



FENÊTRE



STUDENTS ASSOCIATION M.R. AMBEDKAR DENTAL COLLEGE, BANGALORE

PRIVATE CIRCULATION ONLY

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EDITORIAL

A Beginning... An idea... We the students of M.R. Ambedkar Dental College have achieved with a lot of perseverance and efforts of many individuals and also the generous support from our contributors, making it possible to bring out this inaugural issue FENÊTRE...

"WINDOW"

A way for students, doctors, lecturers as well as everyone to have a medium to know about the latest advancements, further studies in India as well as abroad, to bring out their thoughts and creativeness and voice their opinions to believe in their profession and to improve it and themselves...

There never has been a window through which the vast number of dental students spread all over the various dental colleges all over Karnataka can communicate or look through so as to be in touch or feel the presence of one another... When we set out with this task, it felt like an Odyssey, with the idea we had, we were 'criticized' with words that stated that it is difficult, beyond us... even impossible... but it said...

*"If you are not criticized,
you may not be doing much."*

- Donald. H. Rumsfeld

From here on, we would like to expand our horizons, so we would like to encourage articles and information from the readers which would help you to reach out to more people and also help us to improve quality as well as correct the errors we might have committed... This paper in its present form is an assemblage of a ideas, feelings, small budget, events, time curtails and much more but its our belief that excellence can be achieved "together" and improvement is always possible and is an on going process...

With this inaugural issue we just have taken a small step to see how far we can go but its us, all the editors belief that the first step is the most difficult and the most important which now taken with the release of this issue, shall and should take us the distance we dream off. Anyway it's a "Test"...

*"To be tested is good,
the challenged life may be
the best therapist."*

**- Dr. Dhruv Subramanian
& The Editorial Board**

9th July...

College fest... A fun fair, themed as **RETRO** (Hippies, old movie stars and your imagination...) Starting at 10am with a treasure hunt, game stalls, food stalls and the excitement only builds up at 2pm with the Cultural events with a scintillating fashion show. The Climax finally reaches with **DJ Ankush** bringing everyone on the dance floor by 5 pm...

An event for students to relax their nerves before the world of exams take them to cramming and tension. The many winners for previous events... (Continued on Page 9...)

ARTICLES to be submitted fenetre05@yahoo.co.in

EDITORIAL BOARD



Dr. Arjun Saroff



Dr. Dhruv Subramanian



Dr. Surendra Raju R



Dr. Srilakshmi

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Congratulations

To the out going batch 2005
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From
Mr. Tarvinder Singh Kheer &
Mr. Prathish Babu

RK ESTATES
&
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Richmond Plaza, Richmond Road, Bangalore

BRUSH BIOPSY IN EARLY DETECTION OF ORAL CANCER

Dr. S.J. Govindaraj, Dr. Vishal Mehrothra
Dr. Lavanya & Dr. Ramachandra Reddy
Dept. of Oral Medicine

It has recently been proposed that cytological examination of "brush biopsy" samples is a non-invasive method of determining the presence of cellular atypia, and hence the likelihood of oral epithelial dysplasia. It is now established that the detection of ploidy is perhaps the best predictor of possible malignant change in lesions with clinical features of potentially malignant disease and histopathological features of oral epithelial dysplasia. In light of the need for more precise methods of identifying oral cancer in its early stages, oral brush biopsy could be an ideal asset. The oral brush biopsy instrument is preferred for lesions of the exposed oral mucosal surface. Each Oral CDx test kit contains a sealed and sterile biopsy brush (U.S.A).

Review of literature: Brush biopsy vs. Tolonium chloride

Tolonium chloride staining has a sensitivity of up to 100% for oral squamous cell carcinoma, however the sensitivity falls considerably when used to detect oral epithelial dysplasia. Tolonium chloride may not therefore be an appropriate diagnostic tool for the detection of oral epithelial dysplasia.

Brush biopsy vs. Exfoliative cytology

Normal cells exfoliating in enormous numbers as a result of epithelial turnover outnumber abnormal cells exfoliating from a dysplastic or cancerous lesion and, therefore, impedes recognition of cellular abnormalities. The keratin layer reduces the total number of abnormal cells available for cytological sampling, of epithelial turnover in cytological.

Brush biopsy vs. Aspiration biopsy Fine-needle-aspiration biopsies from virtually all body sites provide cellular material from all layers of the lesion being analyzed. Its best suited for sampling deep-seated lesions such as submucosal oral masses and enlarged lymph nodes. The high rates of sensitivity and specificity achieved with oral CDx reflect its close relationship to fine-needle-aspiration biopsy. The oral brush biopsy instrument is preferred for lesions of the exposed oral mucosal.

Brush biopsy procedure: Depending on the lesions intra oral location and accessibility, either the flat surface or circular border of the brush can be placed against the surface of the lesion, while firm pressure should be maintained and rotated 5-10 times. Pinkness of tissue or pinpoint bleeding is the evidence of proper technique.

The cellular material collected on the brush is then transferred to the glass slide and rapidly flooded with a fixative to avoid air-drying. After approximately 15 minutes, the dry slide is then placed in a plastic container and sent for cytological evaluation for computer analysis.

INDICATIONS

Red and white lesions Chronic ulcerations

Lesions with unusual surface changes such as granular appearance.

Evaluation of mucocutaneous disorders (e.g. Lichen planus) refractory to treatment.

Follow-up of a persistent lesion.

Patients with a history of oral, or any other head/neck cancer, who have evidence of mucosal changes.

Main advantage of brush biopsy is that it is rapidly conducted chair side procedure that results in minimal or no bleeding and requires no topical or local anesthetic, a transepithelial brush biopsy is not a difficult or demanding process to master and brush biopsy can provide morphologic evidence of a variety of benign oral processes.

CONCLUSION

Obtaining and sampling cells within the basal and parabasal region of the epithelium is central to the consistency and accurate diagnosis of early oral and oropharyngeal cancer or precancer. With this in mind, the development of the brush biopsy. (Oral CDx, U.S.A) has brought accurate diagnosis, ease of performance, and patient acceptance into daily practice. The use of the technique in office practice offers the clinician a tool to help analyze surface oral mucosal abnormalities in a valid, scientifically based fashion. Further research is warranted with a larger sample size to evaluate the efficacy of oral brush biopsy in detecting dysplastic changes in oral mucosal lesions.

FOOD For Thought !

By the Rule man is a fool,
Asking for hot when it is cool
Asking for cool when it is hot,
Always asking for what is not.

Dr. Ritu Jain

HAVE YOU EVER....

Ajith Kumar.S.
II Yr. B.D.S

...Heard the clouds sing,
when the night hums her magical tune?
Felt the air vibrate,
with the trees in their sprightly dance?
Smelted the fragrance of the flowers,
that symbolise the purity of earth?
Sung the lively song,
That a flowing stream sings?
Seen the glitter of netted sunbeams,
as, Through the glades flow the streams?
Envied the birds flying so high,
the liberty they enjoy till they die?
Thanked our mother nature,
for her vast, glorious gifts for our succour?
sensed the glories of life,
that enliven every moment of life?
Have you ever....?

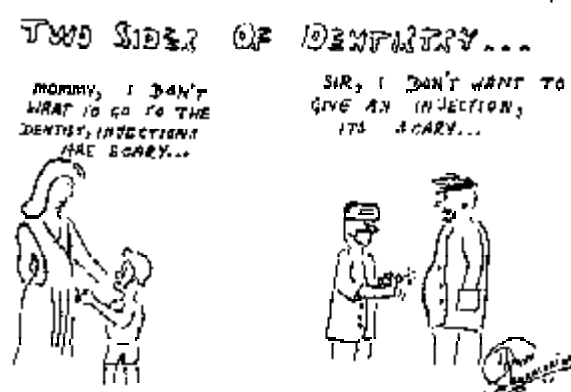
PERIODONTAL DISEASE AFFECTS YOUR GENERAL HEALTH

Periodontitis is the most common oral disease caused by specific groups of bacteria and is characterized by alveolar bone loss, loss of clinical attachment to the teeth, tooth mobility and bleeding gums. There is ample evidence to prove that an existing systemic disease like diabetes mellitus or condition like pregnancy does aggravate the periodontal condition. But recently there has been emerging evidence to suggest that even the reverse may be true i.e. the severity of periodontal disease may have a worse impact on the general health. Here is an eye opener:-

- (1) Periodontal disease can affect the onset and progression of congestive heart disease by increasing the blood viscosity. Periodontal disease releases into the blood stream, mediators like fibrinogen and also leads to an increased concentration of WBC in blood. This may in turn initiate thrombotic events predisposing to angina, myocardial infarction or congestive heart failure.
- (2) Periodontal pathogens like porphyromonas gingivalis have been associated with the formation of atheromatous plaques. Platelets bind selectively to these organisms in the blood stream and tend to aggregate. thus initiating thrombosis such events have been noticed in brain, coronary arteries and lungs leading to stroke, coronary thrombosis and tachypnea.
- (3) Severe periodontal disease has been shown to cause increased insulin resistance and thus worsens the glycemic control in both diabetic as well as non- diabetic individuals.
- (4) Pregnant ladies suffering from periodontitis are more likely to deliver pre-term low birth weight babies. The inflammatory agents released in periodontitis may travel through the bloodstream and cross the placental barrier initiating pre-term labour and low birth weight babies. Pre-term low birth weight is the major cause of neonatal deaths. not only in developing but also in developed countries.
- (5) Dental plaques may also serve as reservoirs of organisms with a potential to cause respiratory diseases like pneumonia, especially in hospitalized patients. Therefore, periodontitis must be viewed as having potential negative consequences on general health.

Dr. Ritu Jain

P.G.Student
Dept. of Periodontics.



HIGHLY VISCOUS CONVENTIONAL GLASS IONOMER CEMENTS

Dr. Adarsh

Dept. of Conservative & Endodontics

These are a new generation's of fast - setting, high strength materials with early resistance to loss of water balance. Launched in the early 1990's, this material was developed largely at a response to the need for filling materials in the Atraumatic restorative therapy (ART). It is also called condensable or high strength GIC's.

The main source of improvement has been :

- ❖ Through the refinement of powder particle size and particle size distributions
- ❖ Changes in the heat treatment of the glass which led to improvement in the surface reactivity of the powder particles.

Significant factors :

- ❖ Powder- liquid ratio :
- ❖ The standard ratio ranges between 3:1 and 4:1
- ❖ Time to mature :

As they are fast setting, they are resistant to water uptake in about 5 mts from the start of mixing. This means that they can be polished shortly after removing the matrix. However, if they are left exposed to air for any length of time in the first 2 weeks, they are liable to lose water and crack (dessications) So, it should be covered and protected with a layer of low-viscosity, single - component, light - activated resin to maintain the water balance.

- ❖ Adhresion to enamel and Dentine

The ion exchange adhesion will be identical to the original auto cure materials but the adhesion will be stronger because the cement is stronger. Failure will be cohesive in the cement itself rather than adhesive at the interface.

- ❖ Flouride release.

Flouride release is similar to that of all other types of Auto cure GIC's

Physical properties

Both tensile and fracture resistance of the new generations of these materials are substantially greater than those of the early Auto cure materials and are marginally superior to those of the Resin Modified Glass ionomers.

As they mature, they match up with both Amalgam and composite resins in abrasion resistance. This comes about as a result of the continuing ion exchange, which leads to surface enrichment with both calciums and phosphate ions that are lost into the saliva.

Biocompatibility :

Similar to other GIC's, there is only a short term inflammatory response in the pulp tissue from the newly placed restorations.

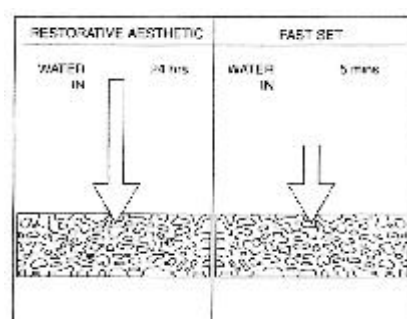
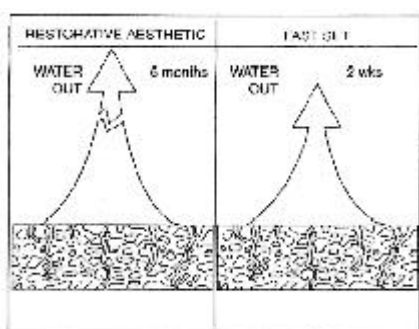
Main Applications :

- 1) In Minimal lesions that are well supported by surrounding tooth structure and may be subject to occlusal load.
- 2) As a transitional restorations in large lesions where it is deemed desirable to seal a lesion to allow it to heal.

If esthetics is a problem, laminate the restorations with composites.

Commercial brands : Manufacturer

- Fuji IX GC
- Fuji IX GP GC
- Ketac Molar ESPE 3M
- Ketac Molar Aplicap ESPE 3M



MANAGEMENT OF THE PREGNANT ORAL AND MAXILLOFACIAL PATIENT

Dr. Shweta Bhatnagar

Dept. of Oral & Maxillofacial Surgery

Pregnancy causes many changes in the physiology of the female patient, providing the oral and maxillofacial surgeon with many challenges. These alterations are sometime subtle but can lead to disastrous complication if proper precautions are not taken.

It is important to remember that treatment is being rendered to two patients: mother and foetus. All treatment should be done only after consultation with the patients gynaecologic specialist. If there is an uncertainty about the diagnosis of pregnancy all treatments (unless emergent) should be postponed unless a definitive determination of pregnancy can be obtained.

Anaesthetic and Pharmacologic Consideration

Local Anaesthetic

- ☐ Freely Cross The Placental Barrier
- ☐ Majority of amide type agents are bound to alpha,- acid glycoprotein levels, resulting in increase of free local anaesthetic plasma concentration and thus the potential for toxic reactions, especially in bupivacaine.
- ☐ The collaborative perinatal project showed that the administration of benzocaine, procaine, tetracaine and lidocaine during pregnancy did not result in increased rate of fetal malformations.
- ☐ L.A. commonly dispensed in a 1:100,000 epinephrine concentration, or 10mg/ml. The concern is accidental intravascular injection of isu of epinephrine will cause uterine artery vasoconstrictions and decreased blood flow. Clinically significant doses of A-adrenergic agents must be avoided to preserve placental perfusion and foetal viability.

LOCAL ANAESTHETIC

| Drug | FDA Category | Use during pregnancy | During breast feeding |
|-------------|--------------|---------------------------|-----------------------|
| LIDOCAINE | B | YES | YES |
| MEPIVACAINE | C | YES | YES |
| PRILOCAINE | B | YES | YES |
| BUPIVACAINE | C | NO, MAY CAUSE HYPOTENSION | YES |

General anesthetics : Three main considerations in relation to foetus

1. Maintenance of Fetal Oxygenation
2. Avoidance of Teratogenic agents
3. Prevention of premature labour

Fetal Oxygenation is maintained by maintenance of normal maternal PaCO₂ & PaO₂, uterine vascular resistance, and maternal blood pressure. The most common, and potentially most teratogenic general anaesthetic inhalation agent, is nitrous oxide. The potential teratogenic effects of N₂O are related to its ability to inactivate methionine synthetase. Methionine synthetase is responsible for conversion of homolysyeine and methly tetra hydrofolate to methiomine and tetrahydrofolate. Methionine is essential aminoacid and tetrahydrofolate is needed for synthesis os DNA. The effect has not proved to be clinically significant in humans, But it has been suggested that all patients undergoing anaesthesia with N₂O receive prophylactic doses of folic acid, methionine and vitamin B₁₂.

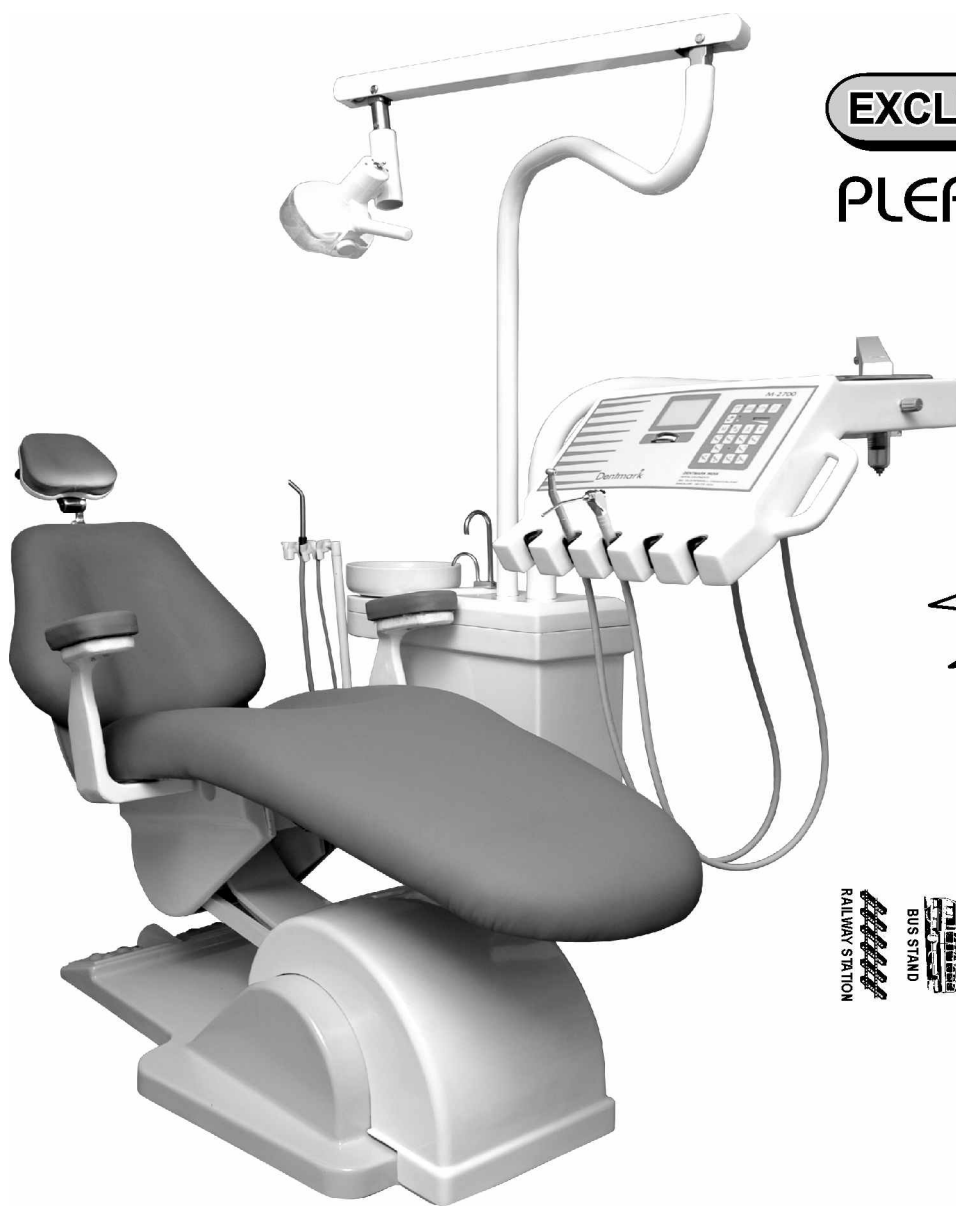
Commonly used medicines and their use in pregnancy

| Drug | FDA category | Use During Pregnancy | During Breastfeeding |
|-----------------|--------------|--------------------------------------------------------------------------|----------------------|
| Analgesia | | | |
| Aspirin | C/D | No, Assoliated with Iugr | No |
| Acetaminophen | B | Yes | Yes |
| Ibuprofen | B/C | Avoid in III Trim May close PDA | Yes |
| Cox-2 Inhibitor | C | " | Yes |
| Codeine | C | Associated with First Trimester Malformation, can use in II or III Trin. | Yes |
| Oxycodone | B/C Yes | Yes | |
| Morphine | B | Yes | Yes |
| Fentanyl | B | Yes | Yes |
| Antibiotics | | | |
| Penicillin | B | Yes | Yes |
| Erythromycin | B | Yes | Yes |
| Clindamycin | B | Yes | Yes |
| Cephalosporin | B | Yes | Yes |
| Tetracycline | D | No | No |
| Sedatives | | | |
| Hypnotics | | | |
| Benzodiazepines | D | No, Risk for Fetal Cramofacial | |
| Barbiturates | D | Amomalies | No |
| Nitrous Oxide | Not | " | No |

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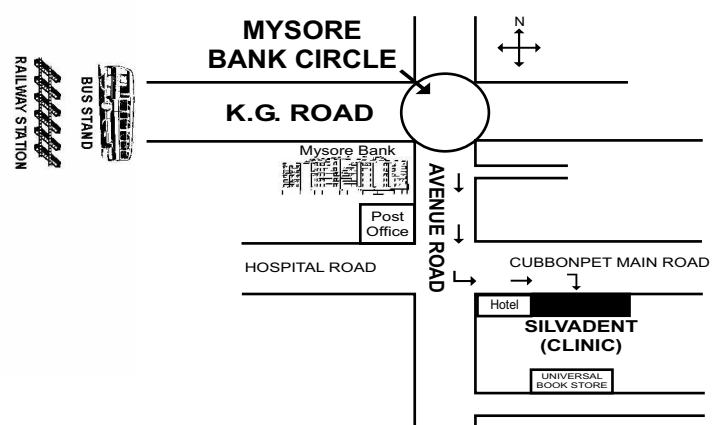
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PROSTHODONTICS : PAST WITH A FUTURE ?

Dr. VinodKumar G

Dept. of Prosthodontia

As one of the oldest dental specialties, prosthodontics has a long history of innovation and adaptability. This is a small effort to overview the fields present land marks in the development of prosthodontics from medieval times to the present and speculate on some future trends. Prosthodontics, with its long history, has proven to be a remarkably adaptable and innovative branch of the subject as it has evolved and responded to expanding and ever more sophisticated patient needs and new technologies. It was the first speciality involved in reconstruction over the time, it has changed considerably and it possesses a unique set of characteristics that have shaped much of dentistry.

The past (The early years) a walk through time

The development of agriculture about 8,000 yrs. ago, which shows the first sign of changes in the efficiency of food production, led to a change from a nomadics to a settled existence and permitted humans to extend into activities other than food production. These changes resulted in increasing urbanization of societies and main societies started using the surplus capacity for improving the quality of life, such as health care, which included dentistry. Although this was originally a relatively crude process, involving little more than basic oral surgery with increasing resources and health aspirations, (the evolution of research and education and an industrial base,) on understanding of oral disease and techniques for its prevention and management expanded almost exponentially.

The Present

The late 20th century saw a significant shift in the long standing relation between the health care professions and the state, which has shown an increasing tendency to undertake a regulatory role rather than rely on self regulation by the profession. The main agenda in this period was to establish an over arching body - The council for Health care regulatory excellence - to over see the functions of various councils and other groups, that regulate the health care professions. Most countries operate a system of central control of the professions that may be national (or) at the state level, depending on the political structure of the country concerned. Recent developments have underlined the need for skills to be current, and many professionals have now established a system of continuing professional development (CPD).

Perhaps making it unique among dental specialties, prosthodontics can only be carried out with technical support and it has, thus, been responsible for many of the initiatives in the development of the dental team. This is a growing area, as it has been recognized that the delivery of dental care can be made more effective by expansion of the teams to include various professionals complementary to dentistry (PCDs). These are increasingly being given formal status and professional responsibilities.

The council, which has long resisted the introduction of denturists, has now embraced the use of a greatly enlarge range of PCDs and has in place (or) is introducing regulations that will see many of these groups controlled in same manner as dentists are at present. They will include dental nurses, hygienists, therapists and technicians, and clinical dental technicians (Denturists). All will require recognised training, will have to undertake CPDs and will be subjected to GDCs disciplinary procedures. Involvement in such processes will be important for the prosthodontist, who will have a key role in co-ordinating such groups in a uniquely collaborative environment.

The Future

Forecasting the future is notoriously unreliable, however, a number of key factors are likely to affect prosthodontics: digital computing, globalization and urbanization.

The pervasive influence of digital computing technology has already had a great influence on dentistry and is likely to affect prosthodontics particularly, as the specialty has always been at the forefront of technological innovation.

The wide spread availability of data has resulted in greater patient awareness of treatment opportunities and many organizations now provide health care information through the internet. The wide spread collection of data has also emphasized the value of meta analysis on a research tool and reinforced the value of evidence based treatment. Recent legal decisions have begun to challenge the value of per opinion on a basis for clinical decisions, a trend likely to continue.

The second area where digital techniques are likely to expand is that of image generation and manipulation. Software for treatment planning in dental implantology is commercially available and techniques for fabricating surgical jigs, have been developed, leading to expectations that much of the process from recording impressions digitally, to implant placement and superstructure fabrications may take place in a digitized environment. Computerized fabrication of artefacts is becoming a feasible option.

A logical extension of this process is robotic surgery, which has received little attention in prosthodontics, but is likely to do so in the future, on is already

being tested extensively in medicine. population growth and urbanization are areas where the future is more certain, and predictions indicate dramatic changes in the populations of various areas of the world that will have profound effects on the practice of prosthodontics.

It remains questionable on to how long prosthodontics in the developed countries world can remain isolated from the needs of countries with few resources, an area currently under debate in several developed countries. Prosthodontics perhaps more than any other dental speciality, has shown itself capable of evolution in response to changing needs and will probably continue to change.

Future societies will be increasingly urbanized and informed and will have more resources and greater aspirations than their parents. History will be the only home of the speciality that fails to evolve in response to these challenges and opportunities.

MAYA DENTISTRY

Dr. Vinod Kumar G.

Dept of Prosthodontics

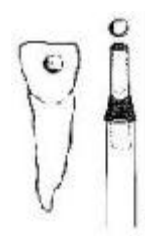
In this age of body-piercing and other body adornments it might be interesting to look back at what the Mayas did to their teeth.



The Mayas were peaceful people with a highly developed culture who inhabited the Yucatan Peninsula as well as present-day Guatemala and Honduras. The nation's history began about 2500 B.C., but the culture flourished from about 300 A.D. to about 900 A.D. They were accomplished smelters and forgers of gold, silver, and bronze in addition to being highly skilled in cutting, polishing, and engraving precious and semiprecious stones.

Despite these skills, they did not perform restorative or corrective dental procedures. The skills they developed for working on teeth were for ritual or religious purposes. The Mayas were skilled in the fabrication and placement of beautifully carved stone inlays in precisely prepared cavities in the front teeth. These inlays were made of various minerals, including jadeite, iron pyrites, hematite, turquoise, quartz, serpentine, and cinnabar.

Mayan Teeth : The teeth of this Mayan skull of the ninth century A.D. have numerous inlays of jade and turquoise. Also note how the upper front teeth have been filed, particularly the decorative front two teeth.



A round, hard tube was spun between the hands or in a rope drill, with a slurry of powdered quartz in water as an abrasive, to cut a perfectly round hole through the tooth enamel. The inlay was then cemented into place. The stone inlay was ground to fit the cavity so precisely that many have remained in the teeth for thousands of years.

Mayan Tools : Some of the tools, Mayas might have used to prepare the teeth for the inlays. The hollowed tube was used to cut the tooth enamel. The bow drill which was used to spin the tube which cut the enamel.



The Mayas also filed their teeth in various ways. It is probable that each design had a particular tribal or religious significance; or possibly it was done for more frivolous reasons such as vanity. More than fifty different patterns have been identified.



*An elderly patient went to have her teeth checked.
Mrs. Hopgood your teeth are good for the next 50 years".
the dentist said.
To which she replied. "What will they do without me ?"*

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Looking Ahead ...

For further studies for DDS in U.S.A., entrances like NBDE are required along with TOEFL

THE NATIONAL BOARD DENTAL EXAMINATION PART - 1

The National Board Dental Examination Part - I is now available in computerized format. Candidates for the part I exam may now register to take the complete, four section part I exam at Prometric testing centers in United States only. The current testing schedule for the computerized part I exam provides a specific time limit (1 hour and 45 minutes) for each part or subject area of the exam. Candidates may register to take either the written or computerized part I examination using the online application.

NBDE I is a one-day examination administered throughout the year. Most students usually take part I after they've completed two years of dental school. The test is entirely composed of multiple choice questions each with possible 3-5 answer choices. Questions are taken from a wide variety of topical areas, including Microbiology and Pathology (100 question); Anatomic Science (100 question); Biochemistry and Physiology (100 question); and Dental Anatomy and Occlusion (100 question).

The score is 49-99 passing is 75. In case the student fails the particular section alone can be re taken, if necessary.

THE NATIONAL BOARD DENTAL EXAMINATION PART - 2

Part 2 is usually taken during the last year of dental school. It consists of a comprehensive, 1 1/2 day examination. It covers the clinical dental sciences (Operative Dentistry, Prosthodontics, Orthodontics, Pediatric Dentistry and Oral Diagnosis, Oral Pathology/Dental Radiology, and Patient Management, (Behavioral Science/Dental Public Health and Occupational Safety). Approximately one fifth of the examination includes test items based on patient cases. The National Board Dental Examination part 2 consists of 500 test items. The discipline - based component (Component A) includes 400 items and the case -based component (Component B) include 100 items based on 8-10 case problems. Part 2 examination will include test items (approximately 30 percent) that have references pertinent to the basic sciences.

Is Mixing Dental Stone A Messy job.... ?

Compiled by Dr. Surendra Raju R.

Rudd & Morro Stone Mixing Technique

One of the most critical aspects of mixing stone is the water powder ratio. Any change from the optimum results in a significant reduction in its hardness and strength. For every 100 gms of powder, if 27 cc of water is used, we get a strength of 4500 lbs/sq". If the water is increased to 30 cc the strength comes down by 1/3rd to 3000 lbs/sq", a significant loss for absolutely nothing gained.

How often do we find that separating the cast from an impression, results in a fractured tooth, thereby necessitating a patient recall for a needless, time consuming, and expensive repeat of the procedure, not to mention a break in the continuity and smooth flow of the treatment plan !

In the literature we recognize that stone can be hand spatulated or vacuum mixed. There is yet another ingenious method reported by Stanley and Morrow that does away with the messiness of the former and the armamentarium of the latter. The procedure is as follows :

1. Pre-weigh a pouch of 100 gms of dental stone into a plastic bag of approximately 4" x 6" (Fig. 1).
2. Add 24 cc of water into the bag (Fig. 2).
3. Place it in a round glass bottle of approximately 5" ht and 5" circumference, with the open end of the plastic bag outside the bottle (Fig. 3).
4. Screw the lid on.
5. Hold the bottle with 2 hands and shake it vigorously with an up and down wrist action for 40 seconds. The bag containing the stone powder and water is slapped against the side of the bottle, therefore accomplishing spatulation (Fig. 4).

6. Unscrew the lid and take out the bag of mixed stone.
7. With a scissor cut out a tiny corner, and squeeze out the smooth creamy bubble free stone into an impression placed on a vibrator (Cut out large inter-dental tags in non essential areas of the impression before pouring) (Fig. 5).
8. Throw away the plastic bag. No dirty bowl or spatula to clean. No plaster choked drains either ! Just good optimum stone precisely directed to the desired area of the impression to be poured, with an avoidance of nasty bubbles in the cast.



Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5

It is most advisable to carry this technique further and do a two part pour of the impression to add more strength to the cast. When powder and water are mixed, the water rises to the surface and renders the top for softer than the bottom part of the set stone. When an impression is poured and immediately turned around for the base of the cast, the water rises to the top tooth area making it weak and the base strong, exactly the opposite of what is desired. This is important when there are stand alone teeth or where there are large and frequent diastema present. Therefore, pour the teeth area and let it set for about 30 minutes without inverting it. Invert the cast and pour the base later.

There is nothing more important in dentistry than doing the basics right.

Latest Innovations.... progression has begun

IONIC TOOTH BRUSH

ITS MECHANISM OF ACTION

Compiled by Dr. Arjun Sarof

Everybody knows regular brushing is the first step to healthy teeth and gums. Frequent brushing removes residue from tooth surfaces and prevents decay, but in the areas of the mouth where regular bristles won't reach, plaque deposits can build up putting you at risk for tooth decay and gum disease.

Fortunately, there is an effective weapon against plaque that will protect your teeth and gums between visits to the dentist. Brushing with the Ionic Toothbrush actually helps teeth repel plaque, even in hard to-reach cracks crevices between teeth.

The Ionic toothbrush works on the principle that every in nature has a positive or negative charge. This is called polarity. When the polarities are opposite, the two elements cling together. That's why dust sticks to your coffee table and why plaque, which has a positive charge (+), clings stubbornly to your negatively charged (-) teeth. The Ionic Action toothbrush temporarily reverses polarity of the tooth surface from negative (-) to positive (+), drawing plaque towards the negatively charged Ionic toothbrush head. When you brush with Ionic toothbrush, a

constant flow of positive ions (+) from the lithium power source temporarily reverses your teeth's polarity. This makes your teeth reject plaque, even in areas that aren't touched by Ionic Toothbrush bristles. The Ionic Toothbrush handle is only slightly larger in size than a manual toothbrush, and has been specially designed with a small brush head to reach hard - to - clean areas of teeth. The toothbrush handle contains the power source responsible for the ionization.

When the Ionic toothbrush is held in your hand the bristles of the brush head touch your teeth in the presence of saliva of water, an imperceptible electronic circuit is created. The power source for the circuit is encased in the handle section, and covered with a metal pad. When brushing, the user must simply keep a finger or part of the palm in contact with the pad, preferably wet, and brush as usual. The electron flow attracts plaque to the negative bristles for removal. This process is safe, simple and effective

INTERVIEW

"Formal Face to Face Meeting"

Dr. Hemalatha

The principal of M.R. Ambedkar Dental College .A person with discipline as high priority and strong morals. Recently she has been appointed as the principal of our college M.R . Ambedkar Dental college and has brought in reforms so as for betterment of the college. Our first real interaction with madam during college was in maam's perio classes where everyone was terrified of not knowing anything , her unique way of teaching where we would be divided to groups and points would be scored for the right answer and her encouraging us to approach her for any doubts , discussions or problems would later on put us to slight ease not total but slight as she would make sure that she would extract the best academic performance from every student. During her busy schedule of managing the college and managing us the students or future doctors or interns who have our own agenda .She spent time with us to have a series rapid fire questions for this inaugural issue...so that we got to know a little about her that is from her passion for FM music , her views, ideas to our college...

1. What does dentistry mean to you?

It means everything.

2. How do you feel being the head of this institution after having served for more than 15years, any changes?

It's a good feeling but it also carries a lot of responsibility, now-a-days better sophistications coming up and the students are very good too.(These words gave us enough courage to ask questions where no Ambedkarites have gone before...)

3. What has been your agenda so as to improve the college and the purpose of the construction going on?

Expansion of all departments are being done so as to compensate for the increased patient input and construction is especially for expansion of P and C. Better facilities are also being provided .The faculty that we have the departments are one of the best and my aim is to make this institution the Topmost in India.

4. A lot of students now-a-days drop out of the course or land up taking extreme measures out of depression or nervous breakdown .What has to be done to avoid this?

Personally, I would say that the students lack spiritual insight. There should be a more friendly and interactive a relation between the faculty and the students. This will help us immensely in solving the students problems which they are facing.

5. Your message to students...

Live and Let live. Work hard and stick to the basic values of life.

Dr. Srilakshmi, Dr. Dhruv Subramanian & Dr.Arjun

TRY TO LIVE

First I was dying to finish high school and start college. And then I was dying to finish college and start working.

Then I was dying to marry and get children. And then I was dying for my children to grow old enough so I could go back to work.

But then I was dying to retire. And now I am dying. . . and suddenly I realized I forgot to 'Live'

Please Don't let this happen to you

'Enjoy each day'

Geetha. M 3rd yr

Dr. Bhagwant Singh Johar

Looking majestic in his black turban and simple formals walking down the stairs to greet us warmly as we walk into his apartment in indiranagar , Dr. Bhagwant Singh Johar , if you're wondering whose he...Well he belongs to the 3rd batch of dental students from Bangalore graduating in 1968 and from this time was an active member of the IDA. . He also undertook a dental prosthetics course from Longman college hospital, New York , U.S.A . Served as head of dental dept. at church of south India hospitals for 16years and secretary of Bangalore local branch IDA in 1970-71.member of the organizing committee Indian Dental Conferences at Bangalore in year 1982-83 and 1999-2000.President of Karnataka state branch of IDA(83-84) and member of central council for number of years.Also president of LIONS club international and chairman dental care (84-85).worshipful master of lodge Sanjeevini(99-00)

He is a Fellow of the Royal society of health and the Fellow of Pierre Fauchard Academy

He started his private practice in 1969 and is still in active service and on 7th of may he was felicitated by Honorable Minister of Education Karnataka Shri . Ramalinga reddy and Dr. K . M. Srinivas Gowda Registrar RGUHS for his 40years of service to the field of dentistry on the occasion of dentist day.



A man honoured in a way every dentist should be aspired to be , yet so humble. Here a few of his views , experiences and anecdotes...

1. What does dentistry mean to you...

A good profession , very rewarding if you put in sincere hardwork and also keeping up with the latest advances.

2. Have the present colleges changed compared to your college days?

The students now-a-days are very good but in my times there was only a batch of 25-30 students. While now better teaching facilities and more advanced techniques are seen to be used. Now a days more people are aware of oral health where as the earlier days patient education and motivation is required.(Then on a lighter note he shared one of his college experiences...)When I had just joined in first year for my first college days I had worn a smart suit and walking in one of the HOD's got up to offer me a seat in the front row and I took the seat right in front, a mistake later rectified...(a mistake all of us would be terrified to make but such things...he he...brought a laughter to both our faces as well as a giggle on Dr.Johar face, remembering old times)

3. Your families role in your success ?

100%.They've supported me throughout . Cann't do without them they are my topmost priority.

4. Setting up a private practise , how was the beginning?

It's a big responsibility but it does give a good feeling to be independent .The initial waiting period is difficult but it takes a lot of hard work to make your name in this field.

5. Any funny experiences with patients?

(a pause...)Many a times funny things do happen like people expecting immediate dentures and old patients expecting to look how they looked 20 years back...

6. Have you achieved your goals and how did it feel being felicitated?

One can never achieve everything but I have a very satisfied set of patients for whom I'm thankful.

It (felicitation) felt nice to be honoured by your own peers which I would consider one of my recent emotional and joyous moments.

7. Your idea of dentistry in 20years...

Even though there is so many dentists passing out every year that you may feel a saturation point may be reached. It must be remembered that the people and patients are also increasing. There is a bright future for this profession. There is good demand for dentist in UK also.

8. Your message to the students...

Hard work and sincerity pays. One should not misuse their knowledge for money.

Dr. Srilakshmi, Dr. Dhruv Subramanian

Dentists with imaginations

“LIVE OUT YOUR IMAGINATION NOT YOUR HISTORY...”

SMILE
SMILE IN JOY,
SMILE IN PAIN,
SMILE WHEN SORROW POURS
LIKE RAIN,
SMILE IF SOMEONE
HURTS YOUR FEELING,
SMILE WHEN YOUR HEART IS HEAVY
SMILE EVEN WHEN YOU ARE
WORRIED MUCH
FOR IT'S A SMILE WHICH
CAN GIVE A HEALING TOUCH.

Dr. Kirpa Johar...

Secret to success

A young man asked socrates the secret to success. Socrates told the young man to meet him near the river the next morning. They met. Socrates asked th young man to walk with him towards the river. When the water got up to their necks, socrates took the young man by suprise and dunked him under the water. The boy struggled to get out but socrates was strong and held him down when the boy started turning blue, socrates raised the boy's head out of the water. The first thing the young man did was to gasp and take a deep breath of air. Socrates asked, "what did you want the most when you were under water?" The boy repled, "Air", Socrates said, "That is the secret to success. When you want success as intensely as you wanted air underwater, then you will have it." There is no other secret.

Jecy Clarence. M 3rd Yr

FOOD FOR THOUGHT!

BY THE RULE MAN IS A FOOL,
ASKING FOR HOT WHEN ITS COOL,
ASKING FOR COOL WHEN IT IS HOT,
ALWAYS ASKING FOR WHAT IS NOT.

Dr. Ritu...

PG Department of Periodontia

EDUCATION DOES NOT MEAN GOOD JUDGEMENT

There is a story about a man who sold hotdogs by the croadside. He was illiterate, so he never read the newspapers. He was hard of hearing, so he never listened to the radio. His eyes were weak, so he never watched television. But enthusiastically, he sold lots of hotdogs. His sales and profit went up. He ordered more meat and got himself a bigger and a better stove. As his business was growing, the son, who had recently graduated from college, joined his father.

Then something strange happened. The son asked, "Dad, aren't you aware of the great recession that is coming our way?" The father replied, "No, but tell me about it!" Th son said, "The international situation is terrible the domestic situation is even worse. We should be prepared for the coming bad times. "The man thought that since his son had been to college, read the papers and listened to the radio, he ought to know and his advice should not be taken lightly. So the next day, the father cut down his order for the meat and buns took down the sign and was no longer as enthusiastic. Very soon, fewer and fewer people bothered to stop at his hotdogs stand. And his sales started coming down rapidly. The father said to his son, "son, you're right." we are in the middle of a recession. I am glad you warned me ahead of time.

"Start by doing what is necessary then what is possible, and suddenly you are doing the impossible."

-St. Francis of Assisi

Best Things to give

The best thing to give to your enemy is Forgiveness, to an opponent. Tolerance; to your Friend your Heart; to your child a good example; to your father, Deference, to your mother, Conduct that will make her proud of you, to yourself, Respect, to all men, charity.

Geetha. M 3rd Yr



When he gets home, a man finds his pregnant wife in labour, so he phones the hospital. "my wife is having contractions only 2 minutes apart. What should I do?" he asks frantically.

"Is this her first child ?" asks the doctor.

"No!" the man shouts. "This is her husband!"

Annual Events Our winners

DUMB CHARADES

| First | Second | Third |
|-----------|----------|---------|
| Dr.Vinod | Anuradha | Ajith |
| Dr.Reena | Jabeen | Arihant |
| Dr.Raksha | Ghazala | Sabah |

SKETCHING

First : Ashwini

Second : Bharanipriya

Third : Dr. Sougatta Chaterjee

T SHIRT PAINTING

First : Sparsha

Second : Tabassum

Third : Ajith kumar

SALAD DRESSING

First : Dr.Deeba, Dr.Radha

Second : Dr.Angeline, Dr.Divya

Third : Afiya, Gujun

COLLAGE

First : Ashita, Brinda

Second : Dr.Vidyasagar, Dr.Shanmukh

Third : Jeevitha

FLOWER ARRANGEMENT

First : Dr.Angeline, Dr.Divya

Second : Anjum, Bharani

Sparsha, Reshmi

Third : Dr.Rizwan, Dr.Vibha

HINDI ANTAKSHARI

First : Dr.Chinmoyee,Dr.Vinod,Dr.Vibha

Second : Tarunum, Ashwini, Shilpa

Third : Jabeen, Anuradha, Ghazala

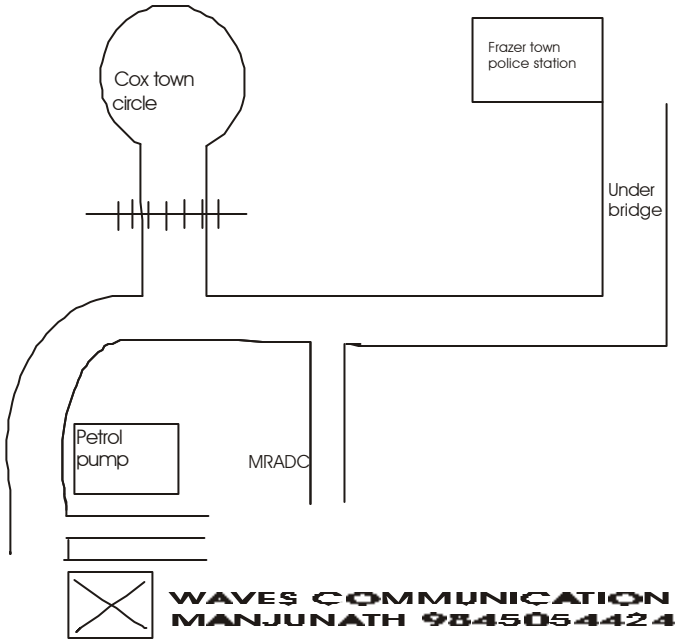
KANNADA ANTAKSHARI

First : Venkatesh, Roshan, Deepak

Second : Lingaraju, Pusphalata, Ashok

Third : Dr.Sukanya, Dr.Mangala, Dr.Sheetal

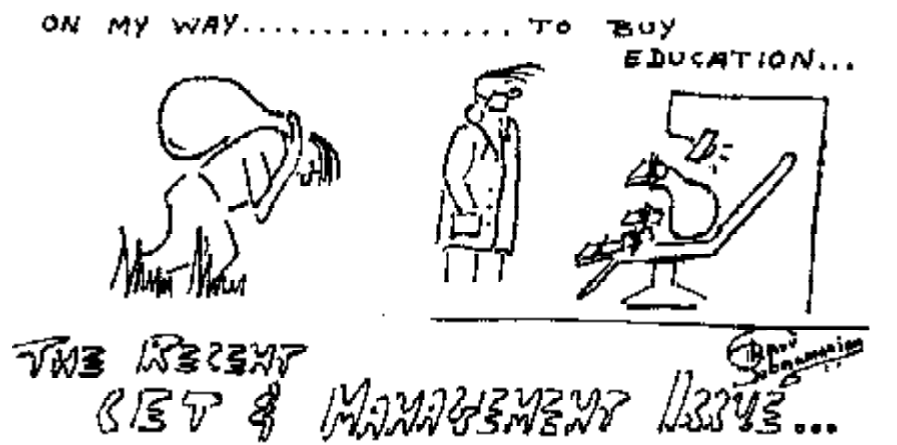
MOBILES ... Trusted...



The Antique

-Nicola Pinto
II BDS

My mind shaken and body taxed
I lay; hoping to make the best of sleep.
While the wooden clock ticked, I relaxed
As sound asleep I fell, this creep
Awoke! An antique with a solid dark face,
Lustrous rose wood bodied muscular figure,
That stood beside me on the show-case.
Evil slowly possessed this harned creature
For he climbed stealthily the near table,
Where the woodern clock ticked at a normal pace
Soon the minute hand with rhythm most stable
Jerked forwards, throwing time into a race
Only to fool the one who was not awake.
As the evil hand clicked the clock's hand
Unshielded by protective glass, the fraud and fake
Attempts, accompanied by echoing laughter, and
The creature's presence as he rolled his devious eyes
Made me turn and note him in his vain effort
To steal my time, for which I will forever despise
The creature caught in action, playing his gruesome sport.



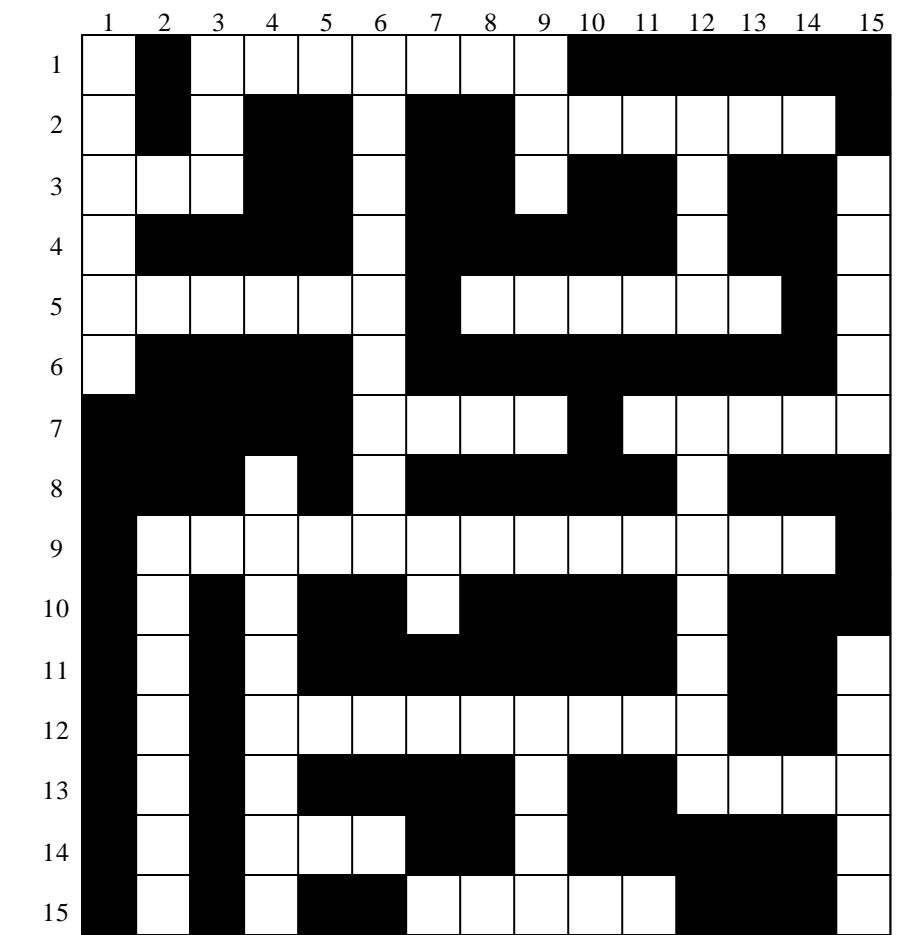
- ☺ *Dentist : There goes the only woman I ever loved.
Assitant : Why don't you marry her?
Dentist : Can't afford to. She's my best patient.*
- ☺ *A patient sits in the dental chair with severely fractured teeth. After discussing how they will be restored and what the fee would be, the patient says. "Before we begin. Doc, I gotta know : Will I be able to play the trumpet when you are finished?"
The dentist replies "Sure you will!"
The patient replies "Great, I couldn't play a note before!"*
- ☺ *After a difficult day seeing patients, most of whom had been children, the dentist's biggest challenge had been getting those little mouths to stay open. To his delight, his last patient was a adult. "Welcome," he told her a she began the examination. "It is so nice to work on someone with a big mouth."*
- ☺ *When my friend underwent dental surgery. He was surprised by how well he was being treated after the hospital personnel found out that both of his sons are dentists. He mentioned it to one of his boys. "Yes. Dad." his son replied. "The only way you'd get treated better was if we were both lawyers."*

FOR ADVERTISEMENT

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Dr. Dhruv Subramanian, Mobile : 9880734788 &
Dr. Arjun Saroff, Mobile : 9886205585
E-mail : fenetre05@yahoo.co.in

CROSSWORD

Compiled by : Dr. Srilakshmi



- DOWN**
- 1. Ridge of mucous membrane that marks median line
 - 3. Used chiefly for small rest
 - 6. Causes uneasiness in oral cavity
 - 9. Organization found in
 - 12. Working end of instrument
 - 15. A group dental plan
 - 2. Black is beautiful, _____ is strength
 - 4. More than filling space
 - 7. Part of psyche functioning in unconsciousness
 - 9, 12. Concentrate obtained by treating crude material
 - 12, 7. An amount paid for a purchase
 - 15, 11. Proportion
- ACROSS**
- 1. Fibrous tissue covered by mucous membrane
 - 3. A person who has received highest academic degree in a field
 - 9. Relating to teeth
 - 5, 1. Structures with curved outline
 - 5, 8. Layer of tooth colored material attached to
 - 7, 6. Device that holds
 - 7, 11. Inclination made by a surface
 - 9. Related to pressure changes in maxillary sinus
 - 11. High energy co-ordinate light source
 - 12. Tissue defect in alveolar plate

Prizescontact
Dr. Srilakshmi
Pedodontia department of M.R. Ambetkar Dental College
100 rupees for the first answer and 50 rupees for the second answer.
The answers will be published in the next issue along with the winners names.

SOCIAL OBLIGATIONS

"THE ACT OF BINDING ONESELF BY A SOCIAL, MORAL OR LEGAL TIE."

BELIEF

THAT WE

CAN REACH

ALL



SPECIAL THANKS

Sri S. Gurappaji, Chairman A.S. & E.T.
Dr. Hemalatha, Principal, MRADC
Dr. Kenneth Tan, Asst. Professor
Dr. J. Vishwanath, Professor

Mr. Suresh Babu B.M., Friends Com-Tech
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Well Wishers, Students & Interns of MRADC
All that helped for this inaugural Issue...



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