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Pins & Posts

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THE OFFICIAL IACDE NEWSLETTER

APR 2020-JUNE 2021



ON THE COVER THANGKA PAINTING

by Dr. Ashwini Santosh,
Reader,
Department of Conservative
Dentistry and Endodontics
V.S.Dental College and
Hospital
Bangalore.

Acrylic on canvas
Painting Buddhist symbols is
considered to be therapeutic.
Featured on the cover is the
Eternal Knot that has no
beginning, no end, and the
Lotus or Padma, symbolising
spiritual purity.

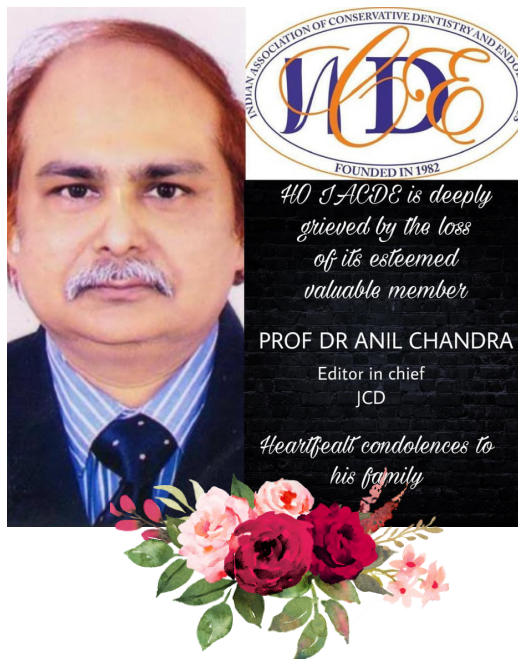
NEWSLETTER OFFICE

Dr. Mahima Tilakchand.
Professor.
Department of
Conservative Dentistry
and Endodontics.
SDMCDS.
Sattur, Dharwad.

IACDE members are
requested to send their
inputs (news, views,
achievements) for the
newsletter to
newsletter@iacde.in



This issue is dedicated to the memory of Prof.
Dr. Anil Chandra



Dr. Anil Chandra's extremely sad and sudden demise due to Covid in April this year has left everybody in our fraternity in shock and disbelief. He was my immediate junior at the undergraduate level at King George's Medical College Lucknow and my association with him was for over 40 years. Even though we were absolutely contrasting personalities, we were always compatible together. Being second in command for many years with me, I gave him many important responsibilities which he always carried out very efficiently.

He was very popular and highly respected by both the students and his colleagues. Even though he was a man of few words, his helpful nature and kindness was visible to all. He shall always be remembered for his very infectious smile and humbleness.

He was currently the Dean Dental Faculty KGMU and had recently been elected as Editor in Chief of our National Journal. He was also elected as member DCI from our University this year. He had many dreams for the future which unfortunately remained unfulfilled. Although the void left by him cannot be filled and the loss is irreplaceable, our best homage to him would be to keep his dreams alive.

Dr. Aseem Tikku
 Prof. and Head
 Former Dean
 Dental Faculty KGMU



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We are very thankful to all the eminent members for their overwhelming response to our first edition of PINS & POSTS. We strive to bring out the second edition with the same fervor and zeal.

Each and every one of us is passing through an uncertain, caliginous, disheartened, and melancholic state. Our spirits are at the lowest they have ever been, losing near and dear ones, witnessing mayhem and wrath of the Gods above. Only message which I can remember at this time are the words of a Sufi saint... THIS TOO SHALL PASS. It is impossible to imagine a thought more truly and universally applicable to human affairs than that expressed in these words.

The one word that we are hearing most often, other than of course the word 'Corona' is 'immunity'. Immunity is directly related to the food we eat and the healthy practices we adopt.

My editorial is dedicated to a wonderful topic FOOD.

Part of the success is to eat what you like and let the food fight it out inside.

-Mark Twain

CELEBRATE FOOD!

However, very frequently we come across people, who with guilt and remorse claim that they over ate some chocolates or pizzas or binged on fast food and then regret doing so, always keeping in mind calories, weight gain and their figure.

Food is the prime necessity for existence. For centuries, cooking and eating have been a celebration and treated as God's Gift. Food was treated as an outcome of hard work. It was our life. We were grateful to all who made food possible.

Have we people become guilt-ridden unhappy eaters? Since few decades, food is seen as if it is the No.1 enemy. We are battling with food. We have created anti-thoughts towards food and hence nature has anti-responded accordingly.

(Contd.)

(Contd.)

We are moving against the waves and wondering why health is dissipating? A calorie conscious person's mantra is "Don't eat that."

As a result, our relationship with food has become increasingly unpleasant. We eat too much or too little. We are all the time measuring and eating. As the need for food is secured, it has gone out of our priority list and has been substituted by other needs, necessary or unnecessary. Corona has taught us that many of our so called needs are superfluous. It has reminded us that listening to our body is of utmost importance. Don't search for solutions outside your body. We need to take the road that would take us back to joyful, nourishing, and healing avatar of food, which is India's heritage. Most of the bodily functions are involuntary. Only one aspect was given to humans and that's eating.

I believe in the thought that, concentrating on the food we eat is a lovely meditative state.

Take time to eat.

Punctual eating is the means to good health.

Eat wholesome food.

Eat with joy.

Avoid eating foods which your grand mother or great grand mother did not know about.

Do regular exercises.

After all, good health comes with celebrating food and eating with joy and happiness.

Of course, follow the golden rule of middle path, viz., no extremes.

Neither too less nor too much .

Before taking food, energize it by expressing gratitude.

Chew well. Let saliva do part of digesting.

Talk less while eating.

Do not watch television or read or be glued to the mobile or laptop.

Offer the food to the temple of your body which is gifted by God.

So as a devotee, just devote exclusive time for eating and celebrating food.

There is no sincere love than love for food.

Dr. Mahima Tilakchand
Editor

EDITOR



Dr. Mahima Tilakchand
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Dr. Prahlad Saraf
Professor and Head
PNMN Dental College
Bagalkot

DESIGN AND LAYOUT



Dr. Ritu Mittal Sehgal

meet the team



'Pins and Posts' gives us unique opportunity to connect with our close-knit community. The 'connect' and emotional bond we share, helps us to understand, appreciate, rejuvenate each other, and get enriched in the process, thereby sustaining us. In the backdrop of the digital social media which is so fragile and short lived, the vintage charm of the printed newsletter stands out more prominently due to the niche place it has carved in updating our community.

'Pins and Posts' has been on the forefront of highlighting the activities and important events in our field. As masters in the field of Conservative Dentistry and Endodontics, the publication gives a very apt platform to contribute 'scientifically', share knowledge and 'Learn from the expert' about the latest in the field of academic research and clinical expertise.

I am amazed and impressed with so many vibrant and multifaceted personalities in the 'Extraoral Achievements' section, who have filled the canvas of their lives with most vivid colors. Creating beautiful memories to cherish later is such an amazing thing! These memories, motivation and inspiration is the real strength!! We, as accomplished professionals, aspire to be there in the 'Spotlight' of this newsletter- where all the who's who feature... just like the page three!

So let's create some space and create our own mark here!!! Let's get out of the darkness of the labyrinths and energize our wings to fly in unlimited sky!!

Together we succeed..... an endeavor firmly supported by Pins and Posts!!

Dr. Vibha Hegde
President
IACDE



INAUGURATION OF THE IACDE HEAD OFFICE



The IACDE Head Office was inaugurated on 17th April 2021, Saturday in PMNM Dental College and Hospital, Bagalkot. Dr.V. C. Charantimath, Chairman BVV Sangha and MLA Bagalkot presided over the ceremony as the Chief Guest. Dr. Vibha Hegde, President IACDE, Shri Mahesh N. Athani, Hon. Secretary BVV Sangha and Shri Ashok M. Sajjan (Bevoor), Chairman Governing Council of the Dental College, were Guests of honour.

The inaugural ceremony was attended by dignitaries in the field of Conservative Dentistry and Endodontics which included the Past President of IACDE Dr. Girish Parmar, Past Hon. General Secretary IACDE Dr. Mohan B, Past Editor JCD, Dr. GopiKrishna V, Dental Council of India Member Dr. Md. Sagir, Cons Asia Conference Organising Secretary Dr. Prashant Dhanpal, Post Graduate alumni of Department of Conservative Dentistry and Endodontics, PMNM Dental College Bagalkot, the office bearers of IACDE 2020-21 which included Dr. Ratnakar P, President Elect, Joint Secretary, Vice Presidents and EC Members who travelled from places amidst the pandemic.

The inaugural ceremony was also attended by honourable members of the BVV Sangha. Chairman BVV Sangha Dr. V C Charantimath was very pleased about the head office getting relocated to Bagalkot from Chennai and remarked that it is one of the important days in the history of 33 year old Dental College of Bagalkot.

The Head Office was inaugurated by Dr. V. C. Charantimath, Chairman BVV Sangha, MLA Bagalkot and Dr. Vibha Hegde, President IACDE, in the presence of various dignitaries. The state of the art head office was appreciated by all the dignitaries and expressed their happiness about the keen interest of the management in setting up the office.

I, Dr. Prahlad Saraf, Hon. General Secretary IACDE, Post Graduate Alumnus, presently Professor and Head of Department of Conservative Dentistry and Endodontics, PMNM Dental College and Dr. Ratnakar. P, President Elect, IACDE, Post Graduate Alumnus of PMNM Dental College and presently Director PG Studies at HKE'S S N Dental College, Kalburagi take this opportunity to unequivocally thank Dr. V.C Charantimath, Chairman BVV Sangha and MLA Bagalkot for his unconditional support in setting up the office. We also thank the management of BVV Sangha, Shri Mahesh N. Athani, Hon. Secretary, Shri Ashok M. Sajjan (Bevoor), Chairman Governing Council and Dr. Shreenivas S. Vanaki, Principal PMNM Dental College for their guidance and timely advice in setting up the head office.

I wholeheartedly invite every member of IACDE to please visit Bagalkot to have a view of the IACDE Head Office.

Yours truly,

Dr. Prahlad A. Saraf
Hon. General Secretary
IACDE

MY EXPERIENCE WITH COVID 19



**Dr. Kulwinder
Singh Banga**
Dean,
Nair Dental College
Mumbai

The realization of a lockdown was a big shock initially, but a great opportunity to work for the society.

Initially we started with emergency treatment with proper triage but soon realized that dental pain is no less important at these times.

We started emergency treatment procedures within a month of lockdown and soon the word spread about the working of dental college and more patients started coming in. From May to July 2020, we treated about 750 patients in a month and more than 50% were Endodontic cases. The Municipal corporation provided everything in large numbers be it PPE kits, masks, foggers, etc.

By middle of July, we had HEPA filter too and work increased to about 110-120 patients per week in Endodontics.

In April, we were asked to have Covid wards in the empty labs and other areas in the college. We have three wards. Two for health care workers and doctors comprising 34 beds and one CCC having 30 beds which had to be managed by me. It was great experience. I realized that Covid was more in MIND than in the body. None of the residents and faculty working in the wards or on patients developed Covid infection as everyone took full protection and everything was done as per ICMR and MCGM guidelines.

We have to live and work with this reality. Proper history, tests where required, full protection and the desire to be a true Covid warrior is the mantra for survival and success at this time.

(Extract from 2020)

DENTAL PRACTICE AFTER COVID 19 WAR



**Dr. Mohan
Bhuvaneshwaran**
Private Practitioner

Corona Virus has impacted our life in many ways and life after this pandemic is going to be completely different and we need to be mentally and physically prepared for it. We, in the health care division, have to take extreme steps to make sure that we don't become the source of this infection spread. More than that, we health care professionals are more susceptible for this infection. Once this pandemic is under control and we open up our practice we need to abide by certain measures. We need to be careful till WHO declares that we are out of risk of Corona Virus.

Before Treatment:

- We need to completely sanitize our office and office premises that gives confidence to our patients.
- Front office staff should be well protected and a sanitizer must be available to all entering the premises
- Make sure that the waiting area is not crowded and strictly follow appointments
- Proper history taking becomes very vital, especially medical, travel and exposure history. If any positive history is elicited, they have to be handled separately. Only emergency care is to be provided.

During Treatment:

- Strict asepsis to be followed. Assuming that every patient is a carrier, we need to take precautions accordingly.
- All instruments have to be cleaned and sterilized thoroughly. Wherever possible, disposables need to be used.
- Personal Protective Equipment (PPE) is mandatory for the dentist and the chair side assistant.
- An antiseptic mouth rinse must be given to the patient before commencing any procedure including examination.
- Rubber dam needs to be used where ever possible.
- Make sure that the contact area is kept as minimal as possible
- Fumigation can be done on regular basis

After Treatment:

- All disposable items needs to be discarded as per the biomedical waste management regulations.
- The other instruments and equipment needs to be thoroughly cleaned and sterilized.
- The PPE need not be changed for every patient, instead make sure its clean. If blood stained, please do discard them.
- The impressions made need to be disinfected before sending to the lab or pouring the model.
- The chair and other areas that the patient touched must be wiped with sanitizer before seating the next patient.
- At the end of the day, the PPE can be discarded.

Once you reach home, take a shower and then carry out your routine activities. (Extract from 2020)

covid returns

UNDERSTANDING AIR CIRCULATION IN DENTAL OPERATORIES



Dr. Gopi Krishna
Adjunct Professor
Sri Ramachandra Dental College
& Hospital, Chennai

The current focus of researchers globally (with recent recommendations to WHO) is on the distinct possibility of air transmission of SARS-COV-2 virus in enclosed spaces. So care should be taken in ensuring good air circulation to mitigate the risk posed for Dentists working for long hours in closed air-conditioned operatories.

Key Terminologies:

ACH: Air Changes per Hour: Recommended to have 12 ACH in dental operatories when Aerosol Generating Procedures (AGP) are performed.

CFM: Cubic Feet per Minute: Tells how much volume of air is moved by a fan in a unit period of time

HEPA: High Energy Particulate Air Filter: HEPA filters can capture at least 99.97% of particles with a diameter greater than or equal to 0.3 microns. HEPA grade refers to the cleaning capacity of an air purifier. The recommended HEPA grade for dental purposes is HEPA Grade 13 and HEPA Grade 14 purifiers.

CADR: Clean Air Delivery Rate: This refers to the Cleaning Capability of a Air Purifier. CADR is a figure of merit that is the cubic feet per minute (CFM) of air that has had all the particles of a given size distribution removed.

Augmenting Air Ventilation

• Strategy I: Portable HEPA filter :

- The CDC (Centre for Disease Control) has recently issued guidelines for dental practice during COVID and have recommended considering the use of a HEPA air filtration unit to reduce aerosol concentrations in the room and increase the effectiveness of the turnover time.
- Select a HEPA air filtration unit based on its Clean Air Delivery Rate (CADR).
- Place the HEPA as close to the dental chair as possible and not behind the dental operator.
- Buyers Guide:
 - 100 sq feet dental operatory : CADR of 250 and above
 - 150 + sq feet dental operatory : CADR of 380 and above

• Strategy II: Exhaust Fan :

- An easy and economical way to achieve 12 ACH in an operatory is to place an exhaust fan behind and above the head position of the dental chair.
- This can be combined with an adjunct placement of a pedestal fan behind the operator and towards the patient. This would create an air flow from the least contaminated zone (operator) towards the most contaminated zone (patient) and finally towards the exterior environment.
- Buyers Guide:
 - A dental operatory of 100 sq. feet needs an exhaust fan with 200 CFM.
 - A dental operatory of 200 sq feet needs an exhaust fan with 400 CFM

Take home message:

Apart from the using the mandatory Dental PPE strategy (N95 mask – surgical mask – face shield triad) it would be prudent to incorporate one of the above mentioned strategies to augment air circulation and air disinfection in dental operatories.

Damm it!



nation wants to know!



Dr. Ashumoni Gupta

Dean, Faculty
of Dental Sciences
Himachal Pradesh
University
Principal, HPGDC

Q. Do you consider use of rubber dam in Endodontics absolutely essential or optional and why?

Yes, use of rubber dam is absolutely necessary and it's an integral part of treatment procedures being performed in conservative dentistry and Endodontics. Rubber dam makes the treatment procedures easy for the clinician by making the operating field more sterile and accessible thereby reducing the treatment time and also making it safe and comfortable for the patients and for the operator unless of course, it is contraindicated for any specific reasons.

Q. Do you consider use of rubber dam in Endodontics absolutely essential or optional and why?

YES. It is absolutely mandatory to use RD during endodontic procedures. RD is as essential as a face mask during Covid. I will not enumerate the various bookish advantages here, but will tell you a couple of my personal experiences:

Patients initially feel a bit apprehensive seeing the paraphernalia associated with your RD application. But I have yet to come across a patient who said no to RD in the second visit. Also I am highly relieved that NaOCl or other irrigants will be prevented from causing harm; not to mention the nightmare of finding your file in the patient's stomach or worse, pharynx!!!

Q. If you consider it mandatory what do you consider the course of action for those not using rubber dam in Endodontics?

Those people who are not using the rubber dam need to be motivated by live demonstrations and by making them understand the advantages of its use and its advantages both for the clinician and also for the patient. The use of rubber dam can further be of great advantage in the times of pandemic wherein it can further prevent the spread of virus particularly in aerosol generating procedures which are so frequently used in our field.



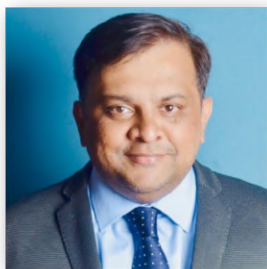
Dr. S. Mahalaxmi

Professor & Head,
Department of
Conservative Dentistry &
Endodontics,
SRM Dental College
Chennai

Q. If you consider it mandatory, what do you consider the course of action for those not using rubber dam in Endodontics?

Think it like this – 'who wouldn't want an umbrella when it rains saliva?' The pulp chamber is asking for it, the bacteria are looking at you longingly, since as long as you keep the RD away, they have a field day! The one roadblock to the use of the RD is in the mind – takes a long time placing it, it is a hindrance during the procedure etc... So start calculating: it takes about 30 sec to place, while it saves about 10 minutes of the entire session (patient wants a break, tongue comes in the way, irrigant in the mouth and throat, the list can go on)

The solution: Mandatory use of RD in many academic institutions already in place, it is time that state dental councils put forth the dictum for all dental clinics and practices: **NO DAM, NO ENDO!**

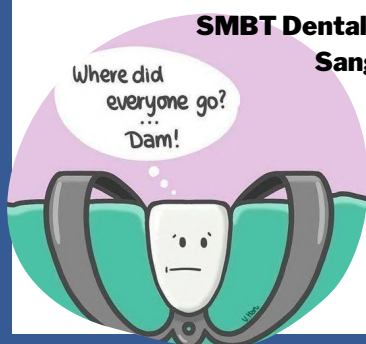


The need to work intra-orally under dry conditions, free of saliva, has been recognized for centuries and the idea of using rubber dam isolation was introduced by S.C. Barnum. As we all know, there are many advantages to gain by scrupulous use of rubber dam isolation protocol. Better visualization, dry field, safeguard from irritating chemicals, shorter duration of working time and better infection control are some of the important advantages. Hence, its use in Endodontics is absolutely essential.

But more importantly, it helps in better oral health care since we can achieve and maximize material properties, which is crucial for successful Endodontics. It simply means that use of rubber dam regularly can take Endodontics to the next/highest possible levels. Looking at these advantages, the lesser issues like time consumption and cost seems simple excuses. Hence, it may be wise to start using rubber dam regularly by those who haven't been using it. So, go ahead and "Damm IT".

Dr. Sathish Abraham

**Professor and Head,
Conservative Dentistry and Endodontics,
SMBT Dental College and Hospital,
Sangamner, Maharashtra**



1. Do you consider the use of rubber dam in Endodontics absolutely essential or optional and why?

Rubber dam in Endodontics is absolutely essential not only limited to Endodontics but also for all adhesive, restorative and other general dentistry.

Three primary reasons are,

A. Predictable adhesion without moisture contamination from saliva, blood from inflamed gingiva, crevicular fluid, moisture from the patient breath, etc.

B. Magnification and rubber dam go hand in hand. Isolation maximizes focus of the tooth and weeds out all other visual distractions.

C. Endodontic effectiveness necessitates disinfecting and cleaning solutions that need to be confined within the tooth to prevent iatrogenic damage, as well as prevent salivary contamination. Both can be accomplished only with a rubber dam.

2. If you consider it mandatory, what do you consider the course of action for those not using rubber dam in Endodontics?

Each dentist needs to "convince" themselves of its importance. Learn it as a necessary pre-procedure and not as an avoidable aspect of treatment. Then motivate and educate fellow dentists such that rubber dam isolation is the basic standard of care.

Dr. Jojo Kottoor M.D.S

**Professor, Royal Dental College, Kerala
Proprietor, Root Canal Point, Kerala**

nation wants to know!

Q. Do you consider use of rubber dam in Endodontics absolutely essential or optional and why?

On a personal note I do feel that rubber dam is an essential part of the armamentarium in Restorative Dentistry and Endodontics. It is considered essential because of the following reasons

- Secure airway, G.I tract and prevents aspiration of instruments.
- Improved visibility as patient's tongue has a mind of their own.
- Provides adequate time for step by step intraoral photographs and documentation of cases.
- Adequate time to sculpt tooth anatomy into restorations to provide for occlusion and guidance.
- 90% reduction in aerosol borne cultivable micro-organisms and reduced splatter of blood.



Q. If you consider it mandatory what do you consider the course of action for those not using rubber dam in Endodontics ?

- Create an awareness campaign for the benefit of patients on social media.
- Reinforce the concept of usage of rubber dam among Endodontists and general practitioners across Facebook, Instagram and educational videos released by IACDE for the dentist community as well as patients.
- Press releases by our fraternity to create awareness among patients about what to expect when you take up dental treatment with the caption "Proud to be an Endodontist "
- Drive home the message that dentistry practised with rubber dam can significantly improve the longevity of composite, glass ionomer restorations and adhesive procedures.
- In Endodontics, usage of rubber dam can reduce interappointment flare ups, reduction of aerosols and introduction of new species of bacteria in to the pulp space.
- Every civil court in India can deem the Endodontist guilty of malpractice in case of litigation suits involving aspiration of endodontic files during therapy.

How to place a rubber dam
dentaltown



Dr. Rajesh Pillai
Professor and HOD
PMS College of Dental
Science and Research
Trivandrum



Q. Do you consider use of rubber dam in Endodontics absolutely essential or optional and why?

A. The use of rubber dam is absolutely essential to execute NSRCT under aseptic conditions and also to protect the patient from aspiration of Endodontic instruments.

Protection of soft tissues from injury due to irrigants and equipment used during treatment is only possible with rubber dam isolation at the moment.

Q. If you consider it mandatory, what do you consider the course of action for those not using rubber dam in Endodontics?

A. It is mandatory; education is the best means to deal with lack of use of rubber dam in Endodontics.

Determining the cause for not using, working on the mentioned difficulties and finding solutions to them.

Dr Pavana Kamath
MDS

Conservative dentistry & Endodontics
Private practitioner & IDA HO Faculty for fellowship in Microdentistry



Rubber dam application is optional.....
Absolutely NOT!

I cannot think of doing RCT without rubber dam. It is the **standard of care** as per AAE and CDC having distinct advantage of clear vision, precision, protection from cross contamination, safety to the patient and better performance of restorative materials. We have developed rubber dam techniques for all the difficult cases as well. So it is a **MUST** as an **ENDODONTIST**, there is no scope for any excuse.

As such it is very difficult to monitor, I think it is individual's moral responsibility to follow what is the best for the patient. But Evidence shows that, those countries which are having strict regulatory rules and training at UG level are having higher percentage of dentists using the same. So I feel there should be implementation of strict guidelines and high penalty to those who are violating the rules. In medico legal cases, cancellation of practice license for temporary period may be suggested. At the same time training and evaluation of rubber dam application in UG curriculum may be incorporated.

Dr. Nimisha Shah
Professor & Head,
Dept. of Conservative Dentistry
& Endodontics
KM Shah Dental College & Hospital,
Sumandeep, Vidyapeeth

nation wants to know!

Q. Do you consider use of rubber dam in Endodontics absolutely essential or optional and why?

Until recently the alliance between root canal treatment and rubber dam had been a hyperbole of sorts. Despite being on the wish list of all the Endo lovers, rubber dam was mostly considered an overkill, owing to various factors including cost, added burden, maneuverability and comfort zone crisis. Rather, a major factor diminishing the use of rubber dam until the recent past had been the mindset of the clinicians, which has been markedly improved towards being in alignment with the scientific facts on the table justifying or rather necessitating the use of the same.



Q. If you consider it mandatory, what do you consider the course of action for those not using rubber dam in Endodontics?

Quality practice is not a choice it is our duty!!! Performing endodontics without rubber dam is exactly like playing in the pool of infected saliva where you keep on removing and introducing microorganisms into the root canal space keeping your conscience blindfolded! Failure is inevitable especially in previously infected cases.

I feel concerned for all those who are still working under splashes of patient's saliva, waiting for patients to come back after a good lot mouth rinses, answering their household queries of managing kids and maids while wanting to focus on apical terminus and seeing those scary dreams of slipping one small wire down the throat when they wanna dream of an adventurous vacation...they really don't know what they are missing!! I wish all begin to understand these small perks of damming and start living an isolated life!!!

Wearing PPE might not save one from Covid or any other devastating diseases but isolating from patient's oral secretions shall definitely help. Those who have not yet entered the world of damming should get started to realize what Peace in Endodontics is !!

isoLATE before it is too LATE.....

Dr. Shalu Mahajan
Senior Consultant Endodontist
Moradabad, UP





35TH IACDE ANNUAL CONFERENCE 2021

The prestigious 35th IACDE National Conference was held on 27th-28th February, 2021 at Guwahati, Assam. The Organizing Committee was headed by Dr.A C Bhuyan (Organizing Chairperson), Dr.Rubi Kataki (Organizing Secretary), Dr.Chandana Kalita (Scientific Chairperson), Dr.Lima Das (Scientific co-chairperson), Dr.Lalit Boruah (Treasurer), Dr.Mukut Seal (Jt. Organizing Secretary), Dr. Asif Ahmed (Jt. Organizing Secretary), Dr.Adrija Deka (Souvenir Chairperson), Dr.Basabi Dutta (Souvenir co-chairperson), Dr.Ashfi Ahmed (Reception chairperson), Dr.Anija R (Registration Chairperson & Trade fair convenor), Dr.Debosmita Roy (Scientific convenor & Hospitality), Dr.Tribisha Kalita (Scientific Convenor & Sight-seeing), Dr.Khushboo Jain (Scientific Convenor & Accommodation), Dr.Nishad Kadulkar (Scientific convenor & Media) and Dr.Salouno Thonai (Registration convenor & accommodation) under the guidance of Dr.Dibyendu Mazumdar (Patron). Dr.T Murali Mohan (Conference Secretary) and Dr.V Chandrasekar (Ex-President IACDE). Due to the unprecedented scenario due to COVID-19 pandemic, the Organising Committee took utmost precautions by following the guidelines of the Government and health authorities for the safety of the delegates and a very concise and fruitful program of scientific deliberations and socio-cultural networking was planned.

The theme of the conference was “Elixir of Minimalism” enlightening the transformation from the ‘compulsive’ restorative dentistry and Endodontics to rational therapeutic strategies. This hybrid conference (online and offline audiovisual mode) has created a history by been the first in its own kind by witnessing renowned international online speakers- Dr.N Venkatesh Babu (UAE), Dr.Mahua Bose Pillai (USA), Dr.Dennis Kohrer (Germany), Dr.Sashi Nallapati (Jamaica), Dr.Lars Bjorndal (Denmark), and national offline speakers- Dr. N Velmurugan, Dr.Chikoy Wang, Dr.Mithunjith Krishnan, Dr.A R Pradeep Kumar, Dr.Mithra N Hegde, Dr.Lora Mishra, Dr.Shishir Singh and Dr.Aditya Mitra.

Delegates and student delegates participated actively in the scientific paper and poster presentations. In the online mode, there were around 370 papers and 310 poster presentations and in offline mode there are 85 papers and 47 poster presentations. The scientific presentations were critically evaluated by the judges pan India. There were four Preconference courses by eminent speakers which was held on 26th February 2021. The courses were Composite layering technique by Dr.R S Mohan Kumar, Digital smile designing by Dr.Mithunjith Krishnan, Loupes and magnification by Dr.Mithra N Hegde and Revisiting the treated tooth by Dr.B Rajkumar and Dr.Mukut Seal. The courses received much appreciation from the participants.

To sum up, all the delegates and student delegates kept their spirits high and rendered enthusiastic response. The 35th IACDE National Conference was a grand success with the mighty Brahmaputra rendering the beautiful city of Guwahati with its refreshing aura and the power of endurance with the blessings of Goddess Kamakhya residing in the auspicious Nilachal Hill.

Dr. Atul Bhuyan
Organizing Chairperson

Congratulations!

OFFICE BEARERS



President
Dr. Vibha Hegde



Hon. General Secretary
Dr. Prahlad A. Saraf



President Elect
Dr. Ratnakar P.



Immediate Past President: Dr. Chandrasekhar V.

Vice President: Dr. Arvind Kumar A., Dr. Satish S.V., Dr. Girish Umashetty

Joint Secretary: Dr. Laxmikant R. Kamatagi

Treasurer: Dr. Surabhi G. Rairam

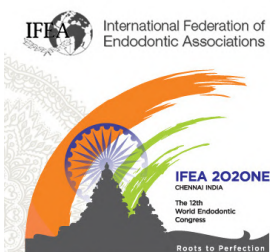
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rendezvous



IFEA WEC 2020NE

12th IFEA
World
Endodontic
Online
Congress

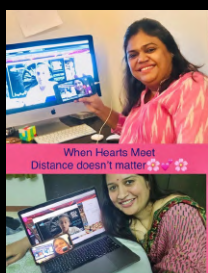
August 12-14 | 2021
Chennai | India

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www.ifea2020india.com



*"Science knows no country,
because knowledge belongs to
humanity and is the torch which
illuminates the world" – Louis
Pasteur.*



The International Federation of Endodontic Associations (IFEA) is an international organization and currently 42 country national endodontic associations are enrolled as its member societies. IFEA promotes fellowship amongst endodontists, from various national endodontic associations and also aims in providing continuing education in endodontics throughout the world. The World Endodontic Congress by IFEA was initiated first in 1989 in Mexico. Since 2016, WEC is conducted every two years by IFEA. It was a proud moment for India to have won the bid to host the 12th IFEA in India.

Due to the current pandemic situation the IFEA 12th WEC was planned as two phases. Phase I of the congress was conducted as an online virtual congress on September 23rd to 26th 2020.

There were more than 4000 delegates from more than 35 country member associations, their nominated members, clinical practitioners and students who had registered for this global event. The IFEA 12th WEC 2020 consisted of 24 online webinars and 19 clinical demonstrations which was conducted over 4 days using a virtual online platform. Eminent experts from the various parts of the world were invited to give the keynote lectures for this online congress. The recorded version of the lecturers were made available to all the delegates to watch later till 30th September 2020. The Scientific sessions were moderated by 72 senior and experts from our field from various parts of our country.

Considering the current surging COVID-19 Pandemic, the restrictions imposed for travel, and the safety of the participants, the IFEA Executive and organising committee have decided to conduct the Phase II congress as a PURELY ONLINE EVENT from August 12th to 14th 2021. This global event is being organized by IFEA and Indian Endodontic Society in association with Indian Association of Conservative Dentistry & Endodontics. This would be an amazing opportunity for all of us to be part of a world congress that would attract more than 2500+ delegates from 40+ countries.

We can listen and learn from a galaxy of internationally renowned endodontic academicians, researchers and clinicians in the form of more than 50+ podium lectures. This congress also provides a platform to be part of a mega virtual trade show that would showcase more than 30 dental companies exhibiting their latest clinical innovations and solutions.

The free scientific presentations for all students and delegates will be held online on July 31st and August 1st 2021. The overall Best presentations will be selected and would get an opportunity to represent during the main online event on August 12th -14th 2021 and compete for the IFEA Best Scientific Presentation Awards.

We look forward for the active participation of all our colleagues, students and practitioners in one of the biggest global endodontic congregations and experience of a lifetime ! For more information regarding this must-attend event kindly log onto www.ifea2020india.com.

Dr. V. Gopi Krishna
Organizing Secretary

MADHA DENTAL COLLEGE AND HOSPITAL KUNDRATHUR CHENNAI

The Department of Conservative Dentistry and Endodontics celebrated ConsEndo Day 2021 from March 1st- March 8th 2021.

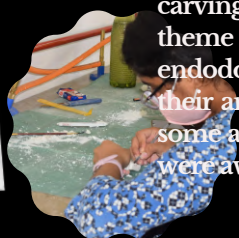
A variety of programs were conducted for the undergraduate students. There was an enthusiastic participation from III, IV BDS and Interns for the fun filled contests and events. Prize distribution for the winners was done by the Managing Director and The Principal of the College on 8.3.2021.

V. Susila Anand M.D.S Ph.D
Professor and head
Conservative Dentistry and
Endodontics
Madha Dental college



GOA DENTAL COLLEGE AND HOSPITAL

Cons-Endo Day Celebration at Goa Dental College and Hospital, saw enthusiastic participation from the undergraduates, junior and senior resident doctors. We organised a soap carving and poster competition based on the theme of conservative dentistry and endodontics, wherein participants put together their artistic and creative skills and churned out some amazing work. Certificates of appreciation were awarded to the winners of the competition.



TAMIL NADU GOVT DENTAL COLLEGE & HOSPITAL, CHENNAI

Dept. of Conservative Dentistry & Endodontics celebrated "Cons-Endo day" on 04th & 5th Mar 2021. The celebrations were inaugurated by our esteemed Principal, Dr. N. Vimala. The events included a Dental Awareness Exhibition. Patient Awareness program using dental educational videos & dental awareness pamphlets. Talent hunt competitions for III year & IV year BDS students were conducted. We sincerely thank President Dr. Vibha Hegde, Dr. Prahlad Saraf, Hon. Sec and all Office bearers of IACDE for supporting us by sending Flex boards and Certificates.

Dr. M. Kavitha, MDS.,
Professor & HOD,
Dept of Conservative Dentistry & Endodontics



cons-endo day celebrations!

HISTO-ANATOMICAL ARCHITECTURE OF NATURAL TEETH

Workshop and Hands-on Course

Vishnu Dental College Bhimavaram

A.P Dr Akshay Sharma MDS

Technical expert Renfert (GmbH) - Mr Har isankar Radhakrishnan.

The event was organised on 6th & 7th February 2020 in the Dental Technology Lab, 2nd floor, Block II, Vishnu Dental College, Bhimavaram.

Didactics: Essentiality of a dental professional to learn wax-up, understand tooth anatomy & principles of nature and application of those aspects in smile designing .

During the lecture, the instructor showed his anatomical pencil sketches of anterior and posterior teeth and the participants did the same as a project to learn the primary, secondary and tertiary anatomy of teeth. This will enhance the biomimetic sculpting of direct composite resins too which enhances the aesthetics and appropriate occlusion.

Demonstration: Biomimetic Waxing-up a Central Incisor and Canine on a prepared resin model using the GEO-wax sample and Electric Waxer from Renfert (GmbH) using the incremental method of layering wax on each surface of the prepared tooth .

The hands-on continued with the wax-up of maxillary first molar on instructor's model followed by the participants on their respective models live along with the instructor.

The event came to a close with the valedictory function when the Resource person was felicitated and participants received certificates at 4 p.m.

Dr Girija Sajjan, Dr Praveen Dalavai and few postgraduate students of Department of Conservative Dentistry & Endodontics got the training and are enthusiastically waiting for the advanced course.



KALEIDOSCOPE 2020

The Department of Conservative Dentistry and Endodontics at **Army College of Dental Sciences** organized a two day National level virtual Conference- “KALEIDOSCOPE 2020” from 19th- 20th October 2020 in collaboration with Indian Association Of Conservative Dentistry & Endodontics (IACDE) under the guidance of Organising Chairperson Dr Mamta Kaushik, Professor & Head.

The two day conference received an overwhelming response from 441 delegates (PG students, Faculty) registered from all esteemed colleges across the nation. The participants were bestowed by 6 knowledgeable and informative lectures delivered by distinguished speakers. The conference also comprised of poster presentation for which 226 poster entries were received.

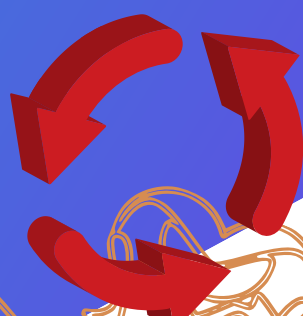
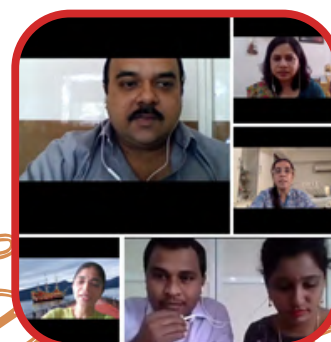
The poster presentations were held over 23 sessions on 18th and 19th October 2020 and the winners were decided based on the merit scores.

On 19th October 2020, the conference officially commenced with the welcome address from the Organising Chairperson, Dr. Mamta Kaushik followed by lectures from the keynote speakers Dr. Marina Fernandes, Dr. Nimisha Shah & Dr. R S Mohan Kumar.

On 20th October 2020, Dr. Bambang Agustono, Dr. Kunjal Mistry & Dr. Ajit Shaligram delivered the lectures which were highly appreciated and received an excellent feedback from the participants for each session. Each lecture was followed by a quiz and the winners for each session were given monetary rewards for the same.

Day 2 concluded with the Valedictory Ceremony in which the winners for poster presentation and quiz were announced followed by the vote of thanks from the Organising Chairperson.

Dr. Neha Mehra

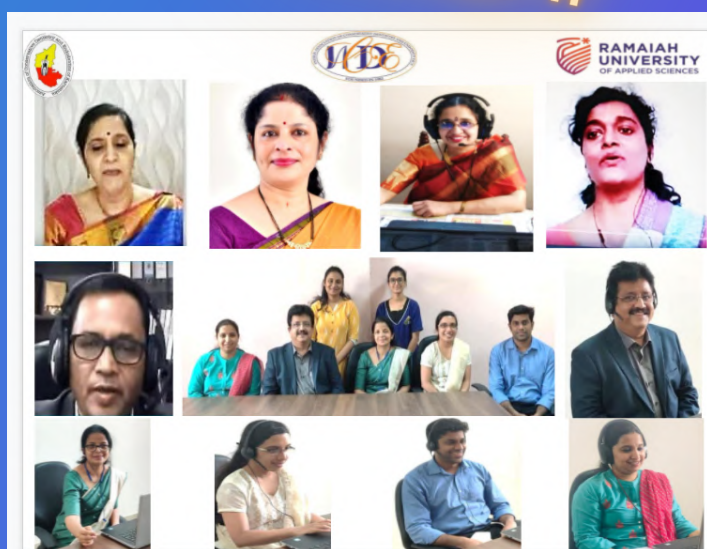


rendezvous



RAPID RECAP 2021

Rapid Recap 2021, a three-day scientific extravaganza was organized by the Faculty of Dental Sciences, Ramaiah University of Applied Sciences, in association with ACE-Karnataka, on the 6th, 7th and 8th of April 2021. Owing to the prevailing Covid-19 pandemic situation, this event was conducted online via the Igesia platform for a live virtual learning experience. This enabled the virtual presence of distinguished resource persons who were a blended mix of experienced academicians, accomplished clinicians as well as young minds.



The program had a theme for each day, the first being 'Resto Tips', 'Endo Solutions' for the second day and the final day devoted to 'Tips and Tricks for Clinical Examinations'. All the speakers gave a comprehensive and holistic insight into the subject along with an examiners' perspective. The first two days also had interactive sessions with students where moderators and panelists facilitated critical thinking, problem solving and clinical decision-making skills. The students enthusiastically participated in quiz and kahoot sessions, that were aimed at honing their viva-voce skills. The program had an overwhelming response with around 180 registrations from across the country. The Igesia tool was also used to share resource material and lecture recordings with the students for their perusal.

Dr. Sylvia Mathew,
Prof, Cons & Endo,
Faculty of Dental Sciences,
RUAS,
Bangalore

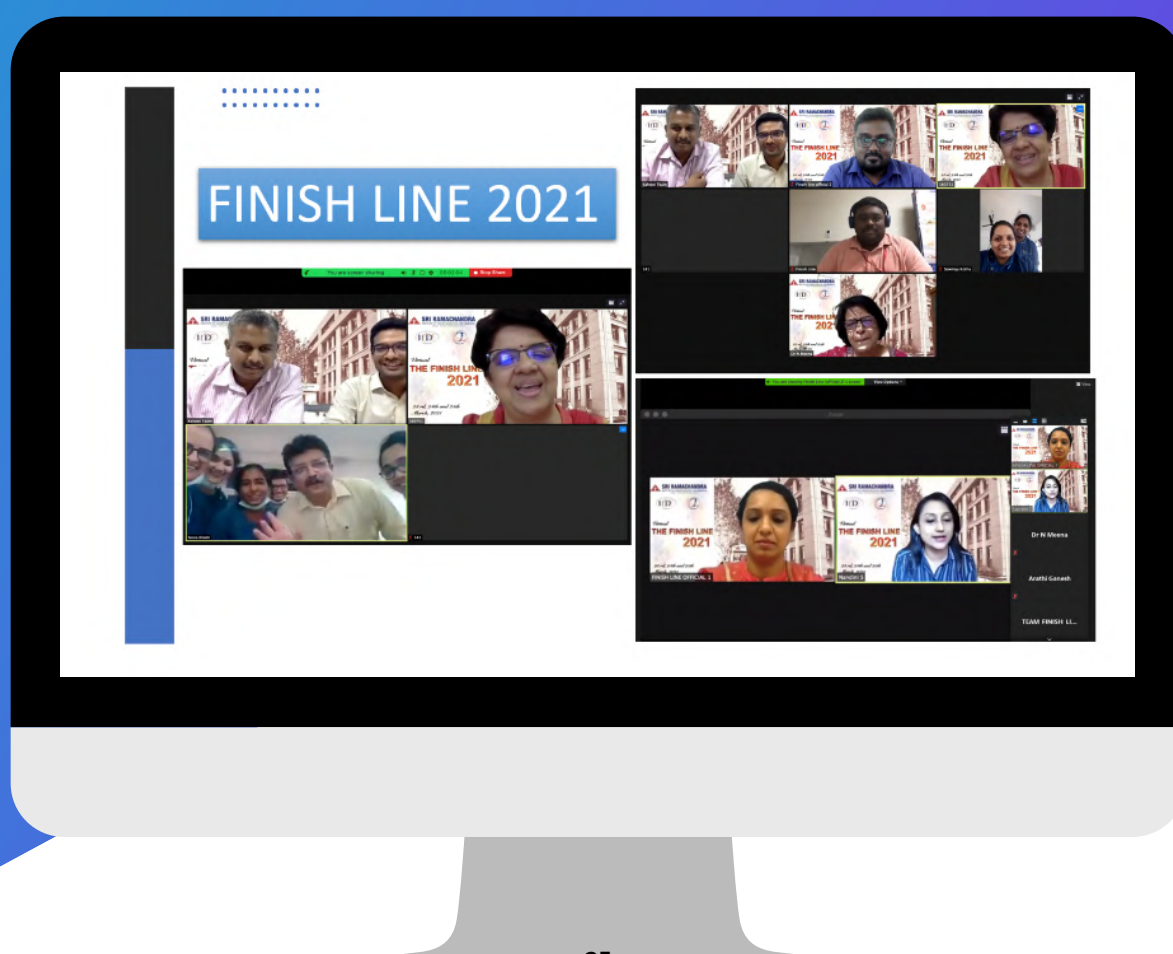
FINISH LINE

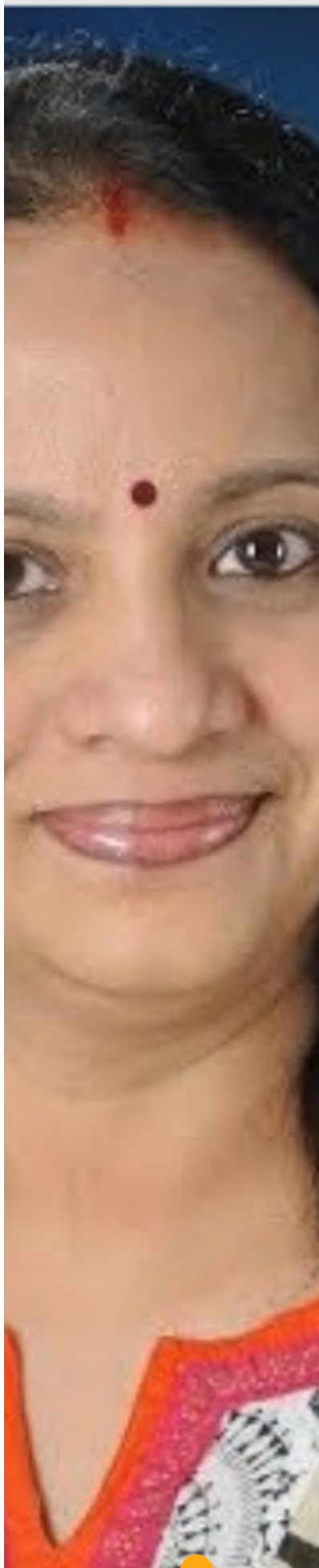
The Department of Conservative Dentistry and Endodontics, Faculty of Dental Sciences, SRIHER in association with Indian Association of Conservative Dentistry and Endodontics, conducted their 12th National Rapid Review Program, 'FINISH LINE 2021 Virtual Avatar', from March 23rd to 25th 2021. The program was attended online by more than 300 postgraduates from all around the country. Twenty-two expert and dedicated faculty from various universities across the country delivered extensive exam-oriented lectures which were livestreamed. The postgraduates benefitted immensely from Ask the Experts session after each lecture. A Grand Viva Voce session was conducted using an interactive 'KAHOOT' session, which provided an immersive and indulgent Blended Learning which was a huge hit among the students, and they were able to enrich themselves in a fun way. By the end of this three day program, the postgraduates were empowered with knowledge and attitude to face the university practical and theory examination effortlessly with utmost confidence.

Dr Arathi.G

Prof &Head,

**Sri Ramachandra Faculty of Dental Sciences,
SRIHER**





crowning glory

Congratulations!



Prof. Dr. S. Mahalaxmi has become the Interim Editor-in-Chief of Journal of Conservative Dentistry.

Dr V Gopi Krishna has been elected unanimously as the Secretary of the International Federation of Endodontic Associations (IFEA). IFEA is the global endodontic federation comprising of the national endodontic associations of 42 countries from 6 continents across the world.



Dr. Sanjay Miglani has been elected as Chairperson of the Education Committee of the Asian Pacific Endodontic Confederation in their BGM which was held on 8th May 2021. He is the first Indian to be elected for this post.

Dr B Mohan has been elected as the Board of Director in American Academy of Cosmetic Dentistry for 2021-23 in the recently held General Body Meeting.



crowning glory

DEVAN'S CRACKED TUSK GETS A COSMETIC FACELIFT!



DEVAN has become much more 'handsome' than he was before the delicate medical treatment he endured. The 27-year old elephant from Thrissur has been living with a crack on its tusk for the past five years.

It was virtually an elephantine task for Dr. C.V. Pradeep, Conservative dentist and Endodontist of Kannur here, to restore the beauty of Devan's tusk. Dr. C.V.Pradeep, former principal of the Pariyaram Dental College, took up the task of filling the crack on the tusk of the elephant. He chose a method of treatment based on the anatomy of an elephant's tusk and histology. The 4 cm-deep crack on the tusk was filled using micro and macro-bonding method by Dr. Pradeep. He used the 'light cure composite resin' to fill the crack.

The treatment process was completed in two-and-a-half hours. The elephant had fully co-operated with the doctors, said Dr.Pradeep.

The cause of the crack on the elephant's tusk was not known. The cosmetic treatment of elephants, of course, is a costly affair.

Dr. Pradeep was assisted by doctors Jayaprasad Kodoth and Dr.Jacob, professors of the PSM Dental college. Forest Veterinary Officer Dr.Sunil kumar also was present during the rare operation.



Dr. C.V. Pradeep
Endodontist and
Music aficionado



crowning glory



The legend

K.S.BHAT

'The truth about the life of a man is not what he does, but the legend which he creates around himself' - Oscar Wilde

Dr. Kadengodlu Seetharama Bhat, graduated in the year 1959 from Madras Government Dental College and in 1963 he completed Masters' in Operative Dentistry from Nair Dental College, Bombay. Further, his professional journey commenced in College of Dental Sciences, Manipal where he trained the unskilled and inexperienced dentists with evidence based clinical teaching rather than just instructions. He always maintained simplicity and discipline as his precepts, which enhanced his teaching competences. His zest to learn, inspired him to earn a, M.Sc in Conservative Dentistry, Institute of Dental Surgery from Eastman Dental Hospital, London in 1972. To extend his proficiency in the field, he ventured into Dental School at Libya, North Africa, from 1979 to 1983, thereafter, he returned to Manipal. Considering his strong academic leadership and ability to achieve the highest possible standards of excellence, he was appointed as Dean of College of Dental Sciences, Manipal and served the institution till 2004. During his tenure, he orchestrated various academic and administrative activities, which raised the institution to higher scales within the nation. Concurrently, with his directorial obligation, he trained post-graduates in his specialty with his unique teaching expertise. His astute observations of the oral cavity, combined with his potent knowledge have had major lasting influence on the treatment. The diversities in his thinking is reflected in his innovative ideas to treat tooth related issues. He is among the first to propose "acid-etching procedure" for better bonding of resin materials and "incorporation of salt into toothpaste" to enhance its anti-inflammatory effect. He hugely supported the use of silver amalgam and cast metal restorations that served the patients for several decades, which were observed on recall visits. His research interests were exemplary and always advocated its importance for clinical benefits. His published paper dates back to 1974 (Bhat KS. Tissue emphysema caused by hydrogen peroxide. Oral Surgery Oral Medicine Oral Pathology 1974;38, 304-7).

He always had an inquisitive trait and was never convinced by the claims provided by manufacturer. He frequently attempted to test the reliability of material prior to its clinical use. He served as chairman and member to various academic bodies. He contributed immensely to the Operative Dentistry & Endodontic society through lectures and publications. Sir largely demonstrated philanthropic nature during his official tenure. He wanted to provide standard restorative treatment to the low socioeconomic communities as well. This urged him to strategize his own restorative recipes like bonded amalgam, amalgam inlay etc which could be affordable. He ventured into organizing several outreach dental camps in the rural areas to serve the underprivileged society. Sir has inscribed remarkable academic and clinical foot prints in his students and will be always revered for it.



Dr. Vasudev Ballal, BDS, MDS, PhD

Professor

Department of Conservative Dentistry & Endodontics

Manipal College of Dental Sciences, Manipal 576104

Manipal Academy of Higher Education, Karnataka, India

the legend



in
conversation with..

DR. LIMA DAS

This issue of pins and posts features the exceptionally beautiful and talented Dr. Lima Das. She is an ace classical dancer and an excellent endodontist. Recently she has entered the silver screen with her debut film 'Amish', which premiered at the Tribeca film festival. It also got her 3 awards:

1. Singapore South Asian International Film Festival award for best actress.
2. Sailadhar Barua award.
3. Biju Phukan recognition award.

She was also nominated for National Award last year. Her second film "Arranged" was also widely appreciated. Pins and Posts present a peek into her life and her achievements.

Can u tell us something about yourself?

I was born in Guwahati and my home is in Rajgad road. My father was a doctor working at GMC and mother was a professor at Cotton College Guwahati and I have 3 sisters. Ours was a family where art and science co existed. My mother was a singer, a artist at AIR, and I saw her juggle between the scientific world and the artistic world. I say so coz I would often see her attend to college and on the way back home she would record a song at the studios of AIR. This struggle would inspire all of us to be convinced that we need not compromise one for another if we want to follow our passions. So for me I was always inclined towards dance. My schooling was in St Mary's School Guwahati and college in Cottons college, then I pursued my BDS and MDS in Regional Dental college. After my formal education I got married in 2004 and after that my second innings in the world of dance started. Initially it was a hobby and after I had a son and started working as a lecturer then I realized that I needed to do something else and naturally was inclined towards dancing. My guru has really mentored me and has been a guiding light and from 2012 I started dancing seriously and started performing at various places in the country. Dance had become a part of my day-to-day life and it's a passion

Who was your first guru?

I have been trained in 2 forms of classical dance forms. Hotriya and Odissi. For Odissi my guru is Mrs. Sangeeta Hazarika who is a disciple of late Guru Gangadhar Pradhan from Odisha. She trained me in Odissi dance. For Hotriya my guru is Nrityaacharya Jatindra Ghoswami who is a Padmashree awardee, and fellow of Sangeet Natak Academy from 2000. Meeting him was a turning point in my life. Not only was he a teacher of Hotriya but he has given me a different kind of vision, different kind of confidence and mentored me towards establishing myself as a dancer, and yes I am always indebted to both of my gurus. Sangeeta madam was somebody who was very loving and affectionate and made dance very easy for all of us, when you are small and your hearts are tender you need someone who is affectionate, caring, and she gave us that cushioning, she taught us in a very loving and very comforting way. I am indebted to both of my gurus.



**The many faces of
Lima Das**



**Renowned
Odissi dancer
Guru Gangadhar Pradhan**

How did u get drawn to dancing and tell us about your training?

I started at the age of 8 and our institution was called Sangeeta Nritya Academy, where she trained me in Odissi dance form in 1986. At that time there were hardly any dance schools for Odissi. I was lucky to be in her first batch, we were the dearest of all students. Because we were favorites, she gave us her undivided attention. After around 3 years Guru Gangadhar Pradhan was invited over for a workshop. This was at that point of time when Odissi was just developing. He showed us some new forms of Odissi which they had developed in Odisha. From that workshop onwards we had workshops every other year. What helped me was that it showed us how a dance form develops over the years. What we had learnt in the first or second year changed by the time we were in 5th year; new concepts came up like how not to move the hips and move the torso instead. The neck movements, the eye movements the subtlety, and to move the body with the poetic motions of the dance form. We saw a dance form, the Gotipuva form, develop into something more beautiful and more poetic, which is the Odissi we see today. We saw the emergence of new music and new performers whom we could look up to. When I started training in Hotriya in 2000, the same thing happened. Hotriya was in a developing stage and there was a lot of scope, this was the time I felt the urge to switch to Hotriya as I felt I had something to offer because of my training in Odissi. When you change your dance form you cannot really change, you must keep the original as it is. And you can only develop within boundries keeping the norm, keeping the rules intact, the philosophy intact. During this time, I joined BDS and finished my MDS and then got married and was blessed with a child. But again in 2012 I decided to take my dance seriously because that was the time when new choreographies in Hotriya dance were coming up. This was a new turning point in my life a new direction not only for me but also for the dance form. I really feel good that I could contribute towards the dance form because of new choreographies coming up. After that, I travelled extensively throught the country and I was ecstatic that people were appreciative of this dance form as it was something new and relatable like Hotriya where we see stories of Krishna and gopis, and Ram. We did new ventures like Draupadi, Ekalavya and Shurpanakha with inputs form Assamese and Sanskrit literature. We experimented with other talas of Hotriya; weaving rhythmic music and distinctive styles. New ideas were coming up and I felt I was lucky that I could deliver it to audiences outside of Assam, I felt that this unique dance form deserves the love and appreciation that it received from the audience.

What does dance mean to you?

Dance for me has become a part of me part of my life an inseparable part of my life. I draw solace from dancing; I draw peace of mind from dancing. this is what art does to you it helps you to tide through difficult times it helps u to go through life in a better way and in some way makes u a better person. Dance is something which I cannot not have in my life anymore. It started as a hobby as a passion but now it has become more than a passion. It is a passion which I cannot do without. Because it gives me immense joy immense happiness and peace of mind. Dance is like a sea. Anybody who takes a dive in this sea of this beautiful art will be nourished and will find greater meaning in life , I am sure about that

Your inspirations ?

When I started training as a young dancer, 8 or 9 years old, there were 2 dancers who had come from Orissa to perform Dashavtaar for us. The kind of symmetry and the kind of synchronization that they performed was something that I had never seen in my life. And it was unique and out of this world. That really influenced me because I thought it was what a dancer should aspire to. After that there were innumerable experiences which I had seen as an audience. I had seen Guru Gangadhar Pradhans choreography of Abhimanyu, they were all male dancers, and it was a beautiful piece. Each of these experiences helped me to better myself as a dancer, and to bring out something new in my dance form for my next performance. I draw inspiration from everyone, even if it's a little child, who are dedicated toward their art. I feel we can learn so much from each other and that can help us towards bettering ourselves as a person and as an artist.

What according to you is the recognition that you have received for your dance ?

I have received a lot of recognitions from all the festivals I have performed in, but for me it is the love and appreciation of the audience. After the performance, when they come to me and say, 'you have transformed us to a different world altogether' and that, 'we have learnt something new today of this dance form, it is so amazing and so mystical', I feel appreciated. When you see in the eyes of the audience that they have been transported into a different world, away from the daily, mundane world, and you have given them a little bit of happiness and a little bit of joy, I think for an artist it is the biggest reward one can receive.

In what way can dance be useful to relieve day to day stress in particular and to the society in general ?

Dance has a positive effect on the human psyche. Immediately after dancing you feel so liberated and good. If u want to explain scientifically, endorphins are released from the body when we exercise, they are mood uplifters. Apart from this, it helps to uplift us spiritually and inculcates a more positive outlook, which is especially important in today's times where life is so stressful. You know, dance can liberate us from all the pain and sorrows of day-to-day life. Dance, like any other art form, does not have any boundaries of gender, religion, race, or generation. It will help us to build a more inclusive society because the goal is common. When we dance together, when we interact on the dance floor, we develop vision of peace and prosperity together. This vision becomes important instead of thinking about our differences and trying to alienate each other. Only art can help us progress to an inclusive society.



From a doctor who can dance to the silver screen How did this transition occur ?

Dance was always my passion, still, all those years I had a desire to do one film, but I never really worked towards it. I was greatly inspired by Kothanudi. I desperately wanted to do such a film. Incidentally, Bhaskar Hazarika happens to be a family friend. So, I told him about my desire to do a film and my idea was to do a documentary or short film on dance or some related topic. That was it. After 2 years I got a call from Bhaskar saying he has a script and wants me in that role. I read the script twice and was taken aback, I could not believe it. I even asked my husband to read it. After reading it he told me that if I wanted to do one film, I could not have asked for anything better than this. That is how Amish started. Strong and powerful character Nirmali, a pediatrician, who falls for a guy who is much younger than her. My second film 'Arranged', my first short film, was also well appreciated.

Dr. Lima Das, who was once known as a dentist who was a dancer, now graces the silver screen as well. It is wonderful to have such a person in our fraternity. We wish Dr. Lima Das the very best in all her future endeavors.

Dr. Amit K. Pachlag

Dentistry Dance and personal life... managing it must be a stressful. How do u manage all these roles?

I do not practice dentistry anymore, though I teach at the regional dental college. Earlier I used to practice but after the birth of my son I decided that he will be my priority. Though we have a clinic, my husband takes care of it. Both me and my husband encourage each other about our passion, he is passionate about sculpting and finds solace in that art as I find solace in dance. Basically, I do not do everything together with the same intensity, I prioritize. When my son was born, I was a mother more than a dental surgeon, when I was working in clinic, I was a dental surgeon more than anything else. There was a time when I used to dance very intensely, and I used to go directly from college to dance practice. You need to decide what you have to be and when. There is only one plan: whatever I do I will give it my best and make the most of what ever opportunity comes my way.

What is the reaction of your students that you are a actor as well ?

Well acting is a recent development. I started teaching in 2007 and my students knew me as a dancer. After Amish was released in 2019, they came to know me as an actor as well. It feels good when they come up to me, encourage and appreciate my work.

extraordinary achievements

THE CRYPTO KEEPER

In May 2021, tech marvel Elon Musk took the stage to host Saturday Night Live (a sketch comedy series in the US) to discreetly (or not) promote the latest entrant into the cryptocurrency world: Dogecoin. Based on the meme of a dog it adds to the growing repertoire of cryptocurrency that started with Bitcoin. The aggregate value of cryptocurrencies today is \$1.5 trillion, with Bitcoin having more than 60% market capture at \$927 billion. But what is cryptocurrency, should you invest and is it safe to invest?

Satoshi Nakamoto (a pseudonym) created the Bitcoin in 2009—units of encrypted data that could be used for anonymous online transactions. It's stored in a blockchain ledger and does not have any physical form. This stored data has real world value and can be bought, sold, traded or used for online transactions as virtual currency. The Bitcoin could be sold whole or in fractions. Interestingly, this blockchain ledger was scattered over networks worldwide. This decentralization ensured that the blockchain data couldn't be tampered with. The anonymity it afforded and being outside the purview of government and authorities it quickly became popular online. As of March 2021, there are 18.6 million Bitcoins in circulation.

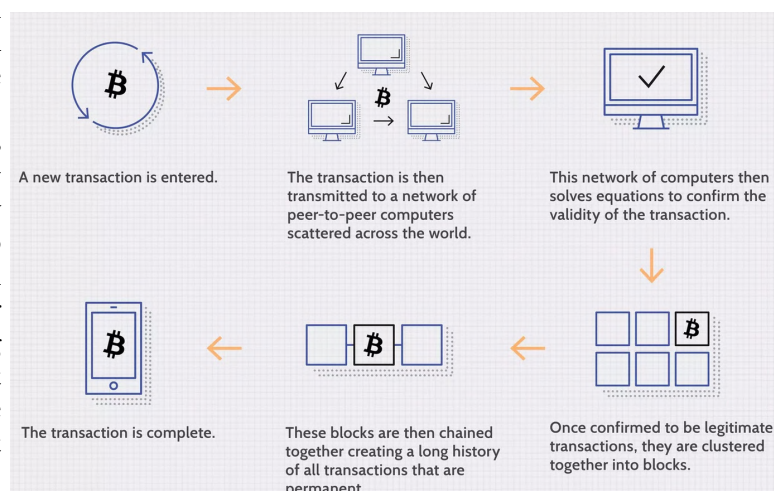
After Bitcoin followed others like Ethereum, Litecoin, Cardano, Monero, EOS, etc. Currently, second to Bitcoin, Ethereum, created by Vitalik Buterin, is the most popular. These cryptocurrencies can be bought or sold through apps like Coinbase, Coinswitch Kuber, etc. and stored in "wallets" on hard drives. But this is not to be confused with digital wallets like Paytm, PhonePe, etc. which store a digital record of your actual money.

Advantages include: ease of online transactions, preservation of value against inflation, easy to divide, no need of expensive third-party banks or credit card companies for transactions. Transfers are secured through public and private keys used to sign transactions. No government or corporations have access to your funds or personal information.

Disadvantages: their anonymous nature lends them to illegal activities like money laundering and tax evasion; digital crypto balance can be wiped out by the loss or destruction of a hard drive unless a backup copy of the private key exists; due to low availability the market value fluctuates wildly, e.g. In Dec 2019 Bitcoin was \$19,000 but fell to \$7000 in a few months; though traceable, exchanges and wallets are still vulnerable to hacking and theft; producing or mining coins requires a lot of energy (through use of excessive electricity for computational processes used to encrypt the coin) and is detrimental to the environment.

Many financial analysts, especially Warren Buffet, have spoken against it calling it a speculative bubble that will burst in the future. Still, its trading grows. The rising popularity of NFTs (Non-Fungible Tokens), a unique and non-interchangeable digital asset of art, music or sports, has increased the market value of crypto. A 2021 digital artwork by Beeple titled "Everydays—the first 5000 days" sold for \$69.3 million through Bitcoin. This is just the tip of the iceberg as in 2020 the market value of NFTs was \$250 million.

Unfortunately, real world purchases are not yet possible with cryptocurrency. In 2021 when Elon Musk announced that a Tesla could be purchased with Bitcoin its value soared, only to plummet when he withdrew his announcement. This shows the volatility of the crypto market where many investors lose money. Still, with so many big players in this business, with US, China and Dubai launching their own cryptocurrency and with a growing number of millennials trading in it, it seems that the future is not yet lost. The upshot? Like the age-old adage, do not put all your eggs in one basket. Instead, speculate with a small amount if you wish and see if it's your cup of tea.



Source credits: Investopedia, Wikipedia;
Picture credits: Investopedia

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CAST GOLD INLAY



**Clinical tips for tooth preparation, impression making
and wax pattern for exam going post graduate students**

As clinicians, we have the responsibility of choosing the right restoration that fulfils the functional longevity, comfort, biocompatibility and esthetic needs of our patients. There has been a tremendous advancement in the rotary instruments used for tooth preparation and the materials used for making dental impressions, restorations and adhesive cementation with guided magnification; which has changed the outlook for indirect restorations.

The indirect restorative procedure requires meticulous care and devotion to perfection on part of the dentist in cavity preparation and fabrication of restoration to derive high degree of service and satisfaction to the patient and hence this exercise has remained as part of final evaluation in university examinations.

Inlay and Onlay: Definition

The distinction between the two designs is unclear, but the generally definition accepted is: Those indirect restorations that remain within the body of the tooth without cuspal coverage (intra coronal) or at times capping a few of the cusps but not all the cusps would be considered an Inlay. Whereas, an Onlay replace tooth tissue including all cusps.

Indications

Inlays are usually advocated when difficulty is anticipated or experienced in obtaining an acceptable contour, contact and occlusion with a directly placed restoration or in restorations that are subjected to high functional stresses.

Some of those clinical situations include ...

1. **Large proximal caries:** Generally, once the cavity width exceeds 1/3rd the intercusp distance, a significant amount of the functional stress acts on the restoration rather than the tooth-demanding a stronger restoration. Also, obtaining an acceptable proximal contact relation in such cases may not be possible especially with direct composite restoration.
2. **Faulty proximal contact relationships, diastema** - are often the culprits for the initiating proximal caries. Failure to correct the contact and contours of such teeth often results in food impaction, secondary decay and/ or repeated fractures of the restoration. Direct restorations can seldom fulfil these criteria.
3. **Repeated fracture** of a directly placed restoration may also indicate the placement of an inlay. Common causes for repeated fractures may be again due to above cited reasons or due to excessive functional forces on account of faulty occlusal relationships, and /or parafunctional habits.
4. **Sub gingival lesions:** Difficulty in access, isolation and curing precludes the use of direct adhesive procedures. Generally cast restorations are preferred choice in these situations.

Advantages: In all the above mentioned situations, inlay should be considered as the restoration of choice rather than direct resin restorations as these restorations have the advantages of being stronger and precise control of contours and proximal contacts can be achieved.

Disadvantages: May demand more invasive preparations than direct restorations, increased chair time/ multiple visits, cost, and technically demanding.

This article addresses the common clinical concerns of post graduate students in the steps in cast gold inlay exercise.



UNIVERSITY EXAM CRITERIA

Inlay Exercise- 30 marks

(i) Tooth preparation for class II inlay (gold or esthetic)-20 marks

(ii) Fabrication of indirect wax pattern-10marks. (Note: If one prefers to do an esthetic inlay, unfortunately there is no mention of an equivalent step in the Dental council of India regulations. Since these regulations are only guidelines, individual universities/ colleges can perhaps take a decision in this regard.)

Cast gold alloys:

Traditional cast gold alloys have been in use for indirect restorations for over a century with good survival rate and are considered the “gold standard” till date.

Advantages:

- Strength: Cast restorations have very good yield strength even in thin sections.
- Ductility of the material is very good which gives excellent marginal adaptation
- Biocompatibility: Indestructible in oral fluids. Cast gold restorations are relatively unaffected by tarnish and corrosion.
- Abrasion resistance and low wear rate: similar to tooth enamel.
- Is capable of reproduction of precise form and minute details of cavity and occlusal morphology

Any manipulation like soldering can be done even after polishing.

Owing to these desirable properties, cast gold is still preferred by many clinicians for their patients ;

• When the non-tooth colour is not a major concern. Eg: Molars having short clinical crowns, difficult to isolate can particularly be challenging to restore with indirect tooth coloured restorations. More so, if they are inaccessible and are subjected to abnormal occlusal stresses particularly in patients who clench or brux.

• Gold inlays are most suitable in sub-gingival restorations, where difficulty in isolation precludes the use of adhesive technique.

• Also, in patients with para-functional habits, cast gold is preferred for its strength and abrasion resistance - which prevents abnormal wear of the opposing teeth.

To read the full article please click [here](#).



“My journey has not been a simple journey of progress. There have been many ups and downs and it is the choices that I made at each of these times that have helped shaped what I have achieved.” Satya Nadella

I, Dr Abdul Mujeeb, would like to share my professional and personal experience in the kingdom of Saudi Arabia from 2011 to 2018. I completed my post-graduation in department of Conservative Dentistry and Endodontics in 2005 from Bapuji Dental College and Hospital, Davangere. Thereafter, my journey started as an academicians in different colleges in India and abroad. In the year 2011 I got selected as associate professor in College of Dentistry, Taibah University, Al Medina, Saudi Arabia.

How I was selected... on the university website, there was a human resource portal through which I had applied by filling a job application.

Also every year authorities from the ministry of higher education and ministry of health visit India to conduct interviews. It is performed through a recognized agent in India. It is usually conducted in Delhi, Mumbai, Hyderabad, Chennai and Bangalore.

Selection criteria for any faculty member are he/she should have minimum of 2 years' experience with good research publications. Also you can prepare an album of your work which gives an insight of your psychomotor skill.

If you plan to go to Saudi Arabia, get your degree attested from the ministry of external affairs and your document verification done by DATA FLOW which gives a report that your certificates are original, not fake.

Further you can also give an exam for your eligibility to work in Saudi Arabia in India or after going to Saudi Arabia for Saudi Commission for Health Specialties, which is MCQ based. You need to secure 50% for eligibility.

Once you have been selected, an offer letter is sent to you which when accepted by you, visa processing will be done by recognized agents in India.

It is always better to join a governmental organization than a private one.

We can apply to work in a hospital which comes under the ministry of health or work in a dental college which comes under the ministry of higher education. Both have advantages and disadvantages.

Working in hospital under ministry of health is a simple job need to work for 6 to 8 hrs per day. Advantage is you can avail 30 to 45 days of holiday annually whenever you want. Working environment in hospital is good, they follow a strict infection control protocol which makes you safe. Material and equipment are of latest technology which makes your work easy. Disadvantage is the salary is comparatively less than working in dental college under ministry of higher education.

Working in a dental college under the ministry of higher education is a challenging job which demands good and updated academic knowledge. Only disadvantage is getting leave in the middle of the academic calendar as the vacation has fixed dates. Students' intake is less where we can focus on one to one students. Students are polite, dedicated and helpful during your stay in kingdom.



Most important point when we apply for an academic job, operative dentistry and endodontics is considered as separate subjects which are taught by separate faculty. So when we apply we need to be specific whether you want to apply as faculty of operative dentistry or endodontics.

You can gain a lot of experience and exchange of academic knowledge as well psychomotor skills from different faculty members from different parts of world. Accommodation and visa issued for spouse and kids is free. Medical treatment is free for the family. Even a visa is given for your parents to visit.

Few points to remember

1. Select metropolitan cities which will be useful for your kids' education.
2. You can get your own maid for household from India if both husband and wife are working in Saudi Arabia.
3. Maximum of 10 yrs you can work in a Dental College after which contract will not be renewed.
4. Religious places like temples, churches or gurdwaras are not there.
5. Salaries are deposited on 29th of every month of Arabic calendar.
6. Online money transfer is very easy which can be sent to our account in India.
7. Movie theaters are not present in all cities
8. Alcohol is banned
9. All Indian TV channels are telecasted.
10. You are eligible to take bank loan which is interest free
11. Indian schools are very few. Education for kids is a problem
12. There are a lot of Indian food restaurants which you can enjoy.
13. Crime rate is very less

Lastly you can have a luxurious lifestyle with a lot of money, big houses to rent, big cars to drive, big shopping malls with lots of security for expatriates.

Saudi Arabia people like Indians a lot. They believe that Indians are hardworking and dedicated people. Hope people who travel represent our country and make our country proud.....

Thank you for giving me opportunity to share my experience.

Dr ABDUL MUJEEB BDS, MDS

Professor

**Department of Conservative Dentistry & Endodontics
SJM Dental College & Hospital**



PULP-DENTIN COMPLEX

match made in heaven

*The pulpo-dentinal complex is a rare and unique relationship.
The pulp, in selfless grace, gives the dentine everything it needs to survive.
From its baby steps as predentin, to the mature secondary dentin,
The pulp nurtures the dentin through every phase of life,
Giving its own life blood every single day....
So that the object o its affection grows to its fullest potential.
And the dentine lovingly holds and protects the pulp.
From the smallest temperature change, to the worst of traumatic insult,
The dentin puts itself between the pulp and all danger that comes its way.
So deep is the love between the two that the dentin transforms itself into a shield of protection,
Uncaring of what happens to itself....its only concern, to preserve the life breath of its soulmate.
The pulp sacrifices itself a little bit everyday
So that the dentine will thrive and prosper,
And the dentine , in stoic silence, enshrines the pulpal space even after the death of the pulp...
Each survives and lives thanks to the love, care and protection of the other..
It's a singular lifetime commitment
And they have no reason, save each other, to exist.
For decades, we have been responsible for the heart breaking end of this love story,
Our intentions have been impeccable,
To save at least one lover by sacrificing the other.
But now it is possible to save both; the creator and the protector.
To stop ruthlessly tearing apart,
What God Himself intended to be together forever.
With renewed commitment and vigorous research,
The future of this star crossed pair can be secured,
With our sincere efforts and the blessings of newer material science,
May the pulp be preserved
And the dentin never be separated from the one it loves and adores.
The pulp and the dentin,
Inseparably together,
In sickness and in health,

Till death do them part.*



Dr. Sumita Bhagwat
Professor, DYPU School of Dentistry,
Nerul, Navi Mumbai.

relax, rejoice, rejuvenate



Dr. Shalini Aggarwal
Professor
D. Y. Patil Dental College & Hospital
Pimpri



If in these morose times you feel the need to escape reality like I did, then [9-1-1](#) and [9-1-1 Lonestar on Disney+ HotStar](#) are perfect for you. They are shows based on Firefighters and will help you escape reality for a while without taxing your emotions overly or even staying for any amount of time in your consciousness. 9-1-1, is the chicken which laid the egg, and 9-1-1 Lonestar, is the spin-off. Both of them have character storylines that arc across episodes, whilst also having episodes that show the brave hearts doing their darndest to rescue the unfortunate.

It was good to see the workings of the emergency helpline and in what way they actually co-ordinate with the first responders on ground zero. The situations veer between being believable and downright ridiculous, but once on googling an exceptionally implausible situation, I found it to be quite true! The casts of both the shows go well with each other and there is a latent humour in both of them. 9-1-1 Lonestar has the additional advantage of starring Rob Lowe, who is eminently watchable.

Similar to both these series is [Station 19](#), which is a spin-off of Grey's Anatomy. However, I found the characters in that one to be rather shallow, and off-late, just like its parent show, it seems to have gone off-track. It's on Prime Video if you wish to explore it.

Other than the above, I highly recommend the [Ozark](#), which is on Netflix and has recently dropped a new season. It is about an ordinary accountant who is forced to flee into the wilds, to escape certain death. Jason Bateman and Laura Linney play the leads and it is great to watch them together.

I would round off this review by telling you about a few movies that I really enjoyed.

1. [Mandela \(Tamil - Netflix\)](#) is a movie that hits all the right spots and is satire at its best.
2. [The Great Indian Kitchen \(Malayalam - Amazon Prime\)](#) is a classic slow burn from Kerala with tremendous undertones.
3. [Photo Prem \(Marathi - Amazon Prime\)](#) Is a movie starring Nina Kulkarni, and you have to see her in action to realise why a lot of us feel that she hasn't quite gotten her due. This movie is about a woman who doesn't like getting her pictures taken, but then feels she needs one for her own funeral. The ensuing situations are delightful.
4. [Nagarkirtan \(Bengali\)](#) is the journey of a trans women, and the relationships that she forms. It is as expected, very intense and you need a strong heart to watch this one.
5. [Milestone - Meel ka Patthar \(Punjabi / Hindi - Netflix\)](#) tells the tale of an aging truck driver who confronts his own mortality and loneliness.
6. [Minari \(Korean/English - Amazon Prime\)](#) is the tale of an immigrant family who are fighting hard to survive in their chosen land. It is no Parasite, but it's a good watch.

I am looking forward to watching [Thi.mi.ram](#), [Biriyaani](#) and [Nayattu](#). If you watch these before I do, let me know how it went.

Stay Safe. Cheers.

we're vaccinated.. are you?



Collage Courtesy:
Dr. Kavita
 Head of Department
 GDC Chennai



In Memoriam..

Dr. Vipul Sapra

Reader, Dept. of Endodontics
DJ Dental College
Modinagar, UP



ON THE BACK COVER:

SPOTLIGHT

A microscopic image showing evidence of pulp mounting an angiogenic response and formation of microcapillary plexus.

Prof. C.S. Karumaran
Chennai

