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Pakistan Dental Association Karachi

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# DENTAL

# HEALTH

MONTHLY



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# DENTAL HEALTH MONTHLY

## DAP, WHO Collaborating Centre Hold Scientific Session on World Diabetes Day



**World Health Organization**

The Diabetic Association of Pakistan (DAP) and WHO

Collaborating Centre Karachi organised a scientific session in connection with the World Diabetes Day at a local hotel. On the occasion Professor Abdul Basit, Secretary General, Diabetic Association of Pakistan (DAP) introduced the theme of the World Diabetes Day "Diabetes: Nurses Make the Difference". Professor Abdul Basit, spoke on the topic of "Current Status of Diabetes Care in Pakistan". Firstly he condoled the death of Prof. A. Samad Shera, saying that his contribution to diabetes will be remembered for a very long time. He said: "Pakistan is one of the countries having a very high prevalence of diabetes. Currently there are more than 19 million people with diabetes in the country and 26.2 million Pakistanis will have diabetes by the year 2030. Nearly 9.6 million children

are overweight and obese. "In the past years, the occurrence of hypertension has doubled while that of obesity has tripled. The rising tide of diabetes is a source of huge economic burden. To take as an example, the direct cost of treating a diabetic foot ulcer is between 21- 378 pounds. "We adopted prioritization strategies and a stepwise approach. We introduced for the first time in Pakistan, a one-year university level training course in diabetes education. As a recognition of our training programmes, Baqai Institute of Diabetology and Endocrinology had been selected as one of the eight International Diabetes Federation centres of education.

"A nationwide Diabetic Foot Clinic network has been established with the support of World Diabetes Foundation which so far includes 150-foot clinics. These efforts have resulted in reduction of

amputation rate by 50%. With an aim to improve Type 1 Diabetes care, Insulin-my life (IML) project was initiated with the support of WDF. The project established 34 Type 1 Model clinics across the Sindh Province and provided free of cost Type 1 diabetes care facilities to Type 1 children and adolescents. "Now we have started similar IML in Baluchistan. To build capacity, we introduced the multidisciplinary team approach in diabetes care and inducted a number of training programmes. Ramadan Diabetes Study Group was constituted and primary prevention study is planned. *Continued on page 42*

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## PMC Conducts MDCAT 2020



Despite students' incessant protests to postpone the Medical and Dental College Admission Test (MDCAT 2020)

owing to the rising number of coronavirus cases in the country, the exam was successfully conducted nationwide. According to the Vice-President of the Pakistan Medical Commission (PMC) Barrister Ali Raza, more than 125,000 aspiring candidates from across Pakistan were registered for the MDCAT 2020, which was held on

November 29. "Only 138 students informed the PMC about them being Covid-19 positive and we will take their exam on December 13," the PMC official said. Speaking about the arrangements for the test, Raza said he visited several testing centres in Islamabad and Rawalpindi and other council members also reviewed the arrangements at different centres across the country but did not find any complaints about the measures taken by the authorities. "I asked students about the implementation of coronavirus [standard operating procedures] SOPs and syllabus

and they were satisfied with the steps," the PMC VP assured. Commenting on the incident of a test paper being leaked before the exam, Ali Raza said the PMC took prompt action when it learned about the incident but found the paper to be fake after tallying it with the original test paper, adding that the law enforcement agencies will apprehend the culprits involved in the case. The PMC official added that the commission is working on a centralised information system which would help them disseminate information in real-time.

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## UHS Preconference Workshop



Thanks to Allah Almighty blessings and great efforts of my team, 2nd comprehensive UHS international 2020 preconference workshop on local Anesthesia in dentistry completed at HBS Dental College Islamabad on 24th November 2020.

Thirty five participants from different institutions joined the six-hour long workshop which included lectures, phantom head exercises and on patient demonstration. Almost every technique with reference to latest digital approaches was elaborated.

## Sir Syed Dental Faculty Performance Award

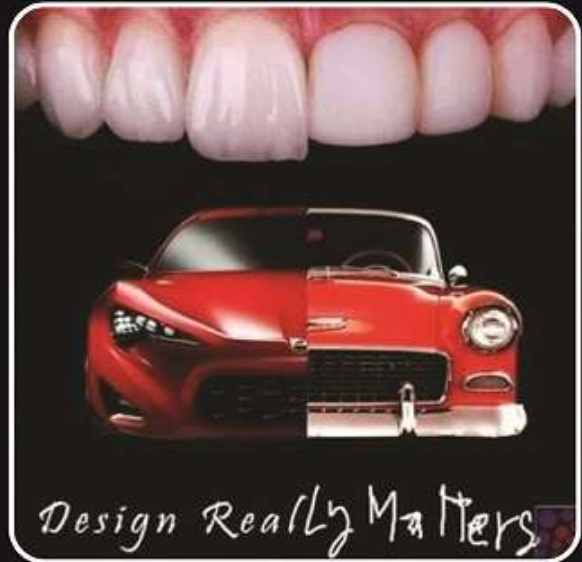


Principal (Dental) Prof. Dr. HR Sukhia presenting Best on-Line Performance Award to Dr. Zahida Siddiq. Dr. Zahida is a lecturer in the Department of Dental Materials. On the occasion, the Sir Syed administration, faculty and students congratulated her on this milestone achievement. The award represented the hard work of the entire Sir Syed dental faculty during the Covid-19 pandemic during which online classes and tests were conducted by the entire dental faculty. Speaking on the occasion, Prof. HR Sukhia facilitated the hard work of his faculty in keeping the BDS students for smooth coverage of the dental syllabus abreast with the latest knowledge and ability.

## AMDC Conducts Research Protocol Writing Course



Ameen Medical & Dental Center (AMDC) recently conducted its 2nd Research Certificate course in collaboration with the Center of International Research Sciences (CIRS), comprising six lectures and hands-on workshops. The course was moderated by Dr. Bisma Anwar (Administrative Officer AMDC & ERC-CIRS). The lectures were delivered by Dr. Nabeel Naem Baig (Sr. Executive Officer at CPSP, Director AMDC, Chairman ERC-CIRS) & Miss Khadijah Abid (Sr. Statistician & Facilitator at CPSP, Vice Chair ERC-CIRS). The main aim for organizing the workshop was to motivate & prepare healthcare professionals for conducting research in their respective institutions. The workshop was focused on how to formulate a research question, literature review, essentials of the research proposal, manuscript writing, use of statistical analysis & hands-on SPSS session. All the sessions were very interactive and all queries of the participants were addressed. Overall, the workshop was successfully organized and the participants were enthusiastic about the quality of the workshop & the included topics. At the end of the event, a vote of thanks was delivered by Mrs. Ameen Begum (CEO AMDC) & Dr. Nabeel Naem Baig. Certificates were distributed to all the participants and shield was presented to Miss. Khadijah Abid by Dr. Nabeel Naem Baig.



**KHAN DENTAL LABORATORY**

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## Dr Tahir Mahmood

### Education

Bachelor of Dental Surgery

### Experience

22 Years

Company / College Name  
de' Montmorency College of  
Dentistry, Lahore/ Clearpath  
Orthodontics  
Institute



I Graduated from de'Montmorency College of Dentistry, Lahore. I served Ministry of Health, Saudi Arabia for more than 12 years. Currently I am working with Clearpath Orthodontics Institute as Director Coordination and CME since last 3 years.

**Q) Do you agree that Dentistry has changed in last 10 years?**

Absolutely. It has been a decade of technological innovations in the field of medicine and dentistry is no exception to this.

**Q) Are you a good reader? Do you keep yourself updated on latest trends in the field of dentistry?**

I think I am a good reader. I try to keep myself abreast of the latest trends. We also have a library in our office and apart from dentistry I also like to read about human psychology.

**Q) When did you establish your clinic and what are your efforts in meeting up modern demands?**

I have been practicing clinical dentistry for more than 15 years but now I am engaged with Clearpath as Director Coordination and CME. In my opinion if I focus on my own dental clinic then I won't be able to do justice with my current job responsibilities.

**Q) Do Dentists make too much money?**

Dentistry is a rewarding profession in monetary terms but I also think that hard work pays in any profession.

**Q) Have you ever thought of any social work?**

We are already doing social work but to a limited extent which we plan to extend now. We are providing free of cost treatment to those deserving males and females who are recommended by our panel of experts.

**Q) Are you happy with the new generation taking up this profession?**

Yes, I am very delighted to see that our new generation is taking up this profession by choice. They are energetic, committed and bringing new dimensions to this field.

**Q) Does anyone follow your footsteps and why?**

If you are talking about my siblings, they are eager to become dentists. However, it will be completely their own choice and I would not like to force my decision upon them.

**Q) Are you satisfied with the Dental Practices all over the World?**

It is quite difficult to talk about the whole world. However, I am not satisfied by the status of dental practices in Pakistan. There are lot of non-qualified dental practitioners in this field and even in this modern era no body is taking the care of this huge problem. I have raised this issue many times with the authorities in Pakistan Dental Association to highlight this problem to the government. In my opinion there should be very strict rule and regulations in the field of health care.

**Q) What is your biggest achievement so far?**

I don't think that I have achieved much up till now. I am a very down to earth person. I am thankful to the Almighty Allah that he chose me for something which is beneficial for humanity.

**Q) Do you think Dental market has become competitive?**

At the time when I graduated there were limited public sector institutions of dentistry in Pakistan. Now with the partnership of private sector this field has become highly competitive.

**Q) What's your Favorite color?**

I think I like the sky-blue color the most.

**Q) Any Message for the people about Oral Health?**

I would like to give message to dental health workers and people generally that natural dentition is a precious gift of Allah so please take good care of this gift.

**Q) What's your favorite teacher?**

I think Professor Shah Muhammad Chaudhary is my favorite teacher because he is not only a good teacher but also a very humble, honest and dedicated professional.

**Q) What are your goals related to dentistry?**

I want to see dental profession rising by leaps and bounds in Pakistan. I want provision of dental treatment to each and every one in Pakistan. I think government of Pakistan should include dental treatment in Insaaf Health Card which is not included at the moment.

**Q) Was Dentistry your choice or was any other reason?**

It was my choice as I considered it to be a very respectable profession.

**Q) What was the family and friend's response at that time?**

They were not very excited at that time as they wanted me to join MBBS rather than BDS. But later they said that choosing dentistry was much better decision as I excelled in this field.

**Q) What is your family background and environment you grew up?**

I belong to a middle class but hard working educated family. My father was a police man and he joined police force before partition and honorably served the country for more than 40 years. I have always followed his principles and because of them I am placed where I am today. May Allah grant him highest place in Jannah. Ameen.

**Q) What are your strengths and weaknesses?**

I think Allah has blessed me with a pure heart and intentions. I always strive to be honest and sincere to everyone.

As regards weaknesses I think my biggest weakness is that I can't say no to anyone. I am always ready to help others.

**Q) What would you say is your dental philosophy?**

My dental philosophy is that dental treatment should be affordable to everyone and more awareness around dental hygiene needs to be created.

**Q) Which country you like most to visit and give your presentation?**

I have visited many countries but my home country is the best. I am much relaxed and happy to be in Pakistan.

**Q) What do you think you can contribute to the field of dentistry as a profession?**

I want to make dentistry a more valued profession in Pakistan which in my opinion is still neglected. I want to bring cutting edge dental technology to Pakistan. ClearPath is providing latest treatment options for misaligned teeth. We are also moving towards CAD CAM dentistry in Pakistan. We are also launching first private mobile dental unit in Pakistan which will be one of its kind. ClearPath is always working on various innovative ideas for the betterment of dental profession.

**Q) What is the most challenging aspect about your work?**

Most challenging aspect of my work is to break the status quo and bringing much needed acceptability amongst dental professionals regarding the rapidly changing trends in the field of dentistry. There is still a fear of change.

**Q) What about the new innovation in Dentistry?**

We need to be more adaptable and innovative in the field of dentistry. World is moving towards digital dentistry and we are still lagging far behind it.

**Q) What is your remarkable Implant Case which you would like to share?**

Well, I don't practice implant dentistry clinically. I am sometimes involved in treatment planning of rehabilitation with dental implants using CAD CAM technology because ClearPath is also involved in treatment planning of implant cases and preparation of surgical guides for the implant surgeons in collaboration with Glow Pak, Pakistan.





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# Prof. FEROZE ALI KALHORO

## Education

FCPS (Operative Dentistry) BDS

## Experience

Twenty Years

## Company/College name

Liaquat University of Medical & Health Sciences Jamshoro

### Introduction

I am currently working as Professor of Operative Dentistry and Dean Faculty of Dentistry LUMHS Jamshoro. I passed BDS in 1999 from that then Liaquat Medical college Jamshoro. In 2000 I did my house Job and in 2001 I passed the FCPS-I. I started my FCPS residency at deMontmorency College of Dentistry Lahore in 2002 under supervision of Prof. Sohail Abbas Khan. After completing my residency I joined Baqai Dental college in January 2005 as Senior Registrar. I passed the FCPS in 2006 and elevated as Assistant Professor. In 2007 I joined the newly established dental school of Dow University Dr. Ishratul Ebad Institute of Oral Health Sciences. In 2008 I moved to my alma mater and joined the LUMHS Jamshoro. In 2011 I was promoted as Associate Professor and appointed as Chairman of Department of Operative Dentistry. In 2013 I was appointed as Principal of LUMHS Institute of Dentistry. In 2017 I was appointed as Professor of Operative Dentistry and became Dean of Faculty of Dentistry. Recently I have been awarded honorary Professorship of Oxford Academic Union Oxford UK.

### Do you agree that Dentistry has changed in last 10 years?

Yes Dentistry has been changed a lot since last 10 to 15 years worldwide and in Pakistan I give this credit to CPSP as major stakeholder to produce the clinicians and academicians. When fellows started to come they brought a paradigm shift in the realm of the Dentistry in both practice and academics.

### Was Dentistry your choice or was any other reason.

Of course not as first choice it was MBBS but when failed to secure the admission in MBBS the second choice was BDS.

### What was the family and friends response at that time? It remains always positive

### What is your family background and environment you grew up?

I belonged to lower middle class family but it was much educated as my father was school teacher so he always used to motivate and encourage us for seeking education. I was born in the village located in outskirts of Larkana. I got my primary and secondary school education in school nearby our village. I remember my primary school there was even no building we used to sit under the shadows of trees.

There was only one teacher who used to teach all five classes. Despite studying in these type of school it was pride moment for me when I acquired FCPS in 2006 in time when there were a few fellows present in Operative Dentistry through out Pakistan.

### What are your strengths and weakness?

Honestly I don't know much about myself as a human being else the people whom I interact may better to judge but I don't believe in their opinions about me whether these are good or bad because these are biased depend upon different circumstances. As professional I think I am doing good as clinician and as academician but some weakness in administrative skill which I am trying to improve.

### What would you say is your dental philosophy?

I remember once my supervisor Prof. Sohail Abbas Khan told me that if a patient comes to you with severe dental pain in any odd time and you treat him by giving your special time and relieving his pain you must not charge fees from his as there is no fees of such service. So I believe dental profession as service to human kind to relieve their pain and ailment.

### Which country you like most to visit and give your presentations?

Well, I visited many country around the globe from south Korea to UK and Ireland mostly for professional purpose. I gave presentation in Dublin Ireland and in Last Decemeber 2019 I visited Oxford to get my honorary professorship with Oxford Academic union that was really a proud moment for me.

### What do you think you can contribute to dentistry profession?

Well, since last 20 years I am contributing something in dental profession as clinician and as academician but actual contribution started after passing my FCPS in 2006. Since then teaching & training of undergraduate started and when I joined LUMHS I also started to train the postgraduate students FCPS and MSc. My three students have passed the FCPS and many are in pipeline. I have produced More then dozen MSc holders also. As clinician I am one of pioneer and trendsetter clinician to start the rotary endodontics and dental Implant at hyderabad. Then I involved in administration as Principal and then Dean. During this time I have developed a one of Pakistan's the best state -of art Dental Skill here at Jamshoro and new Dental OPD equipped with modern machines like CBCT. Now I am working on Modular system in Dentistry and hopefully we will start it from 2021.

### What's the most challenging aspect about your work?

At University of course administration is all time challenging job. During clinical work cross-infection control though I am trying my best but still it remains most challenging task during clinical work.

### What about the new innovation in Dentistry?

Lot of new innovations some are remarkable like digital imaging, 3D imaging ,CBCT, 3D Printing innovation in matterlogy of Endo file system and of course Dental Implan which brought revolution in dentistry in terms of treatment of missing teeth and teeth with guarded prognosis. Use of laser in Dentistry considerably increased since last few years, Dental Operating microscope, CAD CAM and many more.

### What is your remarkable Implant case which you like to share?

Well, honestly speaking I am not an Implantologist neither I have gone through any formal education in Dental Implant though I am doing Dental Implant since last 10 to 12 years. I would like to share one technique which I started as my own DTR (Drill-through root canal). I remember the first case of this DTR technique when I came across a pateint with BD root in lower anterior area it was embedded in bone immediately it came in my mind why not I should start drilling through the canal to get best agulation and preserving the bone which was definitely required to remove the root. So I started it and it was successfully done. Since then I did many cases of DTR which I would like to share.

### Do you a good reader? Finding new things & technology in Dentistry?

Being a teacher reading, learning and teaching process continue on daily basis. Amid covid 19 University were shut down and we were compelled to continue teaching process through online and that was new thing for us. So I did course on learning online teaching through coursera from University of New South Wales Sydney. There I learned new online technologies being used for teaching purpose. As a clinician learning new treatment modalities and dental technologies also a continue by attending workshops, conference at national and international level.

### When did you establish your clinic and what efforts for

### meeting up modern era?

In 2008 here at Hyderabad as I told earlier that I have started here rotary endodontics, digital imaging, use of Electronic Apex Locator and EPT and Dental Implant. In University OPD we have installed CBCT 3 D imaging as well. Now hopefully in near future we will have CAD CAM, intra oral scanning, Laser and Dental operating microscope at OPD level and at my own practice.

### Do Dentist make too much money?

I don't think so. To become a good dentist there is atleast 10 years of hardwork, and continue study behind it. Dental Practice is laborous work and time consuming so during daily practice of 5 hors one can hardly see more than 10 patients.

### Have you ever thought of any social work?

I believe Dental profession is social work itself if you are doing it honestly it is big service to community & humanity.

### Are you happy with the new generation taking up this profession?

Yes at certain level. New generation is more antheusiastic and knowdgeable. They have also more learning appertunites and no dout they are exploiting it well. They have more challenges also as number of graduates is surging year by year and so post graduates, competition to secure the job is increasing and Job opportunities are decreasing. Same in clinical practice one can find the dental clinic at each and every nook and corner of the city specially in big city like karachi & lahore and I fear this problem will become more worse in coming year as Number of Dental schools have been unnecessarily increased without proper thought some of these institute lacks in terms of academic quality and produce the graduates with low clinical skilled and these poorly skilled graduates are facing more difficulties and challenges to pursue their career in Dentistry.

### Does anyone follow your footsteps? Why?

I believe that every one has to find own ways to pursue his or her career. There must be freed of choice as no one is perfect to be followed so am I.

### Are you satisfied with the Dental practice in all over the world?

Though commercialism has overcome the professionalism in Dentistry but I believe at the moment dental practice is running on the avneue of glory.

### What is your biggest achievement so far?

To achieve the honorary professorship of Academic union Oxford UK in 2019.

### Do you think Dental market has become competitive?

Yes in every aspect there is growing competition between practioners, between dental laboratories, between dental suppliers and this brings a positive impact on over all dental profession and services.

### What is your favorite color?

Depend on things in case of clothing Blue & white

### Any message for the people about oral health?

Oral health is gateway to general health keep it well if you want to be well

### What's your favorite teacher?

Well, all my teachers were great but undoubtedly my FCPS Supervisor Prof. Sohail Abbas Khan who had influenced me a lot.

### What are your goals as they relate to dentistry?

Not so spesific as much have been already achieved. Now being a Dean of faculty I want to enhance the academic standard of our dental education as par international.



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Being a seasoned Dentist, I am happy to attend the first-ever Foundation Dermal Fillers and Botox training conducted in Pakistan. I want to congratulate MEDSKLS and Harley Street Institute, London, on the successful completion of such comprehensive training. Thanks for enabling me to offer these unique services to my existing and new clients.

Dr. Syeda Hina Ali Farooq (Dentist)



Thank you for organizing very informative online courses leading to practical training for dentists and doctors. I as a dentist feel accomplished and confident to be able to apply the knowledge in the field of dentistry as well. Kuddos to team MEDSKLS Pakistan and Harley Street Institute, London.

Dr. Nida Dar (Dentist)



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# Anti-Smoking Alliance Re-elects its Emirati President



The Anti-Smoking International Alliance in London announced the re-election of Dr. Abdul Salam Al Madani from the United Arab Emirates as President of the Alliance for the third time. Dr. Abdul Salam Al Madani was unanimously re-elected in light of the efforts he has put into achieving the objectives set for the Alliance during the past year. Moreover, and during the annual meeting which was held virtually in light of the current circumstances, the members of the Board of Trustees expressed their pride in the results the Anti-Smoking International Alliance in London has achieved through the Alliance's initiatives that aim to raise awareness on the dangers of smoking in all its forms, and the significant impact it has on the health of individuals and communities alike. Commenting on his re-election, Dr. Abdul Salam Al Madani said: "The Anti-Smoking International Alliance in London played a major role in spreading the necessary awareness on the impact of smoking on individuals and societies through various initiatives around the world, in aim to live in a smoke-free world." He added: "I am very pleased to be re-elected as President of the Alliance, and I look forward to a new year of hard work through which we seek to spread awareness and curb this bad habit that causes the death of over 8 million people annually around the world."

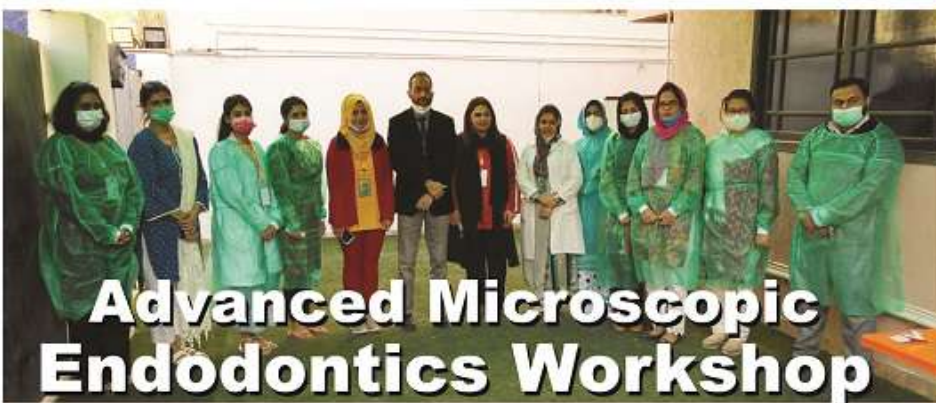
He concluded: "During the past months, the world has seen the dangers of "Shisha" and tobacco in general in transmitting diseases, especially respiratory diseases. Therefore, as President of the Alliance, I appeal to all countries to prevent the provision of "Shisha" in cafes in order to preserve the health of individuals

and societies, especially in light of the Covid-19 pandemic." During the meeting, the Alliance also elected Professor John Stephens from the United Kingdom as Vice Chairman, Treasurer, and Trustee, and Dr. Roberto Masironi from Switzerland and Dr. Leland Fairbanks from the United States of America as members of the Executive Committee.

Meanwhile, members of the Alliance expressed their gratitude for the efforts accelerated by Mr. John Bickerstaff, General Secretary of Anti-Smoking International Alliance in London for achieving the objectives of the Alliance and the support he extends to all members. Commenting on this occasion, Mr. John Bickerstaff, General Secretary of Anti-Smoking International Alliance in London said: "Throughout the years, the Anti-Smoking International Alliance in London has served members of societies in general, and victims of this bad habit, and their families in particular, through raising awareness on the dangers of smoking. Smoking has a negative impact not only on smokers, but on those around them, and on the environment as well. Therefore, I would like to extend my sincere gratitude to our board members who are working hard towards a healthier life for all." He added: "In light of the Coronavirus pandemic, people have begun to pay more attention to the importance of taking care of their health and immune system, in order to protect themselves from diseases that have a greater impact on individuals suffering from chronic diseases such as those caused by smoking, which is, in my opinion, an important matter that encourages us to expand our activities to increase awareness and empower individuals who wish to

quit smoking, by providing them with the resources and advice needed to succeed."

It is worth mentioning that the Anti-Smoking International Alliance in London has conducted many initiatives over the years, including anti-smoking campaigns, which attract the interest of a large number of health workers and activists in the field of health and anti-smoking. The Alliance also works to sign numerous agreements and memorandums of understanding with influential international companies, to unify the efforts to spread awareness about the effects and dangers of smoking. In addition, the Anti-Smoking International Alliance in London organizes many conferences and webinars that bring together the most important influencers and decision-makers from various sectors, including the educational, media, and economic sectors to discuss key topics and solutions that can be applied to reduce the spread of smoking, and to strive for serious steps towards a smoke-free world.



## Advanced Microscopic Endodontics Workshop



Dr Asad Badami presented the shield of honor to Prof. Dr Abrar on behalf of CODE-M. Not to forget the spine of our many successful events Mr. Abbas, the Admin Manager, for his dedication towards CODE-M. The audiovisual and management team gave their best to organise and conduct the event at its best by managing the IT, technical, media, lunch and tea breaks, maintaining SOPs. Special thanks to sponsors of this workshop -- "Biodent" -- the renowned quality dental suppliers. The Team CODE-M once again proved "Team work makes the dream work" Dental Health Newspaper was the media partner.

In order to provide the best of latest clinical and academic upgrade to the dental community in Karachi, CODE-Mentor (CODE-M) conducted a two-day Advanced Microscopic Endodontics Workshop and a comprehensive lecture on Role of Lasers in Endodontics.

The keynote speaker and trainer of the workshop was Prof. Dr Syed Abrar who conducted the two-day hands-on training with his usual expertise and mastery skills. There was a special add on lecture from Dr Jamal Syed on Dental Operating Microscope in Dentistry, who is himself an expert in Dental Operating Microscope in his relative discipline of Dental Implants and Periodontal Plastic Surgeries. Another cherry on top was the lecture of Dr Carolina Benitez from Latin America. She delivered a lecture on role of lasers in Endodontics rescheduled before date because of Covid-19 SOPs on Saturday and Sunday, November 21, 22, 2020. It was well received by the participants and a great successful event in terms of teaching and learning. The session was opened by Dr. Erum Khan with briefing of the whole workshop and welcome note. Participants were trained and facilitated individually and each of them completed their demonstration and hands-on training session through one to one interaction with Prof. Abrar and the facilitation team of course coordinator (Dr. Najjia Ilyas) and facilitators (Dr. Sadia Saif, Dr. Samira Iqbal and Dr. Sadaf Saeed) at CODE-M.



## Congratulations

Dr. Sandeep Kumar lecturer bibi aseefa dental college larkana on passing MSc Prosthodontics. This will strengthen the faculty of bibi aseefa dental college larkana. Dental Health newspaper wish him best luck for his future.

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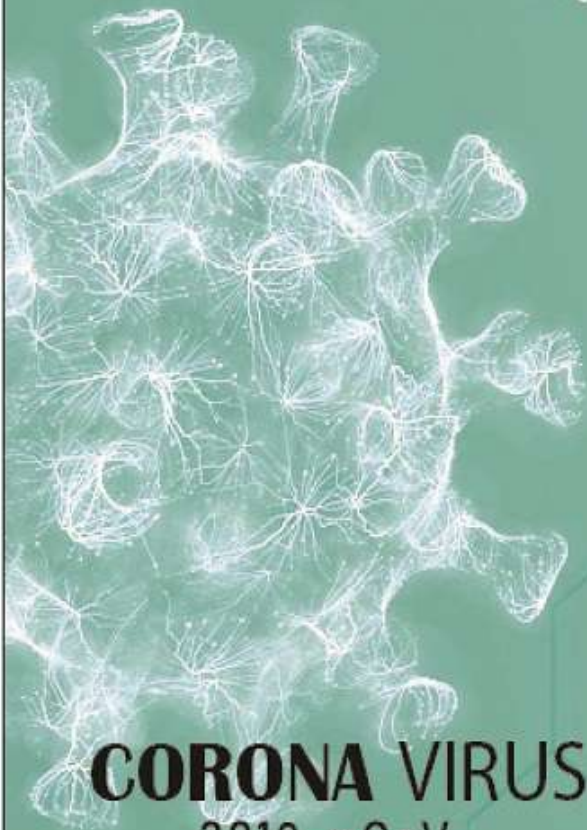


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## DR. YASSER RIAZ

MALIK

BDS, M.Int.PH (Australia)  
Assistant Professor and Head of Department  
(Community Dentistry)  
Sir Syed College of Medical Sciences for Girls  
Karachi.



(Dentists should always follow standard precautions)

### The Dentist Will See You Now. But Should You Go?

It is still necessary, even during the COVID-19 pandemic, to keep up with your regular medical appointments. It remains vital for your health, including for cancer patients, to go to the dentist for periodic cleanings and checkups.

**Social distancing is the best way to mitigate the spread of the novel coronavirus until there is a vaccine. When that is not possible, we wear face masks. But what happens when we need to go to the dentist?**

The concern about the risk of transmission of COVID-19 during a visit to the dentist is understandable. Dental settings have "unique characteristics that warrant specific infection control considerations.

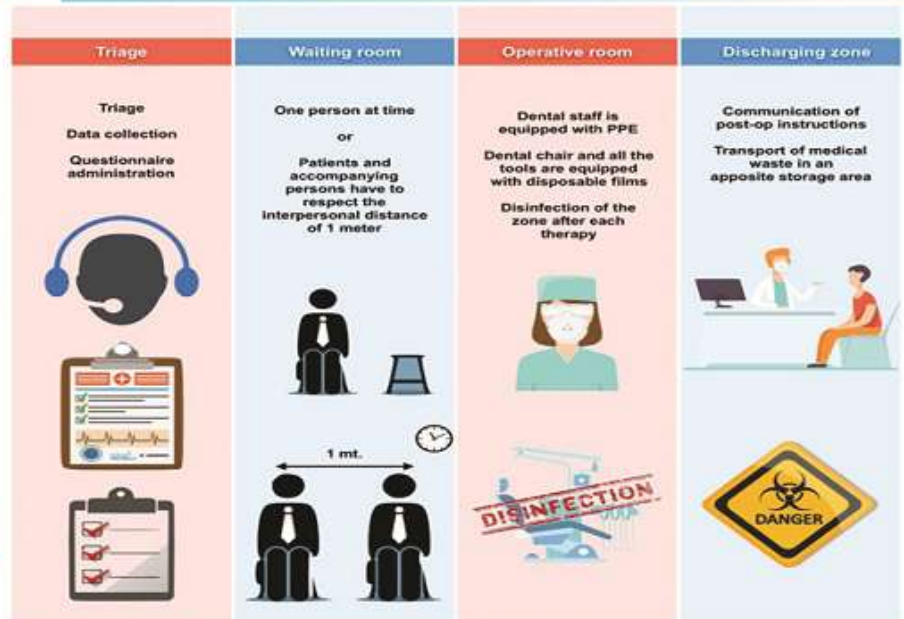
To account for this complicated fact, dental practices are changing how they operate in and around the mouth of a patient. Dentists screen patients for symptoms, restrict the number of appointments each day, enforce strict hygiene procedures, and wear more protective equipment to protect against respiratory illness.

The Centers for Disease Control and Prevention and the World Health Organization suggest that respiratory droplets expelled when an infected person coughs, sneezes, talks or breathes are the primary way the virus spreads. But the CDC reports there's "no data available to assess the risk of SARS-CoV-2 transmission during dental practice."

### How safe is it to go to the dentist during COVID-19?

Yes. It is safe and people should continue to go for their regular cleanings and checkups. Dental offices are taking all the necessary precautions to keep their patients and staff safe. If you are concerned, ask your dentist's office what precautions they have put in place to keep infection risk low. The Centers for Disease Control and Prevention (CDC) recommends that all dental offices follow these guidelines:

- Calling patients before their appointment to ask about their health status
  - Requiring patients and staff to wear facial coverings inside the office
  - Recommending, if possible, the patient visit alone
  - Temperature check patients upon arrival
  - Encourage social distancing
  - Making sure their dental staff are wearing the appropriate PPE during appointments
- If your dental office is following these guidelines and regularly cleaning their facility, then you should feel comfortable going to your regular checkups.
- "Inquire whether patients are screened over the phone before coming into the office. They should be — and if they are not, that's a big red flag."



### Should I go to dentist for non-urgent appointments?

If there is something that is important to you about your oral health, then yes, you can go and see your dentist. Non-urgent issues are still relevant even during COVID-19 and should be looked at and taken care of. Continue to follow the instructions for keeping healthy, and if the office of your dentist does the same, visiting the dentist for non-urgent purposes is safe.

Alongside cleanings and routine dental work, dentists also conduct an oral cancer screening during visits. The primary type of cancer that they look for is called oral squamous cell carcinoma.

It is the most common cancer of the mouth, head, and neck, and can often be detected relatively early by simple examination. Cancer can present in a variety of different ways and is not always obvious. If the dentist finds something concerning, they will likely recommend a change in habits to alleviate irritation and then have you return for a follow-up appointment in 1-2 weeks. If the abnormality has not healed by then, then your dentist will likely recommend you to a specialist for a biopsy.

Fortunately, this kind of cancer is relatively rare and accounts for less than 5% of cancers. It is curable when caught early enough, which is part of why continuing to see your dentist for regular checkups remains important even during COVID-19.

### CDC guidelines: Avoid powered tools where possible

- Screen patients before each appointment, and when they arrive, for symptoms of COVID-19 — such as cough and fever — and postpone if they have symptoms that could indicate they have the virus.
- Use each patient's car or a spot outside the office as the waiting room.
- Remove items such as toys, magazines, and coffee stations [which can be infection sources] from waiting rooms.
- Require masks for patients and anyone with them



### CENTERS FOR DISEASE CONTROL AND PREVENTION

while in the office area and immediately after procedures and checkups.

- Place a plastic or glass barrier between patient and reception staff.
- Avoid using powered tools when possible — some practices no longer use a polisher for teeth cleanings, for example.
- Leave out only the tools needed for each individual patient so other tools cannot potentially become contaminated.
- Use rubber dams over a patient's mouth for procedures when possible to limit spray of secretions.
- Use multiple dental workers when doing aerosol-generating procedures when possible to speed up the visit and minimize exposure.
- Install high-efficiency particulate air filters to improve room filtration, which might, research suggests, reduce transmission of airborne particles of the virus.

Remember, infectious disease specialists note, that we all have important responsibilities as patients, too, to let the dentist know before or on the day of the appointment if we are feeling sick in any way. We are all in this together — if you are sick, stay home.





**PDW**  
**Pakistan Dental World**

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#20	C158-S604	C158-S604
#25	C158-S605	C158-S605
#30	C158-S606	C158-S606
#35	C158-S607	C158-S607
#40	C158-S608	C158-S608
#45	C158-S609	C158-S609
#50	C158-S610	C158-S610
#55	C158-S611	C158-S611
#60	C158-S612	C158-S612
#70	C158-S613	C158-S613
#80	C158-S614	C158-S614
#15/40	C158-S691	C158-S691
#45/80	C158-S692	C158-S692

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Size vs Color Chart

15	45
20	50
25	55
30	60
35	70
40	80

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70 x 13 x 45mm(W x H x D)

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#30	C101-S606
#35	C101-S607
#40	C101-S608
#45	C101-S609
#50	C101-S610
#55	C101-S611
#60	C101-S612
#70	C101-S613
#80	C101-S614
#15/40	C101-S691
#45/80	C101-S692

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35	70
40	80

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Available Sizes

Size	Absorbent Paper Points .04 Taper	Absorbent Paper Points .06 Taper
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#25	C259-S905	C259-S905
#30	C259-S906	C259-S906
#35	C259-S907	C259-S907
#40	C259-S908	C259-S908
#45	C259-S909	C259-S909
#50	C259-S910	C259-S910
#55	C259-S911	C259-S911
#60	C259-S912	C259-S912
#70	C259-S913	C259-S913
#80	C259-S914	C259-S914
#15/40	C259-S991	C259-S991
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40	80

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#35	C201-S607
#40	C201-S608
#45	C201-S609
#50	C201-S610
#55	C201-S611
#60	C201-S612
#70	C201-S613
#80	C201-S614
#15/40	C201-S691
#45/80	C201-S692

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## World Diabetes Day

# 'Every Family has a Diabetic Patient'

As many as 8.5 million people with diabetes do not know they have diabetes and there is a diabetic patient in every family. Sir Syed College of Medical Sciences Director Dr Zaman Shaikh said this while addressing a seminar organised by the varsity in collaboration with Express Media Group and various pharmaceutical companies, in connection with World Diabetes Day. In the first 10 to 12 years, diabetes does not affect the patient, which is why it is called a silent killer, said Dr Shaikh, adding that the disease remains with the patient till their death. Doctors and nurses both need to be made aware about the disease and its treatment as many doctors avoid giving insulin to diabetic patients because of lack of awareness, according to Dr Shaikh, who felt that the lack of hospitals and proper medical centres in villages is one of the biggest reasons for patients' inconvenience. Many patients stop medication and treatment for diabetes, he noted, pointing out that doctors need to develop better relationships with their patients as they are healthcare providers. Some 24 per cent patients of diabetes have depression and nearly 54 per cent die too soon as they become careless with their medication due to depression, he added. People with diabetes should monitor themselves to see whether they have depression, said Dr Shaikh, highlighting disturbed sleep, feeling like there is no happiness in life, change in appetite, loss of interest, feeling guilty or sadness and having suicidal thoughts as major symptoms of depression. Diabetic patients with these symptoms should consult psychiatrists for their depression, he added. Speaking on the occasion, Sindh health secretary Dr Kazim Hussain Jatoi told the audience that he himself has been diabetic since 2004 and remains in touch with doctors and takes proper treatment. Establishing diabetic counters in primary and secondary care hospitals will help control the increasing rate of diabetes, he said, adding that he would take up this matter with the provincial health minister. Other speakers, Professor Muhammad Ishaq and Dr Shabeen Naz, elaborated on diabetes in connection with cardiovascular diseases and pregnancy, respectively. The chances of suffering from a heart attack rise up to four per cent in diabetic patients and many of them experience silent heart attacks, said Prof Ishaq. Dr Naz pointed out that some women get diabetes during pregnancy but their sugar levels may normalise after delivery, further stating that the disease may also be transferred to the child in the womb. The seminar stressed that type II diabetes is curable and advised people to be more cognisant of their diets and eliminate oily foods and salt. The speakers also noted that diabetic persons are more likely to suffer from glaucoma and cataract diseases. Moreover, they pointed out that there is a dearth of educators on diabetes, which is a bigger problem than training doctors.

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## Colgate Lab Tests Show Toothpaste and Mouthwash Inactivate 99.9% of the Virus That Causes Covid-19

Laboratory studies show that toothpastes containing zinc or stannous and mouthwash formulas with cetylpyridinium chloride (CPC) neutralize the virus that causes Covid-19 by 99.9 percent. The studies are part of a Colgate research program that includes clinical studies among infected people to assess the efficacy of oral care products in reducing the amount of the virus in the mouth, potentially slowing the transmission of the Covid-19 virus. In the laboratory studies - the first to include toothpaste - Colgate Total and Meridol toothpaste neutralized 99.9% of the virus after two minutes of contact. Colgate Plax, Colgate Total and Colgate Zero mouthwashes were similarly effective after 30 seconds. The studies, completed in October, were conducted in partnership with Rutgers University's Public Health Research Institute and Regional Biosafety Laboratories. The results suggest that some toothpastes and mouthwashes may help reduce the spread of SARS-CoV-2, the virus that causes Covid-19, by temporarily reducing the amount of virus in the mouth. The virus spreads through respiratory droplets or small particles produced when an infected person coughs, sneezes, sings, talks, or breathes, according to the U.S. Centers for Disease Control and Prevention.

"While brushing and rinsing are not a treatment or a way to fully protect an individual from infection, they may help to reduce transmission and slow the spread of the virus, supplementing the benefit we get from wearing masks, social distancing and frequent hand washing," said Dr. Maria Ryan, Colgate's Chief Clinical Officer.

"We're at the early stages of our clinical investigations, but our preliminary laboratory and clinical results are very promising," said Dr. David Alland, Chief of Infectious Diseases and Director of the Center for Covid-19 Response and Pandemic Preparedness, who led the Rutgers study along with colleagues Drs. Pradeep Kumar and Riccardo Russo.

"While we do not yet know the contribution of SARS CoV2 virus originating from the mouth to Covid-19 transmission, saliva certainly can contain amounts of virus that are comparable to that found in the nose and throat. This suggests that reducing virus in the mouth could help prevent transmission during the time that oral care products are active." Concurrent to the laboratory study, a Colgate-sponsored clinical study involving some 50 hospitalized subjects with Covid-19 was conducted at the Albert Einstein Institute in Sao Paulo, Brazil. This study demonstrated the ability of certain Colgate mouthwashes to substantially

reduce the amount of the virus in the mouth temporarily. The researchers plan to share their findings in early December.

Additional Colgate-supported clinical research studies on toothpaste and mouthwashes are in early stages at Rutgers, the Einstein Institute, and at the University of North Carolina Adams School of Dentistry, with some 260 people with Covid-19 participating in these studies. "Colgate is collaborating with numerous investigators throughout the globe to conduct clinical research to explore the potential of oral care products to reduce oral viral loads as a risk reduction strategy," Dr. Ryan said. "We think oral care has a role to play in fighting the global pandemic, alongside other preventive measures."

As the world's #1 trusted dental expert, Colgate is committed to leading in science and to ensuring that its products address health challenges and meet consumers' needs. For more information about the effects of oral hygiene on overall health and additional insights on mask mouth and other topics, visit [www.colgate.com](http://www.colgate.com).

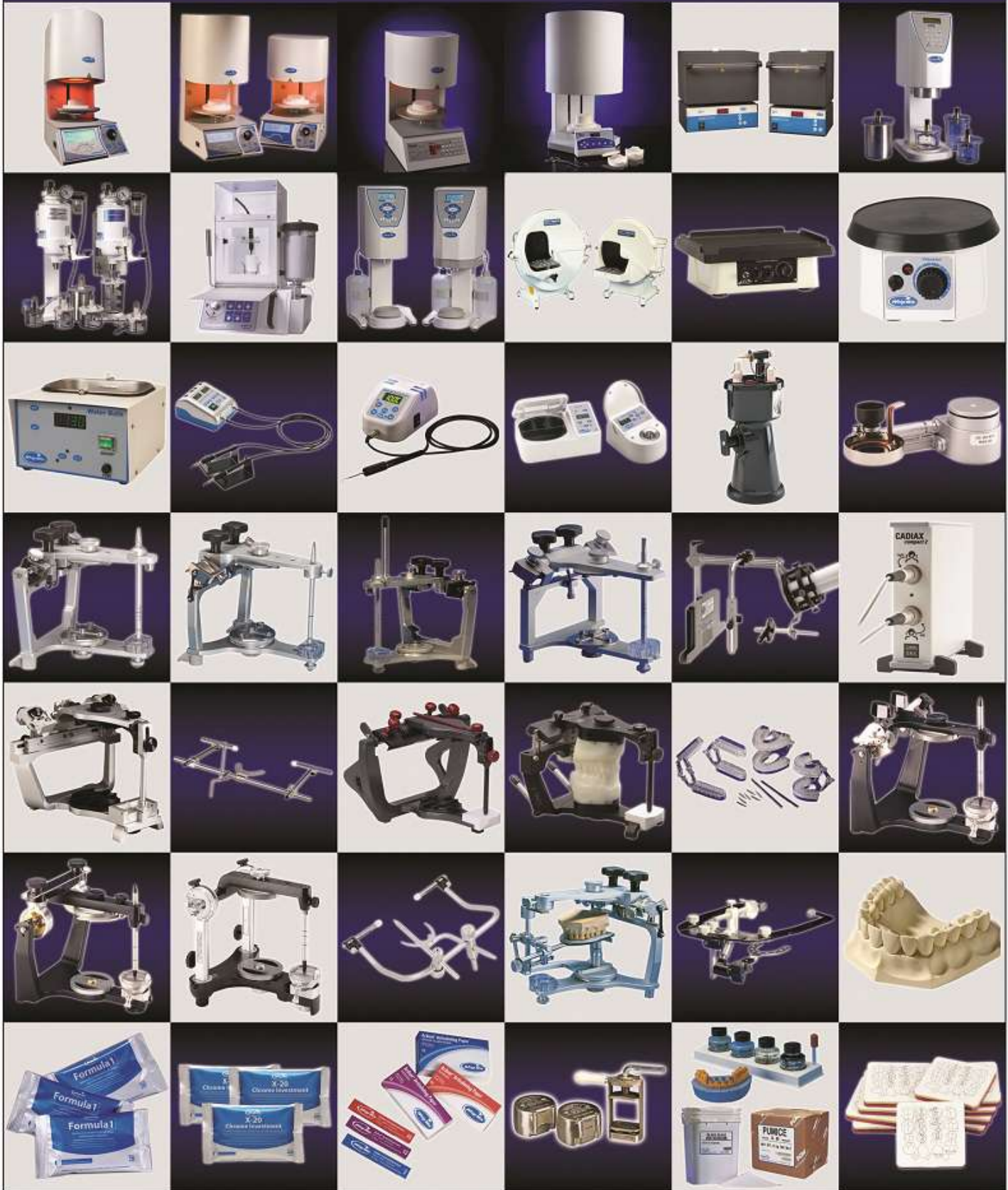
### About Colgate-Palmolive:

Colgate-Palmolive Company is a caring, innovative growth company reimagining a healthier future for all people, their pets and our planet. Focused on oral care, personal care, home care and pet nutrition and reaching more than 200 countries and territories, Colgate teams are developing and selling health and hygiene products and pet nutrition offerings essential to society through brands such as Colgate, Palmolive, elmex, meridol, Tom's of Maine, hello, Sorriso, Speed Stick, Softsoap, Irish Spring, Protex, Sanex, Filorga, eltaMD, PCA Skin, Ajax, Axion, Fabuloso, Soupline and Suavitel, as well as Hill's Science Diet and Hill's Prescription Diet. Colgate seeks to deliver sustainable, profitable growth and superior shareholder returns and to provide Colgate people with an innovative and inclusive work environment. Colgate does this by developing and selling products globally that make people's lives healthier and more enjoyable and by embracing its sustainability, diversity, equity and inclusion and social responsibility strategies across the organization.

For more information about Colgate's global business, its efforts to improve the oral health of children through its Bright Smiles, Bright Futures program and how the Company is building a future to smile about, visit [www.colgatepalmolive.com](http://www.colgatepalmolive.com). CL-C



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## Certificate course in Endodontics:

A certificate course in endodontics was conducted by LONDON MEDICAL & DENTAL CENTRE in Karachi on 6th December 2020 under the supervision of Assistant professor Dr. Muhammad Zohaib Younus (FCPS in operative dentistry). It was a single day workshop. The course was facilitated by Dr. Sameena Jabeen (General dentist & administrator of LONDON MEDICAL & DENTAL CENTRE).

The event started with the name of ALLAH. It was a comprehensive guide to tooth rehabilitation with hands on workshop. The course covers different topics related to root canal diagnosis, treatment planning, case selection & patient assessment. The speaker delivered the information on the relevant topics. After the lecture, lunch break was conducted so that the participants could get refreshment before moving on with the workshop. Dr. Zohaib Younus gave a demonstration in groups to the participants. After the demonstration each individual was provided with endodontic kit to perform the procedure on their own.

At the end of the event certificates were distributed to the participants along with high tea.



## Pathodont Academy of continued professional development becomes the first academy in Pakistan to conduct International certifications since 2014.

Pathodont Academy of continued professional development maintained its tradition of being the first privately owned academy in Pakistan to bring international post graduate certifications to Pakistan. It was the pioneer academy, established in 2013, that managed to negotiate and bring the German dental lasers fellowship to Pakistan. The first German-Pakistan fellowship by AalZ, University of Aachen Germany was conducted in 2014, that enrolled 15 Pakistani fellows, out of which 11 went on to successfully complete the diploma. The second German Diploma fellowship from the state owned German university "University of Aachen" was planned for 2019 November, and due to COVID-19 pandemic was launched in 2020. Prof Dr Joharia Azhar is the AalZ, Aachen representative in Pakistan and is the coordinator of this course. The course supervisor is the renowned Prof. Dr Norbert Gutknecht and a faculty of German and Greek dentists are involved in the teaching. This year due to Corona situation a part of this course was offered online. Two modules were conducted online while the hands on will be carried out in Germany Aachen in 2021.

The second feather in Pathodont Academy's cap is the launch of the UK dermal laser course, A level 4 British certification for dermal laser applications. The third intake of this month-long certification is scheduled to start from the 21st of December 2020. Pathodont Academy also signed an MOU with the "Academy of Face Design" Harley street UK to conduct their signature face design and aesthetics course supervised by Dr Ivona Iger DMD, Aesthetics. The course carries 8 British CPD hours from the Academy of face design London. This course is scheduled to start from 15th January. Apart from these international certifications and courses a large number of local courses and workshops were conducted during the months of October and November comprising of totally hands-on experience and skills development. These courses included Getting started with dental lasers, Protein Rich Plasma (PRP) for face and hair Workshop, Mesotherapy and Hydrational workshop, Botox and fillers and Thread lift. The Pathodont Academy of Continued Professional Development was established in 2013 by Professor Dr Joharia Azhar with the vision to bring international courses and certifications and best practices to Pakistan. The vision was to make the international certifications affordable for Pakistani dentists by removing the costs of the tickets and lodgings abroad. Dr Joharia Negotiated and used her personal contacts to reduce the fee structures of the German and the British certifications for Pakistani dentists. Pathodont Academy employs highest standards of skills teaching and most prestigious international as well as national faculty to carry out academic excellence in Pakistan.







Ensmile was honoured to host **Dr. Grafjodi Istavaan (Hungary's Foreign Commercial Counsellor)**

**HUNGARY**

The Possibility of Ensmile's expansion in Hungary was explored in detail.







Prof Dr.  
**Yaqoob Baig**  
Mirza

# Transition In Dentistry Past , Present , Future



## Past:

This article is a reflection of my experience in Dentistry while holding various positions in the premier dental institutions of Pakistan. I have had the experience of being a student of the same college I had been the Principal of de 'Mont college of dentistry in Lahore.

A comprehensive analysis is not possible in this article but my gist of the past present and future of dental care in Pakistan is being shared for this International conference being held in Nov 2020. A look back can illuminate how these decades met the shifting perceptions of the dental workforce.

In the past, there used to be just one dental institution i.e. de Montmorency College of Dentistry at Lahore. Later dental sections were established with Khyber Medical College at Peshawar, Liaquat Medical College Hyderabad, and Nishtar Medical College in Multan.

The first private dental college was established at Baqai Medical University in Karachi in 1992.

During the last two decades, we have seen a rapid growth of medical and dental colleges in the public as well as the private sector. Most of the medical universities as well as private medical colleges have now also established dental colleges.

With the rapid demand for dental care and the dental profession was recognized as a progressive profession, there has been a tremendous increase of dental institutions, equipped with the modern scientific advancement in dental treatment and care.

## Dentistry of today:

Currently, there are fifty-five dental schools in Pakistan both in the public and private sector of which twenty-six are in Punjab, eighteen in Sindh, ten in KPK, and one in Baluchistan.

A critical look at the dental literature reveals that despite numerous hardships and hurdles, dentistry has made tremendous progress over the last few decades, and now it has numerous sub-specialties functioning not only overseas but also in Pakistan.

In Pakistan, CPSP now offers Fellowship in five dental sub-specialties which include Operative Dentistry, Oral and Maxillofacial Surgery, Orthodontics, Periodontology, and Prosthodontics. Now PM&DC has been replaced with Pakistan Medical Commission (PMC), which hopefully should give due importance to Dentistry. Scientific technology in dental manufacturing of dental equipment and dental instruments, similarly the biomaterial used in dentistry have also been updated.

## Future:

To meet the new challenges ahead, we need to consider the importance of digital dentistry and using digital equipment such as intra-oral scanners, lab-scanners, CAD-CAM software, milling machines, and 3D-printers, to enable a precise accurate & smoother workflow, reduced cost, and time, improved accuracy and a high level of predictability.

The digital era is simply here to stay, to bring revolution in the field of Dentistry. Over the next five years, even greater changes are expected. The diagnostic techniques and surgical technologies required for implant placement will make the process so predictable that most general practitioners will choose to embrace the procedure rather than send it out to specialists.

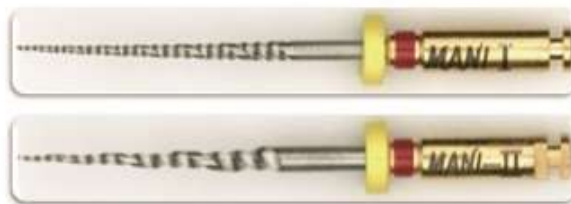
Dentists will not only take impressions optically but will utilize 3-D modeling and printing to create the required shade-matched crowns and bridges within minutes right in the practice.

Re-mineralizing and regenerative restorative materials will build nature-mimicking structures that closely resemble natural teeth. A variety of systemic diseases will be treated orally by the dental practitioner.

The past hundred years have demonstrated a rapid transition in dental technology and an even more rapid development of dental materials.

The past two decades have offered quantum leaps in the restoration of oral health, function, and aesthetics. By simple extrapolation, the future is golden for the dental profession. It is an exciting time to be a dentist.





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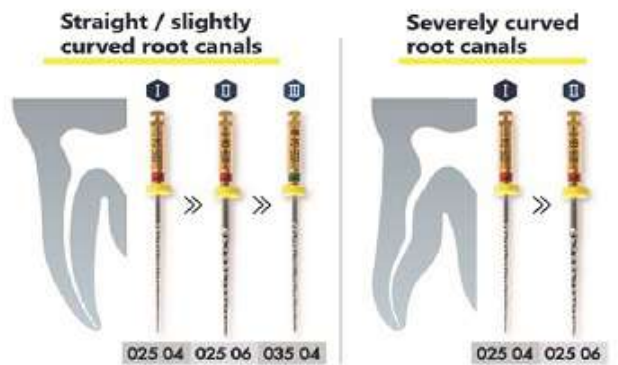
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	030	.04		
	035	.04		
	040	.04		
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# UHS International Dental Conference

(Completely Virtual due to COVID-19)

27th - 29th November, 2020

University of Health Sciences Lahore

Redefining Trends in Dentistry



### Message of the Honourable President, Islamic Republic of Pakistan

I congratulate University of Health Sciences Lahore on organizing Second UHS International Dental Conference, with the theme "Redefining Trends in Dentistry". Last year, I had the privilege to inaugurate the first UHS conference. Being a dentist myself, the theme is close to my heart and I am sure those inspiring days of the conference with interesting sessions in the various fields of dentistry will help in enhancing the insight of subject.

Today, the globalization of knowledge is no longer a trend but a priority for institutions and research centers, allowing knowledge to be shared by all and making technology available to all professionals. All these factors have a positive impact on Dentistry as well and will provide evolution of techniques and procedures thus improving quality of life of our patients.

I am sure this conference will define a pathway for dental professionals interested in improving their technical abilities by the means of using fascinating new research.

Oral health is an integral part of general health and wellbeing and a basic human right. The good news is that oral diseases are preventable and considerable improvements can be made if appropriate public health programmes are established. Conferences such as this one support the development of the evidence base in health promotion and disease prevention through research and support the international dissemination of research findings.

During this conference, participants will be having the opportunity to share experiences with colleagues from all over Pakistan. Once again my heartfelt felicitations to the organizers of the conference. I wish them all the success.

### Message of the Honourable Governor Punjab, Chancellor UHS

I extend warm congratulations to the Organizers, the Vice Chancellor, University of Health Sciences Lahore, on organizing their Second UHS International Dental Conference with the theme of "Redefining Trends in Dentistry".

These are the times, especially in the wake of COVID-19, when Pakistan has shifted its focus on the development and upgradation of health sector both in the field of higher education and research, as well as delivery of quality health care to masses. With the help of institutions like University of Health Sciences Lahore, the Government has been endeavoring to raise the standards of higher education in the field of Clinical and Allied Health Sciences. The need of the hour is to focus on research and innovation, besides strengthening the regulatory and pedagogical activities.

The medical profession offers immense opportunities to serve the humanity being one of the noblest professions ever undertaken in the history of mankind and its role is critical for building a healthy Nation. On this occasion, I would urge upon the dental professionals to learn and then serve the sick and the ailing with commitment, motivation and dedication. I am confident that the University of Health Sciences Lahore will continue scaling new heights in the field of professional excellence.

I welcome all the participants, especially our friends from abroad who would join this Conference online, and wish you all a very successful and fruitful Virtual Conference.

### Message of the Chairman, Board of Governors, University of Health Sciences

I am pleased to extend my warm felicitations to the Vice Chancellor, University of Health Sciences Lahore, Vice Chancellor and the organizers on organizing Second UHS International Dental Conference. The first conference held last year was a great success. Such events reflect on the maturity and performance of an educational institution.

While making budgetary allocations, governments generally give a rather modest share to dentistry as compared to classical medical specialties. A big chunk of money goes to specialties that treat life threatening diseases. This has a rationale as one cannot live without a heart, an uncurable cancer and other serious diseases. However now there is now a greater understanding of the correlation between periodontal disease not only with cardiovascular diseases but also even with stroke. There is a worldwide growing evidence that every year hundreds and thousands of people die because of infections that originate in their teeth. There is now a global recognition of the crucial role of dentistry in public health. The holding of such international meets is symptomatic of this realization.

In keeping with its dynamic approach, the University of Health Sciences Lahore is playing an important role by organizing such events in order to keep up with these advancements by upgrading curricula, enhancing skills, improving teaching and learning methodologies, fostering research and setting standards keeping in view the international best practices.

The theme of this year's conference is "Redefining Trends in Dentistry" whereas the scientific program will attempt to cover the latest in various dental specialties. World-leading oral health practitioners, clinicians, educators and researchers will present cutting-edge and practical clinical techniques based upon scientific evidence and will introduce new and emerging research.

I once again extend my felicitations to the Organizing Committee and hope the conference will come up with recommendations to bring the much needed change to improve dental education and practice in the country.

### Message of the Vice Chancellor University of Health Sciences

It gives me great pleasure, on behalf of the Organizing Committee of the Second UHS International Dental Conference, to welcome you to this year's conference which will be held from 27th - 29th November, 2020, under the theme "Redefining Trends in Dentistry". We are going virtual this time due to Covid-19.

The aim of our conferences has always been to enrich the field of dentistry in the country and the region with all this new scientific research and treatment methods and modern techniques to help all those working in this evolving field to develop, to sharpen their craft and add ability to their practice.

We also aim to exchange experiences by attracting leading speakers from abroad and from within the country. The organizing committee is always keen to attract dynamic thought-leaders and change-makers from Asia, America, Europe, Arab States, and Pakistan as well.

As a conference chair, I want to extend my sincere thanks to the speakers and heads of associations who responded to our invitations, to our corporate sponsors.

I know that the success of the conference depends ultimately on the many people who have worked extremely hard for the details of important aspects of the conference programs and social activities. I want to thank our sponsors and partners, without their support it would not be possible.

I once again welcome all at this virtual academic meet.

## Past, Present and Future of Dentistry in Pakistan

Ex-Principal de Montmorency College of Dentistry Lahore

**Past:** This article is a reflection of my experience in Dentistry while holding various positions in the premier dental institutions of Pakistan. I have had the experience of being a student of the same college I had been the Principal of de Mont College of dentistry in Lahore. A comprehensive analysis is not possible in this article but my gist of the past present and future of dental care in Pakistan is being shared for this International conference being held in Nov 2020. A look back can illuminate how these decades met the shifting perceptions of the dental workforce.

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## COVID-19 and Infection Control in Dental Practices: The New Normal

Dean, Institute of Advanced Dental Sciences & Research

Dentistry, has forever been striving for improved oral healthcare for the populations it serves, from technological advances to infection control. The profession has always been classified in the high risk category because of the close contact between the treating dentist and the patient. The potential risk of cross infection from a dental practice has been the area of concern, leading to ever improving infection control protocols in the dental surgery environment.

Infection prevention and control has, however, been haunting dentistry as a professional specialty, for almost half a century. Dentists qualifying in the 1970s and 80s were trained as 'wet handed' dentists, then came HIV and Hepatitis B and C; demanding the profession to take precautionary measures against blood borne diseases in the 1990s. Being an aerosol producing industry, dentistry took further precautions such as routine use of masks and facial screens to be included in Standard Infection Control protocols.

The year 2020 saw the world coming to a screeching halt in response to COVID-19 pandemic. Everyone sheltered in safe places, waiting for the storm to pass. Fortunately, the first

phase of the COVID-19 pandemic is behind us now. Life is slowly coming back to normal, the new normal, it will be a long time, if ever, before we can get back to our old ways, as is evident by its new wave of the epidemic around the world.

The way dentistry was being practiced has also changed, maybe forever. Now the profession has to take precautions, not only against blood borne disease but also against air borne diseases and contact contamination. The present time demands, precautions, more stringent than the operating theatre protocols, members of the dental profession, must adhere to the new normal in the best ways they can.

However, during the recent pandemic it was observed, that although Government of Pakistan issued National Guidelines for Provision of Dental Care Services during COVID-19. All (100%) Teaching Dental Hospitals (Public Sector (11), Private Sector (41)) practically remained closed, while the Public Sector Dental Clinics in RHCs (564), Government Hospitals (1,279) were working on 10% capacity. A few dental (Admin, Antibiotics, Analgesics), however, 70% of the facilities in the Private Sector (Estimated to be over 5,500) were working as usual some with extra precautions (PPE, Face shields,

goggles, etc); others without. Such situation demands concentrated efforts on the part of government to enhance the capacity of the dental practices before allowing them to work.

The challenge, today, is to create awareness and to train / retrain the present generation of the dental professionals (dentists, dental assistants and ancillary staff) to improve upon the existing standard operating protocols (SOPs) in compliance with the recommendations of infection authorities. The dental practices need to be upgraded at all levels, and at a very fast pace. This up-gradation includes capacity building of the personnel; improvement in infrastructure; and a focus of infection control protocols.

It is proposed to launch a comprehensive hybrid (online plus hands-on sessions) COVID-19 Course on Infection Control in Dental Practices of Pakistan. The trainings may be offered from a national platform to ensure standardization. It is envisaged that if launched timely in an organized manner and launched in all provinces simultaneously, more than 1,500 dental personnel could be trained every month. It may be considered to include this program as part of the ongoing

Asian Development Bank Project for Capacity Building of Disaster Management Institutions.

Along with the capacity building of personnel, government may consider dental practices as a priority industry for loans in line with its policy to support COVID affected industries. This support may be used in up-gradation of infrastructure to be able to implement infection control protocols, as per the new normal.

Once this is done the healthcare regulatory authorities could initiate inspections, licensing and certifications of dental practices to ensure the populations are not at risk at the dental practices.

Lack of appropriate infection controls in dental practices could be no less than a national disaster.

About Author: Author is a Dean & CEO of Institute of Advanced Dental Sciences & Research (IVADSR) Ltd. (IADSR) that has been working on raising awareness and capacity building on oral health issues in the country for two decades. One of its priority areas has been Infection Prevention and control in Dental Practices of Pakistan.

## UHS: Connecting Pakistani Dentistry to the Globe through Virtual Dental Conference

The University of Health Sciences Lahore (UHS) strives to bring innovation, revolution and trends in education and academic delivery since its inception in 2002 till date. In lies its brief history, a long story of struggles and successes in bringing quality in dental and medical education system. In October 2019, under the vision and leadership of Vice Chancellor UHS, the University took the initiative of hosting its flagship dental conference that was inaugurated by the President of Pakistan, and opening ceremony was attended by the first lady of Pakistan, Provincial minister for Health, Special Advisor to Prime Minister on health, along with ambassador of State of Palestine, high commissioner of Sri Lanka, foreign delegates across the world and eminent national dental professionals and led to promotion of a soft image of dentistry of Pakistan to the international audience. This flagship UHS dental conference in 2019 also started innovative concepts such as inception of dental art competitions at Pakistani dental conferences.

We envision that through bridging and connectivity we can bring forward the dental profession, our talented dental clinicians, dental academicians, dental researchers and allied dental professionals to a broader forefront and enlighten dentistry of Pakistan to a national and international audience. In line with this vision and as per commitment of the Vice-Chancellor University of Health Sciences Lahore, towards dental profession and dental education, the university is organizing its 2nd international conference

from 27th -29th November 2020. This is an online/ virtual based conference and all plenary scientific sessions will be online live-streamed to national and international audience of the conference. The presentations will be on various areas of general dentistry and on educational leadership strategies during the COVID-19 times. Fourteen online international speakers will be presenting their latest work and sharing experiences with the audience across the globe and within Pakistan through these live-streamed online sessions, along with many online eminent Pakistani dental professionals. Through collaborative efforts our organizing committee is spread throughout Pakistan. UHS is extremely thankful to the leadership of all dental educational institutions of Pakistan that have extended their hands and collaborated with us for promoting and strengthening dentistry of Pakistan. This reflects the trust and bonding that UHS has developed with dental institutions throughout Pakistan.

As the world struggles fighting and controlling COVID-19 disease, such difficult times have been valuable and precious for the human race to rise above the challenge and create history through scientific discoveries, inventions and innovations. Thus these times also lead us in UHS to develop strategies that would create opportunities to all Pakistani dental professionals and dental institutes to rise above any challenge. Therefore, for UHS, this is the first virtual-based conference ever hosted by the University and

we used this opportunity to bring out newer trends to dental conferences held in Pakistan. Hence the 2nd UHS-International Dental Conference is the first Pakistani dental conference that has credit hours approved nationally but also internationally. The Turkish Dental Association & Sri Lanka Dental Association has also given their consent to approve CPD hours for their international online delegates. Had it not been for COVID-19 situation due to which we are organizing an online conference, we may have never thought of outreaching internationally for such collaborations.

We at UHS have accessed those international speakers for online presentations whose majority may not visit Pakistan due to their heavy commitments and busy schedules. Thus in this dental conference, almost all the international speakers are presenting either for the first time in a Pakistani dental conference or exclusively just for UHS dental conference. Majority of the speakers belong to the United Kingdom along with those from Saudi Arabia, Canada, New Zealand, Malaysia, Palestine, Hong Kong, Turkey and France. Organizing an online conference has also given us an opportunity to reach out to overseas Pakistani and non-Pakistani dentists and hence through this we have been successful in providing conference access to dental professionals all over the world. We encourage and welcome all overseas Pakistani dentists to register for this online conference and support Pakistani dental

conferences. Nothing stayed impossible when our collaborative dental institutes came forward to hold our hands in organizing workshops for the conference. Thus we are extremely thankful to all the principals of the dental colleges that had supported us in arranging this conference. I am grateful to all professors, the dental colleges of Pakistan that helped us in promoting our conference message and all the coordinators that were part of this process. For the first time in a Pakistani dental conference, an international collaborative pre-conference workshop was held in Palestine. The virtual opening session will be held as live-streamed online to all the conference participants. From 28/28th November, 2020, three main plenary online scientific sessions will be live-streamed to all the conference participants. Pre-conference online oral presentations competitions and online poster presentation competitions for faculty, undergraduate, house officers and postgraduate dental students will be held. A special memorial award for Prof Sultan Zeb Khan, who passed away due to COVID-19 earlier this month is also being given to best online oral presenter.

I welcome all delegates of this conference to a newer trend in dentistry by linking online with UHS through the 2nd UHS-international dental conference, enjoy and happy learning!





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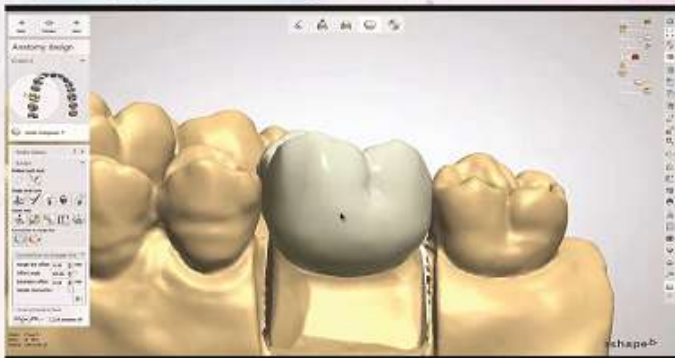


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# 3 Shape or Exocad my Perspective



Dental designing software such as 3Shape and EXOCAD constitute the revolutionary digital era of dentistry.



**3Shape:** The very first dental lab scanner and software was set up in 2005 by 3Shape, a Danish start up.



**EXOCAD:** In 2008, the world-renowned Fraunhofer Institute developed the first CAD/CAM software solution for dental professionals and this German software was launched in 2009.

To compare these software programs we need to put forward some ground rules and topics on the basis of which we can differentiate.

#### Learning curve:

- Both of these software programs have quite a bit of a learning curve and costs some time to get used to them. However, according to my personal experience, I found EXOCAD to be simpler than 3Shape. It requires fewer inputs from the user, the wizard mode is very simple and it's only a few clicks and teeth manipulation away from you to have your desired crown. Whereas 3Shape is a bit more complicated than that and requires some hands on experience to the basic settings.

#### User interface:

- The user interface dictates how friendly the system is for the user to operate. This might sound biased but the user interface of 3Shape feels more futuristic to me. I prefer the colour contrast and the lighting used in 3Shape. Moreover, I personally like the placement of the relevant buttons and how clearly they tell you what the software requires at each particular stage, this in turn gives you a feeling of satisfaction once you have completed designing the tooth. EXOCAD on the other hand has a lot less glitches and almost never crashes. Now this doesn't exactly mean that EXOCAD lacks the other features as this is just a difference of choice.

#### Teeth manipulation:

- This is where the whole experience of digital dentistry lies. The teeth manipulation is the most important factor and needs to be discussed multiple times. For the time I spent on EXOCAD and 3Shape, I always found the crowns/bridges created using EXOCAD ended up being more bulky than I would like them to be. However the time required in creating a teeth using 3Shape is considerably greater than that of EXOCAD. So I believe this is a trade-off. EXOCAD offers faster designing with simpler options but doesn't have a lot of depth and control to it whereas 3Shape offers more control and manoeuvrability but eventually takes more time. I just don't find the EXOCAD tools to work like I want when adding, removing and pulling.

#### Libraries:

As the demand for digital dentistry is increasing day by day, 3rd Party digital library supports add up to be one of the deciding factors. Both the 3Shape and EXOCAD offers extensive libraries for teeth and custom abutments. The digital tooth library that comes pre-downloaded with 3Shape I believe is more extensive and the teeth manipulation options along with this library produces an excellent result. However the implant library that comes along with EXOCAD is a lot more detailed and has most of the systems pre-loaded. Adding more libraries is a fairly simple process in EXOCAD compared to 3Shape however this can be done in both of the softwares. For attachments I use 3Shape. I haven't really used the attachment option of EXOCAD so I will leave no comment on that however I believe EXOCAD has an equally good selection and tools for attachments as well. For 3Shape it's really simple. Many of the attachments come pre-loaded and offer multiple angles and views for placement. Attachment manufacturers like Rhein83 and Bredent are all compatible and are pre-loaded.

#### Compatibility with 3rd party scanners

- EXOCAD can easily be integrated with most of the scanner and works really well. Now that our market is flooded with Chinese scanners, all of them offer integration with EXOCAD and hence you don't have to export or import data in and out of the software as it streamlines itself with the workflow. As for 3Shape, you cannot scan using any 3rd party scanner and it only supports the scanners which are produced by 3Shape. Fully incorporating a 3Shape scanning and designing system increases the price multiple folds; a cracked version can be used to import data into 3Shape out of any scanner which is fairly a simple process with little to no drawbacks.

#### Add on modules

Both of them offer complete ranges of modules. Copings & Frameworks, Crowns, Bridges, Inlays, Onlays, Veneers, Post & Core, Implant Bridges & Bars, Customized Abutments, Telescopes, Removables, Dentures, all can be designed on both excluding the Orthodontic module but EXOCAD will soon introduce that as well. Where the exception lies is the 2D Smile designer for 3Shape (Trios). It's a lot faster and allows the doctor to design a 2D smile using simple photos of the patient and this makes it effortless for the doctor to convince patients with in minutes. In my opinion, 3Shape provides an excellent range of modules for the dentists as well because they have been working on Trios Intra-Oral scanning and hence some clinical related modules like surgical guide creation and scan abutment scanning is a lot more streamlined with the software and you get certain options which makes it very easy to perform complex tasks.

#### Output file support

3Shape and EXOCAD both are capable of exporting your designed files in .STL format which is standard 3D format these days.

#### Verdict

Whether you use EXOCAD or 3Shape, both can give you the desired results and are exceptionally well designed software programs with not one being above another. I strongly believe in the fact that the software you use for the first time in your life, and the software on which you have learned to 3D Design on, will always be the ideal one for you. Which in my case is 3Shape!



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## Light Curing Nano Hybrid Composite

Packing: Syringe 4g  
Packing 2: 4\*4gram 15 ml liq



I-Xcite

## Tooth Surface Polishing Paste

Packing: 30 g



I-FASTE

## Resin Modified Glass Ionomer Luting Cement

Packing: 13 ml liquid 20gram powder



I-Fix Plus

## Resin Modified Zinc Oxide-eugenol Cement

Packing: 2\*20g Powder 12g liq liquid measuring  
Scoop mixing or pad



I-ZOE

## Zinc Phosphate Cement

Packing: 50g liquid 30g liq liquid measuring  
scoop Mixing pad



i-PAC N

## Zinc Polycarboxylate Cement

Packing: 50 g powder 25g liquid measuring  
scoop Mixing pad



i-POL N

## Glass Ionomer Filling Cement

Packing: : 2\*10g powder A2



i-FIL

## Needle Tips for Root cannal

Packing: Packaging: 15 g 1,10ml liquid  
Measuring scoop Mixing pad



i-ENDO

## Light Curing Temporary Filling Material

Packing: Syringe 8g



I-PRO LC

## Light Curing & Fussiure Sealent

Packing: Syringe 3.8 g, 3 tips



I-SEAL LC



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# CAD/CAM

## dentistry



**Khan Dental Laboratory**

**Saad Ali Khan**

Managing Director  
Khan Dental Lab



Everything seems to be going digital these days, including photography, music, file storage, etc. Even dental labs are taking benefits from this digital era mainly through the use of CAD/CAM technology. As the materials and technology available for CAD/CAM dentistry have improved, so too have the restorations patients can receive from this form of digital dentistry. Two things that are getting popular in our Pakistani market these days are CAD/CAM and ZIRCONIA.

This article will focus on some of the advantages of both CAD/CAM and Zirconia and how these new innovations in dentistry have made significant accomplishments for not only the patients but also for the dentist and dental labs.

#### Advantages of Zirconia crown:

A zirconia crown is made of a strong, biocompatible material, zirconia which is also used in medical applications like artificial joints. Since such crowns have several advantages over traditional metal and porcelain dental implants, many people these days prefer to opt for them. So, here is a brief overview of the advantages of Zirconia Crowns:

- " Extraordinarily tough
- " Can withstand wear and tear
- " Translucent enough to be similar to natural teeth
- " Less tooth removal
- " No Metal fuse

- " Modifiable size, shape and color
- " Biocompatible

The aesthetic effects alone of a Zirconia crown should be the biggest advantage it can give. It is important that you have dental crowns that will look natural especially if it will be placed at the front teeth and will be visible beside the natural teeth.

#### Advantage of CAD/CAM Technology:

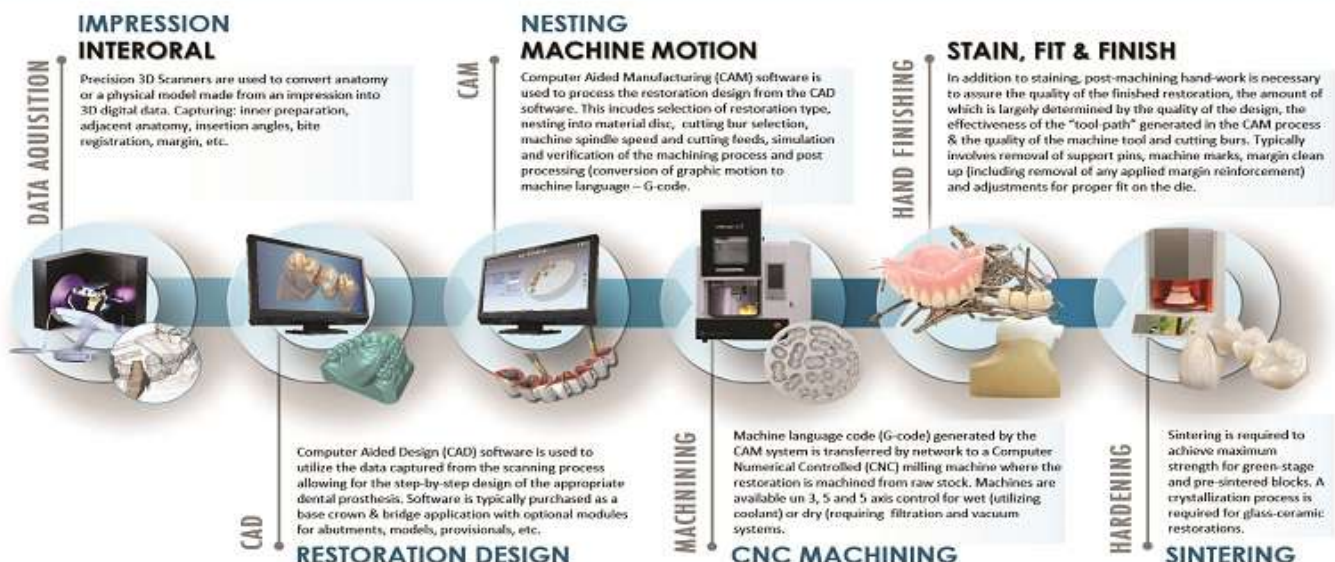
CAD/CAM technology has been used extensively in many manufacturing and engineering fields in the past. However, it is introduced in to dentistry only a little over two decades ago.

The computer program displays 3D custom images of teeth and gums, allowing dental lab technicians to precisely design the tooth restoration with functional and esthetic characteristics in mind. Once the restoration has been designed by the computer and technician, the information is sent to a sculpting machine (milling) which creates the restoration to the exact specifications of the design through CAM.

The main advantages of the CAD/CAM

#### Technology are as follows:

- " Improved turnaround times
- " Increased accuracy
- " Better long term patient results
- " Less labor intensive
- " Better fitting and more durable restorations





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**08 15-Station Automatic Tool Changer**  
Provides an automatic change setting for 15.000 automatically. Automatic tool change mechanism. High accuracy. Best for 20" resolution.

**Specification**

Model	Freedom HD
OS	Windows 7, 8, 10 (64-bit)
RAM	8GB
Storage	1TB
Spindle	5-axis, 100,000 RPM, 100 Nm
Tool Changer	15-Station
Light Source	White Light LED
Output Format	STL, OBJ, OFF
Voltage, Frequency	110-240V, 50-60Hz
Accuracy	10µm
OS	Windows 7, 8, 10 (64-bit)
Camera	Dual camera 2.0MP
Model scan	✓
Impression scan	✓
Multi-die scan	✓
Texture scan	✓
Interpreting scan	✓
All-in-one scan	✓
Hybrid scan	✓
Weight	17kg
Dimensions	330 x 495 x 430 mm
Method	Stable Scan Stage (Patented)

**Difference in Dental Devices from Difference in Technology**

There are two types of dental devices: 1. A device that is designed to be used in a wet environment. 2. A device that is designed to be used in a dry environment. The difference between the two is the technology used in the device. The device that is designed to be used in a wet environment is called a wet and dry device. The device that is designed to be used in a dry environment is called a dry device.

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	FREEDOM HD	FREEDOM HD	SWING HD	SWING 1.3	EDGE
OS	Windows 10	Windows 7, 8, 10 (64-bit)	Windows 7, 8, 10 (64-bit)	Windows 7, 8, 10 (64-bit)	Windows 7, 8, 10 (64-bit)
RAM	32GB	16GB	16GB	16GB	16GB
Graphic Card	Recommended higher than 4GB (Nvidia GeForce GTX 1050)	Recommended higher than 2GB (Nvidia GeForce GTX 750)	Recommended higher than 2GB (Nvidia GeForce GTX 750)	Recommended higher than 2GB (Nvidia GeForce GTX 750)	Recommended higher than 2GB (Nvidia GeForce GTX 750)
HDD / SSD	500GB or Higher / 128GB or Higher	500GB or Higher / 128GB or Higher	500GB or Higher / 128GB or Higher	500GB or Higher / 128GB or Higher	500GB or Higher / 128GB or Higher
CPU	Intel® 6 <sup>th</sup> Gen CPU i5-4790, 7700 (Do not use AMD CPU)	Intel® 4 <sup>th</sup> Gen CPU i5-4790, 7700 Intel® 6 <sup>th</sup> Gen CPU i5-4790, 7700 (Do not use AMD CPU)	Intel® 4 <sup>th</sup> Gen CPU i5-4790, 7700 Intel® 6 <sup>th</sup> Gen CPU i5-4790, 7700 (Do not use AMD CPU)	Intel® 4 <sup>th</sup> Gen CPU i5-4790, 7700 Intel® 6 <sup>th</sup> Gen CPU i5-4790, 7700 (Do not use AMD CPU)	Intel® 4 <sup>th</sup> Gen CPU i5-4790, 7700 Intel® 6 <sup>th</sup> Gen CPU i5-4790, 7700 (Do not use AMD CPU)
Chipset	170, 270 Chipset motherboard (SAGEBYTE recommended)	Z87, H87, X99, Q170, Z97, 170, H110 (Do not use ASUS/OC)	Z97, H87, X99, Q170, Z97, 170, H110 (Do not use ASUS/OC)	Z97, H87, X99, Q170, Z97, 170, H110 (Do not use ASUS/OC)	Z87, H87, X99, Q170, Z97, 170, H110 (Do not use ASUS/OC)
USB Port	USB 3.0 only	USB 3.0 only	USB 3.0 only	USB 3.0 only	USB 3.0 only

	FREEDOM HD	FREEDOM HD	SWING HD	SWING 1.3	EDGE
Axis	2 axis				
Light source	White Light LED				
Output Format	STL, OBJ, OFF				
Voltage, Frequency	110-240V, 50-60Hz				
Accuracy	10µm				
OS	Windows 7, 8, 10 (64-bit)				
Camera	Dual camera 5.0MP	Dual camera 2.0MP	Dual camera 2.0MP	Dual camera 1.3MP	Dual camera 1.3MP
Model scan	✓	✓	✓	✓	✓
Impression scan	✓	✓	✓	✓	✓
Multi-die scan	✓	✓	✓	✓	✓
Texture scan	✓	✓	✓	✓	✓
Interpreting scan	✓	✓	✓	✓	✓
All-in-one scan	✓	✓	✓	✓	✓
Hybrid scan	✓	✓	✗	✗	✗
Weight	17kg	17kg	14kg	14kg	13kg
Dimensions	330 x 495 x 430 mm	330 x 495 x 430 mm	330 x 330 x 330 mm	330 x 330 x 330 mm	395 x 275 x 400 mm
Method	Stable Scan Stage (Patented)	Stable Scan Stage (Patented)	Model Swing Method	Model Swing Method	Model Swing Method



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**04 Closed Loop**  
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## Dr. Jamal Syed and Dr. Erum Khan; A Husband Wife Dentist Duo...Creating a Difference in Dental Profession ...

(BDS, MDS (UK), MS (Italy), Fellow Implantology (Singapore))

DR. Erum Khan (BDS, MDS (Malaysia), PHD (Scholar-HKU) Experience 13 years

Experience-20 years (Academics/Research/Clinical) Company/ College Name-King Abdul Aziz University, Faculty of Dentistry, KSA TRUSTEE Bhitai Dental and Medical College Mirpurkhas Sindh

### Q 1) Do you agree that Dentistry has changed in last 10 years?

Dr. Jamal & Dr. Erum Evolution is a human nature and law of nature, so accordingly I agree that yes Dentistry has massively changed over past 10 years but the impact of change is not found globally in a homogeneity. Rather it has improved in terms of technology, materials, techniques and awareness globally. If we talk about Pakistan in particular, I must say that young dentists are trying their best to improve and equip themselves with the best of their capabilities with in their limitations. Institutions need to work further to prioritize their budget distribution to produce up to date and Well equipped graduates in terms of knowledge and technology both.

### Q 2) Was Dentistry your choice or was any other reason?

Ans by Dr. Jamal My father's friend residing and practicing dentistry in UK suggested him to Make me a dentist I thank my Luck now Ans by Dr Erum It was my parents wish to add a title of Dr in my name and I choose Dentistry for that. Although doing an MBA in quality control and Management was my dream and I got admission in IBA which I didn't pursue as my father's wish was everything to me.

### Q 3) What was the family and friends response at that time?

Dr. Jamal They were excited but it took them a while to accept BDS as majors. Dr Erum I am the eldest of 5 daughters in my family so they were all very excited.

### Q 4) What is your family background and environment you grew up?

Dr Jamal My father was an aircraft engineer in PIA and my mother was the director of a vocational training center. All my extended family were either engineers or teachers. I always had a very disciplined and education focused environment at my home, where the definition of rest by my father was "change of work".  
Dr Erum = I had the perfect "Doll House" family. A group of 5 girls all 2 years apart with different Nature and personalities. My mother was a school teacher but she gave up her career for our Brought up as my father had a very busy routine throughout, he is an Executive office manager to president and CEO of multinational group of companies. My parents gave up on their leisure and comfort for our education and grooming, we were never given a choice to keep education as second. Rather we were provided with all the comfort and facilitation to prove best in our education.

### Q 5) What are your strengths and weaknesses?

Dr Jamal My wife is my strength and my weakness is that I am least expressive, I cannot express my true feelings on time.

Dr Erum Well, he (Dr. Jamal) replied earlier but actually He has been my strength throughout. In all of my roles as a daughter, wife, sister, daughter in law, mother etc. And I can never prioritize myself, my wish and my comfort is my biggest weakness.

### Q 6) What would you say is your dental philosophy?

Dr. Erum Don't stop learning, Think out of the box, Not everyone is meant to drill and fill. Take the charge of your ride if clinics doesn't work for you, try academics, if not try research. Keep your approach multi and trans disciplinary. Dr. Jamal I believe in 6 hand dentistry (Dentist + Dental Hygienist + Dental Assistant) all of them Must work under one roof in every dental operatory.

### Q 7) Which country you like most to visit and give your presentation?

Dr Jamal I have been invited as guest speaker in various

countries like Egypt, Thailand, UK, Dubai, Italy (as a visiting faculty for teaching two masters programs), I enjoyed every where.

Dr. Erum have presented in Canada, Malaysia, Hongkong, Dubai, Saudi Arabia and I loved The hospitality of every destination but yes I am a winter loving person so my choice has always Been low temperature areas when it comes to choice.

### Q 8) What do you think you can contribute to the dentistry profession?

Dr. Jamal & Dr. Erum We have been trying to Mentor the young dentists and dental auxiliaries With practical facilitation through multiple platforms and prepare them as best professionals both locally and internationally. We have established CODE-Mentor in Karachi which has a unique vision of professional development and training of dental students and professionals through hands on trainings, Lectures, workshops, seminars etc.

The courses are always designed according to international standards and facilities. Clinics CODE-M provide training slots and earning opportunities to young dentists under excellent supervision of senior consultants. For stepwise guidance of Dental students, graduates and auxiliaries in terms of post graduation opportunities, destination choices, visa facilitations, scholarship opportunities, immigration services etc we have established a registered private limited company by the name Serv All and all its updates and services details are regularly posted on CODE-M Serv All facebook Page. We have also established a society by the name of SODA international (Society of Dentists And Dental Auxiliaries) for the welfare of dental community by supporting financially through Providing scholarships to dental auxiliaries, providing Qarz-e-Hasana (Loans) to Dentists to start their own practices etc.

### Q 10) Do you a good reader? Finding new things & technology in dentistry?

Dr. Erum Researchers and Academicians cannot survive without reading. Yes, I am a very keen reader yet choosing the right reading material is a skill. Dr. Jamal Progression of any person lies in his reading tendency. I am a passionate reader And I believe this habit keeps you motivated and makes you optimistic.

### Q 11) Have you ever thought of any social work?

DR. Erum & Dr. Jamal Well, we have established a non-profit charitable foundation by the name of "HASANAAT Foundation" in Pakistan which works on three point agenda of Roti, Paani, Roozgar For the underprivileged population of Pakistan. A massive water sidqa campaign including Hand water pumps, water borings, water chillers, RO water plants have been installed in multiple cities of Pakistan (Karachi, Mirpurkhas, Azad Kashmir, Shahdhar, Hazro, Attock, Bahawalpur etc) A free Dastarkhwaan providing free lunch to the poor community in Mirpurkhas is running.

All throughout the year. We have been working on human empowerment through our Roozgar Scheme where small business units (Rickshaws, Food stalls, Tandoor, sewing machine centers, graphic Designing work stations, wholesale and retail units, electrical tools, plumbing kits etc) are provided To people to make them independent and earn their living in a respectable way and become an Example and facilitation for many others. We are indebted with the unconditional support of our Hasanaat Volunteer force who despite of their personal routines work tirelessly in all projects.

All our updates regarding the activities of HASANAAT Foundation are regularly posted on our Facebook page and website of HASANAAT FOUNDATION. We wish to hold and promote our slogan, which states despite of all circumstances lets "DO SOMETHING" for the society.

As this is the actual legacy we all are going to leave behind.

### Q 12) Are you happy with the new generation taking up this profession?

Dr Jamal I would say that choosing up any profession is not the end of story rather it is the beginning of commitment, hardwork, honestly striving for perfection in that profession and a promise to be a learner forever so choose your commitment wisely and Yes there is a lot of growth in this profession and I am happy for the youngsters to choose dentistry but please do it as a Passion then.

Dr. Erum Yes, I am happy for the new generation to take up this profession but I would suggest them if you take the decision then make it worth by consistent hard work and seeking best mentorship.

### Q 13) Does anyone followed your footsteps /Why?

Dr. Erum and Dr. Jamal Indeed it is very satisfying to see people following our strategies and policies and that is what was the actual vision behind CODE-M, to become a positive trend setter. As the actual success is not merely your self success but rather setting up a pathway for many to succeed undimensionally.

### Q 14) Are you satisfied with the Dental Practices in all over the World?

Dr. Jamal I must say that yes mostly professionals are trying their best to excel in their fields But still there is a dire need of proper and consistent mentor ship in Dental practice.

### Q 15) What is your biggest achievement so far?

Dr. Erum I thank Allah Almighty for all His blessings but so far I believe there is a long way to go. Dr. Jamal As far As Achievements by profession are related I feel I have achieved almost the Maximum a dentist would have dream of but to me the real achievement and satisfaction is only Serving the humanity and making smooth pathways and lives for others, and that is what I am trying to do.

### Q 16) Do you think Dental market has become competitive?

Dr. Jamal Yes, Dental market has become very competitive and there are a lot of career options And opportunities. People need to explore all possible options to succeed and that is one reason we have established CODE-M a platform to mentor dental professionals with different avenues. Dr. Erum No doubt, dental market is highly competitive if you aim to be established as a successful Professional both personally and financially. Those not looking beyond the picture must choose This profession wisely.

### Q 17) What's your Favorite color?

Dr. Jamal Blue

Dr. Erum Purple

### Q) Any Message for the people about Oral Health?

### Q 18) Who is your favorite teacher?

Dr. Jamal Dr. Zohair H. Siddiqui (Late), as he was not only a teacher but a fatherly figure And a great mentor, Professor Ijaz Aqel our Principal in Baqai dental College, he lifted me emotionally when I was in deep depression in my final year BDS.

Dr. Erum I think my list is quite long as I have been very lucky to have teachers from many Nationalities and backgrounds.

### Q 19) What are your messages to the next upcoming generation...

Our message is that, there is NO SHORT CUT. Explore new avenues in dentistry and Interdisciplinary fields. Upgrade and polish your skills on regular basis. Don't STOP at any point of time in your life. Aim high beyond your imaginations. And last but not the least instead of believing in individual effort try to do TEAM WORK. BCZ TEAM WORK MAKES THE DREAM WORK.





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# Dentoscope Conducts Advanced Prosthodontics Training Program

Persistence and dedication are the two qualities that make DentoScope Institute of Advanced Dentistry a top notch Brand in Pakistani Dentistry. Due to its well organized and clinically oriented courses in different disciplines of Dentistry Dentoscope Institute of Advanced Dentistry is the only dental training institute in Pakistan providing hands-on training in all the specializations of Dentistry for the past two and a half years.

Located in Phase VII, Bahria Town Rawalpindi, DentoScope is a fully equipped Simulation Centre where participants from all corners of the country come to learn new skills under supervision of renowned mentors in the field. Currently, it is offering six months training programs in Clinical Orthodontics, Dental Implantology, Advanced Prosthodontics and Endodontics & Esthetic Dentistry. Under the visionary leadership of Founder & CEO DentoScope Dr. Rashid Hassan, Team DentoScope is working on new projects to take DentoScope to a whole new level. Recently Media Wing has launched DentoScope Official YouTube Channel "Dentoscope Studio" which is appreciated and supported worldwide due to its content for young dentists. Recently Dentoscope successfully conducted the 2ND month training sessions of its 4th Batch of three-month Advanced Prosthodontics Training Program on 21st & 22nd November, 2020. The sessions were facilitated by a seasoned Prosthodontist, Dr. Hassam Anjum Mir (Facilitator). The training focused on Tooth Preparations for Veneers and Temporization. Entire SOPs regarding Covid-19 were followed during the session. Dr. Hassam A. Mir delivered a clinically oriented lecture on guidelines for Tooth Preparation for veneers and Temporization.

After lunch & prayer break, Dr. Hassam demonstrated all the steps for tooth prep for veneering & Temporization. After that all the delegates performed all the steps under his supervision. The course has 75% hands-on training content which makes it one of the top training programs across the country. The course is awarded 36 CME Credit Hours by University of Health Sciences Lahore. Team Dentoscope organized the sessions under supervision of Founder & CEO DentoScope Dr. Rashid Hassan. Dental Health covered the event as official media partner of DentoScope.



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# COVID -19 and its Oral Manifestations

## DR FATIMA TU ZAHRA

Dental Surgeon / Public health Professional



### Question 1

#### What is currently known about Corona Virus?

Briefly Corona virus is large group of viruses causing illnesses in animals and human. In human corona virus can cause respiratory symptoms like common cold to severe diseases. SARS-COV first identified in China in the year 2003, MERS-COV was identified in the Middle East in 2012, SARS-COV2 ( which is the COVID - 19) first reported in China in December 2019. The information and understanding regarding COVID 19 is rapidly evolving and might change in future.

### Question 2

#### What happens to your body when you contract Coronavirus ?

Corona virus need to infect living cell to reproduce. It is believed that the virus binds itself to ACE2 receptors which are present on certain cells of lungs, heart, blood vessels , GIT and the epithelium of the human body. The virus on binding with the receptor gains entry to the cell causing destruction of the cell and replicating itself in the body.

### Question 3

#### How oral cavity be the route of entry for COVID 19 ?

It is been demonstrated that the ACE2 receptors with which the virus binds to invade the body cells and organs are also present on the mucous of the oral cavity. Interestingly these receptors are highly enriched in the epithelial cells of the tongue . These ACE2 receptors are also present in the salivary glands. This finding indicates that the mucous of the oral cavity is potentially the high route to the entry of the Corona virus and oral mucosa is the first place to exhibit symptoms of COVID 19 infection. Salivary glands are considered to be the potential reservoirs of COVID 19 asymptomatic patients.

### Question 3

#### What are the oral manifestations of COVID 19 infection?

Most common oral symptoms associated with COVID 19 is dry mouth and amblygeusia ( diminished taste) often secondary to dysosmia ( altered sensation of smell ) which is often the initial presentation of COVID 19 infection.

Other oral manifestations reported which could be primary or secondary to reduced

immunity during COVID 19 infection are Blisters and ulceration of the labial mucosa, lesions like recurrent herpetic stomatitis, small multiple painful ulcer in the palate, desquamative gingivitis and inflammation of the salivary glands.

Dental professionals should rule out patients for COVID 19 infection on these oral manifestations and should refer to the physician or for screening of COVID 19 infection .

### Question 4

#### What treatment you advice for the management of oral symptoms in COVID infected patients?

Treatment for such oral lesions is symptomatic. Most common medications used are topical application of hyaluronic acid and chlorhexidine mouthwash for these lesions. Increase intake of water and fluids . Increase intake of Vitamin C / ascorbic acid through diet and supplements.

### Question 5

#### What general preventive measures you will advice as a health professional?

Maintaining the basic hygiene , washing your hands , covering your mouth while coughing and sneezing preferably wearing a mask . Keeping safe distance in public , avoid public gatherings, having a balanced diet and keeping your self hydrated. Keep in mind that healthy stress free lifestyle will help to boost your immunity , cigarette smoking and bad eating habits will reduce your immunity. Stay home, Stay safe



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Interview of successful candidates: **Thursday 28<sup>th</sup> January, 2021**

### Note:

1. CV, CNIC Copy, 3 x Passport size recent photographs,
2. FCPS Part-I Pass Result
3. All relevant documents should be enclosed and submitted to Oral Surgery Department.

**PROF. DR. NAVID RASHID QURESHI**  
PRINCIPAL

ST.19, Block-15, KDA Scheme-33, Gulistan-e-Jauhar, Karachi.  
PH : (021)111-900-300 (EXT 277), E-mail: tahera.ayub@lcmdsh.com.pk



# Covid-19 Lockdown: Study Shows Dramatic Rise in Antibiotics Prescribed to Dental Patients in England



Friday, November 13, 2020 (Geneva, Switzerland; London, UK) - One of the unintended consequences of the COVID-19 lockdowns in England earlier this year has been a 25 per cent increase in the prescription of antibiotics by dentists, according to a new study published today in the British Dental Journal (BDJ). Prescription rates were the highest in London, with an increase of 60 per cent for the same period and the lowest increases, less than 10 per cent, were in the South-West of England. Antibiotic resistance (ABR) is a global problem that poses a significant threat to health and wealth, due to prolonged illnesses, longer hospital stays and increased mortality. The World Health Organization (WHO) has highlighted the urgency of tackling ABR by including it in the five platforms to global health and well-being. ABR is a problem that affects everyone and needs tackling urgently. If ABR continues to increase, it is estimated that infections resistant to drugs will be the number one cause of death globally within the next 30 years. The WHO's annual World Antimicrobial Awareness Week is held from November 18-24. Antibiotics do not cure toothache. Most dental infections are amenable to treatment by a dental procedure to remove the source of the infection without the need for antibiotics. In normal times, antibiotic-only treatment plans are rarely appropriate. Unnecessary

use of antibiotics drives the development and spread of resistant infections. "Antibiotics are life-saving drugs; when people really need them, they really need to work," said Dr Wendy Thompson, author of the BDJ study, clinical academic in primary dental care at the University of Manchester and member of the FDI ABR Working Group. "Infections that are resistant to antibiotics pose a serious risk to patient safety-which is why the large rise in dental antibiotic prescribing (over 25 per cent in the three months of April to June) is a huge concern. After years of a downward trend, restricted access to dental care due to COVID-19 drove this sudden increase. We must guard against it happening again when the UK finds itself in another lockdown environment. "We live in especially challenging times. Patients waiting for access to care often receive more antibiotics than those patients who receive the right treatment immediately. As dental care provision returns to a 'new normal' in the COVID-19 era, it is important to ensure access to high-quality, urgent dental care and to optimize the use of antibiotics."

#### 'Slow-motion pandemic'

Acknowledging the urgency of the situation, FDI has released today its White Paper, The essential role of the dental team in reducing antibiotic resistance, which is supported by an online library of resources and accompanied by a massive open online course (MOOC). The paper is an important step forward in acknowledging that dentists around the world must be recognized for their role in preventing and treating dental infections and empowered to optimize their antibiotic prescribing.

"We are staring down a slow-motion pandemic and urgent collective action is needed to slow it down," said Dr Gerhard K. Seeberger, president of FDI.

"Moving forward, the dental profession has a clear responsibility to engage, commit and contribute to global, national and local efforts to tackle antibiotic resistance."

#### Further Information:

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FDI Media Relations

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About FDI World Dental Federation: FDI is the main representative body for more than one million dentists worldwide, with a vision of leading the world to optimal oral health. Its membership comprises some 200 national member associations and specialist groups in over 130 countries. [www.fdiworlddental.org](http://www.fdiworlddental.org)

About GSK: GSK is a science-led global healthcare company with a special purpose: to help people do more, feel better, live longer. GSK provided financial assistance for the development of the online library of resources that supports the FDI White Paper and the MOOC.

## IMPORTANT DATES DENTAL CELENDER 2020 - 21



### ADA FDI Virtual Connect Conference: On Demand Member 01 - 31 December 2020

The virtual conference happened in October, but sessions will remain online until December 31! To experience the outstanding lectures, expert panels, virtual exhibit hall and other ADA FDI 2020 events, register for an All-Access Pass. Registration is open until December 18.



### Hong Kong International Dental Expo And Symposium Member 22 - 24 January 2021

Hong Kong's third wave of Covid-19 continued to show signs of slowing down as the number of daily new cases has been gradually declining. Unless there are drastic changes to the epidemic situation, the 9th edition of HKIDEAS would be rescheduled as follows:

Date: 22nd to 24th January (Friday to Sunday)

Venue: Hall 5F & 5G, Hong Kong Convention and Exhibition Centre

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Société suisse des médecins-dentistes  
Società svizzera odontoiatri  
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The 23rd International Congress of  
DentoMaxilloFacial Radiology  
Gwangju, South Korea

**APRIL 28 - MAY 01, 2021**



### The 23rd International Congress of DentoMaxilloFacial Radiology Partner

28 - 01 May 2021

The 23rd Congress of IADMR (ICDMFR 2021) will take place in Gwangju, South Korea, under the theme of "Reading and Leading Dentistry" from April 28 to May 1, 2021, while the pre-congress meeting will be held on April 27.

ICDMFR has been serving as a platform for interaction between world experts of DentoMaxilloFacial Radiology. The program of ICDMFR 2021 consists of four Keynote Lectures, Invited Sessions with 21 speakers who will lead us to a world of new knowledge on a variety of topics or to a world of systematic review.

The ICDMFR 2021 committee has decided to host a hybrid meeting where there will be a mix of onsite sessions and online sessions in consideration of visitors who may have difficulties entering into and departing from South Korea. We promise to prepare a plan without undue health / financial risks and provide outstanding programs online. The hybrid meeting format and changed details can be found on our website: [www.icdmfr.org](http://www.icdmfr.org).

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Principal Liaquat College of medicine  
and the Dentistry/Darul Sehat Hospital



**Prof. Kashif Naqvi**  
Oral Maxillofacial Surgeon  
Hamdard University Dental  
College and Hospital



**Dr. Sameer Quraeshi**  
MSc Prosthodontics  
Associate Professor and Head  
of Prosthodontic Department  
Fatima Jinnah Dental College



**Dr. Mohammad Wasay Latif Sheikh**  
FCPS Oral & Maxillofacial Surgery  
Assistant Professor,  
JMDC/Medicare Hospital.



**Dr. Daud Sultan Mandokhail**  
BDS FCPS (OMFS)  
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**3rd January 2021** Scientific and didactic content

**17th January 2021** Documentation, Patient  
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**31st January 2021** Surgical procedures

**14th February 2021** Hands-on Training Session of  
Implant placement

**28th February 2021** Asepsis theory and Practice

**14th March 2021** Augmentation

**28th March 2021** Restorative phases and  
Impression techniques

**11th April 2021** Removable and Fixed  
Restorations

## Highlights:

- Implant placement on patient.
- One international webinar.
- Hi-Tea and one on one session with Speakers.

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Karachi Institute of Physiotherapy and Rehabilitation Sciences  
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**Implant Placement on patient**  
**Mustafa Dental Hospital**  
Suite # 16, 1st Floor, Al Syed Arcade,  
Gulshan e Iqbal, Block 5, Karachi.

**Timings:**  
**10:00am-2:00pm**  
Alternate Sundays



# M3 L Platinum from UDG & MARC III Endo Motor Smashed in cold weather of Abbottabad too.



**M3 L PLATINUM FROM UDG & MARC III ENDO MOTOR SMASHED IN Cold Weather of ABBOTTABAD TOO.**

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We at Biodent Care Services Are Really Thankful to Sir Dr Asim Qureshi For his Participation , Specially Dr Erum Siddiqui & Her Team Of Rifah Dental For Organising Such Amazing Event & Of course All The Participants for their participation

with honest feedback.

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## Free Medical & Dental Camp by NADS



I am Sameer Ali Mir Final year student of FJDC & current Director of Voluntary committee of NADS . I have been holding this position from 25th march 2020. Being a part of this organization have always been a great pleasure for me. National association for dental students Pakistan (NADS) came into being an year ago? Soon after this non profit organization-existence , many dental students belonging from different institutions became a part of this organization and are still taking interest in different activities with full enthusiasm. Each individual was found to be co-operative, devoted and enthusiastic in the field of dentistry. Having a goal to serve for good. Nads encouraged and Guide all its members to work effortlessly for others by arranging Voluntary campaigns , free dental checkups and free dental supplies. M.Arif Ceo of NADS always stayed cooperative and available for his members and welcoming for all new members. NADS invoked new spirit in all the members to serve humanity as well as guiding them to mastered their skills in dentistry . Voluntary committee has been a milestone for me as to form a firm platform in this field of dentistry. But With my valient team i have completed many tasks and plan to pursue more for them. Some of the interesting task we completed are otele-dentistry posters amid covid-19 lockdown and oOrphanage visit.

**We are aiming for :**  
School visits  
Rural area visits

**And much more .**  
According to my beliefs if an individual want to learn he must know what a responsibility, compassion is , and how one person can make a difference by personally participating in solving it, so you should have to volunteer. Atleast try once.. On this day 7th November'2020 with the cooperation of about 17 members of NAD's we arranged a free dental checkup camp at Myhome Al-Mustafa orphanage, under this camp we offered some more extra curricular activities including how to maintain your oral hygiene under the keen observation and action of Propyaxis committee which conducted different instructions on 3 different tables  
\* First visually by watching video  
\* Second by card and pamphlets  
\* Third by practically on dental model .  
Moreover, free dental checkup was done by voluntary Committee students on 4 tables of 80 children and 12 old age patients guiding them with the basics of Oral hygiene with practical verification , our dental students filled forms to collect an quite huge amount of data which will be used for research purposes under the supervision of senior dentists and for treatment we will refer them to different hospitals. During this overwhelming visit to orphanage we also encouraged the students for oral hygiene by distributing stationary among the students. This successful event ought to be a great step towards oral hygiene among students of different age , this event took place under strict implementations of SOPs .



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# SMOKING AS A FASHION, ADDICTION OR SUICIDE

**DR SYED ALI RAZA**

DEPT OF COMMUNITY DENTISTRY  
SIR SYED COLLEGE OF MEDICAL  
SCIENCES FOR GIRLS



## Smoking in Pakistan

Tobacco smoking in Pakistan is legal, but under certain circumstances is banned. If calculated on per day basis, 177 million cigarettes per day were consumed in FY-14. According to the Pakistan Demographic Health Survey, 46 per cent men and 5.7 per cent women smoke tobacco. The habit is mostly found in the youth of Pakistan and in farmers, and is thought to be responsible for various health problems and deaths in the country. Smoking produces many health problems in smokers. Pakistan has the highest consumption of tobacco in South Asia.

## Fiscal Year 2014

Pakistanis spent Rs. 250 billion on over 64 billion cigarettes in the financial year FY14, disclosed a State Bank report recently issued. The State Bank's Statistical Bulletin reports that Pakistanis smoked 64.48bn cigarettes in the year FY-14. The average price of cigarette is considered Rs4 (conservative estimate) and the total price of 64.48bn cigarettes comes to an estimated Rs258bn. The most popular brand Gold Leaf is available at Rs 120 per pack of 20 cigarettes or Rs 6 per cigarette. The minimum price of cigarettes available in the market is Rs 50 per pack of 20 cigarettes or Rs2.5 per cigarette. Costly imported cigarettes are also available in the market which can go up to Rs 150 plus per pack. The main 3 companies took major part in tobacco industry. There are a number of smuggled cigarettes which find their way from Afghanistan whose landing port is in Karachi, Pakistan

## Key facts

- Tobacco kills up to half of its users.
- Tobacco kills more than 8 million people each year. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke.
- Around 80% of the world's 1.1 billion smokers live in low- and middle-income countries.

## Dangerous chemicals in tobacco smoke

Highly damaging components of tobacco smoke include:

- tar – is the word for the solid particles suspended in tobacco smoke. The particles contain chemicals, including cancer-causing substances (carcinogens). Tar is sticky and brown, and stains teeth, fingernails and lung tissue
- carbon monoxide – is a poisonous gas. It is odourless and colourless and, in large doses, quickly causes death because it takes the place of oxygen in the blood. In people who smoke, the carbon monoxide in their blood makes it harder for oxygen to get to their organs and muscles
- oxidizing chemicals – are highly reactive chemicals that can damage the heart muscles and blood vessels of people who smoke. They react with cholesterol, leading to the build-up of fatty material on artery walls. Their actions lead to heart disease, stroke and blood vessel disease
- metals – tobacco smoke contains several metals that cause cancer, including arsenic, beryllium, cadmium, chromium, cobalt, lead and nickel
- radioactive compounds – tobacco smoke contains radioactive compounds that are known to be carcinogenic

## Effects on health

Lung cancer in Pakistan is caused directly by tobacco in 90% of cases. It claims lives of 100,000 people every year. According to the study conducted by Sustainable Development Policy Institute (SDPI) on national treasury versus public health 2018-19, it was learned that there are above 23.9 million tobacco users in the country, out of which 125000 are dying every year because of tobacco induced diseases and tobacco usage is still increasing day by day and mostly are children. Smoking Fashion

A High amount of the youth in Karachi is addicted to tobacco smoking | It has become fashion for students to smoke.

## Caring for your teeth and gums

If you are a smoker, there are some things you can do to prevent tooth and gum problems, including:

- Try to quit smoking – speak to your doctor for guidance and support.
- If quitting smoking is too difficult, try and reduce the number of cigarettes you smoke.
- Thoroughly clean your teeth and gums twice a day with a toothpaste that contains fluoride.
- Use dental floss or interdental cleaners every day to clean between your teeth.
- Visit your dentist regularly for advice about the proper care of your teeth and gums at home, early intervention and regular preventive maintenance visits to keep your teeth and gums healthy.
- Avoid having a dry mouth – drink plenty of water and chew sugar-free gum to stimulate saliva production.

## Oral problems affecting people who smoke

The most common oral problems affecting people who smoke are:

- periodontal disease
- oral cancer
- whitening of the oral mucosa (mucus membrane), which is called smoker's keratosis
- poor healing after tooth extractions (dry sockets)
- poor healing after mouth and gum surgery
- stained teeth
- bad taste and bad breath.

## Diseases caused by long-term smoking

A person who smokes throughout their life is at high risk of developing a range of potentially lethal diseases, including:

- cancer of the lung, mouth, nose, larynx, tongue, nasal sinus, oesophagus, throat, pancreas, bone marrow (myeloid leukaemia), kidney, cervix, ovary, ureter, liver, bladder, bowel and stomach
- lung diseases such as chronic bronchitis and chronic obstructive pulmonary disease, which includes obstructive bronchitis and emphysema
- heart disease and stroke
- ulcers of the digestive system
- osteoporosis and hip fracture
- poor blood circulation in feet and hands, which can lead to pain and, in severe cases, gangrene and amputation
- type 2 diabetes
- rheumatoid arthritis

People who smoke have a higher risk of gum problems, having complications after tooth extractions and surgery in the mouth, and developing oral cancer. Smokers have a lowered resistance to infections and have impaired healing.

Stopping smoking reduces the risk of developing gum disease and oral cancer, and improves the person's response to gum treatment. It is very important for smokers to visit their dentists regularly to keep their teeth and gums healthy and have regular oral cancer checks.

## Leading cause of death, illness and impoverishment

The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people a year around the world. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke. Around 80% of the 1.1 billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest. Tobacco use contributes to poverty by diverting household spending from

basic needs such as food and shelter to tobacco. This spending behaviour is difficult to curb because tobacco is so addictive.

The economic costs of tobacco use are substantial and include significant health care costs for treating the disease caused by tobacco use as well as the lost human capital that results from tobacco-attributable morbidity and mortality.

In some countries, children from poor households are employed in tobacco farming to boost family income. These children are especially vulnerable to "green tobacco sickness", which is caused by the nicotine that is absorbed through the skin from the handling of wet tobacco leaves.

## Surveillance is key

Good monitoring tracks the extent and character of the tobacco epidemic and indicates how best to tailor policies. Only 1 in 3 countries, representing 38% of the world's population, monitors tobacco use by repeating nationally representative youth and adult surveys at least once every 5 years.

## Second-hand smoke kills

Second-hand smoke is the smoke that fills restaurants, offices or other enclosed spaces when people burn tobacco products such as cigarettes, bids and water-pipes. There are more than 7000 chemicals in tobacco smoke, of which at least 250 are known to be harmful and at least 69 are known to cause cancer. There is no safe level of exposure to second-hand tobacco smoke.

In adults, second-hand smoke causes serious cardiovascular and respiratory diseases, including coronary heart disease and lung cancer. In infants, it raises the risk of sudden infant death syndrome. In pregnant women, it causes pregnancy complications and low birth weight.

- Almost half of children regularly breathe air polluted by tobacco smoke in public places.
- Second-hand smoke causes more than 1.2 million premature deaths per year.
- 65 000 children die each year from illnesses attributable to second-hand smoke.

Every person should be able to breathe tobacco-smoke-free air. Smoke-free laws protect the health of non-smokers, are popular, do not harm business and encourage smokers to quit. Over 1.6 billion people, or 22% of the world's population, are protected by comprehensive national smoke-free laws.

## Withdrawal from smoking

Nicotine, which occurs naturally in tobacco plants, is the drug that makes people want to keep on smoking. Research has shown that, like heroin, nicotine is addictive. This means that when people start smoking regularly, their body becomes used to nicotine and needs a regular dose.

One reason that people continue to smoke is to avoid withdrawal symptoms, which can be very unpleasant. Withdrawal can bring about physical and emotional changes, which may include:

- cravings
- irritability, frustration, depression and anxiety
- restlessness
- difficulty concentrating
- changed sleeping patterns
- increase in appetite and weight gain.

Withdrawal symptoms are all signs that the body is recovering and getting used to living without nicotine. On average, most symptoms are gone within two to four weeks, but some people may have some symptoms for a few more weeks. Some people may gain weight, particularly in the first few months, but this decreases with time. Studies show that few people understand the specific health risks of tobacco use. For example, the 2015 Global Adult Tobacco Survey (GATS) in China revealed that only 26.6% of Chinese adults believe smoking causes lung cancer, heart disease and stroke.

*Continued on page 45*





# Digital Dentistry

**DR. MARIA** YOUSAF

**B.D.S, (Gold Medalist) MSc**  
**Endodontics Digital Smile Designer & C-Ortho Botox & Fillers**  
**Aesthetician Certificated clear Path Practioner**

**what is role of digital dentistry in Pakistan ?**

\* In today's world where precision in results of different types of treatment is the demand ,along with formulation of restorations and different types of prosthesis and aesthetic tools according to patients expectations digital dentistry plays a very important role. In simple words just like you come across many apps with before and after results displayed, where digital smile design is concerned ..it is simply a system where you 1st go for designing treatment plan on a special software customized for every patient according to their requirements keeping their desires and demands in mind. Once the patient sees the before and after images created for their treatment it is then sent for manufacturing to DSD manufacturing labs under special Cad/Cam or manufacturing machines where the design or blue print of the product is transferred and imitated with accuracy and precision.

The importance of digitalized dentistry in Pakistan is that sitting in your own comfort zone ,without travelling you can utilize these services here in Pakistan ... A competent DSD certified practioner can Design your case to your liking utilizing these softwares here in Pakistan or in coordination with other designers from abroad and then get the manufacturing of products done again either in our local labs or from abroad...you can not only visualize the before and after treatment results via images but get the exact product replicated to a T in your own homeland.

**2.what are digital**

**impressions**

\*These are impressions which are recorded via special intra oral cameras and then digital model is created on the software, which is used as a baseline ,superimposed on patients photographs for designing .

**3.does the digital process really save money?**

\*when compared to manual or conventional dentistry no doubt digital manufacturing is expensive and you have to pay for the designing also but the benefit is 1st you can get exact 100 percent treatment execution as per design formulated.

2nd the investment you made into designing can remain with you till you save up for the manufacturing..you can also go for phasic treatment as per your economic feasibility.

3rdly where full mouth rehabs can be costly it is of mutual benefit of both clinician and patient to have a virtual understanding on mockup design before execution so expectations are clear from both ends before manufacturing. lastly you can save onto manufacturing costs by getting designs manufactured by local labs .

**4.does the digital smile design really save time?**

\*..timeframe for any treatment depends upon it's complexity.. normally it takes 3 to 4 days on average for a complex case designing in a DSD lab and then once the design is agreed upon by the patient manufacturing can take 3 to 8 days on average again depending upon restorative products to be manufactured. surgeries ,orthodontic treatments are obviously longterm treatment plans can take longer aligners again can take 1 week for designing and 2 weeks for manufacturing.

**5.how do I send a digital case?**

\* once a mockup design is formed it can be transported to labs and other clinicians across the globe via STL files.

**6.how long does it take to get a crown back?.**

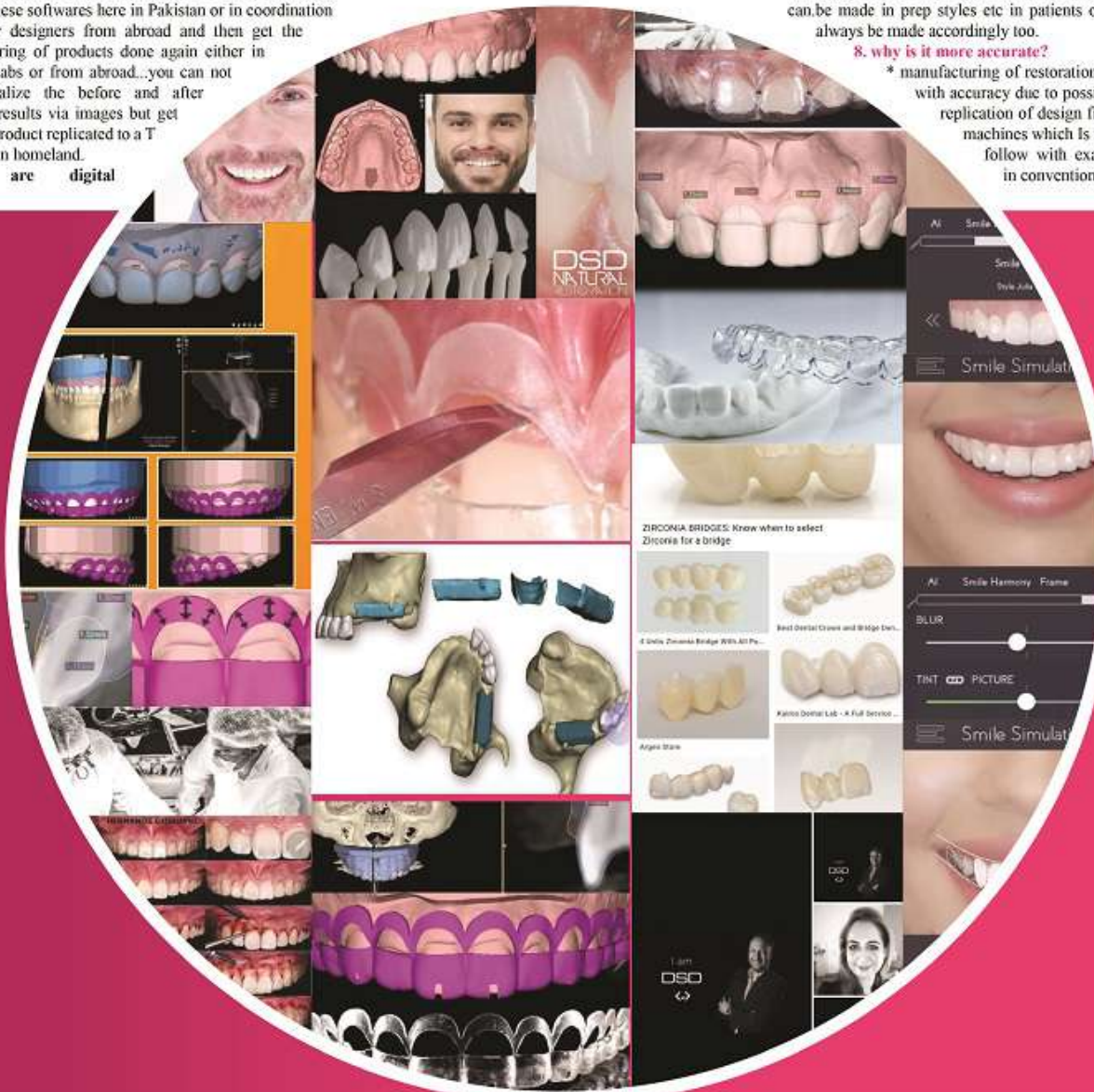
\* it depends upon how far the lab is from your practise..if you are sending the DSD files abroad for manufacturing then it might take 7 to 8 days for crowns to be manufactured and delivered..local labs,might take around 2 to.3 days.

**7.do I have to change prep style ?**

\* the possibilities with DSD are limitless..you can always alter and change the treatment designs and styles on the file itself as per need and requirements and physical changes can be made in prep styles etc in patients oral cavity can always be made accordingly too.

**8. why is it more accurate?**

\* manufacturing of restorations can be done with accuracy due to possibility of exact replication of design file on cad/cam machines which is not possible to follow with exact parameters in conventional systems .





# 5X CAD CAM SYSTEM

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# Meethi Zindagi Hosts Symposium on World Diabetes Day

14th Nov is celebrated as World Diabetes Day every year to mark the birthday of Sir Frederick Banting, who discovered insulin with Charles H Best in 1921. Today almost 19 million people live with diabetes in Pakistan alone. Hundreds of thousands of these depend on insulin which is as important to their bodies as oxygen. Today, after around 100 years since the discovery of insulin, the problem of affordability of insulin and test strips in Pakistan, and the social attitudes towards people living with diabetes still stands unaddressed. Worldwide, people with diabetes have started speaking up about the challenges they face in living with the condition, ranging from access to quality care, healthcare systems and policies, the need for peer support and social perceptions and judgments.

Meethi Zindagi is the largest and the only organization representing the needs of the diabetics community in Pakistan for creating awareness, providing diabetes education and supporting the community not only through providing the underprivileged children with diabetes with their needed insulin and test strips, but also extending psychological and social support. Meethi Zindagi is the pioneer of diabetes peer support in Pakistan. It is now aiming to reach out to 3000 underprivileged children over the next two to three years for providing them with the insulin and test strips. The first step for this has already been taken and insulin is being provided to underprivileged children in more than 25 cities and towns across Pakistan with the support of many philanthropic organizations and individuals.

Meethi Zindagi hosted an interactive symposium on World Diabetes Day highlighting the challenges that people with diabetes face in their social and professional lives. The esteemed panelists included Zeba Bakhtiar, who has been living with diabetes since her early twenties and has been on the media forefront with the condition; Prof. Dr. Tipu Sultan, who is the former

University

and President Zafar

They gave insight into how the young health professionals can be trained for reducing the stigma around the condition of diabetes. Prof. Dr. Tasnim Ahsan, who established Endocrinology as a sub-specialty of Medicine, and was also the former Dean, Faculty of Endocrinology at College of Physicians & Surgeons and Executive Director, Professor and Head of Department of Medicine JPMC, talked about the women with diabetes and the social issues they face. Dr. Aamir Hasan, Associate Dean Habib University shed light on the role of academia for creating better societies where people with diabetes do not feel negatively judged. Meethi Zindagi is bringing all stakeholders together to join hands for putting an end to stigma and judgments and access to medication issues faced by the diabetes community in Pakistan.

principal  
of Dow  
Medical  
College, Founder  
Principal Bahria  
Medical and Dental College;  
and Atia Foundation Charitable Trust.



## Ethical Review Committee



Center of International Research Sciences (CIRS) was established on August 14th, 2020. CIRS is an independent, non-profit, and ethical review committee affiliated by Ameen Medical & Dental Center that provides ethical reviews of all types of human subjects research. **Core committee members:**

- \* Chair-Dr. Nabeel Baig
- \* Vice Chair-Miss. Khadijah Abid Khan
- \* Director of evidence to action-Dr. Yashfika A. Bari
- \* Director of safety and protection-Miss Maryam Younus
- \* Administrative Officer-Dr. Bisma Anwar

### External members:

- \* Prof. Muhammad Khalil Khan
- \* Dr. Rubab Farooqi
- \* Dr. Ruqaiyiah Hashmi
- \* Dr. Asma Ali

CIRS prior work in order to accomplish five objectives:

- 1) To promote a quality research program
- 2) To give guidelines to researchers.
- 3) To demonstrate independent researchers with the latest literature to get approval from the Ethical Review Committee

(ERC).

4) To welcome independent researchers who are enthusiastic and eager to provide a revolution in the healthcare system. 5) The center welcomes and appreciates all the research proposals delivering a recent change, provide innovation, developing new strategies, devising health policies, and undertaking any clinical trials.

The members with their immense experience and devotion in the recognized field will enlighten the young and independent researchers.

The broad range of research expertise of the members will ensure research is thoroughly reviewed for ethical research conduct. CIRS first official meeting was held on 7th October 2020, chaired by Dr. Nabeel Naecm Baig and co-chaired by Miss Khadijah Abid and attended by Dr. Yashfika Abdul Bari, Miss Maryam Younus, Dr. Bisma Anwar, Dr. Rubab Farooqi and Dr. Ruqaiyiah Hashmi at AMDC.

CIRS-ERC will accept applications from all around the globe and review them according to international guidelines.







### 2nd UHS International Dental Conference Redefining Trends in Dentistry 27th - 29th November, 2020



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# Global Summits Institute Aims to Empower Doctors

The is a preeminent peer-to-peer organization in recognizing leading doctors, dentists, and specialists who exemplify clinical excellence, innovation, research, organizational leadership, and entrepreneurship in serving humanity and advancing the global healthcare industry. Mission: To inspire and to empower doctors. To bring unity, autonomy, and solidarity to the profession of dentistry through Peer-to-Peer mechanisms and systems.

Vision: To become a valuable addition to society by working with our colleagues that exemplify clinical excellence, innovation, research, organizational leadership, and entrepreneurship in serving humanity and advancing the global healthcare industry. To recognize and honor our colleagues for their dedication and contribution.

**Motto: Learn One. Do One. Teach One.**

Goals: To facilitate Peer-to-Peer relationships across the entire spectrum of industry. To hold Global Interdisciplinary Summits to maximize information exchange. To utilize our global outreach for noble causes.

Selection Criteria: Any nominee's level of continuing education, research efforts, publications, degrees, fellowships, past awards, innovations, use of technology and cutting-edge techniques, leadership roles, moral fiber, humanitarian efforts, notable contributions to the profession and/or a combination of such qualities will be considered.

## DOCTOR-TO-DOCTOR WORLD'S TOP 100





# Doing a 45-second Mouth Cancer Check



## THE ORAL HEALTH FOUNDATION

is today asking everybody to conduct a quick 45-second check for mouth cancer as part of Blue Wednesday, which hopes to raise awareness of the disease. The number of people diagnosed with mouth cancer in the UK has risen by 97% in the twenty years while awareness around the disease remains worryingly low. Last year, 8,722 people were diagnosed with mouth cancer while 2,702 lost their lives to the disease. Despite mouth cancer rates hitting record highs, British adults are almost three times more likely to check themselves for breast or testicular cancer. New research by the charity shows more than four-in-five (83%) do not know what to look for when checking for signs of mouth cancer while just under two-thirds (62%) say they have never checked themselves for the disease. Blue Wednesday forms part of Mouth Cancer Action Month, a campaign held throughout November and run by the Oral Health Foundation and sponsored by Denplan, part of Simplyhealth. The charity campaign, which is marking its 20th anniversary, aims to raise awareness of mouth cancer and help make more people 'mouthaware' when it comes to the disease. Mouth cancer checks are quick and simple, and should be part of your daily bathroom routine.

The five basic steps are as follows:

Check your head and neck for any unusual lumps or bumps.

Move to the inside of your mouth. Check your tongue for any unusual red or white patch, lump or an ulcer that has lasted for longer than three weeks. Make sure to check both sides and underneath.

**Run your finger along the inside of both your cheeks. Are there any lumps or bumps? Again, can you see any red or white patches?**

Look at the roof of your mouth. It can be tricky to get the right angle so you will need to tilt your head back slightly. Also, run your finger along the roof of your mouth to check for any lumps or swelling. Finally, check your lips. Simply use your thumb and index fingers to pull down your lip and check for any red or white patches or lumps. Do this for both your top and bottom lip. Dr Nigel Carter OBE, Chief Executive of the Oral Health Foundation, highlights the importance of being mouthaware and knowing where to go if you spot something out of the ordinary. Dr Carter says: "It is really important to be vigilant when it comes to mouth cancer. By being able to identify the early warning signs and knowing where mouth cancer can appear, you give yourself the very best chance of beating the disease. With mouth cancer in the UK increasing, make sure to check yourself for mouth cancer for Blue Wednesday, and allow it to become part of a monthly routine.

"If you notice anything unusual, make an appointment to see your dentist or GP. If in doubt, get checked out." Catherine Rutland, Clinical Director at Denplan, part of Simplyhealth agrees and also notes how catching mouth cancer early can greatly increase your chances of survival and a better quality of life.



Dr Rutland says: "If mouth cancer is spotted early, the chances of a complete cure are good. However, too many people present late because they do not have regular dental examinations. For a significant proportion of patients, a delay of three to six months in diagnosis and treatment will affect the likelihood of achieving long-term survival.

"Around 2,702 people in the United Kingdom lose their life to mouth cancer every year. That's seven people every day. It is widely recognised that many of these deaths could be prevented by early diagnosis. Early detection is by far the most important factor, as the stage at which mouth cancer is diagnosed has the most significant effect on overall survival as mouth (and throat) cancer can grow very quickly. "Encouraging patients to self-examine and become familiar with the normal state of their mouth (and head and neck) is also very important. To help raise patient awareness of the signs and symptoms of mouth cancer, the Oral Health Foundation have developed a range of excellent patient education resources available on their website." Laura Gray was diagnosed with tongue cancer just days after her 47th birthday. As someone who had always led a generally healthy life, Laura was surprised to find out that she had mouth cancer. Laura says: "The diagnosis came as a complete shock to me. In the lead up to my diagnosis I had been experiencing some problems with my tongue. Speech became a little more difficult and I started to have reactions to certain foods and drinks. Shortly before diagnosis, an ulcer appeared and became painful. I had never thought that I was at risk of having mouth cancer. "Everyone needs to be aware that they are at risk of mouth cancer and educated in how to self-check their mouth and neck for the early signs. It has already been done successfully for breast and testicular cancers, so why not mouth cancers?"

For more information about mouth cancer, including how to do a self-check for the disease, visit [www.mouthcancer.org](http://www.mouthcancer.org)

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# WORLD DIABETES DAY 2020

World Diabetes day is a day to create awareness on diabetes. The Diabetic Association of Pakistan and WHO Collaborating Centre Karachi organised recently a Scientific session at local hotel.

On this occasion Professor Abdul Basit Secretary General, Diabetic Association of Pakistan (DAP) introduced the theme of the World Diabetes Day "Diabetes: Nurses make the difference".

Professor Abdul Basit, spoke on the topic of "Current Status of Diabetes care in Pakistan". He said in first Prof A. Samad Shera memorial lecture we are deeply grieved on the sad demise of Prof. A. Samad Shera. His contribution to diabetes will be remembered for a very long time. Pakistan is one of the countries having a very high prevalence of diabetes. Currently there are more than 19 million people with diabetes in the country and 26.2 million Pakistanis will have diabetes by the year 2030. Nearly 9.6 million children are overweight and obese. In the past years, the occurrence of hypertension has doubled while that of obesity has tripled. The rising tide of diabetes is a source of huge economic burden. To take as an example, the direct cost of treating a diabetic foot ulcer is between 21- 378 pounds. We adopted prioritization strategies and a stepwise approach. We introduced for the first time in Pakistan, a one-year university level training course in diabetes education. As a recognition of our training programmes, Baqai Institute of Diabetology and Endocrinology had been selected as one of the eight International Diabetes Federation centres of education.

A nationwide Diabetic Foot Clinic network has been established with the support of World Diabetes Foundation which so far includes 150-foot clinics. These efforts have resulted in reduction of amputation rate by 50%. With an aim to improve Type 1 Diabetes care, Insulin-my life (IML) project was initiated with the support of WDF. The project established 34 Type 1 Model clinics across the Sindh Province and provided free of cost Type 1 diabetes care facilities to Type 1 children and adolescents. Now we have started similar IML in Baluchistan. To build capacity, we introduced the multidisciplinary team approach in diabetes care and inducted a number of training programmes. Ramadan Diabetes Study Group was constituted and primary prevention study is planned. Primary Prevention Programme,

Maternal & Child Health Project and Gestational Diabetes Project. Most importantly, the future directions include constitution of National Training of General Physicians and other healthcare professionals are another important service provided by these organizations. Synchronized and coordinated efforts from public and private sectors are needed to plan and design the primary prevention strategies at national level to combat this mammoth health and economic issue.

Professor M. Zaman Shaikh, Joint Secretary, Diabetic Association of Pakistan (DAP) and Director of Sir Syed Institute of Diabetes and Endocrinology, talked on "Lifestyle Management and Diabetes". He said Diabetes prevention is as basic as eating more healthfully, becoming more physically active and losing extra fat. It's never too late to start. Making a few simple changes in your lifestyle now may help avoid the serious health complications of diabetes down the road. There are many benefits to regular physical activity. Exercise can help to lose weight, lower blood sugar, boost sensitivity to insulin, which helps keep blood sugar within a normal range. If one is overweight, diabetes prevention may hinge on weight loss. Every kg we lose can improve our health, and it is surprising by how much. Participants in American DPP Trial, who lost around 7 percent of initial body weight and exercised regularly reduced the risk of developing diabetes by 58 percent. Various dieting plans may help one to lose weight at first. But their effectiveness at preventing diabetes isn't known, nor are their long-term effects. And by excluding or strictly limiting a particular food group, one may be giving up essential nutrients. Instead, make variety and portion control part of your healthy-eating plan. Childhood obesity must not be taken lightly as it may be a predisposing factor for many diseases in time to come.

Farhana Tabassum, Director Undergraduate Programs, Ziauddin University, College of Nursing Field Expert Sindh Health Care Commission talked on "Diabetes: Nurses make the Difference (IDF Theme)". She said Pakistan population growth rate between 1998-2017 was 2.40% which is currently approximated to 221,420,100 and in 50 years it will double (world population review). WHO (2018) strongly advocates that nurses play a great role in reducing suffering, promoting health and preventing diseases. Nurses make a difference in the lives of patients to

provide health promotion, assist in prevention, and facilitate chronic disease management according to national needs. It is roughly estimated that 13-15 million more nurses are required urgently. Generally Nursing Professionals remarkably contribute in improving the quality of life of people with diabetes.

Professor Shabeen Naz Masood, Joint Secretary, Diabetic Association of Pakistan (DAP), Professor & Head Department of Obstetrics and Gynaecology Isra Medical University Karachi talked on the topic of "Screening of Diabetes in Pregnancy - Why, When, How". She defined Gestational Diabetes Mellitus as glucose intolerance that begins or is first diagnosed during pregnancy and usually resolves after delivery. One in seven births is affected by gestational diabetes mellitus. Gestational diabetes mellitus is a substantial and growing health concern in many parts of the world. Pakistani population is especially vulnerable to developing this condition because of genetic, social, and environmental factors. Gestational diabetes has serious, long-term consequences for both baby and mother, including a predisposition to obesity, metabolic syndrome and diabetes later in life. Early detection and intervention can greatly improve outcomes for women with this condition and their babies. She said that ideally every pregnant lady should be screened for diabetes but if it is not possible then the high risk group must be screened. These are women with significant glycosuria, gross obesity, family history of diabetes, past history of still births, neonatal deaths, repeated abortions, macrosomia, polyhydramnios, birth with congenital anomalies. Treatment includes diet control, physical activity. Insulin is the preferred treatment if not controlled with diet and physical activity. Pregnancy makes the body need more insulin to control levels of glucose in the body. Extra insulin may be needed for type 1 diabetes during pregnancy. She advised to check blood sugar frequently to maintain near - normal blood glucose levels. Good control of blood glucose before and during pregnancy reduces the risk of complications.

Chief guest Lt Gen (R) Moin Uddin Haider, HI (M) Former Governor Sindh/Formal Minister of Interior applauded Diabetic Association of Pakistan's efforts towards the improvement of diabetes care in Pakistan. He emphasised on the prevention and best management of diabetes to avoid complications.



The Panelists of the Scientific Session



A Group of Nurses with Prof Abdul Basit and Prof Shabeen Naz Masood on World Diabetes Day



The Audience of Doctors



The Audience of Doctors



Chief guest Lt Gen (R) Moin Uddin Haider, HI (M) Inaugurating Pharmaceutical Exhibition



Mian Mukhtar Ahmed presenting bouquet to the chief guest Lt Gen (R) Moin Uddin Haider, HI (M)



Diabetic Association of Pakistan's Stall



The Audience of the People with Diabetes

Continued from page 1

## DAP, WHO Collaborating Centre Hold Scientific Session on World Diabetes Day

"Most importantly, the future direction includes constitution of National Training of General Physicians and other healthcare professionals. Synchronized and coordinated efforts from public and private sectors are needed to plan and design the primary prevention strategies at national level to combat this mammoth health and economic issue."

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group, one may be giving up essential nutrients. Instead, make variety and portion control part of your healthy-eating plan. Childhood obesity must not be taken lightly as it may be a predisposing factor for many diseases in time to come." Farhana Tabassum, Director Undergraduate Programs, Ziauddin University, College of Nursing, Field Expert Sindh Health Care Commission, talked on "Diabetes: Nurses Make the Difference (IDF Theme)". She said: "Pakistan population growth rate between 1998-2017 was 2.40% which is currently approximated to 221,420,100 and in 50 years it will double (world population review). WHO (2018) strongly advocates that nurses play a great role in reducing suffering, promoting health and preventing diseases.

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Continued from page 35 **Dr Syed Raza**

Among smokers who are aware of the dangers of tobacco, most want to quit. Counselling and medication can more than double a tobacco user's chance of successful quitting. National comprehensive cessation services with full or partial cost-coverage are available to assist tobacco users to quit in only 23 countries, representing 32% of the world's population. Most people who smoke want to quit.

Research shows that most people who smoke have tried to quit. They are aware of the health problems caused by smoking, for themselves and for the people around them, and realise they spend a lot of money on cigarettes.

Seek help if you want to quit smoking

Help is available if you want to quit smoking. Some things that can help include:

- counselling or support – for example, your doctor
- education and information – available
- nicotine patches, gum, inhalators, lozenges, and mouth spray
- prescription medication such as bupropion (Zyban) and varenicline (Champix)

People who have the best chance of quitting are those who get some support and use nicotine replacement products or quitting medication. Talk to your doctor about the type of help that is best for you. Medication used to quit smoking is not suitable for everyone.

Most people who smoke try to quit several times before they manage to quit for good. To have a cigarette does not mean failure. You can learn from a setback and succeed the next time. Pictorial health warnings work. Hard-hitting anti-tobacco mass media campaigns and pictorial health warnings protect children and other vulnerable groups from uptake of tobacco and increase the number of tobacco users who quit. Graphic health warnings can persuade smokers to protect the health of non-smokers by not smoking inside the home and also increase the compliance with smoke-free laws. Studies carried out after the implementation of pictorial health warnings in Brazil, Canada, Singapore and Thailand consistently show that pictorial warnings significantly increase people's awareness of the harms from tobacco use.

Over half the world's population live in the 91 countries that meet best practice for graphic health warnings, which includes the warnings in the local language and cover an average of at least half of the front and back of tobacco product packs.

Mass media campaigns can also reduce demand for tobacco by promoting the protection of non-smokers and by convincing people to stop using tobacco.

Around 1.7 billion people live in the 39 countries that have aired at least one strong anti-tobacco mass media campaign within the last 2 years.

**Bans on tobacco advertising lower consumption**

Tobacco advertising promotion and sponsorship increases and sustains tobacco use through the effective recruitment of new tobacco users and by discouraging tobacco users from quitting. Comprehensive bans on tobacco advertising, promotion and sponsorship can reduce tobacco consumption. A comprehensive ban covers both direct and indirect varieties of promotion. Direct forms include, among others, advertising on television, radio, print publications and billboards, while indirect forms include, among others, brand stretching, free distribution, price discounts, point of sale product displays, sponsorships and promotional activities masquerading as corporate social responsibility programmes. Only 48 countries, representing 18% of the world's population, have completely banned all forms of tobacco advertising, promotion and sponsorship.

**Other cost-saving benefits of quitting**

If you quit smoking, you'll save money in many other ways, including:

- You're less likely to suffer from colds, the flu or other respiratory infections, which means fewer trips to the doctor, less money spent on medications and fewer sick days.
- You won't need so many visits to the dentist to have your teeth professionally cleaned.
- You won't have to spend as much time and money on maintaining the house. For example, smoking inside your home discolours paint and wallpaper.
- You'll cut down on your cleaning bills because clothes, furniture upholstery and the interior of your car no longer smell of cigarette smoke.
- The risk of fire in your home is lower.

Taxes are effective in reducing tobacco use. Tobacco taxes are the most cost-effective way to reduce tobacco use, especially among youth and low-income people. A tax increase that increases tobacco prices by 10% decreases tobacco consumption by about 4% in high-income countries and about 5% in low- and middle-income countries. Even so, high tobacco taxes is a measure that is rarely implemented. Only 38 countries, with 14% of the world's population, have introduced taxes on tobacco products so that at least 75% of the retail price is tax. Tobacco tax revenues are on average 250 times higher than spending on tobacco control, based on available data.

Illicit trade of tobacco products must be stopped

The illicit trade in tobacco products poses major health, economic and security concerns around the world. It is estimated that 1 in every 10 cigarettes and tobacco products consumed globally is illicit. The illicit market is supported by various players, ranging from petty peddlers to organized criminal networks involved in arms and human trafficking. Tax avoidance (licit) and tax evasion (illicit) undermine the effectiveness of tobacco control policies, particularly higher tobacco taxes. These activities range from legal actions, such as purchasing tobacco products in lower tax jurisdictions, to illegal ones such as smuggling, illicit manufacturing and counterfeiting.

The tobacco industry and others often argue that high tobacco product taxes lead to tax evasion. However, the evidence shows that non-tax factors including weak governance, high levels of corruption, poor government commitment to tackling illicit tobacco, ineffective customs and tax administration, and informal distribution channels for tobacco products are often of equal or greater importance. While publicly stating its support for action against the illicit trade, the tobacco industry's behind-the-scenes behaviour has been very different. Internal industry documents released as a result of court cases demonstrate that the tobacco industry has actively fostered the illicit trade globally. It also works to block implementation of tobacco control measures, such as tax increases and pictorial health warnings, by misleadingly arguing they will fuel the illicit trade. Experience from many countries demonstrate that illicit trade can be successfully addressed even when tobacco taxes and prices are raised, resulting in increased tax revenues and reduced tobacco use. Implementing and enforcing strong measures to control illicit trade enhances the effectiveness of significantly increased tobacco taxes and prices, as well as strong tobacco control policies, in reducing tobacco use and its health and economic consequences.

There is broad agreement that control of illicit trade benefits tobacco control and public health and result in broader benefits for governments. Critically, this will reduce premature deaths from tobacco use and raise tax revenue for governments. Stopping illicit trade in tobacco products is a health priority, and is achievable. But to do so requires improvement of national and sub-national tax administration systems and international collaboration. The WHO FCTC Protocol to Eliminate the Illicit Trade of Tobacco Products (ITP) is the key supply side policy to reduce tobacco use and its health and economic consequences.

**Electronic Nicotine Delivery Systems (ENDS)**

For WHO, ENDS do not constitute tobacco products because they do not contain tobacco, only nicotine\*. However, they are still a serious public health concern. ENDS are devices which heat a solution (e-liquid) to create an aerosol which is then inhaled by the user. The main constituents of the solution by volume are propylene glycol, with or without glycerol, and flavouring agents. Electronic cigarettes (also called "e-cigs," "vapes," "e-hookahs" or "vape pens") vary in the ways in which they produce toxicants and deliver nicotine, due to differences in design, battery voltage, unit circuitry, possibilities for modifications, and adaptability for use with substances other than nicotine.

ENDS sales have increased rapidly since their introduction on the market in 2012: they are projected to reach US\$ 26.84 billion by 2023 (2). Advertising, marketing and promotion of ENDS has likewise grown rapidly, through channels which rely heavily on internet and social media (3). Much of the marketing around these products gives rise to concern about deceptive health claims, deceptive claims on cessation efficacy, targeting towards youth (especially the use of flavours).

Long-term health effects of ENDS are still unknown, and further research is required. Reviews to date of empirical evidence from chemical and toxicological studies and, to a lesser degree, clinical studies have led various authors to conclude, with more or fewer caveats, that ENDS are not harmless but are generally less dangerous than cigarettes. Particular caveats include:

- The use of products containing nicotine in any form among youth and pregnant women, including ENDS, is unsafe.
- For all ENDS users, the aerosol that they inhale contain toxic substances that may increase the risk of cancer or cardiovascular or pulmonary disease
- Inhaling the aerosol exhaled by ENDS users increases exposure of non-smokers and bystanders to nicotine and a number of toxicants over existing background levels.
- There are safety concerns related to explosion of ENDS artifacts as well as the accidental nicotine poisoning. There have been cases of defective e-cigarette batteries being charged that have resulted in fires and explosions.

There is substantial debate on the questions of whether ENDS are an effective cessation tool and whether they provide a gateway to smoking. For both questions, it is too early to tell. COP7 adopted decision FCTC/COP7(9) inviting the Parties to consider applying some regulatory measures (suggested in the report presented to the same session) including prohibition or restriction of the manufacture, importation, distribution, presentation, sale and use of ENDS/ENNDS, as appropriate to the Parties' national laws and public health objectives. WHO recommends that when countries choose to allow ENDS on their markets, the products are regulated in accordance with

four key objectives:

- Prevent initiation of non-smokers, minors and vulnerable groups;
- Minimize health risks for ENDS users and protect non-users from exposure to their emissions;
- Prevent the use of unproven health claims being made for ENDS; and
- Protect tobacco control from all commercial and other vested interests related to ENDS, including interests of the tobacco industry.

WHO response

The scale of the human and economic tragedy that tobacco imposes is shocking, but it's also preventable. Big Tobacco — along with all manufacturers of tobacco products — is fighting to ensure the dangers of their products are concealed, but we are fighting back: In 2003, WHO Member States unanimously adopted the WHO Framework Convention on Tobacco Control (WHO FCTC). In force since 2005, it has currently 181 Parties covering more than 90% of the world's population.

There is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests. The tobacco industry produces and promotes a product that has been proven scientifically to be addictive, to cause disease and death and to give rise to a variety of social ills, including increased poverty. Therefore, countries should protect the formulation and implementation of public health policies for tobacco control from the tobacco industry to the greatest extent possible.

The WHO FCTC is a milestone in the promotion of public health. It is an evidence-based treaty that reaffirms the right of people to the highest standard of health, provides legal dimensions for international health cooperation and sets high standards for compliance.

In 2007, WHO introduced a practical, cost-effective way to scale up implementation of the main demand reduction provisions of the WHO FCTC on the ground: MPOWER. Each MPOWER measure corresponds to at least 1 provision of the WHO Framework Convention on Tobacco Control.

**The 6 MPOWER measures are:**

- Monitor tobacco use and prevention policies
- Protect people from tobacco use
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco.

WHO has been monitoring MPOWER policies since 2007. For more details on progress made for tobacco control at global, regional and country level, please refer to the series of WHO reports on the global tobacco epidemic.

**WHO report on the global tobacco epidemic 2019**

The Protocol to Eliminate Illicit Trade in Tobacco Products requires a wide range of measures relating to the tobacco supply chain, including the licensing of imports, exports and manufacture of tobacco products; the establishment of tracking and tracing systems and the imposition of penal sanctions on those responsible for illicit trade. It would also criminalize illicit production and cross-border smuggling. The Protocol to Eliminate Illicit Trade in Tobacco Products, the first Protocol to the Convention, was adopted in November 2012 at the fifth session of the Conference of the Parties in Seoul, Republic of Korea, and came into force in June 2018.





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