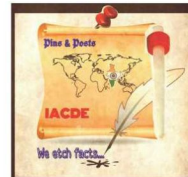




PINS & POSTS

AN OFFICIAL NEWS LETTER OF IACDE



VOLUME - I

JAN - APRIL - 2016 (12 Pages)

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WELCOME TO BHOPAL

"If you are not willing to learn, No one can help you, If you are determined to learn, No one can stop you.."

A convention promises to be the confluence of knowledge, perseverance and excellence. It is with immense pride that the organizing committee brings to you the 17th National PG Convention of the Indian Academy of Conservative Dentistry and Endodontics. The response so far has been overwhelming, with more than 1200 delegates registered. The preconference courses organized offer a gamut of recent advances in the specialty. The speakers of this convention are of both national and international repute. To add to this glory, Central India offers innumerable tourist destinations waiting to be explored.

"Don't wait for the perfect moment, take the moment and make it perfect" keeping this in mind the entire organizing team is leaving no stone unturned to make sure that it turns out to be an enriching experience for all the delegates. I am highly obliged to the Head office of IACDE for bringing out this newsletter and would like to thank Dr. P Karunakar, Convention Secretary and Dr. B. Mohan, Secretary, IACDE for their constant and endless moral support and giving me encouragement and strength to make this event a grand success. Last but not the least I thank all the delegates, faculty members, students and my committee members for providing us their unseen support to make this event a huge success.



Dr. SANJEEV TYAGI
Org Secretary
17th IACDE IES PG Convention ,
Bhopal



*with blessing and
best wishes from*

Dr. Dibyendu Mazumdar
DCI President

FROM THE EDITORS DESK...

If a tree falls in a forest and no one is around to hear it, does it make a sound?

This is an abstract thought experiment that raises questions regarding observation and knowledge of reality.

Quite literally the answer is 'No'. Sound is the sensation excited in the ear when air or another medium is set in motion.'

Primarily, it conveys that even if we have made a large success, it is of no value if it's not heard, appreciated or criticized.

As clinicians and researchers it is important for us to stay abreast with the latest developments around the world and happenings in our nation; and to let the world know about the work we are doing. Not only is it important in terms of getting heard, but also facilitates community interaction, exchange of opinions and thoughtful critique; enabling innovative approaches, interactions and possible improvements to our trade.

This is the primary reason our association has decided to come up with a newsletter. I would like to heartily welcome you to the first issue of 'Pins and Posts.' This newsletter aims at both publicizing the ongoing IACDE activities and providing a place for Scholars both young and seasoned to share their ideas.

Besides the regular humdrum of activities and achievements, we have scientific updates on relevant and current topics. We also have a column for the readers to send in queries, which a committee of experts will answer based on scientific evidence. It should serve as a wonderful forum to talk about upcoming events and appreciate conducted programs.

I hope this initiative will become a testimonial of ideas, combined knowledge, and thoughts that connect us.

The Newsletter issues shall be published thrice a year.

We are a small team trying to cover all aspects of putting together this publication. Please excuse our oversight if we have missed any news from your region. It is entirely incidental and not intentional.

Lastly, I would like to acknowledge all the people who have contributed to this idea of the Newsletter and all members who have provided us with prompt feedback on specific issues; the sponsors; and the Head office (Dr. P. Karunakar; Dr. T. Murali Mohan, and Dr. B. Mohan) for their relentless support and initiative.

Hope you find this Newsletter both informative and interesting, and enjoy reading it as much as we enjoyed creating it.

We're committed to continuous improvement and look forward to contributions and suggestions from every member of the association.

Keep sending your posts or pins at newsletter@iacde.in



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Prof and Head
Army College of Dental College
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CONSOLATION PRIZE FOR
LOGO DESIGNING

Dr. SRI SHANMUKH
PG Student
JSS Dental College, Mysore

AMRITSAR AWARDS WINNER'S

PAPERS : GOLD

1. LISHA THAKUR – HIMACHAL DENTAL COLLEGE, SUNDERNAGAR
2. DEBOJYOTI – GURU NANAK INSTITUTE OF DENTAL SCIENCES, KOLKATA
3. MEHAK – MANAV RACHNA DENTAL COLLEGE
4. NITYA INDURI – PANINEEYA INSTITUTE OF DENTAL SCIENCES, HYDERABAD

SILVER

1. SHILPAV – SDM DENTAL COLLEGE, DHARWAD
2. SIBI SWAMY – THAI MOOGAMBIGAI DENTAL COLLEGE, CHENNAI
3. S. SWATHI PRIYADARSHINI – RAJAH MUTHIAH DENTAL COLLEGE, CHITAMBHARAM
4. NITIN K. HARIYANI – D.Y. PATIL DENTAL COLLEGE, PUNE

BRONZE

1. PRANAV THAKKAR – YMT DENTAL COLLEGE, MUMBAI
2. GOVIND CHOL SHARASCHANDRA REDDY – FACULTY OF DENTISTRY, UNIVERSITY OF HONG KONG
3. ARSHIA KAPOOR – SURENDRA DENTAL COLLEGE, JAIPUR
4. NITYA DOGRA – JAIPUR DENTAL COLLEGE
5. SAKSHI JAIN – R. AHMED DENTAL COLLEGE
6. SINDOORI K. – SVS INSTITUTE OF DENTAL SCIENCES
7. CAANAND YOGESH – BEST DENTAL SCIENCES COLLEGE, MADHURAI, TAMIL NADU
8. MITALI MIDHA – PGIDS ROHTAK
9. DIKSHA VERMA – ITS GHAZIABAD

POSTER GOLD

1. AKSHAY – NAVI DENTAL COLLEGE, MUMBAI
2. SHANMUKH – JSS DENTAL COLLEGE, MYSORE, KARNATAKA
3. REGULA SRILAKSHMI – MNR DENTAL COLLEGE, TELANGANA, HYDERABAD
4. ADI MULAPU HIMA SANDEEP – SRM DENTAL COLLEGE, CHENNAI

SILVER

1. MIT MODI – NAIR DENTAL COLLEGE, MUMBAI
2. CHETANYA GEORGE – MAHATMA GANDHI POST GRADUATE INSTITUTE OF DENTAL SCIENCES, PONDICHERRY
3. ABITHABANU – KSR INSTITUTE OF DENTAL SCIENCES, TAMIL NADU
4. SOUTAB ROY – R. AHMED DENTAL COLLEGE, KOLKATA

BRONZE

1. SHIPRA – BRS DENTAL COLLEGE, BARWALA
2. SIMRANPAL – BHOJA DENTAL COLLEGE
3. PROXIMABORA – REGIONAL DENTAL COLLEGE, GUWAHATI
4. MADHURIMA – MANIPAL COLLEGE OF DENTAL SCIENCES, MANGALORE
5. HRUDI SUNDAR SAHOO – MEENAKSHIAMMAL DENTAL COLLEGE, CHENNAI
6. GIRIJAK – GDC CHENNAI
7. DIVYAB. – MS RAMAIAH UNIVERSITY OF APPLIED SCIENCES, BANGALORE
8. DIVYASETHURAM – OXFORD DENTAL COLLEGE, BANGALORE

QUIZ

GOLD :

- a) DR. PRAVEEN KUMAR G. b) DR. NATARAJ B.
SAND NR SIDDHARTH DENTAL COLLEGE, AP

SILVER

- a) DR. S. VELAYUTHAM b) DR. C.S. SHOBANA
TAMIL NADU GOVERNMENT DENTAL COLLEGE, CHENNAI

BRONZE

- a) DR. AKSHATARON b) DR. ASHOK H.K.
DAYANANDA SAGAR DENTAL COLLEGE

TABLE CLINIC

1. A NOVEL INDIGENOUSLY DEVELOPED IRRIGANT DELIVERY SYSTEM TEJASH GUPTA MEENAKSHIAMMAL DENTAL COLLEGE, CHENNAI
2. THE ACE (AFFORDABLE, COMPACT, EFFICIENT) IRRIGATOR AZGAR ALI SRI AUROBINDO COLLEGE OF DENTISTRY, INDORE
3. MOHAMMAD SAJAD, GDC, SRINAGAR
4. ODOMOTOMETER SUMATHI K. MGR UNIVERSITY

DEBATE

1. MEGHA NAGPAL and MARY VINOLA ITS DENTAL COLLEGE, GHAZIABAD SRM DENTAL COLLEGE
2. OSAMA DEEL KHAN Z.A. DENTAL COLLEGE, AMU, ALIGARH
3. SAGARIKA MUNI D.J. COLLEGE OF DENTAL SCIENCES
4. PRANAV THAKKAR YMT DENTAL COLLEGE



Dr. Ashu Gupta
Vice Principal

H.P. Govt. Dental College
Shimla-1

With a sense of deep gratitude I congratulate the entire editorial team, all the contributors and also the sponsors who have supported this news letter. I am sure this attempt would go a long way in enlightening the members for various activities going on in the Association and that it would provide a platform for many people to exhibit their literary talents as well. Long live the IACDE

GC

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- http://plus.google.com/+gcindiadental



DCI President

As the President of Dental Council of India and member of this association, I am delighted to see the growth of IACDE and the way the organization is working to reach each and every member. The association is also demonstrating impressive growth in terms of Members, Programmes and CDE's and Research and Development. I congratulate the IACDE President, Secretary, EC members and the Editorial board of newsletter for their efforts in bringing the organization's standards to next level. On an institutional and clinical front this will make the association more close and approachable to each member.

Jai Hind

Dr. Dibyendu Mazumder



IACDE President

It gives me immense pleasure as President of the prestigious IACDE to witness a new and novel concept of "news letter" emerging from the fraternity of IACDE. This innovative idea enables the association to reach all the members present globally.

The words of Henry ford

"Coming together is beginning, staying together is progress and working together is success.." are becoming a reality now

On this occasion, I compliment the entire team of IACDE who have strived for introducing new ideas and working together for its success.

At this juncture, I acknowledge the editorial board for the compassion and professionalism shown towards creating such an interactive and educational newsletter with the collaboration of several intellectual minds in one space.

I hope that the deliberations and discussions made in the news letter would give a little bit of insight into the subject, recent developments and the activities that are happening around the nation.

Jai Hind

Dr. T. Murali Mohan



**IACDE Imm.
Past President**

"Good teams become great ones when the members trust each other enough to surrender the me for the we". I'm happy to be a part of this great team and appreciate the initiative taken by our President Dr T.Murli Mohan, our Secretary Dr. B. Mohan and Editor Dr. Mamta Kaushik regarding the newsletter. I request all the members to come forward and contribute, their academic and clinical achievements, towards this newsletter. As the Immediate Past President of IACDE I am proud to see the growth of this association in leaps and bounds. I congratulate Dr. Mamta Kaushik and the editorial team for their untiring efforts in publishing this newsletter.

Dr. P. Karunakar



IACDE Secretary

Dear Members,

Warm Greetings from the Head Office. It is indeed happy to share with all of you that the head office has initiated this news letter concept with the sole purpose of updating the members about the happenings in our association. I would like to congratulate the Editorial team for putting their heart and soul into it. They have taken all efforts to make this news letter useful and interesting for all of us. I would like to put it on record that the whole idea of news letter was given by our EC Member Dr. Shashirekha in the month of December and since then it has been worked and refined and now in your hands. A special thanks to our first editor Dr. Mamta who has traveled the extra mile to make this news letter the best one. This news letter would be printed once in four months and a hard copy would reach all the members, a soft copy will also be available in our website At this juncture I again request all of you to update your profile page only to serve you better (please to pass on this message to all your close ones). I also take this opportunity to thank all the organizations who have supported the news letter and made it a self supporting one.

Happy Reading!!!

Dr. Mohan .B



AACD President

Esteemed colleagues of the Indian Association of Conservative Dentistry and Endodontics,

I was thrilled when Dr. Mohan Bhuvanewaran reached out to me to extend a greeting to you all. I am greatly encouraged by the efforts that are underway in India to strengthen the practice of cosmetic dentistry.

No matter where you are in the world, there are specific characteristics that distinguish cosmetic dentists from general dentists. Cosmetic dentists are (1) detailed in the implementation and (2) artistic in the execution of the dentistry being performed. They are also up-to-date on the latest techniques and materials. They have a passion for lifelong learning. Cosmetic dentists don't take continuing education classes only to return to the office and practice in exactly the same manner they did in the past. They return to their practices and make changes. They update their systems, protocols, and materials, and they elevate their practices to a higher level.

Recognizing the unique characteristics and needs of cosmetic dentists, the American Academy of Cosmetic Dentistry (AACD) formed thirty-two years ago to advance excellence in the art and science of comprehensive cosmetic dentistry and encourage the highest standards of ethical conduct and responsible patient care. To this day, the Academy continues to further this mission by providing its members the best continuing education opportunities including our annual scientific session, the Continuum series of hands-on workshops, and our online Virtual Campus featuring more than 300 hours of lectures accessible anytime, anywhere. The Academy also offers its members a host of additional benefits from the Journal of Cosmetic Dentistry to practice management and patient financing tools as well as the opportunity to distinguish themselves as elite practitioners through the AACD Accreditation process.

As a member of IACDE, you already share some of the specific characteristics and values of cosmetic dentists and of the AACD. Dr. B. Mohan informs me that the first AACD Affiliate will soon be forming in India, which is fantastic news! There is a bright future ahead for excellence in cosmetic dentistry that knows no borders.

I wish you well in all of your endeavors.

Sincerely,

Joyce Bassett, DDS, FAACD

AACD President

FAACD FAGD

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Activities



We at CEAT launched our official journal "Journal of Operative Dentistry and Endodontics" (JODE), its website www.jodend.com and official website of CEAT www.ceatfamily.com on 30th January 2016 in Chennai. The journal invites all the CEAT and the IACDE Members to send articles to JODE and utilize the opportunity to share their research work, original studies and case reports.

Dr. M. Rajasekaran, Hon.Sec, CEAT



CONTEMPORARY COMPREHENSIVE COSMETIC DENTISTRY

Tagore Dental College & Hospital in collaboration with Indian Association of Conservative Dentistry & Endodontics (IACDE) hosted the CDE programme on "Contemporary Comprehensive Cosmetic Dentistry" on 3rd February, 2016.

Dr. V. G. Sukumar (HOD & Prof, Shree Balaji Dental College) and Dr. C. V. Subbha Rao were the guests of honor.

The event was a huge success with 325 registrations including faculty and post graduate students.

Renowned speaker Dr. B. Mohan MDS, member of American Academy of Cosmetic Dentistry, enthralled the students, practitioners and faculty emphasizing on the importance of treatment planning, photography, videography and maintenance of patient records; and the need to integrate other specialists like periodontist, oral and maxillofacial surgeon, orthodontist, implantologist as well as dental technicians.

The programme was very well received by all.



FINISH LINE 2016

Department of Conservative Dentistry & Endodontics
Faculty of Dental Sciences, Sri Ramachandra University

Dr. D. Kandaswamy (Organizing Chairman), **Dr. Arathi Ganesh** (Organizing secretary)

The Department of Conservative Dentistry & Endodontics, Faculty of Dental Sciences, Sri Ramachandra University in association with IACDE, conducted its sixth Annual All India Post Graduate Rapid Review Program titled FINISH LINE 2016 between 8/2/2016-10/2/2016. This programme is tailor made to cater to the requirements of the exam going final year postgraduates in the country. In all 30 faculties from various colleges delivered lectures and 264 student delegates from all over the country participated. Eminent teachers from various colleges shared their valuable knowledge through lectures in various theory topics addressed in an exam oriented way and discussed the various practical exam exercises through very relevant lectures. A very positive feedback through feedback forms has been obtained for the programme.



It was a proud moment for us at YMT dental college to welcome American Association of International Dentists on 2nd feb. The students undergraduates and postgraduates were oriented to state of art technologies to keep abreast with standards of global practices. Students were benefitted with interactive sessions and workshop orientations. The American Association of International Dentists from Baylor University(Texas) shared their expertise and provided an insight to programs which students can undertake as freshers. The interactive sessions concluded with providing new avenues for students.



TAMILNADU GOVERNMENT DENTAL COLLEGE & HOSPITAL, CHENNAI

On behalf of the Conservative Dentistry and Endodontics Association of Tamilnadu, the grand scientific event "CEAT'S PG COLLOQUIUM 2015" was conducted on October 14th in the premises of TamilNadu Government Dental College & Hospital. The event witnessed about 180 delegates & PostGraduate students across the state. There were Guest lectures by senior faculty members, PG presentations and quiz programme for the delegates.

Achievements

Congrats:

Dr. D. Kandaswamy FDS RCPS (Glasg)
for getting Diploma of fellowship
Royal College of Physicians and Surgeons of Glasgow

Dr. Roopa Nadig
on becoming Dean Faculty of Dentistry
Rajiv Gandhi University of Dental Sciences

Dr. Vimal K Sikri
for his Book on Dental Caries

Dr. Balaram Naik
Co Authored the book Essentials in Dentistry - A Student's Manual

Dr. P. Karunakar
President IDA Telangana Branch

Dr. B. Mohan
AACD Branded Educator

Won the smile center of the year 2105 and the Outstanding dentist of the year below 45 years category given by FAMDENT, Mumbai. Awarded the best cosmetic dentist in south India for the year 2016 by Lifestyle awards of India .

Dr. L. Krishna Prasada
Chairman of Scientific Committee of 43rd Karnataka, State Dental Conference; 18-20th Dec 2016

Dr. Pradeep Jain
President Elect IDA MP State

Dr. Nashika Mittal
Best paper award IDA CONFERENCE CHANDIGARH 20/12/2015

"Show Case 2015", the international case report convention held in Saveetha University conferred the "Dr. James Gutmann Award " to **Dr. Anju Varughese** GDC Chennai and "Best Case Report in Conservative Dentistry" to **Dr. S. Arthi Seethalakshmi**, GDC Chennai for their unique case presentations .

"Eclires 2015", International clinical research and case report convention awarded two best papers to the PostGraduates, **Dr. Madhura Solunke** and **Dr. C.S. Shobana** for their outstanding presentations.

Dr. S. Sree Soumya

Dr. NTR University of Health Sciences topper in the specialty of conservative Dentistry & Endodontics, for the year April 2015.

ENDOXCELLENCE

On 26th Feb 2016, a new website named "endoxcellence" was launched on the occasion of Dr. GD Pol Foundation's - YMT Dental College and Hospital under the able guidance of Dr Vibha Hegde, Prof and Head, and Director for Endoxcellence. The website was inaugurated in a grand way by the auspicious hands of Dr Anil Kohli, Former DCI President, and attended by eminent Faculty like Dr Ida de Ataide, President IES, Dr Riyaz Farooq, and Dr Banga. It aims at the importance of digital media in scientific education and research.



ODISHA CHAPTER OF IACDE

Odisha Association of Conservative Dentistry and Endodontics (ODACE) is an endeavor by the IACDE members of Odisha to amalgamate for professional enhancement. We also strive to create awareness among the general public about the specialty through print, social and electronic media and also support certain charitable causes.

ODACE was officially inaugurated by Prof. (Dr). Kandaswamy .D on 22/03/2014, which was reported in Journal of Conservative Dentistry vol 17 issue 3 May-June 2014 and has conducted several CDE programs with eminent speakers like Prof. (Dr). Kandaswamy .D, Dr. L. Lakhminarayan, Dr Krithika Dutta, Dr. Aajinkyia Pawar, Dr. Gopi Moosani to name a few. At present ODACE has 40 members including life members and PG students. We coalesce with the motto "And miles to go before I sleep, and miles to go before I sleep...."

Dr. Shahsi Rekha
Dr. Gaurav Patri
Dr. Subhashis Behera

Awards

Young Achiever Award - 2016

Under Graduate - Winners

GEETIKA GUPTA
ITS CDSR, GHAZIABAD
CHIMATA RAJESH
ST.JOSEPH DENTAL COLLEGE, ELURU
PON NANDHINI
CSI DENTAL COLLEGE, MADURAI

Post Graduate - Winners

Dr. Vadhana Sekar
Meenakshi Ammal Dental College, Maduravoyal
Dr. Sree Soumya
Panineeya Institute of Dental Science, Hyderabad
Dr. Snehal Sonarkar
Terna Dental College, Nerul, Mumbai

JOURNAL OF CONSERVATIVE DENTISTRY AWARD FOR BEST CASE REPORT PUBLICATION 2014 was presented to Dexton Antony Johns, Vasundhara Yayathi Shivashankar, K. Shobha, and Manu Johns for their contribution "An innovative approach in the management of palatogingival groove using Biodentine™ and platelet-rich fibrin membrane" published in Volume 17, Issue 1, pages 75-79

JOURNAL OF CONSERVATIVE DENTISTRY AWARD FOR BEST ORIGINAL RESEARCH PUBLICATION 2014 was presented to Ashraf Hengameh, Dajmar Reyhaneh, Moradi Majd Nima, and Homayouni Hamed for their contribution "Effects of two bioactive materials on survival and osteoblastic differentiation of human mesenchymal stem cells" published in Volume 17, Issue 4, pages 349-35

JCD 2014 BEST REVIEWER AWARD was presented to the following three members of our editorial board for recognition of their significant contribution to the journal.

Dr. Ugur Erdemir, Faculty of Dentistry, University of Istanbul, Turkey.

Dr. Marina Fernandes, Goa Dental College, Goa, India.

Dr. Vivek Aggarwal, Faculty of Dentistry, Jamia Milia Islamia, New Delhi, India



Dr. A. C. Bhuyan

Past President of FODI (2000-2001) Member DCI
Vice Principal

Regional Dental College, Guwahati

I am delighted and getting immense pleasure towards this attempt of commencing the Newsletter of IACDE. I deeply believe your approach towards this will contain various activities of IACDE besides scientific & technological changes taking place in our specialty. I am sure that this will encourage, motivate & put a bounce in the mind of our budding Members. I express my sincere support & gratitude in this regard.



Unsung Hero

INLAYS-ONLAYS: Why the restorative dentist must learn?

Indirect restorations, fabricated outside the oral cavity and placed over the prepared tooth, surpass most of the direct restorations in their quality and longevity. Indirect composite, ceramic and gold alloy inlays and onlays are far more superior in long-term results as compared to direct composites and amalgam restorations, which show polymerization shrinkage and delayed expansion respectively leading to tooth weakening and subsequently fracture of the tooth. Proximal contours, contacts and embrasures can be created simulating the natural dentition. Inlays/onlays provide requisite resistance and retention form, support the remaining tooth tissue and conserve the tooth structure as well, resulting in long term stability as compared to direct restorations.

The proximal lesions on adjacent teeth can best be restored with ceramic, composite or gold inlays in comparison to direct composite or amalgam. Inlays with improved technology are best suited for high caries risk patient due to their snug fit, which prevents development of secondary caries at tooth-restoration interface. The preparation of indirect restorations, such as creating requisite angulations of axial walls, placement of bevels, grooves and flares etc. need high level of precision, which are not mandatory for direct restorations. If a restorative dentist is half-baked (by learning direct techniques only), he/she will not be able to restore the tooth properly to its functions and aesthetics. To be an outstanding restorative dentist, a combination of precise manual skills and artistic eye is the pre-requisite, which can be learnt perfectly by indirect preparation techniques.

An author's quote 'A lack of precision is always dangerous, especially when margin of error is small', is well suited for those who believe in learning only the direct techniques.

Dr. Vimal K Sikri

Principal, Punjab Govt Dental College

The quest for an ideal restoration has troubled the clinician and material scientists for decades. It has led to the development of many new restorative materials, both direct and indirect. We have had experiences with traditional gold inlays as well as the present esthetic inlays. Despite the fact that a lot of extra time and effort would have to be put towards the fabrication and placement of inlays, the benefits of these restorations are profound. The proximal and occlusal contours can be perfected by the precise control during fabrication. Physical properties like compressive strength, flexural strength, fracture properties, and surface hardness are much more when compared to direct restorations. Gold alloys exhibit most of the desired properties for a restoration. Composite and Ceramic inlays have seen to exhibit excellent esthetics and desirable marginal fit and strength.

The inherent resistance to plaque accumulation is several times less than that of direct restorations especially at the gingival margins. High tolerance to soft tissue, chemical inertness and relative insolubility in oral fluids are few of its other added benefits.

Suggested reading:

1. Marzouk MA Simmonton AL, Gross RD Operative Dentistry Modern Theory and practice. All India Publishers Chennai 1997.
2. Akapata ES. Cast intracoronal restorations text book of operative dentistry, Biddles Ltd Guildford 1996.
3. Baum, Philips & Lund. Textbook of Operative Dentistry 3rd Edition Direct and Indirect restorative materials.
4. Christenson J Gordon. The Coming Demise of Cast Gold Restorations? JADA 1996;127:1332-1336.
5. Christenson J Gordon. Clinical and research advancements in cast gold restorations. The journal of prosthetic dentistry 1971;25:1:63-68.

Dr. C V Pradeep

Prof, Yenepoya University Mangalore

Multiple

ADVANTAGES OF MULTIPLE VISIT ROOT CANAL TREATMENT

The Endodontic "One shot" is a topic that generates much debate.

Lack of canal sterility is always one of the major reason for lowered success rate of root canal treatment. Multiple visit root canal treatment protocol is a treatment of choice in non-vital teeth with/without apical periodontitis and re-treatment cases.

It is helpful in alleviating pain with increased debridement and intracanal medicaments like Ca(OH)₂, thus preventing multiplication of facultative anaerobes.

It also gives an option to treat an exacerbation and even Flare-ups can be addressed prior to obturation.

It is beneficial in a variety of anatomical problems such as receding pulp chambers, calcified canals, severely curved canals, bifurcated canals and dilacerations or procedural errors including broken instruments, perforations and ledge formation.

It is less tiresome for both the dentist as well as the patient.

Also, it is advantageous in patients having muscular dystrophy, TMJ disorders, mental illness such as attention deficit disorder or any other neuromuscular disorder. Multiple visits helps the dentist to make the patient confide in him/her and hence quantifies the success of endodontic treatment.

Suggested Reading:

Dr. Girish Parmar

Dean, Prof & HOD

Single visit endodontics(SVE) Vs Multiple visit endodontics (MVE)

SVE is best suited in cases of irreversible pulpitis, teeth requiring intentional RCT as in FPDs and asymptomatic nonvital pulps without periapical lesions and acute symptoms of infection. Although not an absolute contraindication, many are of the opinion that MVE gives more predictable results in cases with periradicular radiolucency, acute abscess, weeping canals as it is believed that in such cases, an intracanal medicament may help disinfect the canal effectively before obturation.

It is always easier to fill the canal when you are most familiar with the canal anatomy as it avoids related difficulties and unnecessary counterproductive actions associated with re-familiarization. The incidence of post-operative flare up and predictability of healing is found to be no different than MVT. In terms of comfort and economics, it is profitable to both the endodontist and the patient. An Organized endo delivery system with digital radiography, magnification, rotary instrumentation and good auxiliary support results in predictable treatment success.

References:

1. Sathorn, P, Parashos & H. H. Messer : (2005) Effectiveness of single- versus multiple-visit endodontic treatment of teeth with apical periodontitis: a systematic review and meta-analysis: International Endodontic Journal 38, 347–355.
2. Zahed Mohammadi Yazd, Aliraza Farhad Isfahan, Mehdi Tabrizzadeh Yazd: (2006) One-visit versus multiple-visit endodontic therapy – a review; Iran International Dental Journal 56, 289-293
3. Field JW, Gutmann JL, Solomon ES, Rakusin H (2004) A clinical radiographic retrospective assessment of the success rate of single-visit root canal treatment. International Endodontic Journal 37, 70–82
4. Farzaneh M, Abitbol S, Lawrence HP, Friedman S (2004) Treatment outcome in endodontics – the Toronto Study, Phase II: initial treatment. Journal of Endodontics 30, 302–9
5. Wang P, Xu, L, Ren, G, Dong, L, Ye (2010) Comparison of post-obturation pain experience following one-visit and two-visit root canal treatment on teeth with vital pulps: a randomized controlled trial; International Endodontic Journal, 43, 692–697.

Dr. Roopa Nadig

Director, Prof & HOD
Dayanand Sagar Dental College, Bangalore

Overrated Hero

Cast Inlays And Onlays – The Over Rated Hero

Dentistry is a constantly evolving field with new technologies unfolding at every moment. So it stands to reason that we do not stay static with old concepts, but rather we accept and adapt to the changing times.

Placement of restorations in posterior stress-bearing areas has always been extremely challenging. Of the choices available, amalgam or composite resins are popular amongst direct restorations while cast gold alloys and ceramics are the common indirect restorations.

When indicated, cast restorations provide long-term success and durability. However, their inharmonious colour, exacting clinical and laboratory techniques, extensive preparation due to the need for mechanical retention and more importantly their high cost have limited their use. On the other hand, direct restorations provide an equally high success rate with far simpler clinical techniques at a much lower cost.

The last three decades have witnessed exponential growth in composite resins and adhesive technology. Coupled with this, better understanding of caries biology, newer and more precise diagnostic aids, early intervention of carious lesions, use of magnification tools and the trend towards minimal intervention have all greatly enhanced the success rate of direct restorations. Hence, the need for cast restorations is diminishing considerably.

In the current scenario, patients are highly primed for aesthetics. Natural looking restorations are the order of the day. Clinicians should therefore be in tune with the latest advances and rise to meet these challenges.

References:

1. Review of the clinical survival of direct and indirect restorations in posterior teeth of the permanent dentition. J Manhart, HY Chen, Op Dent 2004, 29(5), 481-508.
2. Direct and indirect restorative materials. ADA council on scientific affairs, JADA 2003, 134(4), 463-472.
3. Management alternatives for the carious lesions. Op Dent 2001, Supl. 6, 09-241.

Dr. Ramya Raghu

Prof and HOD, BIDS, Bangalore

DIRECT RESTORATION SCORES MORE

Welcome to the world of restorative dentistry.

Given a choice, I would always prefer direct restoration.

ADVANTAGES OF DIRECT RESTORATION –

- > Cavity preparation can be better controlled.
- > Lesser tooth structure removal than indirect restorations which requires divergent walls.
- > May not require a definite form of preparation.
- > Pulp protection is much better achieved than using luting / bonding agents.
- > Different materials, different thickness can be used at different part of a tooth.
- > Shade matching can be better.
- > Occlusal, incisal or lingual interferences can be adjusted then repolished which may not be possible in indirect restorations instantly.
- > Force transmission to remaining tooth structure is much better in direct bonded restorations.
- > Cavosurface marginal sealing is much better.

DISADVANTAGES OF INDIRECT RESTORATION-

- > Requires multiple steps, each step increases chance of failure.
- > Multiple sitting may be required.
- > Temporization if required may be a problem.
- > Ultimate bonding / luting can create a suspect cavosurface margin.

WANT TO READ MORE :

1. Operative Dentistry – M.A. Marzouk
2. Textbook of Operative Dentistry – Vimal Sikri
3. Art & Science of Operative Dentistry - Sturdevant

Dr. Aditya Mitra

Prof, Guru Nanak Institute of Dental Sciences, Kolkata

MULTIPLE Vs SINGLE VISIT RCT

Single

Single Visit Endodontics

Like any other field of science, Endodontics also has different school of thought in different areas. Single visit Vs Multiple Visit Endodontics is one such example. People practicing one, always find demerits of the other and vice versa. However in my opinion it is about one's conviction and the personal experiences which mostly lead one to adopt a particular technique.

With time, we now have better understanding about the root canal disease progression and the healing process. With the advent of newer NITI systems, irrigation protocols, apex locators, magnification and Ultrasonics, the root canal treatments have become more predictable and efficient. The single visit root canals are well accepted by the patients, decreases the chances of intra appointment contamination and are more productive for the clinician.

If the tooth is asymptomatic, canals are prepared, and dried and you are convinced that enough bacterial load is reduced, go for single visit treatment.

References:

1. Spangberg L. Evidence-based endodontics: The one-visit treatment idea. Oral Surg Oral Med Oral Pat Oral Radiol Endod 2001;91:617-8
2. Dalton BC, Orstavik D, Phillips C, Pettiette M, Trope M. Bacterial reduction with nickel-titanium rotary instrumentation. J Endod 1998;24:763-7.
3. Figini L, Lodi G, Gorni F, Gagliani M. Single versus multiple visits for endodontic treatment of permanent teeth: A Cochrane systematic review. J Endod 2008;34:1041-7.

Dr. Sanjay Miglani

Associate Prof, faculty of Dentistry,
Jamia Millia Islamia, New Delhi

Single visit RCT v/s Multiple visit RCT

Single Visit...wow...sounds so exciting...so fascinating...yet we are apprehensive and cautious. But why? Are we not sure about our diagnosis or treatment plan or not confident of our Instrumentation and Irrigation Protocol...Perhaps Yes? If we look down carefully, in the presence of favourable conditions such absence of acute apical abscess or a failing RCT which are associated with the presence of various pathogenic refractory flora, almost every case with pulp necrosis, chronic apical abscess or an acute apical periodontitis can be treated in a single visit.

Only advantage of multiple visit RCT's over single visit RCT is the probability of bacterial load reduction which could be achieved with inter-appointment medication. But this biological argument is not supported by clinical evidence i.e. no additional benefit is provided by the use of an inter-appointment antibacterial dressing such as calcium hydroxide. This is the reason why single visit has started to take over the multiple visit RCT's.

Probably, complete elimination of bacteria is not strictly necessary and maximum reduction of bacteria and effective canal filling may be sufficient for adequate healing, rather than complete eradication. Even multiple visits do not guarantee complete elimination or 100% reduction of bacterial load. While infection at the time of root filling will adversely affect the outcome of the treatment, the presence of a pathogen alone, is not sufficient for persistence of the disease. Cochrane Review on this also provides very important but limited evidence: although single-visit treatment may be as effective as multiple visits, or even better, there is little information from previous studies regarding the size of the apical lesions and clinical symptoms to help identify the case for single-visit root canal filling.

Dr. Anil Chandra

Professor, Faculty of Dental Sciences, KGMC, Lucknow



Bridg. Dr. Anil Kohli

Endodontist & Dental Surgeon, Diplomat of the International Congress of ORAL Implantologists

It gives me immense pleasure to introduce the IACDE newsletter. The dental fraternity has grown multi fold over the last decade. Our community has strengthened and made an impact on raising global health standards. Such initiatives are a necessity to keep us updated about the recent advances in dentistry. Looking forward to this monthly reading. At last wishing the IACDE team heartfelt blessings for this endeavour.



New developments in bulk filling technology

Treatment of the second upper premolar of a 32-year-old female patient
Dr Eduardo Mahn, Santiago/Chile

Tetric EvoFlow Bulk Fill: A combination of Aessencio technology, light initiator Ivocerin and shrinkage stress reliever for applications in one increment layer of up to 4 millimeters



Dr. Eduardo Mahn

Director Clinical Research and Esthetic Dentistry Program
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The success of the Tetric Evo line of products from Ivoclar Vivadent is widely acknowledged. For more than a decade, the universal composite Tetric EvoCeram® has been successfully used in direct restorative procedures. In 2011, the bulk-fill variant Tetric EvoCeram Bulk Fill was launched, whose patented light initiator Ivocerin® is considered to be a milestone. The consistent further development of the Tetric Evo products has led to yet another innovation: the flowable version of Tetric EvoFlow® Bulk Fill. In the case presented, the perfect interplay between the two products is highlighted. They have good chances of becoming a winning team.

Development stages

A lot has been said about the paradigm shift in direct restorative dentistry. When most of us started or even finished dental school, mastering the incremental layering of composite resin was not only mandatory to get our degree as dentists, but obviously also essential to obtaining better long-term results. The concept was based on the C factor (the relationship between the composite area bonded to the tooth and the non-bonded area), which was clearly reduced when composite was placed in several steps using a horizontal or, even better, an oblique layering technique. Over time, we realized that the C factor was not as decisive as we originally thought. Class I restorations, which had the worst C factor, were performing best,



Fig. 1: Pre-operative situation



Fig. 2: Situation after rubber dam placement (OpraDam)



Fig. 3: Placement of the V4 matrix and wedge system (Triodent)

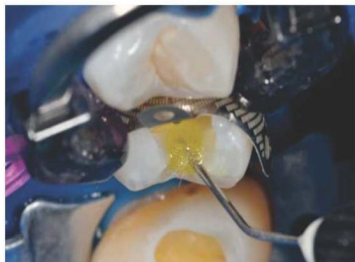


Fig. 4: After etching the enamel with phosphoric acid, Adhese Universal was applied directly with the VivaPen.

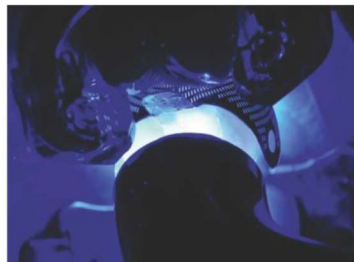


Fig. 5: After air-blowing, the adhesive layer was cured.

while Class V restorations with a much better C factor were performing worse than Class II restorations or even worse than Class I restorations. These findings, together with new improvements in composite technology, such as the addition of shrinkage stress relievers and new initiators, gave a good enough reason to start bulk filling cavities. Nevertheless, logical thinking told us that the thinner the layer, the less shrinkage stress would be present, since the higher the volume of composite, the more volumetric shrinkage would occur. This is the reason why manufacturers started to combine the benefits of the two groups of bulk-fill composites, flowable and sculptable ones, with promising results. Only one main drawback remained, that is, the high translucency of the materials, which was necessary to achieve a higher depth of cure. Since this year, this drawback has been overcome thanks to the newly developed Aessencio technology from Ivoclar Vivadent, which is used in Tetric EvoFlow Bulk Fill. During the polymerization process the translucency of this composite resin decreases and finally comes very close

to that of dentin. This technology, in combination with the highly reactive, patented light initiator Ivocerin and a patented shrinkage stress reliever, allows the composite to be placed in layers of up to 4 mm in depth.

New composite available in two versions

Both the sculptable version, Tetric EvoCeram Bulk Fill, and the flowable version, Tetric EvoFlow Bulk Fill, are a further development of the 10-year clinically proven Tetric EvoCeram. Tetric EvoCeram Bulk Fill and Tetric EvoFlow Bulk Fill contain the highly reactive light initiator Ivocerin, which complements the standard photo-initiator system. Tetric EvoFlow Bulk Fill is used as a volume replacement material in the restoration of Class I and Class II cavities. It needs to be covered with a layer of load-bearing composite, such as the mouldable composite Tetric EvoCeram Bulk Fill. For deciduous teeth, no capping layer is needed.

Case report

A 32-year-old female patient came to our practice with a temporary filling. Figure 1 shows the pre-operative situation with the absence of the contact point. Figure 2 shows the situation after rubber dam placement (OpraDam®). After the temporary filling had been removed and the remaining caries had been excavated, a sectional matrix was placed (Fig. 3) and secured with a translucent wedge and a ring (V4 system, Triodent). This matrix system enables the clinician to achieve a tight seal at the margin, since the wedge is just for sealing the cervical margin and not for separating the teeth. The necessary separation to compensate for the thickness of the matrix is achieved by the pressure of the translucent ring. The adhesive (Adhese® Universal) was applied after etching the enamel only with phosphoric acid for 30 seconds (Fig. 4). The adhesive was applied for 20 seconds with an active rubbing motion. This procedure combines the best of two worlds, since by etching the



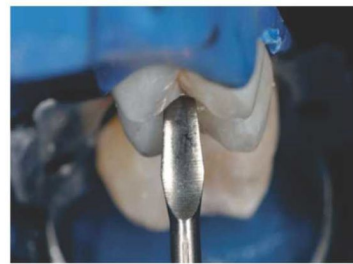
Figs 6a and 6b: Application of Tetric EvoFlow Bulk Fill. The dramatic change in translucency due to the Aessencio technology after light-curing is clearly visible.



Fig. 7: Application of Tetric EvoCeram Bulk Fill



Fig. 8: Situation after sculpting, before final curing



Figs 9a and 9b: Finishing with sonic tips (Komet)

enamel, a good etching pattern is created which allows for a better interaction with the adhesive. The smear layer on the dentin was left intact, as a self-etching protocol was followed in this area. The solvent was evaporated and the adhesive cured with an LED curing light (Bluephase® Style) (Fig. 5). Afterwards, Tetric EvoFlow Bulk Fill was applied (Figs 6a and 6b).



Ida de Noronha de Ataíde

President IES
DCI Member
Prof and HOD
Govt Dental College, Goa

I am happy to know that IACDE is nurturing a Newsletter highlighting the development in research and academic pursuit in this branch of dentistry.

The initiative of Dr. Murail Mohan, the President of IACDE along with Dr. B. Mohan, Secretary and Dr. Mamta Kaushik, Editor and all the team members, is highly commendable and deserves support and encouragement from the endodontic fraternity.

As Helen Keller once said: "We can do anything we want to as long as we stick to it long enough", We too can make this Newsletter a great success.



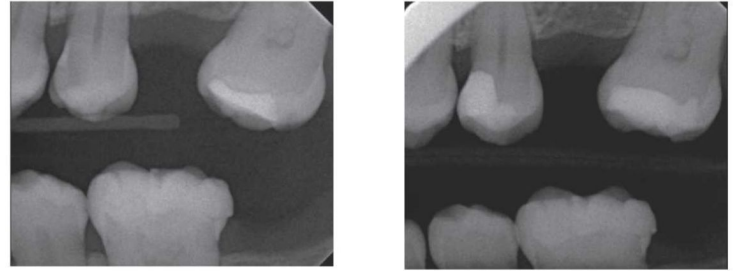
Note the difference in translucency before and after curing!

This is made possible thanks to the Aessencio technology. Figure 7 shows the application of Tetric EvoCeram Bulk Fill as the last layer.

Before curing, the anatomy was sculpted as precisely as possible to avoid unnecessary wastage of material (Fig. 8). Next, the finishing process was started with sonic instruments (Komet) (Figs 9a and 9b). The vibration of these instruments allows the clinician to precisely remove minimal excess without damaging the tooth structure. Then polishing was performed with OpraPol® and a fluoride varnish was applied (Fluor Protector S) (Fig. 10). Figures 11a and 11b show the incisal and frontal views of the restoration one week after placement. Outstanding esthetic and functional



Fig. 10: After polishing with OpraPol, Fluor Protector S was applied.



Figs 12a and 12b: X-ray control: Note the outstanding radiopacity of both materials.

thetic and functional integration was achieved. Figures 12a and 12b show the x-ray before and after the placement of the filling, where a more than dentin-like radiopacity of both materials, Tetric EvoFlow Bulk Fill and Tetric EvoCeram Bulk Fill, is noticeable.

Conclusion

The flowable Tetric EvoFlow Bulk Fill, with its dentin-like translucency, is the ideal complement to Tetric EvoCeram Bulk Fill, which convinces with its enamel-like translucency. Both composites are available in the universal shades IVA, IVB and IVW, thereby combining esthetics and efficiency, without neglecting the shrinkage stress.



Dr. Mrs. K.K. Wadhvani

DCI Member
Prof and HOD
KGMC, Lucknow

It gives me immense pleasure in writing this message for Newsletter of IACDE. This is the first time that such letter is being released by head office. It's a good initiative that will update all the members about what is happening in the Association. This move will update us about new developments and also the achievements of our members. Our Association has become a big family.

Now this is the era of research and I feel the Association is in a position to promote young talent who can undertake research and this research should be partially or fully sponsored by the Association.

Our new generation has to work very hard to take the Association to greater heights.

I bless and wish all the success to the new team at the Head office.

Figs 11a and 11b: At the recall after one week: perfect esthetic and functional integration

NEW

Tetric® N-Bond Universal

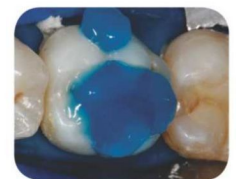
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ASK THE EXPERT

1. What is Minnesota ditch? Where is it given and when is it advised?

Minnesota ditch is a 'V' shaped groove prepared at the junction of the axial wall and gingival floor of the box. A Gingival Marginal Trimmer is used to prepare it.

It improves the resistance to displacement of the restoration by occlusal forces and is advised mainly when balancing of the cavity is difficult to achieve.

2. In custom cast post restoration of anterior teeth, the gap between tip of the cast post and gutta percha (apical) is it an error or mandatory?

There are a number of studies conducted to determine whether the distance between the post and the residual gutta-percha influences the clinical outcome of the endodontic treatment or not. In conclusion to this there are two schools of thought.

The first one favors that there should not be any void or space between the gutta-percha and the post. The presence of such a void has been shown to be associated with an increased incidence of post treatment periradicular disease in teeth due to bacterial growth in that accessible space.

Whereas the second school of thought suggests that if custom cast post and obturation are in close proximity to each other the vertical forces acting on the tooth will be directly transferred to the underlying obturation resulting in disintegration of the apical seal and subsequent microleakage.

3. Etchant used in self-etching bonding agents.

Self-etch adhesives contain acidic monomers, which etch and bond the tooth simultaneously. They are mainly esters of organic acids whose pH - 1.9 to 2.0 is comparatively higher than traditionally used phosphoric acid whose pH ranges between 0.5 - 1.0. Example: GPDM-Glycerophosphoric acid dimethacrylate in Optibond by Kerr.

4. How to invert rubber dam in gingival sulcus?

To prevent the seepage of saliva, the edge of the dam must be inverted or tucked into the gingival sulcus. Instruments which can be used to achieve this includes 'T' burnisher/ spoon excavator/ plastic instrument. These instruments are supposed to be used on the facial and lingual aspects after placing the dam at the cervical margin of the tooth, whereas interproximal areas can be sealed off with the use of a floss by pushing it along with the dam gingivally. One should avoid using the explorer for the same as it can tear the dam and can cause damage to the underlying soft tissue.

5. What should be the restorative material of choice, Composite or GIC for sealing access cavity after endodontic treatment?

Restorative component of the endodontic treatment requires individual assessment of each and every tooth. The type of definitive restoration to be provided depends upon the amount of tooth structure remaining and the amount and direction of loading. Comparing GIC and composite for the same, composite supersedes almost on all aspects, be it mechanical properties or chemical. GIC can be considered for initial 2-3 mm bulk for orifice sealing, interim restorations, isolating access cavity in class II defects from contamination, or even use of pink GIC can be very useful for sealing over gutta-percha which gives color contrast, adding an advantage for safer removal if endodontic retreatment is required in future.

KANDY'S CORNER

Hi Folks,

Let me congratulate Dr. Mohan, the Honorary General Secretary of IACDE for bringing out this wonderful newsletter.

I have been a teacher for a very long time. Occasionally when I used to pause and ponder to review my teaching process, I realized that there are quite a few things what I was teaching that needed a little more closer look.

For instance for a long time I was thinking that the main indication for metal modified glass ionomers are core build up. When both resin and metal were incorporated into glass ionomers, the expectation was an improvement in the strength, hence they were called as metal reinforced & resin reinforced glass ionomers initially.

However, studies have proved that the strength never improved, neither did the fracture toughness. And the nomenclature was changed to resin modified & metal modified glass ionomers. The only property that improved was their wear resistance, that too only for a short period of time. Hence, I realized that using metal modified GIC's as a core material, where they are not exposed to any wear at all makes no difference.

Hence, I realized that probably the best use for a metal modified Glass ionomer is as an intermediate restorative material.

Even when I was teaching access opening for central incisors for which we always used to say that the access is just above the gingulum, I realized that 'above' is different for upper and lower teeth.

What will happen if a student exactly follows what was taught! Hence, I modified my teaching to just incisal to the gingulum.

Whenever a student used to show a cavity preparation and I used to find that the depth is not enough, I used to tell, go deeper! But then I realized that I am only instructing and not teaching the student. Knowledge to identify the pulpal floor depth was not clear for the student.

So, nowadays I ask the students as to where they will keep the pulpal floor & the reasons for it and then I teach him few tips to identify dentin.

First is what the patient feels, an increase in sensitivity at dentino-enamel junction.

Second is what the operator feels, a change in resistance to cutting.

Third is what they see, a change in colour, and,

Fourth is what they elicit, the absence of a metallic sound when probed.

Then I ask him one question, is this dentin? This will make the student to think.

Actually whenever I used to teach about where to keep the pulpal floor, I used to say 0.2mm from the dentino-enamel junction. Then I realized the difficulty in identifying the dentino-enamel junction and measuring 0.2mm from there. What we mean by that is that dentin is the best base due to its resiliency and that's why we don't sacrifice more of dentin substance.

So nowadays, I have modified the terminology to "just into dentin".

Even when we teach the restoration of tooth with amalgam & carving of occlusal anatomy, we generally tend to teach the students to use the carvers and generate the anatomy using contra-lateral tooth as a guide or in most instances the anatomy of a pristine tooth as learnt in tooth carving classes on Oral Anatomy.

But in reality I realized that it is the opposing tooth that guides the carving. Asking the patients to close their mouth and make guided movements helps determine occlusal anatomy that has to be just refined and fine-tuned with carvers.

What this teaching life has taught me is that one should every now and then take some time out to think about what we teach and introspect on how we teach the students. It may help us to improve our own understanding and teaching!!

Long live IACDE

Dr. D. Kandaswamy MDS, FDS RCPS(Glasg)

Dean, Faculty of Dentistry, SRMU, Chennai

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Dr. K. S. BANGA
Secretary IES
Prof and HOD
Nair Dental College
Mumbai

I am extremely happy to know that IACDE is launching a newsletter.

I am sure that it will be a very nice endeavour to keep members informed about various activities and achievements.

I congratulate the Head Office for the same and wish all the best.

**Prof. AB Srivastava**

Founder of Dental Faculty, Banaras Hindu University and founder member Federation of Operative Dentistry (IACDE) passed away quietly on Dec 4th 2014

**Dr. B. P. Rajan** was 79, when he passed away on 22nd Nov 2011. He was founder chairman of RAGAS Dental College.

Dr. Rajan, who was former Vice-Chancellor of The Tamil Nadu Dr. MGR Medical University, had held several important posts such as Dean, Tamil Nadu Government Dental College Hospital and president of Dental Council of India and the Indian Dental Association.

The founder of the Rajan Dental Institute, Dr. Rajan was also nominated as the special representative of the government at New Delhi (Cabinet rank). On the academic front, he was conferred the FDSRCPS (Glasgow) and DSc by the Dr. MGR University.



Dr. Basatappa was born on 31/12/1957 in Davangere. He completed BDS and MDS in Bajjuji Dental College and Hospital, Davangere. He was working as a Professor in Conservative Dentistry and Endodontics in Bajjuji Dental College and Hospital, Davangere. He was Ex-Principal of SJM Dental College, Chitradurga. He was Ex-Dean of Sharavathi Dental College, Shimoga



Dr. C. P. Govila, a pioneer of Federation of Operative Dentistry of India, passed away on 4th June 2012 after a brief illness. He was born on the 16th December 1935 and was among the first batch of MDS in Operative Dentistry from Government Dental College, Mumbai. He joined the Dental Faculty of the King George's Medical College in the year 1965. He started post-graduate course in this subject of expertise in the year 1977. He not only headed the department of Operative Dentistry but also went on to become the Dean, faculty of Dental Sciences in King George's Medical College. He retired from his service on 15th December, 1995.



Dr. Gururaj Nadig was born on March 29, 1957. He completed his BDS (1984) and MDS(1989) from Government Dental College, Bangalore.

Dr. Gururaj Nadig had 22 years of teaching experience. He was working as a Professor and Head of the Department at Oxford Dental College, Bangalore, when he met his untimely demise.

He was an active member for many associations (IDA, IACDE) and had flourishing private practice. Dr Gururaj Nadig touched the canvas of many people and left behind indelible marks in the field of Conservative Dentistry & Endodontics.

**Dr. C.S. MURTHY**

Fondly remembering Dr C S Murthy who was Professor and HOD at Government Dental College, Hyderabad, Andhra Pradesh. He went on to be the Principal of Oxford Dental College, Bangalore, Karnataka.

**Dr. B. Prakash Rao**

Was born on 15 January 1951; completed his BDS in 1975 from GDC Bangalore, and MDS 1980 from KMC Manipal. He served as Principal of Sharavathi Dental College Shivamogga Karnataka from 1994 to 2006; and Principal of SJM Dental College Chitradurga from 2007 may till he passed away on 29th May 2008.



Dr. R.C. Kakar One of the senior-most members of our speciality; Dr RC Kakar was born on 26th October 1935, he completed his MDS 1962 in Operative dentistry from Mumbai University. He made his presence felt on National and International platform

He was awarded British Council Fellowship in 1982 for advanced seminars in Operative dentistry and Endodontics in dental schools around Great Britain; he was also awarded Fellowship of International Medical Science Academy in 2010

He was a member of many associations and held many important positions during his lifetime including Chairperson Dental Department, Sir Ganga Ram Hospital, 1975-2005. We are saddened by his loss on 7th May 2015.



Prof. Ravi Kapoor, an eminent faculty of northern India Head, Mullana Dental College Ambala Passed away on 19th Dec. 2013. He was an academican who left an impact on lot of students.



Dr. B. Suresh Chandra An academican of national and international claim, Late Dr B. Sureshchandra, had last served as the Dean/Director of A.J. Institute of Dental Sciences, Mangalore. Born on 9th January 1946, he procured his masters degree on 1976 and was actively involved with academics till he passed away on 2nd October 2014.

A very well remembered teacher, and thorough academican, he was the Editor for the Journal –Endodontology, and co-editor of Grossman's Endodontic Practice (12th and 13th ed). His passion for teaching remains legendary which awarded him the best State Dental Teachers award by Rajiv Gandhi University of Health Sciences in 2012.

He 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. (Dr. Mitra Hegde)



Dr. Premanand Kamath Born on 25th December 1958; was senior faculty at Manipal College of Dental Sciences Mangalore. He had delivered numerous key note lectures, published many scientific papers in peer reviewed journals. He was very good at organizing academic fora, organized many CPDs, PG convention of FODI, and many hands on workshops. He was a good sportsman too. Unfortunately he expired at a young age on 9th October 2007. (Dr. Kundabala, B'tore)

Dr. Premanand Kamath was associated with me way back as an undergraduate at Manipal. Later, as a colleague at CODS, Mangalore during my tenure as a visiting staff. He was a man of integrity, a teacher par excellence and a disciplinarian. His students adored him. A great quality in him was his oodles of gratitude towards his teachers. He was a good human being, a rare breed; hard to come by. I feel privileged to have known him. (Dr. Manjunath MK JSSDC)

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- **Viewing Bodies:** Ergonomic Binocular Tubes 0° - 210° tiltable, IPD range 55-75mm, F=170mm
- **Objective:** Objective lens f = 250mm with manual fine focus control knob and sterilizable cap
- **Eyeieces:** Wide field adjustable eyepiece 12x / FN 18mm
Observation head: Ergonomic adjustable handgrips for observation head
- **Microscope carriers:** ± 15°

- **Illumination:** 27W LED illumination, around 75000 Lux of led lamp and 60,000 hours life
- **Input:** AC220V selectable 50/60Hz
- **Filter:** Yellow
- **Standard Accessories:** Dust cover for microscope observation head and illumination box
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Roto Plate is used for rotating Observation Tube to set different operating angles upto 20° right as well as 20° left.
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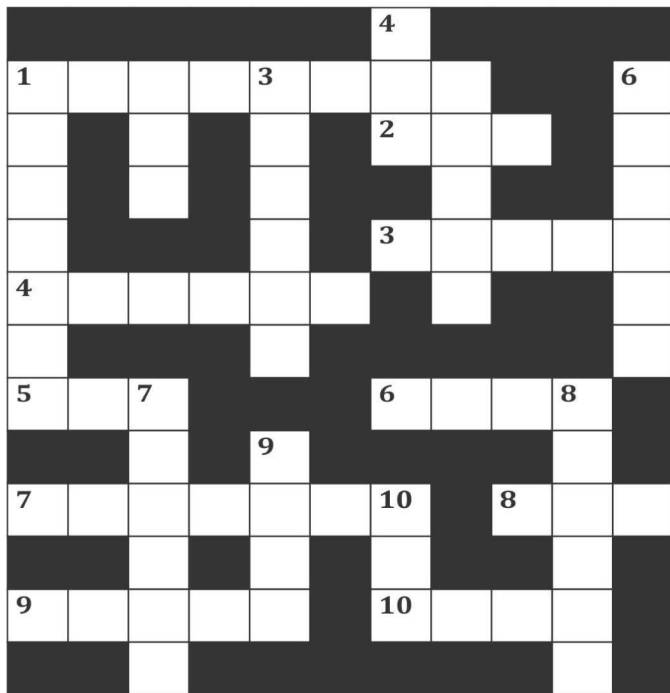
**Dr. Asmita Singh**

Associate Professor
Member D.C.I.

Rungta College of Dental Sciences and Research
Bhilai, Durg (C.G.)490024

It is my pleasure to learn that "Indian Association of Conservative Dentistry and Endodontics" is publishing **News Letter** and launching it at Bhopal. I believe that, it is a praiseworthy step by the Society in spreading knowledge and experience to Endodontists and Dental Surgeons.

I wish all the success and popularity for this **News Letter**.



CLUES ACROSS

- The process or condition of sticking or staying attached. [8]
- This facilitates the fit of the casting at the gingival margin. [3]
- A device that emits light based on optical amplification. [5]
- This abrasive is used for grinding metal alloys and acrylic resin materials. [6]
- Surgical retro kit used for retrograde obturation. [3]
- Essential trace element present in plaque, saliva, enamel and is a component of amalgam. [4]
- Lost wax technique also pre-production in movies. [7]
- Minimal invasive technique using hand instruments only. [3]
- His contribution to traumatic injuries is significant. [5]
- The filling material used for building tooth structure and provides basis for the crown. [4]

CLUES DOWN

- Cinderella of dental material. [7]
- A hand cutting instrument. [3]
- A glue between the root canal wall and gutta percha. [6]
- Interdental papilla which gets affected due to faulty restoration. [3]
- Teeth present at birth. [5]
- This confines the restorative material to prepared cavity. [6]
- Tool with rounded end used for crushing or grinding substances. [6]
- The most common oral health problem in children and also in industrialized countries. [6]
- These help in retaining the restoration and improve the retention. [4]
- Man made Dentin. [3]



"A dentist is a magician who can render anybody speechless and a rockstar whom everyone looks up to with open mouthed admiration. (pun intended)"

Dr. ROSHINI, Secunderabad

**Dr. Balam Naik**

Dean, Administration SDMDC, Dharwad

It is with great honor that I have been asked to write about this new and proud venture which the prestigious organization IACDE has come up with. Hearty compliments to the team of this newsletter for taking the responsibility and all the best for its success in the future. I feel this would be a great footstep in bringing the endodontic community close to each other and sharing their achievements, views, successes and progress. On the whole this would lead to a close knit network of understanding and cooperation within our IACDE family. I hope to see this grand venture coming on top and persisting the test of time.

**Dr. Debashis Banerjee**

Professor
Dept of Conservative Dentistry and Endodontics
Buddha Institute of Dental Sciences,
Patna

It gives immense pleasure to be a part of this prestigious organisation. It's proud moment that a news letter is now being released. I wish the entire team a great success.

JUMBLE WORDS

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You rest your case (RCT) on this

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CALENDAR

Sl. No.	Date	Events	National / International	Venue
1.	06-09 April 2016	American Association of Endodontists Annual Session	International	San Francisco CA - USA
2.	27-30 April 2016	32nd Annual American Academy of Cosmetic Dentistry Scientific Session- AACD	International	Toronto - Canada
3.	06-07 May 2016	11th CAD/CAM & Digital Dentistry International Conference	International	Dubai - United Arab Emirates
4.	17th May 2016	CDE, St Josephs Dental College, Eluru	National	Eluru, Andhra Pradesh
5.	03-05 June 2016	Famdent Show Mumbai	National	Mumbai - India
6.	03-06 June 2016	IFEA 2016 - 10th World Endodontic Congress	International	Cape Town - South Africa
7.	09-11 June 2016	SINO-DENTAL 2016 The 21st China International Dental Exhibition and Scientific Conference	International	Beijing - China
8.	17-19 June 2016	APDC - The 38th Asia Pacific Dental Congress	International	Hong Kong (China)
9.	22-25 June 2016	IADR/APR 2016 (International Association for Dental Research) General Session & Exhibition	International	Seoul - Korea, South
10.	8-9th July 2016	AP State & IACDE Conservative Dentistry Conference	State	Kurnool, AP
11.	15-16th July 2016	Spirit 2016, SRM University	National	Chennai
12.	27-28th Aug 2016	ECCLIRES, 2016	National	Chennai
13.	07-10 Sept 2016	FDI 2016 - Annual World Dental Congress accompanied by World Dental Exhibition	International	Poznan - Poland
14.	13-17 Sept 2016	CAE Canadian Academy of Endodontics - 52nd Annual General Meeting	International	Winnipeg - Canada
15.	07-09 Oct 2016	World Dental Show 2016	National	Mumbai - India
16.	20-21 October, 2016	International Conference on Restorative Dentistry and Prosthodontics	International	Houston, Texas, USA
17.	9-13 November 2016	31ST IACDE & 24TH IES National Conference	National	Kolkata, West Bengal
18.	30 Nov to 3 Dec. 2016.	Root Summit	International	Dubai

VIJAYWADA CDE

The Department of Conservative Dentistry & Endodontics, St. Joseph Dental College & Hospital, Eluru, West Godavari District, Andhra Pradesh State is going to conduct a Continuing Dental Education (CDE) programme on 17.05.2016.

Dr. T. Murali Mohan, President, IACDE and Principal, Govt. Dental College, Vijayawada and Dr. B. Mohan, Secretary, IACDE, Chennai are being invited as Honored Guests to receive their due felicitation and also to address the PG students and Endodontics professionals.

Speakers invited for the programme are Dr B Mohan, Secretary IACDE, Dr. M. Jyothi, Professor & HOD of Gitam Dental College, Visakhapatnam and Dr. V. Chandra Sekhar, Professor & HOD of Mamatha Dental College, Khammam.

KURNOOL CONFERENCE

Conservative Dentistry & Endodontics State Conference
On 8th & 9th July, 2016 -Venue G. Pulla Reddy Dental College & Hospital, Kurnool, Andhra Pradesh

The Conservative Dentistry state conference is aimed to bring A.P. and Telangana fraternity teaching staff, practitioners and PG students together to interact and discuss the latest developments, trends, technologies and clinical outcomes in the area of Restorative Dentistry and Endodontics. Equipments marathon is organized by renowned icons to display and discuss present fruits of their latest endeavors. It is our privilege and great pleasure to invite IACDE Hon'ble President and General Secretary as Guest of Honour. Renowned national speakers will deliver intellectual inputs which would be of the highest organized manner to satisfy the academic hunger. Historical heritage, holy places around Kurnool city and tantalizing gastronomic delights will make invitees memorable entity

SPIRIT - 2016

The Department of Conservative Dentistry and Endodontics is proud to host for the 3rd consecutive year a national program SPIRIT 2016, on 15th & 16th July 2016, at SRM Dental College Chennai. This program aims to celebrate the confluence of principles, inventions, research and innovations of the past and present of our specialty that will have a great impact in shaping our future. The highlights of the event shall be table top presentations, debate, quiz, webinars by international faculty and highly interactive presentations by renowned faculty on debatable topics.



Dr.A.P.Tikku,
Dean,
Faculty of Dental Sciences
KGMC, Lucknow

As IACDE starts this new venture, I wish that you meet success at every step and Good Luck runs by your side. I appreciate the vision and passion of the association to start this newsletter which should go ahead and prove to be a platform of interaction, knowledge, skills and achievements. You have all my support and help whenever you need it.

ECCLIRES - 2016

Faculty from the Dept of Conservative Dentistry and Endodontics, Sree Balaji Dental College & Hospital join hands together again to proudly host the 2nd International & 5th National convention - Endodontic and Conservative dentistry Clinical Research.

The highlight of the event shall be keynote lectures by Dr Paul Abbott; who is an Endodontist specialist in the Winthrop Professor of Clinical Dentistry at The University of Western Australia.

Besides that there shall be an interesting concoction of lectures and interactive sessions.

You are cordially invited for the scientific sessions to be held on 27th & 28th August 2016.

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 organizing 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 conference is going to be the melting pot of knowledge, innovation and entertainment. The highlight of this conference will be the presence of a galaxy of top level international speakers from all across the world. From United States of America, there will be Dr Mohammad Fayed; from Canada, Dr. Anil Kishen; from U.K Dr. Shanou Patel, from Jordan Dr. Mahammad Hammo, from UAE Dr. M.O. Gorduyus, from Singapore Dr. Phua Tin Cock, and from Hong Kong Dr. Jeffery Chang. Beside these confirmed speakers there are other international speakers with whom negotiations are on.

With the rise in the number of delegates, particularly students, the no. of papers are also on the rise. This leads to administrative chaos of paper presentations at the same time as the keynote presentation; depriving many the pleasure of hearing the learned keynote speakers.

The organizing committee of the Kolkata conference proposes to reduce the number of entries by introducing video conference paper presentations, prior to the conference and the best adjudged papers get presented physically at the conference. Dr Muhammad Hammo has consented to judge and select the papers. There will be various workshops held by different presenters on clinical oriented topics.

We welcome all to come and share the fine cuisine and culture of Eastern India.

Please let us share customary Bengali greetings.

Pronam with folded hands.

Dr Aditya Mitra

Org. Sec

APEC

APEC 2017, Delhi

It is our pleasure and privilege to invite you to participate in the "19th Scientific Congress of Asian Pacific Endodontic Confederation" and 18th IACDE & IES PG Convention, to be held at Hotel Pullman & Novotel Complex, Aerocity, New Delhi, India from 5th to 8th April, 2017. We expect to have participation from more than 35 countries.

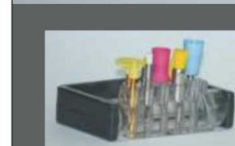
We are drafting an excellent and challenging program which will broadly cover our field and will provide new insights into basic science, clinical research and therapeutic interventions in Endodontics. State-of-the-art plenary presentations by leading experts, seminars on important aspects of current research and daily poster presentations will encourage an interactive and an inspiring exchange between participants. We are also planning a wide Technical Exhibition where all relevant companies & vendors will have the opportunity to exhibit their latest technological advances, products & services.

On behalf of the organizing committee, we personally invite you to be part of this mega event.

Dr. Anil Kohli
Congress President

Dr. Sanjay Miglani
Congress Secretary

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Thank you

Dr. M. JAYADEV MDS



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a
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working days
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Email: info@iacde.in
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AMIRTSAR CONFERENCE A CLASS APART



Dear Members,

Seasons greetings!

30th IACDE & 23rd IES National Conference was successfully held at Hotel Radisson Blu, Amritsar from 26th to 29th Nov 2015. Over 2300 delegates attended the conference.

There were keynote lectures, 825 scientific papers and 610 poster presentations. 80 PG students participated in Quiz Competition, 80 in table chairs and 60 in debate contests.

Winners were awarded with 12 Gold medals, 12 Silver medals and 24 bronze medals along with certificates.

The Conference was inaugurated by Sh. Anil Joshi, Hon'ble Minister for Medical Education and Research, Punjab.

Dr. D. Mazumder, President, Dental Council of India; Dr. Vimal K Sikri, Chairman of the conference, Dr. Sachin Dev Mehta, Organizing Secretary, Dr. Anil Kohli, former President of DCI, all spoke on the occasion.

IACDE: Dr. P. Karunakar, President and Dr. Laxmi Narayan, Secretary, Dr. B. Mohan, Joint Secretary of IACDE announced the activities of the association and awards for the various contests held during the year.

IES: Dr. A.P. Tikko, President and Dr. K.S. Banga Secretary, in their reports appreciated the role of students through out the year.

Leading national and international companies participated in the mega trade fair.

The conference was a success with delegates appreciating the scientific sessions and keynote lectures; and also enjoying the hospitality of the organizers and tourist attractions of the city.

Dr. Vimal K Sikri
Organizing Chairman



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