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INTERNATIONAL MAGAZINE

Yoga and Dentistry
IADS & YDW Congress in India
Voluntary Work in Sudan



dti] Dental
Tribune
International

“You’ve got to follow your passion. You’ve got to figure out what it is you love—who you really are. And have the courage to do that. I believe that the only courage anybody ever needs is the courage to follow your own dream.”

Oprah Winfrey

Editorial

Dealing with life's challenges...I was happy to be invited to be part of the YDW family one year ago and participate actively in both issues of the AIM as member of the editorial board. It is a pleasure to welcome you here in the name of my colleagues from all over the world.



I decided to tell you about my new/old life in the US. It has almost been a year since I decided to leave the old continent, Europe, and moved to the US. Why? Because I wanted to try something different than the European Way and at the same time explore the American dental education system. After the wonderful experience inside the European Dental Students' Association, I knew that only an international city, where different cultures meet and blend together, would meet my expectations. That being said, I was lucky to be accepted at New York University College of Dentistry to continue my education. Moving to the "Big Apple" with no friends and ready (or not?!) to accept a new challenge was just the start. Step by step, I started to get used to the city, achieve the university's requirements and make new friends from all over the world, feeling comfortable again. Still, the trip was not over. I felt that I could be more challenged by the research education possibilities offered by the system, and the city has too many

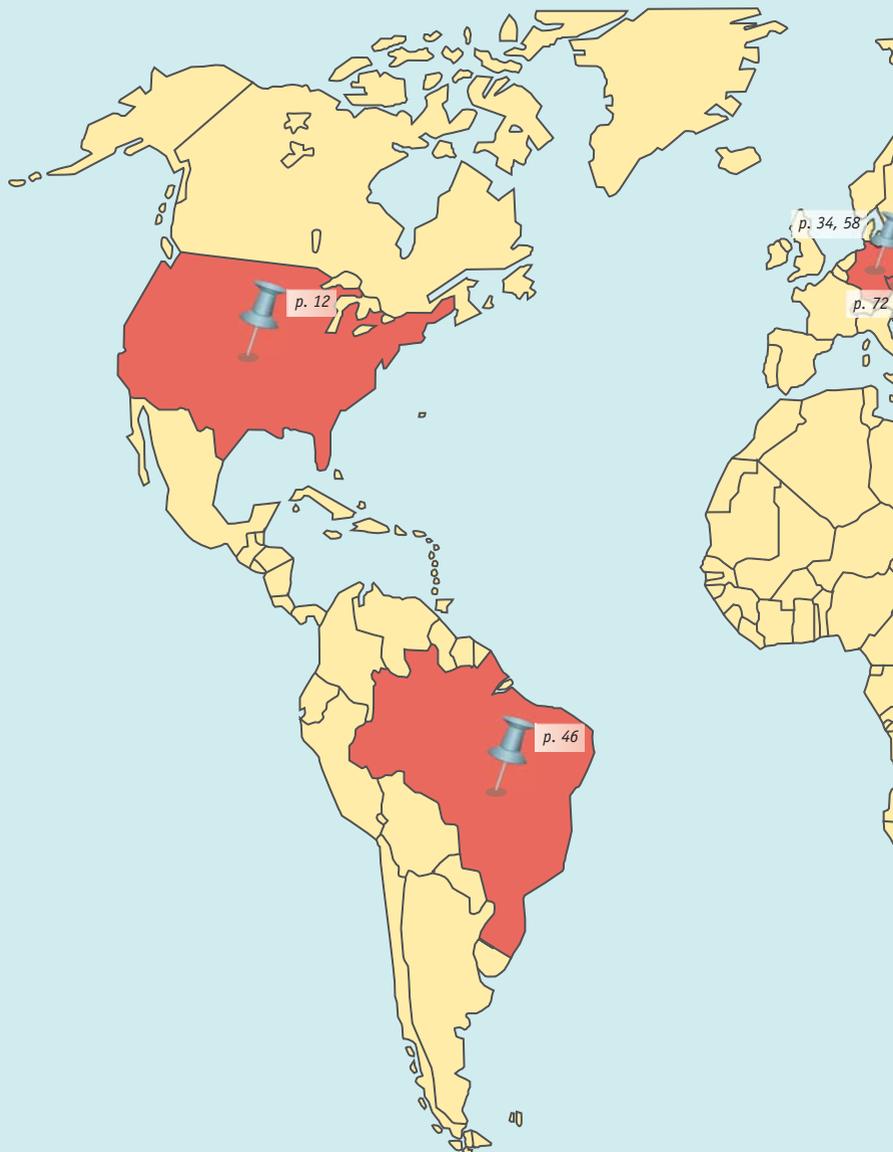
temptations that won't let me focus on my education—the purpose of my "trip" to the US. So, the story goes on and after my interview at Tufts University School of Dental Medicine—one of the top dental schools in the world, I gladly accepted the idea to continue my education and start a new life again, this time in Boston.

It's been just a little more than a month since I am discovering a new, different type of city. The demanding program, missing my friends are currently the new challenges I am facing, still I know that every beginning is difficult and only going through tough moments will make the later results worth it. That being said, I encourage you to try the "American experience"!

Thank you all for reading my story and Julianne for giving me the opportunity to share it!

Sincerely,

Irina Dragan, Boston, MA.





Read about these countries in this edition.

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International Speaker Development Program (ISDP)

TEXT: Dr. Mark Antal, President of YDW

“Leading the world to optimal oral health.” This is a sentence that has been around the globe for a while and has a meaning for every dentist. Taking FDI’s mission to the dentists is the responsibility of the current members and stakeholders of FDI. This had and will have an impact on the present and the not too far away future, but going one step forward, for a vision to come true, plans have to be done for the coming decades as well.



The Ideas of ISDP

Finding a partner for these plans is never easy, but, in the cooperation with Nobel Biocare, an internationally recognized partner was found, sharing visions and missions in global healthcare. Young Dentists Worldwide has been working on this for almost a decade, and now the outcome seems to be closer than ever. The main goal is to contribute to improving global oral health by establishing a global network for the next generation oral health profession opinion leaders, through the development of an international speaker development program. Creating a program for a few young dental professionals might not be realistic, but connecting this with local inputs of the mission, and delivering the vision to future FDI congresses, events and, even further, reaching a much wider target group via web-based platforms and education is the way to go.

The Beginning

The history of this program goes back several years. Already in 2005 we were discussing a possible cooperation with FDI with a similar idea. In 2007 in Dubai, the leaders of YDW were pushing this plan to the new members of the FDI head office. Thanks to one of the YDW founders, Stephen Smith, the program was a well structured and a really innovative plan. It was warmly welcomed by FDI stakeholders and discussions led to an agreement with Nobel Biocare. The sponsorship was for the first version of the ISDP that was launched in Stockholm in 2008. Unfortunately, the global economic crisis had reached FDI and Nobel as well and there was a major stop of the progress. The original idea had to be canceled and costs had to be cut.

Where we are now

Today we are at a stage where, hopefully next year, we could finally make the last step and restart the program in the current, updated, more popular and cost-effective version. FDI's

Education Committee and Council have to make their approval of the current version and, if everything goes fine in Mexico and during the next midyear meeting in Geneva, first participants can start the three-year program in Hong Kong in 2012, which is where FDI will have its 100th Annual Congress.

The Program

The basic plan is a combined program including nine separate modules. Each module has an independent structure. Some of the modules will be organized as part of the Annual World Dental Congress (AWDC), mainly as elective pre-congress courses. Suggestion is to let these modules be accessible separately from the International Speaker Development Program (ISDP). The whole curriculum is separated into two parts: one is to be organized during the FDI congresses and all the remaining knowledge can be gained via an online education course.

The current version of the ISDP is based on the cooperation with Nobel Biocare, but can also become a long-term successful and self-supporting program. Although the money for the program has been received years ago by FDI, up until now, no expenses have been made by YDW. Hopefully all of the sponsorship will be accepted and spent on the ISDP, and in the not too far future it might be

possible to develop it into a Master of Science (MSc) program.

Modules to be organized during the AWDC:

- Photo and documentation module
- Oral presentation module
- Health promotion/prevention

Modules to be organized online:

- Poster editing module
- Presentation software (ppt/keynote)
- Appearance and lecture structure
- Article preparation
- Web based and e-learning
- Literature and content review

// INFO //



Dr. Mark Antal has been the YDW President since 2009 and is an honorary lifelong member of IADS. For years he has been active in the work of FDI.

In his home country Hungary he is working in the university of Szeged and in his own clinic.

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Organized Dentistry as a Foundation for Practice

TEXT: Dr. Michael Meru

4,380... You must be saying to yourself, "What a random way to start this article." Well, let me get to the point. It will take me 4,380 days, or 12 years, of post-high-school training to be allowed to practice as an orthodontist. Broken down that is 5 years of undergraduate college at an American university, 4 years of dental school, and 3 years of orthodontic training.

My Aims, My Way

Years ago, when I decided I wanted to enter the dental profession, I did so with two main goals in mind: first, to have a career in which I have enough income to provide a good living for my family and have time to spend with my children, and second, to have a skill set that I can use to give something back to those who were less fortunate than me. A quote by William Penn truly shaped the way I went about my dental training. He said, "I expect to pass through life but once. If therefore, there be any kindness I can show, or any good thing I can do to any fellow being, let me do it now, and not defer or neglect it, as I shall not pass this way again." Upon matriculating at the University of Southern California School of Dentistry, I sought ways to become a good dentist,

while at the same time giving back to humanity and the profession. It was then that I was introduced to organized dentistry and to the American Student Dental Association (ASDA) and American Dental Association (ADA). The missions of these two organizations include protecting the public's oral health, advancing the profession and maintaining the highest standards of ethics and professionalism.

Our Mission

That said, as I looked around my community, country, and the world, I saw that in our own microcosm of dentistry, there were crises occurring that needed to be addressed. There were millions of children who were not receiving care, people were coming down with lethal cases of oral cancer that could have been solved with

a simple oral cancer screening, governments with no dental knowledge were regulating how the profession of dentistry was to be practiced, and some dentists were treating their patients as a means to an end and not an end in and of themselves. Initially this saddened me, but I became hopeful as I saw others who recognized the same issues and were fighting to resolve them through organized dental groups like ASDA, the ADA, the European Dental Student Association (EDSA) and others. I signed on as a volunteer with both ASDA and the ADA and was fortunate to spend six years as a student volunteer in those organizations. The experiences I gained while serving have laid the foundation for the way I want to practice for the rest of my life. The times I was able to sit down with congressmen in Washington DC, go on dental mission trips to East Los Angeles and all the way to Central America, brainstorm with other leaders on how to solve the barriers-to-care dilemma, participate in the drafting of a white paper on ethics in dental education, etc...have shown me that participation in such efforts isn't just another way to pad a resume, it actually can make a difference and change not only the way the profession is practiced, but it can change a patient's life for the better.

What Organized Dentistry gave me

As I prepare to venture into private practice several months from now, my involve-



ment in organized dentistry has made the road ahead much clearer and easier to tackle. And involvement in organized dentistry doesn't stop the day I graduate, it must continue. If we don't shape the way dentistry is to be practiced, someone else will, and more often than not that person won't be an advocate for patients or the profession. Hopefully each one of us will give back to organized dentistry for altruistic reasons, though one side effect of volunteerism that I was not prepared for was all of the personal gain that came through the efforts. As I worked with different leaders across my country, I found that job offers, patient referrals and other opportunities came in abundance. Not only that, but I found that I was happier and that my demeanor in life was much more positive.

Sorry for almost getting "preachy" there, but, bringing it back down to earth, each



one of us is extremely fortunate to be part of the dental profession. We have careers that enable us to make a great living and to help our fellow men to have better lives. That is really cool, and I guarantee you a lot of people would love to be in our shoes. So wherever your professional pursuits may lead you, remember how fortunate you are and look to get involved in organized dentistry—if you do, the profession, your patients and you will all benefit.

// INFO //



Michael Meru is an ASDA Past-President and 2009 Graduate of the USC School of Dentistry. Mike is currently a third-year orthodontic resident at USC, an Editor for the Journal of the American College of Dentists, as well as board of regents member. Mike, his wife Melissa and daughter Elle live in Calabasas, CA.

//

DentCoach 2011

We would like to invite you to participate in an ambitious not-for-profit coaching project "DentCoach". This global project started in September 2010 after consulting with Young Dentists Worldwide (YDW). The project is the logic follow-up of the successful project for young veterinarians VetCoach that was launched in August 7. VetCoach (www.vetcoach.info) has produced 5 book editions and over 11,000 books, available in English and Spanish for Europe as well as North and South America.



The concept behind the DentCoach project is to collect professional experience from dentists around the world and make it accessible to students and recent graduates to inspire them and to help make the right strategic career decisions. The project includes colleagues in all kinds of roles and responsibilities: practitioner, researcher, professor, government official, business (wo)man. The

DentCoach project is about building up a "collective source of wisdom" to inspire and motivate dentistry professional starters, based on expertise collected from dentists world-wide. The vision of the project is to make this collection available as **a gift to dental students around the world** at or before graduation. The first step for the DentCoach project is to collect career reflections



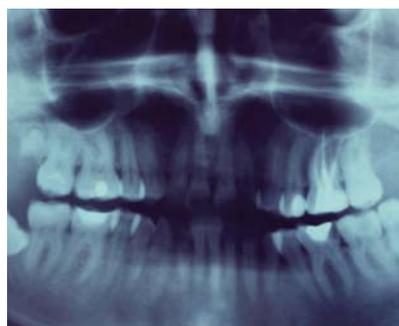
from dentists, like you and the colleagues in your professional network. The inclusive criteria is having finished dental school at least five years ago.

Your contribution

The question we ask you is to share with DentCoach three or four key „*learning experiences*“ that you had after your graduation which made you think now “if only I had known this when I graduated”. For each „experience“ the text is suggested to be about **300 to 400 words**. We accept exceptions but kindly ask you to stay close to the requested format. To give you an idea, this paragraph counts 77 words.

We are looking for the **experiences** you had over the years that have **made you a more successful professional person**. Decisions you made early on that proved to be critical (positive and negative) later in your career. These can be decisions related to your career in practice, in university, or in industry and in your private life that have influenced your professional career. Your experiences in National or International dental associations and organizations would also be of value. The purely scientific or dental technical insights (such as which diagnostic or treatment procedure you prefer) are not what we are looking for. However, experiences and career decisions that made you more successful as a scientist are of course within the scope of the project. Also experience in the area of work-life balance would be highly appreciated and are considered integral part of professional development. With the high number of female students in all schools today, this issue is more relevant than ever. How do you balance work and private life?

We all know well that we learn best from the mistakes that we (and others) make, so please also consider including some DON'Ts in your contribution. Things you did that turned out to be very serious mistakes and which (almost) put your career



- your current position and location
- year of graduation, dental school country and city attended
- nationality, gender, birthday (or year).
- brief but complete professional history and background in order to give the students a good perspective on “*who you are*” and what you have done so far (if possible please do not exceed 250 words, but if needed, just go ahead)

From a format point we ask for the easy to read “*story format*” that is used for speakers at (international) congresses. Not bullets with year in reverse order.

Your photo

This can be a passport type “*mugshot*” or one that shows you in family, friends, or hobby situation. The file should be JPEG format at minimal 800x1,000 pixels for sufficient resolution. All family digital cameras today make photos with higher resolution (between 1 or 2 MB is now the standard). TIP: don’t send the photo as attachment by e-mail in the photo function (as is available in hotmail and others) because these programs reduce the file size back to low resolution. Please send as a normal file attachment.

Submitting your experiences automatically implies that you transfer the information to Uppertunity Consultants and give permission for it to be used it in the context of the “DentCoach” projects. The

at risk, and that should be avoided by new graduates if at all possible. **If English is not your native language**, please don’t let this stop you to participate. You can ask a native colleague to edit your text, or you can ask DentCoach to do so. Your experience is what counts!

The experiences you send to us will be presented together with your name and professional credentials. Therefore we will also need:

Your brief but complete resume or CV that includes:

combined experiences will be made accessible to new graduates and, depending on the help we get from all of you and thereby the success of the program we plan to use the material in print. Each VetCoach edition has about 100 authors from around the world contributing, with a relative overrepresentation of local or regional veterinarians depending the target student population. Your text contributions and CV collection will not be published in internet. As you can see in VetCoach website, we have some example texts. No CVs.

New contributors!

We highly appreciate your help in identifying other dentist colleagues around the world who you think might be able to contribute valuable and/or significant experiences. Please send your recommendation to us via e-mail and may be the motivation why you think this individual should be approached. Remember, everybody is welcome. Don t forget to include up-to-date e-contact information.

How much time?

Once you have given it some thought and prepared key-words, it will most probably **take you two to four hours**, depending on your personal writing skills. Sharing your wisdom will be highly appreciated by new dental professionals who will be able to benefit from your personal experiences and advice.

Due date

We kindly ask you to submit your **text, CV and photo within four to six weeks** and or to let us know when you think you can do it. We look forward to receiving your input. Please confirm by reply e-mail today that you received this mail. If you are not able to submit your contribution within six weeks, please take a minute and let us know by reply mail when we can expect your input. In case you decide not to contribute to the project for personal reasons, please let us know, so we don't bother you with follow-up reminder e-mails. Your contribution does not include your contact details or website, unless you insist that we do.

Further questions?

Please let us know if you have further questions regarding this project. Looking forward to hearing from you and thank you in advance for your valuable help.

// **INFO** //

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//

IDSS 2011







A Dental Experience to Remember: International Dental Summer School 2011

TEXT: Esti Riyanda Astuti

International Dental Summer School 2011 (IDSS) is the second generation of captivating Summer School organized by Dental School of Muhammadiyah University of Yogyakarta, Indonesia. The program is combining academic and clinical activity. The aims of IDSS are to broaden students' knowledge in dental health care in Indonesia and to let International students gain practical experience in dentistry that we have.

What you can learn and do

In a developing country everyone can witness the impact of poverty on dental health and that in conclusion the quantity and quality of dental morbidity is way higher than we find in western countries. IDSS allows the participants to perform subjective and objective examination, diagnose and treatment in modified problem-based learning systems. There are two major programs that IDSS offers. The first is the educational program that consist of activities in university, clinical visits and voluntary work. The second one is a non-educational program with some intercultural activities and city tours. IDSS has already arranged a program in three weeks with different topics each week. Preventive and promotive/prophylaxis dentistry for the 1st week is followed by curative and rehabilitative dentistry (ART and LSTR 3 Mix MP) and herbal medicine and acupuncture. The educational program requires some layers of education which start with the class and are followed by tutorial discussion, skill lab activity, clinical visits and voluntary work, and end with case report presentation.

Helping people with voluntary work

The main clinical activity of International Dental Summer School 2011 was voluntary work. The activity was conducted in a village that indeed has a high number of cases. The participants worked on some divisions based on the operator's chart

such as sterilization, physical examination, operator assistance, prescription, and public dissemination (to do such fun dental education with villagers), curative treatment (atraumatic restorative treatment, lesion sterilization and tissue repair (LSTR) 3 Mix MP and extraction). The activities were all actually the extension of skill lab activity in which, after getting the basic knowledge and skill training, the students were expected to become all-capable to do anything required in voluntary work.

What happened at IDSS 2011

There were 12 participants attending the IDSS 2011. They came from Poland, Taiwan, Czech, Slovakia, Denmark, Finland, and Turkey. All participants had accomplished the educational program very well. It's really great to see their enthusiasm and excitement about the program. For the detail of IDSS 2011 itself, IDSS 2011 had two new programs. The first was the Village Day, which let participants experience how to be Indonesian villagers. The participants did the same activities that the local villagers do. The tour around the village was prior to other activities. This was continued by villager's activities such as rice field digging, traditional game and sport, fish farming, bathing the cows, planting the corn and so forth. In the nighttime, the participants and the committee members slept in villager's houses and socialized



with the people surrounding them. The second new program was social work and a trauma healing project that was conducted in a shelter of Merapi volcanic refugees. The purpose of this project was

to heal the psychological trauma of the refugees and also to perform social work for the local government. Besides the educational program, IDSS 2011 also offered a non-educational program that consists of a city tour and intercultural activities like international expo and international dinner. On the city tour, both participants and some committee members visit famous tourism objects that have historical value, like Borobudur Temple, Prambanan Temple, Vrederburg Fortress, Tamansari Watercastle, Sultan Palace, Ramayana Ballet and also the clay arts center in Kasongan and the silversmith center in Kota Gede. The participants also go to some beaches, like Parangtritis, Krakal, Baron and Kukup and in the afternoon all participants and committee members can enjoy the barbecue party at the beach. IDSS 2011 also offered rafting, tropical camping and outbound this year.

What comes in 2012?

We will have the same International Dental Summer School program next year in July 2012. The application period has started and will end on the 11th of May 2012. The Educational Program costs 380€ including hotel, transportation, breakfast and lunch, and official parties (this doesn't include travelling costs, visa and tour). The Social Program will cost about 100€. The maximal quota are 25 participants.





For more information, please contact us on:

- idss2012@yahoo.com and
- our official facebook account at IDSS MUY.

Or contact Esti Riyanda Astuti, SKG as the Executive Steering Committee Chief :

- phone: +62 813 45924-309,
- facebook: Esti Riyanda.

We would like to welcome you next summer. Get the application form, fill it and send it back to us via e-mail:

- idss2012@yahoo.com.

Get ready to experience a dental experience to remember!

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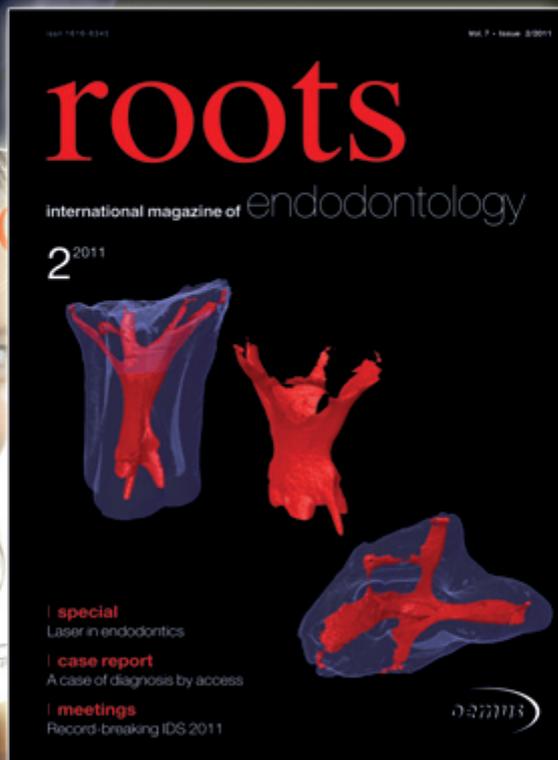


Esti Riyanda Astuti is a young dentist in final internship, Executive Steering Committee Chief of International Dental Summer School of Muhammadiyah University of Yogyakarta and also IDRPs Local Scientific Officer. Her biggest passion is the public healthcare system, epidemiological research and voluntary work.

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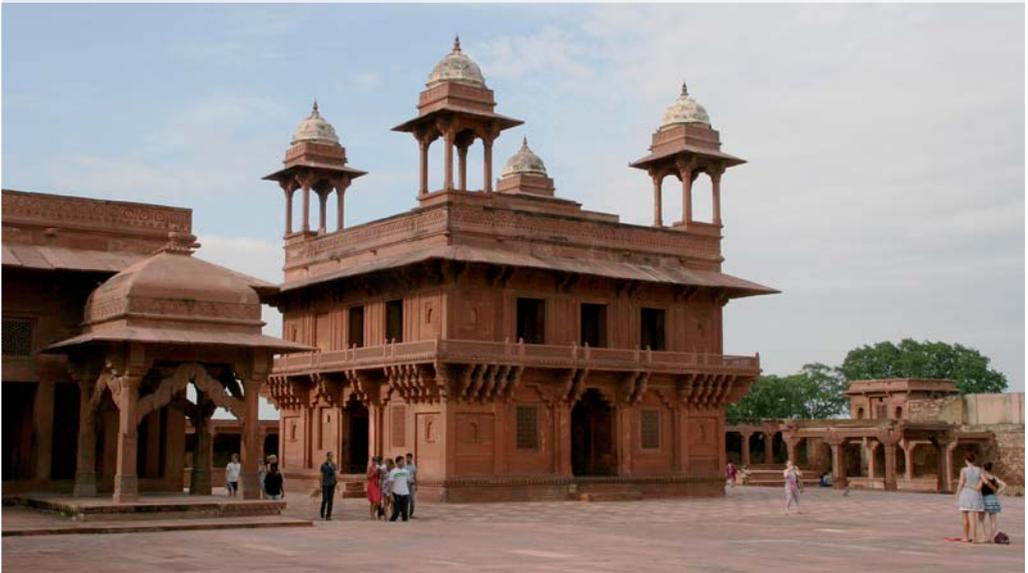
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The 58th IADS & YDW Annual World Dental Congress



The 58th IADS & YDW Annual World Dental Congress, New Delhi, India.

TEXT: Ionut Luchian, IADS Immediate Past President 2011–2012

If somebody would have told me years ago that I will be facing now the strange but very interesting feeling that sometimes the world is not enough I would have started laughing for sure. How can you describe in words something that you can consider part of yourself without being neither boring nor superficial? I think it's indeed a difficult mission but a mission which must be accomplished.

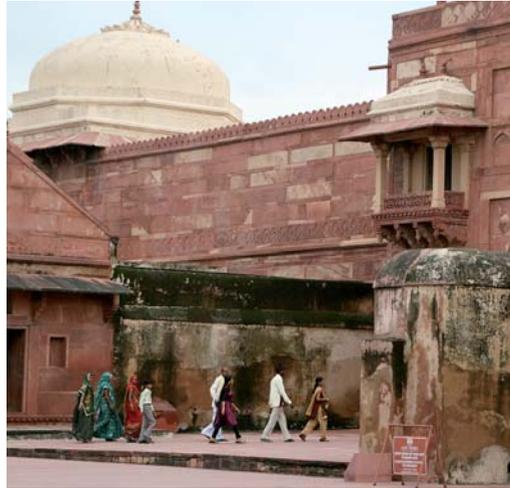
A very special congress

International Association of Dental Students (IADS) & Young Dentists Worldwide (YDW), the sister organizations which are actually leading and changing the new dental community, had this year's annual meeting in New Delhi, India. 2011 is a very special year for both associations, because IADS is celebrating 60 years of existence and YDW 20 years of activity. This year's meeting was organized and hosted by the Dental Student Welfare Association of India (DSWAI) under the chairmanship of Dr. Chandresh Shukla. The event began with an impressive pre-congress in Agra. The pre-congress is usually more informal and has a mainly social-tourist dimension. For two days the participants could familiarize themselves with the Indian culture and traditions.

The organizers provided a full tourist programme, including the famous Taj Mahal and the Fort of Agra. We were overwhelmed by the diversity of the places we got the chance to see in such a short time. The pre-congress was also the first opportunity for the participants to meet the famous Indian cuisine.

Special days in New Delhi

After the pre-congress we departed to New Delhi, in order to attend the 58th IADS & YDW Annual World Dental Congress. Such a successful pre-congress announced early to us that an amazing congress is about to begin. The participants were accommodated in a very nice hotel in New Delhi and the entire congress was scheduled to take place in the resort, in order to avoid transfers between



different places. The special guest star of this event was, without any doubt, Dr. Roberto Vianna, the president of the World Dental Federation (FDI). Dr. Vianna found time in his busy schedule to join us, because, as he said, dental students and young doctors are very important to him. The FDI president was invited by our colleagues from DSWAI, who surprised everybody with such a remarkable guest. The scientific part of the congress was a piece of contrast in the programme. Both, well known Indian and international lecturers, were invited and their presentations opened new perspectives to the dental students and young dentists. It was our personal honor that a former IADS President and Honorary Lifelong Member, Dr. Mark Antal from Hungary, was invited to give a lecture during this exclusive scientific meeting. The traditional

SCORE Lecture Contest was won, for the first time in IADS history, by an Indian student. This fact brought even more joy in our hosts' hearts.

„Old friends pass away, new friends appear. It is just like the days. An old day passes, a new day arrives. The important thing is to make it meaningful: a meaningful friend—or a meaningful day.“ (Dalai Lama)

General Assembly, the heart of each congress

The most important part of the congress, the IADS General Assemblies, took place



in the hotel where the guests were accommodated and revealed once more that, behind the friendly and sincere atmosphere, there is also a huge amount of hard work involved. The democratic spirit, the will of rational debates and the reciprocal respect of opinions were the attributes that characterized the GA's. The most awaited moment of the congress was probably the election of the Executive Committee for the term 2011–2012. The results of the elections revealed that the new Executive Committee will be formed by:

President: Stefania Rado (Hungary) / **General Secretary:** Pavel Scarlăt (Romania) / **Treasurer:** Babak Sayahpour (Germany) / **Editor:** Karolína Floryková (Czech Republic) / **International Scientific Officer:** Magdalena Wilczak (Poland) / **International Exchange Officer:** Cristiana Focseneanu (Romania) / **Immediate Past President:** Ionut Luchian (Romania)

Another important aspect of the congress was the Young Dentists Worldwide General Assembly. The YDW GA underlined the

Dental Summer 2011—Where young dentists in Germany meet

TEXT: Juliane Gnoth

It was the second time that members and friends of Young Dentists Germany (BdZA) gathered at the Baltic Sea not far from Lübeck in the place called Timendorfer Strand. In 2010 BdZA developed the cooperation with IFG, a company that has organized courses and congresses for dentists for many years.





BdZA and IFG invite to Timmendorfer Strand

Their high-class education has its prize, but Wilhelm Hakim and his team discovered the potential of the young generation—their future customers. After making the concept for the Dental Summer events, they offered BdZA members plus students short before graduation free participation in the meeting. In 2011, 250 students and young dentists came to Timmendorfer Strand to spend two days

listening to top lecturers. Many could not attend as the number was limited. From adhesive techniques to functional analysis, the dental topics were widespread and completed by courses like shaolin trainings. Last year, BdZA rewarded Wilhelm Hakim and his team from the IFG with the 1st German Dental Alumni Award for excellent efforts concerning the education of young dentists. But not just the courses are special in the Dental Summer concept, also the after-lecture-happen-



ings are not as usual. When normally participants of congresses and lectures just leave, they gather together at the Dental Summer.

Social life at Dental Summer

Every evening of the four days offers barbecue or even big parties to take part in. In this leisure atmosphere, young colleagues meet settled dentists and can share experiences and tricks. As the congress hotel is located directly by the seaside, each break gives the chance to have a quick rest in the sun and being at an educational event feels more like holidays than usual. Like last year, the IFG Summer Party was the main event. Again, the band The Clou made the crowd dance and party for hours. But before going to the parties, many participants of the congress shared a special experience—the official beach volleyball contest. Twelve teams with four players each were randomly chosen and started the contest on Thursday after the lectures. The weather was

changing daily, but the contestants were taking it seriously and played the finals even with tough rain and cold wind. The winning team got high-quality dental loupes each and celebrated their win at the farewell party on Saturday. The four final teams played each evening after being in the courses all day, but also other participants wanted to see the games and joined the whole crowd at the beach.

BdZA and the future

The active members of Young Dentists Germany used the week also to work on their ideas and plans for the future. Jan-Philipp Schmidt, President of BdZA, and Wilhelm Hakim from the IFG, underlined their will to continue the cooperation as the Dental Summer event is a very attractive gathering for the young generation. For BdZA it is a good opportunity to get new members and the IFG generates new costumers—no reason not to plan for Dental Summer 2012.



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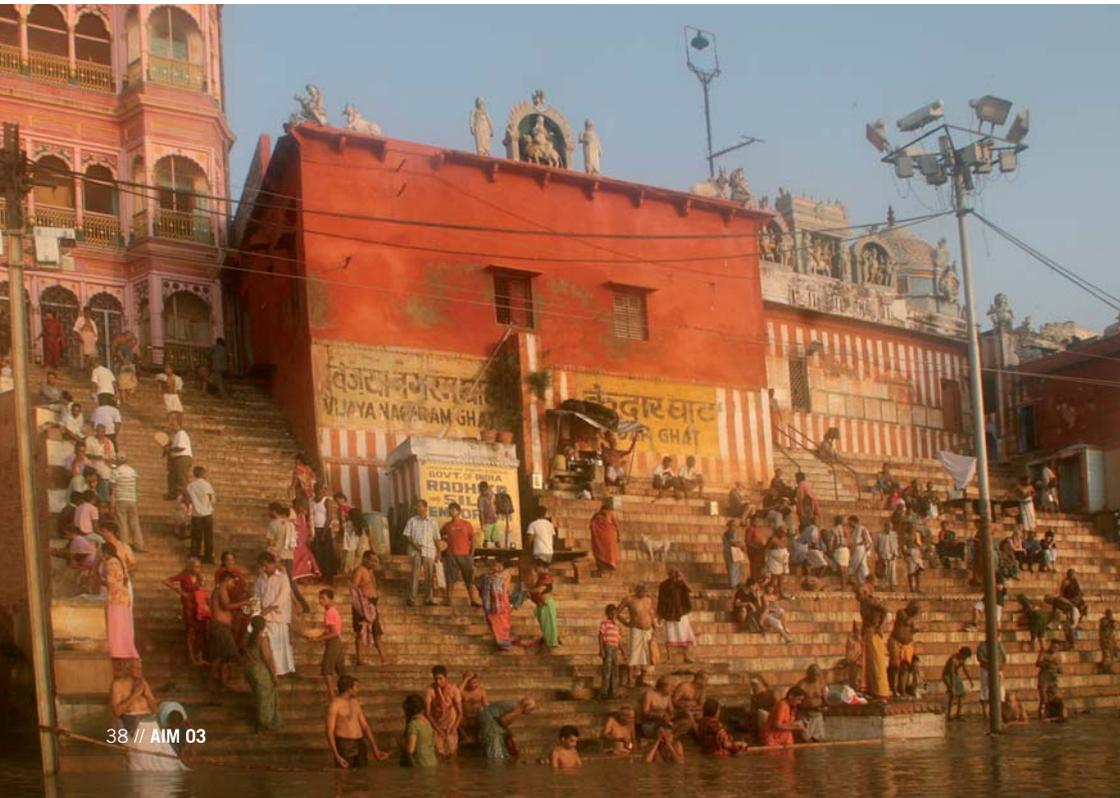
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Herbal medicines and dentistry: Herbs and Treatment

TEXT: Dr. Saurabh Lall and Dr. Anu Aggarwal

From time immemorial, generations in India and other countries have grown up hearing the grand Hindu Epic “Ramayana”. In this world famous epic of the Hindi poet Tulsidas, there is a description of a wonder herb called the “Sanjeevani booti” (Life giving herb), which according to the popular belief had given life to the dying “Laxmana”, the younger brother of Lord Shree Rama. Since then, the question of existence of such life-giving herbs has been floating in the minds of people. According to the Ramayana, the Sanjeevani booti is found in the Indian Himalayas and has the unique property of bioluminescence, which helps in its easy identification.



In Hindu mythology, Sanjeevani is a magical herb which has the power to cure every known and unknown malady. It is believed that medicines prepared from this herb can even revive a dead person. This herb is mentioned in the Ramayana when, during the battle with Ravana (the King of Demons), Lakshmana was wounded and nearly killed by Ravana's son Meghnaad. Hanuman was called upon to fetch this herb from the Dronagiri mountain in the Himalayas (currently in Uttarakhand State of India). Upon reaching Mount Meru, Hanuman was unable to identify the herb and decided to lift the entire mountain and brought it to the battlefield. Herbal medicine or "natural remedies" for dental care have been around for centuries, only now there is research to prove if they are effective or just old wives tales. Herbs with medicinal properties are a useful and effective source of treatment for various disease processes.

Applications of herbal medicines

- **Fluoride**, a naturally occurring mineral has been proven to protect teeth from decay.
- **Non-alcohol mouthwashes**: Alcohol dries out the mouth which can cause discomfort and create an environment for more plaque to thrive.
- **Tea**: Wet tea bags can give relief from canker sores, swollen gums, toothaches and stop bleeding after extraction.

- **Cold sores**: A diet high in lysine and low in arginine has been found to be helpful. In vitro studies indicate that the amino acid arginine is required by the herpes virus to replicate. Since lysine competes with arginine for intestinal transport, a diet rich in lysine (brewer's yeast, legumes, dairy, wheat germ, fish and meat) and low in arginine may have an antiviral effect. Chocolate, peanuts and almonds are high in arginine and should be avoided. In addition to dietary changes, lysine supplements are recommended. A dose of 1,000 mg taken three times a day has been shown to be effective. This approach is not curative but can help prevent recurrences.



- **Green tea halts growth of oral cancer cells and kills existing oral cancer.** Ingesting or swishing with green tea introduces the tea polyphenols to the oral cancer cells which may be present in the mouth. The polyphenols are antioxidants, which work to remove the free radicals (*oxidants*) that cause mutation of genes, which may lead to cancerous growth to prevent gene mutations from the actions of the oxidants and cause cell death in cancerous cells without harming the normal cells. They can also inhibit the growth and spread of cancerous cells. The mouth's

mucous lining must be exposed to four to six cups of green tea a day. This study suggesting the use of green tea as a beverage or in oral health and skin care products is likely to be beneficial in helping to prevent oral cancer.

- **Zinc:** Available in lozenges to relieve the pain of a sore throat. Topical applications of zinc can reduce symptoms and prevent cold sores recurrences. It is applied directly to the skin at the site of the flare-up. Zinc can also be used to help alleviate cold and flu symptoms.

- **Lemon Balm:** Lemon balm cream pro-



Fig. 1: Barberry Bark to treat bad breath. – **Fig. 2:** Valerian is used to calm nervous patients. – **Fig. 3:** Aloe Vera gives benefits to the skin such as vitamins and amino acids. – **Fig. 4:** Tea prevents periodontal disease.

moted the healing of cold sore blisters in five days.

- **Honey:** Has enzymes that contain anti-bacterial quality phytochemicals which act as antioxidants to prevent the erosion of tissue surrounding teeth as a result of an infection. Caution, honey can vary widely in the potency of its antibacterial agents and should not be given to children under two years of age.

- **Plant Aloe vera:** Anti-viral and anti-inflammatory properties, Aloe vera provides additional benefits to the skin, such as amino acids, B1,B2,B6 and C vitamins. Dentists recommend patients to consume Aloe vera juice to treat various internal ulcerations of the mouth, including aphthous ulcer, lichen planus and oral mucus membranes. Recent findings show that Aloe vera cleared up oral lesions associated with lichen planus better than any other traditional treatment.

- **Oil of calendula:** For mouth wounds like cold sores.

- **Plant-derived amica** can be useful to patients after a tooth extraction or after oral surgery. It responds to minor trauma

- **Valerian** (Gilgiti valerian in Hindi and Mushk bala and Risha wala in Urdu): Used to calm nervous or anxious patients who are interested in an alternative to nitrous oxide.

- **Barberry Bark, Myrrh Gum:** To treat bad breath.

- **Horehound:** To treat acute or chronic sore throats and coughs.



- **Speedwell:** To gargle for mouth and throat sores

- **Echinacea Root:** To treat strep throat.

- **More Tea, Less Cavities:** Drinking black tea can help prevent gum disease and fight cavities by rinsing your month with black tea. Rinsing for 1 minute, 10 times a day resulted in a decrease in plaque build-up. The chemicals in black tea, called polyphenols, suppress the growth of cavity-causing bacteria in plaque and reduce acid production levels. So drinking black tea could reduce the number of cavities and prevent periodontal disease.

- **Natural Whitening:** Brush with normal toothpaste and rinse as usual. Dip the brush into baking soda and brush again with it for one full minute. Rinse with mouthwash. Once Weekly: Substitute the following regimen for one brushing each week—mix two teaspoons of baking soda with enough hydrogen peroxide to make a thick paste, brush and allow the mixture

to remain on your teeth for at least two minutes. Do not swallow this mixture, Rinse and brush again with your regular toothpaste.

- **Hibicleans OTC** and dilute a 4oz bottle with a gallon of water, it has the same effects as chlorhexidine.

Interactions

Blood thinners, such as the popular Ginkgo biloba can interact with aspirin leading to prolonged bleeding time. Patients taking ginkgo may bleed through their gums, and the product may cause uncontrollable bleeding or speed up existing gum diseases.

The following herbal medications can also cause an increase in bleeding when combined with prescription or over the counter drugs...Garlic, Melilot, Sweetwoodruff, Horse Chestnut, Cinnabar root, Alfalfa, Dong quai, Barberry, Goldenseal, Oregon grape, Feverfew and Bromelains. These herbs increase the action of blood thinners Coumadin, Warfarin and other coumadin anticoagulants.

Vitamin C, when taken in the thousands of grams can cause problems and weaken the efficiency of anesthesia. Calming supplement, such as Kava Kava or St. John's Wort and Valerian can enhance the effects of the anesthesia to cause problems. It is recommended to gradually discontinue the use.

Dandelion and bearberry are both herbal supplements that are said to work as a diuretic. These can interact with and over-enhance the effects of prescription diuretics, which can lead to dehydration, loss of potassium in the body, and even disrupt heart-rhythm.

Echinacea—possible problems with allergic reactions, decreased effectiveness of immunosuppressants and possible immune suppressant with long-term use.

Ginseng can cause bleeding and hypoglycemia by lowering blood sugar. It is recommended to discontinue ginseng use at least seven days prior to surgery. Avoid mixing with:

- Warfarin (*Coumadin*), an anticoagulant—this combination could cause bleedingproblems.
- Phenelzine sulfate (*Nardil*), an antidepressant—might cause headaches, trembling or manic behavior.
- Digoxin (*Lanoxicaps, Lanoxin*)—might interfere with its pharmacologic actions.

Cassia cinnamon can decrease the effectiveness of tetracycline by up to 80%. Tetracycline can be used to help treat gum disease.

St John's Wort can cause drowsiness and sensitivity to light. It interferes with the effectiveness of other drugs such as Versed,



Fig. 1: *Echinacea* root is used to treat strep throat. – **Fig. 2:** *St John's Wort*.

Valium and Halcion, Coumadin and digoxin and Tylenol. Due to its ability to diminish the actions of other drugs it is recommended to discontinue its use five days prior to surgery. Avoid mixing it with:

- Antidepressants—combination of SJW with some antidepressants, such as selective serotonin reuptake inhibitor, may cause excess of serotonin. Typical symptoms include headache, stomach upset and restlessness.
- Indinavir sulfate (*Crixivan*), a protease inhibitor used to treat HIV.
- Digoxin (*Lanoxicaps, Lanoxin*), a drug used to increase the force of contraction of heart muscle and to regulate heartbeats.
- Theophylline (*Slo-bid, Theo-Dur*), an asthma medication.
- Cyclosporin (*Neoral, Sandimmune, SangCya*) an immunosuppressant

Valerian: Potential to enhance the sedative effects of agents used in general anesthesia. It is recommended to discontinue the

use of valerian prior to anesthesia. If someone is taking large doses of this medication, it is not recommended to abruptly discontinue this medication, but slowly decrease taking this herb in order to prevent withdrawal symptoms.

Avoid mixing Cayenne with:

- Angiotensin-converting enzyme (*ACE*) inhibitors, drugs used for diabetic kidney disease, heart failure, high blood pressure.
- heophylline (*Slo-bid, Theo-Dur*), an asthma medication.

Precautions

Sanguinarine is not recommended due to its links to predisposing gum tissue to oral cancer. **People with heart conditions** should be especially careful to avoid stimulants. The herb ma huang, known as ephedra, has been associated with stroke, heart attack, and sudden death. Ma huang is a herbal source of ephedrine, a powerful stimulant found in weight-loss and energy

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Yoga and Dentistry

TEXT: Dr. Rodrigo Venticinque

Competitive environments, fear, guilt, anxiety, restlessness, anger, disorganization, bills, unemployment, poor sleep, etc. are factors that usually cause emotional stress. Related to these factors are several systemic and oral diseases, such as non-carious lesions (abfraction, erosion, abrasion, wear), periodontitis, xerostomia, burning mouth syndrome, autoimmune diseases (e.g. oral lichen planus) and cancer that might be triggered by the immunological disturbance that is caused by continuous persistent and no-functional stress.



Body Alarm

When we are alert, teeth grinding or clenching do not exceed 80 kg/Force. However, in sleep, the force applied can be up to incredible 300 or 400 kg/F. The periodontal ligaments, bone, tooth structure, muscles, articular disc and gums end up overloaded and subsequently injured by this over-exertion. After a night with grinding or dealing with our bruxism, we wake up tired, tensed and in pain. Our body has the best alarm system in the world, however we misuse it. It is as if in the middle of the night, our alarm rang—it might be burglars breaking in, an earthquake, an accident—but instead of checking it out you simply turn off the alarm and go back to sleep. Unfortunately this is what we do most of the time when we experience illness or pain and we just



take a few medications instead of seriously dealing with the underlying causes and not simply the symptoms. We carry on like that until the day when the painkiller no longer kills the pain and we move on to stronger drugs, antibiotics or other substances.

We would grind away our tooth substance or occlusal plane, our articular structures. We also might lose the occlusion we had, a basic key to body statics, with fatal outcome.

Moreover, the increased and intensified function of the central nervous system (CNS) during stress causes among others xerostomia which in extreme cases might cause dysphagia, swallowing difficulties

and dehydration as well as multiple teeth decays and toothache. In this way xerostomia is capable of jeopardizing the quality of life of the person and indirectly can lead to the stress inducement. Last but not least the multilevel and multistep carcinogenesis process always includes stress either as one of the indirect causing factors mostly due to the immunological weakness that it causes or as a leading promoting factor as it induces several molecular pathological reactions.

Break out with Yoga

To break free of this cycle and get to the real causes, we must embark on a long journey of self-knowledge. The lack of awareness or perception of the surround-



Fig. 1 and 2: Non-caries lesions.

ing reality makes us loose touch with ourselves, and leads to emotional stress. We are always looking for something else, but not always do we know what we want or how to get it. To get you out of this trap, there is Yoga. Yoga, dating back to 5,000 years before Christ, is a physical and mental activity aimed at achieving self-knowledge, revealing our inner essence, fostering union with the Divine, and the cosmic consciousness.

Yoga comes from the sanscritic word “yuj” that means link, unite and although there are 5–7 branches of Yoga in the West, the most widely practiced being Hatha Yoga. Hatha Yoga is synthesized by two syllables: “ha” that means sun and “tha” which means moon. Therefore literally Hatha Yoga means the sun–moon union but it actual refers to the harmonic co-existence of all opposite forces of the universe such as light & darkness, sky & earth, day & night, female & male, com-

pleteness & emptiness. Hatha Yoga consists of stretching practices called Asanas, like the “Dog” or the “Cobra”. The idea of practicing Asanas was originally to stretch for the meditation. These positions like the “Lotus-position” demand flexible muscles, Asanas prepare for the meditation and are also a good way of practicing sports.

What it does

Yoga boosts body and mind awareness, and helps us notice what is good and bad for us, what we really like, or how we react to certain situations. Yoga expands thought and concentration, helps to focus, change habits, and boosts self-esteem. The physical effects are also very important: strengthens and stretches body muscles, improves fitness, oxygenates the body and brain, delivers an anti-stress effect, and boosts cardio-respiratory capacity. Breathing exercises release hormones that relax and dissipate



Occupational hazards in dentistry.

An e-survey

TEXT: Rowan Mojaidel Almojaidel



Abstract

Dental professionals are susceptible to a number of occupational hazards. Relying on relevant literature, this paper discusses selected occupational hazards, including occupational biohazards, stressful situations, latex hypersensitivity as well as factors leading to musculoskeletal system diseases. Dentists belong to a professional group potentially exposed to harmful biological factors, which most often are infectious microorganisms, less frequently allergenic or toxic microorganisms. The fundamental routes of spreading harmful microorganisms are blood-borne, saliva-droplet, direct contact with a patient and with infected equipment, and water-droplet infections. In this paper, the current status of knowledge on microbiological hazards in a dentist's work is presented, including groups of microorganisms, such as prions, viruses, bacteria, fungi and protozoa, to which a dentist is or may be exposed.

Introduction

During their professional work, dentists are exposed to a significant number of occupational hazards such as the potential contamination of infectious microorganisms, as there are four basic routes of spreading harmful microorganisms: 1) Blood-borne route, 2) Saliva-droplet route, 3) Direct contact, and 4) Water-droplet route. Moreover, dentists are at high risk for developing diverse musculoskeletal problems as well as hearing and vision diseases due to the constant exposure to noise (turbines,

saliva ejectors, etc.) and to artificial lighting and focusing on a limited surgical area correspondingly.³

Biological health hazards

In the case of direct contamination as a result of an accidental bite by the patient or through a needle, the greatest risk for the dentist are the viruses³: Hepatitis B virus (HBV) is highly infectious, easily transmitted through blood and saliva, and highly resistant to environmental agents, disinfection and sterilization. The dentist



may be HBV-infected through needlesticks or other accidental percutaneous injuries with sharp instruments, and through an aerosol of blood. The virus causes asymptomatic infections, acute or chronic, which may lead to cirrhosis.^{2, 7} It is estimated that infections with type B viral liver inflammation occur among dentists at least three times more often than in the general population, and among dental surgeons—at least six times more frequently. General vaccination reduced the number of occupational infections with hepatitis B. Hepatitis C virus (HCV) is a blood-borne virus containing RNA, epidemiologically similar to HBV. HCV infection remains asymptomatic in 90% of the cases and may de-

velop into a chronic liver inflammation and eventually cirrhosis and chronic liver cancer.⁷ HCV is less infectious than HBV.^{2, 7} The Virus causing the acquired immunodeficiency syndrome AIDS disease (HIV) is an RNA-containing retrovirus, transmitted in a blood-borne mode and through sexual contact. It attacks human CD-4 lymphocytes, causing a drastic immunity drop and death, most frequently as a result of infection with opportunistic microorganisms, normally indifferent to human health. Some of the most significant HIV oral manifestations are oral hairy leukoplakia, candidiasis and Necrotizing Ulcerative Gingivitis.^{3,7} The main sources of indirect infection are: saliva, gingival fluid, natural organic dust particles (dental caries tissue) mixed with air and water.³ The basic protective measures for patients and doctors against infectious viruses transmission are: 1) gloves, mask, glasses, 2) autoclave usage, 3) disposable units usage in case of treatment of a known seropositive patient, 4) permanent coverage of handpieces with a baggie.⁷

Stress

Stress comprises a frequent risk factor during dental practice, the dental profession is categorized among the most stressful ones. The psychological aspects of the dentist–patient relationship as well as the actual dental action (e.g. anaesthetisation, emergencies) are the main sources of dental professional stress.



Latex hypersensitivity

Latex gloves and masks might lead to allergic reactions as 2.8–17% of the employees of health service are allergic to latex. The main risk factor of immediate allergies is the repeated exposure to latex products. An alternative to latex are vinyl gloves.³⁸

Musculoskeletal disorders and diseases of the peripheral nervous

At work, the dentist adopts a strained posture (both while standing and sitting close to a patient who remains in a sitting or lying position), which causes an over-stress of the spine and limbs that negatively affects the musculoskeletal system and the peripheral nervous system. Thus, commonly dentists suffer from back pain syndromes and neck discopathy.^{3, 19, 20, 21}

Laser radiation hazards

General stomatology frequently uses laser radiation of low and medium intensity that induces certain cellular chemical and metabolic reactions usually described as biostimulating. The effect is absence of pain, elimination of inflammation and

stimulation.^{22, 23} In dentistry good results are reported from laser usage during treatment of pulpitis, dentin hypersensitivity, periapical tissues pathologies, recurrent aphthosis, maxillary sinusitis, postextraction wounds, alveolitis, pericoronitis, inflammation and neuralgia of the trigeminal nerve, diseases of the maxillary joint, periodontitis. However, laser radiation might be a health hazard as the eye and the skin are the organs most exposed to the light.²⁴

Materials and methods

A questionnaire-based e-survey was conducted among 200 dentists, with an age ranging from 21 to 68, regarding their potential professional exposure to the health hazards mentioned above. The results showed the distribution of dentists according to their demographic data as asked about gender, age, country, work experience, working sectors and working hours per week. Also, we asked them if they have had one or more of the occupational hazards like HCV, HBV, HIV, air borne disease, muscle pain, chemical adverse effect, radiation hazards, skin allergy, sharp injury and stress.

Discussion

Modern dentistry has been described to be one of the most hazardous of all occupations.²⁶ Our results showed no significant difference regarding the prevalence of HBV, HCV, HIV, air-borne infection, radiation

hazards, and sharp injuries. However, statistical significance was observed in the prevalence of muscle pain, materials adverse effects, skin allergies, and stress. Results showed that three male dentists (1.5 %) out of 200 were reported to be positive for hepatitis B virus (HBV) and another three for hepatitis C virus (HCV). Also, four males of the same occupation (2 %) were reported positive for human immunodeficiency virus (HIV). We compared this to the results of other studies that showed that seven males and six females had (HBV), (HCV) and (HIV), with the females having the highest rate. Primary concern should be given to these pathogens, as they are easily transmitted through blood and other body fluid exposures across a wide variety of occupations.²⁸ In another study in Palestine, the dentists were well aware of the biological hazards, especially the dangerous ones (HIV and hepatitis B virus), as it was mentioned that HIV is 13 % less than hepatitis B virus which is only 38 %. Numerous studies have shown that the incidence of hepatitis B developing after needle-stick injuries from hepatitis B infected patients is approximately 20 % compared to 0.4 % for the HIV similar exposure. In a study conducted on 1,309 dental professionals it was noticed that 15 % of the participants who practiced in locations with increased reported Aids cases were contaminated, while 94 % of them were reported as accidental puncturing of the skin with dental instruments.³²

In order to estimate the risk of HCV infection among primary dental care workers in the West of Scotland, occupational and personal risk data were collected in parallel with a blood specimen. The overall prevalence of HCV antibodies was 0.1 %, which was not statistically different compared to the local population.³³

In another study it was observed that 29 males and 20 females had a sharp injury, while other investigators found out that 78.5 % of the participants damaged their gloves at least once during a clinical procedure in the previous 12-month period and 27.7 % had experienced at least one sharp or needle stick injury during the 12-month period. 16.1 % involved an injury from a contami-



nated instrument that had been previously used on a patient. The most common dental appliances that are likely to cause sharp injuries were 14.4 % needles and 10.2 % burs.³⁰ Regarding muscle pain, the results reported a higher rate among males than females, due to a wrong position and overstress.^{3, 19, 20, 21}

In a Danish study 50 % of the dentists reported neck & lower back pain and 56 % shoulder pain. Similarly, a study from Israel observed that 55 % of the dentists had neck & lower back pain while a relevant study from Australia reported that 82 % of the dentists complained about musculoskeletal disorders. It is worth mentioning that self-employed dentists may suffer from direct loss of income if they are unable to work due to their physical limitations caused by back and neck pain and that 21.62 % missed work because of neck pain and 24.66 % because of back pain. On the other hand, only 25.32 % and 37.33 % sought medical help for neck and back pain respectively.³⁵ Considering Materials' Adverse Effect, it was found that nine males and twelve

females had adverse effects, which was higher among females (total 10.5%).

Another study regarding hand eczema and symptoms associated with dental materials showed that 63% of the subjects had allergic contact dermatitis (ACD) and 23% had irritative contact dermatitis.³⁴ Previous studies revealed that 2.8–17% of the employees at health service are allergic and among Palestine dentists, 8% were reported to have the same problem mainly caused by the use of latex gloves dusted with cornstarch powder.^{31, 3} Regarding radiation hazards, eight males and two females were reported to have laser radiation hazards, the rate is higher among males (total 5%) than among females. This may be due to the exposure to its harmful effect without proper application of protection measures. Similarly, another study in Palestine showed a similar result of 5%.³¹ Fortunately, risks from radiation appears to have been effectively reduced by most dentists due to a previous study from Thailand.²⁶

Stress study results showed that 78 males and 61 females were stressed, with a higher rate among females (total 69.5%) than males. The stress results of a study performed in Palestine was 100% of the total participants, which coincides with the international data indicating that dentists perceive their profession as highly stressful.³¹ Finally, regarding vaccination, this survey showed that 144 participants

received vaccination for HBV (total 72%), while in Italy 89.2% of the dentists received vaccination.²⁹

Conclusion and recommendations

Occupational hazards in the dental field represent a serious risk that should be considered while working in that field. Stress, viral infection and musculoskeletal disorders seem to be the most common among them and preventive measures should be taken.

Our recommendations are summarized as follows:

1. ***Awareness of occupational hazards among dental professionals should be emphasized.***
2. ***Infection control measures should be applied in dental clinics.***
3. ***Vaccination against HBV should be mandatory.***
4. ***Dentists should constantly adopt an ergonomic working position.***

// INFO //

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The dental foot controller— The devil is in the detail

TEXT: Dr. Caroline Gerhard

Ergonomics and usability have gained a lot of momentum in the last years. Employees and Employers in many industries started to spend time and money to think about how the workplace and its environment could be enhanced and how long-term damage to the dentists musculoskeletal system can be avoided. One possible answer: Change the dental foot controller.

The best thing about my thesis is the fact that I get to deal with the object of interest on a daily basis. The foot controller is, frankly, just an “input device” and probably the least expensive element that ships with a dental unit. But let’s start with the full picture:

Everyone working in dentistry knows how demanding this kind of job can be. Not only in a psychological way, but also—and sometimes even more—in a physiological way. Mostly, the dentist’s work posture leads to a typical cluster of symptoms, mainly in the musculoskeletal system. These are influenced by a number of factors, such as patient, oral work area, dental unit and dentist with his professional training.^{1, 2, 3, 5, 6} Beginning with Schön & Kimmel^{5, 6} in the late 1960s to Rohmert⁴ in the 1980s,

a lot of experiments and studies have been conducted, aiming to enhance the dental working environment. Albeit many product innovations came up in the last years, many dentists still suffer from painful problems with their musculoskeletal system.

The fact that the whole situation has barely changed has been the core motivation for me to write my thesis and continue to develop a solution. I started with dissecting the dental workplace, taking the aforementioned elements into account. The dental foot controller has, surprisingly, never been element of a scientific study and can’t be found on an explaining picture.

That’s interesting, because the dentist can not drill any cavity without the dental foot controller.

Study design

The aim of this study was to determine how the operating principles of the foot controller affect spinal position (Sonosens® monitor) and foot pressure distribution (medilogic) of a dental professional. For this purpose, a total of 63 participants were monitored.

They were divided into three groups of 21 participants each, based on their

profession (dentist yes/no) and their professional working years (< 10 years, > 10 years). For the study, four dental foot controllers were chosen, comparable in their functionality, but differing in control concepts. The controllers used were the universal-pedal controller (*A-dec*) the combined sliding-pedal controller (*KaVo*), the pedal controller (*Sirona*), and the sliding wheel controller (*XO CARE*).



Fig. 1: Universal-pedal controller (firm A-dec; pictures 1-5)



Fig. 2: Combined sliding-pedal controller (firm KaVo; pictures 1-6)

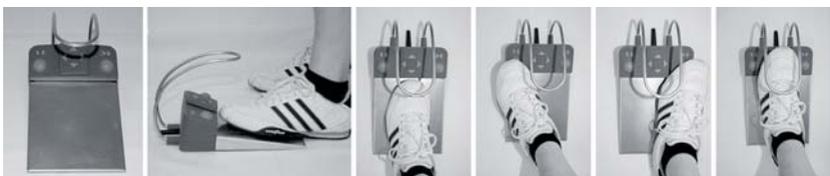


Fig. 3: Pedal controller (firm Sirona; pictures 1-6)



Fig. 4: Sliding-wheel controller (firm XO CARE; pictures 1–6)

Results and conclusion

The spinal position

As far as the effects on the spinal position are concerned, we can assume that they are in direct relation to the operating principle of the respective dental foot controller. In order to be able to use most dental foot controllers effectively, the human body is forced into a posture not physiologically natural and originating from the following compensatory reactions:

- dorsal tilt of the pelvis (*universal-pedal controller, combined sliding-pedal controller, pedal controller*)
- kyphosis and right lateral flexion in the lumbar spine (*universal-pedal controller, combined sliding-pedal controller, pedal controller, sliding wheel controller*)
- lordosis, right-sided lateral flexion and right-sided torsion in the thoracic spine area (*universal-pedal controller, combined sliding-pedal controller, pedal controller, sliding wheel controller*)
- hyperextension of the head in dorsal, right lateral flexion and right-sided torsion in cervical spine (*universal-pedal controller, combined sliding-pedal controller, pedal controller, sliding wheel controller*).

Foot pressure

In order to operate the foot controller, a number of movement sequences are essential and the consequences diverse. For example,

during the operation of the universal controller and pedal controller, as opposed to the combined sliding-pedal controller and sliding wheel controller, an increased application of pressure on the working foot causes a flexion extension movement. This initiates muscular compensatory reactions such as a weight shift that leads to a decrease of pressure on the standing leg.

The combined sliding-pedal controller, on the other hand, combines the flexion–extension movement and a rotate–slide movement to initiate a balance of pressure between the working and standing leg. Due to the single rotation of the foot necessary to operate the sliding wheel controller, the pressure is more evenly distributed and the working leg relieved slightly as some weight is shifted to the standing leg.

Group comparison

Although the muscular motion sequences of the spine when operating the foot controller are not related to the working years, the effects of a summation of muscular compensatory reactions can be detected in the cervical vertebrae—a direct result of automatized myoreactions along the muscle chains which are produced by known functional principles.

In group comparison, the balance of foot pressure applied on the working and standing leg is almost identical. This indicates that there are no statistical differences identifiable and that work experience or operating knowledge do not play a role in the results.

Comparison of objective and subjective evaluation

It must also be noted that the subjective evaluation of the foot controllers' operating principles in the questionnaire correlates to its assessment in this study as well as to the spinal measurements of the participants. In summary, the assessment and participants' measurements indicate that the sliding-rotation controller is the most recommendable one, followed by the

universal-pedal controller and the combined sliding-pedal controller. The pedal controller causes the most noticeable imbalance in foot pressure, most deviation in spinal position (especially in the cervical spine) and has thus been assessed as least recommendable.

„All the operating principles of the examined dental foot controller have negative effect on the dentist’s work posture in the spinal area.“

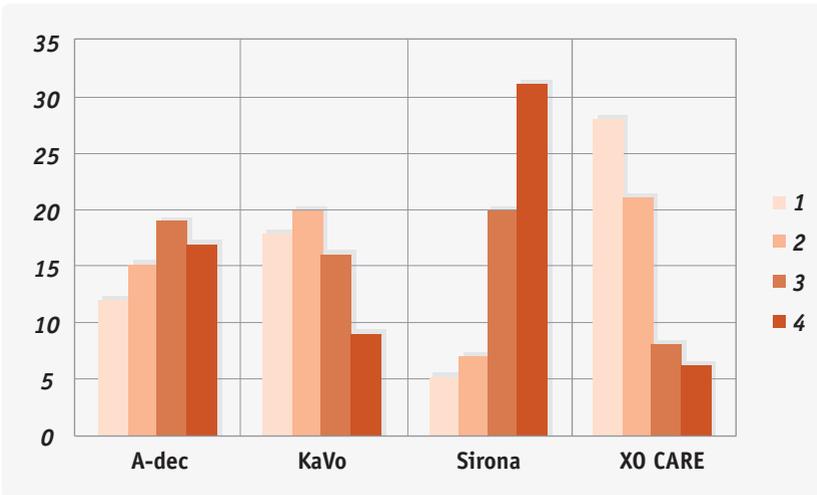


Fig. 5: Assessment of the foot controller by participants, marks 1 (best) – 4 (worst)

An article by Prof. Rotgans follows:

Dental Ergonomics and ESDE

In the 1960s the concept of the patient chair changed dramatically with the introduction of chairs allowing for a more or less horizontal position of the patient, thus enabling the dentist to do his job in a sitting position. Also the development of micro motors and airtors made

big changes in workflow, work speed and efficiency, even enhanced by the introduction of four-handed dentistry. These changes resulted nearly immediately in the well known hazards of dentists. The occurrence of cumulative trauma injuries and repetitive motion disorders, such as chronic back pain and carpal tunnel syndrome, increased dramatically due to sustained awkward working positions and

Being a physician for some time at the Maldives

TEXT: Christine Bellmann

My arms are still sore from carrying around the movement boxes, so much that I was thinking about the last few weeks. Many things just happened. I passed the final examination, I had a nice prom and I moved out of the apartment I shared with a colleague and stored my belongings. I started realizing that I actually made it, „I am a dentist“! And there I was, sitting at Düsseldorf airport, freezing (as it is December I am talking about) and waiting for my flight to Male (Maldives). How did I get there? Well, long story short: I was asked to help out

at a medical center at the Maldives as a medical consultant. I had no idea what to expect or what my job would look like. The flight was quite nice and I arrived in Male, the capital of the Maldives, in the morning. The sun was shining and I was so looking forward to finally reach the island and meet my colleagues, two German doctors highly qualified for emergency medicine and diving sickness.

After another few hours I reached the island and was amazed by the blue water, the sand and the sunshine. I





never saw anything like it. It really looks like it was pictured on postcards. The medical center I was supposed to work at is located on a small island with only a luxury hotel on it and a few buildings for staff accommodation. Even with me being so tired after the long

trip, I was not able to go to bed right away, as there were just too many new things to explore. During the next three months I treated patients with all kinds of medical problems. Our patients were staff from the hotel or hotel guests. So, during my time working as an assisting



The Orthodontic Program at the Hebrew University—Hadassah School of Dental Medicine in Jerusalem

TEXT: Dr. Chen Israeli-Tobias, D.M.D

The Orthodontic Program at the Hebrew University—Hadassah School of Dental Medicine (HUJI) is the most prestigious post-graduate dental program in Israel. Every three years, a few selected resident dentists are accepted to this 3½-year program and I feel fortunate to be one of the seven residents studying towards graduation in 2012.



The Program

The Orthodontic Program at HUJI has at least four considerable strengths in comparison to other programs worldwide: faculty, additional practical clinics, an interdisciplinary approach, and Jerusalem as the program's home. The program's faculty consists of accomplished orthodontists who have excelled in both practice and academia worldwide. Coming from diverse backgrounds and having published numerous research papers, our professors bring to the classroom various philosophies and approaches to orthodontics. The high ratio of professors per resident at the program adds to the state-of-the-art orthodontic education. This is especially true in practical aspects; we practice different treatment techniques in small groups of residents with several faculty members directing us in a truly hands-on fashion. This constitutes a big advantage for our learning experience.

Practical skills and interdisciplinary approach

In addition to the rigorous syllabus and practice required at any established program, the orthodontic program at HUJI includes additional specialized clinics that are aimed at honing our skills at specific situations and innovative techniques. Renowned practitioners train us in areas such as impacted teeth, treatment of adult patients, cleft lip and palate, lingual orthodontics, and orthognathic surgery. Such clinics allow us valuable experience in diagnosis, treatment planning, orthodontic therapy, and patient management in diverse circumstances. Another great aspect of the program is its interdisciplinary approach. We are constantly encouraged to learn about different ways of doing things and to then choose the approach that works best for a given situation. In addition to constructive dialogues with our professors, we get access (and responsibility) to discuss cases with professors across the School of Dental Medicine and School of Medicine in HUJI, all located at the same academic hospital campus. We collaborate with specialists in periodontics, endodontics surgery, pediatric dentistry and other departments. In addition, a mandatory rotational program at other departments rounds up our ability to un-

derstand the big picture and give our patients the best treatment.

Jerusalem

Last but not least, the program’s location in Jerusalem makes for an unmatched competitive advantage. Israel is a young country (63 years) composed of many exiles from literally across the world. Jerusalem, Israel’s capital and the home for many breathtaking holy sites of three religions, demonstrates vividly the diversity of Israel’s population, bringing together old and new, people of different ages, cultures, religions and ethnic groups. Such diversity obviously presents itself in the patient community we welcome on campus every day. Planning treatments that take into account the unique genetic and cultural backgrounds of patients is a truly humbling and enriching experience. Having practiced dentistry in three countries, I came to find that there’s no place like home. I really enjoy my residency at the Orthodontic Program at HUJI and I invite you to visit Israel and our lovely campus in Jerusalem.

International Postgraduate Orthodontic Program: Hebrew University—Hadassah School of Dental Medicine

The International Postgraduate Orthodontic Program at the Hebrew University—Hadassah School of Dental Medicine in Jerusalem begins on March 1, 2012 and will be entirely in English. General dentists (DDS, DMD, or equivalent) from a recog-

nized academic institution are invited to submit their applications directly to the secretary of the Orthodontic Department. Next admissions in September 2014, deadline February 2014.

For more detailed information on the program please see:

- www.hadassah.org.il/departments/orthodontics

or e-mail:

- orthod@hadassah.org.il

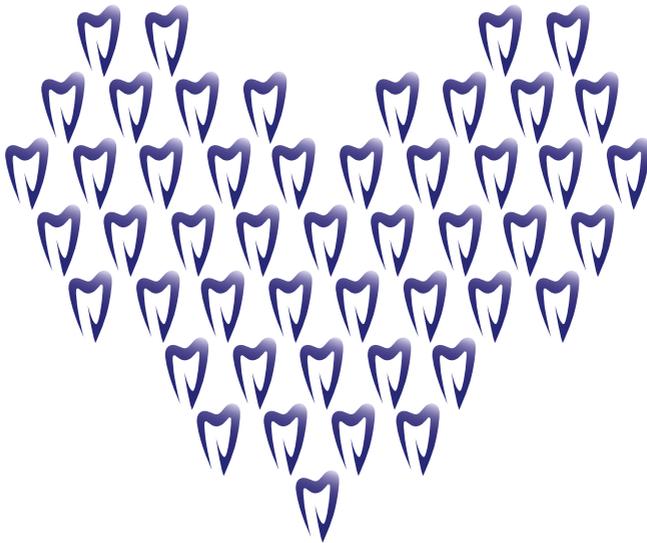
// INFO //



Dr. Chen Israeli-Tobias graduated from the Hebrew University in Jerusalem with a bachelor’s degree in Medical Sciences in 2001. She attended Tel-Aviv University’s School of Dental Medicine, earning a D.M.D in 2004 and serving as an instructor of clinical restorative dentistry. Dr. Israeli-Tobias returned to the School of Dental Medicine at the Hebrew University in Jerusalem in 2009 for her postgraduate residency at the Department of Orthodontics, and is scheduled to complete her studies in 2012. Since 2004 Dr. Israeli-Tobias has practiced dentistry in Israel, France, and the Netherlands.

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Faculty of Medicine—Masaryk University

TEXT: Kateřina Miklišová

Brno is the second largest city of the Czech Republic and has nearly 370.000 inhabitants. It is located in the central part of Europe and as Prague is called “the heart of Europe”, Brno is called “the heart of South Moravia”. Brno was established as a city in the 13th century, but the first signs of settlement date back to the 5th century. Therefore the city is an important historical centre. But as we try to preserve sights and keep our traditions we also try to evolve and keep up to date.

The University

Masaryk University is one of the most rapidly developing teaching and research institutions in Central Europe. The university was founded in 1919 and is named after the first president of the newly independent Czechoslovakia, T.G. Masaryk. Since then, students and professors have been trying to raise its educational quality.

Initially, the university had only four faculties (the Faculties of Law, Medicine, Science and Arts). Today, Masaryk University, with its nine faculties, is the largest university in Moravia. Recently a new university campus, a modern teaching and research complex, has been built in Brno-Bohunice. The campus offers surroundings for the whole academia. Lectures and

practice take place here. Besides that, students can find everything they need there, such as a library with computer center, a canteen or shops. Our university is tempting not only for Czech students but also for foreigners, whom we are very glad about, because it gives us the opportunity to meet new people and widen our horizons.

Medicine and dentistry

The Faculty of Medicine has been present from the birth of the university and its priority has been the education of doctors, dentists and other specialists in the health sector. Dentistry itself came through many changes during the history of our faculty. Nowadays, the dentistry



Photos: Archive of Brno





degree program lasts five years and after graduation you can open your own practice. In our field of study it is very important to have as much practice as possible and I think that our university

is offering us a lot of possibilities how to become an experienced enough dentist.

Czech Dental Student Association

Talking about opportunities, I would like to give my special thanks to the dental students' organization called Czech Dental Student Association, which widens our horizons even more. CDSA organizes both educational and social events for dental students and, furthermore, it enables us to go for various exchanges, thanks to its membership to IADS (International Association of Dental Students). I am very happy that I can study dentistry at Masaryk University and also that I can be a part of such a great team of people who represent our association and IADS.

// INFO //



Kateřina Miklišová is a dental student from Brno, Czech Republic. She is a National Scientific Officer of Czech Dental Student Association. Her aim is to

help people through their future job. She is passionate about preventive dentistry and orthodontics.

** idrpcordinator.ssscr@gmail.com*

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IADS Mid-Year Meeting 2012

International Association of Dental Students



EGYPT



27th February - 3rd March 2012
Alexandria & Siwa

PRE-MYM: 25th - 26th February, Cairo

MYM: 27th February - 3rd March, Alexandria & Siwa

Dental Field Trips: Sudan Dental “Qafla”

TEXT: Mawada AmirNawaf

Charity plus adventure, camping and oral health, learning through helping and sharpening clinical skills while having fun journeying on the countryside—these are all descriptive names for a great experience called projects for outreaching the nearby rural areas and also the far-away communities in need. For dentistry to become part of ordinary people’s lives we all—dental students and dentists—try to educate, spread the awareness, help people realize the importance of self-reliance oral care and show them the improvements of one’s life after successful treatment.

Doing something for the community

Sudanese dental students are trying to do the same in occasional organized group programs; as they take on their shoulders the responsibility to help the people who are for many reasons unable to come forward to get the oral care they should and deserve to have. The idea comes from the old saying “If you are not good to your people, you are no good to anyone!” So we try to be useful to our people! It is considered a magnificent experience for both parties, the working team and the targeted community. For many students benefits include social, clinical and personal aspects. Clinically lots of students make their first tooth extraction EVER at these Sudanese field trips. Surprisingly that even includes IADS former president: Tomaz Spindler!

These are obviously supervised extractions because dentists, young dentists and a lot of other experienced students are there!

Learning, Learning, Learning—in several ways

It is worth noting that bizarre cases were found during clinical work in number of situations including a six-rooted molar that would have been impossible to discover otherwise because the patient would have never come forward if the clinic hadn’t been reaching out to the community in his area! For the social aspect, students are found enjoying the days of their experience, strengthening their relationships and coming closer and closer to each other, strong friendships made through and deepened by field trips. And it’s funny

that some have even fallen in love and hooked up together only after such an experience! The students come back rejuvenated; they face the university and studying routine of everyday life with a better spirit because boredom was murdered during those trips!

Also exposing themselves—the students—to different cultures, different environments and dealing with different types of patients, enhances the social skills level and improves its quality. Students come back much more confident in terms of their clinical performance but also in terms of their own personal matters. They have more appreciation for the facilities available at the regular clinic but know that they can be skilful even in the absence of some great technologies. They realize that dentistry is a modernized science with the simple concept “The best work is working with your hands!” They are more comfortable in their surroundings at the faculty because they know more about their colleagues and in a better way, too.

Helping people in need

The targeted community is often pleasantly surprised to find so many dentists coming just to help them all. The people come to the clinics in huge numbers, which may sometimes reach hundreds and hundreds per day. They welcome the dental education they get and the oral health instructions they receive. They are mostly



co-operative as patients and warmly welcoming hosts toward the visiting team. They show students the true meaning of hospitality and the essence of the Sudanese spirit. Wealthy individuals would often invite the team for feasts, dinners and evening social gatherings. The care the patients receive includes but is not limited to periodontal, prosthetic, conservative care and extractions, as these types are represented by plenty of gingival scaling, simple fillings, simple acrylic removable

partial dentures (RPDs) and lots and lots of extractions. The patients receive dental and oral care never found before; they are now being examined for any oral lesions they may complain about, or even the non-painful asymptomatic lesions—the ones they don't know about! This then could play a desired role in the early discovery of suspected malignancies or pre-cancerous situations, which could be helped with early recognition. When an early proper diagnosis makes the whole difference, dental FIELD TRIPS do, too!

Emergencies and education

Suspectedly high-risked patients or patients in need for more or closer follow-up, or the patients require more facilities than available at the time: either for treatment or for testing and investigations, or patients are in need for surgery, or may require a more professional consultation.

They are all referred to the capital to one or more of our professors, to the hospital or the University of Khartoum (U of K), Faculty of Dentistry. People who come as patients are safe because in an emergency needed is there, with a well-trained emergency team that includes but is not confined to medical doctors as well as dental doctors. Educating those villagers is always fun as they mainly receive what you say with gratitude and big smiles and with a “teach me how and/or tell me what to do and I will do it” way. So by that simple smile from them you feel respected and appreciated in your efforts and therefore find yourself giving more than your maximum. They somehow bring the best out of you. Serious matters are sterilization and infection control measures because we consider them with extreme importance. They are very well taken care of in tight restrictions and to maintain the safety of





The Sonada Experience

TEXT: Karolina Radó

I was lucky to be able to visit a boys orphanage in India and teach children about oral health. I was with my dear friends Nadja Uncianschi and Pál Radácsi. But how did we get to this particular place? Why did we choose Darjeeling and then Sonada?

Starting the Journey

Let me start at the beginning: the three of us decided to travel across India for two weeks, before we attended the annual IADS congress in Delhi. We started our journey in Darjeeling, as this place is well known for its beauty, its tea and its people, who are more than kind and hospitable. Darjeeling is in the Northwestern part of India, very close to the border with Nepal. People here are mostly Nepalese, they speak Nepali and they are mostly Buddhists. Before we were leaving for India, I contacted a local guy, Nim, via CouchSurfing. His family was running an orphanage for children who are without parental care in this border area. Only on the plane did we realize that we would like to do something for those children. As we met Nim, we told him that we would like to do prophylaxis in his orphanage. We bought the children tooth brushes and tooth pastes.

Off to Sonada

On the next day, we traveled to Sonada, which is 45 minutes away from Darjeeling. We traveled by shared jeeps, which was also a big adventure on those rocky and exciting roads. The name of this orphanage is Bethany Children's Home, it is in Christian hands and run by a family. The children are from the surrounding villages, the Pastor (one of the sons of this family) is collecting them as soon as he hears of children in need. At the time we paid our visit, there were two new boys. The boys are from the age five to seventeen. These children get a new family, love and not least: education. The best example to describe the efforts they put into the children is that the eldest, who is 17, will go to college next year.

A great experience

We had the warmest welcome there. The kids prepared a little show for us and



gave us a white silk scarf, which is the symbol of welcoming and honor. After this little ceremony, we separated them in two groups—an older one and a younger one—and talked about oral health, healthy diet and the importance of a good brushing technique. Then we brushed our teeth together: one of us was brushing, the others were explaining. The children were very attentive at all times and interested in everything we said to them. We were talking in English, and Nim or the eldest boy were translating for us. This orphanage, as Nim described it, is a low-budget place. They have problems with buying clothes, particularly uniforms for school, and toys. This prophylaxis was a big thing for these children. They were so happy to get new

toothbrushes and we got the impression that they were happy to get the knowledge as well. I have never felt so honored in my life as I felt there with these children.

// INFO //



Vilma Karolina Radó is 22 years old, was born in Budapest, Hungary, but spent her first nine years in Austria. She lives in Budapest, studies dentistry at Semmelweis University and is in her second year. Karolina is the LEO of Budapest, likes travelling and being active in IADS.

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“I advise students to become part of international organizations”

INTERVIEW with David Rieforth



David Rieforth graduated in summer 2010 und practices in Berlin.

AIM: Why did you study dentistry and how do you think about it today?

I studied dentistry because already in kindergarten I was fascinated by small things. I was told that I spent hours playing with, and repairing these things. During my time in school, I did two internships; one as a cook, which I liked a lot, and the other one I did at a dental practice which I liked even more. I decided to study dentistry because it gives me the chance to connect crafts with art and medicine—a very fascinating mixture.

AIM: Where do you practice dentistry and what is special about dentistry in your country?

I work in Berlin, Germany's capital, at a small practice that just celebrated its thirtieth birthday. What is special about Germany's dentistry? Since Germany has a very long history of dentistry, various areas and different styles developed. Maybe one could say that German dentistry tends to concentrate on high quality and can be said to have a very high ethical standard. Aesthetics are important too, but the trend of ever whiter teeth is seen through a critical lens by many dentists practicing in Germany—including myself. It can be criticized that for many years prevention seemed to be less important to many German dentists than restoration—I am glad that this is different now.

AIM: Why do you love dentistry?

Love is not the word I would use for an occupation. However, I do feel passion for dentistry. Our working area is very limited and may seem restricted to some people—to me it is definitely not. The mouth is the entry port to the body—and there is a connection between dental or gum problems and serious other diseases like diabetes. I hope that in some years it is common sense that dentists and other health specialists closely cooperate and create something like an holistic medicine. I did not study dentistry to only do restorative work. I really want to help people. When I attended an IADS congress in the Sudan, I went on a medical field trip and had the chance to help, which made me extremely happy. Dentists have a big responsibility toward their patients, thus continued education and psychological training is indispensable.

AIM: What does YDW mean to you?

I did not become part of the YDW family yet. But when I was head of the BdZM, the roof organization for German dental students, I discovered my interest in dental politics. I attended IADS meetings in Egypt and the Sudan. I learned a lot at these international meetings and can only advise students to become part of international organizations. This is a chance to connect with dentists worldwide and to broaden one's own horizon.

“I have many plans for young dentists in India.”

INTERVIEW with Dr. Chandresh Shukla



Dr. Chandresh Shukla graduated from the College of Dental Sciences and Hospital Indore, Madhya Pradesh, India. He now practices at Peoples College of Dental Sciences and Research Center Bhopal, Madhya Pradesh, India.

AIM: Why did you study dentistry and what do you think of it today?

I remember when I was a child and visited my dentist many times due to my crowded teeth, and how I realized the miraculous effect on my profile after the treatment. That day the dentist became a person for me, who gives a good smile to the people. I decided to become a dentist to spread the smile in India and now I realize that I have chosen the right profession. In India, a doctor is considered to be equivalent to God so that helps me to do more for the people and help those in need. But nowadays, many dentists are unemployed and not in a good economic condition because the government is not making any policies. Our association is trying its level best for it. I hope we will reach that.

AIM: Where do you practice dentistry and what is special about dentistry in your country?

I practice it in Bhopal City, which is placed in the heart of India. Bhopal is the capital of its state and is quite developed but there are many uninformed people, because of which there is a higher intake of tobacco-based products, which has led to an increase of Oral Cancer. Males, females and even

kids use tobacco in many parts of the city and you will be surprised to know that Bhopal has the maximum number of oral cancer prevalence in Asia. As far as dentistry in India is concerned, the awareness for oral health care has increased, and people have started visiting the dentist frequently for the general check-up. Bhopal being a densely populated City, we get enough and various kind of cases to learn and practice. Dental services are also quite inexpensive here in Bhopal compared to other European countries.

AIM: Why do you love dentistry?

Well, dentistry is my passion. Here we can have lot of blessings from the patients with a good and satisfied professional life and we can help people by treating them and by eliminating their pain. I love it more when I can reach out to the people as a dentist through various Community Camps and awareness programs, which are unable to reach me or another dentist. Many people are dying because of oral cancer and if I can save their life then I don't think any profession can be above dentistry. We can do a lot of research and exciting work when patients realize the changes that satisfy me.

AIM: Are you specialized or planning to be? Why did you choose this field?

I have done my post-graduation in Orthodontics because my orthodontist was the person who inspired me to choose the field of dentistry. The best thing I like in orthodontics is that you can correct what nature has distorted. In our field we always have young patients who keep us young and updated. Also, a person's smile that I see after the full treatment gives me a kind of satisfaction that cannot be expressed in mere words.

AIM: What does Young Dentists Worldwide mean to you?

I don't think I can describe YDW in words, but yes, YDW has changed my life. I never thought I would be on this international platform and that I am here today, well, the credit goes to YDW. I joined only last year and the love I received from my colleagues at YDW was incredible. Only because of their support I was able to organize the 58th World Dental Congress in Delhi. I have many plans for young dentists in India and hope that with the support of YDW we will be able to implement them. We want to arrange voluntary projects and research projects with YDW.



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“I cannot think of a better feedback than a patient’s smile.”

**INTERVIEW with
Zsuzsanna Stefánia Radó**



Zsuzsanna Stefánia Radó graduated in July 2009 and is currently practicing orthodontics and general dentistry in Hungary. She's also President of the IADS.

AIM: Why did you study dentistry?

I announced my intention to become a dentist at the age of 4, but, at that time this was only the least complicated answer to the 'big question': "What will you be when you grow up?" Of course, I had to reconsider this question in secondary school, but no matter how hard I tried, I could not imagine studying something else than the human body. Looking back, I made the best choice.

AIM: Where do you practice dentistry and what is special about it in your country?

I practice dentistry in my home country, Hungary. I work at a governmental clinic where I do only orthodontics with minors—orthodontic treatment in my country is only subsidized by the government under the age of 18. I also work at a private clinic where I do general dentistry. Being a dentist in Hungary, you are in quite a controversial spot. You are "almost an MD" to some people, to others you are the avatar of sadism or greed, and others will simply see you as a dentist without any mystification.

AIM: Why do you love dentistry?

It is, manually and intellectually, a never-ending challenge where every case presents an individual and unique task, so you are never at risk of getting bored. I like that we

have to deal with people, not inanimate objects, that each treatment is not a one-man job, but a cooperation with the patient. And I cannot think of a better feedback, than seeing that your patient has a smile full of confidence after leaving your office.

AIM: Are you specialised or planning to be? Why did you choose this field?

I am in my second year of specialisation for orthodontics. My good fortune fell into my lap and allowed me to apply for a job at one of the principal orthodontic clinics in Hungary. I decided to go for it and I was lucky enough to get it. I have always loved mechanics, physics and logical tasks, and orthodontics is the field of dentistry that applies these sciences the most. I love to work in order to achieve a result that is both aesthetic and well functioning.

AIM: What does YDW mean to you?

First of all: Friends. I love the spirit of YDW, that it gathers young professionals from all over the world, who are enthusiastic, full of energy and attitude, who are really representing the young present and the future of dentistry worldwide. It is a great achievement that YDW is creating a community of young professionals and giving them a platform to exchange knowledge, experiences and friendship on a worldwide level.

“After my graduation I worked for one year. Then I realized that I enjoyed it researching.”

INTERVIEW with Risa Tamura



Risa Tamura has got a PhD from the Tokyo Medical and Dental University in Tokyo, Japan. She is doing research in the field of Sleep Medicine.

AIM: Why did you decide to do a PhD?

After my graduation I was working for one year. Then I realized that I enjoyed it when I had been researching or studying. Exploring knowledge is very interesting to me.

AIM: Why did you decide to choose this discipline?

When I was in the 6th year of my studies, I joined a APDSA meeting to have a presentation at their “student research program”. At that time, I saw a presentation about “*Sleep apnea syndrome*”, which was shown by Indonesian students. I have been interested in that subject ever since and I decided to enter the post-graduate course.

AIM: Why did you decide to choose this school/university?

I found three universities which had studies about the subject, then I chose the one, which is the nearest from where I had been working. I took the entrance exam and then I was searching for a new flat near the university.

AIM: Tell us about the advantages of your PhD.

I got deep understanding about my subject, I got to know how to do the research work. Furthermore, I had the opportunity

to familiarize with “*Evidence Based Medicine*” in clinical occasion.

AIM: What are the disadvantages?

Wasted time and that I didn’t earn money as a dentist, compare with my ex-classmates who didn’t take post-graduate course but have been working.

AIM: Was it worth? Why?

One crucial thing in doing a PhD is to choose the mentor “good or not-good”, and the circumstances are also important. I couldn’t do a good job in the first 2.5 years, because my department had been weaker after my ex-professor had retired. But I met my well-respected teacher who was in another department and now I got my PhD, thanks to him. I was also confused in those 4 years of doing the PhD. Sometimes I was proud of my PhD, but sometimes I was ashamed about wasting more time. In Japan, especially for a dental clinician, we have a saying about the PhD, “*A piece of rice under the bare foot.*” It means there is not enough of a big effect or good thing for the PhD holder, but they feel there is something under their bare foot. I think so, too, although I think its value must be my experience. My subject is not directly connected with daily main dental treatment, although I can think to connect the daily treatment (fillings or extracting...) with its related research to make



one more small step forward for the dental world. I think I like it now!

AIM: What are your future plans?

Nothing but just working. I had felt many times that I wasted time compared to my friends or ex-classmates who didn't enter the post-graduate course. They already have a lot of clinical skill and earn a lot of money. A few of them have already opened their own clinic and have success. Actually I am happy that I got a PhD, although at the same time I am not happy about

having less clinical skill for daily dental treatment than my friends or ex-classmates. Now I've started working very hard, nine hours a day, six days a week, and have no plans for my next research. I may not be back to university to continue my research in the next 5 years, although I am not sure if I will or I won't after that. After all, I think I was correct to do the PhD because I could have a mind of "*EBM (evidence based medicine)*". Now it is time to do other clinical things. I hope I will be able to come back to the field of research.

Answers on reasons for doing a PhD*

- I'm interested in taking issues and knowing about them in detail and eventually trying to solve them
- To work abroad
- I have a diagnosable mental illness
- I don't lose interest even if I fail to solve a problem, on the contrary, I get more interested in it and curious to know is there any solution at all
- I can't get a job
- To avoid working
- I had unrealistically optimistic ideas about the feasibility of my research aims
- I can't face the real world
- The elegant life style of academics and their reputation, flexibility to work according to my own ideas and thoughts, no private intervention
- It's cool to have a "Dr" before name
- The title opens doors (at the same time closes others)

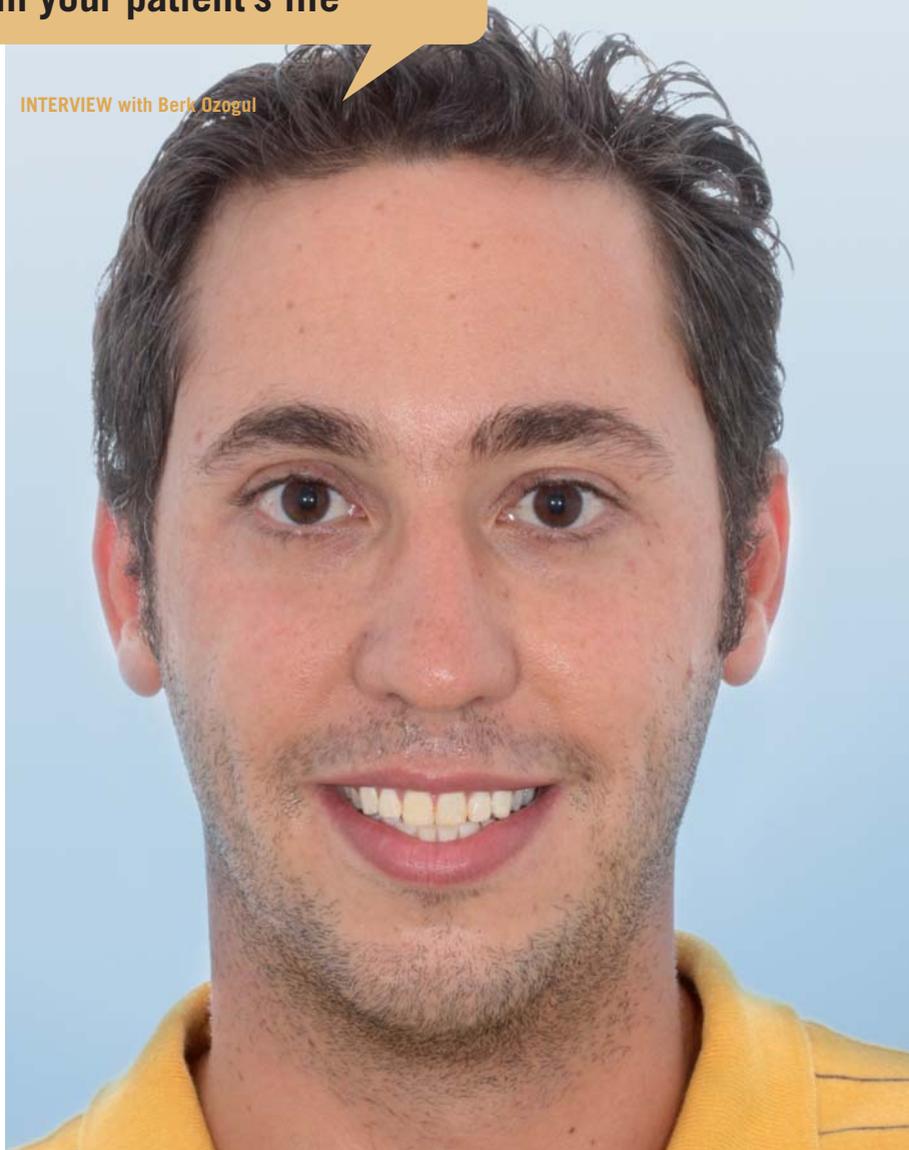
Answers on reasons for doing a PhD*

- I would love to teach at university and a PhD is required for that
- I want to try something new
- To meet new people
- It offers intellectual stimulation, independent projects that nurture a love of discovery and the development of a skill set that opens a host of science-related opportunities for a budding scientist
- It is my personal challenge
- Just in case, you never know what can come in useful in your life
- For employment prospects
- My parents expect that
- I enjoy research
- My sibling(s) did it
- PhD was the easiest option to take after graduation
- My lecturer offered me the position to join him at the lab
- Being student is fun—a lot of freedom, few obligations
- I want the world to be better place to live
- I wanted to head a research group
- I couldn't think about anything else
- I feel it's too early to go into the job market
- I've always wanted to work on interesting things
- I think of myself as a freelancer

**By Magdalena Maciejowska, DDS, PhD, YDW Secretary General and Health Coordinator. Presented answers are coming from holders of PhD degree and PhD trainees, representing different professions from different countries and institutions. Source: interviews, discussions, literature, internet. The Author does not take any responsibility for any consequences following the reading of the article; intention was to give an overall picture of the topic.*

**“I love dentistry because
you can make a difference
in your patient’s life”**

INTERVIEW with Berk Ozogul



Berk Ozogul has got a PhD from the Gazi University in Ankara, Turkey. He is doing research in the field of Orthodontics.

AIM: Tell us something about yourself!

I attended an IADS meeting in 2004 and it was a blast for me to meet many students from all around the world. Afterwards, in 2005, I was accepted in the Erasmus Exchange programme and had the great chance to visit Greece as a dental student for 4 months. I had my orthodontic treatment in high school and it was an interesting experience. My PhD education started in 2006 and this year I'll hopefully be graduating from the programme. I live in the capital of Turkey.

AIM: Why did you decide to do your PhD?

I decided to do a PhD to be able to work in the field of orthodontics in the future.

AIM: What are advantages of your PhD?

The advantages of my PhD are the following: treatment of 150 patients, learning a large variety of techniques.

AIM: What about disadvantages of a PhD?

The disadvantage of my PhD is that we have to treat a large number of patients, so there is less time for academic research.

AIM: What are your wishes for future research?

When I participate in a research project, my goal is to provide useful and new information as a result of the research. Acquiring

unbiased and detailed information about the research is becoming harder nowadays. We are hurrying up to access the necessary knowledge about the research besides trying to understand what to do with the knowledge. With the help of technological access options, we can obtain hundreds of articles and case presentations in a couple of minutes, but we don't have unbiased criteria for determining which research is more reliable. For future research more meta-analysis studies should be carried out, to analyze and classify previous studies and case presentations. In this way, a dentist's most valuable "time" is saved. Patients always ask me for more treatment possibilities and future research should be focused to find more treatment alternatives.

AIM: And why do you love dentistry?

When I was 7 years old, I had my first meeting with the dentist and he was talking to me and smiling all the time. Later, I also had orthodontic treatment. I liked the idea of fixing crooked teeth with orthodontics and my orthodontist was a really outgoing person, smiling all the time. I noticed that patients could be arranged according to his holiday schedule. After those good impressions I decided to be an orthodontist and now I'm in my last year of PhD. I love dentistry because you can make a good and visible difference in your patient's life.

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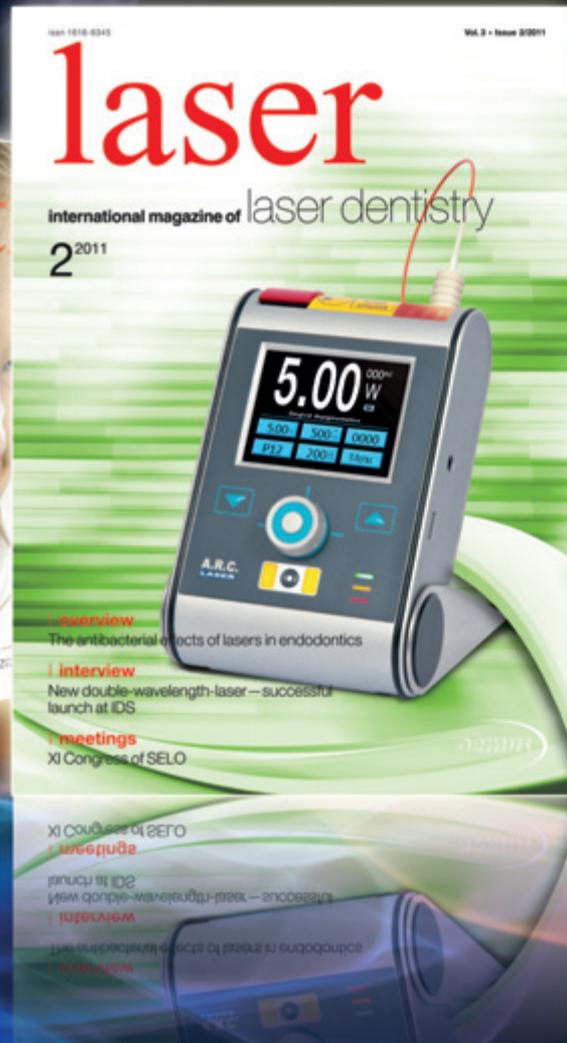
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