Blood Platelets as well as for Paralysis.

A Very Productive Career

In addition to being a Practitioner, he found new meadows to pursue his Research. He joined Ayurveda Central Institute at Cheruthuruthy, Thrissur, as a Senior Research Officer. In the meantime, Ayurveda Regional Research Institute at Thiruvananthapuram also availed of his Service. Moreover, he served a short stint of three years at Ayurveda Medical College, Thiruvananthapuram, as an Honorary Professor.

He also served at Coimbatore Ayurveda Medical College for ten years, as a Visiting Professor. Then, he took up the Post of the Director of Shornur Ayurveda Hospital, Thrissur. From 1997 onwards, he was the Clinical and Literary Consultant at Kottackal Arya Vaidyasala, Malappuram.

He was the Chairman of the Task Force (Ayurveda and Homeopathy) of the State Planning Board. He worked as an Examiner at Universities of Kerala, Calicut, Madras and Bharathiar. He was the Dean of Sree Sankaracharya University of Sanskrit, Kalady, Ernakulam.

He also served as a Member of Central Council of Indian Medicine as well as Patron of Kerala Ayurveda Pharmacy. He was a regular contributor to Periodicals in matters related to Ayurveda and Public Health. He published many scholarly Articles in International and National Research Journals. His widely acclaimed book is 'Panchakarma Chikilsa Saram'.

An Enthusiastic Practitioner

He was endowed with exceptional insight, making him capable of diagnosing diseases very easily. He was a relentless crusader against diseases. Always, he had a very busy schedule as a Physician. Every Sunday, he used to consult patients at his residence from 9.30 am to 1.30 pm.

On all other days, he was at different places; on

Monday, he was at Aluva Ayurveda Pharmacy; on Tuesday at Amala Hospital, Thrissur; on Wednesday at Kottackal Cancer Clinic and on Thursday at Kottackal Hospital. Friday and Saturday were earmarked for Ayurveda Samajam Hospitals at Shornur as well as Thiruvananthapuram.

He would reach home in Kollam very late at night on every Saturday. It was his routine to travel more than 3000 kilometres every month, even in his eighties.

Recognition for Achievements

In recognition of his lifelong contributions to the Science of Ayurveda, he was awarded with Padmasri, in 2003. He was also bestowed with the highest Award in Ayurveda, namely Bruhatrayi Ratna, in 1997. In 2001, he was awarded with Patanjali Puraskara.

In 2009, he was honoured with Ashtanga Ratna Award instituted by Government of Kerala, for lifelong contribution to the Field of Ayurveda. Besides, he was bestowed with many other Awards, Fellowships and Endowments.

He got married to Smt. P. K Saralamma, a member of another renowned Ayurveda Vaidya Family in Kollam. His married life spanned over a period of four decades, until his wife passed away in 1995.

He led a peaceful but most productive life till death. He was stubbornly reluctant to do self-promotion as well as devoid of the craze for publicity. He was not ready for cashing in on any lucrative opportunities for selfish motives.

He passed away on 10 January 2015, at an age of eighty-three, leaving a great lacuna in the realm of Ayurvedic Research and Development.

Dr. Rajagopalan will be remembered for his epoch making contributions to Ayurveda; Theory and Practice. He will remain evergreen in the memories of people as a Humanist and loving Physician for long.

The most befitting epithet for Padmasri Dr. K. Rajagopalan will be:

'A Peripatetic Scholar whose sole mission in life was to teach, preach and practise Ayurveda'. 



Thank you



DentCare has over the years carved out a niché for itself as as one of the best healthcare magazines. In comparison to the many in the field, we have been a constant beacon of conscious living for others. This month we mark **Four years** of dedicated service to you, Dear Readers. It makes us proud to say that the issues released so far stand testimony to this intellectual as well as moral commitment. We will continue to strive towards achieving valuable and inspiring contributions for your immense benefit. It is with great pleasure that we extend our warmest greetings on this occasion to the earnest readers of this magazine. We hope the magazine would continue to entertain the passion within you, as it has been doing for the past four years.

The DentCare.... Brightening Smiles the World Over





Cosmetic Dentistry

Cosmetic dentistry is the section in dentistry which is concerned with creating a beautiful smile in an individual.

Cosmetic treatment in dentistry include procedures like;

- Bleaching
- Bonding
- Veneers
- Crowns
- Dental Implants
- Cosmetic Recontouring
- Orthodontic correction

Bleaching lightens teeth that have been stained or discoloured by food and / or age, or have darkened as a result of injury.

There are two ways to professionally bleach teeth. Your dentist can apply a bleaching solution to one or more of your teeth per visit, over the course of several appointments or your dentist will fabricate a custom made bleaching tray on which the bleaching agent is loaded by the patient himself and worn for a few hours every night at home. This process may take one to six weeks' time.



Dr. Benley George
Vice Principal
Pushpagiri College of
Dental Sciences
Thiruvalla, Kerala, India

Bonding involves applying a tooth-coloured plastic filling material called composite resin to the surface of your chipped, broken or discoloured teeth. The composite resin can also fill in gaps between your teeth and protect roots that are exposed due to gum recession. The entire procedure is virtually painless and is usually completed in one visit. However, complex cases may require several appointments.



Porcelain veneers are thin, custom-made, tooth-coloured shells that cover the front part of your teeth. Once applied, they correct or camouflage misaligned, poorly shaped, damaged, or discoloured teeth. The process of applying veneers usually involves two visits to your dentist.

Crowns are fabricated for patients who have deformed, or discoloured or fractured teeth. The

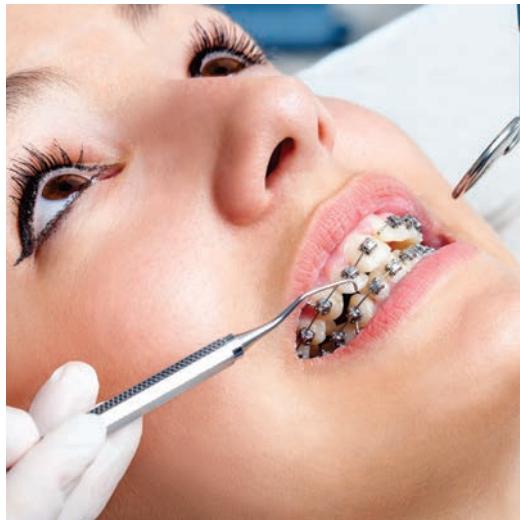
crowns are fabricated based on the shade selection of the other teeth of the patient. The crown fabricated is cemented over the tooth. In patients whose anterior teeth are not appealing, a ceramic bridge from the canine tooth of one side to the canine tooth of the opposite side can be done. This will improve the aesthetic appearance of the patients' teeth.



A lost tooth or teeth can be replaced with **Dental implants**. Dental implants are artificial replacements for your teeth that are inserted directly into your jaw. They are much more secure and natural looking than dentures or bridgework, but they can be expensive and the entire process can be quite lengthy. Long-time denture wearers also benefit from implants by having their loose-fitting dentures secured to a specially designed implant attachment.

If your teeth are a bit overcrowded or uneven, they can be slightly contoured in a procedure called **Enamel shaping** or **Cosmetic recontouring**. For instance, if a tooth looks much longer than the rest, some enamel can be removed and it can be reshaped. The process is usually quick and painless.

Recent advances in **Orthodontic treatment**, such as less visible and more effective brackets and wires, make straightening crooked teeth more palatable for many adults. How long you will have to wear them depends on the severity of your problem, the health of your teeth, gums and supporting bone, and your age.



Cosmetic dentistry has brought about a great revolution in dentistry. Today patients are very much concerned with aesthetics and demand the best cosmetic dental treatment as a remedy for their problem. ☺



Marking Global Footprints



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24-29 November (GNYDM 2017)

Our Booth # 4742



22nd UAE International Dental Conference & Arab Dental Exhibition
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Pear: Benefit From This Valued Fruit

The Pear fruit has a bell or pyriform shape and has a mild apple flavor. Its skin is also edible. The fruit is packed with tons of health benefits. Some of the most popular ones include:

➲ **Prevents Cancer:**

Hydroxycinnamic acid found in Pears helps prevent Lung and Stomach Cancer. Quercetin, an antioxidant found in the skin of Pears also helps prevent Cancer.

➲ **Helps Maintain Bone Health:**

Vitamin K and Boron, the two nutrients in Pears work with other vital nutrients like Calcium, Magnesium and Phosphorous and help prevent bone breakdown. Vitamin K helps prevent Osteoporosis and Boron helps the body retain Calcium.

➲ **Promotes Cardiovascular and Colon Health:**

Presence of high level of Pectin, a water-soluble fiber in Pears helps strengthen the Cardiovascular System and

improve Colon health; thus enabling regular bowel movements and prevents Constipation.

➲ **Weight Loss:** Pear is one of the lowest calorie fruits. It is a high-energy, high nutrient food with low impact on Weight Gain and Obesity.

➲ **Anti-inflammatory:** Pears contain Phytonutrients having anti-inflammatory properties which help relieve Stomach pain and other common Chronic Inflammations.

➲ **Decreases Diabetes risk:** Certain Flavonoids found in Pear help improve Insulin Sensitivity and help decrease the risk of Type 2 Diabetes.

➲ **Prevents Throat Problems:** The anti-inflammatory properties of Pears help clear phlegm from the body for the proper functioning of our Respiratory Organs. Drinking Pear juice twice a day helps

prevent Throat Problems.

➲ **Treats Acne, Pimples and Other Skin Infections:**

Due to high amounts of Vitamins and Minerals, the fruit help the skin fight against Acne, Pimples and other Skin Infections.

➲ **Reduces Hair Loss:**

Pears contain several hair-friendly nutrients which are beneficial for maintaining the health of the hair. Ripe Pears contain natural sugar called Glucitol which nourishes the Scalp, feeds the hair roots and helps prevent Hair Loss.

➲ **Treats Dandruff and Scalp Psoriasis:**

The moisturizing properties of Pears are useful for reducing the dryness of the Scalp and helps keep Dandruff and Scalp Psoriasis at bay.

May Not Be So Safe

Pears are hypoallergenic (unlikely to cause allergy) in nature. However, eating too much is bad for health. So, it is advisable to eat Pears in moderation, so that you can reap all the health benefits of Pears without worrying about any of the side effects, if any. ☺



DENTAL CALENDAR 2017

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11 - 14 San Diego, USA	66 th Annual Meeting of American Academy of Implant Dentistry Hilton San Diego Bayfront	 +1 312 335 1550  +1 312 335 9090  www.aid.org
16 - 18 New York, USA	29 th Annual World Congress on Dental Medicine and Dentistry Hilton New York JFK Airport Hotel	 +91 40 7127 9012  www.dentalmedicine.conferenceseries.com
19 - 23 Atlanta, USA	Annual Meeting of American Dental Association Georgia World Congress Center	 +1 312 440 2500  www.ada.org
26 - 28 Osaka, Japan	39 th Asia Pacific Dental and Oral Care Congress Hyatt Regency Osaka	 +91 40 7127 9012  www.dentalcare.conferenceseries.com

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01 - 04 San Francisco, USA	47 th Annual Session, American College of Prosthodontists San Francisco Marriott	 +877 6223056  www.prosthodontics.org
03 - 04 Dubai, United Arab Emirates	9 th Dental Facial Cosmetic Conference and Exhibition InterContinental Hotel Festival City	 +971 50 424 3072  +971 4 347 6867  www.cappmea.com
03 - 06 Bali, Indonesia	45 th Indian Prosthodontic Society Conference Anvaya Resort	 +91 7416173737  www.ipscbali.com
10 - 11 Frankfurt, Germany	Id Infotage Dental Messe Frankfurt	 +49 511 89 30400  +49 511 89 30401  www.infotage-dental.de
15 - 17 Stockholm, Sweden	The Annual Dental Congress and Swedental Stockholmsmassan	 +46 8 749 42 86  www.swedental.org
26 - 29 New York City, USA	93 rd Greater New York Dental Meeting Jacob K. Javits Convention Center	 +1 212 398 6922  +1 212 398 6934  www.gnydm.com



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Letters to Editor

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

Subscriptions & Advertising Inquiries

thedenicare@dentcaredental.com
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DentCare Dental Lab Pvt. Ltd.
NAS Road, 130 Junction
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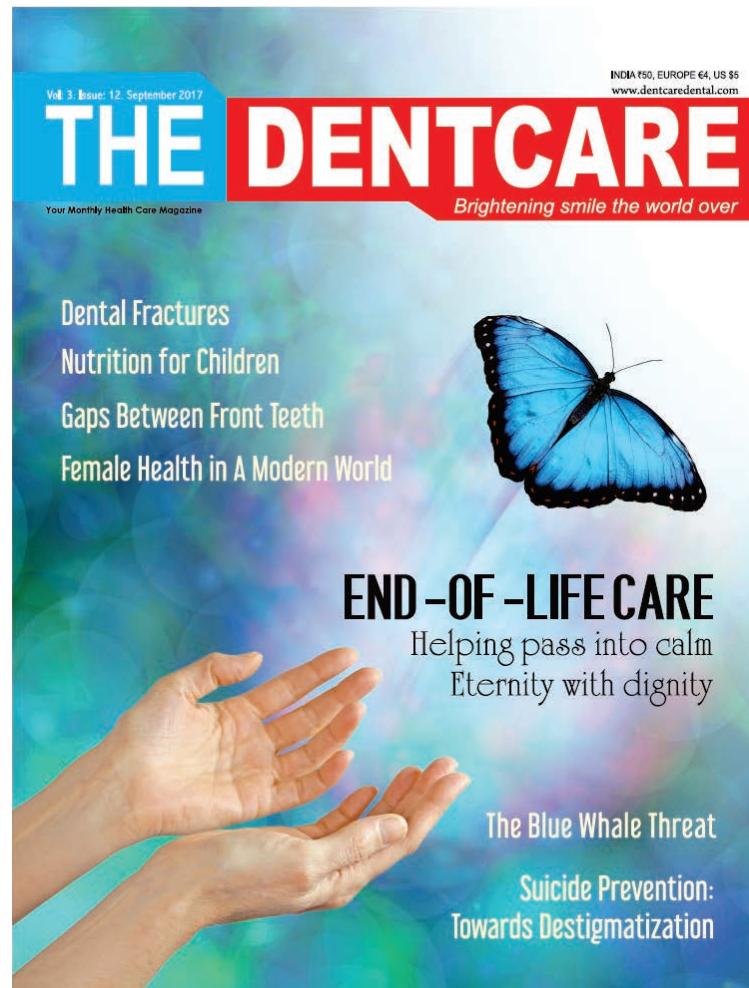
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DentCare Magazine is a novel platform for sharing knowledge and information related to the medical world. Its focus is on dentistry as dental health is an area of concern world over nowadays. This magazine carries articles on latest research findings and innovations in the field so that both professionals and the public at large will stay well-informed.

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

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

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



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