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DENTAL HEALTH MONTHLY

PMC Holds First Council Meeting

The Pakistan Medical Commission (PMC) held its first council meeting on 2nd October wherein it announced that National MDCAT single exam will be held in the second week of November. NUMS has been appointed as the examination providing entity on the basis of a common FSC syllabus of all provinces in the country. Students can use the syllabus already announced by NUMS for their entrance exam. The council also approved Admissions Policy 2020-2021 to regulate the admissions and fee structures. The council has made following announcements:

Administrative:

* Dr. Shaista Zeeshan appointed as Secretary to the Council on a 60-day contract or till such time as the permanent Secretary is appointed pursuant to a competitive process.



* Mr. Raza Shah appointed as Director IT on a 60 day contract or till such time as the permanent Member IT is appointed pursuant to a competitive process.

* Formation of the following committees of the Council;

1. Human Resource & Administration Committee
2. Finance Committee
3. Examinations Committee
4. Legal & Regulatory Committee.

* Transparent and merit based process for appointment of Members under Sec.15 PMC Act 2020 to be initiated immediately through

Continued on page 14



ANNOUNCEMENT

In light of the evolving global situation relating to the COVID-19 pandemic, INDEX Conferences and Exhibitions Organization Est., Has been monitoring closely the situation and after an in-depth discussion with the relevant authorities, country pavilions, long term industry partner, associations and other key stakeholders, it has been collectively decided that AEEEDC Dubai 2021 Event will be rescheduled to 29 June – 1 July 2021. This Decision is based on common interest of all stakeholders to ensure a successful 25th edition of AEEEDC Dubai. We will collectively ensure that this shift would be in the best interest of the entire Dental Fraternity and all its key stakeholders. The success of the Event will significantly depend on all its participants and rest assured the team of AEEEDC Dubai

Continued on page 14

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Covid-19: World should learn from Pakistan, says WHO chief



Pakistan's successful handling of the coronavirus pandemic is getting international recognition and even the World Health Organization (WHO) Director General Tedros Adhanom has praised the country saying it is among those that the world needs to learn from.

Adhanom in a statement at a media briefing endorsed the Pakistan government's strategy against the virus and deploying of the infrastructure "built up over many years for polio to combat Covid-19." The WHO chief also praised community health workers of

the country who have been trained to go door-to-door vaccinating children for polio. "They have been utilized for surveillance, contact tracing and care and the result we see a significant drop in the number of coronavirus cases", said Adhanom.

The other countries he mentioned included Thailand, Cambodia, Japan, New Zealand, the Republic of Korea, Rwanda, Senegal, Italy, Spain and Vietnam. "Many of these countries have done well because they learned lessons from previous outbreaks of SARS, MERS, measles, polio, Ebola, flu and other diseases," continued Adhanom.

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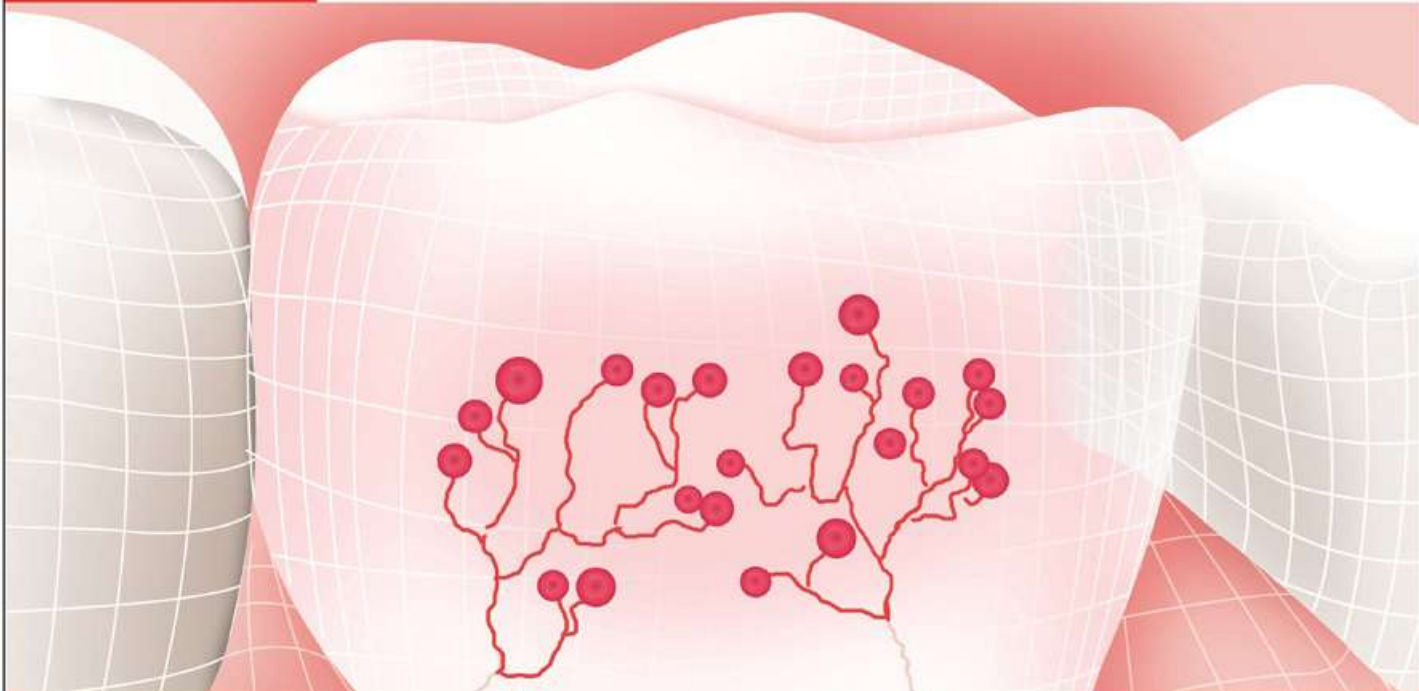
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AMDC Holds Lecture on Medical Error & Negligence



Ameen Medical & Dental Center (AMDC) organized a lecture for their medical & dental doctors as well as staff & nurses on a very important and informative topic i.e. "Medical error & negligence" on 17th September. The speaker, Dr. Abeer Salim, possesses around seven years of experience in the field of quality assurance and patient safety in private as well as public sector hospitals. The main aim for conducting this lecture was to understand the terms and associated concepts regarding

medical errors and malpractice and to enable decision makers in prevention of such occurrences in their healthcare establishments. It was basically an interactive session in which all participants shared their experiences which they had to face because of untrained and incompetent healthcare professionals. It has been seen in recent years that medical error and negligence cases have become sensationalized over platforms such as social media, however, the healthcare professionals have mostly

not even trained on the concept of Error vs Negligence. So, this session made the participants able to learn and know about demerits of malpractice and error in the medical field. At the end of the session, Mrs. Ameen Begum (CEO AMDC) & Dr. Nabeel Naem Baig (Director AMDC) presented shield & certificate to the guest speaker. Certificates were also distributed among the participants. High-tea & lunch was also served during the session breaks.



Dr Bilal's Institute Conducts Endodontics Course



Dr Bilal's Institute of Continuing Dental Education recently conducted their 8th certificate course of Endodontics, divided into

five comprehensive lectures and hands-on workshops.

The course was facilitated by Dr Bilal Bashir and Dr Mehak Afzal, and lectures were delivered by Prof Dr Abubakar Sheikh (HOD



Endodontics, FJDC) and Dr Haroon Shah (Assistant Professor Operative Dentistry, LNH).

Descriptive lectures were delivered on diagnosis, case selections and treatment planning -- covering all aspects of conventional & rotary endodontics, followed by hands-on sessions on extracted teeth and endo training blocks. Dr Bilal Bashir has been organising such courses for more than three years now.

CPSP's Workshop on Medical Writing



College of Physicians and Surgeons of Pakistan (CPSP) organized a workshop on "Research Methodology, Biostatistics and Medical Writing" in Abbottabad. The workshop was conducted by Dr Nabeel Naem Baig (Senior Executive Officer Research). It was a four-day workshop from 9th of Sept till 12th of Sept, which targeted the medical consultants of different specialties.

A total of 17 participants attended the workshop while following the complete SOPs during the entire span. Basic guidelines of clinical research along with its importance were discussed. At the end of the session participants were able to write their own scientific and research papers. Besides, they were also trained to guide their trainees for synopsis and dissertation writing in future.



Hamdard Journal Club Resumes Activities

Operative Dentistry Dept Hamdard Dental College restarted the postgraduate journal club activities with three lectures in the month of September.

The lectures were delivered by three postgraduate trainees -- Dr Saad Lakhani Senior R4 Resident; Dr Haiya Arshad Ali, R2; and Dr Mariam Tariq.

The journal club was attended by dental faculty and postgraduate trainees.

Dr Abrar conducted question-answer session.

Dr Imran, Principal Hamdard Dental College appreciated the activities of journal club.



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#30	C159-S606	C159-S606
#35	C159-S607	C159-S607
#40	C159-S608	C159-S608
#45	C159-S609	C159-S609
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#55	C159-S611	C159-S611
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#55	C101-S611
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40	80

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#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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30	60
35	70
40	80

Absorbent Paper Points .04 .06 Taper

Available Sizes

Size	SP-60	
	Absorbent Paper Points .04 Taper	Absorbent Paper Points .06 Taper
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#20	C259-S604	C259-S604
#25	C259-S605	C259-S605
#30	C259-S606	C259-S606
#35	C259-S607	C259-S607
#40	C259-S608	C259-S608
#45	C259-S609	C259-S609
#50	C259-S610	C259-S610
#55	C259-S611	C259-S611
#60	C259-S612	C259-S612
#70	C259-S613	C259-S613
#80	C259-S614	C259-S614
#15/40	C259-S691	C259-S691
#45/80	C259-S692	C259-S692

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Letter from the FDI President



Dr Gerhard K. Seeberger
FDI President

While the season ahead may be uncertain, we can certainly count on FDI to deliver cutting-edge webinars and new resources to support oral health professionals around the world deliver optimal oral care to all.

FDI remembers Dr Arthur A. Dugoni, honorary member and former FDI Treasurer, an eminent figure in dentistry in the United States and abroad. Some stars go out - others shine forever. It is with a heavy heart that I announce the passing of Dr Arthur 'Art' A. Dugoni, our former Treasurer and Executive Committee member (1992-1998) and part of the

prestigious FDI List of Honour, which recognizes a select number of individuals worldwide

who have made distinguished contributions to dentistry. Art passed away on 23 September. My thoughts and prayers are with the whole Dugoni family during this sad time. Art was an American leader in dentistry and dental education. He was the former dean (1978-2006) of the dental school that was eventually named after him, the Arthur A. Dugoni School of Dentistry at the University of the Pacific in California. In addition to leading the University of the Pacific dental school for 28 years, he served as president of the California Dental Association, the American Dental Association, the American Dental Education Association and the American Board of Orthodontics. Before serving on FDI Council, Art was elected the chair of the Finance Committee (1991-1998) and was a member of the Constitution and Bylaws Committee (1991, 1996, and 1997).



Please join me in thanking Dr Dugoni for his immeasurable contributions to dentistry at home and abroad. His contributions to the dental profession and his constant engagement for future dental practice and practitioners will always be a treasure in our hearts.

Send a memorial gift.

Memorial gifts may be made to the Art Dugoni Scholar Fund, an endowment that will support a Dugoni dental student. Visit the fund's site or call the dental school's office of development at +1-415-929-6406.

Important update for FDI members regarding 2020 FDI Policy Statements

As the first part of the voting process has finished, I want to give you an important update on how we will manage the 2020 FDI Policy Statements process.

As the General Assembly was canceled this year due to the COVID-19 pandemic, the development process of the 2020 FDI Policy Statements has changed. Given that no Open Forum took place, members will be able to give a second round of written feedback instead. The draft 2020 FDI Policy Statements have recently been circulated to all FDI members for a second opportunity to provide feedback, with a final deadline of Sunday, 31 January 2021. This second round of feedback will be shared with the appropriate Standing Committee to review. These Policy Statements will then undergo final editorial review and the translations will be updated. Members will be able to view these Policy Statements between February and August 2021 on the FDI website. During the General Assembly 2021, these draft Policy Statements will be formally voted on. There will not be a debate on the content or an opportunity to suggest any changes at this time. Therefore, please send any feedback or comments on the 2020 FDI Policy Statements to FDI headquarters before 31 January 2021. The Policy Statement development process for 2021 will return to normal, including the regular feedback and debate during the Open Forum. These unprecedented circumstances require everyone's flexibility - I thank you already in advance for your patience as we navigate this situation together.

Vision 2030: Delivering Optimal Oral Health for All report up for a vote of approval

The Vision 2030 report was recently submitted to the General Assembly for a formal vote of approval, with a decision due by 30 November. We very much appreciate the invaluable feedback we received from our members during the numerous consultations over the past several months. I want to thank the Vision 2030 Working Group for their exceptional work on this report. Special recognition also goes to the Vision 2030 Co-Chairs Profs. Michael Glick and David Williams for leading this process.

Upcoming webinar on the FDI Oral Health Campus - Save the date

What? Partially Dentate Patients

When? 7 October 12 PM BST (London)

Who? FDI experts Prof. Finbarr Allen, Prof. Angus Walls, and Dr William Cheung

During this first webinar in a two-part series, our three FDI experts will present the literature and scientific evidence behind the pre-treatment, treatment and maintenance care options specific to partially dentate patients.

I hope you'll join us.

FDI publishes Oral health in comprehensive cleft care guidelines and organizes a webinar

Rehabilitation and care of children living with clefts often involves the core specialties of nursing, plastic surgery, speech therapy, and orthodontics. However, dental care should also be added to the care continuum for cleft patients to ensure adequate access to dental services and to integrate oral health considerations across the care pathway. To support this integration,

oral health professionals must receive accurate, quality guidance and education in caring for cleft patients. FDI and oral health non-profit Smile Train have worked together to produce a brand-new

resource on the standard of oral health and integration of dental care for children and adults with clefts. You can download the guidelines here. I, along with representatives from Smile Train and GlaxoSmithKline Consumer Healthcare (GSK), presented these guidelines during a webinar on our FDI Oral Health Campus on 29 September. Visit the Oral Health Campus to watch the webinar at your leisure. Thank you very much to our long-time partner GSK for their support to make this ambitious project a reality. Staying safe and healthy in the season ahead. As we greet the autumn season, I think we can say that much has been learned and implemented over the past several months to tackle the coronavirus. The dental profession has demonstrated that it is able and equipped to continue to treat patients responsibly and safely. Although this does not mean that we can relax, it gives us a message of hope. I want to thank you for your tireless commitment to dentistry and oral healthcare in these trying times. I continue to stand in solidarity



with each of you in this collective effort to limit infection and slow the spread of this virus. Always keep up your good spirit and stay safe!



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Calcium Hydroxide Paste

Packing: 4*2g Syring, 20 tips



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Packing: 13g Base paste 11 catalyst paste



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Light Curing Self Etching Adhesive

Packing: 5ml bottle, 5 micro applicators, Cup for application



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Packing: 20pc



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Light Curing Nano Flowable Composite

Packing: Syring 5g + 5 Tips



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Light Curing Nano Hybrid Composite

Packing: Syring 4g
Packing 2: 4*4gram 15 ml liq



I-Xcite

Tooth Surface Polishing Paste

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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 liquid measuring
Scoop mixing or pad



I-ZOE

Zinc Phosphate Cement

Packing: 50g liquid 30g 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 canal

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



i-ENDO

Light Curing Temporary Filling Material

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"It is important to go easy on yourself during pandemic and take time out for self-care"

An outbreak of the disastrous coronavirus disease (Covid-19) in China and later in the whole world has influenced every aspect of life health care workers, specially dentists, are exposed to a higher risk of getting infected due to close contact with infected patients. On the other hand patients also are struggling with the issues and confusion whether they should be visiting their dentist or not, unsurprisingly all these factors take toll on the mental health of both the health care professionals and patients seeking medical help.

Putting everyone in a kind of depression, anxiety and fear from the disease. Here is a list of few emergency treatment which should be treated right away:

- 1: serious acute pulpitis pain.
- 2: bleeding that won't stop.
- 3: tissue that needs biopsy.
- 4: swollen areas in or around mouth.

Running Scared Won't Help

DR. SADIYA SAIF

Consultant Orthodontist & Implantologist
B.D.S., R.D.S., D-Ortho, D-Implant,
Specialized in Soft Tissue Surgeries

- 5: broken teeth, if they are causing pain.
 - 6: sign of infection.
 - 7: post-surgery.
 - 8: dentures that's troubling.
 - 9: orthodontic wires that's hurting.
 - 10: trauma, accident, difficulty in ability to breathe.
- Since the world is still confused with this new disease and also the adaption of new normal it is important to go easy for ourselves and to take time for self-care. Here are few methods from which we can achieve positivity and also will be able to spread positivity as health care workers and help people come out of this state of depression.
- 1: stay active walk meditate.

- 2: taking 10 minutes of mindfulness (calmness) exercise activity.
- 3: chat with your mates.
- 4: check out on funny forums.
- 5: make homemade meds and enjoy with family.
- 6: take a break from the news.
- 7: recite Quran.
- 8: watch, read something motivational.
- 9: dream something new.
- 10: Do stuff, which you never had time to do, but always wanted to do.
- 11: motivate and thank each other.
- 12: show gratitude.

'Maxillofacial Prosthodontists Striving to Lay Better Treatment Plan for Victims of Facial Deformities' "Dr. Sara Ashiq"



Man has been granted a supreme status on Earth amongst all the other creations of God. As Aristotle stated: "Man is by nature a social animal; an individual who is unsocial naturally and not accidentally is either beneath our notice or more than human. Society is something that precedes the individual." Being a social animal requires oneself to avail the most important parts of our body; eyes, ears, nose, mouth along with other significant body parts. An unexpected loss or congenital deficiency of one or more of these parts can be functionally debilitating and aesthetically displeasing. It can also have a profound negative impact on the victim's life, eventually leading to anxiety, melancholy, depression, psychosocial disorders and low self-esteem. Some studies have shown that it is possible for people with a facial deformity of any kind to face rejections from a spouse, friends or family members. It is not uncommon for such individuals to become isolated, lose positive body image and may even find it hard to survive owing to the societal factors.

This is where the role of a Maxillofacial Prosthodontist becomes pivotal in providing removable prosthesis to the patients suffering from facial deformities. Facial deformities can be broadly divided into congenital and acquired. Some of the most common acquired causes include a blast injury among soldiers, gunshot wounds, burns, surgical resection due to cancer or other morbid diseases, accidents and even victims of domestic violence. Hence the management of victims in most of the cases requires a teamwork approach. From a counselor to law making parties to the medical team, it is a complex process and combined effort with a rather long term follow up in order to make the treatment a successful one. There are two treatment modalities for the replacement process, that is Surgical Reconstruction and Prosthodontic Rehabilitation, which is artificial replacement of the lost parts. In some cases where surgery is not possible due to any reason, patient is referred to Maxillofacial Prosthodontists - the specialists in providing artificial replacement of eyes, ears and nose. This facility is now available in Pakistan and has resulted in positive self image and significant improvement in self confidence, positive body image and a better control of social life. Maxillofacial Prosthodontists all over Pakistan are now striving to lay a better treatment plan for the victims of facial deformities and helping them achieve an economical alternative to the surgical reconstruction.

NID Launches Evening Shift



Nishtar Institute of Dentistry (NID) has launched evening shift from October 1, becoming the first public dental hospital across Punjab to work in double shifts.

Secretary Health South Punjab, Ajmal Bhatti, opened the second shift at a ceremony, which was attended by NMU acting Vice Chancellor Dr Ahmed Ijaz Masood, Principal NID Dr Iftikhar Ahmad, Vice Principal Dr Amjad Bari, Dr Masood Hiraj and a large number of health officials. The NID will offer root canal, filling and teeth pulling in first phase, while other services will be made available in next phase.

It may be mentioned here that the shift will benefit working people who are unable to get treatment for their teeth problems in morning timings due to their office hours.

The health facility is already offering teeth cure at low rates in public sector.



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Importance of Regular Dental Checkups and Timely Treatment of Milk Teeth in Children.

Dr. Maria Yousaf

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

Many parents avoid bringing children to a dental office for regular checkups, as they fail to comprehend the role that primary dentition plays in the oral cavity.

Primary teeth or a more common term, "milk teeth" play an important role in space maintenance for eruption of permanent teeth in proper alignment in the dental arch, preventing future orthodontic issues.

At a certain age, depending upon maturity of the secondary dentition each primary tooth is shed and replaced by its successors.

A child is usually depending till school going age upon parents for maintenance of oral hygiene, lack of which can result in cavities which can progress onto dental infections, premature loss of teeth and decrease in arch length due to drifting of neighboring teeth into the extraction spaces.

This especially occurs if a parent is not aware with the uses of space maintenance which is guided by a paediatric specialist or clinician at chair side to maintain space till the successors are mature enough to erupt.

Secondly many times preventive measures like dental sealants can be applied by your dentist to prevent the initiation of cavities in children, especially those more prone to dental carries due to deep pits and fissures.

Disturbance in proportionate growth of jaws and manipulation at optimum timings can be done, if you regularly bring your child in a dental office not only to avoid but also to treat orthodontic issues with in ideal time span.



Dental age can always vary from chronological age, so child can only be viewed on individual anatomical variations by a dentist at hand.

Optimum diet rich in nutrients can play a role in formation of teeth and it also helps in applying sufficient forces for optimum growth of jaws, correct guidance of which comes under the role of your local dentists like high fiber content and food product which require chewing forces to be broken down before being digested e.g. sugar cane, meat jerky, rare steaks, apples, carrots etc.

Usually parents who leave the treatment of an effected tooth or gingiva surrounding the primary tooth with the frame set of mind that it is going to shed later on either ways, so why to treat the milk teeth.

In such cases treatment can progress from minor ones i.e. sealants for pits and fissures to small buildups to major treatments plan for giant size cavities like pulpotomies root canals to relieve pain, swelling etc.

Also drainage might require to be established to give relief to pus increasing the complexity of treatment, which might lead to extractions and temporary

prosthesis for spaces maintenance etc.

Nursing bottle carries or rampant carries is another issue encountered involving multiple milk teeth due to excessive use of milk with added sugar, given to infants during day and round the clock at night which become a habit and a constant stimulus for bacteria to grow and cause disintegration of tooth surfaces and eventually wide spread cavities.

All these dental issues can be treated and preempted by your local dentist in regular six monthly visits in an other wise healthy and asymptomatic child.

Always remember "A stich in time saves nine".

If any sign or symptom like a dark spot appears or premature eruption of a permeant tooth without the prior shedding of primary deciduous one occurs, do not wait for your regular 6 monthly visit and bring your child the very next day, for timely treatment and to prevent complications to avoid disturbance in permanent arch from and dentition.



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Exclusive Interview - Dr Ali Raza Syed

Topic: The importance of Sterilization and spread of Cross-Infections from Unsterilized Instruments

Guest: Dr. Syed Ali Raza Shah, Dental Surgeon, AL-HUSSAIN HOSPITAL, RAWALPINDI.

Q1. How important is the sterilization of the dental instruments?

A1. The sterilization of dental instruments is very important because a lot of diseases spread through the use of instruments that are not properly sterilized and they are the cause of the spread of Cross-Infections, which in simple words mean that the transfer of viruses and bacteria into another person. This transfer can be via an instrument, a surface or even from a person to another person including from a patient to another patient, from patient to the doctor and even from a doctor to his patient and if without proper measure they can even spread within the society.

Q2. As you said that where the doctor does not care about the sterilization and all, there is chance of Cross-infections, whereas, it is seen that many people does not visit a dental clinic due to many reasons where one reason is the expensive dental treatment, the main reason of the avoidance of a dental clinic is the perception that it is the cause of spread of diseases. So what can you say about this?

A2. I agree with you that people believe in the fact that if they go for a dental treatment they'll come back with another more serious disease, this perception is due to the clinics operated by the fake doctors called as quacks. The patients are not aware of the fact and so they visit these clinics where they don't take care of the proper sterilization of dental instruments which results in the spread of diseases. The quacks have basically spread this fear among the patients.

Q3. Does the patient have the right to ask the doctor about the hygiene of the instruments being used?

A3. Yes, indeed the patient have the right to inquire about the hygiene of the instruments whether they are properly sterilized or not. In fact, in our hospital we have a sterilization department where a patient can go and see for himself that how are the instruments cleaned and where and how they are stored. We even have an inspection team that inspects the instruments after use that whether they have blood stains or not and after the inspection they are enclosed in the packets and are properly sterilized.

Q4. Can you please explain in simpler words that what exactly is 'Sterilization' and whether these non-qualified so called doctors have this system or not?

A4. Sterilization is basically a procedure with which we kill all the germs on the instruments. It is of two types, one is the manual and the other one is done via autoclaves. Sterilization is done at high temperature with steam, dry heat or even through chemicals and gases. The temperature varies from 121 oc to 170 oc, depending upon the type of sterilization. The time frame of this process also varies from 1 hour to even 12 hours. The proper medical professionals follow the proper protocols of Sterilization. Whereas, the fake doctors do not even have any knowledge of these protocols and even if they have an autoclave it is just for showoff.

Q5. As you told that these quacks are not aware of proper sterilization standards and protocols and are not

professionals trained for the dental procedure so what is your message to the patients regarding the boycott of these so called doctors?

A5. Actually health is wealth, if you are healthy you can achieve anything you want so my message to the patients is to visit the registered hospitals and clinics. There is already so much awareness among people through media and whoever is not aware can easily educate himself through these informative channels and it is very easy to recognize a fake doctor by their work.

Q6. As dental treatment directly involves the oral cavity so how much is the chance of spreading of dangerous diseases as Hepatitis B,C and HIV?

A6. The basic protocol of dental treatment is that we consider every patient as infected because there is always a chance that the patient is not aware of his/her conditions and mostly patients try to hide the fact that they are infected because they fear that if the doctor knows about their condition he/she won't treat them. So to find out we take patient's medical and dental history whether he/she has any other procedure done and from where and if their previous doctor was a quack we then take standard precautionary measures

such as double masks and gloves and proper sterilization of all the instruments especially sharp objects. We also take care of the immunization of our medical team and staff.

Q7. As you told in detail about the medical procedures and their sterilization protocols so it is safe to say that people should take care of their teeth so that they can avoid dentists, so what are the tips you would like to give to the people about taking care of their dental health?

A7. I would recommend people to eat more fresh fruits and vegetables and try to consume less quantity of sweets and deserts. I am not saying that totally cut sweets off from your life, just control on the amount of consumptions if you eat sweet 3 to 4 times a day reduce it to 2 times a day.

Q8. As you explained that our diet has direct effect on our dental health so can you explain the proper brushing technique and method to our viewers?

A8. The first thing is to brush two times a day and it should be done with a soft hand. People usually think that the more aggressively they are going to brush their teeth the cleaner they are going to be but is this not the case in reality. Teeth should be brushed softly at 45o angle for 3 to 5 minutes. Another thing is that some people don't brush the inner side of their teeth, both the upper and lower teeth should be brushed from the inner side and also flossing is very important. Floss should be used once daily. Flossing is one of the most neglected part of our oral hygiene.

Q9. What factors should be considered before buying the brush? Are they different for different age groups and gender?

A9. The brushes available in the market can be used but I would recommend the brush with soft bristles.

Q10. What can you tell about the bad breath of certain

people as it does not seem to go away even after they brush their teeth?

A10. Bad breath is due to certain conditions of the gums which the patients are not sometimes aware of.

There is small gap between the teeth and food particle gets stuck in there and leads to gingivitis or periodontitis which in turn results into bad breath. Furthermore, some people have certain stomach conditions like acid reflux that can also result in bad breath.

Q11. Doctor can you tell us the reason behind black gums, swollen gums and the gums that bleed after eating an apple?

A11. The color of the gums changes due to the certain eating habits as in they turn black due to smoking and the use of tobacco like naswar and paan and secondly the main reason is the accumulation of plaque which results in swollen gums and plaque n calculus deposits leading to gum recession.

Q12. What can you say about scaling and how often a patient need this procedure?

A12. Scaling is basically of two types, manual and ultrasonic. We advise scaling after 6-7 months. As the patient's brush approach is not at certain surfaces especially the unaligned teeth so the scaling tip is a very small instrument that can clean those inaccessible areas easily.

Q13. As we all hear the patients complain that their teeth have been weak or sensitive after scaling, what can you say about this?

A13. As I told earlier that there a minute gap between the tooth and the gum which is gradually replaced by plaque and after the removal of this plaque by scaling the patients feel that their teeth have become mobile and sensitive.

Continued from page 1

PMC Holds First Council Meeting

the Human Resource Committee and to be completed within 45 days.

* Admission to all public or private colleges including all government notified quota seats shall be subject to mandatorily having passed the MDCAT exam.

* Admission to all public colleges will be held on merit by each Province between November and December.

* Admissions of the constituent, administered and affiliated colleges of NUMS shall be carried out by NUMS based on merit and the NUMS Entry Test being conducted by NUMS on 11th October 2020 will be part of the admission criteria in addition to MDCAT. Similarly admissions of Agha Khan Medical College will be conducted by Agha Khan Medical University based on their declared prospectus subject to mandatory condition of having passed the MDCAT.

* Admission to all other private colleges for the 2020-2021 session will be conducted by PMC through a centralized automated system strictly on merit with MDCAT being given 50% weightage and balance weightage to FSC or alternative high school qualification.

Fee Structure:

* Admissions Policy 2020-2021 approved by Council to regulate the admissions and fee structures.

* Proposed fees of all private colleges will be submitted to PMC and notified by PMC including tuition and all ancillary charges. These will be fixed for the period of the entire program for the students obtaining admission this year.

Licensing:

* With immediate effect all applications to be made to PMC including licensing, renewals etc. shall be made available online for ease of applicants.

* All pending applications for licenses, renewals and certificates and

verifications shall be processed on an urgent basis to be completed within four weeks.

* Students who are completing their house jobs as of 25th September 2020 shall not be required to take the NLE for grant of Full License.

* For granting permission to foreign graduates to seek a license, foreign colleges verification will be initiated on an immediate basis. Only students graduating from recognized foreign colleges will be permitted to take the NLE for grant of Full Licenses in Pakistan.

International Admissions:

* Students seeking admission to foreign colleges currently would be doing so at their risk and cost pending verification of these foreign colleges.

* On a report from the Pakistan Embassy in Kyrgyzstan, all medical colleges in Kyrgyzstan are currently placed on a restricted black list and degrees awarded shall not be considered by PMC as valid for purposes of grant of license to practice in Pakistan.

Continued from page 1



will be available with its support and innovative ideas to bring together a stronger and agile AEEDC Dubai in June 2021. We look forward to welcoming the global dental community in Dubai in June 2021 and eagerly await your enthusiastic participation at the 25th anniversary celebrations of AEEDC Dubai.

Eng. Anas Al Madani

Vice Chairman and Group CEO
INDEX Holding



Sir Syed Oral awareness program



The Sir Syed community dentistry department held an oral awareness program on 1st October 2020 for general medical practitioners regarding oral health complications in children. Dr. Ali Raza & Dr. Sandhiya Iqbal briefed the audience on the importance of promoting oral health in the community. The Principal (Dental) Professor HR Sukhia greatly appreciated the efforts of the CD department in hi-lighting the efforts of betel-nut and tobacco chewing in the population. Furthermore, Prof. HR Sukhia also commented on the consumption of chalia supari at a very young age which leads to early submucous fibrosis in the population.

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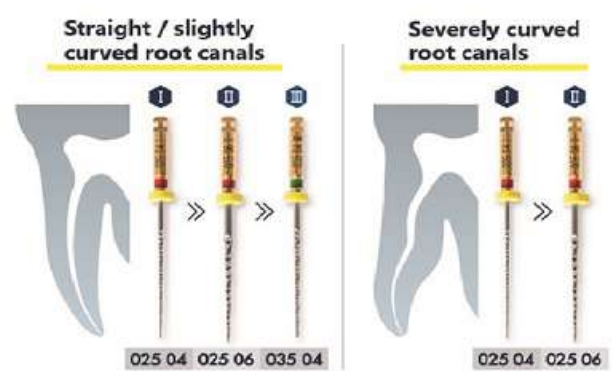
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Dentoscope Conducts Endodontics & Esthetic Dentistry Training Program

Persistence, professionalism and focused leadership are the core qualities that always lead to success. DentoScope has emerged as a Top Brand in twin cities due to its well organized and clinically oriented courses in different disciplines of Dentistry under the visionary leadership of Dr. Rashid Hassan (Founder & CEO DentoScope). 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 and polish new skills under supervision of renowned mentors in the field. Currently, offering six-month hands-on training courses in Dental Implantology, Advanced Dentistry and Endodontics & Esthetic Dentistry. The top notch hands-on training under supervision makes DentoScope the best dental training institute in the country. Recently DentoScope Institute of Research & Advanced Dentistry successfully conducted the 5th month training session of its 5th Batch of six-month Endodontics & Esthetic Dentistry Training Program on 26th & 27th September, 2020. The training session was facilitated by Dr. Hassam Anjum Mir (FCPS Prosthodontics). The sessions were attended by 32 participants from not only twin cities but all across Pakistan, including Swat, Karachi, Lahore, Peshawar, Abbottabad and Multan. The final session focused on Tooth Preparation for Anterior & Posterior Teeth. All the delegates performed the steps of isolation through Rubber Dam under supervision of Dr. Hassam A. Mir (Facilitator of the course). The course ended with 100% positive feedback by the participants. All participants performed the hands-on exercises for veneers, anterior & posterior all ceramic crowns. Dr. Rashid Hassan, the Founder & Chairman of DentoScope, supervised the sessions. Dental Health, official media partner of DentoScope, covered the event.



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Self Medication Eroding and Crippling the Community

DR SYED ALI RAZA

Community Dentistry - Sir Syed College Of Medical Sciences For Girls



It is important to understand and overview the link between different factors promoting Self Medication Antibiotics and to assess the changing trends in order to make strategies aimed at reducing Antibiotic related health risks in community.

Generally in Pakistan the most common concern which will more likely become behavior change towards antibiotics are

Self-diagnosis Self-medication Self-treatment and Non-prescription

Self Medication can be defined as the use of drugs to treat self-diagnosed disorders or symptoms, or the intermittent or continued use of a prescribed drug for chronic or recurrent disease or symptoms.

Self-medication involves obtaining medicines without a prescription, resubmitting old prescriptions to purchase medicines, sharing medicines with relatives or members of one's social circle, or using leftover medicines stored at home.

The inappropriate use of antibiotics through self-medication may cause significant adverse effects, such as antibiotic resistance, treatment failure, and drug toxicity. Antibiotic resistance has been determined to be one of the world's most pressing public health problems.

The appearance of multidrug-resistant bacterial strains, which are highly resistant to many antibiotic classes, has raised a major concern regarding antibiotic resistance worldwide. This resistance may result in longer-lasting illnesses, more doctor visits, extended hospital stays, the need for more expensive medications.

It has been estimated that more than 50% of antibiotics are purchased without a prescription and used over-the-counter in most parts of the world.

Inappropriate drug use in self-medication has also been identified, which includes taking inadequate doses, sharing medicines, a short duration of treatment, and stopping treatment



upon the improvement of disease symptoms. However, despite the widespread problem of irrational use of antibiotics.

May be no systematic review has been conducted so far to examine antibiotic usage patterns in the Pakistan. There is a need for evidence from well-designed studies on the use of antibiotics by the general public to help in planning and implementing specific strategies and interventions to prevent their irrational use and consequently to reduce the spread of antibiotic resistance.

The prevalence of Self Medication Antibiotic is high in countries of the South East Asia mostly in Pakistan and is frequently associated with inappropriate drug use. Thus, we have to understand the links between different factors promoting Self Medication Antibiotics and assess the changing trends in order to help us derive strategies aimed at reducing drug-related health risks among the population

The lack of a strong regulatory enforcement mechanism to improve the rational use of antibiotics and gaps in terms of knowledge, attitudes, and practices regarding antibiotic use - such as keeping leftover antibiotics for future use, sharing antibiotics with others, belief that antibiotics can speed up recovery and eradicate any infection - were the most commonly cited reasons for Self Medication Antibiotics.

These reasons are consistent with the findings from other studies in developing countries It is found that the main source of antibiotics used for self-medication was pharmacies, followed by friends/relatives. Claims that pharmacists, among other Health Care Professionals, are responsible for the extensive antibiotic misuse in Pakistan

Thus, pharmacists could play an important role in educating patients, rationalizing antibiotic use, and stopping antibiotic sales without a prescription. Its found that information on antibiotics was obtained from different sources, but that the majority of information came from relatives or friends and from previous successful experience with the same antibiotic. The non-prescription use of antibiotics without relevant or reliable information on how to take them, the indications for use, adverse effects, and contraindications could potentially expose the patient to the risk of inappropriate drug use.

Educational interventions targeting both the general public and Health Care Professionals and enforcing regulations on the non-prescription use of antibiotics could help reduce the challenge of the non-prescription use of antibiotics.

A standardized, validated survey instrument that can efficiently assess antibiotic-taking behaviour on a large scale is lacking. Such an instrument could provide more standardized measures of community rates of antibiotic misuse, improve comparisons across different countries and patient groups, and allow a better understanding of the impact of self-medication in terms of efficacy, safety, and healthcare costs. Being able to better establish the rates of self-medication among communities, along with efforts to address patient practices and attitudes towards antibiotic usage, could help us to focus on approaches or develop interventions to reduce the antibiotic misuse that is evident around the Country. Cost-effectiveness studies using a standardized, validated survey instrument to assess Self



Medication Antibiotics are also needed, as they would provide evidence for the importance of this instrument and build the case for the need to direct health resources towards decreasing Self Medication Antibiotics.

The researcher may have a better opportunity to deeply explore the processes and patterns that shape different peoples' behaviours and attitudes towards antibiotic use. Longitudinal studies are needed to examine changes in Self Medication Antibiotics over time.

Public education campaigns can be a successful tool for awareness Educational Programmes could take several forms, including brochures and posters, public lectures and seminars, and public media such as television, radio, and social networks on the Internet, to post advertisements, and lectures encouraging the proper use of antibiotics.

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Date: 26th Nov, 2020

Timings: 10:30am to 1:00pm

ClearPath Orthodontics in collaboration with University of Health Sciences Lahore, present its 40th training and certification course in Pakistan. A great opportunity to learn about CAD-CAM 3D-Aligner technology for aspiring dentists and dental professionals to excel in the field of modern dentistry.

**Under the Patronage of
 Professor Javed Akram**
 Vice Chancellor UHS

**Course Facilitator
 Dr. Waqas Wahab**

International Speaker & Trainer on Clear Aligner Therapy
 Key Opinion Leader (KOL) - Henry Schein Orthodontics

Course Outline

Lectrue / Q&A Sessions

- Evolution of Aligners
- Biomechanics & Force Delivery with Aligners
- Case Selection parameters
- ClearPath Orthodontics & ClearPath Systems
- Submit a case with ClearPath
- Reviewing ClearPath digital setup
- Monitoring Aligner patients & patient care instructions
- Elastic Button technique
- IPR & PVS Impression techniques

Hands-on

- Latest Intraoral Scanning system
- Inter Proximal Reduction (IPR)

Latest Intraoral Scanning system



**3D
 Printer**

What's New!

Demonstration on
 "Intra-Oral" Scanning

Intro to "Attachments"
 for advance treatments

Introduction to CP Smart
 (New interactive 3D software)



FEATURES

- User-friendly
- Displays every step
- Digital modifications
- Collisions
- Superimposition
- Attachments
- Slits and cutouts
- IPR markings
- Smart link
- Grid

For registration & details contact:

0347 3730331, 0347 3730332, 0345 8213730



Protect Smile Toothpaste

دانت محفوظ تو...
Smile محفوظ



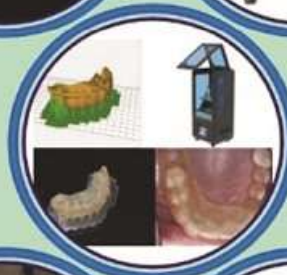
5X CAD CAM SYSTEM

CHAUDHRY AMJAD DENTAL LAB



MAKE OF TEETH:

- Crown & Bridge
- Implant Work
- Monolithic Zirconia Crown
- Zirconia Crown Layered
- Zirconia Veneer
- Zirconia Inlay
- Zirconia Onlay
- Zirconia Maryland Bridge
- E Max Crown.
- Ceramic Work.
- Nickle Chrom With P. Fac
- Nickle Chrom
- Temporary Crowns
- Cast Dentures / CC Plates
- Inlays & Onlays
- Acrylic Dentures
- Orthodontic Appliances



Ch. Amjad Dental Lab

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Hi-Tea & Lunch
Included

6th & 13th
December 2020



Prof. Dr. Dobrina Mollov
MDS, MANAGING DIRECTOR
CAPPMEA/ASIA, DIRECTOR DENTAL
TRIBUNE MEA,



Dr. Adil Omerson
BDS, RDS, Dip HCHM
PG Cert Clinical Implantology (UAE)
Mastership in Laser Dentistry (Germany)



Prof. Dr. Navid Rashid Qureshi
BDS, RDS, MSc. (Leeds), FDSRCS(UK),
Principal LCMD



Prof. Dr. Muhammad Nadeem
BDS, RDS, MPH(Australia),
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