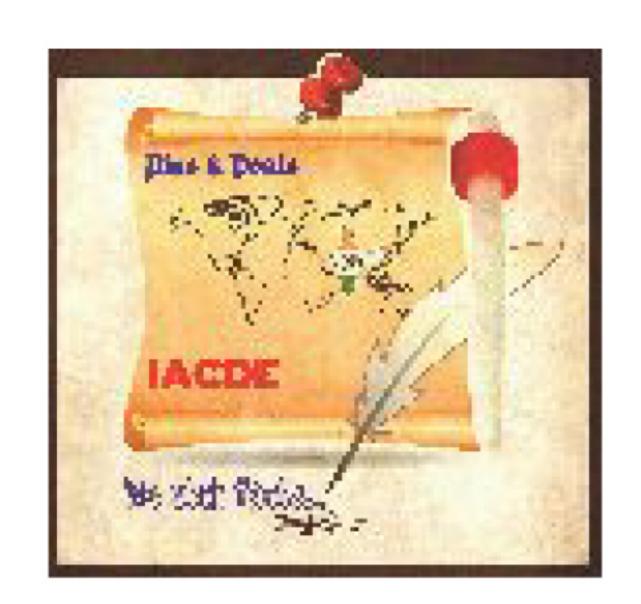


PINS & POSTS AN OFFICIAL NEWS LETTER OF IACDE



VOLUME - I

May - August - 2016 (12 Pages)

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SCIENTIFIC EXTRAVAGANZA DOMINATES BHOPAL PG CONVENTION















HISTORY CREATED..

The IACDE created history at the 17th IACDE, IES PG Convention, Bhopal where it launched its 1st Newsletter, PINS AND POSTS. The IACDE Newsletter was released by Chief Guest ShriBabulal Gaur, Minister, Home and Jail.

The 17thIES PG Convention was held at People's Dental Academy and People's College of Dental Sciences, the constituent units of Peoples University, Bhopal from 1st to 3rd April 2016. The theme of the convention was "Leading Towards the Right Path". The convention was well attended with participation of more than 1200 delegates from different parts of India.

On the first day of convention ie 1st april, 5 preconferences courses were conducted including Golden edge by Dr. Anil Chandra and team, Advanced Endodontics-ProTaper Next by Dr.P D Joshi, Lasers in Endodontics by Dr.Praveen and Dr.Mohan Kumar, Handling the Endodontic Nightmares by Dr.Agam Bhatnagar and Morphology directed Endodontics- Made easy with Hyflex EDM. The scientific activity included 850 presentations under the categories of paper,e poster, table clinic, were also conducted on the same day. Best paper or poster was awarded as per session.

The evening was followed by Presidential Dinner in Paradise garden in Peoples Mall.

The event was inaugurated by Chief Guest Shri Babulal Gaur cabinet minister – Home and Jail, Govt of Madhya Pradesh and Guest of honour Dr. Hitesh Bajpai on 2nd of April at 10.30am. The function was presided by Dr. D.Majumdar DCI President, Dr.Anil Kohli , former DCI president, Dr.T Murli Mohan President, IACDE, Dr.B Mohan, Secretary, IACDE , Dr.Ida de Ataide, President, IES, Dr.K S Banga, Secretary, IES and Dr.P Karunakar, Convention Secretary. The welcome address was given by Dr.Sanjeev Tyagi Organising Secretary. The IACDE Newletter Pins and Posts was released by Chief Guest Shri Babulal Gaur, Minister, Home and Jail, in the convention. The vote of thanks was delivered by Dr.MP Singh, Organizing Chairman.

The convention was a major scientific event that brought together some of the eminent speakers Dr. Stephen Cohen (webinar from USA), Dr Zvi Metzer(Israel), Dr Freddy Belliard (Spain), Dr. Chris Chain (Taiwan), Dr.S Mahalaxhmi, Dr Aditya Mitra, Dr Beena Rani Goel, Dr Mohan Bhuvaneshwaran, Dr Praveen JayaKumar, Dr.BV Shreenivasa Murthy, Dr.Sachin Passi, Dr Vibha Hedge, Dr S Bala Gopal, Dr Vineeta Nikhil, Dr.Mamata Kaushik, Dr Jaydev Matapathi and Lt Col Dr.Sonali Sharma.

Staff paper presentations and Quiz were scheduled on 2nd April. An exhibition of dental products represented by more than 22 reputed companies was an integral part of the convention. Major attraction was the Meena Bazar showcasing the traditional fabric of Madhya Pradesh.

 $The grand gala \ banquet \ was \ arranged \ at \ Taj, \ People's \ Mall \ with \ a \ variety \ of \ entertainment \ programmes.$

This exclusive 3 day session had provided the platform to the postgraduate students to express their views and ideas as well as learn the valuable information and knowledge from the eminent national and international speakers.

Dr. SANJEEV TYAGI

Org Secretary, 17th IACDE IES PG Convention, Bhopal

EDITORIAL

The world as we have created it is a process of our thinking. It cannot be changed without changing our thinking.

"Albert Einstein"

Welcome to the second issue of the newsletter. By this time of the year students all over the country would have appeared for the post graduate MDS examinations. When it comes to post graduate studies, over the years I have participated in many a discussions about the assessment process and if two days is enough to assessing a post graduate student. Lots of suggestions come to changing this to continuous assessment. Therefore this editorial delves a little more on a few thoughts on the process.

I think we have a good system in place, students go out well prepared for facing the world; trained to the latest knowledge and know-how. I do wonder though if we can make a few changes in the exercises we are choosing for the examination.

I am sure most of you would concur that to keep up with the changing times, the methods of testing students should also be updated. They should be tested for their skills and knowledge in handling regular situations rather than only for conventional techniques.

In this editorial I would like to highlight the questions posed to me over the years by various students. I would also like to suggest some changes.

Take the case about testing to care of post and core. It is the main exercise we practice. In an era of fibre posts and ceramic crowns; most of the students will not practice cast post and core in their daily practice. It is a dated technique. Patient participation will also soon start becoming questionable. Isn't it time to move to test to fibre post and ceramic crown making instead.

Likewise, the practice of fabricating a direct wax pattern in wax and not in resin. Research shows that direct patterns are made in resin and indirect patterns in wax. Somewhere along the lines for

ease of availability and comfort we've accepted wax for post and core direct pattern.

ern.

Continue on page 3.

PRESIDENT'S MID- TERM REVIEW



Dr. T. Murali Mohan
President,
IACDE Expanding Horizons....

As a President of this association it gives me immense pleasure in updating you all with the happenings of our association. The head office has taken initiative for the following

By laws - Changes, Conference Guidelines, Convention Guidelines, Formation of Election Protocols.

Committee's were formed with all the office bearers a part of it to formulate the changes required. In the EC meeting at Bhopal the initial proposals of the committees were discussed and the same would be finalized in the next EC meeting held at Hyderabad. By the end of September the same would be available online for suggesstions by the members. With the help of all the members we expect to regularize everything in the AGM to be held in Kolkata. Thanking you all in anticipation for the support.

The head office invites interesting cases from students, clinicians and faculty to be posted on the website. Show your skills to your peers and let all get benefitted. Interesting cases will be awarded at the awards night, 11^{th} Nov 2016 during the Kolkata conference.

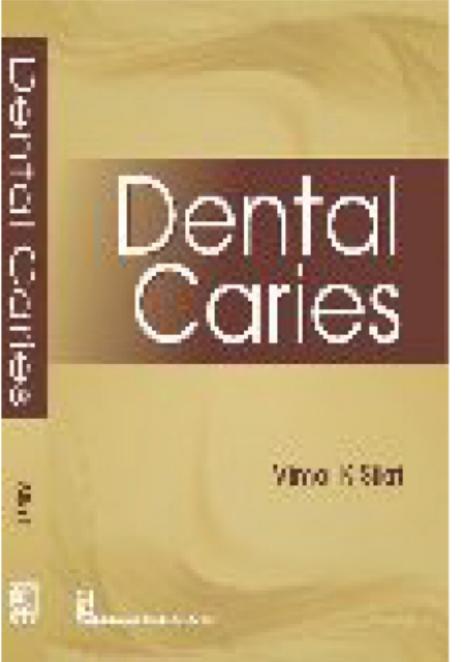
The application for the Young Achiever's Award for undergraduates and Postgraduates is available online. I request all the eligible candidates to apply on or before 30th Sep 2016

We are happy to announce RESEARCH GRANT from the year 2016. Three researches will be funded from the IACDE HO every year. The details are available at our website www.iacde.in

The Head Office is also introducing IACDE Excellence awards from this year. It is time to recognize the talents and contribution of our members and hence these awards are being introduced. The award categories include Life time achievement award, outstanding achievement award, Clinical excellence award. Academic Excellence award Rising star award Humanitarian award.

Continue on page 3.

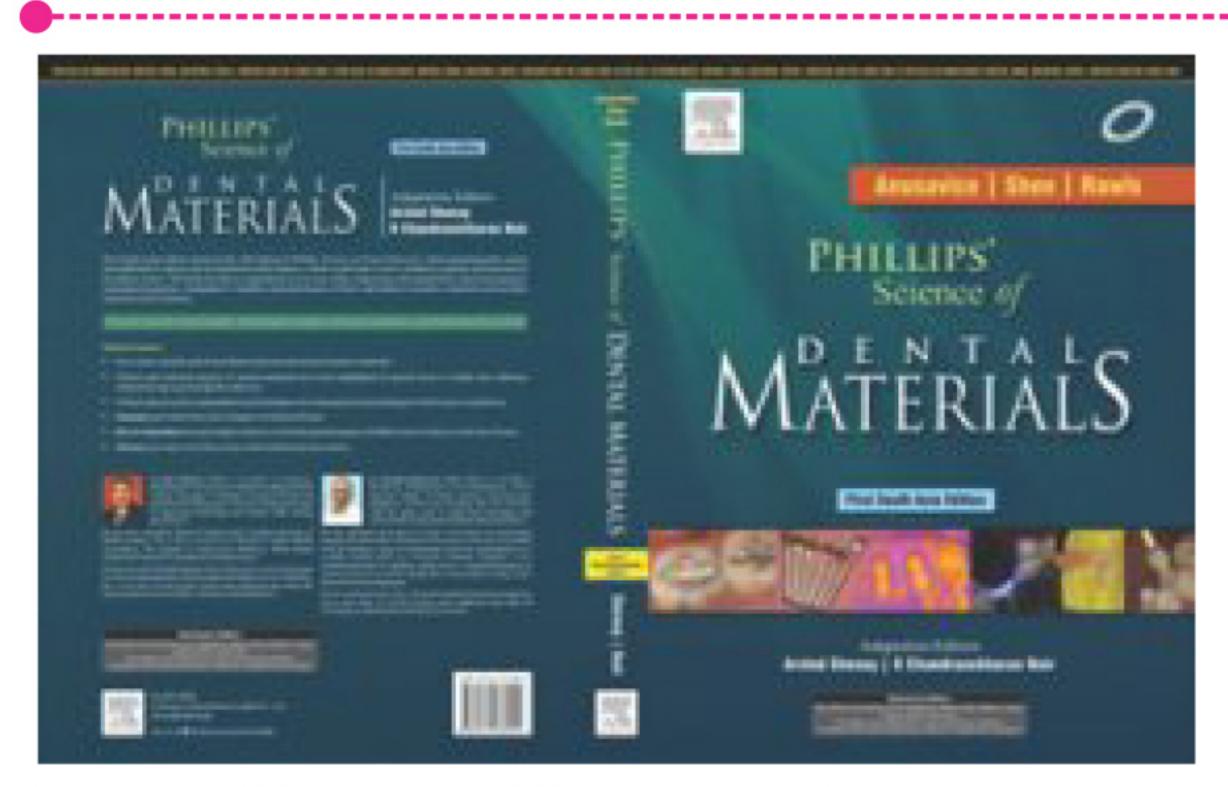
IN THE SPOT LIGHT



Dental Caries is a comprehensive book, written in a simple and lucid language, covering all aspects of the subject. The book will serve all dental students, teachers, educators, therapist and clinicians who wish to update their knowledge in the field of cariology.

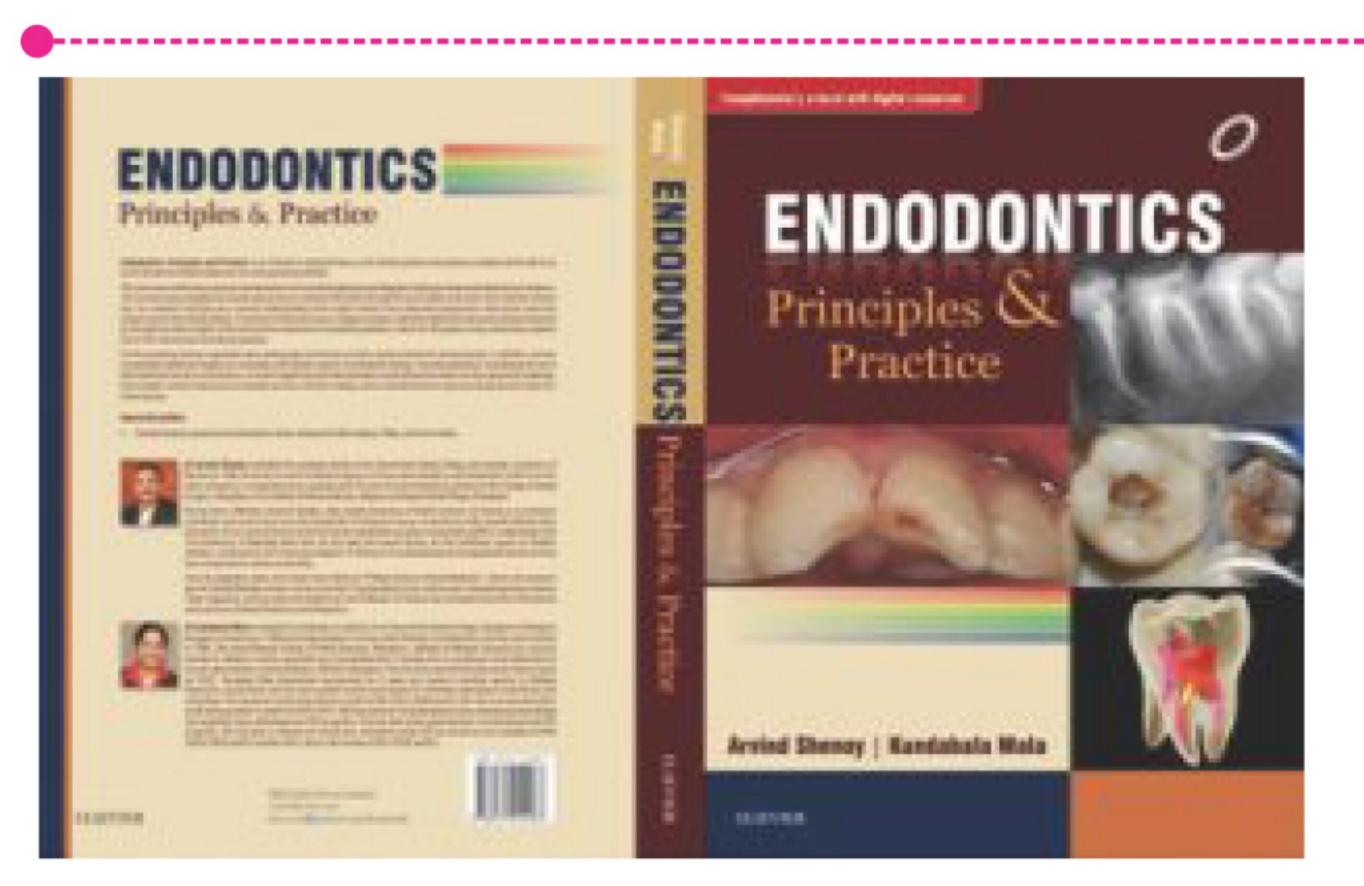
To make the book comprehensive, several eminent academicians have contributed their experiences in the respective fields. The book covers almost every aspect of dental caries and is aimed to serve the

much-expected purpose of inspiring the students, teachers and clinicians as well.



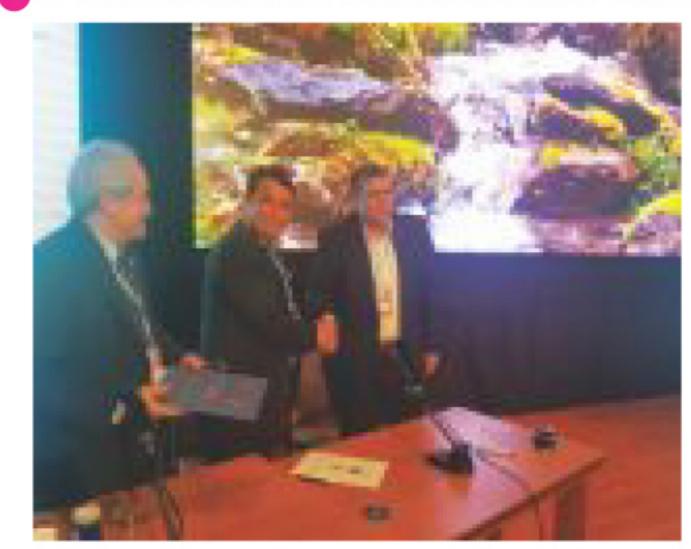
Dr. Arvind Shenoy and K Chandrashekharan Nair:

Edited Phillips' Science of Dental Materials and published the First South Asian Edition



Dr. Arvind Shenoy and Dr Kundabala

Endodontics: Principles and Practice is an attempt to integrate theory with clinical practice and produce a treatise which will be as much of use to the dental students as it is to the practicing clinicians.



Dr. Sanjay Miglani, Associate Professor, Faculty of Dentistry, New Delhi

Dr Sanjay Miglani was invited as an external member of the Jury Committee of the thesis defence session of the post graduate students of School of Dentistry, Tehran University of Medical Sciences, Tehran, Iran, August,

2016. During this visit, he was invited to attend the 17th International Congress of Iranian Endodontic Association. He was also adopted as the Hon. visiting Professor to Tehran University of Medical Sciences, Tehran, Iran by Prof K. A. Yazdi, Head of Endodontic Department and Prof. M H Nekoofar, Director, International relations, Accreditation & Ranking, Tehran University of Medical Sciences for 2016-2019.

JOURNAL OF CONSERVATIVE DENTISTRY RANKED as THIRD BEST DENTAL JOURNAL in ASIA by SCOPUS

It is a matter of great national pride and honor that national journal of Indian Association of Conservative Dentistry & Endodontics (IACDE) - Journal of Conservative Dentistry (www.jcd.org.in) has been ranked by Scopus® database (Elsevier B.V.) as

- No 1 Dental journal from India,
- No 3 dental journal from Asia.
- One of the top 5 operative and endodontic journals in the world.

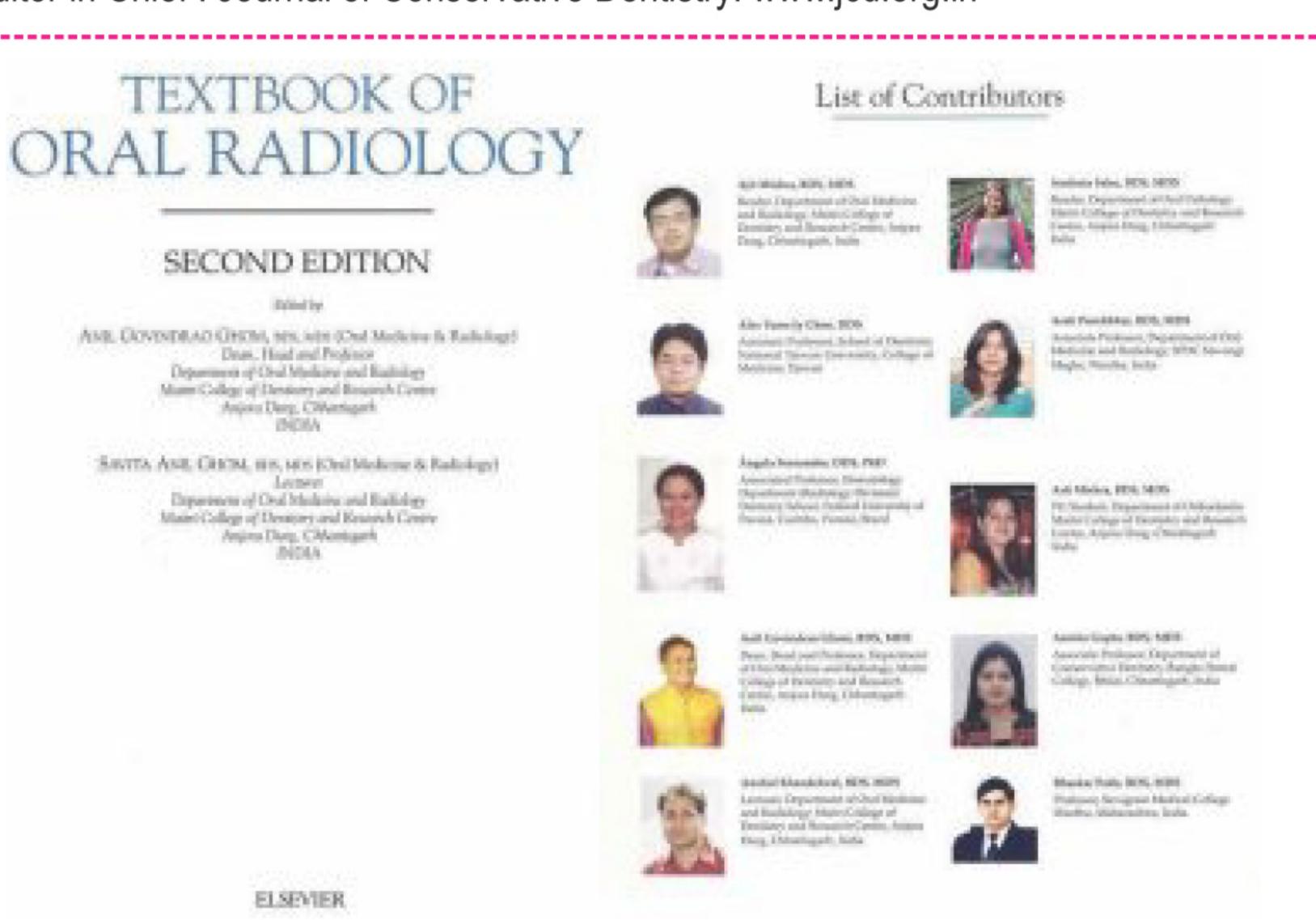
Scopus is the largest abstract and citation database of peer reviewed literature: scientific journals and books in the world. The SCImago Journal & Country Rank is a portal that includes the journals and country scientific indicators developed from the information contained in the Scopus® database (Elsevier B.V.)

JCD became one of the first dental journals in India to provide an open access online submission and peer review portal. Our journal later got indexed in the prestigious indexing agency Pubmed Central in 2010. Our journal became the first Indian dental journal to bring out six issues a year and receives more than 500 submissions from around 40 countries across the world

It is heartening to note that JCD journal is now ranked higher than other prestigious international journals like British Dental Journal, Journal of Prosthodontics, Dental Clinics of North America and Australian Endodontic Journal to name a few. The credit for this achievement goes to the authors for their creditable work, to my complete editorial team and to our national & international editorial reviewer board for striving to be one of the best international dental journals in the world. It has been an absolute honor and privilege to have been the Editor in Chief of our national journal so far and i would like to thank each one of the members for bestowing your faith and support in making our journal truly meaningful,

V. Gopi Krishna, MDS, FISDR

Editor in Chief: Journal of Conservative Dentistry: www.jcd.org.in



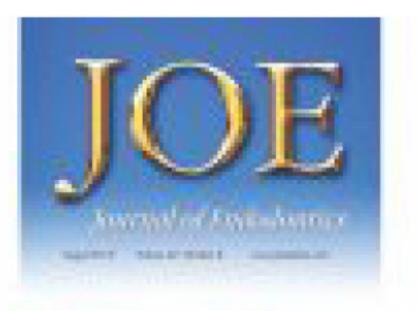
Dr. Asmita Singh Gupta, Reader, Department of Conservative Dentistry and Endodontics, Rungta Dental College at Chhattisgarh has contributed to a chapter on Dental Caries in the textbook of Oral Radiology.



Dr. Elakshi Morey Gupta (MDS – Conservative Dentistry and Endodontics) from Pune, has recently won the pageant of Mrs India beauty queen 2015 and Mrs India Globe 2015 which was held in Vivanta by Taj Delhi on 5th September 2015. She represented India in an international pageant of Mrs Globe 2016 in Shenzen, China where she stood 3 rd runner up amongst 53 countries. She also won the global award of Beauty of Asia and was nominated in Mrs Excellence award.



Dr. Mohan's Smile Make over case has been featured in the the Summer issue of Journal of Cosmetic Dentistry the official Journal of American Academy of Cosmetic Dentistry. He is the first Asian to have featured a case on the cover page of this coveted Journal in the field of Cosmetic Dentistry and giving him the status of one of the finest Cosmetic Dentist in the Globe.





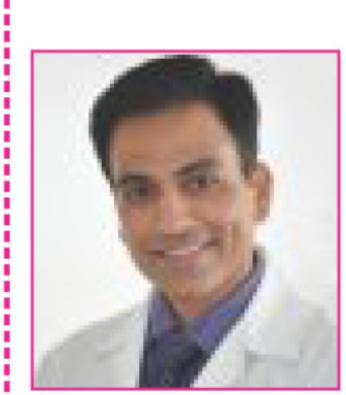
Dr. Pradeep Kumar's Study on Vertical Root fracture appeared on the current issue of JOE. Dr.Pradeep Kumar is currently the Prof and HOD in Thai Moogambigai Dental College and Hospital, Chennai.



Dr. Vivek Hegde has made us all proud with two remarkable achievements

In April of this year, Dr. Vivek Hegde was invited to present a lecture on behalf of the Asia Pacific Endodontic Confederation (APEC) at the American Association of Endodontists (AAE) annual conference at San Francisco, California. This was the first time an Indian was invited to speak at the AAE conference, which was attended by over two thousand people.

In May, Dr. Vivek Hegde was invited by Dr. Rui Pereira da Costa of Portugal to speak at the International Endo Masters 2016, which was the largest online congress of endodontics. Dr. Hegde was amongst forty speakers from twenty six different countries to present at the IEM 2016. Dr. Hegde's presentation of "Path to Rotary: Glide Path and its management" was voted the best lecture of day two of the congress in an opinion poll. The International Endo Masters was attended by a whopping 11,549 dentists from around the globe.



Dr. Vivek Hegde

Vice Dean, Professor and Head, Rangoonwala Dental College Pune. President, Society of Oral Laser Applications, India Director, Indian Board of Endodontics, Associate Editor, Journal of Endodontology Director, The White Arch Dental Academy (www.thewhitearch.com

Dr. Sai Kalyan, from Rural Dental College, Loni district, Ahmadnagar was invited as a resource person to deliver a lecture on Regenerative Endodontics at the First conference on Regenerative Endodontics using stem cells, organized by WAGro and Stem cells in dentistry at Athens, Greece in May 2016.

In June 2016, WAGro FSCD and London Oral Restorative Academy recognised the efforts put forward by his research group and officially inducted him as a board member to carry out collaborative research with other European study groups



Dr. Sai Kalyan AssociateProfessor, Rural Dental College, Pravara Institute of Medical Sciences Loni, District Ahmadnagar, Maharashtra, India:413736

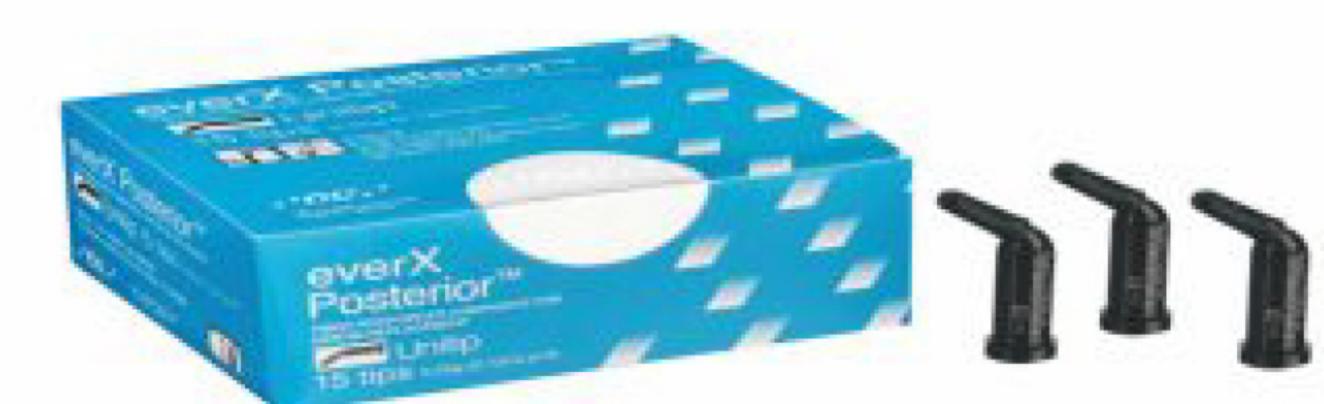
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MESSAGES



Byeong-Hoon Cho, DDS, MSD, PhD, President, Korean Academy of Conservative Dentistry Professor, Department of Conservative Dentistry Seoul National University School of Dentistry E-mail: chobh@snu.ac.kr

Dear Colleagues,

I am Dr. Byeong-Hoon Cho, President of the Korean Academy of Conservative Dentistry (KACD), and I also work as a Professor in the Department of Conservative Dentistry, Seoul National University School of Dentistry. I am writing to you on behalf of KACD through Dr. Mohan. I am very pleased to extend my greetings and reach out to fellow Conservative dentists in India.

KACD would like to organize a society for the Asian countries to collaborate in the field of Conservative Dentistry. It could be called ConsAsia, like ConsEuro. The academic societies of Conservative Dentistry in the countries of Asia would form a network for international academic collaboration in research and publication as well as mutual cooperation in education, and clinical practice for improvement of oral health in Asia.

I extend the invitation to the Conservative Dentists in India to be a part of this new initiative. I am sure through such collaborative efforts the future of Conservative Dentistry looks bright in Asia.

Sincerely yours, **Byeong-Hoon Cho,**

Continue Page on Editorial

In the same way, we've come a long way from our teachers using gold to cast the pattern; to auden alloys to base metal alloys!! And students don't even perform the casting; they're using a lab technician for that!!

I think that the exercise of cast post and core needs to be revisited. The practice of learning cast post and core has to be there in the curriculum but can be either moved out from the exam schedule or modified to fiber posts.

Similarly the inlay exercise needs a strong reevaluation.

When it comes to inlays, the students select cases which shouldn't be intervened with at all; or should be treated under the heading of minimally invasive dentistry. If it's larger; it's an ideal amalgam case. Because of our sympathy with the students; we cast aside our conscience and let them go ahead and irreversibly destroy precious tooth structure.

Why don't we change this to something more useful which highlights the skill, talent and ability of the candidate, like management of a badly broken down tooth with a cast restoration as in an inlay/onlay combination. So the students stop practicing inlay cavities on small carious teeth.

Testing to root canal is a good exercise; in fact it can get tougher with a suggestion that the tooth have one or more missing walls. That will make the students prepare better with wall build up, and practice that every day with regular cases.

Similarly, esthetic dentistry is an important part of our branch and we should be an authority on it. Lots of universities have a short exercise on esthetic anterior angle fracture build up. We should consider including this in the curriculum. This will help in assessing the student's knowhow on esthetics and handling of composite material as well.

The student should also get a chance to showcase his performance of the three years. So the Post graduate record should be assessed along with the viva.

These are a few suggestions, but I strongly believe that many of you will have lot more recommendations. I invite further suggestions by youngsters and seniors alike. We will include interesting inputs in the next issue.

Dr. MAMTA KAUSHIK, MDS

Editor

Continue Page on Presidents Mid- Term Review

Requesting members to send your applications on or before 30th Sep 2016. For further details please do visit our website.

A proud moment to us is to note that our Journal JCD has reached new heights with all the efforts of our Editor Dr.Gopikrishna and his team.

We have started with the process of procuring Bio metrics from our members from Bhopal and we are expecting to finish the process for the present members in Kolkata and thus making our association completely digital and paper free. Also the registration process for any conferences and convention will become simple with the help of A1 Logics. Most of you would have experienced the same during your registration for the forth coming national conference in Kolkata.

The memories of the Beautifully organized Bhopal P G Convention is still fresh in our mind and it is the duty of the HO to thank Dr.Sanjeev Tyagi and his team for all the efforts that went in.

The release of News Letter in the convention marked the beginning of the NEW ERA of our association. At this juncture I would like to thank the editorial team of the News Letter for the great job they are doing with Dr.Mamta as the editor. I would also thank all the office bearers for their support and their involvement in all the duties delegated to them, making the statement "TEAM WORK WORKS" come to life.

Another important information is that we have now a fully functional office, functioning on all working days from 10 am to 5 pm. An office secretary is there to answer and take care of all your queries.

We have also established links with corporate dental dealers, Ivoclar Vivadent will be sponsoring 20 CDE programs throughout the country and taken 10 members of our association as their KOL's. Hu-friedy has come out with some good student offers for certain basic instruments. Also In Kolkata Hu- Friedy will be launching an ENDO KIT for IACDE.

On the International front, our association has been invited by the Korean Academy of Conservative Dentistry in the formation of Cons Asia. Cons Asia will be an Asian forum for Conservative Dentistry and we are expected to play a major role in it.

I take this opportunity in welcoming you all for the scientific extravaganza at our Kolkata National Conference



AN EVENTFUL EC MEETING AT BHOPAL







CROSSING BORDERS WITH JOYCE BASSETT, PRESIDENT AMERICAN ASSOCIATION OF COMETIC DENTISTRY



PINS & POSTS

ACTIVITIES - ACHIEVEMENTS - AWARDS

RECAPTULATION- JULY 2016.



Dr. Anil Kishen Professor, Head, Discipline of Endodontics, University of Toronto, Canada, delivered a guest lecture on "Root Dentin Stabilization", at CDE Programme, "Recapitulation-VIII" which was conducted on 8.07.2016. at Meenakshi Ammal Dental College. The program was attended by over 250 post graduate students from various colleges across South India. This was followed by an International symposium on "Pulp Biology" by Dr. Anil Kishen Professor, Head, Discipline of Endodontics, University of Toronto, Canada on 9.07.2016 at Meenakshi Ammal Dental College. Both the programmes were a grand success.

CDE AT ELLURU.





AP State CDE Programme was conducted on 17th May 2016 at St. Joseph Dental College, Duggirala, Elluru. A total of 200 PGs, Staff and clinicians attended this programme from different colleges in Andhra Pradesh. Guest lectures were given by Dr. Mohan (IACDE secretary), Dr.V.Chandra Shekhar (Prof. and Head, Mamatha dental college, Khammam), Dr.Jyothi (Prof and Head, Gitam dental college, Vishakapatnam).

The organizing committee Dr.T.Jayaprakash (Prof &Head) & Team felicitated Dr. K.J.Ramesh, Dr. Murali Mohan (IACDE president) and Dr. Mohan (IACDE secretary). Inauguration of AP CHAPTER of IACDE association came into existence on this auspicious occasion in the presence of the President, Secretary and Immediate Past president of IACDE.

SMILE MAKEOVER - CHENNAI



The Department of Conservative Dentistry and Endodontics of Sri Venkateswara Dental College & Hospitals organized a one day Continuing Dental Education programme "Smile Makeover" in association with "Indian Association of Conservative Dentistry and Endodontics" on 20th July 2016.

The inaugural ceremony was attended by Prinicipal Dr. Lodd Mahendra, Vice Principal Dr Yogesh PB, guest speaker Dr Mohan, Secretary IACDE and Dr Rajasekaran, Secretary CEAT and Dr. Balagopal, Professor and Head, Department of Conservative Dentistry and Endodontics, Tagore Dental College. Dr. Jaya Ranganathan, Professor and Head, Department of Conservative Dentistry and Endodontics, Priyadarshini Dental College also graced the occasion.

Dr. Mohan B is an accredited member of American Association of Cosmetic Dentistry. He presented a guest lecture on the topic "Smile Designing with Composites". He also presented a live demonstration on restoring fractured central incisor using composite resin.

Dr. M.Rajasekaran, Professor from Department of Consevative Dentistry and Endodontics of Ragas Dental College and Hospital delivered a lecture on "Ceramic Veneers" About 200 delegates, postgraduates and undergraduate students from various institutions and private practitioners took part in the CDE programme.

ROOT CANAL AWARENESS WEEK- SDM DHARWAD



Root canal AWARENESS WEEK - A week long string of activities were organized by the Dept. of Conservative Dentistry and Endodontics in S.D.M. College of Dental Sciences and Hospital, Dharwad from 27th March to 2nd April 2016 to educate and promote endodontic treatment to the general public. During this Endo week celebration, various events organized were street plays, lectures and Endo (Root canal) awareness walk.

ROOT CANAL AWARENESS WEEK- ELLURU



ROOT CANAL AWARENESS WEEK

(March 27 – April 2)

On the occasion of root canal awareness week (According to American Association of Endodontists) a rally was conducted by the Staff, Post Graduates and Undergraduates of the Dept. of Conservative Dentistry and Endodontics, St. Joseph Dental College, Duggirala, Eluru – West Godavari, A.P. Placards describing the importance of root canal treatment and timely visit to the dentist were displayed. The rally was conducted as an effort to raise awareness among patients and general dentists to save their teeth with root canal treatment and contact an Endodontist when root canal treatment is needed. On this occasion treatment was provided at a 30% lesser cost at St. Joseph dental college & Hospital for the benefit of the patient and to increase awareness on root canal therapy.

STATE CONFERENCE, KURNOOL



Conservative Dentistry and Endodontics State Conferece was conducted by Organizing Committee, G Pulla Reddy Dental College, Kurnool on 8th and 9th of July 2016. Inaugural function was celebrated in the presence of eminent personalities Dr. T Murali Mohan IACDE President, Dr. P Karunakar, immediate past president and Dr. B Mohan, Hon. General Secretary. Guest speakers Dr. B. Mohan, Dr. Upendra Hoshing, Dr. Vibha Hegde enlighted and inspired the participants with their fund of knowledge and interactive, inspiring speeches. 250 delegates from Andhra Pradesh, Telangana and Karnataka State attended the conference. 25 dental colleges participated in the conference. Heads of the department, teaching staff, PG students of all the colleges and practitioners extended tremendous support for the success of the conference. Equipment Marathon was organized by 10 renowed dental companies. Scientific sessions were enlightened by 110 paper presentations and posters.

CAESOK MID TERM CONFERENCE, KOTTYAM



Dr. R. Ahmed and as president. The 14th Midterm and 6th post graduate student convention of Conservative and Endodontic Society of Kerala (CAESOK) was held at Kottayam on March 12th and 13th 2016.

Dr. George Varghese, Principal, Govt Dental College, Kottayam was the chief guest and Dr Shaji K Joseph, member, Dental Council of India was the Guest of Honour. Dr Prasanth Dhanapal, President CAESOK gave the Presidential address, followed by Report by the Honorary Secretary of CAESOK Dr Rajesh Pillai. Dr Devadathan the Organizing Chairman welcomed the gathering followed by a inauguration by lighting the

The Key note lecture on "Smile Designing "was given by Hon Secretary, IACDE Dr B Mohan from Chennai. Dr Eldo Koshy lectured on "Porcelain Laminates". 180 members including student delegates from different parts of Kerala attended the meet. Student paper and poster presentations were highlight of event with nearly 70 papers and equal number of posters. The vote of thanks was proposed by Dr Josey Mathew, the Organizing Secretary of the event.5

RACE, JAIPUR

RAJASTHAN ASSOCIATION OF CONSERVATIVE DENTISTRY & ENDODONTICS (RACE) was formed under the aegis of IACDE on 3RD OF SEPT.2015.

In it's inaugural ceremony chief guest was Dr. Dibyendu Majumder. Guest of honour- Dr.KK Wadhwani and special invitee-Dr. B.Mohan(chennai) & Dr. Mitra (Kolkata). There was formal layout of rules, regulations and guidelines. Association was registered under the local Govt. laws. To start with there were over 42 members, 24 student members and 1 associate member

There was a lecture on Failures in endodontics' during the ceremony



In continuation of the various activities of the association, A seminar on PHOTOGRAPHY IN DENTISTRY was conducted on 24TH OF JAN.2016 in association with SONY CORP. Which was well attended with great enthusiasm by the RACE members.

Dr. (Prof.) Vipul chowdharyJaipur

ACTIVITIES OF WEST BENGAL



As President-elect of IDA WB State Branch 2014 meeting the press at Golden Jubilee celebration of State conference



At Inaugral ceremony of 51st Conference of WB state Branch and 125th birth anniversary celebration of Dr.R.Ahmed, as President IDA State Branch 2015 greeting President DCI Dr. Majumdar, while President IDA Dr. A. Thomas and Secretary IDA Dr. A. Dhoble looks on.



Conducting World No Tobacco Day rally as President IDA WB State Branch 2015 where eminent personalities of different fields of life took active part in.

Delivered lecture- "Endodontics till today"- on the occasion of Doctors' Day celebration 2016.

DR. H.D.ADHIKARI, PROFESSOR AND HOD DEPT. OF CONSERVATIVE DENTISTRY AND ENDODONTICS DR.R.AHMED DENTAL COLLEGE AND HOSPITAL KOLKATA

SPIRIT



The Department of Conservative Dentistry & Endodontics, SRM Dental College, Ramapuram, Chennai organized its 3rd SPIRIT National Convention on 15th & 16th July 2016, under the banner of IACDE & IES. SPIRIT acronym stands for Science based on Principles, Inventions, Research and Innovative Thoughts. This unique National level event comprises of Table Top model display, debate, lectures by eminent National speakers, webinars by International speakers and quiz competition.

Mr.T.S.Sridhar, Director of Ramapuram & Trichy Campus of SRM University presided over the inauguration. Dr.K.Rajkumar, Vice Principal welcomed the gathering. Dr.Ida De Ataide, Member, Dental Council of India and President, Indian Endodontic Society and Dr.Murali Mohan, President, Indian Association of Conservative Dentistry & Endodontics, were the Chief Guest and Guest of Honour respectively.

More than 25 table top models in different categories were displayed by the postgraduates.

Webinars by Dr.Claudia Cia Worschech, Brazil, on "Microscopes Atool for everyone! Why, how and when to use in Dentistry" and Dr.Bojidar Kefalov, Bulgaria, on "Predictable posterior and post endodontic Restorations" were interactive and well received by the audience.

The one of its kind, exclusive lecture of SPIRIT "Duet of Minds" was arranged. Prof.Dr.Shalini Aggarwal and Prof.Dr.Kanwalpreet Kaur Bhullar jointly spoke and discussed in depth on "Nature's Hand Dentist's Touch Biomimetic Remineralization of dentin". Prof.Dr.S.Balagopal and Prof.Dr.Narasimhan Bharadwaj, combinedly gave an extensive lecture on rotary endodontics titled "Evolve & Revolve".

The quiz headed by quizmaster Prof.Dr.Yohan Chacko, was an instant hit amongst the students. The debate masterminded by Prof.Dr.Arathi & Prof.Dr.Niveditha had around 32 participants. The finals of the program witnessed nail biting productive arguments and counter arguments by the postgraduates.

Dr.S.Mahalaxmi, Head of the Department of Conservative Dentistry & Endodontics, SRM Dental College, who had organized this National event said that, as the research activities are gaining rapid momentum in the field of Conservative Dentistry & Endodontics, this Convention which is conducted once in three years, facilitate the postgraduates to participate and motivate them to improve their interest in scientific research and updates them with the current advances in the field of Conservative Dentistry & Endodontics.

CDE PROGRAMME, COORG



There was a CDE programme at Coorg College of Dental Sciences on 24th June 2016 on Functional and Esthetic Restorations with Direct composites.

Dr. R.S Mohan Kumar, the mentor of the course is a specialist in Conservative Dentistry and Endodontics. He is presently the joint secretary for the Indian Academy of Conservative Dentistry and Endodontics.

The lectures emphasized the importance of minimal invasive dentistry, explaining the details of case selection and investigation.

The focus was on methodology and clinical management of class I to V decay by direct composite restoration. The second session was on "SMILE DESIGNING".

The lecture was followed by a Hands on Course on class IV Angle build-up using latest techniques and materials. It was very well received and popular with the participants.

PANEL DISCUSSION

Reciprocation Vs Rotation

Reciprocation

The reciprocation kinematic system was introduced in 1964 with Giromatic handpieces by Micromega. Yared in 2008 introduced single file reciprocation system which is a breakthrough in NiTi technology.

NiTi files exhibited better mechanical properties in reciprocating motion with reduced incidence of instrument separation and deformations. Rotary files in reciprocating motion were also found to have better cyclic fatigue resistance as the reciprocating files are claimed to travel a shorter circumferential distance than rotary subjecting a file to lower stress values and increases the life span of NiTi files.

Examples of the currently introduced single file reciprocating systems are Reciproc, WaveOne, Twisted file Adaptive.

Reciprocating files have better cyclic fatigue resistance and torsional resistance (Vadhana et al 2013). They also have shaping abilities similar to other rotary NiTi full sequence systems and preserves the original canal anatomy. They extrude less debris than multiple rotary file system (Ustun 2015). There is reduced shaping time and it causes fewer dentinal microcracks (Priya et al 2014).

Reciprocation extends the life span of the NiTi files and does not reduce the cutting efficiency of the files. Thus the concept of cleaning and shaping the root canal system with reciprocating files is promising and is an emerging reliable science in the sphere of endodontics.

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3. Capar ID, Arslan H. A review of instrumentation kinematics of engine driven nickel titanium instruments. Int Endod J 2016 Feb; 49 (2):119-135.

Dr. M. Kavitha, MDS

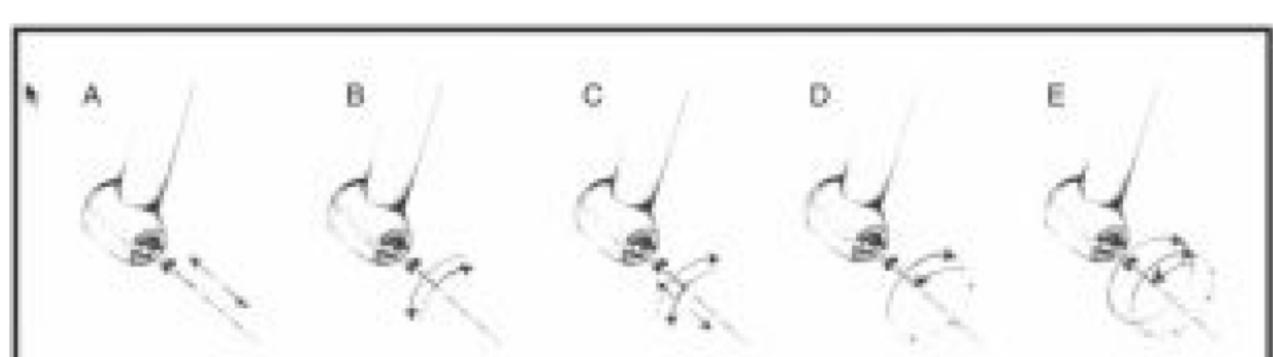
Prof and HOD. Dept of Conservative Dentistry & Endodontics,

TN Govt Dental College & Hospital, Chennai 600 003. The etiology of instrument "separation" during root canal preparation is complex; however flexural fatigue and torsional failure have been frequently implicated. "ENDURANCE LIMIT" (EL) of NiTi files is an important factor that needs to

angle (DA) characteristic of each instrument, and will depend on the design feature and the size. For example, each time when a file is cutting dentine in rotation in a constricted root canal, there is certain amount of torsional deformation that is developing on its axis; if this deformation is under the limits of plastic deformation, there will be no structural change. But, when this stress gets added to the flexural fatigue that occurs within the curved canal, and if this cyclic axial deformation occurs repeatedly exceeding the EL, the metal fractures. This is encountered in the rotary instrumentation. Hence, this have led to the development of ROTATIONAL RECIPROCATION MOTION, (instead of static reciprocation) a movement with limited angle of rotation within the EL of the instrument. Thus came up partial or asymmetrical reciprocation Wave One 150°clockwise [CW] and 30° counterclockwise [CCW] and Reciproc 170° [CW] and 50° [CCW]; and Hybrid reciprocation TF Adaptive 370° [CW] and 50° [CCW]. Fig 1-6

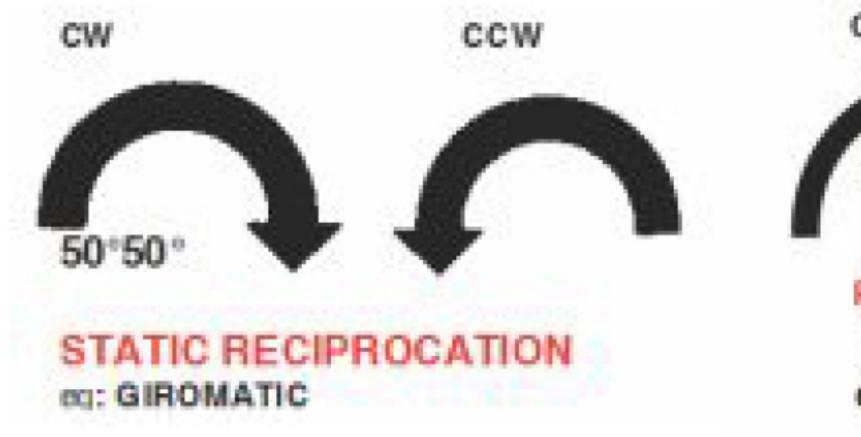
be addressed. EL is defined as the level of torsional stress or strain at which the file can be subjected to a virtual infinite

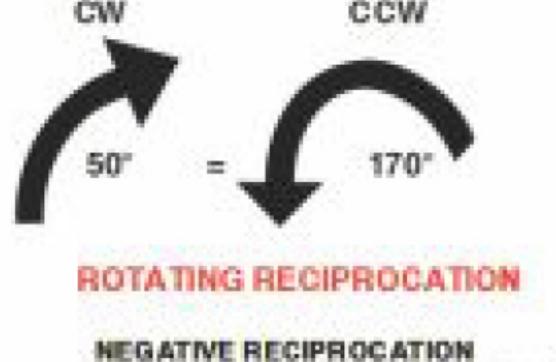
cycles without failure, where a cycle is intended as a loading stress or strain and releasing. This value is a specific deflection

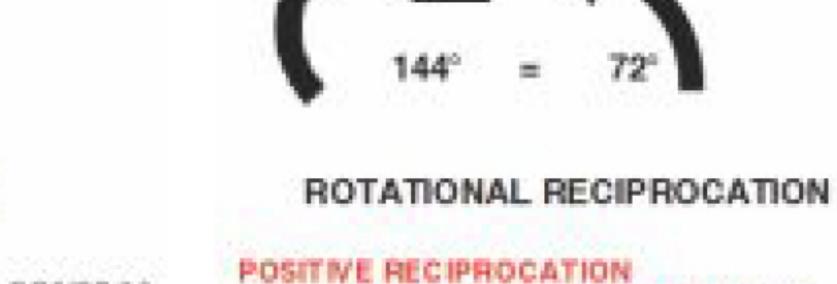


Types of motions for endodontic instruments:

a) Complete reciprocation with vertical oscillation(Racer& SAF); b) Complete reciprocation with horizontal rotational oscillations(Giromatic); c) Complete reciprocation with combined oscillations(Canal Finder System); d) Partial reciprocation with rotational effect (ART, WaveOne & Reciproc) and e) Hybrid reciprocation (TF Adaptive).







CUTTING IN CW; eg ATR Technika

Fig-4

CUTTING IN CCW:eg WAVE ONE eg RECIPROC Fig-3

These reciprocating files travel a shorter circumferential distance than rotary instrument, thus subjecting the file to lower stress values and lesser incidence of fracture.

THE CORE MATERIAL:

Fig-2



Category II

Rotation

Rotary Vs reciprocation

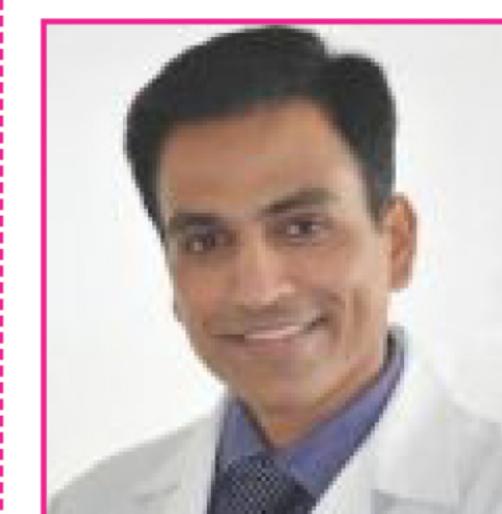
This discussion can be written It in detail on patient related, tooth related & instrument related factors. Having the limitations for this column I will pen few pointers which according to me are more critical.

Both are here to stay as they are some wonderful concept in modern day Endodontics. However rotary will anytime score better in merit with respect to reciprocation.

Whichever technique anyone uses, the single most important need after studying the root canal anatomy is to feel the canals with the lesser numbered stainless steel hand files like #08 & #10.

Having done this & analysing the glide path, introduction of multi tapered rotary file is always a boon. This will benefit the operators in many ways. Firstly the escape route coronally will be created. Secondly it will work little by little few mm at a time, which means having less contact, less load, minimising the stress & fatigue related deformation. Thirdly rotary believe in a few second rule which strongly supports the keep it simple & safe (kiss) principle, thereby doing less mechanical harm at the most critical apical third.

Few of the rotaries are designed with flutes doing inside out preparation, thereby making debris move in a coronal direction (minimizes debris extrusion).



Finally to conclude, a must for a rotary is to remove all coronal dentin protuberances by doing a coronal flare & please respect peri cervical dentin thickness & remaining root dentin thickness; the tooth will go a long way.

Dr.Vivek Hegde, MDS

Vice Dean, Professor and Head, Rangoonwala Dental College Pune President, Society of Oral Laser Applications, India Director, Indian Board of Endodontics

Associate Editor, Journal of Endodontology

Director, The White Arch Dental Academy (www.thewhitearch.com

A rotary movement can be described as a 360° spinning of an instrument inside the canal- usually in clockwise direction with an operating speed of 150-500 revolutions per minute. Mechanical objectives of root canal preparation can be easily & predictably achieved by continuous rotation of a Ni-Ti instrument inside canal. In addition to reducing the time required to prepare a canal, continuous rotation of the instrument results in less apical extrusion of the irrigants and does not pack the debris in apical third of the canal. However, Ni-Ti is more torque sensitive and the operator should stick to the manufacturer's recommendations regarding correct use of speed and torque. To reduce the stress induced separation of a Ni-Ti instrument, manufacturers have adopted different strategies that include the use M-Wire and R-phase technology, or surface treatment of the files such as electro polishing. These file systems are claimed to increase the cyclic fatigue resistance of the files. In Addition, reciprocation motion has been advocated that relieves stress on the instrument by special counter clockwise (cutting action) and clockwise (release of the instrument) movements and, therefore, reduces the risk of cyclic fatigue caused by tension and compression. However, this is accomplished at the expense of pushing debris apically and when this motion is combined with a single file technique it results in creation of more stress on dentin with resultant micro cracks on canal walls. This is particularly true when a single reciprocating file is used in a pecking motion and without creating a glide path. Studies have also shown that more post operative pain can be expected after using reciprocation movement against continuous rotation. Even though, reciprocation movement with unequal engaging and disengaging angles has shown favourable results when tested for different parameters of root canal preparation, there are conflicting results in the literature regarding efficacy of debris extrusion, bacterial reduction and dentinal crack formation.



M.D.S. PhD (ConservativeDentistry & Endodontics)

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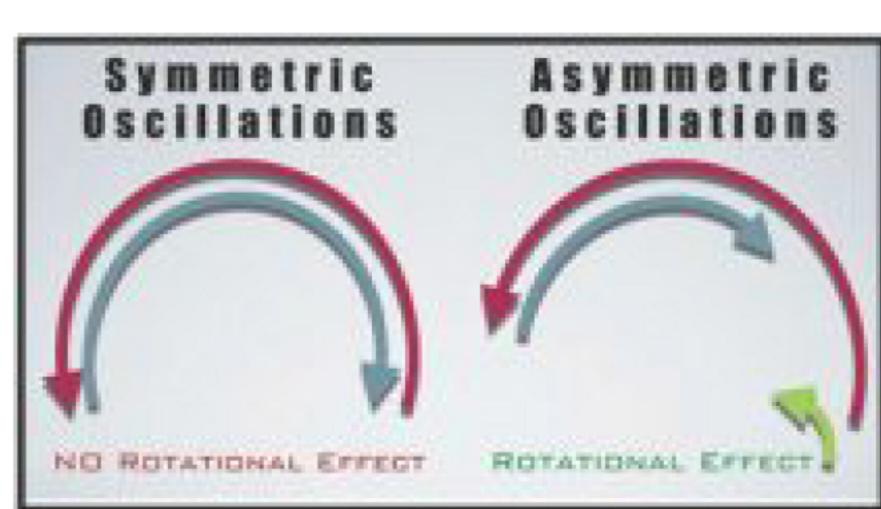


Fig-5

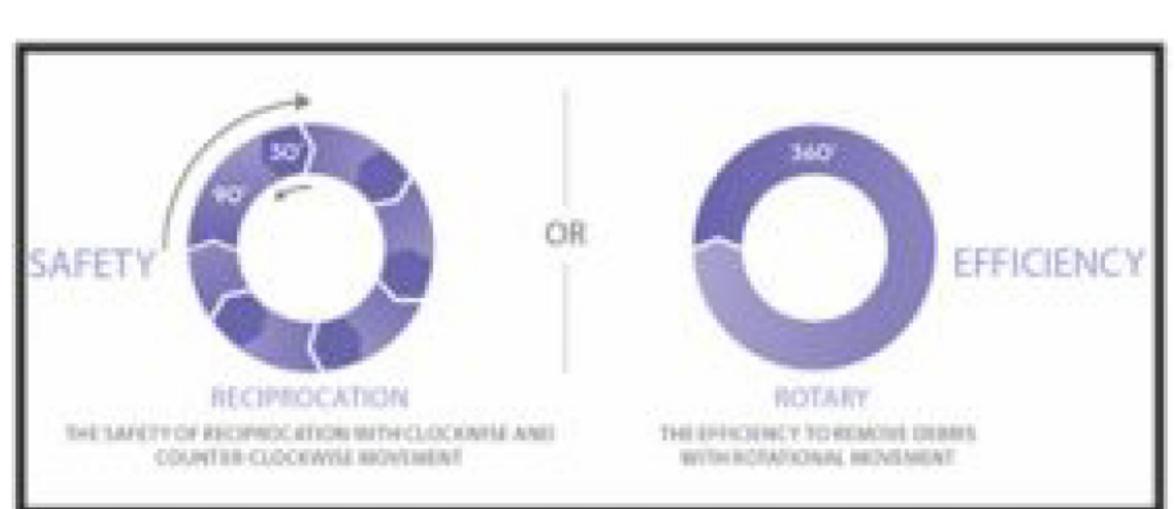


Fig-6

Recently a series of proprietary thermo-mechanical processing procedures has been developed with the objective of producing SE (super elastic) NiTi wire blanks which had unstable martensite phase to blanks that contained substantially stable martensite phase. This have led to the development of next generation NiTi instruments namely CM wire, M-wire and R-phase wire with improved flexibility and fatigue resistance.

Generally, the mechanical strength of any metals /alloys usually increases when the grain size of the material is reduced, the same trend holds true with NiTi alloys. The reciprocating instruments made from this novel NiTi alloy M (martensite) wire were found to have an unique nano crystalline (100 nm) martensite grain formation. These martensites facilitate crack nucleation sites rendering progression of the crack more difficult because of the large number of interfaces present. This accounts for its ability to absorb stress and improved mechanical properties compared to rotary instruments.

Dr. Kavitha Sanjeev, MDS

Professor, Department of Conservative Dentistry and Endodontics, Srm Dental College, Bharathisalai, Ramapuram, Chennai-600089, India.

DYPU, SCHOOL OF DENTISTRY

Nerul, Navi Mumbai

CONSERVATIVE DENTISTRY & ENDODONTICS – OPEN ESSAY COMPETITION 2016 PARTICULARS OF THE COMPETITION

Undergraduate Dental Students and Interns Category I Topic: My choice for further studies after BDS.

Dental Surgeons, PG students and MDS in all branches except Conservative Dentistry.

Topic: Current challenges in private practice.

PG students and MDS in Conservative Dentistry &Endodontics. Category III

Topic: Why root canals fail.

PRIZES

First prize in each category: Cash prize of Rs. 5000/-

Second prize in each category: Cash prize of Rs. 3000/-

LAST DATE FOR ENTRIES

Entries should be submitted online to openessaycompetition@gmail.com by 3rd October 2016 addressed to the Convener – CDE-OEC.

Every submission must include the registration form completely filled by the participant. Visit our facebook page CDE – OEC for details and updates.

For further assistance mail us at openessaycompetion@gmail.com

Dr. Sumita Bhagwat Professor Convener – CDE–OEC.

Dr. Lalitagauri Mandke Professor

Dr. Leena Padhye Prof & Head Mentor.

SCIENTIFIC UPDATE

TEAMWORK

Thin veneers – a minimally invasive approach to achieve perfect esthetics

Esthetically demanding diastema closure using thin veneers made of IPS e.max Press Dr Torsten Seidenstricker, MSc, Allaman, and Dominique Vinci, Petit Lancy/Switzerland

Conservative bonded thin veneers offer predictable outcomes in esthetically sensitive areas. Given the non-invasive preparation technique, the treatment can be carried out without any anaesthetic. With all the bonding margins located in the enamel, adhesive cementation delivers long-lasting results.

Case presentation

A 17-year-old male patient presented at our practice with the urgent wish to have the gap between his anterior teeth remedied (Fig. 1). He was satisfied with the shade and length of his teeth. The patient's request was exclusively motivated by esthetic concerns and he expected a perfect esthetic result. An evaluation according to Tonn's method revealed a discrepancy in the width relationship between the upper and lower teeth. This inconsistency could be corrected by extending the anterior maxillary arch, which had grown too small (Fig. 2). Following intensive discussion with all individuals involved in the treatment process and explanation of what is technically feasible and medically justifiable, the patient decided in favour of a prosthetic diastema closure with ceramic veneers. Short treatment time, absence of pain and predictable esthetic results tilted the balance in favour of a prosthetic solution rather than an orthodontic one.

Treatment planning

On the basis of preoperative models, a diagnostic wax-up incorporating the desired changes on teeth 13 to 23 was created in the dental laboratory (Vinci Dental Concept). The six upper anterior teeth in question were built up in ideal proportion and shape to simulate the closure of the diastemata on the model



Fig. 1: The patient decided for a diastema closure with veneers.



Fig. 2: Excess space in the maxillary anterior arch in an otherwise healthy natural dentition



Fig. 3: The transparent silicone key ensures an accurate transfer of the situation established on the model to the oral cavity of the patient (mock-up).



Fig. 4: Composite mock-up



Fig. 5: The mock-up was temporarily created to allow the patient to test the intended changes for a few days

The esthetic design of the wax-up is key to all stages of the treatment process, because backward planning works

back, beginning with the planned esthetic appearance of the final restoration.

A transparent silicone key was prepared over the idealized diagnostic wax-up. The silicone key assisted in accurately transferring the planned tooth proportions to the oral cavity of the patient (Fig. 3). The quality of the subsequent temporary mock-up played a pivotal role in the selection of an appropriate therapeutic strategy because it allowed us to evaluate the desired outcome on the patient without having to cut the tooth structure.

In contrast to other procedures described in the literature, the technique presented in this report enabled us to prepare a highly esthetic mock-up using an extremely effective, virtually excess-free method. The material of choice was a flowable hybrid composite; in this particular case we used Tetric EvoFlow® in shade A1. The composite was directly applied to the uncut tooth surface with the help of the silicone key and polymerized through the key. After removing the key from the oral cavity, any unwanted material (flashing) was carefully cleaned up using a probe. The interlocked temporary restoration was safe and comfortable to wear for the patient, even if it was placed without preliminary adhesive conditioning. Additionally, the temporary assisted us in determining the need for any esthetic or functional corrections (Fig. 4).

Having worn the mock-up in his day-to-day life, the patient was overwhelmed by the positive feedback he had received from his social circle and demanded a timely implementation of the final prosthetic restoration (Fig. 5). As our plan was to apply only small amounts of restorative material to the healthy tooth structure, the veneers were designed to be ultrathin. We decided for IPS e.max® Press lithium disilicate ceramic because of the strong evidence base and our long-standing clinical experience with this material. Given its tooth-like refractive index coefficient, this ceramic is ideally suited for cases with high esthetic demands. The system offers a wide selection of ingots in various degrees of translucency and opacity and allows the fabrication of 0.3 mm thick veneers, enabling a highly conservative preparation method. The ceramic press technique also ensures a high accuracy of fit.

Preparation and impression-taking

To prevent an excessive loss of healthy tooth structure, the preparation was performed through the mock-up. The advantage of preparing a wax-up and mock-up that incorporate the final result was again evident at this stage, as every subsequent treatment step was performed with the planned final outer contour (envelope) in mind. With all the preparation margins being limited to the enamel, application of a local anaesthetic was not necessary. Sparing as much tooth structure as possible, we prepared a thickness of 0.3 mm for the ceramic veneers (Fig. 6). Asmall retraction cord was applied

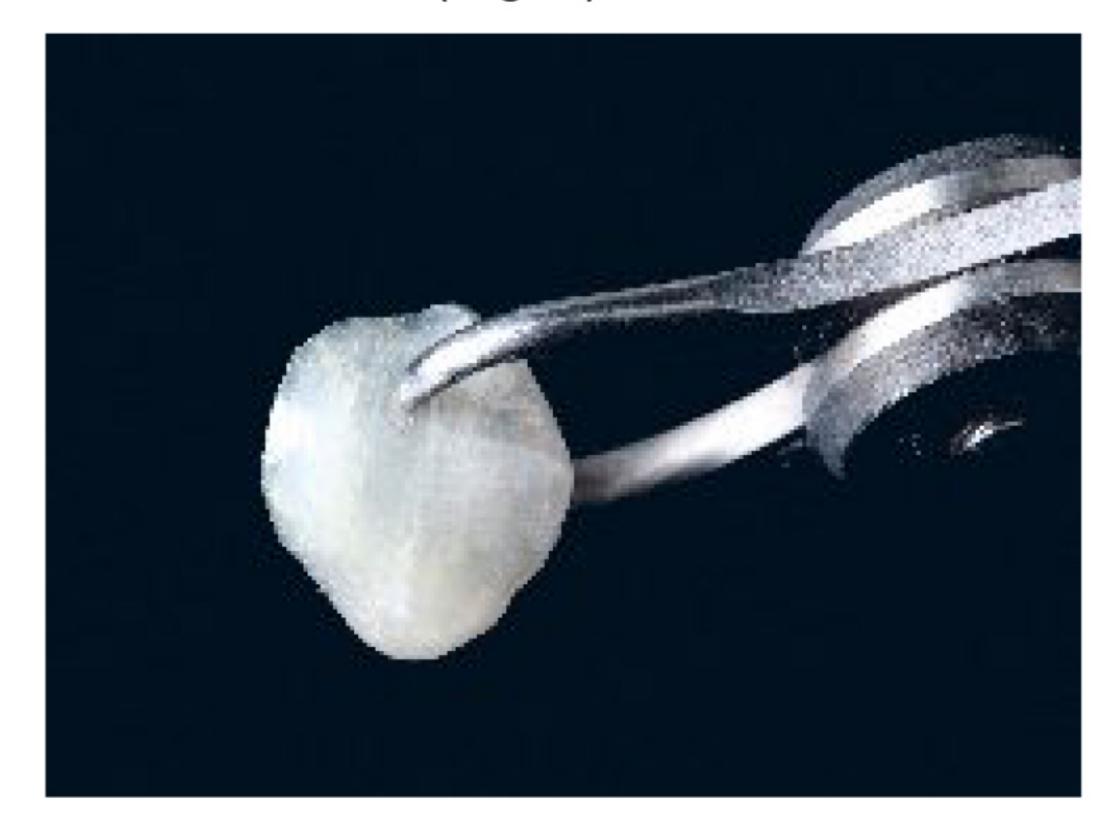


Fig. 6: Minimal layer thickness of the ceramic veneers made of IPS e.max Press



Fig. 7: The cut-back technique allows the pressed lithium disilicate ceramic (IPS e.max Press) to be customized.

to protect the gingiva while finishing the preparation margin. To attain a harmonious emergence profile from the gingiva, the interdental preparation margin was located towards the palatal and apical region. Additionally, the preparation was slightly extended to the intrasulcular area to achieve an enhanced emergence profile. The teeth were reduced incisally to allow a layer thickness of 1 mm for the planned incisal edge. The functional palatal regions of the teeth were not involved in the restoration. A final impression was taken with the retraction cord still in place. An IPS Natural Die shade guide was utilized to determine the shade of the preparation. Intraoral photos were taken to inform the lab of the individual characteristics to the teeth.

Laboratory procedure

With the help of the silicone key, the situation tested during the mock-up phase was transferred one-to-one to the final situation. In view of the desired A1 shade, a mediumtranslucency IPS e.max Press MT ingot in shade B1 (previously known as Impusle V1) was selected for pressing the veneers. This material exhibits excellent colour characteristics in bright shades. To match the age of the patient, the incisal area and surface texture were designed without any major abrasion marks (Fig. 7). By using the cutback technique in conjunction with the IPS e.max Ceram layering method, key areas were individually emphasized. For instance, the translucency of the mesial and distal marginal ridge and the inciscal edge was increased by applying Essence powder in Ocean shade. After the stain and characterization firing, the veneers were layered with IPS e.max Ceram enamel materials: Opal 1 was used for the incisal edge, Opal 3 and 4 for the mesial and distal marginal ridges and Transpa 1 for the remaining enamel surface. After glaze firing, surface characteristics were added using silicone polishers, followed by polishing with diamond paste. An intraoral try-in session in the lab allowed the dental technician and patient to fine-tune the appearance of the restoration down to the last detail (Fig. 8). This is a risk-minimizing step that helps save time at the dental chair.

Try-in and insertion

Adhesive cementation of ceramic veneers is a routine procedure. To insert the wafer-thin all-ceramic restorations, Variolink® Veneer light-curing luting composite was used. The preparation was thoroughly cleaned using a rubber cup and fluoride-free polishing paste (Proxyt) and then rinsed with water spray. After that, all the veneers were placed at the same

SCIENTIFIC UPDATE



Fig. 8: A try-in session in the lab allowed the technician and patient to fine-tune the restoration down to the last detail.



Fig. 9: Final restorations 13 to 23, one week after insertion

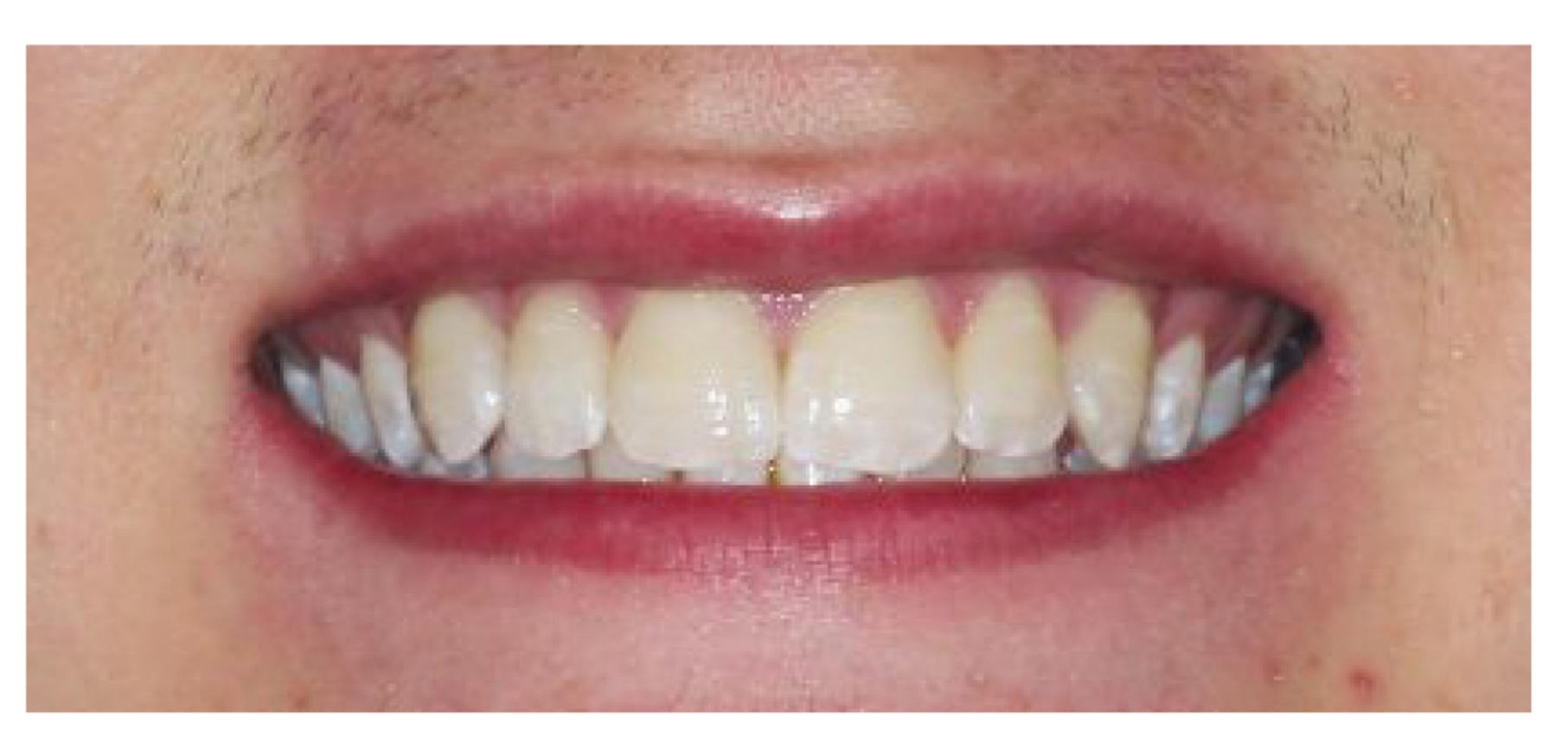


Fig. 10: The patient is pleased with his new smile.

time to verify their proximal contact relationships. To achieve an esthetically optimal outcome, the colour integration of the restorations was assessed using try-in pastes. An occlusal check was carefully conducted. The patient was able to evaluate the overall esthetic impression in a mirror and judge for himself if the mock-up was faithfully transferred to the final restoration to meet his expectations. Etching the lithium disilicate ceramic with 5% hydrofluoric acid for 20 seconds (IPS Ceramic Etching Gel) is mandatory and in this case was instrumental in reliably removing any residual try-in paste before the restorations were permanently seated. Adhesive cementation was performed according to the manufacturer's instructions. A look at the detailed cementation protocol may be of additional assistance. The protocol is available online at "www.cementationnavigation.com".

Conclusion

Backward planning, epitomized by the silicone key of the mock-up, was central to all the stages of the treatment. The secret to a predictable, esthetically perfect outcome lay in breaking up the complex treatment into manageable individual steps that could be safely implemented. The patient was completely satisfied in all respects with the treatment and its results. The entire treatment was completely pain free due to the conservative nature of the intervention. The palatal surfaces of the incisal teeth remained unaffected by the treatment and were not subjected to any functional adjustments. Lateral excursive movements were possible through canine guidance and had a protective effect on the anterior restorations. Regular recalls and professional tooth cleaning are essential for the long-term success of this kind of restorations. Figures 9 and 10 show the esthetic outcome.



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Dominique Vinci Vinci Dental Concept Chemin de la Vendée 9 1213 Petit-Lancy Switzerland Dominique@Vinci.ch



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ASK THE EXPERT

CLASS IV Angle build up

How to mask the fracture line while doing an anterior composite restoration?

The required tooth preparation for a Class IV is a bevel of minimum 2 mm or equal to the defect at an angulation of 45 degrees. In addition to this a secondary wavy bevel at an angle of 20 degrees is required to avoid a visible margin.

Clinical tips for finishing polishing especially in the gingival, interproximal and lingual surfaces?

The best way to finish the interproximal area is first to remove all the excess flash with a B P blade no: 12. Once that is done it is necessary to use an interproximal diamond strip (eg. Edenta diamond strip) to smoothen the composite and later a proximal polishing strip is to be used (eg. Soflex strips). The lingual surface is smoothened with a pear shaped diamond, they do not require much alteration since it is built with a putty index. The polishing is done with flame shaped polisher to follow the contours (eg. Optrapol)

What is oxygen inhibition? Does it have any clinical significance?

Oxygen inhibition refers to the top most layer in the composite that is uncured even after light polymerization due the presence of atmospheric oxygen. The thickness of this layer is approximately 10 microns. This has a high tendency to take up stains, but it is generally removed during the finishing procedures. To avoid the formation of this layer, before the final polymerization a glycerin gel can be applied (eg. Liquid Strip), this also ensures complete polymerization of the resin

What should be the best shade matching technique? In what conditions should I consider applying tints? Which layer should the tint be incorporated into?

The shade match in composite is to determine the exact value, the best way is by taking a photograph. A small portion composite can be placed on the tooth (without etching and bonding) and then light cured, then a picture is taken and converted to black and white to determine the exact shade. Generally two or three shades are placed to check out the difference in a single shot. Tints are used to create effects like, translucency, white spots, Occlusal stains, and also to mask a discoloration. If a discoloration is to be masked, the tint will the first layer before composite placement. For effects creation they are used just before the final layer of composite placement.

Why does the first increment keep coming back with the instrument? How to avoid this?

Composite by the property is very sticky and that is why its appears to stick to the instrument. But if the instrument is clean and devoid of any remnant composite the instrument is never sticky. To avoid this, the best way is to keep

> wiping the instrument clean with an alcohol swab. Also never apply too much pressure to the instrument. Always the composite should be manipulated very gently.

Dr. B. MOHAN

Director, Vignesh Dental Hospital.

Chief Academic Officer, Pearl Dental Academy.

KANDY'S CORNER

Dear Friends,

For this issue of Pins and Posts, I am going to dedicate this article to the young budding dentists.

The youngsters today feel that their future is bleak and uncertain because it's highly competitive in private practice. Teaching jobs are almost saturated in all the colleges. This is also true to some extent but definitely it is not a pointer towards a bleak future. The one comforting thought on the lighter side is that, as the dentistry population multiplies year after year so is the general population.

I have found quite a few youngsters fail in practice because when they wanted to start their practice, they start with three chairs or four chairs etc., and go for huge borrowings to start a clinic. On day one, they start their practice in the red because of their overheads. One has to understand that it is not necessary to have a posh clinic but a clean and neat clinic. You can start with one chair and can grow along with your practice in terms of equipment's. One has to keep in mind, building a practice initially is a slow process but once it picks up it takes care of itself.

At the early stage of practice it is better to concentrate on patient management rather than the charges. As the patients gain confidence they would not mind paying whatever you charge. And always have a system which elevates you a step higher than most of your colleagues.

I have learnt one thing in my practice is never to get into an argument with the patient. Sometimes patient will come back after extraction and claim that you have left behind a portion of the tooth. Never get offended, instead you tell the patient that you will check with an x-ray. And looking up the x-ray you can tell them that there is no root and probably it will be a bony spicule. The patient acceptance will be better and there is also a proof that nothing is left behind.

It is always better to explain the types of treatment possible and make the patient choose what they want. It is better to discuss all the available options and explain to them why you would prefer a particular treatment and also explain the charges before you start the treatment. If the patient goes for a second opinion then no procedure should be suggested to him which is new. Do not give false promises to the patients. Always inform the patient that there is a chance of failure in whatever we do.

My son once told me it is crowded only at the bottom as you go higher up there is lots of space. So every now and then raise your level in terms of your patient care and your expertise and I am sure your practice will grow leaps and

Happy Practicing

Dr. D. Kandaswamy MDS, FDS RCPS(Glasg) Dean, Faculty of Dentistry, SRMU, Chennai

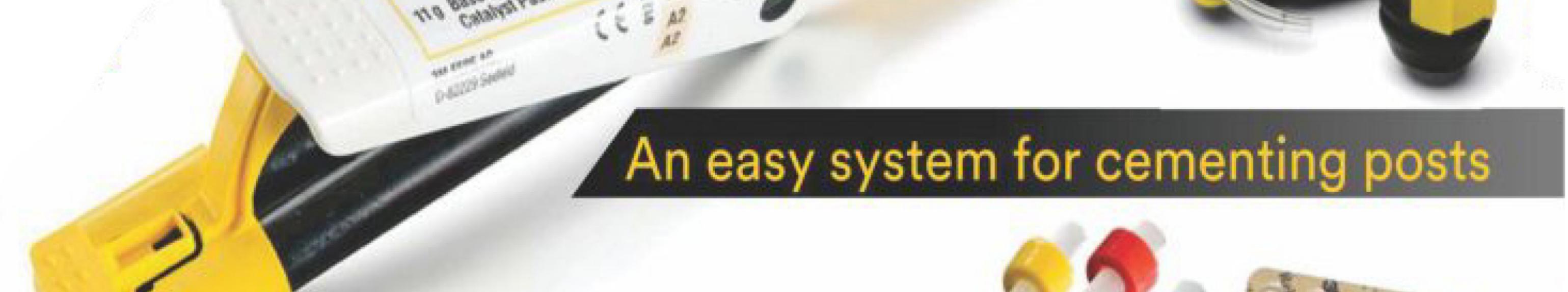
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REMEMBERING THE TITANS



Dr. B.SURESHCHANDRA

An academician of national and international claim, Late Dr B. Sureshchandra, had last served as the Dean/Director of A.J.Institute of Dental Sciences, Mangalore.

A great orator and passionate teacher, his special interest was in the field of Infection Control, Endodontic Biofilms and Glass Ionomer Cements on which sir has given a number of National and International lectures.

Born on the Ninth of January 1946, sir procured his Bachelors degree (BDS) from the Government Dental College-University of Bangalore in the year 1969 followed by his Masters degree (MDS) in 1976 from Government Dental College - University of Madras.

His academic teaching career began at the Government Dental College, Bangalore where he taught between 1976 and 1989 as a Lecturer and then later as a Professor. He moved on to become Professor and Head of Department and Vice Dean, AB Shetty Memorial Institute of Dental Sciences, Mangalore. In this most productive academic phase of his career, he guided more than 100 postgraduate students and thousands of dental graduates between 1989 and 2003.

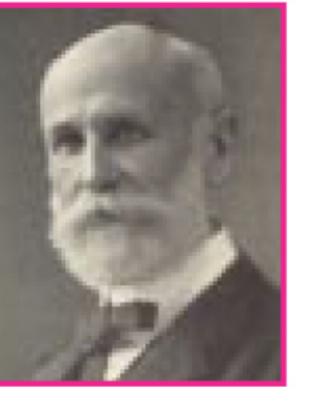
In 2004 he took over as the Principal as well as Professor and Head at AJ Institute of Dental Sciences, Mangalore. He became the principal architect in nurturing this college from inception to a fully-fledged postgraduate institution of repute. At the time of his demise, he was serving as Dean/Director-Research in the same institution.

Sir had been the Chairman, P.G Board of studies and academic council at Rajiv Gandhi University of Health Sciences, Karnataka and also the Editor for the Journal – Endodontology an official publication of the endodontic society of India.

He was also the recipient of the Best Dental Teacher Award in 2012 by Rajiv Gandhi University of Health Sciences, Karnataka. He was elected to be the President of the Indian Endodontic Society from 2001 to 2003 and as President, Federation of Operative Dentistry of India from 2003 to 2005

Co-editor of Grossman's Endodontic Practice (12th and 13th edition) which has become a classic textbook for undergraduates in South Asia. His passion for teaching remains legendary which awarded him the best State Dental Teachers award by Rajiv Gandhi University of Health Sciences in 2012.

Sir was also conferred the title of "Honorary Diplomate of Indian Board of Endodontics" by His Excellency Shri E.S.L. Narasimhan, Honorable Governor of Andhra Pradesh on 14th November, 2013 at Hyderabad.

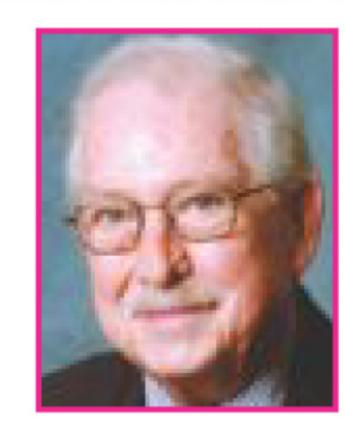


G.VBLACK

Greene Vardiman Black (1836–1915), commonly known as G.V. Black, is known as one of the founders of modern dentistry in the United States. He is also known as the father of operative dentistry. He was born near Winchester, Illinois on August 3, 1836. He researched many important topics to dentistry, including the cause of dental fluorosis and ideal cavity preparations. One of his many inventions was a

foot-driven dental drill in 1870. He is also known for his principles of tooth preparations. The phrase, "extension for prevention," is still famous in the dental community today. Greene Vardiman Black single-handedly raised dentistry from a trade to a profession and made it what it is today. Black published his concepts and ideals in his text Manual of Operative Dentistry in 1896. Further, he organized 'Black's Classification of Caries Lesions' which is still in use today. G.V. Black was the second Dean of Northwestern University Dental School, where his portrait hung until the school's closure in 2001. His statue can be found in Chicago's Lincoln Park. He was also inducted in the International Hall of Fame of Dentistry of the Pierre Fauchard Academy on February 25, 1995.

Black's life showed that he was a naturalist musician, artist, scientist, physician, surgeon and a dentist too. He was truly a legend in his own time.



JOHN I INGLE

Dr. Ingle is a pioneer, educator, mentor and international leader in the field of Endodontics. He was born in 1919 in Colville, Washington and received his DDS degree from North western University in 1942, and a MSD from the University of Michigan. He has played a significant role in the advancement of the endodontic specialty. He initiated the Graduate Endodontics Program at the University of

Washington School of Dentistry in 1959. He is widely known as the author of the authoritative textbook, Endodontics, first published in 1965 and followed by numerous editions till the latest 7th edition released in 2016. This textbook, which has been known as the "Bible of Endodontics" for over 50 years. He served as President of the American Association of Endodontists (AAE) from 1966-1967. In 1987 he received the AAE's Ralph F. Sommer Award, and in 1999 its highest honour, the Edgar D. Coolidge Award

ERRATUM

PINS AND POSTS VOLI, ISSUE 1

Under the Achievements section, DR. NASHIKA MITTAL

Should be Read as-

DR. NABHIKA MITTAL

The error is regretted.



RELIABLE TECHNOLOGY

Illumination: 27W LED illumination, around 75000 Lux of led lamp, and 60,000 hours life

Imput: AC220V selectable 50/60Hz

Filter: Yellow

Standard Accessories: Dust cover for microscope observation head and illumination box

Roto Plate working 20° right and 20° left working

Roto Plate is used for rotating Observation Tube to set different.

operating angles upto 20° right as well as 20° left. Double Beam Splitter (50/50)

A beam splitter is an optical device that splits a beam of light in two directions equally.

DSLR Camera Adapter

to attachment dsir camera with beam splitter

Unit Mounted with:

- DC X-Ray (AERB Approved) CMOS Digital IOPA Sensor Size 1
- Endomagic System
- Apex Locator,

- Endomotor
- Injectable Gutta percha

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- LED Light cure unit
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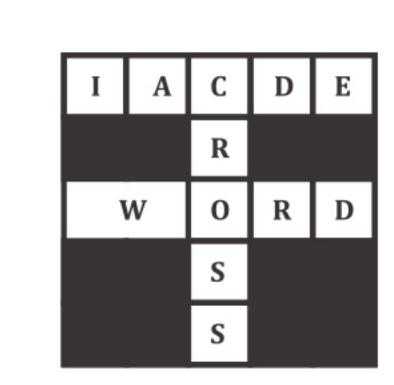
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CLUES ACROSS

- State of being in a place or situation that is separate from others which increases the working efficiency in dentistry. [9]
- 5. Terminal end of the root of the tooth. [4]
- 6. Act of breaking out, appearing or becoming visible. [8]
- 9. A Seed or dry fruit with hooks; also used for tooth cutting [3]
- 10. GIC is also called as [4]
- 11. One of the features of circumferential tie of cast restorations. [5]
- 13. Chemical symbol of gold [2]
- 14. Mineralized tissue capable of producing blood cells and consists of hydxoxyapatite [4]
- 16. A layer of microcrystalline and organic particles that is found on prepared dentinal surfaces. [5]
- 17. Wafer thin shells of porcelain that are bonded to anteriors. [8]
- 18. Mixture of metal used for restorations and casting. [5]

CLUES DOWN

- This man is responsible for standardization of endodontic instruments. [5]
- Damage to the surface of a metal or alloy resulting in loss of luster. [7]
 This technology of deptistry shares its
- 3. This technology of dentistry shares its name with the smallest automobile in India. [4]
- 4. Destruction or complete removal of pulp [9]
- 7. This instrument is efficient in excavation of caries and shares its name with a fruit[4]
- 8. Sargenti's Paste [2]
- 11. A shallow depression found approximately in the middle of occlusal surface of molar. [5]
- 12. This is also known as baby bottle caries or bottle tooth decay [5]
- 13. Styptic used in gingival retraction [4]
- 14. This material used in adhesive dentistry shares its name with the fictional British secret service agent [4]
- 5. This metal possesses shape memory and super-elasticity. [4]



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JUMBLE WORDS

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WITH THE RECIPE



BISI BELE BATH

By Dr Roshni

Reader

Army College of Dental Sciences
Secunderabad

- 1 cup White rice
- 1 cup grated coconut
- 1 Onion medium sized chopped
- 1/2 cup Beans, chopped
- 1/4 tsp Tamarind paste 4-5 curry leaves
- 2 tbsp Ghee
- Salt as per taste

- 1 cup Toor dal
- 1 tsp Oil
- 1 cup Peas and carrots, chopped
- 1 Potato, medium sized peeled and cut
- 1 tsp Mustard seeds
- 2 tsp Cashews
- A pinch of hing

For the Masala:

- 4-5 Dry red chillies, low to medium spiced
- 4-5 Dry red 4-5 Cloves

- 3 ten Cariandar saads
- 3 tsp Coriander seeds 4"-5" Cinnamon/Chakke/Dalchini

Method:

Pressure cook rice, dal and vegetables with water ,small spoon of oil and turmeric (1:3). Make sure that the dal and rice are well cooked with multiple whistles

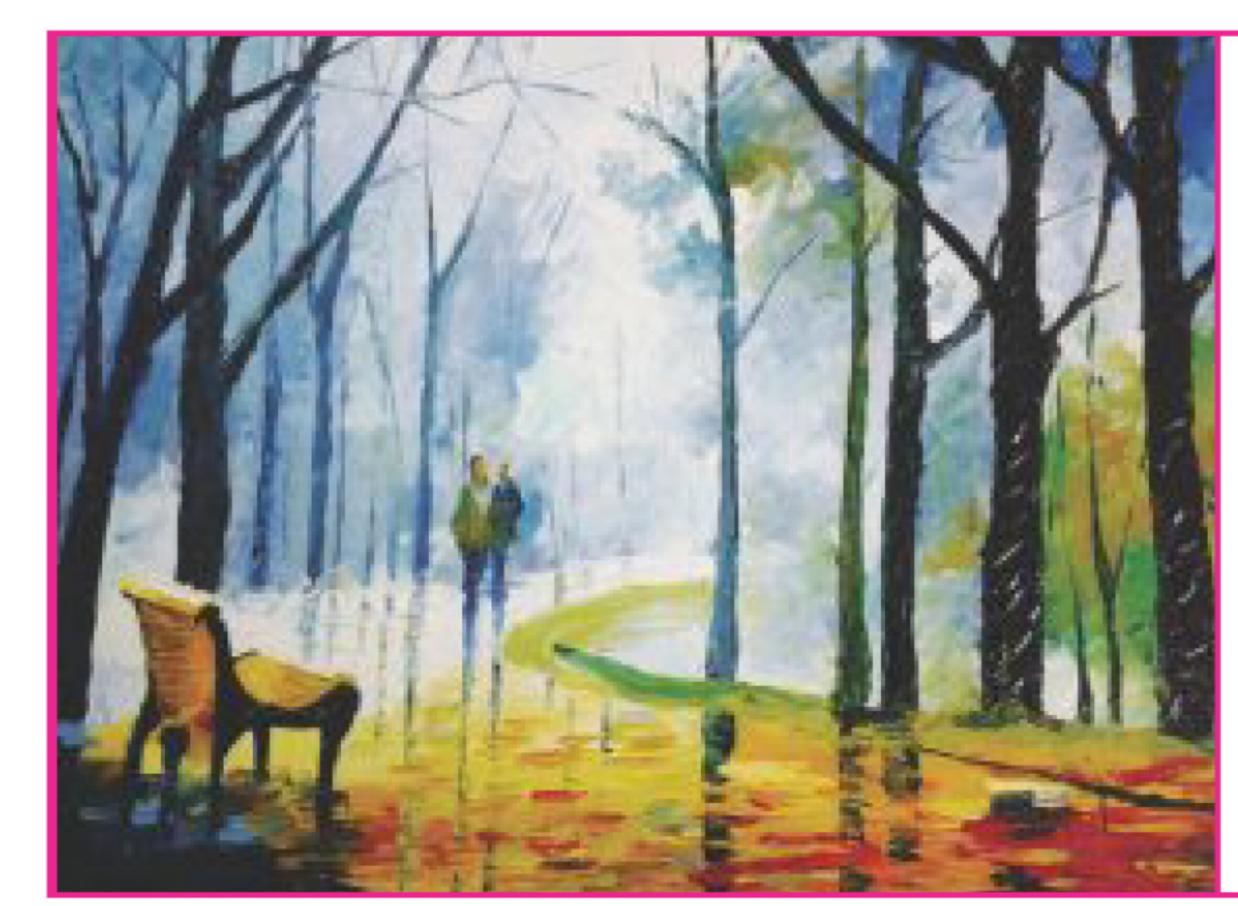
Dry roast red chillies, cinnamon, coriander seeds and cloves until you smell the fresh aroma of masalas and make a dry powder.

Add grated coconut and grind the masala to a smooth paste with a little water.

Mix the masala with the cooked rice-dal-vegetable mixture; Heat the mixture on medium flame and bring to boil. Stir regularly.

Add tamarind paste, jaggery and salt; Mix well and bring to boil again.

For the seasoning, heat ghee; Add mustard seeds and let them sputter. Add asafoetida, cashews and curry leaves. Mix well with Bisi Bele Bhaat and serve hot with boondi/mixture sprinkled on top.



Palette knife painting is a technique of applying paint to a surface with the blade of an artist s knife. Oil paints are used in this technique to give a rich texture to the painting.

Dr. Vijetha Badami, Professor, Mamata Dental College,

Khammam, Telangana

CALENDAR OF EVENTS

31ST IACDE & 24TH IES NATIONAL CONFERENCE 9TH TO 13TH NOVEMBER, 2016 VENUE – SCIENCE CITY, KOLKATA

WELCOME TO ALL WITH A SMILE

Kolkata, the cultural capital of India, The City of Joy will be hosting the Annual Conference 2016. The organising committee is working day and night to make the conference a grand success. The scientific committee under Dr. Chikoy Wang and Dr. Abhishek Laha, are giving shape to well balanced scientific deliberations. This in association with finest cuisine of Eastern India and musical evenings will add to the grandeur. Darjeeling, "Queen of the hills", Dooars at the foot of Himalayas and Shantiniketan beckons you with the songs and teachings of Rabindranath Tagore. For the religious minded there are unlimited options from Kalighat to ST.Paul's cathedral.

Please let us share customary Bengali greetings.

Pronam with folded hands.



CALENDAR

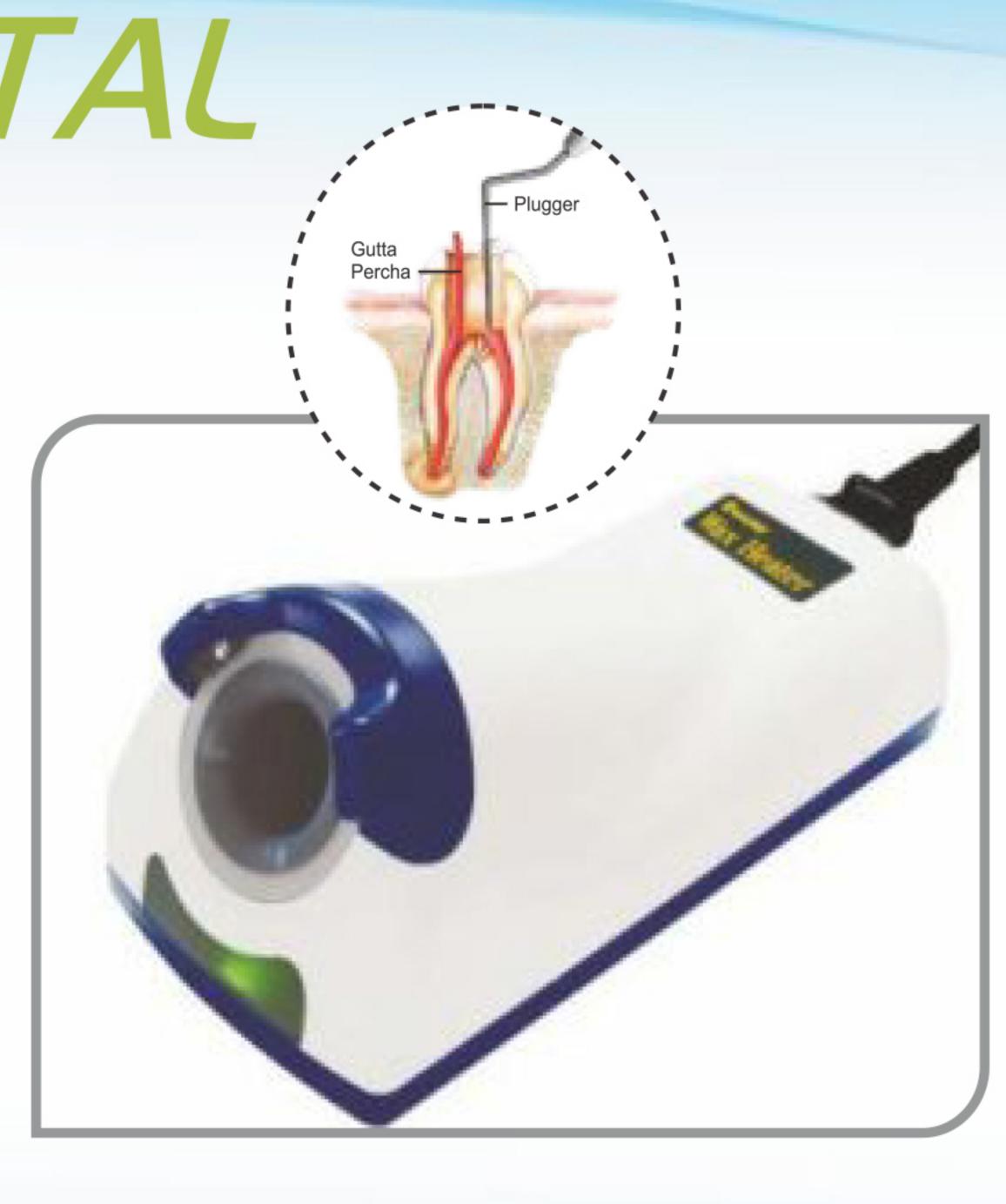
SI. No.	Date	Events	National / International	Place	
1.	07-09 October 2016	World Dental Show 2016	National	Mumbai, India	
2.	20-21 October 2016	International conference on Restorative Dentistry and Prosthodontics	International	Houston, TX-USA	
3.	30 September - 2 October, 2016	Mastering Precision and aesthetic dentistry AMED	International	California	
4.	01-07 November 2016	8th dental-facial cosmetic international conference	International	Dubai- UAE	
5.	9-13th November 2016	31st IACDE &24th IES National Conference	National	Kolkata, West Bengal	
5.	November 21-23, 2016	18th Asia-Pacific Dental and Oral Care Congress	International	Melbourne, Australia	
6.	30 November - 3 December, 2016	Roots summit	International	Dubai	
7.	31 Jan 2017	3D Dental Printing Conferences	International	Maastricht - Netherlands	
8.	21-25 March, 2017	IDS-2017, Cologne, Germany	International	Cologne, Germany	
9.	5-8 April 2017	19th Scientific Congress of Asia Pacific Endodontic Confederation" and 18th IACDE & IES PG Convention, New Delhi, India	National	New Delhi, India	



VIJAI DENTAL

Instrument Heater

It is a tool to apply high heat to the carving knife instantaneously in safe and convenient manner rather than the type that the carving knife is heated by the fire tools such as Bunsen Burner, alcohol lamp and gas burner etc. at time of waxing up works.



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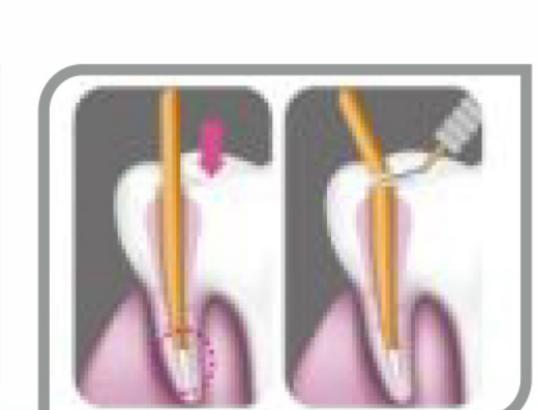
Features:



- Three tip size available
- 1 second hit upto 1000 degree high temperature.
- Fast tip cool down design safety use
- Flexible tip design, cutting smoothly.







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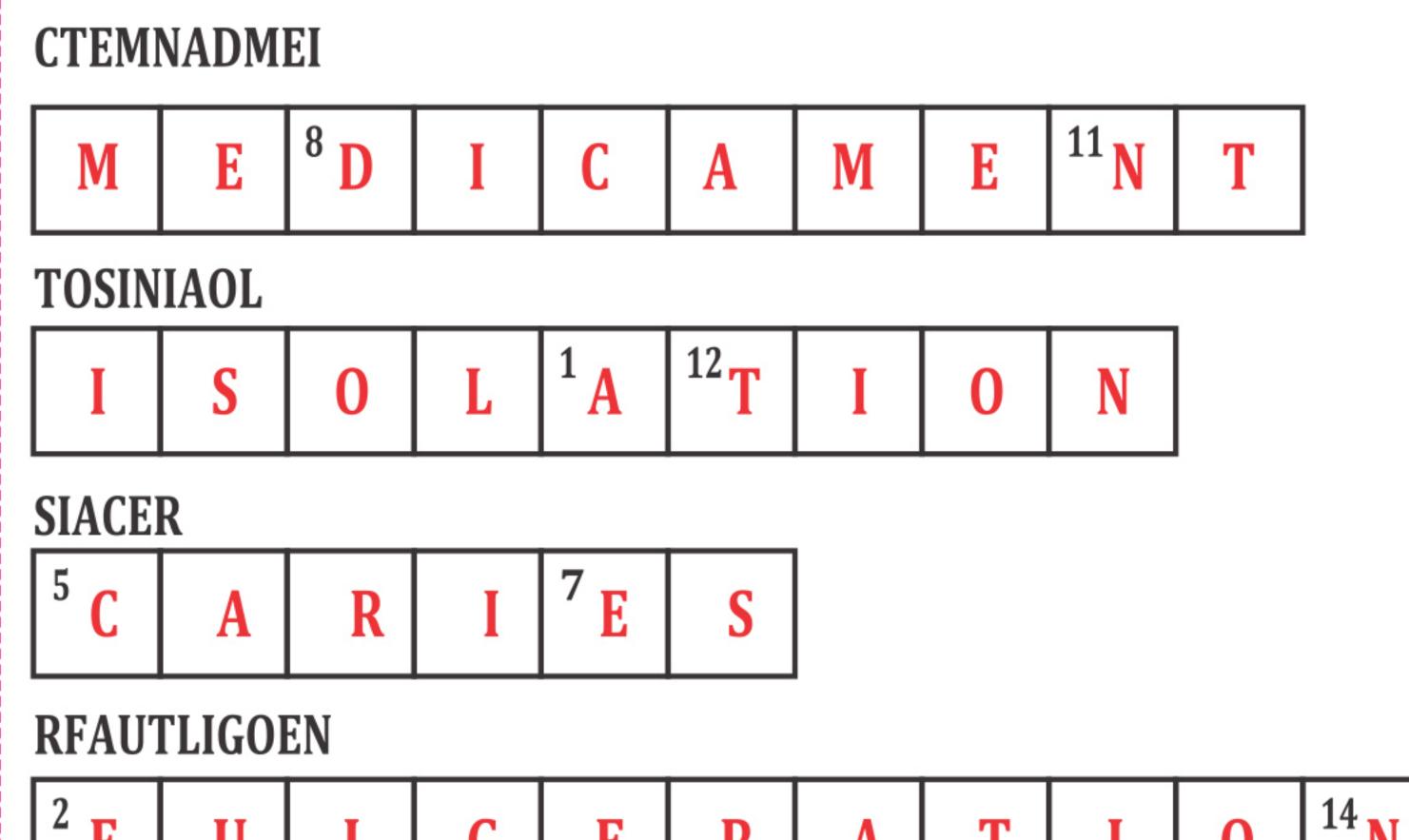
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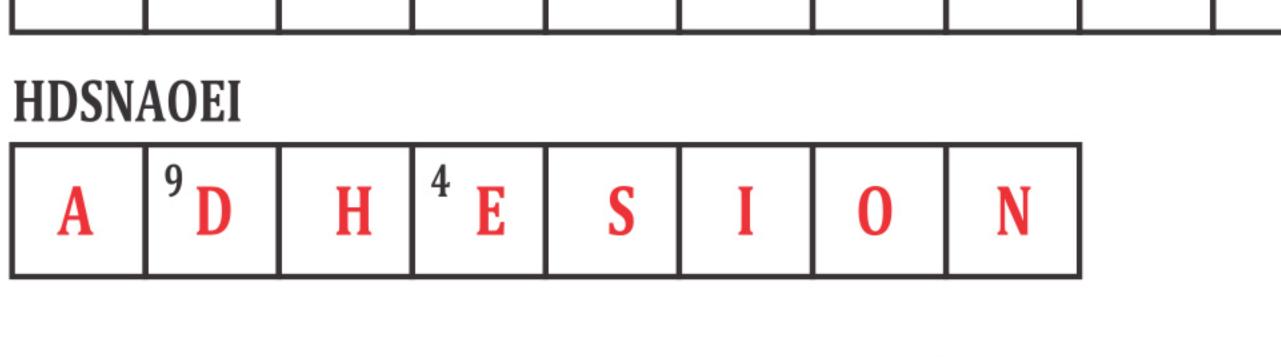
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