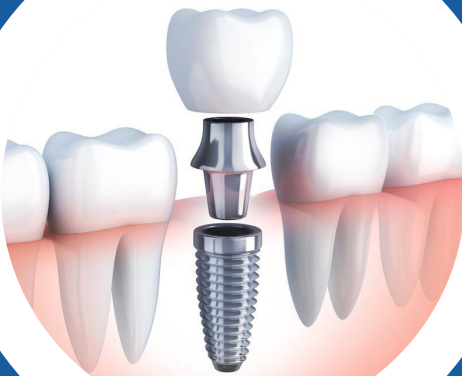


3rd Annual Modern Dentistry, Dental Practice and Research Congress

&

3rd International Conference on Dental Public Health and Dental Diseases

May 13th , 2022 | Webinar



Scientific
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Modern Dentistry 2022
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3rd Annual Modern Dentistry, Dental Practice and Research Congress & 3rd International Conference on Dental Public Health and Dental Diseases

Clinical Applications of Lasers in Dentistry

The word 'LASER' conjures in the mind's eye many aspects of what might be described as 'modern' life. The words 'powerful', 'precise' and 'innovative' complement our conception of the word in terms of technology whereas patients often associate the terms 'magical' and 'lightening quick' with the use of lasers.[1, 2, 3]

The word 'Laser' is an acronym for Light amplification by stimulated emission of radiation. It is a technology that can amplify and produce a highly directional, intense, monochromatic and coherent beam.^[4]

LASER is the mightier new "avatar" of light. The wonder beam has penetrated into normal life, more than any other form of concentrated energy.^[4]

Today, laser is familiar to everyone because of its multifarious nature - be it in medicine, communication, industry/defense etc. almost anything and everything.^[4]

Lasers were first developed in the 1960's, and research into their applications in dentistry began soon thereafter. Early lasers were continuous wave devices with non contact delivery that were found to be too hot for practical dental use. In the early 1980's, short-pulsed, fiber optic contact delivery laser technology was developed. Further technologic advances have led to smaller laser units such as Nd: YAG and diode lasers.^[5] In the past 15 years, dental lasers have had a huge growth in practical dental applications. Currently there are 20 specific indications, both soft tissue and hard tissue for use of a variety of dental lasers. However, no one device can accomplish all the practical dental uses. There has been continued growth in this new and maturing field of dentistry.^[5]

Research is still ongoing in areas of caries prevention and areas of optical coherence tomography for un-destructive imaging of enamel and dentin to determine lesion progression over time.^[5]

The decision to include laser in everyday dental care will depend not only on financial consideration, as to how their use enhances practice profitability, the greatest factor in making that decision will be an understanding of how laser wavelength interact with oral tissue, together with a appreciation of how their use can improve patient management.^[6]

Lasers have a widespread applications in dentistry. An essential condition for the proper and successful use of lasers in ant specialty is an understanding of the characteristics and limitations of wavelengths, interaction with tissues, mode of transmission, delivery systems and settings.

The presentation aims to introduces lasers through a clinicians point of view and further augments the information by citing the studies done in different aspects of dentistry. From diagnosing a simple caries to the treatment of the most complex lesions or pathologies, lasers are by far the best as compared to conventional techniques.

Biography:

Vinisha is MDS in Conservative Dentistry and Endodontics. She acquired proficiency in Dental lasers from University of California, San Francisco. Her journey was nerve-racking and had lots of hurdles to get through. All the hardships she faced never made her lose the charisma and the shyness that she had somewhere in the corner of her heart. She has accomplished her dream of rising as an Entrepreneurial Dentist. She has set her focus on oral health, extending utmost personal attention to the individual needs of her patients. Her USP is the painless treatment and laser dentistry that her patients are fortunate to experience.

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The Fluoride - need of the hour towards better Smile.


Background:

Fluoride intake is known in reducing the incidence of dental caries. Oral health actions are needed to provide sufficient fluoride intake either through systemic or topical action. The concentration of fluoride which can be taken according to the WHO standards in drinking water supply is 0.5-1.2 ppm depending on the climatic condition. Topical application can be also used in tooth pastes containing fluorides and in mouth washes as well in professional application in form of fluoride varnish. Neutral sodium fluoride, stannous fluoride and acidulated phosphate fluoride (APF) application in form of gels and foams can also be used.

A word of caution to be noted that excessive intake of fluoride causes tooth enamel and skeletal fluorosis following prolonged exposure to high concentrations. However only 40 countries use fluoride in their drinking water supply and others have completely stopped. The need of the hour is, whether fluoride in low concentration is permissible and if so its benefits should be carried forward in reducing dental caries?

Biography:

Prof. Dr. Pervez A. Razak, completed his graduation and post-graduation from the prestigious Mangalore College of Dental Surgery, a constituent of the Manipal Academy of Higher Education, Manipal. He is an academician in dental public health and is currently based as an invited lecturer at the Tbilisi State University and University of Georgia in the faculty of dentistry. He has also served as a faculty in Najran University and King Khalid University in Saudi Arabia. He actively promotes and coordinates oral health in school health programs and out reach community services. He has presented papers and has been a guest speaker at various national & inter-national conferences and student conventions. He is an active member in journals as an expert in review of articles. His areas of interest includes Epidemiology, Behavioral Sciences, Fluorides, Preventive and Oral Health. He is also member of Indian association of public health dentistry and fellow of Pierre Fauchard Academy.



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Improving the dentist patients Relationship & Reflection on clinical practice

Background:

Previous research & studies on relationship between doctor & patient is showing that there is strong bond between both of them. Some studies showing that patients are different types like PASSIVE-DEPENDENT, INDEPENDENT-SKEPTICAL, INTELLECTUAL-RESEARCHER, EXPEDIENT-FLEXIBLE, OPEN MINDED-EXPLORING. The relationship between patient and doctor has been analyzed since the early 1900's. Prior to when medicine was more science than art, physicians worked to refine their bedside manner, as cures were often impossible and treatment had limited effect. In the middle of the century when science and technology emerged, interpersonal aspects of health care were overshadowed. There is now a renewed interest in medicine as a social process. A doctor can do as much harm to a patient with the slip of a word as with the slip of a knife. But in the modern era of technology & advancement patient's behaviour changes day by day. This is my own study more than 20000+ patients & in various oral and dental check up camps. there is new category called CHALLENGING patients. There is also very strong bond between patients and our daily clinical practice success growth. It does not depend on patient's behaviour. it depends upon Dentist's behaviour. By putting some important tips into our daily clinical practice we will make to our practice perfect and top rated. There are so many basic things like how to talk, how to manage common dental emergencies, how to handle medical & neurological compromised patient. how to make final treatment decision for challenging patients. Some basic & small things which we are ignore in our daily practice but that small things have great importance. In addition to the processes by which patient-doctor relationships are developed and maintained, the studies suggested that depth of relationship, as a product of longitudinal care and consultation experiences, was important. This encompassed four main elements: knowledge, trust, loyalty, and regard. These elements reflect patients' enduring views about their relationship with the doctor outside of consultations. They appear to be the ongoing product of the dynamic aspects of the relationship. Nowadays, in some places, practices like corruption in the health management industry, inequity in healthcare delivery, and mushrooming of health insurance have altered the relationship between the doctor and the patient. Overcoming these factors will help to restore this decaying relationship. We have outlined briefly the fundamentals of the doctor-patient relationship, some features of the health care system found particularly in managed care settings that affect it, and approaches for protecting and sustaining the doctor-patient relationship in these settings. These are aimed at physicians and plans, but should be of interest to policy makers, other health care administrators, and consumer groups. In change there is opportunity. Our current opportunity is to examine the doctor-patient relationship, the context in which that relationship operates, and in particular, the influence of changes in the financing and organization of health care. The doctor-patient relationship deserves our serious attention and protection during these dangerous times

Biography:

Dr. Amolack singh is emerging young dentist, international keynote speaker & Entrepreneur for other struggling dentists. He is also guide their patients & society for maintain their own oral hygiene. He is also provide career & awarness!. videos & lectures for students, freshers, doctors & for society on their You tube channel INDIAN DENTAL HELPLINE. He is very enthusiastic dentist. Hope in future he will do best toward dentistry profession. He is also winner of some national & international awards.



**Dr. Amolack Singh & Dr.
Harmanpreet Kaur**
*International Dental Surgeon &
Entrepreneur*

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